

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?
-

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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*)

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CONCLUSION:

Suicide risk is: None Mild Moderate Severe

Explain: _____

RECOMMENDATIONS/ACTIONS:

Change current housing situation? *(describe)* NO YES *(describe)*

Change current observation status? *(describe)* NO YES *(describe)*

Need for evaluation by jail physician for:

- Physical condition NO YES
- Medication NO YES
- Substance abuse NO YES
- Detox NO YES
- Maintenance NO YES

Need for evaluation by psychiatrist for:

- Medication NO YES
- Inpatient hospitalization NO YES

Need for mental retardation evaluation/services? *(describe)* NO YES

Need for ongoing mental health contact? *(specify)* NO YES

Can/should significant others be involved? *(specify)* NO YES

Other recommendations/actions. NO YES

Notification of Recommendations (To whom, by whom and date):

Corrections: _____

Mental health: _____

Family/significant others: _____

Other: _____

Describe interim plan to keep detainee safe until all recommendations can be implemented:

Signature of Evaluator: _____

Signature of Supervisor: _____