

## 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
<b>OBSERVATIONS OF TRANSPORTING OFFICER</b>			
1. Arresting or transporting officer believes that detainee may be a suicide risk. <i>If YES, notify Shift Commander.</i>			
<b>PERSONAL DATA</b>			
2. Detainee lacks close 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 or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Detainee has psychiatric history. (Note current psychotropic medications and name of most recent treatment agency.)			
7. Detainee has history of drug or alcohol abuse.			
8. Detainee holds position of respect in community (e.g., professional, public official) and/or alleged crime is shocking in nature. <i>If YES, notify Shift Commander.</i>			
9. Detainee is thinking about killing himself. <i>If YES, notify Shift Commander.</i>			
10. Detainee has previous suicide attempt. (Check wrists and note method.)			
11. Detainee feels that there is nothing to look forward to in the future. (expresses feelings of helplessness or hopelessness). <i>If YES, to 10 and 11, notify Shift Commander.</i>	Nothing to Look Forward to		
<b>BEHAVIOR/APPEARANCE</b>			
12. Detainee shows signs of depression (e.g., crying, emotional flatness). <i>NULL EFFECT</i>			
13. Detainee appears overly anxious, afraid or angry.			
14. Detainee appears to feel unusually embarrassed or ashamed.			
15. Detainee is acting and/or talking in a strange manner (e.g., cannot focus attention, hearing or seeing things which are not there).			
16. A. Detainee is apparently under the influence of alcohol or drugs.			
B. If YES, is detainee incoherent, or showing signs of withdrawal or mental illness? <i>If YES to both A &amp; B, notify Shift Commander.</i>			
<b>CRIMINAL HISTORY</b>			
17. This is detainee's first arrest.			

TOTAL Column A \_\_\_\_\_

**ACTION**

If total checks in Column A are 8 or more, notify Shift Commander.

Shift Commander notified: Yes \_\_\_\_\_ No \_\_\_\_\_

Supervision Instituted: Routine \_\_\_\_\_ Active \_\_\_\_\_ Constant \_\_\_\_\_

Detainee Referred to Medical/Mental Health:		<u>EMERGENCY</u>	<u>NON-EMERGENCY</u>
	If Yes:	medical _____	medical _____
Yes _____ No _____		mental health _____	mental health _____

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

# INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES—FORM 330 ADM

## GENERAL INFORMATION

This form is to be completed in triplicate for all detainees prior to cell assignment.

Insert top copy in detainee's file. If detainee is referred, give second copy to medical or mental health personnel. The third copy is available for use according to our facility's procedures.

**Comment Column:** Use to note:  
1. information about the detainee that officer feels is relevant and important.  
2. information requested in questions 6 and 10, and  
3. information regarding detainee's refusal or inability to answer questions (See Below - General Instructions)

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

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

**Date of Birth:** Enter day, month and year.

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

**Date:** Enter day, month and year that 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:** Enter 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 - 17

### General Instructions

Check the appropriate YES or NO box for Items 1 -17.

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 a right to refuse to answer.

If detainee refuses to answer questions 2-11, 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 questions: 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 question 2-11, enter UTA (unable to answer) in the Comment Column next to each question. Also enter reason (e.g., rated, 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) Suicide risk: Check YES or NO box based upon the verbal report of the arresting/transporting officer or upon the screening form completed by the police agency. If YES, notify shift commander, **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 box 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 the detainee.

ITEM (6) Psychiatric History: Check YES box if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been an outpatient psychotherapy during the past six months. Note current psychotropic medication and name of the most recent treatment agency in the Comment Column.

ITEM (7) Drug or Alcohol History: Check YES box if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.

ITEM (8) Respect and shocking crime: Check YES if detainee is ashamed of arrest/detention or feels that these events cause humiliation to significant others.

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

ITEM (10) Previous attempt: Check YES box if detainee states he has attempted suicide. If YES, note the method used in the Comment Column. If either YES or NO, check detainee's wrists and note any scars in Comment Column.

ITEM (11) Hopeless: Check YES box 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 shift commander.

### 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 (12) Depression includes behavior such as: crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.

ITEM (13) Overly anxious, afraid or angry includes such behaviors as: handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, threatening, etc.

ITEM (14) Unusually embarrassed or ashamed: Check YES box if detainee makes non-elicited statements indicating worry about how family/friends/community will respond to his detention.

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

ITEM (16A) Detainee under the influence: Check YES if someone is apparently intoxicated on drugs or alcohol.

ITEM (16B) Incoherence, withdrawal, or mental illness: Withdrawal means physical withdrawal from substance.

If YES to both A & B, notify shift commander.

### Criminal History

ITEM (17) First arrest: Check YES box if this is detainee's first detention.

## SCORING

Be sure to count all checks in column A and enter total in the space provided. Notify shift commander 1) total is 8 or more, or 2) any shaded boxes are checked, or 3) if you feel notification is appropriate.

## DISPOSITION

### Officer Actions

Shift commander notified: Check YES or NO. Shift Commander should be notified about detainee prior to cell assignment.

Supervision instituted: Check appropriate supervision disposition. This section is to be completed by shift commander. For definition of active, constant and routine see N.Y.S. Commission of Correction Minimum Standards for Local Correctional Facilities.

Detainee referred to medical and mental health personnel: Check YES or NO. If YES, check emergency/nonemergency, medical/mental health. This section is to be completed by shift commander.

### Medical/Mental Health Actions

This section should be completed by medical/mental health staff and should include recommendations and/or actions taken.

**MENTAL HEALTH EVALUATION RECOMMENDATION**

To be completed by officer or jailer and professional mental health evaluator.  
Officer or jailer and a mental health professional must sign this recommendation.

PATIENT'S NAME \_\_\_\_\_  
DATE & TIME WHEN PROFESSIONAL WAS CALLED \_\_\_\_\_  
NAME OF PERSON MAKING CALL TO PROFESSIONAL \_\_\_\_\_  
NAME OF PROFESSIONAL CONTACTED \_\_\_\_\_

**PRE-EVALUATION BY OFFICER (based on initial contact with mental health professional):**

Recommendation by professional as to least restrictive setting necessary to assure patient's safety (see back for post-evaluation findings):

_____	RELEASE	_____	IN POPULATION WITH WATCH
_____	PC CELL	_____	IN POPULATION, NO WATCH
_____	TRANSFER TO OUTSIDE FACILITY		

OFFICER'S STATEMENT (reason for detention and evaluation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ NATURE OF OFFICER	_____ DATE	_____ TIME
_____ NATURE OF JAILER	_____ DATE	_____ TIME
	_____ CR NUMBER	

(OVER)

NAME OF PROFESSIONAL MAKING EVALUATION \_\_\_\_\_

DATE & TIME OF INTERVIEW BY PROFESSIONAL \_\_\_\_\_

POST-EVALUATION BY PROFESSIONAL:

Recommendation by professional regarding patient disposition:

- |       |                              |       |                          |
|-------|------------------------------|-------|--------------------------|
| _____ | RELEASE                      | _____ | IN POPULATION WITH WATCH |
| _____ | PC CELL                      | _____ | IN POPULATION, NO WATCH  |
| _____ | TRANSFER TO OUTSIDE FACILITY |       |                          |

EVALUATOR'S FINDINGS: \_\_\_\_\_

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SIGNATURE OF PROFESSIONAL EVALUATOR                      DATE                      TIME