<table>
<tr><td colspan="2">Sixth District
Department of
Correctional Services
POLICY</td><td>Issue Date

12/10/21</td><td>Effective Date

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121-21</td></tr>
<tr><td colspan="3">Subject SUICIDE</td><td>Review Month
September</td><td>Author
0590
(MLA)</td></tr>
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POLICY:

The Sixth Judicial District works to ensure all clients are safe, including potential risk for suicide and/or self-harm. The Sixth District shall implement a suicide prevention plan to assist staff in recognizing clients who are at risk for attempting or committing suicide and using effective crisis intervention strategies to provide for the safety and well-being of clients under supervision. Ongoing communication with clients about suicide prevention is implemented, starting at intake. To assist in ongoing professional development all staff are trained annually in suicide prevention.

PROCEDURE:

1. **Suicide Potential**

   A. **Common Factors**: During the course of an client's supervision, staff are alert to the following common characteristics of a potentially suicidal individual:

      1) Feeling of disgrace or embarrassment;

      2) Lack of extensive criminal history;

      3) Instability in the community and/or job;

      4) Under the influence of drugs or alcohol;

      5) History of mental illness;

      6) Previous suicide attempts;

      7) Feelings of depression and/or hopelessness;

      8) Within first twenty-four (24) hours of placement in a residential facility;

      9) History of prolonged incarceration, lack of future for repeat client;

PROCEDURE: (continued)

10) Anti-social personality traits, history of manipulation;

11) Loneliness and isolation.

B. **Potential Warning Signs**: There are several common warning signs regarding a client's potential for suicide or self-harm. Law enforcement, health care professionals, court staff, other department staff, professional workers as well as family and friends may be the source of important information. Potential warning signs may include:

1) Sudden changes in behavior and personality;

2) Packing or giving away personal possessions;

3) Difficulty in relating to others, lack of interaction with others;

4) Sudden withdrawal or isolation from significant people in their life or typical activities;

5) Evidence of mental illness (e.g. increase in symptoms);

6) Verbal clues may include:

   a. Suicidal statements or gestures;

   b. Phone calls to family, friends or significant others to say good-bye;

   c. Intense religiosity;

   d. Unrealistic talk of getting out of facility or off supervision;

   e. Sudden lift in spirits.

C. **Recent Life Events and/or Situational Clues**:

1) Loss of family relationships (divorce, separation);

2) Serious illness, injury of family member;

3) Death in family;

4) Recent traumatic event or crisis;

PROCEDURE: (continued)

5) Probable sentence to jail or prison;

6) Detoxification;

7) Relapse in sobriety.

D. **Behavior Patterns:**

1) Sad or flat facial expression;

2) Soft tone or voice;

3) Downcast eyes, lack of eye contact;

4) Slumped posture;

5) Crying, tearfulness;

6) Lethargy;

7) Disturbed eating or sleeping patterns;

8) Low energy level, feeling of hopelessness.

E. **Protective Factors:** (Potential factors that may serve to reduce the risk of suicide or self-harm)

1) Established and available access to mental health care and ongoing service utilization;

2) Supportive family and/or friends who are aware and knowledgeable of the client, the client's mental health concerns and/or past suicide or self-harm behaviors;

3) Good problem solving and coping skills;

4) Cultural and/or religious beliefs that support seeking services and resources and discourage suicidal and self-harm behaviors;

5) Limited access to means of suicide and/or self-harm (weapons, medications, etc.)

PROCEDURE: (continued)

2. **<u>Assess the Situation</u>**: If an client is suspected of being a suicide risk or has voiced that they are contemplating suicide:

   A. Talk to the client:

      1) If the client is immediately available, talk to them in a private setting and do not let them out of your immediate sight until you have a better understanding of their circumstances.

      2) If they are not available, review client information to determine as much relevant information as possible. Examples include but are not limited to current location, circumstances of situation, suicide history, mental health history, and any recent changes in behavior.

   B. Attempt to determine the apparent degree of suicide risk based on the client's comments and knowledge of the client. This might include but are not limited to presence of a suicide plan, access to means, current mental state, expressed hopelessness, or expressed desire to die.

   C. If you are in communication with the client, develop a preliminary safety plan based on the information gathered. It is appropriate to contact suicide prevention professionals at 1-800-273-8255 or local suicide prevention resources (e.g. Foundation 2, crisis center, etc.) to seek consultation. The client may participate in this phone call but does not have to if they are unwilling. The preliminary safety plan ***may*** include but is not limited to arrangement with family/friend/etc. to go to a hospital/agency they receive services from, contacting local law enforcement to do a welfare check, contacting family to go to where they are located, calling 911 to respond to their location (including if in a correctional residential facility), etc. Creating a "no suicide contract" is never an acceptable safety plan.

3. **<u>Referral to Health Care Professional</u>**

   A. A referral to a local health care professional is made if it is determined the client is a potential physical threat to himself/herself or others. This determination can be made by direct observation for marks, cuts or scars or by direct questioning. The following questions may be used as a guide:

      1) Does the client show signs of depression or hopelessness?

      2) Does the client appear overly anxious, afraid or angry?

      3) Does the client appear unusually embarrassed or ashamed?

PROCEDURE: (continued)

4) Is the client acting in a strange manner?

5) Does the client appear to be under the influence of drugs or alcohol?

6) Does the client have any scars or marks indicating a previous suicide attempt?

B. If any of the above is answered "yes", the following is asked:

1) Have you ever tried to hurt yourself?

2) Have you ever attempted to kill yourself?

3) Are you thinking about hurting yourself?

4) How are you thinking about killing yourself?

C. If it is determined the client is an imminent suicide risk, staff shall either stay with the client in an isolated area (office) and contact the local on-call mental health professional for further direction (e.g. Foundation 2, Crisis Center, Mobile Crisis) or transport (or ensure safe transport) of the client to the local hospital for further assessment and/or treatment. In all events, staff shall attempt to have the client sign a release of information form and document the client behavior and interactions. A Supervisor is notified with information about clients who present a significant suicide risk or attempt suicide.

D. If it is determined the client is not of imminent danger to himself/herself, staff shall do the following:

1) Avoid leaving the client alone;

2) Communicate directly with the client regarding his or her feelings;

3) Increase well-being checks;

4) Communicate the potential for suicide with other staff;

5) Arrange for an appointment with a mental health professional as soon as possible.

E. In the event a suicide attempt is made (**RESIDENTIAL**):

1) Necessary medical treatment is provided by Department staff and/or emergency medical personnel;

PROCEDURE: (continued)

2) Lifesaving steps are taken, including a call for emergency personnel;

3) Follow-up mental health referrals for assessment/treatment are arranged if not done by the hospital.

F. In the event a suicide attempt is made (**FIELD**):

1) Lifesaving steps are taken if appropriate (e.g. call 911 if they were on the phone with you);

2) Follow-up mental health referrals for assessment/treatment are arranged if not done by the hospital

G. All information regarding clients who present a significant suicide risk or make a suicide attempt is appropriately documented per Department policy and be shared with staff and/or available for all staff to review. (i.e. ICON, Summary Log, Critical Incident Reports, Client Files.) Further, any additional information (i.e. suicide risk assessments, mental health evaluations, treatment plans) is shared with staff and/or available to staff to review.

H. For Federal Residents, the United States Bureau of Prisons is notified of any resident/inmate who presents a significant suicide risk or who makes a suicide attempt.

BY ORDER OF:

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Bruce Vander Sanden, District Director