Suicide Detection and Prevention #1

LUT 21 – Staff Mindsets



PURPOSE

- The purpose of this training is to familiarize staff with <u>Facts or Fiction</u> about incarcerated person suicide, the policy and procedures regarding Suicide Prevention Practices for Incarcerated Persons & Detentions Safety Program (DSP).
- Staff have various misconceptions about incarcerated person suicide.
- The following Fact or Fiction exercise will clarify some important issues.

An incarcerated person who makes a suicidal statement or threatens suicide is more likely to commit suicide than an incarcerated person who never makes such a statement or threat.

FACT



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Many incarcerated persons who commit suicide have made either direct or indirect statements indicating their suicidal intentions. Research has shown that of any 10 persons who kill themselves, 8 have given definite warnings of their suicidal intentions.

An incarcerated person planning to commit suicide often speaks about their plans and feelings; it is crucial that these indicators not be ignored.



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Suicide happens suddenly and without warning.

FACT





Although incarcerated persons can be impulsive, most suicidal acts represent a carefully thought-out strategy for coping with various personal problems.

Studies reveal that the suicidal person gives many clues and warnings regarding their suicidal intentions.

Within the controlled environment of a detention facility, it is difficult to successfully commit suicide on impulse.



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An incarcerated person who attempts suicide has <u>NOT</u> gotten it out of their system and will be more likely to attempt again.

FACT





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Almost two-thirds of incarcerated persons who commit suicide had a history of suicidal behavior, either an attempt, threat, and/or self-injury. If an incarcerated person has attempted suicide or engaged in self-injurious behavior in the past, psychological barriers against taking one's life have been broken.

Subsequent attempts thus become easier.



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Suicidal incarcerated persons are intent on dying.

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Most suicidal incarcerated persons have mixed feelings about killing themselves. They are ambivalent about living, not intent on dying. Since most people give definite warnings of their suicidal intention, it is evident that on some level they wish to be saved.

They may not be intent on dying, but at that particular time, they see no alternative to an unbearable situation.



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Asking about and probing the incarcerated person about suicidal thoughts or actions will cause them to kill themself.





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

Questioning an incarcerated person in a concerned, non-judgmental manner will encourage them to discuss existing ideas.

This, in turn, may help to relieve the psychological pressure the incarcerated person is feeling.



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Suicides are **NOT** more likely to occur during the holiday season.

FACT





FACT

Contrary to common belief, incarcerated person suicides are evenly distributed throughout the year and not closely associated with a particular holiday. Research indicates that incarcerated person suicides occur during all days of the week and all months of the year.

In the community, research suggests that December is actually responsible for the lowest number of suicides.



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Incarcerated persons who are suicidal can be easily distinguished from those who superficially hurt themselves (or threaten to do so) and are viewed as manipulative.

FACT





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

Experts suggest that the behavior of those who attempt suicide of widely varying lethality does not allow us to safely distinguish those with the most determined efforts to die from those who simply want our attention.



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If an incarcerated person is asked, "Are you currently suicidal?" and answers, "No," that denial alone is sufficient for a conclusion that they are <u>NOT</u> suicidal.

FACT





There are several reasons why an incarcerated person may deny they are suicidal at the point that they are asked the question, and we must be very careful in how we respond to the denial.

We should not rely exclusively on the direct statements of an incarcerated person who denies that they are suicidal and/ or have a prior history of suicidal behavior, particularly when their behavior, actions, and/ or history suggest otherwise.



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Most incarcerated persons who are planning to commit suicide often will give away their possessions.

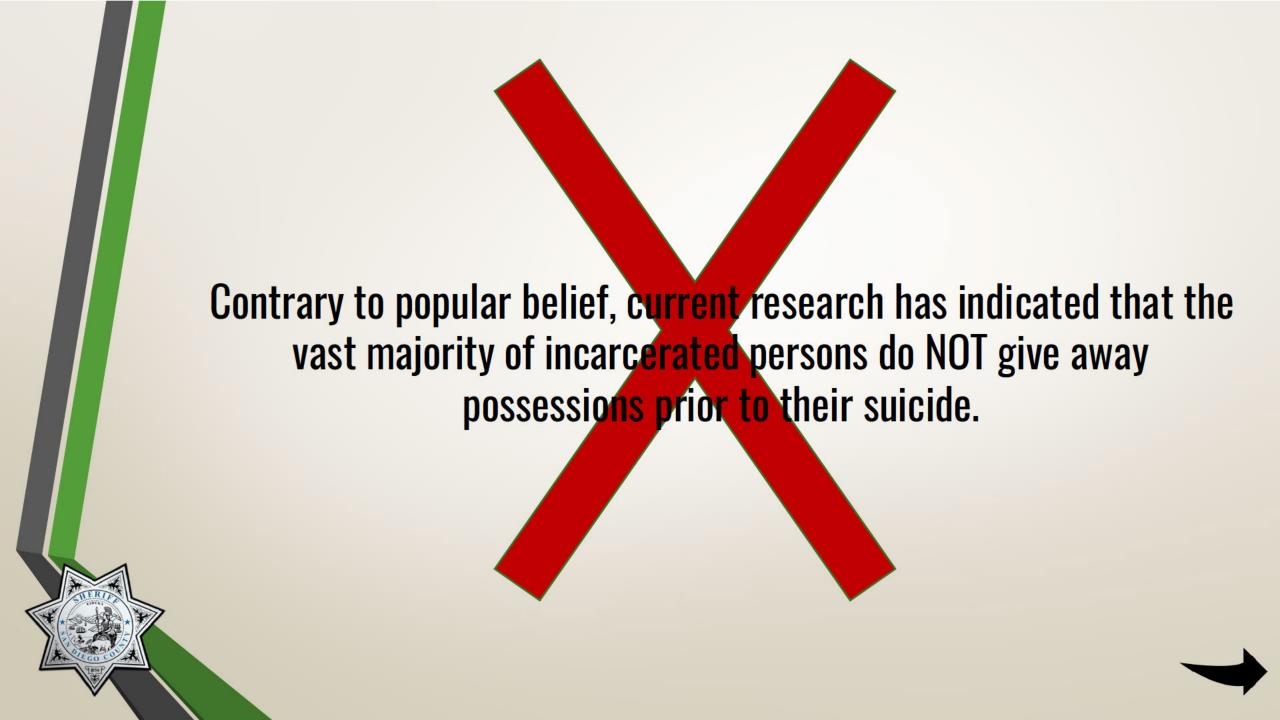
FACT





Contrary to popular belief, current research has indicated that the vast majority of incarcerated persons do NOT give away possessions prior to their suicide.





It is a HIPPA violation for sworn detention staff to be informed that an incarcerated person was suicidal and/ or had a history of suicidal behavior.

FACT



HIPPA does NOT prohibit the exchange of information regarding a potentially suicidal incarcerated person. In fact, an individual and/or an agency may incur liability if important information regarding suicidal behavior is known and not exchanged among health care and detention personnel.



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Suicide Prevention Practices for Incarcerated Persons & Detentions Safety Program (DSP)

 Incarcerated persons who are recognized and observed as being a potential suicide risk shall be assessed for consideration of placement into one of the defined DSP housing options.

 Assessment for DSP placement will be conducted by the gatekeeper or designee.

High risk suicide risk factors that require an assessment for *CONSIDERATION* of placement into DSP:

- High publicity case with possible evasion of arrest or SWAT/SED standoff with serious felony charges, including but not limited to: homicide, rape, or child victim crimes
- Severe, life or death sentences
- The incarcerated person states they are suicidal and/ or made suicidal statements to sworn staff, health staff, family, etc.
- Previous suicide attempts (within the past 5 years)
- Staff observation of depressed/ emotional turmoil

Other suicide risk factors that could cause circumstantial concerns and may initiate an assessment for DSP placement:

- Intoxication
- History of psychiatric illness
- First time offender
- Severe aggressiveness
- Physical signs of depression
- Sadness

- Crying
- Withdrawal or silence
- Sudden loss or gain in appetite
- Insomnia
- Mood variations



