Appendix G. Guidelines

Table G1. Relevant guidelines

| Reference | Scope | Recommendations to Improve Mental Health Outcomes | Recommendations to Reduce Recidivism |
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| National Commission on Correctional Health Care and Applied Clinical Education, 200926 | To provide guidance on treating individuals with schizophrenia in correctional facilities. | “Treatments should be tailored to the three phases of schizophrenia: acute phase, stabilization phase and stable phase. Jails are likely to see individuals who are in the acute stage. The goals at this phase are to control disturbed behavior, suppress psychotic symptoms, and reduce anxiety/unrealistic fears, prevent harm to self or others, reintroduce function, ADL, appropriate hygiene and develop a therapeutic alliance. In phase 2, stabilization, the goal is to provide a supportive environment, manage stress, foster social skills, maintain symptom control, and promote psychosocial rehabilitation. In phase 3, stable phase, continue with progress achieved in phase 2 and medication monitoring.”  Medication is key for symptom control. The principles of drug selection for patients with schizophrenia are the same in the correctional facility as in the community. Generally, no definitive efficacy advantage has been found for atypical antipsychotics over typical agents as a class or for any individual atypical agent over another. However, clozapine is more effective than other antipsychotic in treatment-resistant schizophrenia but requires regular blood monitoring to prevent adverse events. Atypical antipsychotics are often chosen over conventional agents as there is some evidence that they are better at reducing negative symptoms, for relapse prevention, and have a lower incidence of certain serious adverse events. Psychosocial support, in the form of group sessions, is an important adjunct to medication and should provide the patient with motivation, problem-solving skills, adherence, interpersonal communication, improving cognitive deficits, relapse prevention, treatment of comorbid disorders. | NR |

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| Table G1. Relevant guidelines (continued) | | | |
| **Reference** | **Scope** | **Recommendations to Improve Mental Health Outcomes** | **Recommendations to Reduce Recidivism** |
| Federal Bureau of Prisons, 200927 | To provide guidelines for identifying and treating Federal inmates with major depressive disorder. | Regarding treatment: Pharmacotherapy (including ECT) is the first line treatment with psychotherapy as an adjunctive treatment only. A physician experienced in treating major depressive disorder should initiate treatment.  Treatment occurs in three phases: acute, continuation and maintenance. | NR |
| Prins and Draper, 200928 | To assist policymakers in identify the best strategies for individuals with mental illness under community corrections supervision. | “The following six mental health treatment practices have been shown to effectively improve mental health outcomes for individuals with SMI, although their effectiveness for the SMI under community corrections has not been established: ACT, Illness Self-management and Recovery, integrated mental health and substance abuse services, supported employment, psychopharmacology, and family psychoeducation.”  Other promising mental health interventions for individuals with SMI and community corrections supervision include supported housing and trauma interventions. These interventions are particularly relevant to this population. Additionally, the evidence for programs that combine community corrections with mental health supervision, such as specialized mental health probation caseloads, looks promising. | “For people with mental illness under community corrections supervision, the following strategies have been found to reduce recidivism and/or increase the use of services: “firm but fair” relationships between the community corrections officer and individuals with mental illness; problem-solving and positive pressure strategies to increase adherence to treatment; and boundary-spanning skills.” |

ACT=Assertive community treatment; ADL=activities of daily living; ECT=electroconvulsive therapy; NR=not reported; SMI=serious mental illness