



William D. Gore  
Sheriff

*San Diego County*

**SHERIFF**

## LINE-UP TRAINING

### **Suicide Detection and Prevention Part 3**

**Topic #98**

(Warning Signs, Symptoms, and High Risk Periods)

*After discussing/reviewing the below training material in line-up (briefing), sworn staff shall sign off as completed in LMS. In the event a staff member is not present when this topic is discussed in line-up, they shall independently read, review, and complete the training.*

*Completion of this line-up training topic includes reviewing the associated standardized PowerPoint presentation available on the DTU SharePoint site ([#98-Standard Presentation](#)).*

*By clicking "Yes" to "Have you completed this activity?" in LMS, you are attesting that you have viewed, read, and completed the training activity.*

#### **I. PURPOSE**

The purpose of this training is to familiarize staff about signs and symptoms of suicidal behavior, situational risk factors, and discuss high risk suicide periods.

#### **II. POLICY**

This training is conducted in accordance with DSB P&P [Section J.1- Safety Cells](#), [Section J.4 - Enhanced Observation Housing](#), [Section J.5 – Inmate Suicide Prevention Practices & Inmate Safety Program](#) and [Section M.25- Psychiatric Stabilization Units](#). This training was developed utilizing content from the NCIA Training Curriculum and Program Guide on Suicide Detection and Prevention in Jail and Prison Facilities. By Lindsay M. Hayes 2016.

#### **III. DISCUSSION**

##### **A. Staff shall discuss and review *SIGNS AND SYMPTOMS OF SUICIDAL BEHAVIOR*.**

Recognizing signs and symptoms of suicidal behavior is vital and crucial to the success of our job as a deputy sheriff. Being able to recognize signs and symptoms of suicidal behavior gives you the potential ability to prevent jail suicides and become actively vigilant of this behavior. Being vigilant of this behavior not only protects the department from liability, but has the potential to prevent lives from being lost.

Listed below are identified signs and symptoms of suicidal behavior that staff needs to be mindful of:



1. Current depression. The following are common signs and symptoms of depression:
  - a. Feelings of inability to go on (hopeless/ helpless)
  - b. Extreme sadness & crying
  - c. Withdrawal or silence
  - d. Loss or increase of appetite/ weight
  - e. Pessimistic attitude about the future
  - f. Insomnia or hypersomnia
  - g. Mood and/ or behavior variations
2. Expresses or evidences strong guilt and/ or shame over offense
3. Talks about or threatens suicide (makes statements that are death related and/ or are of finality nature, e.g, "I can't take it anymore")
4. Under the influence of alcohol/ drugs (depression sets in when sobering up: fear of going through withdrawal again)
5. Knowledge of previous suicide attempts and/ or history of mental illness (although all prior history is important, recent history is a critical sign of potentially suicidal behavior)
6. Severe agitation or aggressiveness
7. Projects hopelessness or helplessness or no sense of future
8. Noticeable mood and/ or behavior changes
9. Speaking unrealistically about getting out of jail
10. Has increasing difficulty relating to others
11. Does not effectively deal with the present (preoccupied with past)
12. May try to superficially hurt self
13. Paranoid delusion or hallucinations
14. Expresses unusual or great concern over what will happen to them (extreme anxiety, divorce, job)

B. Staff shall discuss and review ***SITUATIONAL RISK FACTORS OF SUICIDAL BEHAVIOR.***

Situations may change rapidly during periods of incarcerations. Continual assessments of behavior changes can help identify situational risk factors of suicidal behavior.

Listed below are identified situational risk factors of suicidal behavior:

1. Previous placements in Inmate Safety Program
2. Prior suicide attempt (including close family members)
3. Previously imprisoned and facing new serious charges/ long prison term
4. Harsh, condemning, rejecting attitudes from staff members
5. Previous experiences of substances withdrawal (reluctant to go through withdrawal again)



C. Staff shall review and discuss ***HIGH RISK SUICIDE PERIODS***

Though it is vital that staff be vigilant of signs and symptoms of suicidal behavior, it is also imperative staff be able to recognize high risk periods for inmate suicide. High risk periods can come without warning. Though it is nearly impossible to read an inmate's mind and know if they are struggling with something internally, there are external factors we have the ability to be mindful of.

The following below are identified as high risk suicide periods:

1. Upcoming or recent court hearing (waiting for trial, sentencing or appeal)
2. Admission into segregation or disciplinary separation
3. Impending release from custody (where the inmate lacks viable discharge plan due to lack of family, employment, housing and other stabilizing factors.
4. Anniversary dates
5. Decreased staff supervision
6. Bad news of any kind

D. Staff shall review and discuss Inmate Suicide Prevention Practices and Inmate Safety Program

As stated in [DSB P&P Section J.5 – Inmate Suicide Prevention Practices & Inmate Safety Program](#), inmates who are recognized and observed as being a potential suicide risk shall be assessed for consideration of placement into one of the defined Inmate Safety Program (ISP) housing options. Sworn staff shall immediately notify medical staff and the watch commander of any inmate that presents a potential danger to self, danger to others or unable to care for self.

Suicide risk assessment for the ISP will be conducted by the facility gatekeeper or trained designee. The primary gatekeepers will be a Qualified Mental Health Provider (QMHP). QMHP refers to Psychologist, Psychiatrist, Licensed Mental Health Clinician (MHC), Psychiatric Nurse Practitioner (PNP) or a Psychiatric Registered Nurse (PRN).

The following are identified high suicide risk factors that when identified, require further assessment by the facility gatekeeper for ***CONSIDERATION*** of a placement into an ISP:

1. 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.
2. Severe, life or death sentences.
3. The inmate states he/she is suicidal and/or made suicidal statements to sworn staff, medical, family, etc.
4. Previous suicide attempts (within the past five years).
5. Staff observation of depressed/emotional turmoil.



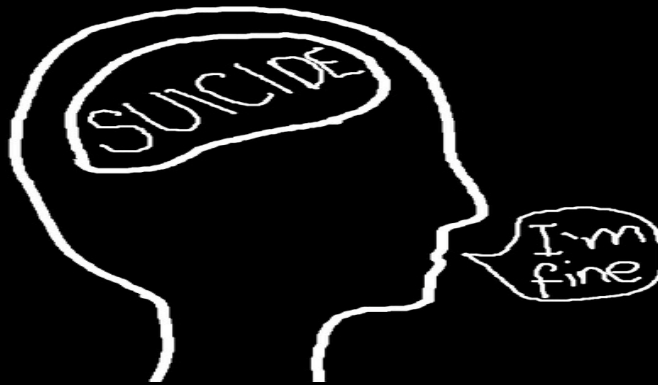
Other risk factors that could cause circumstantial concerns and may initiate an assessment for consideration of placement into ISP housing include, but are not limited to, the following.

6. Intoxication/withdrawal
7. History of psychiatric illness.
8. First time offender.
9. Physical signs of depression (sadness, crying, withdrawal or silence, sudden loss or gain in appetite, insomnia, mood variations, lethargy, etc.)

***Observation or knowledge of any combination of the aforementioned signs and symptoms of suicidal behavior, situational risk factors, and/ or high risk suicide periods may initiate an assessment for consideration of placement into an ISP housing.***

## Suicide Detection and Prevention #3

Warning Signs and Symptoms, High Risk Suicide Periods  
&  
Situational Risk Factors of Suicidal Behavior

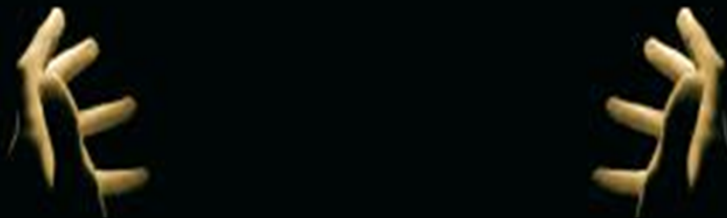


### PURPOSE

The purpose of this training is to familiarize staff about signs and symptoms of suicidal behavior, situational risk factors and discuss high risk suicide periods

### POLICY

The training is conducted in accordance with Detention Policy and Procedure J.1, J.4, J.5 and M.25. This training was developed utilizing content from the NCIA Training Curriculum and Program Guide on Suicide Detection and Prevention in Jail and Prison Facilities by Lindsay M. Hayes 2016



## Signs and Symptoms of Suicidal Behavior

Recognizing signs and symptoms of suicidal behavior is vital and crucial to the success of our job as deputy sheriff. Being able to recognize signs and symptoms of suicidal behavior gives you the potential ability to prevent jail suicides and become actively vigilant of this behavior.

Listed below are 14 identified signs and symptoms of suicidal behavior:

1. **Current depression:**
  - ✓ Feelings of inability to go on (hopeless/helpless)
  - ✓ Extreme sadness & crying
  - ✓ Withdrawal or silence
  - ✓ Loss or increase of appetite/ weight
  - ✓ Pessimistic attitude about the future
  - ✓ Insomnia or hypersomnia
  - ✓ Mood and/ or behavior variations
2. **Expresses or evidences strong guilt and/ or shame over offense**

3. **Talks about or threatens suicide (makes statements that are death related and/ or are of finality nature, e.g, "I can't take it anymore)**
4. **Under the influence of alcohol/ drugs (depression sets in when sobering up: fear of going through withdrawal again)**
5. **Knowledge of previous suicide attempts and/ or history of mental illness (although all prior history is important, recent history is a critical sign of potentially suicidal behavior)**
6. **Severe agitation or aggressiveness**
7. **Projects hopelessness and helplessness or no sense of future**
8. **Noticeable mood and/ or behavior changes**
9. **Speaking unrealistically about getting out of jail**

10. Has difficulty relating to others
11. Does not effectively deal with the present (preoccupied with the past)
12. May try to superficially hurt self
13. Paranoid delusion or hallucinations
14. Expresses unusual or great concern over what will happen to them (divorce, job)

### Situational Risk Factors of Suicidal Behavior

Situations may change rapidly during periods of incarcerations. Continual assessments of behavior changes can help identify situational risk factors of suicidal behavior.

1. Previous placements in Inmate Safety Program
2. Prior suicide attempt (including close family members)
3. Previously imprisoned and facing new serious charges/ long prison term
4. Harsh, condemning, rejecting attitudes from staff members
5. Previous experiences of substance withdrawal (reluctant to go through withdrawal again)

## High Risk Suicide Periods

Though it is vital that staff be vigilant of signs and symptoms of suicidal behavior, it is also imperative staff be able to recognize high risk periods for inmate suicide. High risk periods can come without warning. Though it is nearly impossible to read an inmates mind and know if they are struggling with something internally, there are external factors we have the ability to be mindful of.

Listed below are identified high risk suicide periods:

- 1. Upcoming or recent court hearing (waiting for trial, sentencing or appeal)**
- 2. Admission into segregation or disciplinary separation**
- 3. Impending release from custody (where the inmate lacks viable discharge plan due to lack of family, employment, housing, and other stabilizing factors)**

- 4. Anniversary dates**
- 5. Decreased staff supervision**
- 6. Bad news of any kind**





## INMATE SUICIDE PREVENTION PRACTICES & INMATE SAFETY PROGRAM

As stated in Detention Policy and Procedures Section J.5- Inmate Suicide Prevention Practices & Inmate Safety Program, Inmates who are recognized and observed as being a potential suicide risk shall be assessed for consideration of placement into one of the defined Inmate Safety Program (ISP) housing options. Sworn staff shall immediately notify medical staff and the watch commander of any inmate that presents a potential danger to self, danger to others or unable to care for self.

Suicide risk assessment for the ISP will be conducted by the facility gatekeeper. The primary gatekeepers will be a Qualified Mental Health Provider (QMHP). QMHP refers to Psychologist, Psychiatrist, Licensed Mental Health Clinician (MHC), Psychiatric Nurse Practitioner (PNP) or a Psychiatric Registered Nurse (PRN).

## INMATE SUICIDE PREVENTION PRACTICES & INMATE SAFETY PROGRAM (CONTINUED):

The following are identified high risk suicide factors that when identified; **REQUIRE** further assessment by the facility gatekeeper for **CONSIDERATION** of a placement into an ISP:

- ✓ High publicity case with possible evasion or 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 inmate states he/she is suicidal and/ or made suicidal statements to sworn staff, medical, family, etc
- ✓ Previous suicide attempts (within the past five years)
- ✓ Staff observation of depressed/ emotional turmoil

