

MENTAL HEALTH NURSING ORIENTATION

1. Mission Statement

- a. The mission of mental health services is to provide constitutionally adequate care. Mental health care is provided to assist the inmate whose ability to adjust to incarceration is moderately or severely impaired, not to promote special consideration for inmates where no mental health services are needed.
- b. The Eighth Amendment to the United States Constitution protects against unnecessary serious psychological suffering. Ruiz vs. Estelle provides a comprehensive review of mental health care and lists six components which provide for a minimally adequate mental health treatment program.ⁱ
- c. Chapter 33-404 of the Department of Corrections Rules recognizes that mental health services available to inmates are those services and activities that are provided to inmates as part of their health care for the purpose of:
 - (1) Identifying inmates who are experiencing disabling symptoms of a mental disorder and/or intellectual disability which impairs their ability to function adequately within the general population.
 - (2) Alleviating disabling symptoms of mental disorders.
 - (3) Assisting the inmate with mental disorder or intellectual disability to adjust to the demands of prison life.
 - (4) Assisting the inmate with a mental disorder or intellectual disability to maintain a level of personal and social functioning that will enable him/her to remain in or be returned to the general inmate population. Thus, treatment provided should not emphasize the mentally disordered inmate's exclusion from the community, but his/her continuing part of it.

2. Responsibilities of Key Clinical Positions

- a. **Psychiatric Clinician:** The psychiatric clinician is the multidisciplinary member responsible for patient pharmacotherapy, as well as those psychiatric functions consistent with appropriate clinical practice of the specialty.
- b. **Senior Behavioral Analyst/Psychologist:** The primary responsibility of a Senior Behavioral Analyst is the provision of clinical services and the coordination of all aspects of mental health services made available to the inmate population at his/her institution, from initial screening to post-release service planning.

- c. RN Specialist (RNSp): The RN Specialist is the primary nurse who assists the psychiatric provider in the day to day psychiatry services. S/he is a member of the multidisciplinary team providing information regarding medication response, health status, and observed behaviors.

(1) Specific duties include, but are not limited to:

(a) Administrative duties

- Prepares the daily psychiatric callout. This includes pulling charts for the providers; ensuring ordered lab work has been completed and filed, etc.
- Completes data entry (via OBIS) on every patient that has contact with psychiatric clinician.
- Ensures the psychiatric clinician's orders are effectively carried out, including signing off orders, generating Medication Administration Records (MARS), scheduling labs test, EKGs, and follow-up appointments.
- Files completed paperwork (evaluations, AIMS, medication consents, etc.) in appropriate place.
- Ensures medications are discontinued by the psychiatric clinician when patients refuse medications.
- Monitors labs and refers patients to appropriate providers.
- Actively participates in the development and implementation of individualized treatment plans for patients with a broad range of mental health issues.
- Ensures appropriate responses to routine staff referrals that have been made to Psychiatry Services for various issues (e.g., medication side effects, elevated depression, decreased sleep, and decreased appetite.) Most referrals require an appointment to be made with a Psychiatric Clinician.
- Completes emergent Staff Referrals to Psychiatric Department – to be seen at that time.
- Responsible for monthly reports via computerized data base.
- Completes Mental Health section of DC4-549 for Senior Psychological Specialist to review and sign.
- Ensures each patient has prescription order/s for 30-day supply of medication upon release from prison.

- Assists with Mental Health Site Visits by Regional Staff. Responds appropriately to negative findings with timely CAP/s.

(b) Direct patient care

- Completes initial intake and admission for actively suicidal patients.
- Conducts specific daily mental health screenings on suicidal patients and communicates observations to psychiatric provider.
- Ensures correct administration of medications, including injections, and monitoring results of treatments.
- Monitors patients for Extrapiramidal Symptoms (EPS), and gives Emergency Treatment Orders (ETO) if prescribed.
- Supervises medication compliance in order to oversee the general health and well being of the patients.
- Acknowledges and responds in timely manner to mental health Sick Call, requests and grievances.
- Provides fast and efficient nursing care for sometimes dangerous and suicidal patients.
- Observes patients for signs of disorder or tension and reports such observations to a higher clinical authority.

(c) Patient education/counseling

- Strives to build collaborative relationships with patients in the interest of educating them about their treatment regimens and pathways to physical and mental health.
- Provides medication education (including the importance of medication compliance) and general health information to inmates as needed.
- Responds to patients in crisis or distress using active listening and de-escalation techniques in an effort to maintain a therapeutic environment and to help patients regain emotional control and composure.
- Provides counseling only in a manner that avoids staff-splitting, in accordance and collaboration with the MDST's treatment plan.

d. LPN: Used to assist in mental health areas, both inpatient and outpatient.

- e. UTRS: Non-licensed staff with specific mental health training, which includes medication administration, and work only in the inpatient and outpatient areas of mental health.
- f. Behavioral Specialist: The Behavioral Specialist provides mental health services under the supervision of the Senior Behavioral Analyst. The primary role of the Behavioral Specialist is as the patient's mental health case manager, by whom the mental health individualized services plan is written to specifications approved by the multi-disciplinary services team (MDST).
- g. Multidisciplinary Services Team (MDST): A group of staff members representing different professions, disciplines, or service areas which has responsibility for ensuring access to mental health care, continuity of that care, and appropriateness of care in mental health. The mental health nurse would be a member of an MDST for any inmate receiving psychotropic medication.

3. Overview of the Mental Health Delivery System

a. Levels of Care:

- (1) Outpatient— Refers to services provided to an inmate housed in the general population as distinct from a more specialized inpatient unit. Psychotropic medication prescribed for psychiatric conditions are usually administered by direct observed therapy (DOT). Some inmates meet specific criteria to have these meds as keep-on-person (KOP). Nursing is responsible for providing medication groups and counseling for compliance issues. (This is usually the outpatient psychiatric nurse but may be other nursing staff depending on the staffing of the institution).
- (2) Crisis Stabilization (Brief psychiatric inpatient admission)—A crisis stabilization unit (CSU) provides a level of care of greater intensity, which allows for closer management, observation, evaluation, and treatment intervention while seeking rapid stabilization of acute symptoms and conditions. This level of care is provided in specialized inpatient units located in several of our institutions.
- (3) Corrections Mental Health Treatment Facility (CMHTF) – The highest level of mental health care, for the most severe and persistent cases of mental disorder; extended care that may include involuntary treatment and therapeutic intervention. This inpatient level of care is provided in specialized units designated by the assistant secretary for health services; these units are currently located at Lake CI for men and at Lowell Reception Center for women.
- (4) Transitional—A transitional care unit (TCU) is a low-stress, residential placement with milieu and direct treatment components. It is designed to

provide evaluation, treatment, and mental health intervention to any inmate whose symptoms of serious mental disorders interfere with the capacity to safely progress in a general inmate population setting while incarcerated. Inmates may be admitted to this type of unit after a CSU admission prior to returning to open compound or they may be admitted directly from open compound depending on the admitting problem. This level of care is provided in specialized inpatient units located in several of our institutions.

- b. Documentation: See Nursing Manual for documentation requirements.
- c. Suicide Risk
 - (1) If an inmate/patient admits to feeling suicidal, determine whether or not s/he has a plan. This will help to establish how acute the risk is of suicidal conduct. In assessing the plan, consider the following factors:
 - (a) TIME: Has s/he decided when to harm him/herself? (The shorter the planned time, the higher the risk.)
 - (b) DETAIL: The more complex and specific the plan, the higher the risk.
 - (c) METHODS: Are means available or being acquired, and how dangerous are the means?
 - (d) SUPPORT SYSTEM: Are any family special visits or phone calls or peer support systems in place? If not the risk increases.

Clinician orders shall include all aspects of management and treatment of the inmate on SHOS regardless of where the inmate is housed, including meals, and serving ware, clothing, and frequency of showers. Clinician orders shall specify the frequency of observation from uninterrupted visual contact on a one-on-one basis (1:1) to staggered intervals not to exceed 30 minutes. Observations are documented on DC4-650, *Observation Checklist* every 15 minutes for SHOS.

- (2) Suicide Prevention Checklist:
 - (a) Vital signs taken upon admission and at least daily.
 - (b) SHOS reviewed daily, order changed as necessary depending on patient's status.
 - (c) Frequency of observations
 - (d) Opportunity for one bath and three meals daily was offered to

SHOS patients with documentation on DC4-650.

- (e) Nursing progress notes addressing presenting problem are made in record each shift.

ⁱ Those components of a minimally adequate mental health treatment program identified in Ruiz v. Estelle are:

First, there must be a systematic program for screening and evaluating inmates in order to identify those who require mental health treatment. [...] Second, [...] treatment must entail more than segregation and close supervision of the inmate patients. Third, treatment requires the participation of trained mental health professionals, who must be employed in sufficient numbers to identify and treat in an individualized manner those treatable inmates suffering from serious mental disorders. [...] Fourth, accurate, complete, and confidential records of the mental health treatment process must be maintained. Fifth, prescription and administration of behavior-altering medications in dangerous amounts, by dangerous methods, or without appropriate supervision and periodic evaluation, is an unacceptable method of treatment. Sixth, a basic program for the identification, treatment, and supervision of inmates with suicidal tendencies is a necessary component of any mental health treatment program.

Ruiz v. Estelle, 503 F.Supp. 1265, 1339 (U.S. Dist. Ct., S.D. Tex 1980).