

## **SUICIDE PREVENTION PROGRAM**

STANDARD NO(S):

NYSSA # 134, 157

DATE:

March 4, 2010

REFER TO:

Roger Ward

### **I. OBJECTIVE:**

To establish the Seneca County Correctional Facility's policy and procedure for the suicide prevention program including the identification and management of potentially suicidal inmates.

### **II. POLICY:**

It is the policy of the Seneca County Correctional Facility to ensure that officers will make a conscious effort to identify suicidal inmates and/or those with serious mental health problems. Identification of such inmates will be an ongoing process, which will begin at admission and continue through their release. This endeavor will require the complete cooperation of all facility staff.

### **III. DETAILS:**

#### **A. IDENTIFICATION:**

##### **1. THE BOOKING OFFICER WILL:**

- a. Process all lawfully committed inmates in accordance with the policy entitled "Admissions", this manual.
- b. Screen all committed inmates by using the "Suicide Screening Report" in SallyPort.
- c. Examine all documents and records accompanying the inmate for possible references to past (if applicable) or current mental health problems and for prescribed medication and court orders for a mental health exam.
- d. Assess for physical handicap(s).
- e. Review existing files (if applicable) to determine if an inmate has had a previous suicide attempt(s) or received psychiatric services during prior incarceration.

- f. Consider any other relevant information concerning inmate's condition brought to the attention of the Booking Officer by any other source.
2. IMMEDIATE NOTIFICATION OF THE SHIFT SUPERVISOR WILL OCCUR WHENEVER AN INMATE:
- a. Scores an eight (8) or more in the yes column or any answers in the highlighted areas (high risk) of the Suicide Screening Report.
  - b. Does not score "high risk" on the screening report, but does display verbal or behavioral indications, which leads the officer to believe that the inmate may require medical or mental health attention.
  - c. Is in a semiconscious or unconscious state.
  - d. Has prescribed medication on their person or within their property.
  - e. Appears to be significantly under the influence of alcohol or drugs.
  - f. Has a court ordered mental health evaluation, suicide watch, or medical attention.
3. HOUSING UNIT OFFICERS WILL CONTINUOUSLY OBSERVE THE FOLLOWING:
- a. All inmates under their supervision for verbal and behavioral indications of suicidal intent and/or mental illness.
  - b. Semiconscious or unconscious state.
  - c. Signs of depression; indicated by withdrawal, periods of crying, insomnia or sluggishness.
  - d. Sudden drastic change in mood, eating or sleeping habits or giving away personal property.
  - e. Loss of interest in activities or relationships in which the inmate had previously attended.
  - f. Signs of intoxication or drug withdrawal, refusals of prescribed medication or requests for dosage increase.
  - g. Signs of serious mental health problems such as hallucinations and/or delusions.
4. ALL OFFICERS SHOULD ALWAYS OBSERVE INMATES FOR SIGNS OF DEPRESSION AND/OR HOPELESSNESS ESPECIALLY:

- a. During periods immediately proceeding or following court appearances and sentencing.
- b. Following a significant loss by an inmate (e.g. death in family), if known to the facility staff.
- c. During inmate birthdays, anniversaries and holidays.
- d. Upon inmates first time in custody.
- e. When there may be fear associated with imminent sentencing to state prison.
- f. During periods of personal relationship problems, if known to the facility staff.
- g. Upon diagnosis of HIV/AIDS, if the inmate discloses such information to facility staff.
- h. When there is any known gang activity.

**NOTE:** Notify the Shift Supervisor whenever an inmate meets the criteria of any of the above indicators.

5. THE SHIFT SUPERVISOR WILL UPON SUCH NOTIFICATION:

- a. Review the circumstances of such notification with the officer(s) involved.
- b. Ensure a new Suicide Screening Report is completed, to aid in determining the inmate's mental health status.
- c. If a determination is made that the inmate is suicidal or suffers from serious mental health issues, increase their supervision to constant and refer the inmate to mental health.
- d. Notify the Correction Lieutenant of any such changes in an inmate's supervision status.

## **B. MANAGEMENT**

1. FACILITY PHYSICIAN/MENTAL HEALTH WILL:

- a. During routine examinations, observe inmates for indications of mental disorder or suicidal tendencies.
- b. Verify the nature of any prescribed medication found during the search of an inmate.

- c. Promptly evaluate inmates who are referred by the Shift Supervisor as being suicidal or experiencing mental health issues.
  - d. In conducting crisis examination, attempt to determine:
    - 1). Inmate's prior mental history.
    - 2). Factors precipitating the observed or reported unusual behavior.
    - 3). Steps which can be taken at the facility to enhance the individual's safety and management.
2. FOLLOWING SUCH EXAMINATIONS, MAKE ONE OF THE FOLLOWING DETERMINATIONS AND INITIATE THE APPROPRIATE ACTION:
- a. Does not require services:
    - 1). Contact the Shift Supervisor and explain why the further action was not recommended.
    - 2). Answer any questions regarding criteria for future referrals.
    - 3). As necessary, convene group meetings with officers to discuss trends and/or referral problems.
  - b. Requires emergency services:
    - 1). Provide or arrange for immediate care in accordance with established referral procedures.
    - 2). As necessary, initiate inpatient commitment procedures in accordance with Correction Law.
  - c. Requires non-emergency mental health services:
    - 1). Either directly or through the Shift Supervisor, refer the inmate for non-emergency mental health services.
    - 2). Provide the necessary assistance in order to facilitate the above referral.
  - d. Requires services due to a mental disability:
    - 1). Advise the Shift Supervisor of the situation.
    - 2). Refer the inmate to an appropriate program for assessment.

3. Upon examining an inmate in need of care, promptly inform the Shift Supervisor regarding the disposition along with all required actions and/or precautions that may be needed.
4. Consult as necessary with mental health staff regarding the management and treatment of any inmate believed to be in need of services.
5. Maintain appropriate documentation regarding duties performed pursuant to policies and procedures.

#### **C. TRAINING**

1. All corrections, medical and mental health staff will receive annual refresher training in suicide prevention.