

Chapter 5

Risk Assessment for Suicide in Jails

The following is a suggested guide for suicide risk assessment for mental health clinicians in local jails. The last page of the guide was formatted so that it can be used as a vehicle for providing feedback to corrections and medical staff.

Suggested Guide for Risk Assessment for Suicide in Jails

IDENTIFYING DATA:

Name:		DOB:	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
DOA:	Religion:	Legal Status:	
Charges:		Most Recent Court Date:	Next Court Date:

LIVING SITUATION PRIOR TO INCARCERATION:

With parents With partner/ spouse With roommate
 Alone in room/apartment Homeless

ATTITUDE TOWARDS CURRENT LEGAL SITUATION / INCARCERATION:

Overly embarrassed, ashamed, concerned, guilty about charges? NO YES *(describe)*

Fearful of family's/friend's/employer's reaction. NO YES *(describe)*

Fearful of incarceration? *(i.e. being alone, losing control, being abused)* NO YES *(describe)*

Hopeless about legal situation? NO YES *(describe)*

PREVIOUS INCARCERATIONS:

Has detainee previously been incarcerated? NO YES *(how long)*

Problems during previous incarceration? NO YES *(why)*

Self-destructive acts? NO YES *(describe)*

Suicide attempts? NO YES *(describe)*

Jail mental health/retardation services during prior incarceration? NO YES *(describe)*

Jail substance abuse services during prior incarceration? NO YES *(describe)*

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RECENT LOSSES:

- Death of friend/family member? NO YES *(describe)*

- Divorce/separation from spouse/children? NO YES *(describe)*

- Loss of employment/finances? NO YES *(describe)*

- Other losses? *(describe)*

- Has received serious medical diagnoses? *(include head trauma with loss of function, AIDS etc.)* NO YES *(describe)*

- Needs ongoing medication/treatment for condition? NO YES *(describe)*

- Believes that s/he is going to die as result of condition? NO YES *(describe)*

ALCOHOL/SUBSTANCE ABUSE:

- History of alcohol/substance abuse? *(describe type, length of abuse, amounts used, etc.)* NO YES

- Most recent use, how much? *(describe)*

- Shows/complains of symptoms of intoxication or withdrawal? NO YES *(describe)*

- In need of medical evaluation for this condition? NO YES *(describe)*

MENTAL RETARDATION:

- Has difficulty understanding instructions/orders/questions? *(in native tongue)* NO YES
- Has limited vocabulary/difficulty expressing self? *(in native tongue)* NO YES
- Has poor adult living skills? NO YES

PSYCHOTIC DISORDER:

- Has history of psychiatric disorder/treatment? NO YES *(describe)*

- Was taking psychiatric medications prior to incarceration? *(state type, dose, date of last dose)* NO YES

- Hears voices? *(describe content, especially commands to hurt/kill self)* NO YES

- Paranoid? *(describe, especially paranoia about current environment/persons)* NO YES

Other alerts relevant to major mental illness and ability to function in jail environment:

Suggested Guide for Risk Assessment for Suicide in Jails**DEPRESSION:**

- Feels sad, hopeless, depressed? NO YES *(describe)*
-
- Family history of depression/alcoholism/suicide? NO YES *(describe)*
-
- Has trouble sleeping? *(difficulty going to sleep, or early morning awakening)* NO YES *(describe)*
-
- Recent weight loss, loss of appetite? NO YES *(describe)*
-
- Thoughts about death and dying? NO YES *(describe)*
-
- Thoughts about hurting self? NO YES *(describe)*
-
- Thinks about suicide? *(how often, specific ideas/fantasies)* NO YES *(describe)*
-
- Thinks suicide is an acceptable solution? NO YES *(describe)*
-
- Conflict with religious belief? NO YES *(describe)*
-
- Are thoughts beyond control? NO YES *(describe)*
-
- Mood swings? *(how rapid)* NO YES *(describe)*
-
- Has tried to harm/kill self? *(specifics)* NO YES *(describe)*
-
- Current plan? NO YES *(describe)*
-
- Other alerts relevant to depression and ability to function in jail environment?
-

PERSONALITY DISORDER:

- Has fear/history of depersonalization or psychosis when in isolation? NO YES *(describe)*
-
- Has self-injurious/impulsive behavior when locked in? NO YES *(describe)*
-
- Has history of unstable/volatile relationships inside and outside of jail with dramatic reactions to perceived abandonment? NO YES *(describe)*
-
- Attempts to play others against each other, resulting in anger/rejection from others and need for protective custody? *(isolation)* NO YES *(describe)*
-
- Other alerts relevant to personality disorder symptoms and ability to function in jail environment?
-

Suggested Guide for Risk Assessment for Suicide in Jails

BEHAVIORAL OBSERVATIONS:

- | | | | |
|---|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Slumped | <input type="checkbox"/> Sad/crying | <input type="checkbox"/> Guarded |
| <input type="checkbox"/> Unresponsive/withdrawn | <input type="checkbox"/> Cynical | <input type="checkbox"/> Provocative | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Desperate | <input type="checkbox"/> Irrational | <input type="checkbox"/> Agitated |
| <input type="checkbox"/> Deluded/paranoid | <input type="checkbox"/> Other: _____ | | |

SITUATIONAL FACTORS:

- Isolated from other inmates? NO YES
- Is fearful of other inmates and feels that nobody can/will help? NO YES
- Is exhibiting behaviors that could result in attacks by others? NO YES
-
- Is an important birthday (*self, loved one*) or another anniversary date coming up? (*what, when*)(*happy or unhappy*) NO YES
-
- Significant holidays approaching? NO YES
-
- Is important court or other date related to criminal case approaching? (*what, when*) NO YES
-
- Negative legal development has occurred in inmate's case? NO YES
- Has received bad news via phone or visit? NO YES
- Reacts negatively to certain visitors? (*specify*) NO YES

COLLATERAL OBSERVATIONS/INFORMATION:

Reports/observations from COs, other inmates, family members etc. (*describe*)

Writings/notes by detainee expressing suicidal intent/wishes:

Behaviors such as packing belongings, giving things away, etc. (*describe*)

How does detainee respond when confronted with this evidence? (*denial, minimization etc., describe*)

REFERENCES

Risk Assessment Suggested Reading

Fawcett, J., Clark DC., & Busch, KA. **Assessing and treating the patient at risk for suicide.** *Psychiatric Annals*, 1993;23:244-255.

Fawcett J. **Understanding the new risk factors for suicide,** American Society for Suicide Prevention website: www.afsp.org/research/fawcett.html, 1996.

Melton, B., Petrla, J., Poythress, N., & Slobogin, C. (1997) Chapter 9, pp. 227 – 293, in **Psychological evaluations for the courts** (2nd edition). New York: Guilford.

Monahan, J. (1981). **Predicting violent behavior: An assessment of clinical techniques.** Beverly Hill, CA: Sage.

Welch, M., & Gunther, D. **Jail suicide and prevention: Lessons from litigation.** *Crisis Intervention*. 1997;3:229-244.

White, Thomas W. (1999). **How to identify suicidal people, A systematic approach to risk assessment.** Philadelphia: The Charles Press.

Suicide & Suicide Prevention Web Sites

www.mentalhealth.org

www.soros.org

www.cdc.gov/nchswww/fastats/suicide.htm

www.afsp.org

<http://www.suicideassessment.com/>

WHAT CONSTITUTES LEGAL DANGEROUSNESS FOR PURPOSES OF MENTAL HEALTH COMMITMENTS AND RETENTIONS

John V. Tauriello, Esq.
John Oldham, M.D.
(February, 1996)

Since 1994, New York appellate courts have handed down decisions which have clarified the concept of dangerousness for the purposes of mental health commitments. Beginning with **Matter of Larry Hogue** 187AD 2nd 230 (Second Department 1993), the Appellate Division found that a patient's almost 30-year history of mental illness, noncompliance with treatment upon release and dangerous behavior could be factored into a decision to involuntarily retain that patient. The court found persuasive the evidence that, although the patient's external behavior improved in a structured setting wherein he took his medication, he was invariably non-compliant with the treatment program upon release from a psychiatric hospital. The non-compliance led to a deterioration of his mental state to the point where he engaged in substance abuse and activities dangerous to himself and others.

Shortly after **Hogue**, two other cases were decided by the Court of Appeals (New York's highest court) which allowed evidence of the extensive history of the patient's hospitalization, release and subsequent deterioration to be used to retain [CPL 330.20](#) patients (persons who are not responsible for otherwise criminal acts due to mental disease or defect). In March, 1995, the Court of Appeals endorsed the idea that a person can be found to be "currently" dangerous to himself or others so as to remain hospitalized, even though that person is stabilized while confined in the hospital, **Matter of George L.**, 85 NY2d 295 (1995). The court reasoned that in construing the word "currently" such analysis necessarily involves an assessment of a person's future dangerousness. The prosecution can meet its burden of proving that an individual poses a current threat and is dangerous:

" by presenting proof of a history of prior relapses into violent behavior, substance abuse or dangerous activities upon release or termination of psychiatric treatment, or upon evidence establishing that continued medication is necessary to control defendant's violent tendencies and that defendant is likely not to comply with prescribed medication because of a prior history of such non-compliance or because of threats of future non-compliance."

The court analysis of factors which can be considered when evaluating a patient's dangerousness (as stated in the above

excerpt) is consistent with current OMH practice for evaluating a person's dangerousness.

In December, 1995 the Court of Appeals issued another opinion, **In the Matter of Francis S.**, concerning a [CPL 330.20](#) patient who had been retained as a track 2 insanity acquittee, i.e. mentally ill but not suffering from a dangerous mental disorder. Mr. S. had been released pursuant to an order of conditions. Due to his history of non-compliance with the order of conditions, his psychiatric history and numerous arrests while released under an order of conditions, the Commissioner moved for a recommitment to a secure facility. At his hearing, all of the psychiatrists agreed he had a mental disorder, but were in disagreement as to whether or not he currently suffered from a dangerous mental disorder. A lower court found that due to his hospitalization and enforced medication he was not currently dangerous, and therefore, could not be recommitted. The appellate court reversed this finding of the trial court, stating that S.'s temporary stabilization in the hospital did not preclude a finding of current dangerousness. The appellate court held that S.'s history of prior relapse into violent behavior, of recurrent substance abuse, and non-compliance with treatment programs upon release, were all factors to be considered in reaching a conclusion of present dangerousness. The Court of Appeals upheld the appellate court.

Though **George L. and Francis S.** involved [CPL 330.20](#) patients, the reasoning allowed by the court may be applicable in civil retentions. The Larry Hogue decision did involve a civil patient. Thus absence of violence in the hospital, while a factor, does not by itself prove a patient is not dangerous. Opinions concerning dangerousness should be based upon a variety of factors, including the person's history of dangerous conduct and the environment to which the person will move. Clinicians should be prepared to assess and describe risks as best as possible, taking the individual's history both medical and criminal into account. For example, while Mr. S. did not engage in life-threatening behavior when out on his order of conditions, he was constantly arrested for misdemeanors and low-level felonies which were generally a result of mental illness and/or chemical abuse. This pattern of arrest was a significant factor in the court's decision to recommit him.