

BRIEF JAIL MENTAL HEALTH SCREEN

ABOUT THIS SCREEN

The Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with funding from the National Institute of Justice.

The BJMHS was validated in a study that included 10,330 detainees from four jails, two in New York State and two in Maryland. The BJMHS was administered to all participants during the booking process. On the basis of screening results, about 11 percent of incoming detainees were referred for mental health assessment.

The BJMHS results were validated by the SCID, a standardized clinical evaluation tool, which was administered to 357 detainees. The SCID evaluation determined whether the BJMHS had correctly identified the detainees who should be referred for further mental health assessment. Seventy-three percent of males and 62 percent of females were correctly identified, making the BJMHS among the best available solutions to identify the further need for mental health evaluation for incoming detainees.

EFFECTIVE

The BJMHS is a powerful booking tool to effectively identify need for mental health assessment. The BJMHS is most accurate for identifying mental disorders in male detainees, but it is also useful for women.

QUICK

The BJMHS can be completed in less than 3 minutes, and it includes only eight yes/no questions.

SIMPLE

The BJMHS can be easily incorporated into the booking process for use by corrections staff as a first-step response for mental health screening. Instructions for use are included with the screen and require little formal training.

FREE

To obtain a free copy of the BJMHS and instructions for use, please visit our website at www.prainc.com.

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1
Name: _____ Date: _____ Time: _____ AM
F M M
Detainee #: _____ Date: _____ Time: _____ PM

Section 2

Question	No	Yes	General Comments
1. Do you currently believe that someone can control your mind? For example, can your head or talking brought out of your head?			
2. Do you currently feel that other people know your thoughts and read your mind?			
3. Have you currently lost or gained as much as one week's worth of memory in a few weeks without even trying?			
4. Have you or your family or friends noticed that you are currently much more active than you usually do?			
5. Do you currently feel like you have to talk or move more slowly than you usually do?			
6. Have there currently been a few weeks when you felt like you were useless or sinful?			
7. Are you currently taking any medication prescribed by a doctor for any emotional or mental health problems?			
8. Have you ever been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check all that apply):
 Language barrier Under the influence of drugs/alcohol Non-cooperative
 Difficulty understanding questions Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:
• YES to item 1 OR
• YES to item 6 OR
• YES to at least 2 of items 1 through 6; OR
• If you feel it is necessary for any other reason

Not Referred
 Referred on _____ / _____ / _____ to _____
Person completing screen: _____

INSTRUCTIONS ON REVERSE
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ABOUT PRA

We are a national leader in behavioral health services research and its application to social change. Since 1987, we have assisted over 200 communities nationwide through a broad range of services to guide policy and practice.

We conduct meaningful, quality work to improve the lives of people who are disadvantaged through evaluation and research, technical assistance and training, and facilitation and event planning that makes an impact in the field and promotes a positive work environment.

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REFERENCE

Steadman, H. J., Scott, J. E., Osher, F., Agnese, T. K., & Robbins, P. C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56(7), 816-822. doi:10.1176/appi.ps.56.7.816



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