San Diego County SHERIFF

William D. Gore
Sheriff

[redacted]

LINE-UP TRAINING

Suicide Detection & Prevention #4

(Suicide Despite Denial)

Topic # 99

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 (**#99-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 the training is to educate staff to not rely on the direct statement of an inmate who denies that they are suicidal and/ or have a prior history of suicidal behavior, particularly when their behaviors, actions and/ or history suggest otherwise.

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. **SUICIDE DESPITE DENIAL -** Discuss and review the reasons why an inmate may deny they are suicidal.

1. **They want to end their life and not be stopped.**

An inmate who is motivated to take his/her own life may not express grief, depression, or notify anyone of their plan. This does not mean there are no ways to intervene, and identify this individual as being someone who needs help. Through

observation, initiating contact and proper documentation, an individual's life could be saved by having a "Not on my watch" attitude.

2. **They are unable or unwilling to articulate their thoughts.**

An inmate may be unable to articulate their thoughts due to their overall state of mind and uncertainty on how to express their thoughts. Inmates who are unwilling to articulate their thoughts could be nervous about the possible conditions of suicide precautions, including sterile housing and loss of privileges and possessions.

3. **They do not want to be ridiculed and/ or ostracized by other inmates.**

An inmate may be nervous about approaching staff, due to the possibility of being ridiculed by other inmates. An individual in need of help may feel other inmates may view him/her as being weak or weak minded. In some housing areas inmates are discouraged by other inmates to seek out mental health services. Because inmates are often observed by other inmates, they avoid speaking with staff that could offer them assistance and get them to the appropriate medical staff/ resources. As deputies it is important to be observant of suicide risk factors during safety checks, inmate meals, laundry, and any time present in the housing module. When engaging inmates regarding concerns for their safety or risk of self-harm, it is best to have these conversations away from the presence of other inmates.

4. **Lack of privacy when the questions are asked.**

It is important to ensure inmates receive privacy when engaged in conversations regarding their medical concerns. Inmates may not feel comfortable answering or asking proper questions if other inmates or detention staff other than the Qualified Mental Health Providers (QMHP) are present. Inmates also have the right to privacy under HIPPA laws.

An example of a common inmate thought process is:

"I would be embarrassed if other inmates heard I need help and would like to be assessed by someone, but how can I communicate to the person asking me questions, to lower their voice, or put me in a different area so I can answer? I just want to scream out, stop asking me so many personal questions in front of everyone?"

5. **Manner in which the question are asked.**

Utilizing a professional approach at all times, communicate with inmates in a non-confrontational, non-demeaning manner regarding concerns for their safety.

Examples of this are:

"I noticed you like to keep to yourself and try and stay away from other inmates? Do you need to talk to someone?"

"It seems you have some things on your mind by your sad demeanor? Is this the reason you haven't participated in the recreation yard or haven't eaten much food?"

"The reason I escorted you to medical is because I noticed you trying to get my attention and I wanted to know if everything is okay."

"Every night I notice you don't sleep, pace and talk to yourself. Are you feeling okay?"

6. **The perceived punitive aspects of suicide precautions.**

Recent national research has found 30-40% of inmates reported it would be "unlikely" for them to report any current suicidal ideation to a mental health clinician because of the conditions of suicide precautions, including sterile housing and loss of privileges and possessions. Staff must be vigilant for observable suicidal risk factors and take action accordingly.

An example of a common inmate thought process is:

"I haven't had psych medications and my mind is racing. I think I'm going crazy. If I tell someone what I've been thinking, they'll put me in a gown and put me in a cell with nothing."

B. ASSESSING SUICIDE RISK

Staff must not rely solely on verbal response or statements when identifying inmates at risk for suicide. Staff should be aware of observable risk factors and the reasons an inmate may deny they are suicidal when asked directly

C. 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.)

#99 – Suicide Detection & Prevention #4

Suicide Despite Denial

PURPOSE:

The purpose of the training is to educate staff to not rely on the direct statement of an inmate who denies they are suicidal and/or have a prior history of suicidal behavior, particularly when their behaviors, actions and or history suggest otherwise.

POLICY:

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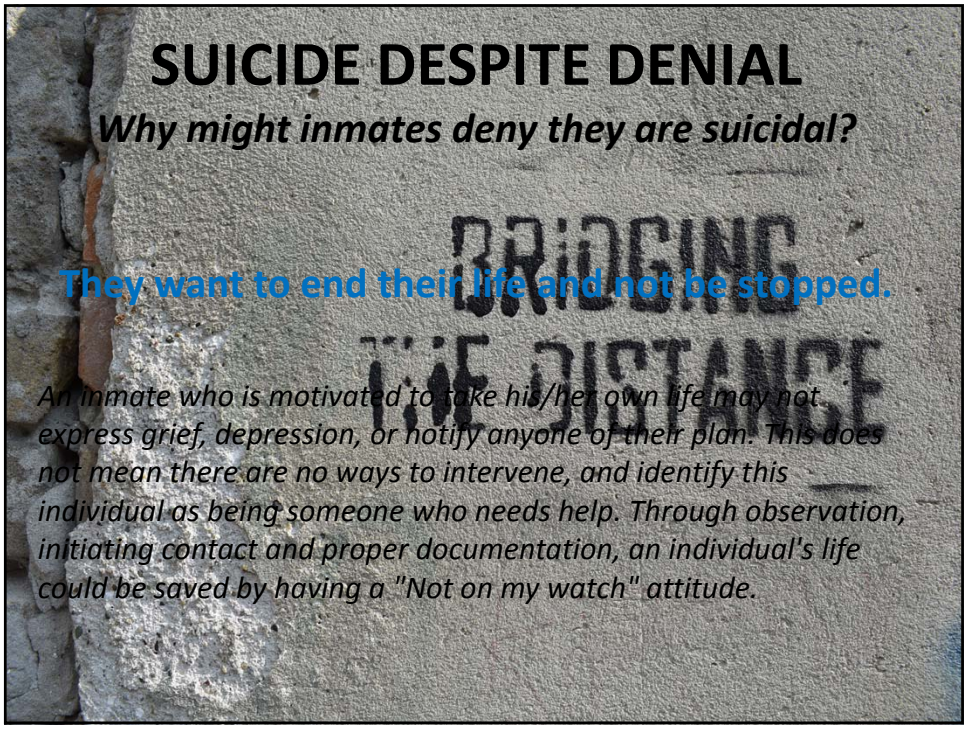
SUICIDE DESPITE DENIAL
Why might inmates deny they are suicidal?
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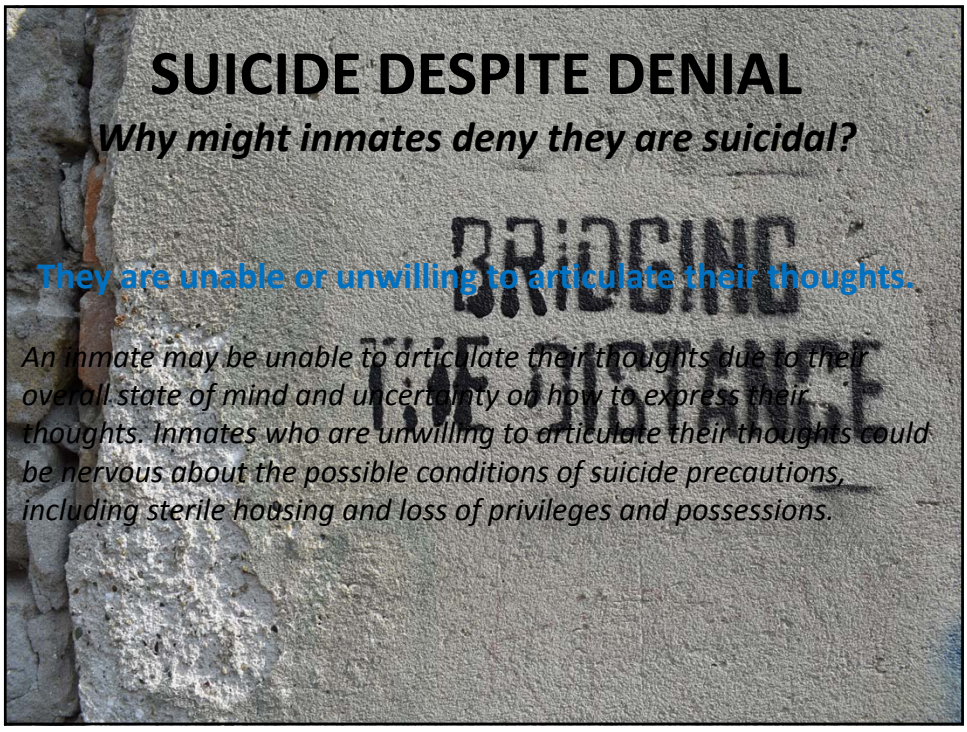
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SUICIDE DESPITE DENIAL

Why might inmates deny they are suicidal?

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SUICIDE DESPITE DENIAL

Why might inmates deny they are suicidal?

Lack of privacy when the questions are asked.

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SUICIDE DESPITE DENIAL

Why might inmates deny they are suicidal?

Manner in which questions are asked.

Utilizing a professional approach at all times, communicate with inmates in a non-confrontational, non-demeaning manner regarding concerns for their safety.

Examples of this are:

- "I noticed you like to keep to yourself and try and stay away from other inmates? Do you need to talk to someone?"
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- "The reason I escorted you to medical is because I noticed you trying to get my attention and I wanted to know if everything is okay."
- "Every night I notice you don't sleep, pace and talk to yourself. Are you feeling okay?"

SUICIDE DESPITE DENIAL

Why might inmates deny they are suicidal?

The perceived punitive aspects of suicide precautions.

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SUICIDE DESPITE DENIAL

Assessing Suicide Risk

Staff must not rely solely on verbal response or statements when identifying inmates at risk for suicide. Staff should be aware of observable risk factors and the reasons an inmate may deny they are suicidal when asked directly.

SUICIDE DESPITE DENIAL

Inmate Suicide Prevention Practices & Inmate Safety Program

- Detention Policy and Procedure Section J.5- Inmate Suicide Prevention Practices & Inmate Safety Program.
- Inmates recognized and observed as a potential self-harm or suicide risk, will be assessed for placement into one of the defined Inmate Safety Program (ISP) options.
- Suicide risk assessments for ISP will be conducted by the facility gatekeeper or trained designee. The primary gatekeeper will be a Qualified Mental Health Provider (QHMP). The QMHP refers to Psychiatric Nurse Practitioner, Psychologist, Psychiatrist, Licensed Mental Health Clinician, Psychiatric Registered Nurse.

SUICIDE DESPITE DENIAL

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SUICIDE DESPITE DENIAL

Inmate Suicide Prevention Practices & Inmate Safety Program

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.

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