

State of Iowa Department of Corrections Policy and Procedures

Policy Number: HSP-711

Applicability: DOC

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: HSP-710

Administrative Code Reference: N/A

Subject: Mental Health Observation

ACA Standards: 5-ACI-4A-15, 5-ACI-6A-35, 5-ACI-6B-15, 5-ACI-6E-01

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Authority:

1. PURPOSE

To ensure welfare of patients demonstrating signs and symptoms of mental illness.

2. POLICY

To provide care and management of patients demonstrating signs and symptoms of mental illness.

3. DEFINITIONS

- A. Mental Health Observation (MHO) - A status for those with status/behavior changes that warrant closer observation than their current living situation allows.
- B. 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.
- C. Mental Health Care 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.
- D. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURE

All institutions within the IDOC will utilize this policy and relevant forms to monitor those whose status or behavior changes warrant closer observation. Facility orientation records will reflect that appropriate staff has received training in this policy and procedure. **Appropriate action is to be taken when any staff member has reason to believe that a patient's mental health status requires closer observation.**

Mental Health Observation Status may be utilized for patients with:

- Changes in their activities of daily living/behavior or functioning.
- Changes in their social interactions/social support groups.
- A perceived change in psychiatric symptoms (e.g. depression, anxiety, psychosis and/or reckless behavior).
- The need to monitor medication adjustments or changes in medication compliance.
- Observations supporting the opinion that a patient's mental health status requires closer observation will be reported to the psychologist assigned to that living unit. The psychologist will evaluate the patient's mental status.

A. Authorization/Notification

1. A mental health care provider or psychologist, when on duty, usually initiates MHO status. In the absence of a mental health care provider/psychologist, MHO may be initiated by onsite nursing staff and/or designated management staff.
2. If Mental Health Observation (MHO) status has been initiated **by nursing**, the on-call psychiatrist will be notified in accordance with **HSP-710, *Suicide Self-Injury Prevention***.
3. Once MHO status has been initiated, the appropriate mental health care provider will be notified.
4. Upon returning to duty, the mental health care provider/psychologist will assume overall management responsibilities of all MHO plans.

5. Upon notification the mental health care professional, if on site, will interview the patient and appropriately document the patient's history and behavior.
6. Referral as necessary for psychiatric consultation is based on results of assessment and evaluation by the psychologist.

B. Documentation and Monitoring Standards

1. The patient will be placed in a cell that is easily viewed by security staff that can provide appropriate observation. Each institution will designate these cells per institutional procedures.
2. Security staff will initiate *Health Services Segregation SSIP/MHO Log*, **HSF-710A**. All Restraint/Segregation Logs are to be forwarded by security to health services to be filed and/or scanned in the mental health subsection of the patient health file.
3. Initiate *Mental Health Observation Protocol Form*, **HSF-711A**, in Medical ICON.
 - a. Any changes to property or privileges shall be documented in Medical ICON on **HSF-711A** and a new form printed and kept at the officer station.
 - b. Modifications to MHO status such as "no sharps" restriction will be entered into the comments section of **HSF-711A**. Modifications to MHO status are made by the Treatment Team.
4. Security staff will randomly monitor patients at a maximum of 15 minutes. Documentation will be entered on **HSF-710A**, Segregation SSIP/MHO Log.
5. Mental health care provider will enter a progress note in the patient health record at least weekly.
6. Mental health professionals will document an encounter on each patient in MHO each onsite workday.

Documentation shall be completed in Medical ICON and any significant changes in mental health shall be discussed with the treatment team.

7. Nurses will see each patient face-to-face and enter a progress note each workday.

Documentation shall be completed in Medical ICON and any significant changes in mental health shall be discussed with the treatment team.

8. Vitals and weight will be documented by nursing staff in the health record every seven days.
9. Shakedown of cell to be completed by security staff and recorded on the Segregation SSIP/MHO Log, **HSF-710A**, every 24 hours or more frequently if indicated by security.

Shakedowns shall be recorded on **HSF-710A** as well as in ICON.

10. Mental health care provider to be notified of any significant behaviors or concerns.

Significant behaviors include, but are not limited to, self-mutilation, homicidal thoughts, kicking or banging cell door or walls, yelling or screaming, medication noncompliance or psychoses.

11. The shift supervisor will ensure that appropriate documentation of the administration notice occurs in ICON.

C. Nutrition

Patients placed in MHO status will receive safe, nutritious meals. Sack meals are an option for patients who are placed in MHO status for three (3) days or less. These meals shall consist of finger foods, provide adequate calories, include at least one item from each of the basic food groups, and will be served in a paper sack or appropriate container. At no time shall food loaf be used. Patients may be served the general diet tray with the exception of necessary modifications for the purpose of providing safe foods (i.e. boneless) and substitutions for foods that would be difficult to eat with a biodegradable utensil (i.e. soup). Variances from the general menu shall be of similar nutritional value. Patients who remain in MHO status longer than three days shall receive at least two hot meals a day.

D. Patient Property/Privileges

In most instances, a patient in MHO status may have the same property and privileges as a patient in Administrative Segregation status. Modifications should occur rarely; however, if the mental health care provider/psychologist determines that modification of clothing or property is needed, this will be documented in the comment section of the Mental

Health Observation Protocol Form, **HSF-711A**, on Medical ICON and in appropriate notes.

Any modifications in MHO property/privileges shall be determined by the Treatment Team.

E. Discontinuation of MHO

1. Criteria to be considered for discontinuation of MHO status:

- a. Improvement in symptoms.
- b. The patient is now compliant with medication regime and no reports of side effects.
- c. Noted improvement in social interactions.
- d. The patient is able to perform daily activities such as personal hygiene.

2. The mental health care provider/psychologist has final responsibility for terminating MHO status. In all circumstances, nursing, mental health care providers/professionals, as well as security staff, shall be notified of final termination.

In the absence of a mental health care provider/psychologist, a licensed nurse may discontinue/change a MHO status in consultation with the on-call psychiatrist.

3. Patients who participate in self-administered medications will be placed on pill line status once released from MHO status until reviewed by medical and mental health staff.