



Research at a glance

An Initial Report on the Results of the Pilot of the Computerized Mental Health Intake Screening System (CoMHISS)

KEY WORDS: *Mental health screening, offender mental health, computer assessment, substance abuse*

Why we did this study

Mental health problems among offenders are a concern for the Correctional Service of Canada. Recent evidence indicates that the prevalence of mental disorders among federally sentenced offenders is increasing. With nearly 5,000 new admissions in a 12-month period, the development and implementation of a national standardized mental health screening tool for offenders entering the federal correctional system is a key component in insuring that offenders requiring mental health services are identified and referred for appropriate service. The Computerized Mental Health Intake Screening System (CoMHISS) was developed to address this need. This study looked at the results of the pilot administration of the CoMHISS assessment.

What we did

The CoMHISS is composed of three instruments: the Brief Symptom Inventory (BSI), the Depression, Hopelessness and Suicide Scale (DHS) and the Paulhus Deception Scale (PDS). The BSI is constructed to measure symptoms associated with nine mental disorders. The Global Severity Index (GSI) of the BSI, used here, combines the symptoms of all nine disorders to provide an overall indicator of psychological distress.

From February 2008 to April 2009, a sample of 1,370 male offenders incarcerated on a new admission completed the measures at regional reception centers. There were insufficient women screened for analysis. BSI cut-offs based on norms established on four different populations were applied to the CSC offender population: non patient norms, inpatient norms, outpatient norms and norms established based on the results of federal male offenders. This study used a T-score of 65 and above on both the BSI and DHS measures as a cut-off. Offenders with scores above this would be referred to mental health professionals at the reception centres.

What we found

Using the T-score of 65 as the cut-off with non-patient norms on the BSI, 38% male offenders would be screened for further assessment. The DHS uses offender norms. The results on the DHS Depression scale indicate that 24% of offenders would be screened for further assessment using the same cut-off scores. The preliminary results indicate that Aboriginal offenders report

experiencing slightly higher rates of distress than non-Aboriginals but this difference was not statistically significant. The highest rates of symptoms of psychological distress were found in the Atlantic region. A comparison between those who completed and those who refused to complete the CoMHISS indicated that those who refused were significantly more likely to abuse alcohol and drugs, but did not differ on other key profiling variables related to ethnic status, education level or Offender Intake Assessment indicators of mental health problems. Additional analyses showed that offenders with high scores on the CoMHISS measures were more likely than those with lower scores to have co-occurring substance problems. Further research is needed to determine which cut-off scores on the CoMHISS measures would be appropriate using CSC norms.

What it means

The results indicate that using a non patient comparison on the BSI, at least one-third of newly admitted male offenders report experiencing a significant level of symptoms of distress that may require further evaluation. Research is needed to verify that the screening tools accurately identify offenders requiring service.

For more information

Stewart, L. A., Harris, A., Wilton, G., Archambault, K.Y., Cousineau, C., Varrette, S., & Power, J. (2009). R-218 An Initial Report on the Results of the Pilot of the Computerized Mental Health Intake Screening System (CoMHISS Ottawa: Correctional Service Canada.

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