

11-24-2025

Psychopharmacologic Management of Serious Mental Illness in State Prisons

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Walden University

College of Nursing

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Clarel Neuvieme

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2025

Executive Summary: Quality Improvement Initiative
Psychopharmacologic Management of Serious Mental Illness in State Prisons

by

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Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2025

Summary

This doctoral project is the development of a clinical practice guideline (CPG) for improving the psychopharmacologic management of serious mental illness (SMI) in the state prison system. The project addresses the unavailability of standardized, evidence-based guideline that guides prescribing and monitoring practices for incarcerated individuals with SMI, encompassing schizophrenia, bipolar disorder, and major depressive disorder with psychotic characteristics. The practice-focused question guiding this project was: “Will an interprofessional team achieve consensus on updating the clinical practice guideline for psychopharmacologic management of serious mental illness in state prisons?” Analytic strategies comprised a comprehensive review of peer-reviewed literature and national guidelines, synthesis of best evidence, and utilization of the RAND modified Delphi method to catalyze interprofessional consensus. Utilizing the AGREE II, the mean scores indicated a high level of support. Principal deliverables from the project include an updated, evidence-based CPG customized for this state’s correctional system, consensus reports/results from the expert panel, and AGREE II appraisal data. The relevance for nursing practice encompasses improved clarity in medication management, reinforced interprofessional collaboration, and improved nurses’ confidence and safety in administering psychotropics in correctional mental healthcare. In addition, this evidence-based project has implications for positive social change by fostering equity and justice in mental health care for incarcerated individuals, lowering disparities in access to evidence-based treatment, and advancing the broader reform of correctional mental health systems.

Background

This state prison system struggles with a pressing issue in the management of serious mental illness (SMI), comprising schizophrenia, bipolar disorder, and major depressive disorder with psychotic features. Reports indicate that incarcerated individuals are unequally affected, with national data showing that about 15%-20% of inmates fall within the diagnostic parameters for SMI, compared to less than 5% of the general population (Bronson & Berzofsky, 2021; Hall et al., 2019).

Despite this high prevalence, standardized, evidence-based clinical practice guidelines (CPGs) are absent for psychopharmacologic management within this state's correctional facilities. Additionally, provider, facility, and medication compendium variations in practice contribute to inconsistent treatment, unanticipated medication discontinuations, and fragmented continuity of care. This practice gap leads to the susceptibility of inmates to negative health implications associated with crisis interventions, psychiatric deterioration, and recidivism, while also creating ethical and professional challenges for nurses and prescribers.

The practice-focused question guiding this project was: "Will an interprofessional team achieve consensus on updating the CPG for psychopharmacologic management of SMI in Arizona state prisons, thereby improving consistency and quality of care?" The project's primary objective was to develop, evaluate, and fine-tune a CPG employing evidence synthesis, expert consensus, and well-structured appraisal.

Strong, consistent, and multiple evidence sources support the need for change. National standards such as the National Commission on Correctional Health Care

(NCCCHC, 2020) and federal guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) highlight the significance of standardized, evidence-based psychopharmacologic protocols and continuity of care in correctional health. Multiple empirical studies also show that a deficiency in psychiatric treatment leads to relapse and recurring incarceration, while continuity of psychotropic care mitigates recidivism (Baillargeon et al., 2020). Investigations of correctional health care emphasize systemic gaps in medication monitoring, deficits in structured psychiatric protocols, and staff shortages, which collectively lead to poor outcomes (Binswanger et al., 2021).

The strength of evidence buttressing this practice alteration is noticeably moderate to strong. While randomized controlled trials in correctional psychiatry are constrained because of ethical and logistical issues, the harmonization of findings from cohort studies, national surveys, professional guidelines, and consensus reports offers sound justification for adopting a standardized CPG. All this evidence strongly supports the need for well-structured psychopharmacologic management guidelines, interprofessional collaboration, and systematic monitoring to enhance outcomes for incarcerated individuals with SMI.

Clinical Practice Guideline Development

The evidence-based practice (EBP) project was led by an expert panel of five individuals who were called together to review the draft Clinical Practice Guideline for Psychopharmacologic Management of Serious Mental Illness in State Prisons. The panel consisted of a psychiatric nurse practitioner, a board-certified psychiatrist, a correctional

mental health director, a chief pharmacist, and a correctional nursing supervisor. Panel members were chosen solely based on their direct clinical expertise in their respective fields: psychopharmacology, correctional psychiatry, and operational supervision of mental health services in the prison facility. Their collective qualifications guaranteed that the guideline was examined from clinical, nursing, administrative, and pharmacy views, demonstrating the interprofessional nature of correctional healthcare delivery.

The panel members were invited via formal letters of participation, which expounded on the EBP project's purpose, the practice gap, and the ethical considerations for participation. Their obligation was to evaluate the draft guideline's clarity, rigor, and applicability and offer well-structured feedback to reinforce the final report or product.

The review process employed the AGREE II (Appraisal of Guidelines for Research and Evaluation) tool (Brouwers et al., 2010). This corroborated international instrument evaluates guidelines across six specific domains:

1. Scope and purpose (objectives, health questions, and target population)
2. Stakeholder involvement (participation of appropriate professional groups and target users).
3. Rigor development (synthesis, updating, and approaches of evidence search)
4. Comprehensibility of presentation (language, structure, and format).
5. Applicability (barriers, facilitators, resources required, and monitoring criteria).
6. Editorial independence (Conflict of interest and external influence).

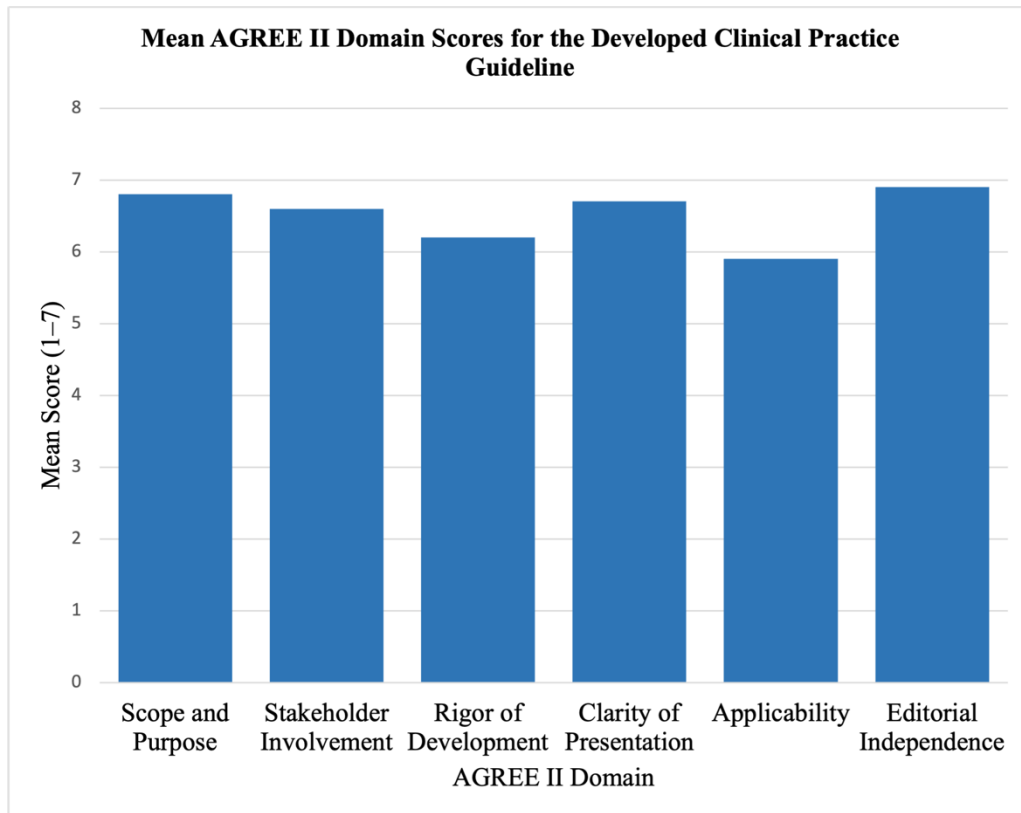
The panel members rated each of the 23 AGREE II items on a 7-point Likert scale (1= *strongly disagree* to 7 = *strongly agree*) and offered significant narrative comments for each domain. The evaluations were gathered electronically and analyzed to identify domains of strength and areas needing revision. This well-developed and structured, evidence-based appraisal guaranteed the guideline corresponded with set methodological rigor, clarity, and feasibility standards for implementation in this state's correctional facilities.

Results

After finalizing the interprofessional consensus process, the panel of five experts implemented a well-structured review of the Clinical Practice Guideline (CPG) for Psychopharmacologic Management of Serious Mental Illness (SMI) in State Prisons employing the AGREE II instrument. The five reviewers included a psychiatric nurse practitioner, a board certified psychiatrist, a pharmacist, a nurse supervisor, and a correctional mental health director. Each independently rated the guideline across 23 items developed into six domains using a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). The mean domain scores are shown in Figure 1. Higher scores show stronger guideline quality and transparency.

Figure 1

AGREE II Mean Item Scores by Domain for the Clinical Practice Guideline (N = 5)



Expert Panel Feedback

Following the immense participation in completing the appraisal, qualitative comments from the expert panel assisted with the CPG's overall clarity, applicability, validity, and clinical benefits. The psychiatrist emphasized the inclusion of evidence-based recommendations for antipsychotic selection, titration, and long-acting injectable use, which was delineated as "a significant strength". In addition, the psychiatrist also acknowledged the part outlining contraindications and monitoring parameters for lithium

and valproate, citing that such information fosters both safety and accountability in prescribing.

The correctional nursing supervisor also highlighted the importance of embracing monitoring protocols and documentation templates to help nursing practice. Also, the pharmacist suggested minor revisions to integrate drug-drug interaction alerts and dosage monitoring intervals. The mental health director praised the guidelines' harmonization with institutional mental health policies and ethical standards of care. The director acknowledged that executing this CPG would buttress compliance with NCCHC and SAMHSA standards for correctional behavioral health. The director said that an appendix detailing an implementation algorithm should be included to support administrators and other leaders in incorporating the guideline into the correctional facility's workflows and quality assurance audits.

The expert panelists collectively shared strong support for the guideline's structure, evidence base, and conformity with national standards. Overall, the feedback demonstrated elevated levels of clinical endorsement, practical feasibility, and interprofessional consensus, with all panelists fostering the adoption and utilization of CPG following minor revisions.

Stakeholder and End-User Review

Following expert panelist approval, the CPG was re-examined by six additional end-users representing site leadership, prescribers, and front-line correctional nurses. Their feedback also corroborated that the guideline was feasible for implementation, conforming to institutional goals, and suitable for daily practice. Nurses lauded the

presentation of a concise, quick reference medication table and a color-coded monitoring schedule. Additionally, the administrative leaders emphasized how the CPG conforms with the NCCHC (2020) and SAMHSA (2022) standards, buttressing compliance with accreditation and quality benchmarks. End-users unanimously rated the CPG as “practical” and primed for stated implementation.”

Potential Organizational Impact

Adopting this CPG in correctional facilities can deliver multiple positive organizational outcomes. First and foremost, it will standardize psychopharmacologic prescribing and monitoring across all correctional facilities, thus minimizing variations in treatment and enhancing medication safety. Implementation of the CPG will also foster interprofessional collaboration among the health professionals, including the nurses, psychiatrists, and pharmacists, promoting distributed responsibilities and communication in managing patients with SMI (Arevalo, 2025; Kork et al., 2025).

The CPG is expected to improve continuity of care by guaranteeing systematic and coherent medication management during important transitions, including intake, transfer, segregation, and release (Miles, 2025). This standardization is envisioned to minimize medication errors, psychiatric crises, and behavioral incidents, contributing to a safer and more therapeutic environment for both staff and incarcerated inmates.

Additionally, the enhancement of CPG and its adherence to evidence-based practice reinforces the organization’s compliance with NCCHC standards and SAMHSA (2022) recommendations, thus ameliorating accreditation outcomes and credibility. Across an extended period, systematic application of the CPG could reduce recidivism

rates and healthcare costs related to emergency psychiatric interventions, consequently fostering organizational efficiency and public health outcomes.

Limitations

Several limitations were identified during this EBP project. First, the small sample size of five expert panelists in the AGREE II evaluation limits the statistical generalizability of findings, although their diversity significantly improved content validity. Also, the EBP project was conducted in a single state correctional system, thus narrowing external applicability and limiting its ability to generalize the outcomes to other states or correctional facilities with diverse administrative and resource structures.

Time constraints also restricted additional Delphi rounds, which may have further refined consensus on specific recommendations. Another limiting factor is associated with resource variability across facilities. This factor embeds elements such as diversity in medication formularies, staffing levels, and access to diagnostic instruments, potentially influencing implementation fidelity and staff training outcomes.

Another limitation of the EBP project is associated with institutional barriers within the correctional facilities. Administrative hierarchies and complex approval processes can delay decision-making, staff participation, and policy adoption or implementation. These procedural hindrances tend to lower the pace of integration of new evidence-based practices despite leadership support.

Significance Beyond the Local Site

The significance of this EBP project extends beyond this state's correctional system. The well-structured CPG provides a replicable, evidence-based model for

psychopharmacologic management of SMI in correctional environments nationwide. It aids in social justice in mental health care by fostering equal access to standardized treatment for incarcerated populations, notably one of the most underserved groups in the healthcare continuum. Furthermore, the EBP project reinforces the nursing leadership capacity of the nursing profession's leadership in evidence-based guideline development, interprofessional collaboration, and policy restructuring.

Conclusion

This DNP project developed and evaluated an evidence-based CPG to standardize psychopharmacologic management of SMI in Arizona state prisons. Panels of experts appraised the guideline utilizing the AGREE II instrument and rated it highly across all areas, validating its clarity, rigor, and clinical relevance. Stakeholders' and end-users' feedback or reviews also demonstrated strong feasibility and conformity with organizational priorities.

Thus, adopting the CPG is projected to enhance medication safety, prescribing consistency, and reinforce interprofessional collaboration. Beyond the local setting, this EBP project advances the national initiative of equitable access to healthcare and evidence-based mental health for incarcerated populations. It also illustrates the leadership obligation of DNP prepared nurses in converting evidence into practice and promoting quality care across complex healthcare systems.

References

- Arevalo, M. (2025). *Executive summary: Clinical practice guideline medication reconciliation as a catalyst for patient safety and outcomes* [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies. <https://scholarworks.waldenu.edu/dissertations/17157/>
- Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2020). Psychiatric disorders and repeat incarcerations: The revolving prison door. *Psychiatric Services, 71*(10), 1105–1112. <https://doi.org/10.1176/appi.ps.201900527>
- Binswanger, I. A., Stern, M. F., Yamashita, T. E., & Wilson, T. (2021). Prisoner health care and the effects of incarceration. *Health Affairs, 40*(4), 585–593. <https://doi.org/10.1377/hlthaff.2020.02098>
- Bronson, J., & Berzofsky, M. (2021). *Indicators of mental health problems reported by prisoners and jail inmates, 2020*. Bureau of Justice Statistics. <https://bjs.ojp.gov>
- Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Grimshaw, J., Hanna, S., Littlejohns, P., Makarski, J., & Zitzelsberger, L. (2010). AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Canadian Medical Association Journal, 182*(18), E839–E842. <https://doi.org/10.1503/cmaj.090449>
- Kork, A. A., Marttinen, M., Laihonon, H., Ruusuvoori, J., Ahonen, J. E., & Kankaanpää, E. (2025). Implementing clinical practice guidelines into action: a qualitative study of managing knowledge translation in primary care organisations. *Health*

Research Policy and Systems, 23(1), Article 130. <https://doi.org/10.1186/s12961-025-01402-z>

Miles, K. (2025). *Executive summary: Clinical practice guideline implementing clinical guidelines to improve the number of inpatient visits at a mental health clinic* [Doctoral dissertation, Walden University].

National Commission on Correctional Health Care. (2020). Standards for mental health services in correctional facilities.

https://catalog.nlm.nih.gov/discovery/fulldisplay/alma9917357303406676/01NLM_INST:01NLM_INST

Substance Abuse and Mental Health Services Administration. (2022). *Behavioral health in the criminal justice system*. U.S. Department of Health and Human Services.

<https://www.samhsa.gov>