

INMATE MEDICAL CARE HANDOUT

- Failure to provide adequate medical care is a leading cause of litigation in New Mexico detention facilities.
- The 8th Amendment to the United States Constitution protects citizens from cruel and unusual punishment.
- The US Supreme Court held that deliberate indifference to an inmate's serious medical needs constitute unnecessary and wanton infliction of pain in violation of the 8th Amendment.
- Federal courts have held that the minimum requirements for mental health services in correctional settings include screening, treatment by qualified mental health staff, suicide prevention, and the appropriate use of behavior-altering medications.
- When detention staff fails to provide access to constitutionally required medical and mental health care they and their county may be subject to civil liability for the resulting damages.

MEDICAL/MENTAL HEALTH SCREENING

- Medical screen should identify which individuals need immediate medical attention, care for chronic conditions, substance abuse treatment, dental services, prescription medication etc., and identify which inmates have infectious conditions that need to be addressed.



- Screening questions include identifying individuals at risk of harming themselves as well and those in need of ongoing mental health medication and treatment.
- Prompt, appropriate referral when warranted is paramount to minimizing liability.

COMPREHENSIVE HEALTH APPRAISAL

- Inmates incarcerated for an extended period should receive a complete physical and mental health assessment to identify and address medical and/or mental health needs. National standards provide that this comprehensive assessment be given within 2 weeks to any individual confined for 14 days or longer.

SICK CALL

- The detention facility must provide necessary treatment for serious health conditions.
- The facility should have a documented system through which inmates can request medical or mental health attention confidentially.

- Health requests should be reviewed and responded to timely by qualified health care professionals; in facilities where qualified health care staff is not on duty 24 hours per day, health-trained detention staff.
- National standards provide that sick call (the evaluation and treatment of an ambulatory patient in a clinical setting by a qualified health care professional) should be held:
 - At least 2 days per week in facilities with fewer than 100 inmates;
 - At least 3 days per week in facilities with 101-200 inmates; and
 - At least 5 days per week in facilities with more than 200 inmates.



CONTINUITY OF CARE

- This concept includes continuing appropriate care and medication that was initiated prior to incarceration; carrying out diagnostic and other health services ordered by clinicians; and discharge planning.
- Treatment, medication, therapies, and referrals ordered by the clinician should be documented and carried out.
- When treatment is changed the clinical justification for the change should be noted and detention staff informed as necessary to insure that the ordered care is provided.
- For planned discharges health staff should arrange to provide an appropriate supply of medication to the inmate until the inmate can be seen by a community health care provider.
- Inmates with critical medical or mental health needs should be given referrals or appointments with community providers.

SUICIDE PREVENTION AND INTERVENTION

- Suicide is the number one cause of death in American jails and detention facilities.
- Intake screening for suicide risk should include inquiries into the individual's past suicide attempts, their history of mental health treatment/hospitalization, recent significant loss, close friends or family who have attempted suicide, and whether they are thinking of hurting or killing themselves.
- Individuals who have never been incarcerated before, who hold a position of prominence in the community, who are being charged with particularly heinous crimes, and/or are under the influence of drugs or alcohol may be more likely to attempt suicide.
- Although the first 24 hours of incarceration are considered the most dangerous for suicide, inmates can become suicidal at any point in their confinement, particularly after adjudication, sentencing, after receiving bad news, or suffering humiliation or rejection.

- Inmates who are suspected of being at risk for suicide should be placed on suicide watch and closely monitored until they can be evaluated by a mental health professional.