

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME
NAME OF FACILITY		NAME OF SCREENING OFFICER		Detainee showed serious psychiatric problems during prior incarceration YES _____ NO _____	
Check appropriate column for each question					

	Column A YES	Column B NO	General Comments/Observations All "YES" Responses Require Note to Document
OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER			
1. Arresting or transporting officer believes that detainee may be a suicide risk. If YES, notify supervisor.			
PERSONAL DATA			
2. Detainee lacks support of family or friends in the community.	No Family Friends		
3. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).			
4. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).			
5. Detainee's family member or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Detainee has history of drug or alcohol abuse. (Note drug and when last used.)			
7. Detainee has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency.)			
8. Detainee expresses extreme embarrassment, shame, or feelings of humiliation as result of charge/incarceration (consider detainee's position in community and shocking nature of crime).			
9. Detainee is thinking about killing himself. If YES, notify supervisor.			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last month.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to).			
12. This is detainee's first incarceration in lockup/jail.			
BEHAVIOR/APPEARANCE			
13. Detainee shows signs of depression (e.g., crying, emotional flatness).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is acting and/or talking in a strange manner (e.g., cannot focus attention; hearing or seeing things which are not there).			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. If YES, is detainee incoherent, or showing signs of withdrawal or mental illness? If YES to both a & b, notify supervisor.			

TOTAL Column A _____

Officer's Comments / Impressions

ACTION

If total checks in Column A are 8 or more, or any shaded box is checked, or if you feel it is necessary, notify supervisor and institute constant watch.

Supervisor Notified: YES _____ NO _____

Constant Supervision Instituted: YES _____ NO _____

Detainee Referred to Medical / Mental Health:
 YES _____ NO _____

If YES:

EMERGENCY

NON-EMERGENCY

medical _____
 mental health _____

medical _____
 mental health _____

Signature and Badge Number of Screening Officer: _____

Medical / Mental Health Personnel Actions: (To be completed by medical / MH staff)

INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES – FORM 330 ADM

GENERAL INFORMATION

It is recommended that the form be completed in triplicate for all detainees prior to cell assignment and be distributed as follows: top copy in detainee's file, second copy to medical or mental health personnel at referral, and the third copy for use according to facility's procedures.

Comment Column: All "YES" responses require note to document:

1. information about the detainee that officer feels is relevant and important;
2. information specifically requested in questions;
3. information regarding detainee's refusal or inability to answer questions.

Detainee's Name: Enter detainee's first and last name and middle initial.

Sex: Enter male (m) or female (f).

Date of Birth: Enter month, day and year.

Most Serious Charge(s): Enter the most serious charge or charges (no more than two [2]) from this arrest.

Date: Enter month, day and year form was completed.

Time: Enter the time of day the form was completed.

Name of Facility: Enter name of jail or lock-up.

Name of Screening Officer: Print name of officer completing form.

Psychiatric Problems During Prior Incarceration: The screening officer should check facility files to determine if the inmate had attempted suicide or was referred for mental health services during prior incarceration. **NOTE: Persons with a diagnosis of schizophrenia or major depression should be referred immediately to mental health as they are generally more at risk for suicide than persons with other psychiatric disorders.**

INSTRUCTIONS FOR ITEMS 1-16

General Instructions

Check the appropriate YES or NO for items 1-16.

If information required to complete these questions is unknown to screening officer, such information should be obtained by asking detainee to answer questions. However, detainee has the right to refuse to answer.

If detainee refuses to answer questions 2-12, enter RTA (refused to answer) in the Comment Column next to each question. In addition, complete the YES or NO boxes only if information is known to you.

If during an otherwise cooperative interview, detainee refuses to answer one or two question: Check YES in the box(es) next to the unanswered question(s) and enter RTA in the comment box next to each unanswered question.

If detainee is unable to answer all questions 2-12, enter UTA (unable to answer) in the Comment Column next to each question. Also enter reason (e.g., not English speaking) for not answering these questions in the Comment Column next to Question 2. In addition, complete the YES or NO boxes only if information is known to you.

Observation of Transporting Officer

ITEM (1) Check YES or NO based upon the written/verbal report of the arresting/transporting officer or upon the screening form completed by the arresting agency. If YES, notify supervisor.

NOTE: The following questions and observations should not be read word for word but restated in your own words.

Personal Data Questions

ITEM (2) Family/friends: Check NO if someone other than a lawyer or bondsman would (1) be willing to post detainee's bail, (2) visit detainee while he/she is incarcerated, or (3) accept a collect call from detainee.

ITEM (3) Significant loss: Ask all three components to this question—loss of job, loss of relationship and death of close friend or family member.

ITEM (4) Worried about problems: Ask about such problems as financial, medical condition or fear of losing job. Check YES if detainee answers YES to any of these.

ITEM (5) Family/significant other attempted suicide: Significant other is defined as someone who has an important emotional relationship with detainee.

ITEM (6) Alcohol or drug history: Check YES if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.

ITEM (7) History of counseling or mental health evaluation/treatment: Check YES if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been in outpatient psychotherapy during past six months. Note current psychotropic medication and name of most recent treatment agency.

ITEM (8) Check YES if detainee expresses extreme shame as result of arrest or feels that arrest/detention will cause humiliation to self/significant others.

ITEM (9) Suicidal: Check YES if detainee makes suicidal statement or responds YES to direct question, "Are you thinking about killing yourself?" If YES, notify supervisor.

ITEM (10) Previous attempt: Check YES if detainee states he has attempted suicide. If YES or NO, explore method and note scars. Obtain as much information as possible re method and time of attempt.

ITEM (11) Hopeless: Check YES if detainee states feeling hopeless, that he has given up, that he feels helpless to make his life better. If YES to both items 10 and 11, notify supervisor.

ITEM (12) Criminal History: Ask detainee or check files to determine if this is detainee's first incarceration.

Behavior/Appearance Observations

YES or NO must always be checked for each of these items. They are observations made by the screening officer. They are not questions.

ITEM (13) Depression: Indicators include behavior such as crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.

ITEM (14) Overly anxious, afraid, panicked, or angry: Indicators include behavior such as handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, etc.

ITEM (15) Acting in strange manner: Check YES if you observe unusual behavior or speech such as hallucinations, severe mood swings, disorientation, withdrawal, etc. If detainee is hearing voices telling him to harm himself, make an immediate referral to mental health services.

ITEM (16a) Under influence: Check YES if detainee is apparently intoxicated on drugs or alcohol.

ITEM (16b) Incoherence, withdrawal, or mental illness: Means physical withdrawal from substance. If YES to both a & b, notify supervisor.

COMMENTS/IMPRESSIONS: Note any "gut" feelings or general impression re suicide risk.

SCORING

Count all checks in Column A. Enter total. Notify supervisor if (1) total is 8 or more, (2) any shaded area is checked, (3) if you feel notification is appropriate.

BOOKING OFFICER SIGNATURE AND BADGE NUMBER

Sign form and enter badge number.

DISPOSITION

Corrections Personnel: Supervisor notified: check YES or NO. Notification should be made prior to cell assignment. Note if constant supervision instituted.

Note emergency/non-emergency referral to medical and/or mental health personnel.

Medical/Mental Health Personnel: Medical/mental health staff should note recommendations and actions taken.