



TEXAS COMMISSION ON JAIL STANDARDS

Guide for Development of
SUICIDAL PREVENTION PLANS
November 1991

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TEXAS COMMISSION ON JAIL STANDARDS
GUIDE FOR DEVELOPMENT
OF
SUICIDE PREVENTION PLANS

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I. TRAINING

A. State topics to be covered, which should include at a minimum: (Do not submit lesson plans.)

1. Recognition or identification of potentially suicidal inmates
2. Supervision
3. Documentation
4. Handling the inmates
5. Communication between staff
6. Intervention - including how to cut down an inmate and other first aid measures
7. Reporting
8. Follow-up review

(You may also wish to include liability issues.)

II. IDENTIFICATION

A. Specify when and how inmates are screened for suicidal behavior and by whom. (NOTE: All inmates should be screened as soon as practical upon admission. Exceptions include inmates unable to complete the process due to their severe intoxication, or inmates who refuse to partake in the process. Inmates unable to complete the screening process should be observed closely and temporarily housed in a section of the jail that allows for increased supervision. They should be screened as soon as intoxication subsides. Inmates who refuse to participate in the screening process should be asked to sign the screening form indicating their refusal, or in the alternative, the booking office should make the appropriate notation on the form. Specify when additional attempts will be made to complete the screening form.)

B. Specify what other sources will be utilized to identify a suicidal inmate. (Sources could include arresting officer observation, family/significant other, prior jail records, etc.) Some jurisdictions post a notice in the visitor's section of the jail asking people to notify jail staff if they notice suicidal behavior. Other jails

keep a card file or computer listing of all past and present inmates on suicide watch in their facility. The file is reviewed during every booking. Recommend policy for on-going identification as staff should be alert at all times to potentially suicidal inmates.

- C. Specify procedures for referral to mental health (including emergency commitment) and specify who that mental health official is. (Mental health officials can range from mental health staff in jail to medical staff (including nurse and/or physicians assistant); contract service provider in community (psychiatrist on-call, county mental health clinic, etc); MHMR Administrator; to volunteer group (jail chaplain, ministry, etc.); depending upon local resources.)
- D. Attach your screening form to the plan. (See enclosed sample developed by New York and revised by Texas Attorney General's Office.)

III. COMMUNICATION

- A. Specify how information regarding suicidal inmates is shared among staff.
- B. Specify information to be documented regarding suicidal inmates. (Include not only times checked, but what was observed.)
- C. Specify where the screening form will be maintained.

IV. HOUSING

- A. Specify type of housing utilized. (NOTE: Isolation should not be used unless constant supervision can be maintained. Suicidal inmates should be housed in general population, unless contrary to classification requirements.) Specify what steps have been taken to reduce the likelihood of a suicide attempt such as break away clothing hooks, nonprotrusion type lighting, glazing instead of bars, tear away clothing, removal of towels, blankets, etc.
- B. State what items are routinely removed from suicidal inmates.
- C. State when and by whom the decision could be made to strip or utilize restraints. Specify duration.

V. SUPERVISION

A. Specify how often suicidal inmates will be observed. Three levels of supervision are recommended:

1. Continuous Observation for high risk, acutely suicidal inmates who have either verbalized specific plans to commit suicide or have attempted suicide, specify how this is to be accomplished.
2. 15-Minute Observation for moderate risk suicidal inmates released from constant observation, inmates that have a prior history of suicidal behavior but no apparent intent at present, manipulative inmates that threaten suicide but are not judged to be legitimately suicidal, and inmates who are too intoxicated to complete intake screening or refuse to participate in the process.
3. 30-Minute Observation for low risk suicidal inmates released from 15-minute observation. (NOTE: This is not an all inclusive list of different suicide types, and should be expanded upon in each county's plan.)

B. State who may authorize or discontinue a suicide watch as well as decide the length of the watch.

C. Specify where cell checks will be documented. NOTE: Cell checks should be staggered so that inmate does not anticipate the check.

D. Specify that television and audio monitoring, if used, are in addition to staff supervision.

VI. INTERVENTION

A. State actions to be taken by staff when a suicide and/or suicide in progress are discovered. Be specific; such as cutting down inmates, administering CPR or other first aid, calling paramedics, etc. State what efforts will be made to communicate with potentially suicidal inmates, prior to an attempt and what information will officers attempt to gain from communication with inmates.

B. Specify what first aid equipment is available and location.

C. Specify how many officers per shift are certified in CPR.

VII. REPORTING

- A. Specify chain of command for reporting a suicide, including filing of a Custodial Death Report with the Attorney General's Office, when and how family is notified, dealing with the media, etc.
- B. Specify procedure for obtaining staff and inmate statements regarding knowledge of the suicide.

VIII. FOLLOW-UP/REVIEW

- A. Specify who conducts investigation of suicide. (Recommend an independent agency.)
- B. State that suicide prevention policies are reviewed following a suicide to determine need for policy revisions.
- C. Recommend provision of support services and/or counseling for staff as a result of their involvement in the incident.

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME									
NAME OF FACILITY	NAME OF SCREENING OFFICER		DETAINEE SHOWED SERIOUS PSYCHIATRIC PROBLEMS DURING PRIOR INCARCERATION. YES _____ NO _____											
Check appropriate column for each question.														
	Column A YES	Column B NO	General Comments/Observations											
OBSERVATIONS OF TRANSPORTING OFFICER														
1. Arresting or transporting officer believes that detainee may be a suicide risk. If YES, notify Shift Commander.														
PERSONAL DATA														
2. Detainee lacks close family or friends in the community. No family/ friends														
3. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).														
4. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).														
5. Detainee's family or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.														
6. Detainee has psychiatric history. (Note current psychotropic medications and name of most recent treatment agency.)														
7. Detainee has history of drug or alcohol abuse.														
8. Detainee holds position of respect in community (e.g., professional, public official) and/or alleged crime is shocking in nature. If YES, notify Shift Commander.														
9. Detainee is thinking about killing himself. If YES, notify Shift Commander.														
10. Detainee has previous suicide attempt. (Check wrists and note method.)														
11. Detainee feels that there is nothing to look forward to in the future. (expresses feelings of helplessness or hopelessness). If YES, to 10 and 11, notify Shift Commander. Nothing to Look Forward to														
BEHAVIOR/APPEARANCE														
12. Detainee shows signs of depression (e.g., crying, emotional flatness).														
13. Detainee appears overly anxious, afraid or angry.														
14. Detainee appears to feel unusually embarrassed or ashamed.														
15. Detainee is acting and/or talking in a strange manner (e.g., cannot focus attention, hearing or seeing things which are not there).														
16. A. Detainee is apparently under the influence of alcohol or drugs.														
B. If YES, is detainee incoherent, or showing signs of withdrawal or mental illness? If YES to both A & B, notify Shift Commander.														
CRIMINAL HISTORY														
17. No prior arrests. None														
TOTAL Column A _____														
ACTIONS														
If total checks in Column A are 8 or more, notify Shift Commander.														
Shift Commander notified: Yes _____ No _____														
Supervision Intensity: Restive _____ Active _____ Constant _____														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><u>EMERGENCY</u></td> <td style="text-align: center;"><u>NON-EMERGENCY</u></td> </tr> <tr> <td>Detainee Referred to Medical/Mental Health: If YES:</td> <td>medical _____</td> <td>medical _____</td> </tr> <tr> <td>Yes _____ No _____</td> <td>mental health _____</td> <td>mental health _____</td> </tr> </table>							<u>EMERGENCY</u>	<u>NON-EMERGENCY</u>	Detainee Referred to Medical/Mental Health: If YES:	medical _____	medical _____	Yes _____ No _____	mental health _____	mental health _____
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Detainee Referred to Medical/Mental Health: If YES:	medical _____	medical _____												
Yes _____ No _____	mental health _____	mental health _____												
Medical/Mental Health Personnel Actions: (To be completed by Medical/MH staff)														

INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES

GENERAL INFORMATION

This form is to be completed in triplicate for all detainees prior to cell assignment.

Insert top copy in detainee's file. If detainee is referred, give second copy to medical or mental health personnel. The third copy is available for use according to our facility's procedures.

Comment Column: Use to note:
1. information about the detainee that officer feels is relevant and important
2. information requested in questions 6 and 10, and
3. information regarding detainee's refusal or inability to answer questions (See Below - General Instructions)

Detainee's Name: Enter detainee's first and last name and middle initial.
Sex: Enter male (m) or female (f).
Date of Birth: Enter day, month and year.
Most Serious Charge(s): Enter the most serious charge or charges (no more than two (2) from this arrest).
Date: Enter day, month and year that form was completed.
Time: Enter the time of day the form was completed.
Name of Facility: Enter name of jail or lock-up.
Name of Screening Officer: Enter name of officer completing form.
Psychiatric Problems During Prior Incarceration: Check YES if facility files show that during prior detention detainee attempted suicide and/or was referred for mental health services. If "unknown", write unknown across space.

INSTRUCTIONS FOR ITEMS 1-17

General Instructions

Check the appropriate YES or NO box for items 1-17.

If information required to complete these questions is unknown to screening officer, such information should be obtained by asking detainee to answer questions. However, detainee has a right to refuse to answer.

If detainee refuses to answer questions 2-11, enter RTA (refused to answer) in the Comment Column next to each question. In addition complete the YES or NO boxes only if information is known to you.

If during an otherwise cooperative interview, detainee refuses to answer one or two questions: Check YES in the box(es) next to the unanswered question(s) and enter RTA in the comment box next to each unanswered question.

If detainee is unable to answer all questions 2-11, enter UTA (unable to answer) in the Comment Column next to each question. Also enter reason (e.g., intoxicated, not English speaking) for not answering these questions in the Comment Column next to question 2. In addition complete the YES or NO boxes only if information is known to you.

Observation of Transporting Officer

ITEM (1) **Suicide risk:** Check YES or NO box based upon the verbal report of the arresting/transporting officer or upon the screening form completed by the police agency. If YES, notify shift commander.

Personal Data Questions

- ITEM (2) **Family/friends:** Check YES box if someone other than a lawyer or bondsman would (1) be willing to post detainee's bail, (2) visit detainee while he/she is incarcerated, or (3) accept a collect call from detainee.
- ITEM (3) **Significant loss:** Ask all three components to this question-loss of relationship and death of close friend or family member.
- ITEM (4) **Worried about problems:** Ask about such problems as financial, medical condition or fear of losing job. Check YES if detainee answers YES to any of these.
- ITEM (5) **Family/significant other attempted suicide:** Significant other is defined as someone who has an important emotional relationship with the detainee.
- ITEM (6) **Psychiatric History:** Check YES box if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been an outpatient psychotherapy during the past six months. Note current psychotropic medication and name of the most recent treatment agency in the Comment Column.
- ITEM (7) **Drug or Alcohol History:** Check YES box if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.
- ITEM (8) **Respect and shocking crime:** Check YES if detainee is very respected for work, community activities, etc., and/or the crime is shocking in nature, e.g., child molestation.
- ITEM (9) **Suicidal:** Check YES box if detainee makes a suicidal statement or if he responds YES to direct question, "Are you thinking about killing yourself?" If YES, notify shift commander.
- ITEM (10) **Previous attempt:** Check YES box if detainee states he has attempted suicide. If YES, note the method used in the Comment Column. If either YES or NO, check detainee's wrists and note any scars in Comment Column.
- ITEM (11) **Hopeless:** Check YES box if detainee states feeling hopeless, that he has given up, that he feels helpless to make his life better. If YES to both items 10 and 11, notify shift commander.

Behavior Appearance Observations

YES or NO must always be checked for each of these items. They are observations made by the screening officer. They are not questions.

- ITEM (12) **Depression includes behavior such as:** crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.
- ITEM (13) **Overly anxious, afraid or angry includes such behaviors as:** handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, threatening, etc.
- ITEM (14) **Unusually embarrassed or ashamed:** Check YES box if detainee makes non-elicited statements indicating worry about how family/friends/community will respond to his detention.
- ITEM (15) **Acting in strange manner:** Check YES box if you observe any unusual behavior or speech, such as hallucinations, severe mood swings, disorientation, withdrawal, etc.
- ITEM (16A) **Detainee under the influence:** Check YES if someone is apparently intoxicated on drugs or alcohol.
- ITEM (16B) **Incoherence, withdrawal, or mental illness:** Withdrawal means physical withdrawal from substance. If YES to both A & B, notify shift commander.

Criminal History

ITEM (17) **No prior arrests:** Check YES box if this is detainee's first arrest.

Scoring

Be sure to count all checks in column A and enter total in the space provided. Notify shift commander 1) total is 8 or more, or 2) any shaded boxes are checked, or 3) if you feel notification is appropriate.

Disposition

Officer Actions

- Shift commander notified:** Check YES or NO. Shift Commander should be notified about detainee prior to cell assignment.
- Supervision instituted:** Check appropriate supervision disposition. This section is to be completed by shift commander.
- Detainee referred to medical and mental health personnel:** Check YES or NO, if YES, check emergency/nonemergency, medical/mental health. This section is to be completed by shift commander.

Medical/Mental Health Actions

This section should be completed by medical/mental health staff and should include recommendations and/or actions taken.

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JAIL SUICIDE RESOURCES

Training Curriculum on Suicide Detection and Prevention in Jails and Lockups, National Center on Institutions and Alternatives, 1988. National Center on Institutions and Alternatives - 635 Slaters Lane, Suite G-100 - Alexander, Virginia 22314.

Jail Suicide Update, National Center on Institutions and Alternatives, 1988 to Current.

Standards for Health Services in Jails, National Commission of Correctional Health Care, 1987.

Standards for Adult Local Detention Facilities, American Correctional Association, 1981, revised 1988.

Standards for Health Services in Correctional Institutions, American Public Health Association, 1986.

National Sheriffs' Association. *Suicide: The Silent Signals*. Alexandria, Virginia, 1985.

Contact: National Sheriffs' Association
1450 Duke Street
Alexandria, Virginia 22314
(703) 836-7827

or

American Jail Association
1000 Day Road, Suite 100
Hagerstown, Maryland 21740
(301) 790-3930