



William D. Gore
Sheriff

San Diego County

SHERIFF

LINE-UP TRAINING

Suicide Detection and Prevention Part 1

Topic # 21

(Staff Mindsets about Suicide)

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 presentation available on the DTU SharePoint site ([#21 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 with *Facts and Fiction* about inmate suicide, the policy and procedures regarding Inmate Suicide Prevention Practices, and the Inmate Safety Program (ISP).

II. POLICY

This training is conducted in accordance with [DSB P&P Sections J.1 - Safety Cells](#), [DSB P&P Section J.4 - Enhanced Observation Housing](#), [DSB P&P Section J.5 - Inmate Suicide Prevention Practices & Inmate Safety Program](#) and [DSB P&P 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

FACTS AND FICTION ABOUT INMATE SUICIDE

Staff have various misconceptions about inmate suicide. These *Fact or Fiction* exercises will clarify some important issues.



#1

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

(Answer: **FACT**)

The Facts: Many inmates 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. These warnings may be direct statements, e.g., "I'm going to kill myself," while other statements may be more subtle and indirect, e.g., "You won't have me to worry about anymore," "I'm not getting out of here," "You'd be better off without me," or even a simple "Good-bye." These statements may be made in a serious, sarcastic, or even joking manner; they may be made to you, to relatives or friends, or even to other inmates. The point is that, an inmate planning to commit suicide often speaks about their plans and feelings; it is crucial that these indicators not be ignored.

#2

Suicide happens suddenly and without warning.

(Answer: **FICTION**)

The Facts: Although inmates 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 his/her suicidal intentions. Within the controlled environment of a detention facility, it is difficult to successfully commit suicide on impulse. Plans must be made regarding the best method and best time.

#3

An inmate who attempts suicide has NOT gotten it out of their system and will be more likely to attempt again.

(Answer: **FACT**)

The Facts: Almost two-thirds of inmates who commit suicide had a history of suicidal behavior, either an attempt, threat, and/or self-injury. If an inmate 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. Although some attempts may seem minor and/or attention-getting behaviors to others, they are always calls for help. If these calls for help are ignored, other more serious attempts are likely.



#4

Suicidal inmates are intent on dying.

(Answer: ***FICTION***)

The Facts: Most suicidal inmates 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.

#5

Asking about and probing the inmate about suicidal thoughts or actions will cause him/her to kill himself.

(Answer: ***FICTION***)

The Facts: You cannot make someone suicidal when you show your interest in their welfare by discussing the possibility of suicide. Questioning an inmate in a concerned, non-judgmental manner will encourage them to discuss existing ideas. This, in turn, may help to relieve the psychological pressure the inmate is feeling. In addition, bringing the inmate's thoughts into the open can enable direct care staff to seek the proper referral.

#6

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

(Answer: ***FACT***)

The Facts: Contrary to common belief, inmate suicides are evenly distributed throughout the year and not closely associated with a particular holiday. Research indicates that inmate 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. Instead, the occurrence of a suicide might be more closely related to a "trigger point" in the inmate's life, e.g., placement in segregation, disappointment from a court hearing, family visit, telephone call, etc. We should remain vigilant throughout the year.



#7

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

(Answer: ***FICTION***)

The Facts: Manipulative goals as a motive for self-injury are not useful in distinguishing more lethal from less lethal attempts. As discussed later in this workshop, 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. Remember, even if you feel the threat or actual attempt was a manipulative gesture, the inmate, if not adequately supervised, could kill themselves by accident. In addition, an inmate who self-mutilates may also periodically become suicidal. In other words, simply because an inmate has a history of non-fatal self-mutilation does not mean that they will never become suicidal.

#8

If an inmate is asked, "Are you currently suicidal?" and answers, "No," that denial alone is sufficient for a conclusion that they are NOT suicidal.

(Answer: ***FICTION***)

The Facts: There are several reasons why an inmate 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 inmate 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. An inmate may deny that they are suicidal simply because they not want to be stopped. In additional, an inmate may not be suicidal when they are asked the questions during intake screening, but become suicidal at a subsequent point in their confinement. Further, having made the decision to end their life, a suicidal inmate may feel a sense of relief about the decision and appear "normal" to others. The key is to look at the total picture, not simply the denial.



#9

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

(Answer: ***FICTION***)

The Facts: Contrary to popular belief, current research has indicated that the vast majority of inmates do NOT give away possessions prior to their suicide.

#10

It is a HIPAA violation for sworn detention staff to be informed that an inmate was suicidal and/or had a prior history of suicidal behavior.

(Answer: ***FICTION***)

The Facts: HIPAA (Health Insurance Portability and Accountability Act) does NOT prohibit the exchange of information regarding a potentially suicidal inmate. 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. The primary goal of HIPAA is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs. The law has nothing to do with exchanging life safety information, such as communicating the management needs of a suicidal inmate.

IV. INMATE SUICIDE PREVENTION PRACTICES & 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. The gatekeeper is a Qualified Mental Health Provider (QMHP), or assigned designee in their absence. 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:

- A. 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.

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

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

- F. Intoxication/withdrawal
- G. History of psychiatric illness.
- H. First time offender.
- I. Physical signs of depression (sadness, crying, withdrawal or silence, sudden loss or gain in appetite, insomnia, mood variations, lethargy, etc.)

Suicide Detection and Prevention #1

F A C T

V S

F I C T I O N

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*The following Fact or
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Suicide happens suddenly and without warning.

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Although inmates 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 his/her suicidal intentions.

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



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An inmate who attempts suicide has *NOT* gotten it out of their system and will be more likely to attempt again.

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