

**Research Brief**

**Agreement among Three Mental  
Health Screening Measures**

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**Agreement among Three Mental Health Screening Measures**

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January 2015



## **Acknowledgements**

We would like to extend our gratitude to all the participants whose data was used in this study and the staff at intake who provided us with the data. We would additionally like to thank Kathleen Thibault and Ashley Wamboldt from Mental Health Branch who worked closely with us on this project. Finally, we would like to thank Andrea Moser and John Weekes for feedback on earlier drafts of this report.



## Executive Summary

**Key words:** *mental disorders, offenders, mental health screening, screening tools*

Several tools are used at reception centres in the Correctional Service of Canada (CSC) to screen offenders for mental health issues at intake. It is currently unknown, however, if these tools identify the same or different offenders. CSC requires more information on the tools currently in use to ensure an effective and efficient screening process.

In this study, reception units across the five regions in CSC were provided with a list of offenders who had been admitted to their institution over a four-month period and who had completed the Computerised Mental Health Intake Screening System II (CoMHISS, Version 2). Reception units were asked to provide data from offenders' health status admission assessments, known as Form 1244 Section I and Form 1244 Section II. There were 390 offenders with complete data on all three assessments. We examined whether each assessment tool resulted in a referral for mental health follow-up (i.e., whether offenders were identified as requiring further evaluation).

The CoMHISS, the Form 1244 Section I, and the Form 1244 Section II each identified unique offenders for follow-up for mental health issues. The results for Aboriginal offenders did not differ significantly from non-Aboriginal offenders in terms of the patterns of referrals that were generated across tools. Agreement across all three tools was 61%. In 56% of cases, there was agreement between the three assessments that no follow-up was necessary, but only 5% of the sample were flagged for follow-up by all three assessments. CoMHISS is the most inclusive of the three assessments, identifying in the largest number of unique offenders. Using the CoMHISS as the only intake tool would have captured the majority of offenders identified for follow-up using all the measures (i.e., 73% of offenders identified for follow-up were captured by CoMHISS).

The sensitivity of a screening tool, however, is only one of several criteria used to determine its utility. Additional considerations include the time required for administration (CoMHISS is more time consuming to administer, score, and interpret than the 1244 forms) and time to availability of results (results from CoMHISS are not available to decision makers as quickly as those on the Form 1244 Section I which is based on an interview completed within 24 hours of intake, a concern if offenders at risk for self-injury or suicide have recently entered the system). CoMHISS' inclusiveness may also result in the identification of offenders who do not, in fact, require follow-up service, decreasing the efficiency of a screening process by increasing staff workload. All of these factors must be considered in deciding which combination of accuracy and efficiently best meets the needs of CSC in choosing the tools used to screen offenders for mental health problems.





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## **Introduction**

### **Prevalence**

Compared to community rates in the general population, offenders have higher rates of mental health disorders (Fazel & Danesh, 2002). Prevalence rates of major mental disorders among offenders vary depending on the definition of mental disorder adopted, the time frame applied, and the population examined. Estimates range from a low of 15% (Magaletta, Diamond, Faust, Daggett, & Camp, 2009) to as high as 88% when personality and substance abuse disorders are included (Beaudette, 2013; Brink, 2005; Brink, Doherty, & Boer, 2001). These higher rates were found in research conducted in the federal Canadian correctional system (Beaudette, 2013; Brink et al., 2001; Motiuk & Porporino, 1991). Offenders with serious mental health problems, then, can constitute a significant proportion of the offender population, posing a challenge for those mandated to provide the specialized services many require. Assessing all offenders clinically to allow a diagnosis, however, is taxing on resources. Therefore, an efficient and effective screening process is a key component of insuring that offenders who require mental health services are identified.

### **Screening for Mental Health Issues in Offenders**

Teplin (1990) found that 63% of offenders presenting with acute symptoms of mental disorder were not identified as such by the personnel in charge, illustrating the need for a structured screening for mental health issues. Screening can also assist in the appropriate allocation of resources and provide valuable information to management regarding the prevalence of mental health issues and changes over time so that appropriate resource planning can take place.

Given the constraints of a correctional setting, a screening tool must be brief while maintaining a high level of sensitivity so that those in need of more in-depth assessments are accurately identified. Useful screening tools should be quick to administer, reliable, and efficient (Dahle, Lohner, & Konrad, 2005). Correctional staff do not have the time to complete long screening tools with each offender. Time-consuming tools also may result in a large amount of missing data, decreasing their usefulness (Lafortune, 2010). Screenings that are fast and easy to use can identify cases of higher need without expending limited resources unnecessarily on those of lower need (Martin, Wamboldt, O'Connor, Fortier, & Simpson, 2013). Screening tools

should also have a low “false negative” rate to ensure that offenders with mental health challenges are not missed; however, it is also important that screening tools minimize the “false positive” rate, ensuring that limited resources are preserved for those offenders who need it (Steadman, Scott, Osher, Agnese, & Robbins, 2005). Early assessment is beneficial to both the offender, who receives treatment as soon as possible, and the institution, where the number of issues related to untreated offenders can be minimized (Steadman et al., 2005) and is particularly critical for offenders at risk of suicide or self-injury.

### **Current Study**

Given the need for efficient and valid screening processes, this study was undertaken to determine whether three assessments currently used in the Correctional Service of Canada (CSC) to screen for mental health issues identify the same participants for mental health follow-up. Specifically, this research was designed to answer the following research questions:

1. Are the same offenders referred for follow-up based on the Computerised Mental Health Intake Screening System (CoMHISS), and health care Form 1244 Section I and Form 1244 Section II?
2. What is the profile of offenders referred by one measure, but missed by the others?

## **Method**

### **Sample**

The sample was comprised of offenders admitted to intake units in all five regions of CSC between March 1<sup>st</sup> and June 27<sup>th</sup>, 2013 and for whom data were available on all three measures (i.e., CoMHISS Version 2, Form 1244 Section I, Form 1244 Section II). During the specified time, 859 of admitted offenders had completed CoMHISS Version 2 and data for all three assessments were available for 390 offenders. Criteria for requiring follow-up differs for each measure and are described in the Measures section below. Profiles for offenders who were identified as needing follow-up by each measure can be found in Table 6.

### **Procedure**

Reception units were provided with a list of offenders who had been admitted to their institution within a four-month period who had completed CoMHISS Version 2; these data were obtained from an electronic database maintained by CSC. Reception units were asked to provide data from the Forms 1244 Sections I and II for the offenders on their list. Tools were each assessed and compared based on whether they identified offenders for follow-up.

### **Measures**

**Intake Health Status Assessment (1244) Section I.** Form 1244 Section I (see Appendix A) must be completed within the first 24 hours of admission to a CSC institution. This form collects information on a variety of health issues. Relevant to current study, there is a “Current Mental Health” section that includes items for previous psychiatric admission, history of suicide attempts, current suicidal ideation or plan, history of self-injurious behaviour, and evidence of anxiety, withdrawal, panic, vulnerability, or hopelessness. Based on any information gathered while completing the form, an offender may receive a “Referral for Psychology/Institutional Mental Health Services”, which constitutes being referred by the 1244 Section I for the purposes of this study.

**Intake Health Status Assessment (1244) Section II.** Form 1244 Section II (see Appendix B) must be completed within the 14 days of admission to a CSC institution. In addition to a comprehensive history of offenders’ physical health, the form includes a section on mental health which is more detailed than Form 1244 Section I. Questions on the form address

areas such as past mental health diagnoses, past and current treatment or intervention, psychiatric medication, history of suicide and self-injury, abuse history, and problematic eating. Based on information gathered while completing the form, an offender may be referred to a psychologist or a psychiatrist, which constitutes being referred by Form 1244 Section II for the purposes of this study.

**CoMHISS.** CoMHISS is a standardised national mental health screening system designed to screen for newly admitted offenders who require mental health services (see Stewart et al., 2010 for more information). CoMHISS is currently comprised of four measures (described below): (1) the Depression, Hopelessness and Suicide Screening Form (DHS); (2) Brief Symptom Inventory (BSI); (3) Adult Self-Report Scale for Attention Deficit Hyperactivity Disorder (ASRS); and (4) General Ability Measure for Adults (GAMA). The CoMHISS is administered between 3 and 14 days following admission. Referral for mental health services depends on a scoring algorithm in which offenders are separated according to those who are likely to require services and those who are not based on the BSI, DHS, or ASRS subscale that best predicts a mental health service need. These groups continue to be separated until the subscales can no longer distinguish offenders who do and do not require mental health services. Offenders are flagged for follow-up when they have at least a 73% likelihood of requiring services, report any current suicidal ideation on the DHS, or have an estimated IQ of less than 70. Offenders with scores that indicate a likelihood of requiring services of 17% or less are screened out. Offenders between 17% and 73% likelihood of requiring services or offenders with more missing data than the algorithm allows are included in the “unclassified” category provided they did not report any current suicidal ideation on the DHS and had an IQ of 70 or greater. Unclassified offenders usually have some mental health issues but may or may not need mental health services. Further assessment – including, at minimum, a file review– is conducted for unclassified offenders.

***The Depression, Hopelessness and Suicide Screening Form (DHS).*** The DHS, initially developed and validated on medium security male inmates in Canada (Mills & Kroner, 2004), measures depression (17 items), hopelessness (10 items), and risk factors associated with suicide and self-injury (12 items). The 39 items in the questionnaire are answered dichotomously (True or False).

***The Brief Symptom Inventory (BSI).*** The BSI (Derogatis, 1993) is a 53-item self-report symptom inventory that assesses nine dimensions of clinically relevant psychological symptoms.



Offenders rate how much they were distressed by each symptom in the previous seven days on a scale from 0 (not at all) to 4 (extremely). The nine dimensions include: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid ideation, and Psychoticism. The BSI also includes three indices of global distress: Global Severity Index (GSI), Positive Symptom Distress Index, and Positive Symptom Total. The global indices assess general psychological well-being by measuring current level of symptomatology, intensity of symptoms, and number of reported symptoms, respectively.

Raw scores on the nine subscales and the GSI are calculated by summing the values for the items in each dimension (including four additional items for the GSI) and then dividing by the number of endorsed items in that dimension. The Positive Symptom Total is calculated based on the total count of the number of non-zero items endorsed and reveals the number of symptoms the respondent reports experiencing. The Positive Symptom Distress Index is calculated by summing the values of the items receiving non-zero responses divided by the Positive Symptom Total. This index provides information about the average level of distress the respondent experiences.

***Adult Self-Report Scale (ASRS) for attention deficit hyperactivity disorder (ADHD).***

The ASRS (ASRS; Kessler, et al., 2005) is an 18-item measure rated on 5-point Likert scale. The first six items correspond directly to the DSM-IV (American Psychiatric Association, 2000) criteria for ADHD. Internal consistency of this measure has been reported as high, with Cronbach's alpha coefficients of 0.88 to 0.89 (Adler et al., 2006). Concurrent validity is also high, with correlations of 0.84 between the ASRS and other ADHD rating scales, including the semi-structured clinical ADHD Rating Scale (ADHD-RS) and the semi-structured clinical interview for recent DSM-IV adult ADHD (Adler et al., 2006). Recent research conducted at CSC indicates that 17% of male offenders at intake scored high on the ASRS, indicating a prevalence rate of ADHD higher than that of the general public. Another 25% reported sub-threshold symptoms at the moderate level (Usher, Stewart, & Wilton, 2013).

***General Ability Measure for Adults (GAMA).*** The GAMA (Naglieri & Bardosa, 1997) assesses intellectual functioning using non-verbal abstract designs. It was developed for individuals with limited language and educational abilities, thereby making it an appropriate measure for individuals of diverse ethnic backgrounds and language comprehension skills. Types of problems include matching, reasoning by analogy, sequencing, and mental

construction. The test takes approximately 25 minutes to complete and can be delivered in a group or individual setting. The GAMA contains four subscales: Matching, Analogies, Sequences, and Construction. A third grade reading level is required to complete this measure (Weiner, 2002). Internal consistency and test-retest reliability are reported as adequate (Ryan, Byrd, Mindt, Rausch, & Morgello, 2008). Test-retest reliability was measured over a period of two to six weeks and was reported to be low to moderate at .67 for the overall test (Weiner, 2002). Validation research indicates strong correlations between GAMA scores and the WAIS-R, the Kaufmann Brief Intelligence Test, and the Wonderlic Personnel Test and moderate correlations with the Shipley Institute of Living Scale, ranging from .56 to .73 depending on the subscale (Lassiter, Leverett, & Safa, 2000; Matthews, Lassiter, & Habedank, 2001).

**Profile variables.** In addition to the data from the three screening tools, data on offender profile variables were collected. These variables included age at admission, aggregate sentence length, sentence number (i.e., first, second, or third or greater federal sentence), criminal history risk, criminogenic need, reintegration potential, and motivation. These data were collected from the Offender Management System (OMS), the official electronic record on all offenders admitted to CSC. Upon admission, an offender participates in an intake process during which information is collected and assessments are conducted by a parole officer who then enters the offender's information into OMS. This intake process includes assessments of offenders' criminogenic needs, criminal history risk, reintegration potential, and motivation. These four measures are rated on a three point scale: low, medium, or high. Criminogenic need measures the overall need level across seven domains that may require correctional interventions. The seven dynamic factors domains include substance abuse, associates, attitudes, employment and education, marital/family, community functioning, and personal/emotional. The substance abuse and personal/emotional domains relate directly to mental health, and one would therefore expect a correlation between criminogenic need and the mental health screening tools. Criminal history risk is the extent and severity of the offenders' criminality including past and current offences. Reintegration potential reflects several assessments to provide a rating of the likelihood that an offender will successfully return to the community and not reoffend upon release, and motivation is a rating of whether an offender is self-motivated to address areas that contribute to his or her criminal behavior or rejects the need for change.

## Results

Across the three screening tools (CoMHISS, Form 1244 Section I, and Form 1244 Section II), the overall percent of offenders flagged for follow-up on at least one tool was 44% ( $n = 172$ ). Table 1 displays whether offenders were flagged for referral based on each of the three assessments. Offenders with an “unclassified” result (i.e., the offender reports a level of symptoms that may, or may not, require follow-up) from CoMHISS were counted as “not identified” since further assessments or file reviews will be conducted prior to referring the offenders for mental health services (for more detailed results on “unclassified” offenders, please see Appendix C). Thirty-two percent ( $n = 125$ ) of offenders were flagged based on the CoMHISS. Twenty-one percent ( $n = 83$ ) of offenders were flagged based on Form 1244 Section I, and 18% ( $n = 70$ ) were flagged based on the Form 1244 Section II. Each of the three tools flagged offenders who were not flagged by the other two tools, with 13% of offenders flagged only by CoMHISS, 5% flagged only by Form 1244 Section I, and 5% flagged only by Form 1244 Section II. CoMHISS, therefore, is the most inclusive of the three assessments.

Table 1

*Referral Outcomes across CoMHISS and Form 1244 Sections I and II (N = 390)*

CoMHISS Referral	Form 1244 Section I Referral	Form 1244 Section II Referral	%	(n)
×	×	×	55,9	(218)
✓	×	×	12,8	(50)
✓	✓	×	8,5	(33)
✓	×	✓	5,4	(21)
✓	✓	✓	5,4	(21)
×	✓	×	4,9	(19)
×	×	✓	4,6	(18)
×	✓	✓	2,6	(10)

*Note.* CoMHISS = Computerized Mental Health Intake Screening System. ✓ = identified. × = not identified.

Twenty-two percent ( $n = 87$ ) of the sample of offenders assessed on all three measures were of self-reported Aboriginal ancestry. Table 2 displays the results of the three screening tools for these offenders. The pattern of referrals based on the tools did not differ from those of non-Aboriginal offenders ( $\chi^2 (7, N = 390) = 10.51, p = .16$ ).

Table 2

*Referral Outcomes across CoMHISS, Form 1244 Sections I and II for Aboriginal Offenders (n = 87)*

CoMHISS Referral	Form 1244 Section I Referral	Form 1244 Section II Referral	%	(n)
✗	✗	✗	52,9	(46)
✓	✗	✗	18,4	(16)
✓	✓	✗	6,9	(6)
✓	✗	✓	1,1	(1)
✓	✓	✓	5,7	(5)
✗	✓	✗	3,4	(3)
✗	✗	✓	6,9	(6)
✗	✓	✓	4,6	(4)

*Note.* CoMHISS = Computerized Mental Health Intake Screening System. ✓ = identified. ✗ = not identified.

Nine percent of the sample ( $n = 36$ ) was women. Table 3 displays the referral outcomes for these offenders. Due to the small sample size, a comparison to men in the sample was not possible.

Table 3

*Referral Outcomes across CoMHISS and 1244 Sections I and II for Women Offenders (n = 36)*

CoMHISS Referral	Form 1244 Section I Referral	Form 1244 Section II Referral	%	(n)
✗	✗	✗	36.1	(13)
✓	✗	✗	5.6	(2)
✓	✓	✗	16.7	(6)
✓	✗	✓	16.7	(6)
✓	✓	✓	8.3	(3)
✗	✓	✗	5.6	(2)
✗	✗	✓	5.6	(2)
✗	✓	✓	5.6	(2)

Note. CoMHISS = Computerized Mental Health Intake Screening System. ✓ = identified. ✗ = not identified.

Table D1 (Appendix D) displays outcomes of the screening tools by region. Although the frequencies are too low to make statistical comparisons, some general observations can be made. Overall, the results for each region are similar to those for the whole sample. In all the regions except Atlantic, the majority of cases were not flagged for referral based on results from any of the three screening tools.

Table 4 presents a brief profile of the offenders who were referred based on each of the assessment tools. The offenders who were referred on each of the assessments did not significantly differ on any of the profile variables included here. For each of the three assessments, the mean age of those referred was 35. The ages of those who were referred did not differ from those who were not referred by CoMHISS ( $t(388) = 0.12, p = .90$ ) by 1244 Section I ( $t(388) = 0.19, p = .85$ ), and by 1244 Section II ( $t(388) = 0.41, p = .68$ ). The mean aggregate sentence length of those referred by the three tools (3.6 years for CoMHISS, 3.7 years for 1244 Section I, and 3.2 years for 1244 Section II) was not significantly different ( $F(2, 275) = 1.8, p = .17, R^2 = .01$ ), nor was there a significant difference in sentence length between those who were, and were not, referred by any of the three tools (CoMHISS ( $t(387) = 0.12, p = .90$ ); 1244 Section I ( $t(387) = 0.51, p = .61$ ); or 1244 Section II ( $t(387) = 1.72, p = .09$ )).

As mentioned previously, each of the three tools flagged offenders who were not flagged by the other two tools. These three groups of offenders who were flagged by only one of the

three tools are profiled in Table 5. Only one variable was significantly different and unlikely to have explained the pattern of variability between groups. Specifically, offenders identified based on 1244 Section II, but not on either of the other two assessments, had significantly higher motivation. The majority of those screened in uniquely on CoMHISS have high needs ratings (72%) while of those identified based on the 1244 form Section II, only 39% have high needs ratings. However, numbers are low in this group and should therefore be interpreted with caution. The mean ages of those identified based on the CoMHISS ( $M = 34$ ), 1244 Section I ( $M = 31$ ), and 1244 Section II ( $M = 33$ ) did not significantly differ ( $F(2, 84) = 0.64, p = .53, R^2 = .02$ ). Similarly, the three groups did not significantly differ in mean aggregate sentence length ( $F(2, 84) = 0.52, p = .60, R^2 = .01$ ). The mean aggregate sentence length for the groups was 3 to 3.5 years.

Table 4

*Profile of Offenders by Referral Source Measure (N = 390)*

Profile Variable	Referred on						<i>Cramèr's V</i>	<i>p</i>
	CoMHISS		1244 I		1244 II			
	%	( <i>n</i> )	%	( <i>n</i> )	%	( <i>n</i> )		
Criminal History Risk								
High	46.6	(55)	46.8	(37)	47.1	(32)	.06	.78
Medium	42.4	(50)	43.0	(34)	36.8	(25)		
Low	11.0	(13)	10.1	(8)	16.2	(11)		
Criminogenic Need								
High	68.6	(81)	67.1	(53)	60.3	(41)	.08	.54
Medium	28.0	(33)	30.4	(24)	32.4	(22)		
Low	3.4	(4)	2.5	(2)	7.4	(5)		
Motivation Level							.05	.88
High	13.6	(16)	17.7	(14)	19.1	(13)		
Medium	75.4	(89)	72.2	(57)	70.6	(48)		
Low	11.0	(13)	10.1	(8)	10.3	(7)		
Reintegration Potential							.04	.92
High	18.6	(22)	13.9	(11)	17.7	(12)		
Medium	43.2	(51)	44.3	(35)	45.6	(31)		
Low	38.1	(45)	41.8	(33)	36.8	(25)		
Sentence Number							.05	.85
First	71.0	(88)	74.7	(62)	67.1	(47)		
Second	17.7	(22)	14.5	(12)	21.4	(15)		
Third or greater	11.3	(14)	10.8	(9)	11.4	(8)		

*Note.* CoMHISS = Computerized Mental Health Intake Screening System.

Table 5

*Profile of Offenders Referred by One Assessment Only (N = 87)*

Profile Variable	Referred on						<i>Cramèr's</i> <i>V</i>	<i>p</i>
	CoMHISS only		1244 I only		1244 II only			
	<i>(n = 50)</i>		<i>(n = 19)</i>		<i>(n = 18)</i>			
	%	<i>(n)</i>	%	<i>(n)</i>	%	<i>(n)</i>		
Criminal History Risk							.08	.78
High	46.8	(22)	57.9	(11)	38.9	(7)		
Medium	44.7	(21)	36.8	(7)	33.3	(6)		
Criminogenic Need							.25	.09
High	72.3	(34)	68.4	(13)	38.9	(7)		
Medium	25.5	(12)	31.6	(6)	50.0	(9)		
Motivation Level							.29	.05
High	8.5	(4)	15.8	(3)	33.3	(6)		
Medium	78.7	(37)	68.4	(13)	55.6	(10)		
Reintegration Potential							.14	.52
Medium	38.3	(18)	42.1	(8)	50.0	(9)		
Low	38.3	(18)	52.6	(10)	27.8	(5)		
Sentence Number							.08	.89
First	65.3	(32)	63.2	(12)	55.6	(10)		
Second	16.3	(8)	21.1	(4)	27.8	(5)		
Third or greater	18.4	(9)	15.8	(3)	16.7	(3)		

*Note.* CoMHISS = Computerized Mental Health Intake Screening System. Tests of criminal history risk, criminogenic need, motivation, omitted the low category rating to accommodate the chi-squared test requirement that not more than 20% of cells have expected frequencies less than 5. Likewise, the high rating for Reintegration Potential is omitted, and two or more sentences are combined for the same reason. Column frequencies do not sum to the column totals due to missing data on the profile variables.



## **Discussion**

The CoMHISS, the Form 1244 Section I, and the Form 1244 Section II each identify some unique offenders for follow-up for mental health issues. The results for Aboriginal offenders did not differ significantly from non-Aboriginal offenders in terms of the patterns of referrals that would be generated across tools. Agreement across all three tools was 61%. In 56% of cases, there was agreement between the three assessments that no follow-up was necessary, but only 5% of the sample were flagged for follow-up by all three assessments. The remaining 39% of offenders were screened in by one or two of the tools. Although specificity was not tested explicitly, the common agreement about offenders who do not need mental health services suggests that the measures are specific; offenders who do not need mental health services are likely correctly screened out by the tools.

The CoMHISS is the most inclusive of the three assessments, identifying the largest number of unique offenders. Using the CoMHISS as the only intake tool would have captured almost three-quarters (73%) of the offenders who were screened in for mental health services using all three tools. Also, 29% of the offenders who were screened in were captured by CoMHISS but were missed by both of the 1244 forms. Although sensitivity was not explicitly tested, these results suggest that the CoMHISS is the most sensitive of the three tools. Since it identifies the greatest number of offenders as needing mental health services, it has the greatest chance to correctly identify positive cases. This finding is not unexpected since the BSI covers many mental health symptoms that Form 1244 does not, and, in addition, the GAMA assesses low intellectual functioning, a factor not assessed in by either section of Form 1244.

The sensitivity and specificity of a screening tool, however, are not the only criteria used to determine its utility. Additional considerations include the time required for administration and time to availability of results. The CoMHISS is more time consuming to administer, score, and interpret than the Form 1244 Section I and II, and, thus, the results from the CoMHISS are not available to decision makers as quickly as those on the 1244 Section I form which is based on an interview completed within 24 hours of intake. Timing is a particular concern for offenders entering the system who are at risk for self-injury or suicide.

The CoMHISS' inclusiveness may also result in a high number of false positives. Offenders who do not, in fact, require follow-up service may be identified, decreasing the efficiency of a screening process by increasing staff workload. All of these factors must be

considered in deciding which combination of accuracy and efficiency best meets the needs of an organization in choosing the tools used to screen offenders for mental health problems.

Further research should focus on a more detailed examination of the specific parts of each of the assessments that account for unique referrals as well as redundancies across the tools. Research should also specifically test the sensitivity and specificity of each of the assessments by comparing their results to those of clinical interviews with offenders.

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Appendix A: 1244 Form Section I

Correctional Service Canada

Service correctionnel Canada

PROTECTED

B

ONCE COMPLETED

NOTE: Reference document [CD 800](#)  
See Form [CSC/SCC 1244-01](#) for Health Status Admission Assessment for those 50+

PERSONAL INFORMATION BANK

PUT AWAY ON FILE

▶

Original = Offender HC file

FPS Number or Temporary ID Number

▶

Family name

▶

Given name(s)

▶

Date of birth

▶

INTAKE HEALTH STATUS ASSESSMENT

Section I

Language of preference – Langue préférée

☐ English  
Anglais

☐ French  
Français

Institution

Region

Completing Operational Unit

\*MUST BE COMPLETED WITHIN THE FIRST 24 HOURS OF ADMISSION\*

☐ **REFUSED** – Inmate was offered Health Status Assessment upon intake and refused the assessment.

1A. ADMINISTRATIVE

Admission Date (YYYY-MM-DD)

Offender Status (check all that apply)

Received from

Gender

Inmate received:

☐ CSC Health Handbook

☐ Institution Handbook

☐ Patient Safety Education

☐ New Admission

☐ Previous Federal Incarceration

☐ Temporary Detention/Parole Suspension

☐ In Community Greater than 1 Year

☐ Transfer

☐ Court Return

☐ Remand

☐ Treatment Centre

☐ Provincial/Territorial Jail

☐ Other:

☐ Male

☐ Female

1B. CURRENT MEDICAL HEALTH

Environmental/Food Allergies

☐ No

☐ If yes, ▶

Type of Reaction

Memo Sent to kitchen

☐ Yes

Special Diet

☐ No

☐ If yes, ▶

Specify

On Major Problems List

☐ Yes

Diet Request Form filled

☐ Yes

Essential Diet?

☐ Yes

Religious Diet?

☐ Yes

Referral made to Dietician or Chaplain?

☐ Yes

Allergies/Drug Sensitivities

☐ No

☐ If yes, ▶

Type of Reaction

Medication Reconciliation form completed

☐ Yes

On Major Problems List

☐ Yes

On Medication Administration Record

☐ Yes

Current Health Issues (include active infectious disease)

☐ No

☐ If yes, ▶

Urgent Health Issues requiring attention within 2 weeks

Vitals taken if indicated?

☐ Yes

☐ No

Current Treatment Regime (Weekly weight, blood pressure, etc.)

☐ No

☐ If yes, ▶

Medications

☐ No

☐ Yes, ▶

Medication Reconciliation form completed

☐ Yes

Psychotropic Medications

☐ No

☐ If yes, ▶

Is referral to Institutional Physician / Psychiatrist necessary?

☐ Yes

☐ No

Open or Draining Wound

☐ No

☐ If yes, ▶

Location

Appearance


▶

Booked for Culture and Sensitivity and inform IDN

☐ Yes

17

Have you used any form of tobacco in the last 6 months? ☐ No ☐ If yes, Average Packs per Day Discussed smoking ban and cessation option ☐ Yes

CSC/SCC 1244e Section I (R-2013-11) (Word Version) Page 1 of 3 (Voir le formulaire CSC/SCC 1244f Section I pour la version française)		Personal information will be protected under the provisions of the Privacy Act and will be stored in Personal Information Bank CSC PPU 060	Distribution Copy = Offender PY file	
		Name	FPS No. or Temporary ID Number	

1C. CURRENT MENTAL HEALTH

COLUMBIA-SUICIDE SEVERITY RATING SCALE  
Screen Version with Triage Points-Adapted

Definitions and Prompts  
Ask the questions that are bolded and underlined. Questions 1 through 5 are asking about thoughts and feelings during the past month.  
Actions required following responses:

- 1. **Make an URGENT REFERRAL** if the offender answers ‘Yes’ to questions numbered 3, 4, 5, or question 6 (if what he or she did to end or prepare to end life was within the past three months). If an URGENT REFERRAL is required, this action takes priority over other actions (making NON-URGENT referrals).
- 2. **Make a NON-URGENT REFERRAL** if the offender answers ‘Yes’ to question 6 (if what he or she did to end or prepare to end life was between three months and a year ago) AND an URGENT REFERRAL is not required.
- 3. **Consider making a NON-URGENT REFERRAL** if the offender answers ‘Yes’ to question 1 (about wishing to be dead) OR 2 (general thoughts of killing oneself), OR question 6 (if what he or she did to end or prepare to end their life was over a year ago), AND in your clinical judgment, you believe a mental health assessment is needed. If a NON-URGENT referral is NOT necessary, you have the option of reminding the offender that mental health services are available, and they are free to seek help themselves if they wish.

Ask Questions 1 and 2

1) <b>Wish to be Dead:</b>	<input type="checkbox"/> Yes <b>ACTION</b> Consider <b>NON-URGENT REFERRAL</b>	<input type="checkbox"/> No
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.		

Have you wished you were dead or wished you could go to sleep and not wake up?

2) <b>Suicidal Thoughts:</b>	<input type="checkbox"/> Yes <b>ACTION</b> Continue asking questions 3, 4, 5, and 6 and Consider <b>NON-URGENT REFERRAL</b>	<input type="checkbox"/> No <b>ACTION</b> If NO, to both questions 1 and 2 - go directly to question 6.
General non-specific thoughts of wanting to end one’s life / commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself / associated methods, intent, or plan.”		

Have you actually had any thoughts of killing yourself?

3) <b>Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b>	<input type="checkbox"/> Yes <b>ACTION</b> <b>URGENT REFERRAL</b>	<input type="checkbox"/> No
Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.”		

Have you been thinking about how you might kill yourself?

4) <b>Suicidal Intent (without Specific Plan):</b>	<input type="checkbox"/> Yes <b>ACTION</b> <b>URGENT REFERRAL</b>	<input type="checkbox"/> No
Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to “I have the thoughts but I definitely will not do anything about them.”		

Have you had these thoughts and had some intention of acting on them?

5) <b>Suicide Intent with Specific Plan:</b>	<input type="checkbox"/> Yes <b>ACTION</b> <b>URGENT REFERRAL</b>	<input type="checkbox"/> No
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.		

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6) <b>Suicide Behavior Question</b>	<input type="checkbox"/> Yes <b>ACTION</b> If over 1 year ago <b>Consider making a Non-Urgent Referral</b>  If between 3 months and 1 year ago <b>Make a NON-URGENT REFERRAL</b>  Within the last 3 months <b>Make an URGENT REFERRAL</b>	<input type="checkbox"/> No
<u>“Have you ever done anything started to do anything, or prepared to do anything to end your life?”</u>		
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

If YES, ask: How long ago did you do any of these?

Name	FPS No. or Temporary ID Number

1C. CURRENT MENTAL HEALTH (cont'd)

Current Thoughts of ☐ No ☐ If yes, ► Specify  
Self-Injurious Behaviour

If YES,  
Consider Referral

► Referral Form Psychology/Institutional Mental Health Services form CSC-SCC 0450 completed

☐ Urgent  
☐ Non-Urgent  
☐ No-Referral

Referred to

Date (YYYY-MM-DD)

Impressions and Observations

Offender Appears or Displays:

Very Anxious/Sad ☐ No ☐ If yes, ► Specify

Angry ☐ No ☐ If yes, ► Specify

Withdrawn ☐ No ☐ If yes, ► Specify

Vulnerable ☐ No ☐ If yes, ► Specify

Unkempt ☐ No ☐ If yes, ► Specify

Disorganized Thinking ☐ No ☐ If yes, ► Specify

If YES,  
Consider Referral

► Referral Form Psychology/Institutional Mental Health Services form CSC-SCC 0450 completed

☐ Urgent  
☐ Non-Urgent  
☐ No-Referral

Referred to

Date (YYYY-MM-DD)

1D. FALLS RISK SCREENING

Are you Aged 50 or Older? ☐ Yes ☐ No

Have you Fallen in the Last 12 Months? ☐ Yes ☐ No

Do you have Problems with Mobility? ☐ Yes ☐ No  
*If the offender appears to have mobility problems but answers no, Gait and Balance test can be conducted.*

Does the Inmate have one or more Health Conditions that may Increase the Risk of Falls? ☐ Yes ☐ No

Does the Inmate have one or more Medications that may Increase the Risk of Falls? ☐ Yes ☐ No

► If yes to any of the above, referred for Morse Fall Scale (CSC-SCC 1463) ☐ Yes

1E. ALERTS

Physical Limitations ☐ No ☐ If yes, ► Specify

Prosthesis Required ☐ No ☐ If yes, ► Specify

Risk of Withdrawal or Delirium Tremens ☐ No ☐ If yes, ► Specify

Pregnant ☐ No ☐ If yes, ► Due Date (YYYY-MM-DD) Concerns

Other ☐ No ☐ If yes, ► Specify

Physical or Mental Health issues ☐ No ☐ If yes ► Specify

requiring/affecting special housing, cell assignment, and/or programming

Verbally reported to Correctional Manager ☐ Yes Date (YYYY-MM-DD)

Email sent to Correctional Manager and Assistant Warden Interventions ☐ Yes Date (YYYY-MM-DD)

1F. SHARING MEDICAL AND/OR PERSONAL INFORMATION WITH A HOSPITAL OR COMMUNITY PHARMACY

There may be times when CSC’s Regional Pharmacy cannot provide your prescribed medication. If this happens it will be necessary for CSC Health Services to share some of your personal information with a pharmacy outside CSC such as name, date of birth, allergy status, and a list of other medications you may be taking. This information is required by pharmacists to fill prescriptions. You can refuse to allow CSC to release this information to a pharmacy outside CSC and your medication will be provided by CSC’s Regional Pharmacy when it re-opens or they have the medication available.

☐ I confirm that this information has been shared with me



Inmate Name (Print)	Inmate Signature	Date (YYYY-MM-DD)
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**NURSE, HEALTH SERVICES**

Note: Document all referrals made based on CSC/SCC 1244 section I on section 20 of CSC/SCC 1244 section II to ☐ Completed  
avoid duplicate referrals.



Name (Print)	Signature	Date (YYYY-MM-DD)
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**1.G. MEDICATION RECONCILIATION** (see CSC/SCC 1244e MED REC)



Appendix B: 1244 Form Section II

Correctional Service Canada

Service correctionnel Canada

PROTECTED

**B**

ONCE COMPLETED

See Form [CSC/SCC 1244-01](#) for Health Status Admission Assessment for those 50+

PERSONAL INFORMATION BANK

INTAKE HEALTH STATUS ASSESSMENT

Section II

Language of preference / Langue préférée

☐ English / Anglais

☐ French / Français

Institution

Region

Completing Operational Unit

PUT AWAY ON FILE

Original = Offender HC file

FPS Number or

Temporary ID Number

Family name

Given name(s)

Date of birth

TO BE COMPLETED WITHIN 14 DAYS OF ADMISSION

For TB assessment, please use form [0775-1](#) – inmate (initial two step)

CLINICAL INTAKE ASSESSMENT

☐ I Consent to the Following Health Assessment

☐ I Refuse the Following Health Assessment

Signature of Offender

Date (YYYY-MM-DD)

Signature

Date (YYYY-MM-DD)

Name of Witness (Nursing Staff) (Print)

1 ANTHROPOMETRICS AND CURRENT VITAL SIGNS

Height: m

Weight: kg

Blood Pressure:

Temperature:

Pulse:

Respiration:

2 SURGICAL HISTORY

Have you ever had surgery or been hospitalized (Including Dental Surgery): ☐ Yes ☐ No

Reason:

Date: (YYYY-MM-DD)

Where:

Release of information required and completed? ☐ Yes ☐ No

3 DIET

Are you on a special diet? ☐ Yes ☐ No

If yes, specify:

Recent change in weight? ☐ Yes ☐ No

If yes, specify:

Essential diet? ☐ Yes ☐ No

Referral done to Dietician? ☐ Yes ☐ No

Religious diet? ☐ Yes ☐ No

Referral done to Chaplain? ☐ Yes ☐ No

Is your diet low in calcium? ☐ Yes ☐ No

Is your diet low in fat or cholesterol? ☐ Yes ☐ No

4 CANCER HISTORY

Have you ever had cancer? ☐ Yes ☐ No

If yes, specify:

If yes, how was it treated? ☐ Surgery ☐ Radiation Therapy ☐ Chemotherapy

Other:

Do you still need to see the ☐ Yes ☐ No

If yes, specify:

Physician's name:

Location:

Frequency:

Release of information required and completed? ☐ Yes ☐ No

5 FAMILY HISTORY

Do any members of your family (blood relatives) have problems with or have had:

☐ High Blood Pressure (specify)

☐ Mental Illness (specify)

☐ Stroke (specify)

☐ Heart Disease (specify)

☐ Convulsion/Epilepsy (specify)

☐ Diabetes (specify)

☐ Migraines (specify)

☐ Osteoporosis (specify)

☐ Tuberculosis (specify) \_\_\_\_\_

☐ Cancer (specify) \_\_\_\_\_

☐ Glaucoma (specify) \_\_\_\_\_

☐ Other (specify) \_\_\_\_\_

▶ Other Related Form    [CSC-SCC 4000-13e](#)

Name	FPS No. or Temporary ID Number

**6 CENTRAL NERVOUS SYSTEM**

Do you have or have ever had problems with:

<input type="checkbox"/> Head Injury (specify) _____	<input type="checkbox"/> Spinal Cord Injury (specify) _____
<input type="checkbox"/> Loss of Consciousness (specify) _____	<input type="checkbox"/> Seizure Activity (specify) _____
<input type="checkbox"/> Blackouts (specify) _____	<input type="checkbox"/> Headaches/Migraines (specify) _____
<input type="checkbox"/> Dizziness (specify) _____	<input type="checkbox"/> Unsteady Gait (specify) _____
<input type="checkbox"/> Epilepsy (specify) _____	<input type="checkbox"/> Visual Disturbances (specify) _____
<input type="checkbox"/> Photophobia (specify) _____	<input type="checkbox"/> Other (specify) _____

**7 INTEGUMENTARY SYSTEM**

Do you have or have ever had problems with:

<input type="checkbox"/> Skin Conditions (specify) _____	<input type="checkbox"/> Infections (specify) _____
<input type="checkbox"/> Nail Conditions (specify) _____	<input type="checkbox"/> Hair Conditions (specify) _____
<input type="checkbox"/> History of severe sunburn/mole changes (specify) _____	
<input type="checkbox"/> Other (specify) _____	

**8 CARDIOVASCULAR SYSTEM**

Do you have or have ever had problems with:

<input type="checkbox"/> Chest Pain (specify) _____	<input type="checkbox"/> Palpitations (specify) _____
<input type="checkbox"/> High Blood Pressure (specify) _____	<input type="checkbox"/> Angina (specify) _____
<input type="checkbox"/> Heart Attack (specify) _____	<input type="checkbox"/> Stroke (specify) _____
<input type="checkbox"/> Leg Pain/Swelling (specify) _____	<input type="checkbox"/> Deep Vein Thrombosis (specify) _____
<input type="checkbox"/> Rheumatic Fever (specify) _____	<input type="checkbox"/> Varicose Vein (specify) _____
<input type="checkbox"/> Elevated Cholesterol (specify) _____	<input type="checkbox"/> Other (specify) _____

**9 OTOLARYNGEAL SYSTEM, RESPIRATORY SYSTEM AND EYES**

Do you have or have ever had problems with:

<input type="checkbox"/> Shortness of Breath (specify) _____	
If yes, <input type="checkbox"/> On Exertion <input type="checkbox"/> At Rest	
<input type="checkbox"/> Cough/Phlegm (specify) _____	
<input type="checkbox"/> Hoarseness (specify) _____	<input type="checkbox"/> Pain with Respiration (specify) _____
<input type="checkbox"/> Asthma (specify) _____	<input type="checkbox"/> Chronic Bronchitis (specify) _____
<input type="checkbox"/> Pneumonia (specify) _____	<input type="checkbox"/> Nose Problems (specify) _____
<input type="checkbox"/> Throat Problems (specify) _____	<input type="checkbox"/> Thrust (specify) _____
<input type="checkbox"/> Chancres _____	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Problems with Ears (specify) _____	<input type="checkbox"/> Eyes (visual acuity) _____
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (specify): _____	

**10 GASTRO INTESTINAL****A) Stomach/Oesophagus**

Do you have or have ever had problems with:

☐ Nausea and Vomiting (specify) \_\_\_\_\_  
☐ Abdominal Pain (specify) \_\_\_\_\_  
☐ Difficulty Swallowing (specify) \_\_\_\_\_  
☐ Vomiting Blood (specify) \_\_\_\_\_  
☐ Heartburn (specify) \_\_\_\_\_  
☐ Ulcers (specify) \_\_\_\_\_

Date (YYYY-MM- ) ☐ Result: \_\_\_\_\_ Treatment: ☐ Yes ☐ No

☐ Hiatus Hernia (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

## B) Bowels

Do you have or have ever had problems with:

☐ Diarrhea (specify) \_\_\_\_\_  
☐ Passing Blood in Stools/Black Stools (specify) \_\_\_\_\_  
☐ Haemorrhoids (specify) \_\_\_\_\_  
☐ Constipation (specify) \_\_\_\_\_  
☐ Incontinence (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

CSC/SCC 1244e Section II (R-2011-12) (Word Version) Page 2 of 6

Name	FPS No. or Temporary ID Number

## C) Liver / Gallbladder

Do you have or have ever had problems with:

☐ Jaundice (specify) \_\_\_\_\_  
☐ Grey Stools/Dark Urine (specify) \_\_\_\_\_

Are you using any of the following over the counter medications?

☐ Laxatives (specify) \_\_\_\_\_ ☐ Antacids (specify) \_\_\_\_\_  
☐ Digestion Pills (specify) \_\_\_\_\_ ☐ Other (specify) \_\_\_\_\_

## 11 URINARY / REPRODUCTIVE SYSTEMS

### A) Male Health Issues

Prostate Problems? ☐ Yes ☐ No

If yes, specify:

Erectile Dysfunction / Impotence? ☐ Yes ☐ No

If yes, specify:

Aware of scrotum/testicular self ☐ Yes ☐ No Written information and explanation provided: ☐ Yes ☐ No

**Symptoms:**

Penile Lesions/Discharge ☐ Yes ☐ No Testicular Pain: ☐ Yes ☐ No

**B) Female Health Issues**

Date of last examination (YYYY-MM-DD): \_\_\_\_\_ Pap test done? ☐ Yes ☐ No Result: \_\_\_\_\_

Date of last Menstrual Period (first day) (YYYY-MM-DD): \_\_\_\_\_

Was it a Normal Period? ☐ Yes ☐ No If no, please \_\_\_\_\_

Your Period is: ☐ Not very painful ☐ Painful ☐ Very Painful

Describe your Menstruations: ☐ Light ☐ Moderate ☐ Heavy

How long does it usually last? \_\_\_\_\_ How long is your complete cycle? \_\_\_\_\_

Are you currently pregnant? ☐ Yes ☐ No If yes, when is your due date? \_\_\_\_\_

Have you ever been pregnant? ☐ Yes ☐ No

Number of births: \_\_\_\_\_ Dates (YYYY-MM-DD) \_\_\_\_\_ Number of caesarians: \_\_\_\_\_ Dates (YYYY-MM-DD) \_\_\_\_\_

Number of miscarriages: \_\_\_\_\_ Dates (YYYY-MM-DD) \_\_\_\_\_ Number of induced abortions: \_\_\_\_\_ Dates (YYYY-MM-DD) \_\_\_\_\_

**Previous Reproductible Problems**

☐ Infection (specify): \_\_\_\_\_ ☐ Ectopic Pregnancy ☐ Cervical/Uterine/Ovarian Cancer

Breast changes? ☐ Yes ☐ No If yes: ☐ Pain ☐ Nipple Discharge ☐ Lump

Do you perform breast self-examinations (BSE)? ☐ Yes ☐ No If yes, frequency: \_\_\_\_\_ Date of last mammogram (YYYY-MM-DD): \_\_\_\_\_

Information on breast self-examination provided: ☐ Yes

Have you started your menopause? ☐ Yes ☐ No If yes, when did it start? \_\_\_\_\_

If yes, what symptoms are you having? \_\_\_\_\_

Are you on hormone replacement therapy? ☐ Yes ☐ No Specify drug(s): \_\_\_\_\_

**C) Contraception (for Males and Females)**

Do you need contraception/birth control? ☐ Yes ☐ No

What method are you currently using?

☐ Pill ☐ Intrauterine Device (IUD) ☐ Condoms ☐ Diaphragm ☐ Contraceptive Foam/Sponge/Jelly

☐ Withdrawal ☐ Tubal Ligation ☐ Vasectomy ☐ Symptothermal Method ☐ None

What methods have you used in the past? \_\_\_\_\_ Reason for abandoning: \_\_\_\_\_

	Name	FPS No. or Temporary ID Number
--	------	--------------------------------

#### D) Urinary and Kidney Problems

Do you have or have ever had problems with:

<input type="checkbox"/> Dysuria (specify) _____	<input type="checkbox"/> Polyuria (specify) _____
<input type="checkbox"/> Hematuria (specify) _____	<input type="checkbox"/> Incontinence (specify) _____
<input type="checkbox"/> Cystitis (specify) _____	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Frequency/Urgency/Nocturia _____	
<input type="checkbox"/> Hesitancy/Straining _____	

Do you have or have ever had problems with:

<input type="checkbox"/> Infections (specify) _____	<input type="checkbox"/> Stones (specify) _____
<input type="checkbox"/> Other (specify) _____	

Inguinal Hernia? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Treatment (where, when)? \_\_\_\_\_

#### 12. ENDOCRINE SYSTEM

Do you have or have ever had problems with:

<input type="checkbox"/> Diabetes (specify): _____	<input type="checkbox"/> Glucose reading (mg/mMol) _____
<input type="checkbox"/> Hypo/hyperthyroidism (specify): _____	<input type="checkbox"/> Goitre/thyroid nodule (specify): _____

#### 13 MUSCULOSKELETAL SYSTEMS

Do you have or have ever had problems with:

<input type="checkbox"/> Joint pain/Swelling (specify) _____	<input type="checkbox"/> Dislocations (specify) _____
<input type="checkbox"/> Fractures (specify) _____	<input type="checkbox"/> Arthritis/Rheumatism (specify) _____
<input type="checkbox"/> Sprains (specify) _____	<input type="checkbox"/> Osteoporosis (specify) _____
<input type="checkbox"/> Difficulty Walking (specify) _____	<input type="checkbox"/> Back pain (specify) _____
<input type="checkbox"/> Previous or Current Steroid use (specify) _____	If yes, Injectable? <input type="checkbox"/> While Incarcerated
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Do you wear Dentures (specify) _____

#### 14 BLOOD/IMMUNE SYSTEMS

Do you have or have ever had problems with:

<input type="checkbox"/> Clotting (specify) _____	<input type="checkbox"/> Easy Bruising (specify) _____
<input type="checkbox"/> Leukemia (specify) _____	<input type="checkbox"/> Hodgkin's Disease (specify) _____
<input type="checkbox"/> Blood Transfusions (specify) <input type="checkbox"/> Date (YYYY-MM-DD) _____	
<input type="checkbox"/> Other (specify) _____	

#### 15 OVERALL CLINICAL SUMMARY/IMPRESSION/REFERRALS

Adjustment / Management / Placement Concerns

**16 NURSE, HEALTH SERVICES**

\_\_\_\_\_  
Name of Witness (Nursing Staff) (Print) Signature Date (YYYY-MM-DD)

**MENTAL HEALTH ADMISSION ASSESSMENT**

**17 MENTAL HEALTH HISTORY**

Have you ever been diagnosed with a mental illness? ☐ Yes ☐ No

If yes, specify type(s) or details: ►

Evidence of mental disorder/diagnosis documented on ☐ Yes ☐ No

If yes, specify type(s) or details: ►

Name	FPS No. or Temporary ID Number

**17 MENTAL HEALTH HISTORY (cont'd)**

Have you received treatment for emotional or mental health problems in the past? ☐ Yes ☐ No

If yes, specify type of treatment (i.e. Hospitalization, Counselling, Other): ►

Have you had any mental health interventions within the last year (i.e. Hospitalization, Medication, Counselling)? ☐ Yes ☐ No

If yes, specify type(s) or details: ►

Form 4000-13e completed? ☐ Yes ☐ No

**18 PSYCHIATRIC MEDICATION HISTORY**

Name of Medication	Dosage	Date or approx.: (YYYY-MM-DD)	Reason for Discontinuation

Have you ever attempted suicide? ☐ Yes ☐ No

If yes, specify (number of times, how, when, outcome):

Have you ever inflicted self-injuries?

☐ Yes ☐ No

If yes, specify (number of times, how, when, outcome):

Have you ever been abused physically?

☐ Yes ☐ No

If yes, specify (by whom, when):

Have you ever been abused sexually?

☐ Yes ☐ No

If yes, specify (by whom, when):

Have you ever had any eating difficulties (i.e. not eaten enough for extended periods, eaten too much, thrown up after eating)?

☐ Yes ☐ No

If yes, specify (when, duration):

## 19 CURRENT MENTAL STATUS

During the course of this current sentence have you been treated for mental health problems?

☐ Yes ☐ No

If yes, specify:

Have you had any recent self-inflicted injuries (i.e. in the last year)?

☐ Yes ☐ No

If yes, specify (how, outcome):

Do you have any way or means of hurting yourself now?

☐ Yes ☐ No

If yes, specify:

Are you feeling depressed, helpless, hopeless or have you experienced a significant loss recently?

☐ Yes ☐ No

If yes, specify:

Are you presently experiencing stress/tension/anxiety/anger or major personal problems?

☐ Yes ☐ No

If yes, specify:



Name	FPS No. or Temporary ID Number

## 20 MENTAL HEALTH SUMMARY/IMPRESSION

General Physical Appearance:


Mood and Behaviour:

Emotional State:

Suicide Risk (thoughts/actions/plans)

Cautions (i.e. medications, hostility)

## 21 NURSE, MENTAL HEALTH (where applicable, otherwise nurse, Health Services)

 _____ Name (Print)	_____ Signature	_____ Date (YYYY-MM-DD)
--	--------------------	----------------------------

## 22 MEDICAL ADMINISTRATIVE SUMMARY

Communication of physical and/or mental health concerns, observations, impressions or alerts to:


Parole Officer:

☐ Yes ☐ No


Unit Staff:

☐ Yes ☐ No

All available collateral information related to health of inmate has been reviewed *(This includes but not limited to previous volumes of health care record)*


 _____ Name of Nurse (Print)	_____ Signature	_____ Date (YYYY-MM-DD)
---	--------------------	----------------------------

All required collateral information related to health of inmate has been requested


 _____ Name of Nurse (Print)	_____ Signature	_____ Date (YYYY-MM-DD)
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## 23 REFERRALS (Action taken/recommended)

☐ Referral to Physician

 _____ Name of Referring Person (Print)	_____ Signature	_____ Date (YYYY-MM-DD)
--	--------------------	----------------------------

☐ Referral to Psychiatrist

 _____ Name of Referring Person (Print)	_____ Signature	_____ Date (YYYY-MM-DD)
--	--------------------	----------------------------

☐ Referral to Psychologist

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Referral to Ambulatory Services**

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Referral to Dentist**

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Referral to Optometrist**

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Referral to Dietician**

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Referral to Crisis Intervention (i.e. suicide watch)**

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

☐ **Referral to Other (specify)**

\_\_\_\_\_  
Name of Referring Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

## Appendix C: Referral Outcomes across CoMHISS and Form 1244 Sections I and II

Table C1

*Referral Outcomes across CoMHISS and Form 1244 Sections I and II Including Detailed CoMHISS Outcomes (N = 390)*

CoMHISS Referral	Form 1244 Section I Referral	Form 1244 Section II Referral	%	(n)
✓	✓	✓	5,4	(21)
✓	✓	✗	8,5	(33)
✓	✗	✓	5,4	(21)
✓	✗	✗	12,8	(50)
✗	✓	✓	1,3	(5)
✗	✓	✗	2,6	(10)
✗	✗	✓	3,1	(12)
✗	✗	✗	43,9	(171)
NC	✓	✓	1,3	(5)
NC	✓	✗	2,3	(9)
NC	✗	✓	1,5	(6)
NC	✗	✗	12,1	(47)

*Note.* CoMHISS = Computerized Mental Health Intake Screening System. U = unclassified. ✓ = identified. ✗ = not identified.

## Appendix D: Referral Outcomes for CoMHISS and Form 1244 Sections I and II by Region

Table D1

*Referral Outcomes for CoMHISS and Form 1244 Sections I and II by Region (N = 390)*

Region	CoMHISS Referral	1244 Section I Referral	1244 Section II Referral	%	(n)
Atlantic (n = 47)					
	✗	✗	✗	44,7	(21)
	✓	✗	✗	10,6	(5)
	✓	✓	✗	21,3	(10)
	✓	✗	✓	4,3	(2)
	✓	✓	✓	2,1	(1)
	✗	✓	✗	12,8	(6)
	✗	✗	✓	2,1	(1)
	✗	✓	✓	2,1	(1)
Quebec (n = 30)					
	✗	✗	✗	66,7	(20)
	✓	✗	✗	23,3	(7)
	✓	✓	✗	3,3	(1)
	✓	✗	✓	3,3	(1)
	✓	✓	✓	--	--
	✗	✓	✗	3,3	(1)
	✗	✗	✓	--	--
	✗	✓	✓	--	--
Ontario (n = 64)					
	✗	✗	✗	68,8	(44)
	✓	✗	✗	10,9	(7)
	✓	✓	✗	3,1	(2)
	✓	✗	✓	9,4	(6)
	✓	✓	✓	--	--
	✗	✓	✗	3,1	(2)
	✗	✗	✓	4,7	(3)
	✗	✓	✓	--	--
Prairie (n = 219)					
	✗	✗	✗	53,0	(116)
	✓	✗	✗	12,3	(27)
	✓	✓	✗	6,4	(14)
	✓	✗	✓	5,5	(12)
	✓	✓	✓	8,7	(19)
	✗	✓	✗	4,1	(9)
	✗	✗	✓	6,4	(14)
	✗	✓	✓	3,7	(8)
Pacific (n = 30)					
	✗	✗	✗	56,7	(17)
	✓	✗	✗	13,3	(4)
	✓	✓	✗	20,0	(6)
	✓	✗	✓	--	--
	✓	✓	✓	3,3	(1)
	✗	✓	✗	3,3	(1)
	✗	✗	✓	--	--
	✗	✓	✓	3,3	(1)

*Note.* CoMHISS = Computerized Mental Health Intake Screening System. ✓ = identified. ✗ = not identified.