

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: FEB 02, 2011	POLICY NO.: COR.10.1G.13
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1G.13 (03/9/2010)	
	SUBJECT: BRIEF MENTAL HEALTH ASSESSMENT		Page 1 of 3

1.0 PURPOSE

The Brief Mental Health Assessment provides a review of an inmate's level of care requirements subsequent to a serious behavioral event / intervention (e.g. emergency medication, seclusion or restraint), or for confirmation of diagnostic rule-outs / NOS's or any changes in diagnoses, as needed.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons, National Commission on Correctional Health Care, (2008).

.2 Definitions

- a. Licensed Mental Health Professional (LMHP): A psychiatrist, a licensed or license eligible psychologist, an advanced practice nurse with a psychiatric clinical nurse specialist (APRN/CNS), a registered nurse with a psychiatric certification, a licensed clinical social worker or an appropriately qualified physician who has been provided training in specific areas of mental health competencies, with a minimum of one year of experience working with people with mental illnesses.

3.0 POLICY

- .1 Inmates exhibiting psychotic symptoms, which have resulted in episodes of seclusion and/or restraint, will have a Brief Mental Health Assessment to review mental status.
- .3 Brief Mental Health Assessments will be conducted within seven (7) days of referral, except in emergent situations, when it will be conducted inmate within one (1) business day after the crisis has been stabilized or ameliorated.
- .4 Brief Mental Health Assessments are performed by LMHP.

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4.0 PROCEDURES

- .1 The Brief Mental Health Assessment will be documented on DOC 0434, clearly indicating the reason for the evaluation.
- .2 The Brief Mental Health Assessment includes
 - a. A structured interview with inquiries into:
 1. Recent psychiatric history or issues
 2. Substance abuse/use history
 3. Suicidal behavior /ideation,
 4. Self-injurious behavior
 5. Violent behavior,
 6. Victimization / Trauma,
 7. Sex offenses,
 8. Orientation to person, place and time.
 9. Mood,
 10. Affect,
 11. Speech,
 12. Thought processes,
 13. Perceptual processes,
 14. Attention and concentration,
 15. Memory,
 16. Phobias, obsessions & compulsions,
 17. Insight and
 18. Judgment
 - b. Observational data including but not limited to:
 1. Appearance
 2. Level of agitation
 3. Attention and concentration
 4. Responsiveness to direction and
 5. Responsiveness to medication, if any
 - c. Provisional diagnosis
 - d. Treatment recommendations
 - e. Other comments, as necessary

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5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

 11/29/10
Medical Director Date

 11/29/10
Correctional Health Care Administrator Date

 11/30/10
Deputy Director for Corrections Date

APPROVED:


Director

2/2/2011
Date

BRIEF MENTAL HEALTH ASSESSMENT

Facility _____

NAME	DOB	SEX	
REASON FOR THE ASSESSMENT _____		ORIENTATION	
HISTORY OF THE EVENT (e.g. DLD, Seclusion, Restraint, etc)		Person	Yes No
_____		Place	Yes No
_____		Time	Yes No
_____		MOOD	
_____		Normal	Irritable Depressed
_____		Euphoric	Anxious Other _____
_____		AFFECT	
_____		Appropriate	Flat
_____		Inappropriate	Blunted
_____		LEVEL OF AGIGATION	
_____		Low	Moderate High
_____		RESPONSIVNESS TO MEDICATIONS	
_____		Good	Fair Poor
_____		SPEECH	
_____		Normal	Accelerated Pressured
_____		Slowed	Monotonous Slurred
_____		Poverty of Content	Other _____
RECENT PSYCHIATRIC HISTORY		THOUGHT PROCESSES	
Where	When	Normal	Tangential
_____	_____	Disorganized	Circumstantial
_____	_____	Loose Associations	Flight of Ideas
_____	_____	Delusional Mentation	Other _____
_____	_____	PERCEPTUAL PROCESSES	
_____	_____	Normal	Visual Hallucinations
_____	_____	Illusions	Tactile Hallucinations
_____	_____	Auditory Hallucinations	
_____	_____	Olfactory Hallucinations	
_____	_____	ATTENTION & CONCENTRATION	
_____	_____	Normal	Impaired
_____	_____	RESPONSIVENESS TO DIRECTION / REDIRECTION	
_____	_____	Normal	Impaired
_____	_____	MEMORY	
_____	_____	Grossly Intact	Impaired
_____	_____	PHOBIAS, OBSESSIONS, COMPULSIONS	
_____	_____	None (Normal)	Phobic
_____	_____	INSIGHT	
_____	_____	Good	Fair Poor
_____	_____	JUDGEMENT	
_____	_____	Good	Fair Poor
_____	_____	PROVISIONAL DIAGNOSIS	
_____	_____	NONE _____	
_____	_____	AXIS I _____	
_____	_____	_____	
_____	_____	AXIS II _____	
_____	_____	_____	
_____	_____	AXIS III _____	
_____	_____	_____	
_____	_____	GAF MILD/MOD (>50) SERIOUS (<=50)	
_____	_____	OTHER COMMENTS/ CONTINUATIONS	
DRUG ABUSE			
Alcohol	Cocaine	Opium	
Cannabis	Inhalants	Hallucinogens	
Prescription Medications		Amphetamines	
Currently on Medication			
ATTEMPTED SUICIDE			
Method	Year		
Why			
Method	Year		
Why			
SUICIDE IDEATION.....		YES.....	NO
SELF MUTILATION.....		YES.....	NO
PHYSICAL/SEXUAL ABUSE		YES	NO
SEX OFFENDER		YES	NO
PTSD		YES	NO
OTHER _____			
APPEARANCE		OK	POOR
Hygiene			
Eye Contact			
Psychomotor			

