



COVID PSYCHOLOGICAL WELL-BEING SCREENING (CPWS) and PSYCHOLOGICAL WELLNESS COVID SCREENING (PWCS)

While the mission of corrections did not change during the COVID-19 pandemic, ensuring the health and safety of the incarcerated individuals brought unique challenges. As COVID-19 spread throughout communities and into correctional facilities, it necessitated changes in correctional operations; modification of health and mental health delivery protocols; strategies for quarantine; physical distancing, wearing masks and; enhancing hygiene practices. Virtual visitation and meetings as well as tele-health services further altered the correctional landscape.¹

As correctional health and security staff continue striving to manage the health and mental health needs of inmates while maintaining a secure environment, their efforts may be encumbered by the presence of individuals presenting with symptoms of COVID-19. Incarcerated individuals, for example, are at high risk for severe COVID due to a high burden of chronic diseases, such as diabetes and hypertension,² which is likely to result in significant stress and anxiety.³ Moreover, the mental health needs of incarcerated individuals increased during the pandemic⁴ as well as disturbances in behavioral functioning.⁵ Identifying possible COVID-related symptoms among inmates, therefore, is crucial to the provision of necessary health care and safety in correctional settings.

There is a critical need for early COVID screening, assessment, recognition of individual and institutional risk factors, management of risk, safety planning and intervention. COVID screening for inmates' well-being and wellness in order to determine the need for referral to the appropriate resource(s) and/or treatment is a necessary first step. The following instruments were developed to assist in the screening:

- The **COVID PSYCHOLOGICAL WELL-BEING SCREENING (CPWS)** is a general and observational screening instrument that can be used by any trained staff to determine the need for referral to the appropriate resources. The CPWS is appropriate for use after a positive test result for COVID or other patient status (e.g., quarantine) in accordance with protocols established by the Health Care Authority/Chief Medical Officer (CMO) in consultation with the facility administrator. If at any point during administration of the CPWS the inmate experiences more than mild and temporary emotional distress (such as severe anxiety, anger or disorientation) s/he should be referred for immediate mental health evaluation.
- The **PSYCHOLOGICAL WELLNESS COVID SCREENING (PWCS)** is a mental health screening instrument, which incorporates a structured and comprehensive mental status exam. The PWCS is completed by a Qualified Mental Health Professional to determine the need for mental health treatment and/or referral to the appropriate resources. The PWCS requires the inmate's informed consent. The CPWS is appropriate for use after a positive test result for COVID or other patient status (e.g., quarantine) in accordance with protocols established by the Health Care Authority/Chief Medical Officer (CMO) in consultation with the facility administrator.

¹ Garcia, M., Applegarth, D.M., Martin, E., Adams, B., & Durose, M. (2021). Using data and science to understand the impact of COVID-19 on corrections, September 21, 2021, *ojp.gov*.

² Fazel S. & Baillargeon J. (2011). The health of prisoners. *The Lancet* 2011;377:956-65.

³ Kothari R, Forrester A, Greenberg N, et al (2020). COVID-19 and prisons: providing mental health care for people in prison, minimizing moral injury and psychological distress in mental health staff. *Med Sci Law*. 60:165-8.

⁴ Simpson, S., Richardson, L., Pietrabissa, G., Castelnuovo, G., & Reid, C. (2020). Video therapy and therapeutic alliance in the age of COVID-19." *Clinical Psychology Psychotherapist*. 28: 409-421.

⁵ Shiple, C. & Eamranond, P. (2021). Letter to the Editor – The disproportionate negative impacts of COVID-19 on the mental health of prisoners. *Journal Forensic Science*. 2021:66:413-414.

COVID-19 PSYCHOLOGICAL WELL-BEING SCREENING

DATE: _____ TIME: _____ Mental Health Status: Outpatient Inpatient Residential Other

Current Housing Status: _____

Current COVID Status: _____

Date of Test: ____

OBSERVATIONS:

Appearance: Cell appeared neat and tidy Patient hygiene and grooming appears satisfactory

Issues with cell or hygiene noted (describe): _____

Behavior: Cooperative Calm Psychomotor retardation Psychomotor agitation Hostile Tics/tremors

Tearful Good eye contact Intermittent eye contact Poor eye contact

Other (describe): _____

Behaviors or verbalizations that suggest a need for increased mental health intervention (describe, if applicable): _____

Other issues (describe any issues of importance noted): _____

WELL-BEING/PLAN:

Behavioral functioning appears satisfactory with current level of care/no further action needed

Action required (specify below):

Medical complaints/medication issues noted: Refer to Medical

Dental complaints/issues noted: Refer to Dental

Security or PREA issues noted: Referral or Incident Report to Security

Psychotropic medication issues noted: Refer to psychiatric provider

Significant mental health symptoms noted: Refer to Multidisciplinary Treatment Team as clinically indicated

Emergent mental health distress noted: Initiate evaluation and safety precautions as clinically indicated

SIGNATURE AND STAMP:

PSYCHOLOGICAL WELLNESS COVID-19 SCREENING

DATE: _____ TIME: _____ Mental Health Status: Outpatient Inpatient Residential Other

Current Housing Status: _____

Current COVID Status: _____

Date of Test: _____

MENTAL STATUS EXAM

Appearance: Adequately Groomed Appropriately Attired Disheveled Lacking appropriate hygiene

Behavior: Cooperative Calm Psychomotor retardation Psychomotor agitation Hostile Tics/tremors Tearful

Good eye contact Intermittent eye contact Poor eye contact Other (describe): _____

Alert: Yes No; if No, describe: _____

Orientation: Person Place Time Situation If no to any, describe: _____

Mood: Euthymic/pleasant Dysphoric/sad Anxious Fearful Angry Irritable Elated Indifferent

Labile/fluctuating Other (describe): _____

Observed Affect: Appropriate Broad Constricted Blunted Flat Other (describe): _____

Perception: Denied Hallucinations w/i past 30 days Reported Hallucinations w/i past 30 days; describe below:

Type: Auditory Visual Tactile Gustatory Olfactory

Note frequency, duration, intensity, time of day, etc.: _____

Effect on adaptive functioning (i.e. distressing/non-distressing, etc.): _____

Note nature of hallucinations: Command Persecutory Deprecatory Other: _____

Specify content:

Speech: Appropriate Loud Rapid Pressured Over-productive Soft Monotonous

Thought Processes/Content: Logical Coherent Goal-directed Irrational Circumstantial Tangential Confused

Loose Associations Obsessive Delusional Paranoid Other: _____

If delusions are reported describe type and content (i.e. grandiose, paranoid, persecutory, etc.): _____

Memory: Memory function grossly intact Impairment in - Immediate Recent Remote

If impaired, describe: _____

Suicidal/Homicidal Ideation: Reported thoughts/plans of self-injury/homicide - Yes Denied

If yes, describe type of ideation, current and within the past 30 days: _____

Vegetative Functions: Reported sleep within the past 24 hrs: _____ Reported # of meals/day: _____

Current Diagnosis (if any): _____

Current Medications (check all that apply): Refused Antidepressants Antipsychotics Anxiolytics Bipolar Agents

No medications Unknown Other: _____

Current functioning: No signs/symptoms of distress noted/no further action needed

Action required (specify) - Physical complaints/issues noted: Refer to Medical

Dental complaints/issues noted: Refer to Dental

Security or PREA issues noted: Referral or Incident Report to Security

Mental health medication issues noted: Refer to psychiatric provider

Mental health symptoms noted: Refer to Multidisciplinary Treatment Team as clinically indicated

Emergent mental health distress noted: Initiate evaluation and safety precautions as clinically indicated

Signature and Stamp: