

**MARIN COUNTY SHERIFF'S DEPARTMENT
CUSTODY DIVISION POLICY AND PROCEDURE MANUAL**

CHAPTER 10 - MEDICAL
CUS - 10 - 14
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June 12, 2018

SUICIDE PREVENTION PLAN

POLICY

Continuous education in suicide prevention for custody, medical and mental health staff shall be updated and repeated annually. Staff members need to recognize, identify, monitor and provide treatment to inmates who present a suicide risk. To assist in identifying the jail's needs and maintaining this policy, the jail's administration has created an Administration Suicide Prevention Team. This multidisciplinary team will review attempted suicides and consult with each other regarding special circumstance(s) inmates that may or may not need a specific long term recovery plan. The Administrative team will consist of the following members:

1. Facility Administrator or his/her designee
2. Nursing Service Manager or his/ her medical staff designee
3. Psychiatrist, Mental Health Supervisor or his/ her Mental Health staff designee

PROCEDURE

Attention should be focused on the inmate during the initial period of incarceration, particularly during the first three hours. Upon admitting inmates into the facility, staff is to be particularly alert for those who fall within the victims profile described below. Such inmates should be diverted from the jail to alternative services whenever possible.

Persons potentially at risk are:

1. Prominent persons charged with embarrassing crimes.
2. Persons held for alcohol or drug related charges.
3. All juveniles held in adult facilities.
4. Persons with a history of self-destructive acts.
5. Individuals who state their intention of suicide.
6. Individuals who appear depressed.

The use of isolation enhances the chance of suicide. Inmates exhibiting suicidal behavior are to be placed in a safety cell. Inmates will have their clothing removed and the inmate will be provided with a suitably designed "safety garment", to provide for their personal privacy unless specific identifiable threats to the inmates safety are observed and documented. Inmates placed on suicide watch will be visually monitored twice every 30 minutes. A log will be kept of the deputy's observations and the inmate's behavior. After each check the deputy will immediately document the time that each check was completed.

The state of intoxication of a person upon incarceration greatly increases the likelihood of suicide. Special attention and documentation of observation is critical for intoxicated inmates.

Environmental precautions used to prevent suicides; e.g., bar less windows and doors, tear away blankets, television monitors are to be considered an adjunct to suicide prevention but in no way substitute for much needed personal observation and human interaction. Many times, the deputy's verbal interaction and availability will be enough to get an inmate over the initial crisis of incarceration. Detention environments that eliminate or restrict visual or verbal stimulation to the inmate may contribute to the problem.

Anytime an inmate is placed on suicide watch, the medical/nursing staff will be immediately notified. The Mental Health staff will also be notified. In cases where Mental Health staff is not on duty, the deputy will email Mental Health staff at "Sheriff'sJailPsychStaffAll@marinsheriff.org" to notify them of the suicide watch.

IDENTIFYING PEOPLE AT RISK FOR SUICIDE

INMATE FACING A CRISIS SITUATION

1. This person is reacting to a real, immediate problem, such as:
 - News of his/her spouse living with another or is filing for divorce.
 - Being found guilty or receiving a long sentence.
 - Fear of further sexual assaults if he/she has been raped in jail.
2. The inmate is feeling shame, disgrace, frustration, and/or hopelessness over a crisis situation, such as: bereaved inmates who have suffered a recent loss of a loved one due to divorce or death.
3. The young, impulsive inmate who is charged with a violent crime often makes a serious suicide attempt during the first seven (7) days of incarceration, usually as a reaction to the confinement of a jail setting.
4. The inmate who has been told he/she is chronically or terminally ill.
5. Inmates recuperating from major surgery.
6. Sexual minority inmates.
7. Incarcerated ex-law enforcement officers or professionals.
8. First offenders.
9. Inmates who have committed a crime of passion.
10. A narcotic addict or alcoholic may "come down" shortly after entering jail. At this time, severe depression may set in leading to a suicide attempt or the person may see the suicide as a way out of going through withdrawal.

A PERSON IN SERIOUS DEPRESSION

A person defined by experts as being in a depressed state mentally does not merely have a case of the "blues". It is normal to react to some problems in life by being temporarily sad or despondent. A depressed person who is prone to suicide seems to be completely changed by his depression. A staff member who sees these signs should refer the inmate to the jail Physician or to a Mental Health staff member.

Physical Warning Signs of Serious Depression:

1. Sleeping difficulties. Insomnia, irregular hours, early morning wakening.
2. Depressed physical appearance.
3. Walks slowly.
4. Easily fatigued.

5. Weight loss or loss of appetite.
6. Slumps when walking or sitting.
7. Sits in the corner in the fetal position.
8. General loss of energy.
9. Sad or blank face.
10. Does not interact.
11. The inmate is withdrawn.

Behavioral Warning Signs of Serious Depression:

1. Cries frequently and/or for no apparent reason.
2. Delayed thinking - speaks slowly.
3. Apathy and despondency.
4. Sudden social withdrawal - little communication with inmates or staff.
5. Feelings of helplessness and hopelessness.
6. General anxiety with physical and mental symptoms.
7. A lot of talk of self-pity, of life not being worth it.
8. Talks of suicide. Composes or leaves suicide notes.
9. Talks of getting out of jail unrealistically.
10. Gives away personal possessions - cessation oriented ideas.
11. Has previously attempted suicide and talks about it.
12. Exhibits sudden changes in behavior such as making an unprovoked attack upon an officer or another inmate.
13. Affected brightness.
14. Increased cheerfulness (inappropriate).

Occasionally, an inmate will become so depressed he/she loses touch with reality completely. He may have hallucinations, fear he is sick (hypochondria), or have overwhelming feelings of being sinful or worthless. These symptoms may or may not be part of a serious depression but they are serious mental symptoms, and the inmate should be promptly referred to the jail Physician or Psychiatrist. The jail staff should watch for sudden mood changes in which the inmate goes from depressed behavior to an excited high with increased mental and physical activity and an excited state of mind. A person who alternates manic and depressed behavior should be considered a suicide risk.

MANIPULATIVE AND IMPULSIVE INMATES

It is frustrating for staff to try to be professional and concerned about suicide prevention when they know a certain number of inmates use the threat of suicide to manipulate staff. The staff should try to remember anyone who would slash his wrists or perform a similar self-destructive act is emotionally unbalanced and needs professional help. Many people are immature and impulsive; they act without thinking about the consequences of their actions. For an inmate who uses suicide as a threat, this type of behavior can be fatal. Many inmates who wanted to be manipulative have died because their fake suicide attempts went further than they anticipated. All attempted suicides, however serious, will be reported immediately to Medical and Mental Health staff. All information will be noted in the Pod log.

In addition to the three categories of suicidal types of inmates, anyone who is confined to the jail should be considered a potential suicide risk. The intake RN shall take the following actions in identifying potentially suicidal inmates:

1. Question inmate for current suicidal feelings
2. Question for previous history of suicidal gestures or ideations.
3. Question for previous suicide attempts.
4. Inquire if the patient depressed?

5. Ask if the inmate have a suicidal plan?
6. Notify the appropriate custody staff.
7. Notify Mental Health staff for all positive responses.

RELATED STANDARDS:

Title 15, Article 10, Section 1219
Chapter 4, Section 1

DATE REVISED

8-3-94

By order of

JAMIE SCARDINA
BUREAU COMMANDER