The Brief Jail Mental Health Screen (BJMHS)

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What it IS...

- A mental health screen developed by the Policy Research Institute with a grant from the National Institute of Justice
  - Validated in a study that included 10,330 inmates at 4 jails in NY and MD
  - Considered “state of the art”
- Assesses incoming detainees for the possibility of serious mental illness such as schizophrenia, bipolar disorder, and major depression.
What it IS...

- Focuses primarily on *present* symptoms rather than history, which tends to overestimate need for referral

- Efficient
  - Contains 8 Y/N questions
  - Designed for use by officers with little to no mental health training at booking
  - Takes less than 3 minutes
What it IS...

- Refers ~11% of detainees for further mental health assessment (by nurse, mental health worker)
- Officers who used the form felt that it helped to remind them to look for “red flags”
What it is NOT...

- Not a replacement of your current booking questions
- Not a replacement of your suicide and substance abuse assessments
  - A supplement with a few direct questions about serious mental illness
  - It’s about having MORE information
- Not a replacement of officer discretion
  - May send up red flags suggesting need for further evaluation
  - May pass the screen, but *behavior* may indicate to the officer that they still need to be seen
What it is NOT…

- Not trying to make you a mental health professional
  - Does not guarantee that the detainee has a mental illness
  - Does not identify everyone with a need for mental health services
  - Does not identify the specific mental illness a detainee has
  - Rather, identifies a possible need for further mental health assessment
BJMHS #1 and #2: Positive Symptoms (Delusions) of Psychosis

1.) Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your mind?
   - Assesses the common, delusion of control – specifically, thought insertion and thought withdrawal

2.) Do you currently feel that other people know your thoughts and can read your mind?
   - Assesses the common delusion of mind reading
3.) Have you currently lost or gained as much as 2 pounds a week for several weeks without even trying?

- Assesses weight gain/loss (i.e., change in appetite), a common vegetative symptom of acute mood and psychotic episodes.
4.) Have you or your family/friends noticed that you currently much more active than you usually are?
   - Assesses excessive energy and/or psychomotor agitation, a behavioral symptom of mania or psychosis

5.) Do you currently feel like you have to talk or move more slowly than you usually do?
   - Assesses psychomotor retardation, a behavioral symptom of depression or psychosis
6.) Have there currently been a few weeks when you felt like you were useless or sinful?

- Assesses affective symptom of depression
- Can reach a psychotic, delusional level
7.) Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?

8.) Have you ever been in a hospital for emotional or mental health problems?
BJMHS Section 3: Officer’s Comments

- Language barrier
- Under the influence of drugs/alcohol
- Non-cooperative
  - Describe in blank beside “Other-specify”
- Difficulty understanding question
  - Describe perceived reason beside “Other-specify”
- Other-specify
  - Record any other relevant information
BJMHS Referral Instructions

- If “yes” to #7 (current medications); OR
- If “yes” to #8 (hospitalization); OR
- If “yes” to 2+ of #1 through #6; OR
- If you feel it is necessary for any other reason

THEN refer for further mental health evaluation
  - Jail-specific referral process
    - “Mental health evaluation” may merely mean having the nurse review the form
  - Do NOT need to refer for hospitalization
Suggestions for Administration

- Many jails already ask questions similar to certain items on the BJMHS (e.g., medications, hospitalizations)
  - Don’t need to ask again if already asked in standard booking questions
  - Just record the answer on the BJMHS
- Don’t need to ask them in the given order
  - Often better to ask less sensitive questions first
  - BUT also don’t want to leave especially sensitive questions until the end
Suggestions for Administration

- For example, I might administer in this order:
  - #7 (meds) & #8 (hospitalizations)
  - #3 (weight)
  - #6 (sinful/useless)
  - #1 (control)
  - #2 (mind reading)
  - #4 (active)
  - #5 (slow)

- It’s about finding what’s comfortable for YOU
Discussion

- Limitations of self-report
  - Some will *overreport* – e.g., think they will get better treatment if they agree to the items
  - Some will *underreport* – e.g., individual with mental illness may not want to draw attention
  - Not perfect, but the best we have

- Effects of substance abuse
  - Important factor to consider
  - Important to have it recorded in *Officer’s Comments* section