BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

l l		Detainee #	Detainee#:		Date://	Time:	Time: AM	
	First MI Last						PM	
	feel that other people know your thoughts and can read your mind?							
3.	Have you lost or gained as much as two pounds a week for several weeks without even trying?							
4.	Have you or your family or friends noticed that you are much more active than you usually are?							
5.	Do you feel like you have to talk or move more slowly than you usually do?							
6.	Have there been a few weeks when you felt like you were useless or sinful?							
7.	Are you taking any medication prescribed for you by a physician for any emotional or mental health problems?							
8.	B. Have you been in a hospital for emotional or mental health problems?							
Se	ction 3 (Optional)							
Of	ficer's Comments/Impressions (che	ck all that ap	oply):					
	Language barrier							
	YES to item 7; OR YES to item 8; OR YES to at least 2 of items If you feel it is necessary							
	Not Referred							
	Referred on//	to)		· · · · · · · · · · · · · · · · · · ·			
Pe	rson completing screen							

INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

INSTRUCTIONS FOR SECTION 1:

NAME: Enter detainees name — first, middle initial, and last

DETAINEE#: Enter detainee number.

DATE: Enter today's month, day, and year.

TIME: Enter the current time and circle AM or PM.

INSTRUCTIONS FOR SECTION 2:

<u>ITEMS 1-6:</u>
Place a check mark in the appropriate column (for "NO" or "YES" response).
If the detainee