Assessing Mental Health and Substance Abuse Needs and Services among Jail Inmates:
A Two-Phase Study of a Local County Detention Center

Irina R. Soderstrom, Professor
School of Justice Studies
Eastern Kentucky University

Kristie Blevins, Associate Professor
School of Justice Studies
Eastern Kentucky University

Brenna Owen, B.S.
Graduate Student in School of Justice Studies Master’s Program
Eastern Kentucky University

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Statement of the Problem

It has been well-established that the deinstitutionalization movement that began in the 1960s has resulted in unfortunate outcomes for persons with mental illnesses, as well as the criminal justice system (Slate, Buffington-Vollum, & Johnson, 2013). Stated briefly, the deinstitutionalization movement instigated the closure of state mental hospitals in favor of community-based treatment for individuals with mental illnesses (Lamb & Weinberger, 2005). The movement also brought about some procedural changes, including more stringent standards and processes for involuntary commitments to mental health treatment facilities (Race, Yousefian, Lambert, & Hartley, 2010). Unfortunately, because of issues such as funding and a lack of local support, most of the expected local treatment agencies did not emerge. Consequently, a multitude of individuals were released into the community with nowhere to turn for needed mental health services (Slate et al., 2013).

Today, there continues to be a shortage of community mental health treatment services available, especially for individuals who do not have medical insurance or for those who have a criminal record (Slate et al., 2013). Left untreated, individuals with mental illnesses might act out in ways that draw the attention of law enforcement. Ultimately, many of these persons are arrested and processed through the criminal justice system. Upon release, the cycle—arrest, jail, court, jail or prison, release—is likely to start again and repeat many times without proper treatment (Freudenberg, 2004; Lamb & Weinberger, 1998).

Practitioners and academics have recognized that incarcerating individuals with mental illnesses is not beneficial for the inmates or correctional staff, yet little has been
done to correct the problem (Slate et al., 2013). Studies have estimated that the current rate of mental illnesses found in jails and prisons is at least two to three times the rate found in the community (James & Glaze, 2006; Ruddell, 2006). Therefore, prisons and jails have been forced to serve as mental institutions for some inmates. As a matter of fact, the three largest mental hospitals in this Nation are the Los Angeles County Jail System, the New York Department of Correction, and the Cook County Department of Corrections (Kerle, 2004).

The vast majority of research concerning the incarceration of persons with mental illnesses has been conducted on prison inmates (Carson & Sabol, 2012; Elsner, 2006); research concerning mental health issues among jail inmates is much more limited. Some of the implications from this research apply to both prisons and jails. For example, whether in a prison or jail setting, it has been established that inmates with mental illnesses are often perceived as very vulnerable and are more likely to be victimized or taken advantage of while incarcerated (Hartstone, Steadman, Robbins, & Monahan, 2011; Wolff, Blitz, & Shi, 2007). Additionally, the mere experience and environment associated with incarceration may exacerbate mental health problems, which may lead to poor behavior. These behaviors may result in rule violations or new crimes, either of which can result in longer periods of incarceration due to revocation of good time or additional sentences (Slate et al., 2013). Still, it cannot be assumed that all prison findings are applicable to jails.

The primary differences in jails and prisons stem from their defined purposes in the system and their governing bodies and funding sources. Public prisons are managed by the state or federal government and are designed to house individuals who have been
convicted and sentenced to incarceration for a period of at least one year. Jails typically fall under local (e.g., county or city) jurisdiction. As the “hub” of corrections, jails have many purposes. They house suspects after arrest but before trial, after conviction, mental health holds, juvenile transfers, and/or prisoners on contract from the state correctional system. Consequently, prison populations are much more stable than jail populations, and prisons usually have more treatment resources than jails. Most prisons have the capability to house inmates with mental illnesses away from the general population and have their own medical facilities and full-time medical and mental health personnel. Conversely, jails have much more limited space for specialized housing and treatment, and most of them contract with service providers who are present a few days a month or are called to the facility when they are needed (Race et al., 2010). This reality is troubling, especially since estimates suggest that jail inmates have higher rates of mental health symptoms than state or federal inmates (James & Glaze, 2006).

Although there is a multitude of reasons why persons with mental illnesses end up in jail, it is important to note that the vast majority of them are not violent offenders. Most of them are arrested for alcohol or drug-related crimes or for public order or nuisance offenses, which often are related to symptoms of their mental illnesses or a co-occurring substance use disorder (Abram & Teplin, 1991; Ditton, 1999). Jail administrators have recognized that many of these individuals should not be in jail, but they land there because they have nowhere else to go (Race et al., 2010). Unlike treatment facilities, jails cannot turn away anyone that has committed an offense for which an arrest has been made. These administrators acknowledge that treatment is not a
priority and that most jails do not offer enough screening, classification, and treatment for mental illnesses within the facilities (Steadman & Veysey, 1997).

Given the general lack of official information concerning jail inmates with mental illnesses, the scarce literature concerning prevalence has primarily been based on surveys and interviews with inmates. Results of the studies offer a wide range of estimates concerning prevalence of mental illnesses among jail inmates. Some studies indicate that as few as eight percent of inmates suffer from mental illnesses, while others report rates as high as 64 percent (Freudenberg, 2004; Maruschak, 2006; Phillips & Mercke, 2003; Race et al., 2010). It should be noted that existing research is based on samples of inmates from multiple jails in one state or across states. While these studies have resulted in meaningful findings and important policy implications, such implications might be more relevant or feasible to specific facilities because of space, funding, and resources.

The purpose of this study is to explore the prevalence and treatment services offered at one jail, the Madison County Detention Center. The methods used for this study are described below. Results of the study will be used to formulate realistic suggestions to improve mental health screening, assessment, classification, and treatment services at this local jail. Improved mental health procedures and services may reduce disorderly behavior for inmates while incarcerated and when released, ultimately benefiting the inmates, jail employees, and the community at large.

Study Objectives

The objectives of this study are: 1) To use a self-administered survey (comprised primarily of standardized screening tools) to assess the mental health and substance abuse needs of the entire volunteering population of inmates in a local County Detention Center
in Kentucky (Phase I Data Collection); 2) To use a self-administered survey to assess the perceived adequacy of access to mental health services and substance abuse treatment of this same study population of inmates (Phase I Data Collection); 3) To conduct follow-up, structured interviews with the segment of this study population of inmates who have been identified as being in need of mental health and/or substance abuse treatment, as identified previously by the assessment tools we utilize in the self-administered survey during our initial data collection effort (Phase II Data Collection); 4) To make statistical comparisons on all measures of mental health and substance abuse needs and access to services between three sub-groups of the study population of inmates (identified by assessment tools in Phase I Data Collection): i) general population inmates identified as being in need of mental health and substance abuse treatment; ii) general population inmates who have been determined to not be in need of mental health and substance abuse treatment; and iii) State Department of Corrections inmates being housed in the Detention Facility on a per diem basis [this group of inmates is considered to be the best of the best and very stable (almost trustee status) before they are sent to the County Detention Center to serve their sentences]; and 5) To offer instrumentation to the Madison County Detention Center that will allow them to do more comprehensive assessments for mental illness and substance abuse, as compared to the few “yes” or “no” mental health-related and substance abuse questions currently asked as part of the medical portion of the intake assessment.

**Project Phases**

This study will be conducted in the following two phases and funding for both phases is requested simultaneously:
Phase I

Phase I of the project will involve the creation of a self-administered survey instrument (see Appendix B) that jail staff will distribute to all inmates (approximately 250) in small group formats, have them complete the survey and place them in provided, sealed envelopes so that the responses remain completely confidential. The Jailer of the study Detention Center has already given his approval for the research team to access the intended jail inmates (see Appendix C), contingent upon EKU’s IRB approval of the project. Inmates will be given a consent form that informs them of the purposes of the research project, identifies who is conducting the research, ensures them that jail staff have no access to the responses that they provide, and will offer them remuneration for participation. The data from Phase I will allow us to identify which inmates in the general population have diagnosable mental illnesses and/or substance abuse and alcohol addictions, based on cut-scores provided by the standardized instruments utilized in the self-report survey. All quantitative analyses (descriptive and comparative) will be based on data collected during this first phase of the research project.

Phase II

Phase II of the project will consist of a very detailed follow-up data collection effort. The sub-group (anticipated maximum is n=100) of the general population that is identified through Phase I data collection efforts as being in need of mental health and/or substance abuse services will be interviewed based on a semi-structured interview process that we will develop based on Phase I results. It is expected that it will take approximately 20 minutes with each volunteer inmate in this sub-group in order to collect meaningful qualitative data that provides necessary context and a unique life story to
each inmate’s survey responses. Inmates in this target sub-group will be offered remuneration for participation in this second phase of the project. The Phase II data obtained will be used to provide rich context to the quantitative analyses that will be the focus of the conference presentations and journal articles that we expect to result from this project.

Methodology (Subjects, Data Collection, Data Analysis):

Phase I Methodology

Subjects. During the first phase of this study, inmates who have at least one month to serve at the study Detention Center will be sent a letter by the research staff asking for their participation in the study. They will be given a consent form (see Appendix B) that describes the purpose of the study, who is conducting the study, and reassurance that jail staff and the Department of Corrections will not have access to the information that they provide. They also will be offered a $10.00 donation that will be placed on their commissary accounts if they choose to participate (see Budget, Appendix A). We chose this method of remuneration because profits from the commissary are used by the Detention Center to pay for mental health services that are provided by CompCare. Inmates who are serving at least one month at the facility, who agree to participate, and who sign the necessary consent form, will be the subjects of this study.

Data Collection. During the first phase of this study, data collection will take place by jail staff handing out sealed envelopes that we have prepared. An information and consent form will be inside the envelope with instructions for the bottom of the form to be signed and dated. Also, a self-administered survey (see Appendix B) will be inside that envelope, along with an envelope for study participants to place the completed
survey and then seal the envelope. The Jailer has indicated that this will be done in small
group formats and that there will be a locked box with a slot where inmates can place
their sealed envelopes when they have completed the survey.

It is important to note that the survey instrument is made up of four standardized
instruments intended for self-administration: The Mental Health Screening Form-III
(MHSF-III); the Kessler 6 (K6); the Drug Abuse Screening Test (DAST); and the
Alcohol Use Disorders Identification Test (AUDIT). The first two instruments screen for
mental disorders, the third screens for drug abuse, and the final instrument screens for
Alcohol abuse and dependency. These instruments were chosen for four primary reasons:
1) They were suitable for self-administration; 2) They did not require high reading levels;
3) They have been widely studied and determined to have high reliability and validity;
and 4) They were in the public domain and did not require a fee to access and use them.
Additionally, a number of questions were added to the overall questionnaire to ask for
some demographic information as well as questions about the availability of treatment
services within the study facility.

Data Analysis. The Phase I data collected will be used for two primary purposes.
First, it will be used to identify the sub-group of the general population that has mental
health and substance abuse treatment needs (the group that will be the focus of Phase II
of the study), as well as the other two comparative subgroups of inmates (DOC and
general population without mental illnesses/substance abuse). Second, Phase I data will
be used for all quantitative analyses. In particular, descriptive analyses will be performed
so that the study population can be described in terms of the prevalence of mental illness
and substance abuse within a jail population (rare data to find in the literature).
Comparative analyses will be made (with crosstabs and One-Way Analysis of Variance) between the three subgroups of inmates (described earlier) so that differences on standardized test scores can be tested.

Phase II Methodology

Subjects. The subjects of Phase II of this project will be participating inmates who score above any of the cut scores on the four standardized instruments, indicating that they likely have either a mental health or substance abuse problem (or both), thus indicating a need for treatment. This sub-group of inmates will be notified by letter/consent form from the research staff, where they will be asked if they would like to participate in the follow-up portion of the study. Once again, they will be offered a $10.00 commissary donation for participation. The letter/consent form will also describe the nature of the Phase II follow-up interview process, and will once again assure them of confidentiality. Once they sign the consent form, they will comprise the identified study group for Phase II.

Data Collection. The research staff will put together a semi-structured interview protocol that will assist us in making sure that our interviews with Phase II inmates cover the same general areas of mental illness and substance abuse that were assessed in Phase I. Additionally, we will obtain more personal background information on inmates such as their life histories in battling these disorders, their family backgrounds, and any exposure they have had to domestic violence, homelessness, etc. To ensure the safety of the research staff, the interviews will take place in a designated room of the Detention Center where we can be seen, but not heard by Detention Center staff unless we give a signal that we need immediate assistance. It is intended that 20-30 minutes with each of these
Phase II subjects will be sufficient to collect the qualitative data that we are seeking. Extensive note-taking will be used to record data. We have no plan to use tape recordings given the jail environment and fear of causing distrust between research staff and inmates.

Data Analysis. The primary way that this Phase II, qualitative data will be used will be to provide rich context to the articles that we write. We will be able to use the life history of particular inmates to give more meaning to any trends and patterns we see when we analyze the Phase I, quantitative data. At some point we may even write an article that is strictly qualitative in nature, depending on the data we obtain during Phase II of the project.

Student Engagement

One of the co-authors of this project is Brenna Owen, the Graduate Assistant of Dr. Irina Soderstrom. In fact, her entire GA assignment for Dr. Soderstrom during the Fall 2013 semester is to work on this project (and may be for the Spring 2014 as well). Thus, she is being compensated for her time. Brenna is currently helping with the literature search in this area. She will also be involved in data collection, analysis, and will be a co-author on resulting conference papers and journal articles. Finally, travel to a conference for Brenna Owen has been built into the project budget.

Student Learning

It is expected that Brenna Owen will learn a great deal as a result of being a part of this research project. She will learn about doing research on such a special population as inmates. She will learn how difficult it is to do that research with such a transient
population of inmates. She will learn how to take a research project from the early stages of inception all the way through to completion, presentation, and publication.

Final Report/Work Product

We intend to get multiple conference presentations and journal articles out of this rather extensive research project. Furthermore, we may use it as a way to get a foot in the door to obtain a much larger research grant later on.

Prior SJRP Research

Dr. Soderstrom has had two previous SJRP grants. Both of the projects resulted in the publication of Kentucky Research Bulletins. Additionally, conference papers and publications resulted from both of those projects.

Dr. Blevins received one SJRP research grant in 2011 and two in 2012. The 2011 funding resulted in several presentations and a final report submitted to the School of Justice Studies and the Alarm Industry Research and Educational Foundation. Articles from this research are in progress. One 2012 project resulted in a final report to the School of Justice Studies, and articles based on the results currently being written. The second 2012 project, with investigator Dr. Betsy Matthews is ongoing to allow for follow-up interviews.
References


Appendix A: Budget and Timeline
Budget

Participant Incentives

- Phase I Commissary Contributions (250 x $10) $2500.00
- Phase II Commissary Contributions (100 x $10) $1000.00

**Total Requested for Participant Incentives** $3500.00

Graduate Student Travel

Graduate Student: Brenna Owen
ACJS Conference Presentation, Philadelphia, PA $1000.00

**Total Requested for Graduate Student Travel** $1000.00

Faculty Member Stipends

- Faculty Member: Irina R. Soderstrom
  Stipend for Data Collection, Entry, Analysis, and Report and Manuscript Writing $1225.00
  Fringe ($1225 x 42%) $514.50

- Faculty Member: Kristie R. Blevins
  Stipend for Data Collection, Entry, Analysis, and Report and Manuscript Writing $1225.00
  Fringe ($1225 x 42%) $514.50

**Total Faculty Stipend Funds Requested** $3479.00

**Total Amount Requested** $7979.00

Timeline/Completion Date

- October 2013 – IRB process and approvals
- November 2013 – Phase I data collection
- December 2013 – Phase I data entry and analysis
- January 2014 – Phase II data collection
- February 2014 – Phase II data entry and analysis
- March 2014 – Present preliminary results at ACJS, Philadelphia
- March – May 2014 – Write reports and manuscripts
Appendix B: Inmate Survey
Information and Consent Form

For this study, researchers from Eastern Kentucky University are studying the impact that substance abuse and mental illness has had on the lives of people who have been admitted to the Madison County Detention Center. We want to know if and how these medical conditions are related to your involvement in the Criminal Justice System and how well the Criminal Justice system has provided services to address your mental health and substance abuse needs. If you choose to participate in this study, you will be asked to fill out a survey that contains a number of questions about your experiences with mental health disorders, substance abuse problems, and services that you may or may not have received in response to these issues.

This survey is NOT a test. There are no right or wrong answers. When you finish the survey, you will not receive a grade. NONE of the information that you share with the researchers will be shared with staff at the Madison County Detention Center or with anyone in the Criminal Justice System. The primary goal of this study is to use the results to help improve services that inmates receive at this facility, and at other facilities around the Nation, with respect to mental health and substance abuse disorders.

This study is being conducted by two faculty members and one graduate student from the School of Justice Studies at Eastern Kentucky University. If you have questions or concerns about the study, you can send them to: Madison County Detention Center Research Project, School of Justice Studies, Eastern Kentucky University, Richmond, KY 40475.

All information that you provide will be strictly confidential. This means that the answers you give will only be viewed by the EKU research staff. No one but the three researchers will be able to connect your names with the information that you provide. You also are giving consent for the research staff to access any of your criminal and medical records that are kept at the Madison County Detention Center. The information will be used for research purposes only; no one outside the research project will have access to the information that you provide. This includes law enforcement, court and correctional agencies. In fact, when you are finished filling out the survey, place it in the provided envelope and seal it and then place it in the locked box that has been provided by the EKU researchers. The staff here will not see what you have written.

You should further understand that taking part in this study is purely voluntary. Whether or not you choose to participate will not affect your legal standing or your status within the Detention Center. You can choose to stop your participation at any time, and you can refuse to answer any specific questions. Again, there cannot and will not be any consequences for you if you choose not to participate. If you choose to participate in the study, we would like to compensate you for your time in helping us with this research project by making a $10.00 donation to your commissary account once you have completed the survey. Based on your responses to the survey, you may be contacted at a later date for a follow-up interview. Participation in the follow-up interview would result in our making another $10.00 donation to your commissary account.

It must be stressed that being involved in this study cannot change anything for you. Your taking part in this study will not count for or against you in any way. Hopefully, the overall research project will result in improved services for justice-involved persons like yourself at some point in the near future. That is the ultimate goal of the research staff.

This project was reviewed and approved by the Eastern Kentucky University’s Institutional Review Board. Questions regarding your rights as a participant in this research may be addressed to the Committee Chairperson, Institutional Review Board, Eastern Kentucky University, Richmond, KY 40475.

My signature below shows that I have read the above, and that I consent to take part in this survey phase of the study, under the conditions that have been presented.

____________________________________________________________________

Printed Name

____________________________________________________________________

Signature        Date
Mental Health and Substance Abuse Needs and Services Survey

Part I: Demographics: Fill in Blanks or Check Answers

Name:___________________________________(Please Print)

Gender: (check one) Male_____ Female_____

Race/Ethnicity: (check one)
Black_____ Hispanic_____ White_____ Asian_____ Other_____

Age:_______________

Marital Status:     Single Married Divorced Separated Widowed

Total Number of Children:_______________

Number of Children Currently Under the Age of 18:_______________

Highest Education Level Completed: (check one)
Less than H.S._____    GED/H.S. Diploma_____    Some College but No Degree_____
Associate’s Degree_____ Bachelor’s Degree_____ Master’s Degree_____ Doctorate_____

Have you ever served in the Military?  Yes_____ No_____

Have you ever been deployed by the Military?  Yes_____ No_____

In the 12 months prior to this current incarceration, have you ever considered yourself to be Homeless? Yes_____ No_____
Part II: Alcohol-Related Questions: For Each Question Circle the Answer that is Best for You. Answers should pertain to the 12 months prior to this current incarceration.

1. How often do you have a drink containing alcohol?

<table>
<thead>
<tr>
<th>Never</th>
<th>Monthly</th>
<th>2-4 Times</th>
<th>2-3 Times</th>
<th>4 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Or Less</td>
<td>A Month</td>
<td>A Week</td>
<td>Times A Week</td>
<td></td>
</tr>
</tbody>
</table>

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

| 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or More |

3. How often do you have six or more drinks on one occasion?

| Never | Less than Monthly | Monthly | Weekly | Daily or Almost Daily |

4. How often during the last year have you found that you were not able to stop drinking once you had started?

| Never | Less than Monthly | Monthly | Weekly | Daily or Almost Daily |

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

| Never | Less than Monthly | Monthly | Weekly | Daily or Almost Daily |

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

| Never | Less than Monthly | Monthly | Weekly | Daily or Almost Daily |

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

| Never | Less than Monthly | Monthly | Weekly | Daily or Almost Daily |
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never             Less than Monthly       Monthly       Weekly       Daily or Almost Daily

9. Have you or someone else been injured as a result of your drinking?

No                  Yes, But Not in the Last Year     Yes, During the Last Year

10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

No                  Yes, But Not in the Last Year     Yes, During the Last Year

Part III: Substance Use-Related Questions: Answer the following questions regarding your involvement with drugs, NOT including alcoholic beverages, during the 12 months prior to this current incarceration. Carefully read each statement and decide if your answer is “Yes” or “No”. Then Circle the appropriate response beside the questions.

Note: In the statements “drug abuse” refers to (1) the use of prescribed or over the counter drugs in excess of the directions; and (2) any non-medical use of drugs. The various classes of drugs may include cannabis (e.g., marijuana, hash), solvents, tranquillisers (e.g., valium), barbiturates, cocaine, stimulants (e.g., speed, meth-amphetamine), hallucinogens (e.g., LSD) or narcotics (e.g., pain pills, heroin).

1. Have you used drugs other than those required for medical reasons?      Yes   No
2. Have you abused prescription drugs?          Yes   No
3. Do you abuse more than one drug at a time?         Yes   No
4. Can you always get through the week without using drugs?       Yes   No
5. Are you always able to stop using drugs when you want to?     Yes   No
6. Have you had “blackouts” or “flashbacks” as a result of drug use?       Yes   No
7. Do you ever feel bad or guilty about your drug use?      Yes   No
8. Does your spouse (or parents) ever complain about your involvement with drugs?   Yes   No
9. Has your drug abuse created problems between you and your spouse or your parents?     Yes   No
10. Have you lost friends because of your drug use?        Yes   No
11. Have you neglected your family because of your use of drugs?   Yes   No
12. Have you been in trouble at work because of drug abuse? Yes No
13. Have you lost a job because of drug abuse? Yes No
14. Have you gotten into fights when under the influence of drugs? Yes No
15. Have you ever engaged in illegal activities in order to obtain drugs? Yes No
16. Have you been arrested for possession of illegal drugs? Yes No
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
18. Have you ever had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convolution, bleeding, etc.)? Yes No
19. Have you gone to anyone for help for a drug problem? Yes No
20. Have you been involved in a treatment program specifically related to drug use? Yes No

Part IV: Mental Health-Related Questions: There are two sets of questions for this section of the survey. For both sets of questions, simply circle the best answer for you.

Question Set 1: All six of these questions pertain to the 30 days prior to your current incarceration.

1. About how often during the 30 days prior to incarceration did you feel nervous?
   ALL of the time   MOST of the time   SOME of the time   A LITTLE of the time   NONE of the time

2. During the 30 days prior to incarceration, about how often did you feel hopeless?
   ALL of the time   MOST of the time   SOME of the time   A LITTLE of the time   NONE of the time

3. During the 30 days prior to incarceration, about how often did you feel restless or fidgety?
   ALL of the time   MOST of the time   SOME of the time   A LITTLE of the time   NONE of the time

4. During the 30 days prior to incarceration, how often did you feel so depressed that nothing could cheer you up?
   ALL of the time   MOST of the time   SOME of the time   A LITTLE of the time   NONE of the time
5. During the 30 days prior to incarceration, about how often did you feel that **everything was an effort**?

\[
\begin{array}{cccccc}
\text{ALL} & \text{MOST} & \text{SOME} & \text{A LITTLE} & \text{NONE} \\
\text{of the time} & \text{of the time} & \text{of the time} & \text{of the time} & \text{of the time}
\end{array}
\]

6. During the 30 days prior to incarceration, about how often did you feel **worthless**?

\[
\begin{array}{cccccc}
\text{ALL} & \text{MOST} & \text{SOME} & \text{A LITTLE} & \text{NONE} \\
\text{of the time} & \text{of the time} & \text{of the time} & \text{of the time} & \text{of the time}
\end{array}
\]

**Question Set 2:** All of these questions pertain to events that may have occurred at **any point in your life.** If you have ever experienced the event being asked about in the question, circle “Yes”. If you have not ever experienced the event, circle “No”.

1. Have you **ever** talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?  
   Yes  No

2. Have you **ever** felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?  
   Yes  No

3. Have you **ever** been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problems?  
   Yes  No

4. Have you **ever** been in a psychiatric emergency room or been hospitalized for psychiatric reasons?  
   Yes  No

5. Have you **ever** heard voices no one else could hear or seen objects or things which others could not see?  
   Yes  No

6. a) Have you **ever** been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself?  
   Yes  No

   b) Did you **ever** attempt to kill yourself?  
   Yes  No

7. Have you **ever** had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?  
   Yes  No
8. Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? Yes No

9. Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? Yes No

10. Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? Yes No

11. Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of a sexual partner? Yes No

12. Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? Yes No

13. Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? Yes No

14. Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? Yes No

15. Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate. Yes No
16. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? Yes No

17. Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? Yes No

Part V: Mental Health and Substance Abuse Services-Related Questions: Answer all questions in this section based on your experiences at this facility, during this current incarceration. Circle “Yes” or “No” to questions where those are your answer choices. Otherwise, fill in the blanks.

1. Have you ever received Mental Health Services during this current incarceration? Yes No

   1a. If you answered “Yes,” please describe the services you received:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

   1b. How Satisfied were you with these services? (Circle your answer.)

   Very Dissatisfied 1  Dissatisfied 2  Neutral 3  Satisfied 4  Very Satisfied 5

2. Have you ever received Substance Abuse Treatment during this current incarceration? Yes No

   2a. If you answered “Yes,” please describe the treatment you received:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

   2b. How Satisfied were you with these treatment/services? (Circle your answer.)

   Very Dissatisfied 1  Dissatisfied 2  Neutral 3  Satisfied 4  Very Satisfied 5
3. Have you ever received **General Medical Services** during this current incarceration?

   Yes  No

3a. If you answered “Yes,” please describe the services you received:

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3b. How Satisfied were you with these services? (Circle your answer.)

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. Would you be interested in receiving **Mental Health Services** if they were made available to you?

   Yes  No

5. Would you be interested in receiving **Substance Abuse Treatment** if it were made available to you?

   Yes  No

6. Would you be interested in receiving **General Medical Services** if they were made available to you?

   Yes  No

7. Is there ANYTHING that you would like to tell us about your mental health, substance abuse, or other experiences during this current incarceration?

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
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**Thank you for your participation in this study!!**
Appendix C: Permission Letter from Madison County Jailer
September 18, 2013

Dear Ms. Soderstrom and Ms. Blevins;

I have reviewed the School of Justice Research Program Grant Proposal and I agree to all the terms. I believe that this will be a very beneficial program for the Madison County Detention Center and I look forward to working with you all. I am also anxious to hear the results of our facility with regards to mental health and what needs are or are not being met. Please do not hesitate to contact me if further action is required from me.

Sincerely,

Doug Thomas
Jailer of Madison County
859-358-5674