

## **INSTRUCTIONS FOR COMPLETING THE CMHS-W**

### **General Information:**

The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Women (CMHS-W), with a grant funded by the National Institute of Justice.

### **Instructions for administration of the CMHS-W:**

Correctional Officers may administer this mental health screen during intake.

Name: Detainee's name- Last, first and middle initial  
Detainee#: Detainee's facility identification number  
Date: Today's month, date, year  
Time: Current time (24hr or AM/PM)

**Questions #1-8** may be administered as best suits the facility's policies and procedures and the reading level, language abilities, and motivation of the detainee who is completing the screen. The method chosen should be used consistently. Two recommended methods:

- Staff reads the questions out loud and fills in the detainee's answers to the questions on the form
- Staff reads the questions out loud, while the detainee reads them on a separate sheet and fills in her answers

Each question should be carefully read, and a check mark placed in the appropriate column (for "NO" or "YES" response).

The staff person should add a note in the **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says she does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

**Total # YES:** total number of YES responses

**General Comments:** Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

### **Referral Instructions:**

**Urgent Referral:** A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

**Routine Referral:** A detainee answering "**YES**" to **5 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

**\*\*** If at any point during administration of the CMHS-W the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) she should be referred for immediate mental health evaluation.

**Referral:** Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

**Person completing screen:** Enter the staff member's name

# Correctional Mental Health Screen for Women (CMHS-W)

Name _____ Last, First, MI	Detainee # _____	Date ___/___/____ mm/dd/year	Time ___:___
-------------------------------	------------------	---------------------------------	--------------

Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?			
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?			
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?			
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?			
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
6. Do you find that most people will take advantage of you if you let them know too much about you?			
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?			
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			

<b>TOTAL # YES:</b> _____	<b>General Comments:</b>
<p><b>Refer for further Mental Health Evaluation if the Detainee answered Yes to 5 or more items OR If you are concerned for any other reason</b></p> <p> <input type="radio"/> <b>URGENT Referral</b>      on ___/___/____ to _____  <input type="radio"/> <b>ROUTINE Referral</b>      on ___/___/____ to _____  <input type="radio"/> <b>Not Referred</b> </p>	
<b>Person Completing Screen:</b> _____	