Suicide Detection and Prevention in Jails (Intermediate)



Course # 3501

January 2018

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ABSTRACT

This guide is designed to assist the instructor in developing an appropriate lesson plan to teach the course learning objectives. The learning objectives are the minimum required content of the Suicide Detection and prevention in Jails Training. This course is a required course for a Jailer applying for an intermediate proficiency certificate.

**Note to Trainers: It is the responsibility of the coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at** [**www.tcole.texas.gov**](http://www.tcole.texas.gov) **for edits due to course review.**

**Target Population:** Jailers working toward their intermediate proficiency certificate.

**Student Pre-Requisites:**

* None

**Instructor Pre-Requisites:**

* Certified TCOLE Instructor with documented subject matter experience and/or
* Subject matter expert
* **ALSO** it is highly recommended to include a co-presenter experienced in suicide detection and screening.

**Training Options:** refer to graphic below for presentation options for this course. The highlighted “classroom” means that **this course can only be taught as a classroom version**. **Blended and online versions of this course can only be utilized if prior approval is obtained through the TCOLE curriculum department.**

**CLASSROOM BLENDED e-LEARNING**

**Method of Instruction:**

* Lecture
* Discussion
* Scenario and role-play activities
* Videos

**Minimum Hours:** 8

**Assessment:**

Assessment is required for completion of this course to ensure the student has a thorough comprehension of all learning objectives. Training providers are responsible for assessing and documenting student mastery of all objectives in this course.

**Introduction**

Suicide is the leading cause of death in jail settings. More than one-third of all jail deaths is a result of a suicide.

This course is to provide Jailers with an understanding of suicidal behavior and methods for detection and prevention of suicide in the jail setting. Suicide prevention should begin at arrest and continue throughout the individuals stay in a jail facility. Experience has shown that almost all jail suicides can be averted with implementation of a comprehensive prevention program that includes: staff training, intake screening, communication between staff, appropriate and safe housing, frequent observation, prompt intervention, and human interaction between staff and inmates.

The State of Texas recognizes that the prevention of suicide by inmates is a critical issue to be addressed in all jail facilities, because suicide continues to be a leading cause of death within jails, prisons and juvenile facilities throughout the country. Althoughthe precise rate of suicide in jails is controversial, estimatesrange from 47 to 114 per 100,000, which is nine to 14 timeshigher than the rate in the general population.

It is essential and the responsibility of all jailers with responsibility for inmate supervision to be able to identify at risk inmates and report this to the facility mental health authority or a qualified professional.

It is also essential that jails implement an effective suicide prevention plan, including the critical component of staff training, to help alleviate the risk of inmate suicide and costly litigations.

Finally, experience has demonstrated that almost all jail suicides can be prevented if recognized standards and practices are followed. The two key factors in jail suicide prevention that will help facilitate this are capable, properly trained jailers, mental health and medical staff, capable, pro-active administration and effective supervisors. A well thought out plan is also extremely important in the prevention of suicides. The Texas Commission on Jail Standards Plan identifies key areas to be used in developing a plan. Those key areas are: staff training, identification/screening, staff communication, housing, supervision, intervention, reporting, and follow-up/review.

**Suicide Detection and Prevention in Jails (Intermediate)**

**1.0 Unit Goal:** Be able to screen for suicide risk and follow up with questions and actions necessary when an individual is identified as a suicide risk.

**1.1** **Learning Objective:** Discuss the seriousness of the suicide problem in jails nationally and in Texas.

1. National statistics
	1. The suicide rate in local jails in 2014 was 50 per 100,000 local jail inmates. This is the highest suicide rate observed in local jails since 2000.
	2. More than a third (425 of 1,053 deaths, or 40%) of inmate deaths occurred within the first 7 days of admission.
	3. Almost half (47%) of suicides occurred in general housing within jails between 2000 and 2014;

***Instructor note: It is the instructor’s responsibility to update the statistics using the following source prior to presenting the material:*** [***http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5865***](http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5865)

1. Texas statistics in county jails and lockups:

***Instructor note: It is the instructor’s responsibility to update the statistics by contacting the Texas Commission on Jail Standards***

* 1. 24% of suicides in Texas jails occur within the first 24 hours of incarceration
	2. 27% of suicides in Texas jails occur between 2-14 days of incarceration
	3. 20% of the suicides occurring in Texas jails involve victims who are intoxicated at the time of suicide
	4. 31% of victims are found after more than one hour of observation
	5. 93% of suicide victims in Texas jails use the hanging method for suicide
	6. In 2012, 23 inmates successfully committed suicide in Texas jails
	7. In 2013, 25 inmates successfully committed suicide in Texas jails
	8. In 2014, 23 inmates successfully committed suicide in Texas jails
	9. In 2015, 33 inmates successfully committed suicide in Texas jails
	10. In 2016, the Texas Commission of Jail Standards implemented the suicide screening form and the State of Texas experienced 17 suicides;

**1.2** **Learning Objective:** Explain common myths and accompanying facts about suicide.

1. **Myth:** People who make suicidal statements or threaten suicide don't commit suicide.

**Fact:** Most people who commit suicide have made either direct or indirect statements indicating their suicidal intentions.

1. **Myth:** Suicide happens suddenly and without warning.

**Fact:** Most suicidal acts represent a carefully thought out strategy for coping with various personal problems.

1. **Myth:** People who attempt suicide have gotten it out of their systems and won't attempt it again.

**Fact:** Any individual with a history of one or more prior suicide attempts is at much greater risk than those who have never made an attempt.

1. **Myth:** Suicidal people are intent on dying.

**Fact:** Most suicidal people have mixed feelings about killing themselves. They are ambivalent about living, not intent on dying and most suicidal people want to be saved.

1. **Myth:** Asking about and probing the inmate about suicidal thoughts or actions will cause him to kill himself.

**Fact:** You cannot make someone suicidal when you show your interest in their welfare by discussing the possibility of suicide.

1. **Myth:** All suicidal individuals are mentally ill.

**Fact:** Although the suicidal person is extremely unhappy, they are not necessarily mentally ill.

1. **Myth:** The rate of suicide is lower in a jail setting.

**Fact:** Jail suicides occur several times more often than in the general population.

1. **Myth:** Inmates who are really suicidal can be easily distinguished from those who hurt themselves but are just being manipulative.

**Fact:** Manipulative goals as a motive for self-injury are not useful in distinguishing more lethal attempts from less lethal attempts.

1. **Myth:** You can't stop someone who is really intent on committing suicide.

**Fact:** Most suicides can be prevented.

 **1.3 Learning Objective:** List risk factors and signs and symptoms of potential suicides.

1. Some situational and/or personal factors:
	1. First-time arrestee or insignificant arrest
	2. Committed heinous crime, one of passion, or a revolting sex crime
	3. Young inmate (anyone under 18, regardless of whether in adult court).
	4. Persons with high status in community.
	5. Prior suicide by close family member or loved one
	6. Previously imprisoned/facing new, serious charges and long prison term
	7. Prior jail suicide or recent attempt by another inmate (i.e., a “copycat” situation)
	8. Harsh, condemning, rejecting attitudes of jailer or an authoritarian environment-regimentation
	9. Consistent or long term mental or physical pain and suffering
	10. No apparent control over future, including fear and uncertainty over legal process
	11. Isolation from family, friends and community.
	12. The shame of incarceration or over the offense
	13. Dehumanizing aspects of incarceration - viewed from inmate’s perspective or fears, based on TV and movie stereotypes, social stigma, etc.
	14. Recent, excessive drinking and/or use of drugs, or withdrawals
	15. Recent loss of stabilizing resources:
		1. Loss of spouse or loved one (for a young inmate; it could be a peer)
		2. Loss of job or expulsion from school
		3. Recent, pending, threatened divorce, separation, or break-up
		4. Rejection by peers (especially common among young inmates)
		5. Loss of home or land (e.g., farm or ranch)
		6. Business failure or other financial disaster
	16. Rape or the threat of it
	17. Current mental illness, poor health, or terminal illness
2. Segregation increases risk of psychological difficulties especially in the mentally ill and juveniles
3. Key times to observe signs and symptoms:
	1. At arrest and booking
	2. During transportation
		1. Sentencing Court Appearance
		2. Transporting to and from State Correctional Facilities
	3. First 24 hours of confinement
	4. Intoxication/withdrawal
	5. Waiting for high profile trial / Sentencing
	6. Impending release
		1. Due to Inmate being Institutionalized and unable to function without the structure provide by a facility
		2. Fear of Repercussions stemming from Criminal Organizations and Associates retaliation.
	7. Holidays
	8. Darkness (or “lights-out”)
	9. Decreased staff supervision
4. Warning signs and symptoms:
	1. Talks about or threatens suicide
	2. Signs and symptoms of depression (the single best suicide indicator):
	3. Feelings of hopelessness or helplessness
	4. Extreme sadness and crying
	5. Withdrawal or silence
	6. Loss of or increase in appetite and/or weight
	7. Pessimistic attitudes about future
	8. Sudden changes in an inmates regular sleeping patterns
	9. Sudden change in an inmates mood or behavior
		1. Severe agitation or aggressiveness
		2. Expresses unusual or great concern over what will happen to them
		3. Begins packing and/or gives away belongings
		4. Has increasing difficulty relating to others
		5. Does not effectively deal with the present, is preoccupied with the past
	10. Loss of interest in people, appearance, or activities
	11. Excessive self-blaming
	12. Expresses or evidences strong guilt and/or shame over offenses
	13. Previous suicide attempts and/or history of mental illness
	14. May act very calm once the decision is made to kill themselves
	15. Speaks unrealistically about getting out of jail

**1.4** **Learning Objective:** Utilize the Screening Form for Suicide and Medical/Mental/ Developmental Impairments and the Continuity of Care Query (CCQ).

***Instructor Note: Provide the Students with a copy of the required TCJS Screening form*** [**http://www.tcjs.state.tx.us/docs/ScreeningForm-SMMDI\_Oct2015.pdf**](http://www.tcjs.state.tx.us/docs/ScreeningForm-SMMDI_Oct2015.pdf)

***Utilize this screening form to role play a scenario to practice completion.***

1. Basic Information
	1. The Screening Form for Suicide and Medical and Mental Impairments was revised to achieve three main goals:
		1. To create an objective suicide risk assessment with clear guidance for front-line personnel of when to notify superiors, mental health providers, and magistrates.
		2. To assist sheriffs to meet all statute requirements such as Code of Criminal Procedure §16.22.
		3. To be user friendly for the typical range of experience of a Texas county jailer
	2. Intake screening is the first step and is crucial to determine which inmates require more specialized mental health assessment. "Unless inmates are identified as potentially needing mental health treatment, they will not receive it."
	3. The purpose of intake screening is for correctional staff to triage those who may be at significant risk for suicide; identify inmates who may be in distress from a mental health disorder/psychosis or complications from recent substance abuse; and assist with the continuity of care of special needs inmates.
	4. Per Minimum Jail Standard §273.5, an intake screening form must be completed on all inmates immediately upon admission into the facility.
	5. Additional screenings should be completed when staff has information that an inmate has developed a mental illness or the inmate is suicidal at any point during an inmate’s incarceration. Any additional screening forms must be maintained in the inmate’s medical file.
	6. For counties that will create an electronic copy or import the form into their software package, all questions from this form must be present along with required notifications.
	7. For counties that will use a paper format, counties may insert blank space into the comments sections of the Word version of the form to create more writing space.
	8. The form should be completed by a trained booking jailer or medical/ mental health personnel.
	9. Fill out the form completely and in its entirety.
	10. If the inmate is unable to or refuses to answer questions, notify supervisor and place the inmate on suicide watch until a form can be completed. Notate the reason why the form cannot be completed. Complete a new form when the inmate is able to answer the questions.
2. 1st Section-Basic Information and Medical Information
	1. The first section consists of basic identifier information and medical information.
	2. All applicable boxes should be checked. Provide additional information where required.
	3. The below two medical questions require that a supervisor or medical personnel be notified if jailers receive a “yes” answer:
		1. Do you think you will have withdrawal symptoms from stopping use of medications or other substances (including alcohol or drugs) while you are in jail?
		2. Have you ever had a traumatic brain injury, or loss of consciousness?
	4. Medical personnel or supervisors should assess and take appropriate action.
3. 2nd Section-Self-report Questions
	1. If the inmate is unable to answer questions, note the reason why, notify supervisor and place inmate on suicide watch until a form can be completed.
	2. Questions 1a-d are strong indicators of inmates at high risk of suicide. Any “yes” answer requires notification to supervisor, magistrate and mental health immediately, and placement of inmate on suicide watch.
	3. However, if for any reason a jailer believes an inmate to be at risk of suicide regardless of the answer to 1a-d, an jailer should place the inmate on suicide watch and notify a supervisor.
	4. Inmates should only be removed from suicide watch after assessed by qualified mental health personnel.
	5. Questions 2-12 include questions about mental health symptoms and risk factors that warrant supervisor/magistrate notification. Self-report symptoms relate to possible psychosis, schizophrenia, bipolar disorder, depression and PTSD. Question 11 also attempts to detect possible developmental disability.
	6. If a screener receives a “yes” answer, please ask follow-up questions to gain a better understanding of the symptoms.
4. 3rd Section-Observation
	1. Make careful observations of the inmate’s demeanor and appearance.
	2. Look for cuts to the wrist, impressions around the neck, or any other evidence of self- harm.
	3. Notate when applicable
	4. A comment box is provided for any additional information that the screener believes is relevant including an exact or CCQ match. This completed form will likely be viewed by magistrates and mental health professionals so additional information will be beneficial.
5. 4th Section-Notification
	1. A “yes” answer to most questions on the form will require notification to a supervisor, magistrate, or mental/medical personnel.
	2. Space is provided for each notification. Jailers shall notate when they make required notifications.
	3. In addition, magistrate notification shall include method of notification of either electronic or written notification. A completed copy of this form should be sent to the magistrate.
6. §CCP Art. 16.22 - EARLY IDENTIFICATION OF DEFENDANT SUSPECTED OF HAVING MENTAL ILLNESS OR INTELLECTUALLY DISABLED. (a) (1) Not later than 12 hours after receiving credible information that may establish reasonable cause to believe that a defendant committed to the sheriff's custody has a mental illness or is a person with an intellectual disability, including observation of the defendant's behavior immediately before, during, and after the defendant's arrest and the results of any previous assessment of the defendant, the sheriff shall provide written or electronic notice of the information to the magistrate.

**1.5 Learning Objective:** Recognize potential hazards and risk factors associated with physical structures and assigned housing.

1. Potential hazards and risk factors associated with physical structures and assigned housing
	1. Facility policies, procedures and post orders should clearly include suicide prevention guidance
	2. Suicides most frequently occur in private spaces such as bathrooms, showers, mop closets, or cells
	3. Important prevention measures include frequent rounds, not allowing inmates to cover windows, and establishing professional and meaningful relationships.
	4. Cells that are designated for inmates on suicide watch
		1. Violent Cell--A single occupancy padded cell for the temporary holding of inmates harmful to themselves and or others.(TCJS 235.1 (34))
		2. Administrative Separation--The assignment of an inmate to a special housing unit, usually a separation or single cell, when staff determines that such close custody is needed for the safety of inmates or staff, for the security of the facility, or to promote order in the facility (TCJS 235.1 (1))
		3. Single Cell --A cell designed to accommodate 1 inmate. The cell minimally contains 1 bunk, toilet, lavatory, table and seat (TCJS 235.1 (30))
	5. Place at-risk inmates in higher visibility cells
	6. Monitor the clothing, bedding, property, and meals allowed for inmates on suicide watch
	7. Supervision requirements of inmates on suicide watch
		1. Observation shall be performed at least every 30 minutes in areas where inmates known to be assaultive, potentially suicidal, mentally ill, or who have demonstrated bizarre behavior are confined. (TCJS 275.1)
		2. Supervision. Provisions for adequate supervision of inmates who are mentally disabled and/or potentially suicidal and procedures for documenting supervision (TCJS 273.5 (5))
		3. Refer to Departmental Policy regarding supervision and documentation of Suicide Watch
2. Behaviors to observe and document during a suicide watch:
	1. Is the inmate eating meals
	2. Is the inmate sleeping normally
	3. Inmate’s behavior when awake
	4. Is the inmate attentive to personal hygiene
	5. Does the inmate communicate appropriately with jailers and other inmates
3. Refer to your Departmental Policy for discontinuing suicide watch and/or regarding the contacting of a mental health provider during and after business hours.

**1.6** **Learning Objective:** Identify methods for responding to a potentially suicidal inmate.

1. If you believe inmate is in danger of suicide, implement suicide prevention protocols and keep the inmate in a safe place
	1. Maintain contact
	2. Address inmate by name
	3. Don’t be reluctant to express your concerns about the inmate
	4. Eye contact - Show concern, not disapproval or disgust
	5. Try to keep the inmate’s sense of future positive
	6. Focus on programs available to inmate, i.e., school, vocational training, substance abuse, etc.
	7. Support from family and friends that care
	8. Provide a feeling of control.
	9. Find something in their past to give them hope in the future.
	10. Help them discover a reason to live.
2. ​ What not to do. Barriers to effective communication:
	1. Treating the inmate as non-person
	2. Provoking or escalating the situation
	3. Acting sarcastic or making jokes about the situation
	4. Using reverse psychology, such as challenging inmate to follow through with threat.
	5. Suggesting a more lethal method
	6. Ignoring, discounting, or making unpleasant remarks about inmate’s feelings
	7. Being afraid to ask direct questions about suicidal ideation
	8. Accepting the inmate’s denial of suicidal ideation too quickly
	9. Offering solutions or giving advice
	10. Making promises that you cannot keep
	11. Don’t try to make a diagnosis
	12. Become angry, judgmental, or threatening
	13. Never ignore the risk or threat – inmates can become suicidal at any point during incarceration. Suicide attempt #99 should be treated as seriously as #1!

***Instructor Note (See Ashley Smith Video)***

**1.7** **Learning Objective:** Explain methods for responding to a suicidal inmate.

1. Approaching a responsive suicidal inmate:
	1. Remember that the inmate may attempt to have others kill them
	2. Remain calm
	3. Call for assistance
	4. Develop a plan and follow it: rushing to rescue increases the risk to all those who are involved
	5. Be alert
	6. Check out the situation
	7. Ask the inmate to remove the means if time permits. This allows them to take action for their own safety. Ironically, taking the means away from them as a show of force can trigger a suicide
2. Inmate attempting to hang self:
	1. First jailer on scene will conduct visual assessment of inmate from outside cell to determine if inmate has article around neck and is attempting to hang self
	2. If possible, observe inmate’s hands for possible weapons.
	3. First jailer on scene shall stay at cell front to observe and request backup and a medical response
	4. Once a minimum of two (2) jailers have arrived at cell, if possible, staff shall enter the cell
	5. Cut victim down immediately; avoid cutting the knot for investigative purposes, if possible
		1. One person should hold the body up
		2. The other person should cut the noose with a readily available tool
	6. Lay the inmate on the floor and remove the article around the neck.
	7. Begin basic life-saving techniques, health care staff will assume the lead role in life-saving techniques assisted by jailer if necessary
	8. Refer to department policy for first aid methods
3. Unresponsive Inmate
	1. Conduct a visual assessment from outside cell to determine if inmate is either unconscious or experiencing a medical emergency.
	2. First jailer on scene shall stay at cell front to observe and request backup and a medical response
	3. First staff on scene will observe inmate’s hands for any objects that may be weapons.
	4. Once a minimum of two (2) jailers have arrived at cell, if possible, staff shall enter the cell
	5. Jailers will enter the cell with caution and be prepared to use force if necessary, but move quickly to secure the inmate
	6. Begin basic life-saving techniques as applicable, health care staff will assume the lead role in life-saving techniques assisted by jailers if necessary