

# Instructor Resource Guide



## **Suicide Detection and Prevention in Jails**

### **Course ID# 3501**

#### **Continuing Education Requirement**

Revised: December 2025

# ABSTRACT

This course is designed to meet continuing education requirements put forth by the Texas Commission on Law Enforcement. Suicide Detection and Prevention in Jails is designed to teach officers about suicidal ideation, how to recognize the signs of suicidal ideation, and methods for detection and prevention of suicide in jail settings. This course covers the risk factors of potential suicides, and the mandated screening form jailers must complete with every intake of an inmate. This course is required to receive the Intermediate Jailer certification.

## **Instructor Resource Guide:**

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit. The learning objectives provided in this IRG are the minimum state requirements for the training and must not be changed or altered.

- A qualified instructor **shall** develop the IRG into a lesson plan that meets their organization and student needs and must be kept in a training file for auditing purposes.

Please note: It is the responsibility of the Academy and/or Contractual Training Provider to ensure the IRG is developed into a complete lesson plan based on the requirements outlined in the IRG for a particular topic.

## **Lesson Plan:**

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

- The IRG is designed to assist the instructor/subject matter expert in developing comprehensive lesson plans. The use of current statistics, best practice models, and scenario-based training should also be included in the lesson plan development. Instructors are encouraged to add additional activities.
- The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
- Any activity that is **suggested** is just that, an example or suggestion, and is not mandated for inclusion.
- Anything that is **required** must be included in the instructor's lesson plan.

## **Note to Trainers: This content must be implemented by February 16, 2026.**

It is the responsibility of the Academy and/or Training 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. Training providers must keep a complete training file on all courses reported for TCOLE credit.

**Student Prerequisites:**

- There are no prerequisites for this course.

**Instructor Prerequisites:**

An instructor must be a subject matter expert in the topic and must have documented knowledge/training/education and provide an instructor's biography that documents subject matter expertise. It is the responsibility of the training academy/training coordinator to select qualified instructors. A TCOLE instructor certification does not certify someone to teach any topic.

- This course may be instructed by a mental health professional who possesses a master's degree or higher in a field of mental or behavioral health with at least two (2) years' experience instructing law enforcement personnel.
- This course may be instructed by a licensed county corrections officer with at least two (2) years' experience as a Jail Mental Health Officer.
- If a documented subject matter expert does not hold a TCOLE instructor certification, the instructor must be approved in writing by the department's training coordinator or chief administrative officer and kept in the training file for the course.

**Facility Requirements:**

- This class must be held in-person in a standard classroom environment.

**Length of Course:**

It is the training coordinator's responsibility to ensure the minimum hours are being met. Students are required to attend all classroom hours as listed in this instructor resource guide, there is no 10% attendance rule. TCOLE Rule 218.1 (C)(4) states that failure to meet the minimum course length may be grounds for denial of training. This course shall be taught the minimum hours that are listed in this guide and the student shall attend the entire class to receive credit.

- 8 hours, minimum.

**Assessment:**

- Training providers are responsible for creating student assessments and documenting the mastery of all objectives in this course using various testing assessment opportunities.
  - Assessment opportunities include oral or written testing, interaction with instructor and students, case study and scenario, and other means of testing student's application of the skills taught as the instructor or department deems appropriate.
- The minimum passing score shall be 70%.

## **Unit 1 Suicide and Suicidal Ideation**

**INSTRUCTOR NOTE:** Introduce the lesson with national and state statistics for suicide rates in jail settings. Include information on the correctional population such as rates of mental health conditions or disorders and substance use or abuse prior to incarceration.

- Discuss the statistics with students to give a clearer understanding of suicide prevalence in correctional settings, how likely inmates are to be at risk of suicide/suicidal tendencies, and the extent to which these issues are present within the populations the students serve.
- Resources for statistics for Unit 1 can be found in Appendix A.
- It is the responsibility of the instructor or training provider to ensure the data used for statistics is current.

### **1.1 Define suicidal ideation.**

- A. Suicidal ideation refers to thinking about or formulating plans for suicide.
- B. The ideation exists on a spectrum of intensity.
  - i. Begins with a general desire to die that lacks any concrete method, plan, intention, or action.
  - ii. Progresses to active suicidal ideation, which involves a detailed plan and a determined intent to act on the ideas.

### **1.2 Explain common myths and accompanying facts about suicide.**

- A. Myth: People who make suicidal statements or threaten suicide do not commit suicide.
  - i. Fact: Most people who commit suicide have made either direct or indirect statements indicating their suicidal intentions.
- B. Myth: Suicide happens suddenly and without warning.
  - i. Fact: Most suicidal acts represent a carefully thought-out strategy for coping with various personal problems.
- C. Myth: People who attempt suicide have gotten it out of their systems and will not attempt it again.
  - i. 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.
- D. Myth: Suicidal people are intent on dying.
  - i. 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.
- E. Myth: Asking about and probing the inmate about suicidal thoughts or actions will cause them to kill themselves.
  - i. Fact: You cannot make someone suicidal when you show your interest in their welfare by discussing the possibility of suicide.

- F. Myth: All suicidal individuals are mentally ill.
  - i. Fact: Although the suicidal person is extremely unhappy, they are not necessarily mentally ill.
- G. Myth: The rate of suicide is lower in a jail setting.
  - i. Fact: Jail suicides occur several times more often than in the general population.
- H. Myth: Inmates who are really suicidal can be easily distinguished from those who hurt themselves but are just being manipulative.
  - i. Fact: Manipulative goals as a motive for self-injury are not useful in distinguishing more lethal attempts from less lethal attempts.
- I. Myth: You cannot stop someone who is really intent on committing suicide.
  - i. Fact: Most suicides can be prevented.

### **1.3 List the potential risk factors for suicide.**

- A. Situational factors:
  - i. First-time arrestee or insignificant arrest
  - ii. Young inmate i.e anyone under 18, regardless of whether in adult court
  - iii. Previously imprisoned/facing new, serious charges and long prison term
  - iv. Prior suicide by close family member or loved one
  - v. Prior jail suicide or recent attempt by another inmate
  - vi. Harsh, condemning, rejecting attitudes of jailer or an authoritarian environment-regimentation
  - vii. Loss of community stability, ex: loss of loved ones, loss of home, loss of employment etc.
- B. Personal factors:
  - i. Current mental illness, poor health, or terminal illness
  - ii. The shame of incarceration or the committed offense
  - iii. Consistent or long term mental or physical pain and suffering
  - iv. Recent, excessive drinking and/or use of drugs, or withdrawals
  - v. No apparent control over future, including fear and uncertainty over legal process
  - vi. Fear of sexual assault, or the threat of it
- C. Segregation increases risk of psychological difficulties especially for juveniles and individuals with mental illnesses.

### **1.4 Recognize warning signs of suicidal ideation in an inmate.**

- A. No single sign guarantees someone is thinking about suicide, but these indicators often appear together or build over time.
- B. Emotional warning signs:

- i. Expresses feelings of hopelessness, helplessness, or being trapped
- ii. Expresses thoughts of self-harm or death
- iii. Expresses strong guilt and/or shame over offenses
- iv. Signs of intense emotional pain or psychological distress Ex: extreme sadness and crying
- v. Pessimistic attitudes about future
- vi. Does not effectively deal with the present, is preoccupied with the past

C. Behavioral warning signs:

- i. Previous suicide attempts and/or history of mental illness
- ii. Withdrawal from social activities or silence, increased isolation
- iii. Changes in appetite and/or weight
- iv. Loss of interest in people, appearance, or activities
- v. Sudden changes in their mood, behavior, and/or sleep patterns
- vi. May act very calm once they have come to a decision

D. Key times to observe signs of suicidal ideation

- i. At arrest and booking
- ii. During transportation
- iii. First 24 hours of confinement
- iv. Before sentencing/waiting for trial
- v. Impending release
  - 1. Due to inmate being institutionalized and unable to function without the structure provided by a facility.
  - 2. Fear of repercussions/retaliation stemming from criminal organizations and associates.
- vi. When there is decreased staff supervision
- vii. Holidays

## **Unit 2 Screening Form**

### **2.1 Identify the screening form for Suicide and Medical/Mental/ Developmental Impairments.**

#### **A. Basic Information**

- i. The Screening Form for Suicide and Medical and Mental Impairments was revised to achieve three main goals. To:
  - 1. Create an objective suicide risk assessment with clear guidance for front-line personnel of when to notify superiors, mental health providers, and magistrates.

2. Assist sheriffs to meet all statute requirements such as Code of Criminal Procedure §16.22.
3. Be user friendly for the typical range of experience of a Texas county jailer

- ii. 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."
- iii. 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.
- iv. Per Texas Commission on Jail Standards §273.5 Mental Disabilities/Suicide Prevention Plan, an intake screening form must be completed on all inmates immediately upon admission into the facility.
- v. 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.
- vi. 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.
- vii. 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.
- viii. The form should be completed by a trained booking jailer or medical/ mental health personnel.
- ix. The form must be filled out completely and in its entirety.
- x. 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.
  1. Note the reason why the form cannot be completed.
  2. Complete a new form when the inmate is able to answer the questions.

B. First Section: Basic Information and Medical Information

- i. The first section consists of basic identifier information and medical information.
- ii. All applicable boxes should be checked. Provide additional information where required.
- iii. 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?

iv. Medical personnel or supervisors should assess and take appropriate action.

C. Second Section: Self-Report Questions

- i. 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.
- ii. 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.
- iii. However, if for any reason a jailer believes an inmate to be at risk of suicide regardless of the answer to 1a-d, the jailer should place the inmate on suicide watch and notify a supervisor.
- iv. Inmates should only be removed from suicide watch after being assessed by qualified mental health personnel.
- v. 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.
- vi. If a screener receives a “yes” answer, please ask follow-up questions to gain a better understanding of the symptoms.

D. Third Section: Observation

- i. Make careful observations of the inmate’s demeanor and appearance.
- ii. Look for cuts to the wrist, impressions around the neck, or any other evidence of self-harm.
- iii. Notate when applicable
- iv. A comment box is provided for any additional information that the screener believes is relevant including an exact or Continuity of Care Query (CCQ) match. This completed form will likely be viewed by magistrates and mental health professionals so additional information will be beneficial.

E. Fourth Section: Notification

- i. A “yes” answer to most questions on the form will require notification to a supervisor, magistrate, or mental/medical personnel.
- ii. Space is provided for each notification. Jailers shall notate when they make required notifications.
- iii. 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.

F. Code of Criminal Procedure Art. 16.22 Early Identification of Defendant Suspected of Having Mental Illness or Intellectual Disability

### **Unit 3 Monitoring and Responding**

#### **3.1 Identify methods for monitoring an inmate on suicide watch.**

- A. Facility policies, procedures and post orders should clearly include suicide prevention guidance.
- B. Suicides most frequently occur in private spaces such as bathrooms, showers, mop closets, or cells.
- C. Important prevention measures include:
  - i. Making frequent rounds
  - ii. Not allowing inmates to cover windows
  - iii. Establishing professional and meaningful relationships
- D. Cells that are designated for inmates on suicide watch
  - i. Violent Cell – A single occupancy padded cell for the temporary holding of inmates harmful to themselves and or others. (Texas Commission on Jail Standards 253.1 (35) Definitions)
  - ii. 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 (Texas Commission on Jail Standards 253.1 (1) Definitions)
  - iii. Single Cell – A cell designed to accommodate 1 inmate. The cell minimally contains 1 bunk, toilet, lavatory, table, and seat (Texas Commission on Jail Standards 253.1 (31) Definitions)
- E. Place at-risk inmates in higher visibility cells.
- F. Monitor the clothing, bedding, property, and meals allowed for inmates on suicide watch.
- G. Supervision requirements of inmates on suicide watch are:
  - i. 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. (Texas Commission on Jail Standards 275.1 Regular Observation by Jailers)
  - ii. Supervision – Provisions for adequate supervision of inmates who are mentally disabled and/or potentially suicidal and procedures for documenting supervision. (Texas Commission on Jail Standards 273.5 (5) Mental Disabilities/Suicide Prevention Plan)
  - iii. Refer to departmental policy regarding supervision and documentation of suicide watch.
- H. Behaviors to observe and document during a suicide watch:

- i. Is the inmate eating meals?
- ii. Is the inmate sleeping normally?
- iii. What is the inmate's behavior when awake?
- iv. Is the inmate attentive to personal hygiene?
- v. Does the inmate communicate appropriately with jailers and other inmates?
- I. Refer to departmental policy for discontinuing suicide watch and/or regarding the contacting of a mental health provider during and after business hours.

### **3.2 Identify methods for responding to a potentially suicidal inmate.**

- A. If you believe inmate is in danger of suicide, implement suicide prevention protocols and keep the inmate in a safe place.
  - i. Maintain contact.
  - ii. Address inmate by name.
  - iii. Express concerns to the inmate, about the inmate.
  - iv. Eye contact - Show concern, not disapproval or disgust.
  - v. Try to keep the inmate's sense of future positive
    1. Focus on programs available to inmate, i.e., school, vocational training, substance abuse, etc.
    2. Support from family and friends that care.
    3. Find something in their past to give them hope in the future.
  - vi. Provide a feeling of control.
  - vii. Help them discover a reason to live.
- B. Barriers to effective communication:
  - i. Treating the inmate as non-person.
  - ii. Provoking or escalating the situation.
  - iii. Acting sarcastic or making jokes about the situation.
  - iv. Using reverse psychology, such as challenging inmate to follow through with threat.
  - v. Suggesting a more lethal method.
  - vi. Ignoring, discounting, or making unpleasant remarks about inmate's feelings.
  - vii. Being afraid to ask direct questions about suicidal ideation.
  - viii. Accepting the inmate's denial of suicidal ideation too quickly.
  - ix. Offering solutions or giving advice.
  - x. Making promises that you cannot keep.
  - xi. Making a diagnosis or diagnosing the inmate.
  - xii. Become angry, judgmental, or threatening.

xiii. Ignoring the risk or threat.

**3.3 Identify methods for responding to an inmate attempting suicide.**

A. When approaching a responsive suicidal inmate, do:

- i. Remain calm.
- ii. Call for assistance.
- iii. Develop a plan and follow it.
  1. Rushing to rescue increases the risk to all those who are involved.
  2. Inmate may attempt to have others harm them/take their life.
- iv. Be alert.
- v. Scope out the situation.
- vi. Ask the inmate to remove the means if time permits.
  1. This allows them to take action for their own safety.
  2. Ironically, taking the means away from them as a show of force can trigger a suicide

B. Inmate attempting to hang self

- i. 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.
- ii. If possible, observe inmate's hands for possible weapons.
- iii. First jailer on scene shall stay at cell front to observe and request backup and a medical response.
- iv. Once a minimum of two (2) jailers have arrived at cell, if possible, staff shall enter the cell.
- v. 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
- vi. Lay the inmate on the floor and remove the article around the neck.
- vii. Begin basic life-saving techniques, health care staff will assume the lead role in life-saving techniques assisted by jailer if necessary.
- viii. Refer to department policy for first aid methods.

C. Unresponsive Inmate

- i. Conduct a visual assessment from outside cell to determine if inmate is either unconscious or experiencing a medical emergency.
- ii. First jailer on scene shall stay at cell front to observe and request backup and a medical response

- iii. First staff on scene will observe inmate's hands for any objects that may be weapons.
- iv. Once a minimum of two (2) jailers have arrived at cell, if possible, staff shall enter the cell.
- v. Jailers will enter the cell with caution and be prepared to use force if necessary, but move quickly to secure the inmate.
- vi. Begin basic life-saving techniques as applicable, health care staff will assume the lead role in life-saving techniques assisted by jailers if necessary.

# APPENDIX A

## **Statistics:**

Bureau of Justice Statistics – Suicide in Local Jails and State and Federal Prisons, 2000–2019 – Statistical Tables.

<https://bjs.ojp.gov/library/publications/suicide-local-jails-and-state-and-federal-prisons-2000-2019-statistical-tables> (last accessed October 22, 2025).

# APPENDIX B

## Screening Form for Suicide and Medical/Mental/Developmental Impairments

County:	Date and Time:	Name of Screening Officer:		
Inmate's Name:	Gender:	DOB:	If female, pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:				
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:				
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:				
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:				
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used				
<p>*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe</p> <p>*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:</p> <p><b>*If yes, Notify Medical or Supervisor Immediately</b></p> <p style="text-align: center;"><i>Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted</i></p>				
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>"Yes" Requires Comments</b>				
<b><i>IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i></b>				
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.				
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?				
1b. Are you thinking of killing or injuring yourself today? If so, how?				
1c. Have you ever attempted suicide? If so, when and how?				
1d. Are you feeling hopeless or have nothing to look forward to?				
<b><i>IF YES to 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted</i></b>				
2. Do you hear any noises or voices other people don't seem to hear?				
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?				
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?				
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?				
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.				
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?				
8. Have you ever received services for emotional or mental health problems?				
9. Have you been in a hospital for emotional/mental health in the last year?				
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.				
11. In school, were you ever told by teachers that you had difficulty learning?				
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?				
<b><i>IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i></b>				
13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?				

14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			
Additional Comments (Note CCQ Match here):			
Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:	
Supervisor Signature, Date and Time:			