

BENEFITS OF EQUAL TREATMENT FOR SUICIDE ATTEMPTS AND SELF-HARM IN A LARGE JAIL



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LEARNING OBJECTIVES

- **Learning Objective 1**
Identify risk factors for suicide and self-harming behaviors in jail settings
- **Learning Objective 2**
Discuss the adverse consequences of bias against incarcerated individuals who self-harm with or without intent to die
- **Learning Objective 3**
Summarize efforts by clinical and custody staff at Clark County Detention Center to address the needs of incarcerated individuals at risk for self-harm

PART I: OVERVIEW

- Significance
- Terminology
- Risk Factors
- Protective Factors
- Prevention/Intervention

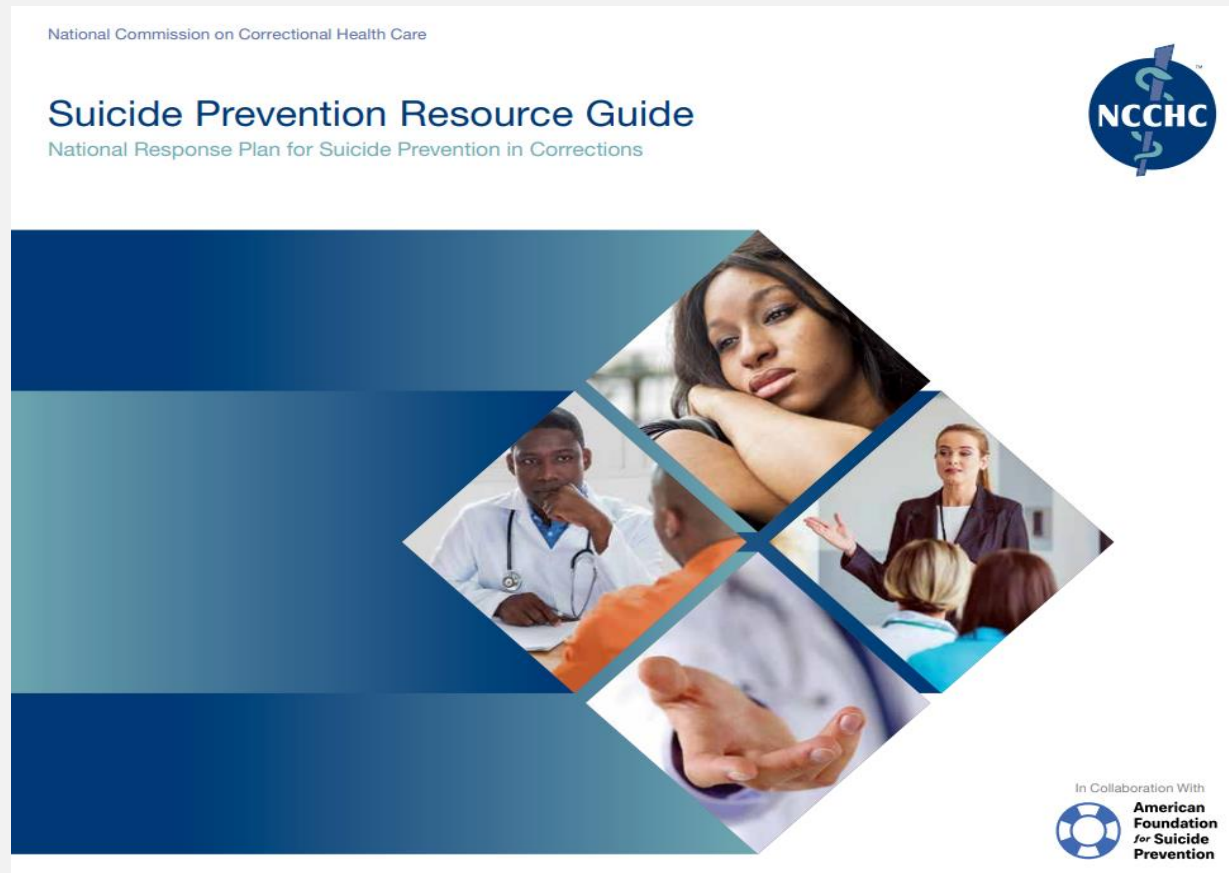
SIGNIFICANCE

- Parens Patriae¹
- Suicide is the **leading cause of death** in local jails
 - Mortality rate due to suicide:
 - Jail: 45 per 100,000 individuals vs
 - General population: 22 per 100,000²
 - 80 suicide attempts for every fatal suicide³

TERMINOLOGY

- According to the Centers for Disease Control and Prevention
 - Suicide – “Death caused by injuring oneself with the intent to die”
 - Suicide attempt – “When someone harms themselves with any intent to end their life, but they do not die as a result of their actions”
- Self-harm without the intent to die
 - Non-suicidal self-injury (NSSI)

RISK FACTORS



RISK FACTORS

- Historical (static)
 - History of substance abuse
 - History of impulsivity
 - History of suicidal or self-injurious behaviors
 - History of trauma/abuse
 - History of psychiatric treatment
 - History of family/close friend dying of suicide

RISK FACTORS

- Clinical (dynamic)
 - Presentation of agitation/severe anxiety
 - Sudden change in mental status
 - Signs/symptoms of mental illness including but not limited to:
 - Suicidal ideation/plan
 - Hopelessness
 - Psychological turmoil
 - Psychosis
 - Insomnia

RISK FACTORS

- Institutional/situational risk factors
 - Severity of pending charges
 - Housing within the jail
 - Segregation
 - Recent bad news
 - Recent conflicts with peers or officers
 - Recent suicide within facility
 - Recent self-injury
 - Recent change in physical health

PROTECTIVE FACTORS

- Family support and positive peer relationships
- Frequent visits
- Role in caring for a loved one
- Future orientation
- Treatment compliance
- Use of positive coping skills

PREVENTION/INTERVENTION

- Assessment/evaluation of risk factors
- Treatment of clinical risk factors
 - Safety planning
 - Psychotropic medication stabilization
 - Behavioral management plan
- Communication/collaboration with custody
 - Housing
 - Enhanced observation
 - Training

PART II: CLARK COUNTY DETENTION CENTER (CCDC)

- Located in downtown Las Vegas
- Jail layout
- Average population
- Staffing



CCDC OFFICER TRAINING

- Las Vegas Metropolitan Police Department (LVMPD) Corrections Academy
 - Twenty-week training
 - Crisis Intervention Team (CIT) training (40 hours)
 - Suicide prevention is included
- Field training (10 weeks)
- Annual training through University of Metro

405Z/CODE 99

- 405z = suicide attempt; code 99 = medical emergency
- Codes called overhead by officers when an inmate engages in self-injury
- Each code 405z triggers the SAME response, regardless of severity

RESTRICTIVE HOUSING MEETING

- Collaborative meeting that occurs weekly to discuss inmates on restrictive modules
- Participants bring different skills and include:
 - Mental health services
 - Specialty court representative
 - LVMPD counsel representative
 - Correctional side

RESTRICTIVE HOUSING MEETING

- Correctional representation:
 - Correctional administration
 - Classification
 - Critical Incident Response Team
 - Critical Intervention Team
 - SAFE officer
 - Module lieutenants/sergeants/officers

RESTRICTIVE HOUSING MEETING

- Inmates involved in code 405z's are discussed, in addition to other inmates with serious issues (behavioral, medical) housed on special modules
- Meeting is an opportunity to discuss/develop management strategies
- Teamwork is imperative

PART III: MANAGING SELF-HARM

- Suicidal “gesture”: what is it?⁵
 - Low medical lethality
 - Low or no intent to die
 - Intention to communicate to others
 - Behaviors preparatory to suicide attempts
 - Manipulation of others/situation
 - Synonymous with term “suicide attempt”

THE PROBLEM WITH “GESTURE”⁵

- “Gesture” risks being taken less seriously relative to a “genuine” attempt
- Intent/lethality do NOT always correlate
- Suicide attempts without intent to die can result in serious injury
- Suicidal behavior is ambivalent

RISK FACTORS FOR NON-SUICIDAL SELF-INJURY⁶

- Substance dependence
- Impulsivity
- Personality disorders
- Fewer cognitive coping resources
- Poor problem solving
- Interpersonal conflict
- Anger/aggression/shame
- Childhood trauma

FUNCTION OF NON-SUICIDAL SELF-INJURY⁶

- Emotional regulation
- Self-punishment
- Communication (i.e. “manipulation”)

WHY DOES EVERY ATTEMPT MATTER?⁷

- Support to custody staff
- Self harm can escalate
- Any self-harm is a suicide risk factor

MOST IMPORTANT QUESTION

What do you want?

OTHER IMPORTANT QUESTIONS TO ASK

- Is the behavior self-defeating?
- Is this behavior driven by psychotic/other mental illness?
- If behaviors are related to housing?
 - If so, ask for more details

SUICIDE WATCH/RESTRICTIVE MODULES

- Following self-harm, placement on suicide watch/restrictive module should never be punitive
- These measures are for safety, NOT punishment – explain this to patient
- Avoid power struggles

BEHAVIORAL MODIFICATION PLAN

- Interventions/treatments that use positive reinforcement to increase desired behaviors
- Important lessons learned at CCDC:
 - Discuss with patient for buy-in
 - Collaboration between custody/mental health is vital
 - Staff buy-in is important
 - Use unconventional ideas, if necessary
 - Follow through is key for trust
 - Individualized to patient

John Doe Behavioral Modification Plan

If John Joe demonstrates he can maintain safety by not engaging in self-harm attempts, maintaining medication compliance, engaging with mental health services:

DATE	CELL PRIVILEGE	CUSTODY STATUS
7/01 (Friday)	-Puzzles posted outside door	405/constant
7/04 (Monday)	-Puzzles posted outside door -Clothes while on constant	405/constant
7/06 (Wednesday)	-Puzzles posted outside door -Clothes while on constant -Phone call to mom	405/constant
7/08 (Friday)	-Puzzles posted outside door -Clothes while on constant -Puzzle pages inside cell	405/constant
7/11 (Monday)	-Clothes while on constant -Puzzle pages inside cell -Mitts off	405/constant
7/13 (Wednesday)	-Clothes while on constant -Puzzle pages inside cell -Mitts off -Clothes and book	405/constant
7/15 (Friday)	-Puzzle pages inside cell -Mitts off -Clothes and book -Step-down to HTC (off constant)	HTC
7/20 (Monday)	-Pages of puzzles inside cell -Clothes and book -Transfer to open dorm psych module	HTC

MHPs on 2C will review this daily. Any instances of self-harm will result in **backtracking and re-starting this plan from the beginning**.

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