

# State of Iowa Department of Corrections Policy and Procedures

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Chapter 6: HEALTH SERVICES  
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Subject: MONITORING CHRONIC MENTAL HEALTH DISORDERS  
ACA Standards: 5-ACI-6A-07, 5-ACI-6A-18  
Responsibility: Dr. Jerome Greenfield  
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Authority:

## A. PURPOSE

To identify and monitor patients with chronic mental health disorders within the Iowa Department of Corrections (IDOC); to decrease the frequency and severity of symptoms, and foster improved function through regularly scheduled, periodic encounters with mental health providers and professionals.

## B. POLICY

It is the policy of the IDOC to use a variety of evidence-based guidelines and practices to include psychosocial, psychoeducational and pharmacological therapies consistent with the approved IDOC Formulary to alleviate symptoms, attain appropriate functioning, prevent relapse, and to help patients develop and pursue their personal recovery plan. This policy provides recommendations only and practitioners are encouraged to use their clinical judgment to develop an individual treatment plan.

Patients with chronic mental health disorders will have a current and ongoing multidisciplinary treatment plan as identified in IDOC Policy **HSP-702**, *Multidisciplinary Treatment Planning for Mental Health Housing*.

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## **C. DEFINITIONS**

- A. Acute - those patients with acute distress/impairment in functioning, who are actively psychotic, who are unable to participate adequately in assessment/ability to care of self, or those presenting as acute/chronic danger to self or others.
- B. 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
- C. Chronic and Persistent Mental Illness - Patients who display chronic persistent psychiatric symptoms, aggressive behavior and may not respond rapidly to psychotropic medications. The management focus

centers on safety, use of incentives, self-recognition of behavioral triggers and self-control of responses, and medication management.

D. See IDOC Policy **AD-GA-16** for additional Definitions.

## **D. PROCEDURE**

### A. Chronic Mental Health Conditions

1. Patients with chronic mental health disorders benefit from regular clinic visits for evaluation and management by health care providers. Each patient with a chronic mental health diagnosis, as listed in this policy, will have a treatment plan that is proactive and structured around this policy and have a multidisciplinary teamwork approach designed to meet desired measurable goals.
2. Guidelines for stability are based on individual outcome data which have demonstrated that when a patients' mental health is appropriately managed, there can be reductions in morbidity and mortality. **(4-4359)**
3. Patients with chronic mental health disorders may also have chronic substance abuse and medical conditions (co-morbidity). The impact of any medical, mental health or substance abuse treatment interventions upon the patient's health status should be considered prior to implementation.
4. Patients being prescribed psychotropic medications should have the risks and benefits of their medications explained to them. This patient education should be documented in Medical ICON by the prescribing provider.
5. When choosing medications for treatment, providers will follow the established IDOC Psychiatric Guidelines, as well as the IDOC Mental Health Formulary; practitioners should also use their clinical judgment to develop individualized treatment plans for each patient. Patients who are prescribed antipsychotics also require monitoring of certain physical factors to prevent the development of unwanted side effects.
6. All patients on antipsychotics, whether standard or atypical, should be clinically monitored. Each patient should have the following, at minimum, every six months:

- a. An Abnormal Involuntary Movement Scale (AIMS), using IDOC Policy Form **HSF-753A**; completed forms will be entered into the medical record every six months;
  - b. A set of vital signs, to include weight and blood pressure;
  - c. Fasting blood glucose and lipids will be rechecked three months after starting antipsychotic medication
7. All abnormal values will be referred by scheduling a chart review and/or electronically notifying the mental health care provider.

## B. Schizophrenia and Other Psychotic Disorders

Antipsychotics may be used in patients with a primary psychotic disorder, a primary mood disorder with concomitant psychotic symptoms or for patients such as those with personality disorders whose psychotic-like symptoms, anger and/or impulsivity render them a danger to themselves or to others. Whenever possible, antipsychotics should be chosen based on the IDOC Psychotic Disorders Guideline as well as the IDOC Mental Health Formulary.

1. Patients on standard antipsychotics need to have an Abnormal Involuntary Movement Scale (AIMS), IDOC Policy Form **HSF-753A**, completed along with a set of vital signs (to include weights) at least every six months.
  - a. The AIMS is a tool that is used to measure the presence or severity of EPSE.
  - b. Positive AIMS scores should be referred by scheduling a chart review and/or electronically notifying the mental health care provider.
  - c. Completed AIMS forms will be entered into the medical record.
2. The Mental Health Provider shall provide the patient with follow-up at least every three months. Patients may be scheduled for follow-up more frequently at the discretion of the mental health provider if symptoms require more frequent assessment/monitoring.
3. Patients with Schizophrenia and other psychotic disorders will be followed by the Psychologist at least once per month. They can be scheduled more frequently at the discretion of the clinician if symptoms require more frequent assessment/monitoring. The patient may be monitored and

referred to psychiatry if symptoms do not respond to medication within expected time frames.

### C. Bipolar Disorders

Mood stabilizers may be used in patients with a primary mood disorder, e.g. Bipolar Disorder. Mood stabilizers should be prescribed according to the IDOC Mood Stabilization Guideline and the IDOC Mental Health Formulary. Antipsychotics in an acute situation may be used alone on a short-term basis, or to assist other mood stabilizers. They may also be used long-term after failed trials of standard mood stabilizers. These antipsychotics should be used according to the IDOC Psychotic Disorders Guideline and the IDOC Mental Health Formulary. Patients requiring multiple medications should be managed according to the IDOC Polypharmacy Guideline.

1. Mental Health Providers will see patients for follow-up at least every three months as long as the patient's mood is stabilized and free of delusions, mania, maladaptive behavior or depression. Patients may be scheduled for follow-up more frequently at the discretion of the mental health provider.
2. Patients with Bipolar Disorders will be followed by the Psychologist at least once per month. They may be scheduled more frequently at the discretion of the clinician if symptoms or maladaptive behaviors require more frequent assessment/monitoring. The patient will be monitored and referred to psychiatry if symptoms do not respond to medication within expected time frames.

### D. Major Depressive Disorders

Patients with symptoms of a Depressive Disorder, or whose current antidepressant regimen has not been effective, will follow the IDOC Depressive Disorders Guideline and the IDOC Mental Health Formulary.

1. If a patient has a second depressive episode or one serious episode with psychotic symptoms and/or suicide ideation, the patient should be encouraged to take an antidepressant.
2. A Patient Health Questionnaire (PHQ) may be used as a tool to monitor progress of a clinical disorder.
3. Mental Health Providers will see patients for follow-up at least every three months as long as the patient's mood is stabilized and is free of depression,

suicidal ideation/intent, or other symptoms, as well as free from maladaptive behavior. Patients may be scheduled for follow-up more frequently at the discretion of the mental health provider.

4. Patients with major depressive disorders will be followed by the Psychologist at least once per month. They may be scheduled more frequently at the discretion of the clinician if symptoms require more frequent assessment/monitoring. The patient will be monitored and referred to psychiatry if symptoms do not respond to medication within expected time frames.

#### E. Dementia and Other Cognitive Disorders

1. Care should be coordinated with medical providers and psychiatrists as per IDOC Policy **HSP-605**, Monitoring Chronic Disease Entities based on the stage of dementia.
  - a. Stage 1, Mild - Forgetfulness now and then; needs reminding or direction once in a while.
  - b. Stage 2, Moderate - Short-term memory impaired; day-to-day ADLA's start becoming problematic.
  - c. Stage 3, Severe - Requires daily supervision and assistance with ADLA's such as eating, bathing, dressing; communication starts becoming impaired.
2. Mental Health Providers will see patients for follow-up at least every three months as long as the patient's dementia and related behaviors are stabilized as defined in the treatment plan.
3. Patients with Dementia will be followed by the Psychologist at least once per month. They may be scheduled more frequently at the discretion of the clinician if symptoms require more frequent assessment/monitoring. The patient will be monitored and referred to psychiatry if symptoms do not respond with expected timeframes.

#### F. Civil Commitment

Patients who are under civil commitment whose diagnoses are not addressed in this policy shall be seen by a mental health provider every 90 days per court order.

## G. Monitoring and Documentation

1. All major problems of a mental illness and/or developmental disability are diagnosed and documented in the patient's health record.
2. All patients who have been continuously receiving psychoactive medications must have an appropriately identified diagnosis documented in the patient's health record.
3. The effects/results 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.
4. All other mental health patients will be seen by a mental health care professional every 6 to 12 months. Non SMI patients that are on medications will need to be seen at least once per year by a mental health care provider. Those non SMI patients without meds can be seen on a prn basis.
5. Psychologists will develop a Mental Health Care Plan that is shared with all members of the multidiscipline mental health team. The plan is guided by the stage of illness and is focused on specific symptoms manifested by the patient.
6. Mental health providers and professionals are to review these plans and should include approaches to psychosocial interventions as well as pharmacological options, which are organized by target symptoms. Once compiled, the Individual Mental Health Care Plan will be reviewed with the patient.