NCCHC
CCHP-MH
NCCHC Certified Correctional Health Professional - Mental Health

Latest Version: 6.0

Question: 1

A body of recent research supports a treatment approach for a disorder common in the facility's population. The studies were conducted in outpatient community clinics with participants who could attend voluntarily and leave at any time.
What should most temper the application of these findings?

A. The studied participants chose to attend and could withdraw, which the facility's patients cannot.
B. The facility cannot replicate the session frequency and continuity that an outpatient clinic provides.
C. Community studies rarely report outcomes for participants with the criminal justice involvement common in this population.
D. Correctional populations carry higher rates of comorbidity, and more complex presentations, than community samples.

Answer: A

Question: 2

A facility proposes that all mental health encounters with patients in the residential unit be conducted through the cell door, following an incident in which a clinician was assaulted.
How should this proposal be evaluated?

A. By whether clinicians on the unit consider the proposed arrangement acceptable for their own safety.
B. By whether the assault reflected a failure of the escort and supervision arrangements rather than of the encounter format.
C. By whether cell-front encounters can be conducted with sufficient privacy to preserve the clinical relationship.
D. By whether an individualised risk assessment can preserve out-of-cell encounters for the patients who can safely have them.

Answer: D

Question: 3

A jail's mental health receiving screening is completed by booking officers using a checklist. A review of patients later found to have a serious mental illness shows that most were screened as negative, and that the screenings took under two minutes each.
Which conclusion is best supported?

A. Booking officers are not qualified to conduct mental health screening, so the task should transfer to clinical staff.
B. Patients conceal psychiatric history at booking because of what they expect disclosure to lead to.
C. The screening is being administered in conditions that prevent it from working, whoever performs it.
D. The checklist lacks the items needed to identify serious mental illness and should be redesigned.

Answer: C

Question: 4

A patient known to the mental health service dies by suicide in a housing unit. The facility begins its required processes.
What is the mental health programme's distinct obligation following this event?

A. To reassess every patient on the caseload for suicide risk, and to do so before the unit returns to its routine.
B. To review and revise the facility's suicide prevention policy in light of the circumstances of the death.
C. To provide the investigating authority with the patient's mental health record and a summary of his care.
D. To conduct a clinical mortality review and to address the effect of the death on other patients and staff.

Answer: D

Question: 5

A patient with a psychotic illness has refused his medication for a week. He is not eating, is responding to internal stimuli, and is becoming physically debilitated. He is not violent and is not threatening anyone. Custody suggests emergency medication.
What most appropriately governs the decision?

A. Whether less restrictive alternatives have been attempted, since involuntary medication is a last resort.
B. Whether his refusal is a competent decision, since involuntary treatment is not authorised merely by clinical deterioration.
C. Whether the absence of violence removes the basis for emergency medication in this situation.
D. Whether his physical debilitation has now reached a point at which his life or his physical health would be in immediate danger.

Answer: B

Question: 6

After a near-fatal suicide attempt on a housing unit, the facility offers a group session for the officers and clinicians who responded. Attendance is recorded, and the session is described as a critical incident debriefing. Several staff say they were asked to account for their actions during it.
How should this session be evaluated?

A. As unsatisfactory, since the affected patients on the unit were not included in the session.
B. As appropriate, since a debriefing must establish what each responder did before support can be offered.
C. As unsatisfactory, because a session that examines conduct cannot also provide support, and staff will not disclose distress within it.
D. As appropriate only if the session is led by a clinician who was not involved in the response, has no reporting line to those attending, and no role in the review.

Answer: C

Question: 7

What does patient safety refer to within a correctional mental health programme?

A. Preventing harm caused by the delivery of care itself.
B. Maintaining an environment in which patients are free from conditions that could worsen or destabilise their mental health.
C. Protecting patients from harm by other incarcerated people and from harm they may cause themselves.
D. Ensuring that clinical interventions are supported by evidence and are appropriate to the patient's condition.

Answer: A

Question: 8

Why must a correctional facility verify the credentials of its mental health staff rather than rely on the employing agency or vendor to have done so?

A. Accreditation and regulatory reviews examine credentialing files held by the facility itself.
B. Credentials can lapse or be restricted after hiring, so verification must be repeated at defined intervals.
C. Vendors and agencies apply different verification standards, so their records cannot be relied upon consistently.
D. The facility remains accountable for the care delivered within it, whoever employs the person delivering it.

Answer: D

Question: 9

Following a serious self-harm incident, a facility's mental health quality review concludes that the clinician involved should have recognised the patient's deterioration, and recommends additional training for that clinician.
What is the principal weakness of this review?

A. It was conducted by the quality programme rather than by an independent reviewer from outside the facility.
B. It recommends training as a corrective action without establishing that a knowledge deficit existed.
C. It has produced an individual conclusion without examining whether the system made the deterioration visible.
D. It draws a conclusion about clinical judgement using information that was not available at the time.

Answer: C

Question: 10

After a facility introduces mandatory mental health training for custody staff, mental health referrals from officers rise sharply. Reviewing them, clinicians find that most concern patients who are not in distress but are described as difficult or non-compliant.
What does this pattern most likely indicate?

A. The referral threshold is now appropriately low, and the clinicians' assessment of these patients may be too narrow.
B. Officers are using mental health referrals to move responsibility for difficult patients onto the clinical service.
C. The facility lacks an alternative behavioural management pathway, so mental health has become the only available route.
D. The training raised awareness without giving officers criteria that distinguish a clinical concern from a behavioural one.

Answer: D

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