

State of Iowa Department of Corrections Policy and Procedures

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Applicability: Institutions

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Chapter 6: HEALTH SERVICES

Sub Chapter: MENTAL HEALTH

Related DOC Policies: HSF-505, HSP-731, HSP-770, IO-HO-05, IO-

HO-07 Administrative Code Reference: N/A

Subject: MENTAL HEALTH SERVICES

ACA Standards: 5-ACI-4A-10, 5-ACI-5C-05

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Authority:

1. PURPOSE

To ensure appropriate mental health services for patients.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to provide mental health service for patients. Each institution is to develop procedures which facilitate the provision of necessary mental health services.

CONTENTS

- A. Appraisal Process
- B. Referrals
- C. Continuity of Care
- D. Administrative Segregation/Disciplinary Detention of Mentally Ill Patients

3. DEFINITIONS - As used in this document:

- A. Mental Health Care Providers - Qualified health care professionals who by virtue of their education, credentials and experience are permitted by law to prescribe

medications. These include physicians, physician assistants, and nurse practitioners.

- B. Mental Health Professionals - Qualified health care professionals who by virtue of their education, credentials and experience are permitted to care for the mental health needs of patients. These include psychologists, nurses, social workers, and mental health counselors.
- C. Serious Mental Illness (SMI) - A serious and persistent disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment which is manifested by substantial suffering or disability. Serious mental illness requires a documented mental health diagnosis, prognosis and treatment as appropriate by mental health staff. This would include the broad categories of:
 - 1. Schizophrenia and other psychotic disorders
 - 2. Bipolar disorders
 - 3. Major Depressive disorders
 - 4. Dementia and other organic brain disorders
- D. Special Needs (SN) - Special needs is a category that includes those patients who fall under the definition of serious mental illness as well as the following diagnoses:
 - 1. Borderline Personality Disorder
 - 2. Intellectual disability and other neuro-developmental disorders as specified by **HSF-731B**.
- E. Other Mental Illness (OMI) - All other mental health diagnoses included in the DSM-S-TR that are not considered special needs (SN).
- F. *SMI/SN Lists* (Form **HSF-731B**) – A list that is generated in Medical ICON of patients who are diagnosed with SMI/SN diagnoses. This list is to be used to adhere to policies **HSP-731** *Mental Health Disciplinary Assessment*, and **HSP-741** *Mental Health Transfers*, for disciplinary and transfer purposes only.

4. PROCEDURE

- A. Psychological Mental Health Intake:

Refer to procedures in **HSP-770** *IDOC Mental Health Admissions*.

B. Referrals

Subsequent to reception screening, an IDOC mental health care provider may determine that a patient should be identified as having a mental illness. Patient mental health needs can often be addressed by IDOC staff other than a psychiatrist. Services are also available through nurses, counselors, psychology staff, social workers and other mental health professionals. Where indicated, psychiatric consultation and treatment is provided. Crisis intervention and early referral for mental health services may be indicated for some patients. The following are criteria to be considered in assessing the need for such referrals in order of priority:

1. Those patients who are verbalizing or demonstrating current thoughts of harm to self or others.
2. History of psychiatric hospitalization and/or suicide attempts within the past six months and a history or the presence of residual symptoms of a mental illness.
3. Evidence of substantial difficulty relating to institutional staff or other patients suggesting an acute change in mental status indicating that a change in overall care is needed. Behavior indicative of such difficulties might include, but would not be limited to, repeated acts of insolence, refusal to become involved in recommended programming, incidents of self-injury, inordinate demands on staff time, and repeated requests for reassurance without evidence of progress being made.
4. History of receiving psychiatric medication(s) at the time of entering an IDOC institution.
5. History of outpatient psychiatric or mental health center support in the community and a history or presence of residual symptoms of a mental disorder.
6. History of residential living in an institution for those with intellectual disabilities.
7. BETA of less than 70 and/or who's adaptive functioning requires additional assistance in daily activities and programming.

C. Continuity of Care

Continuity of care for patients in need of mental health services must be ensured.

1. Mental Health Providers will ensure:

- a. All major problems of a mental illness and/or intellectual disability documented in the patient's health record are diagnosed and/or confirmed.
 - b. All patients considered mentally ill, or who have been continuously receiving psychoactive medications, must have an appropriately identified major problem.
 - c. The effects/results (mental status and adjustment) of changes made in a patient's psychoactive medication regimen must be reviewed by a mental health provider at least every three months or as triaged.
 - d. The health record of a patient with a serious mental illness (SMI) shall contain written documentation confirming evaluation/treatment by a mental health care provider every three months, or as triaged.
 - e. OMI patients that are on medications will need to be seen at least once per year by a mental health care provider. Those OMI patients without meds can be seen on an as needed basis.
 - f. Individualized mental health treatment plans incorporating short-term and long-term goals are routinely updated in the EMR.
 - g. Lab work, associated vitals and weights should be completed consistent with psychotropic medication administration and adopted protocols.
2. Mental Health Professionals will:
- a. Coordinate tele-psychiatry per facility schedule.
 - b. Retrieve and distribute the Special Needs Report to appropriate staff members who require it for the purpose of their duties.
 - c. Follow patients with an SMI diagnosis monthly, or as triaged, with appropriate documentation.
 - d. Follow patients with a SN or OMI diagnosis, or those receiving psychotropic medications every six to 12 months, or as triaged, with appropriate documentation.
 - e. The patient's mental health status will be reviewed and documentation completed in the EMR within seven administrative days of a referral.

- f. Complete all psychology transfer-in reviews within three working days of the patient's arrival to the facility.
3. Patients may also access psychiatric/psychological services by filling out a *Health Clinic Request Form*, IDOC **HSF-505**, or electronic message via Kiosks as applicable, and forwarding it to Health Services, or by attending mental health wellness clinics.

D. Administrative Segregation/Disciplinary Detention of Mentally Ill Patients

1. Those patients in segregation or disciplinary detention shall be followed according to IDOC Policies IO-HO-05 *Short-Term Restrictive Housing*, and IO-HO-07 *Disciplinary Detention*. Refer also to procedures outlined in IDOC Policy HSP-731, for completion of the *Mental Health Disciplinary Assessment*.
2. Each institution shall develop procedures to assure psychological staff has access to Critical Incident Reports pertinent to patient mental health issues.

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