

P5324.05 SUICIDE PREVENTION PROGRAM



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# Program Statement

OPI: CPD/PSB  
NUMBER: P5324.05  
DATE: 3/1/2004  
SUBJECT: Suicide Prevention  
Program

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1. [PURPOSE AND SCOPE §552.40. The Bureau of Prisons provides guidelines for the management of potentially suicidal inmates. While suicides cannot be totally eliminated, the Bureau of Prisons is responsible for monitoring the health and welfare of individual inmates and for ensuring that procedures are pursued to help preserve life.]

Each Warden will ensure that a suicide prevention program is implemented as directed herein. In addition, Wardens will discuss the issue of suicide at department head meetings, staff recalls, lieutenants' meetings, etc., regularly to heighten staff awareness about the need to detect and report any changes in inmate behavior that might suggest suicidal intent.

2. **SUMMARY OF CHANGES.** This re-issuance adds the following new procedures for preventing inmate suicides:

- ◆ Suicide Prevention training has been expanded to include a quarterly mock exercise which simulates a suicide emergency. Two of these exercises must be conducted in the Special Housing Unit (SHU) with one of the two taking place during the morning watch.
- ◆ New procedures, including SENTRY assignments, have been developed for managing protective custody inmates when they are placed in the SHU.
- ◆ The Program Coordinator will provide the SHU with a list of inmates who may become dangerous, self-destructive, or suicidal when placed into the SHU.
- ◆ Psychology Services at each Medical Referral Center (MRC) will provide an appropriate intervention program for inmates who have been admitted for suicidal behavior.

**[Bracketed Bold - Rules]**

Regular Type - Implementing Information

3. **PROGRAM OBJECTIVES.** The expected results of this program are:

a. All institutional staff will be trained to recognize signs and information that may indicate a potential suicide.

b. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals.

c. Any inmate clinically found to be suicidal will receive appropriate preventive supervision, counseling, and other treatment.

4. **DIRECTIVES AFFECTED**

a. **Directive Rescinded**

PS 5324.03 Suicide Prevention Program (5/3/95)

b. **Directives Referenced**

PS 5270.07 Discipline and Special Housing Units  
(12/29/87)

PS 5290.13 Admission and Orientation Program (7/23/02)

PS 5310.12 Psychology Services Manual (8/13/93)

PS 5566.05 Use of Force and Application of Restraints  
on Inmates (7/25/96)

PS 6000.05 Health Services Manual (9/15/96)

c. Rules cited in this Program Statement are contained in 28 CFR 552.40 through 552.49.

5. **STANDARDS REFERENCED**

a. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4081, 3-4343(M), and 3-4364

b. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-1D-12, 3-ALDF-4A-01, 3-ALDF-4E-19(M), and 3-ALDF-4E-34

c. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: None

6. [**POLICY §552.41. Each Bureau of Prisons institution, other than medical centers, will implement a suicide prevention program which conforms to the procedures outlined in this rule. Each Bureau of Prisons medical center is to develop specific written procedures, consistent with the specialized nature of the institution and the intent of this rule.**]



a. **Medical Referral Centers (MRC).** MRCs serve a unique evaluation/treatment function of addressing the needs of a wide range of inmates, while meeting community standards of care.

- ◆ Psychology Services is responsible for developing an Institution Supplement which describes local procedures for managing the Suicide Prevention Program's components.
- ◆ MRC psychologists are to document significant treatment information in the Psychological Data System (PDS) so that the information is readily available for post discharge treatment.

b. **Community Corrections Contract Facilities.** When contracts for outside facilities (including Community Corrections Centers (CCC)) are used, the Statement of Work will include a suicide prevention plan or program which meets accepted Bureau standards.

Community Corrections Managers (CCMs) will monitor contract facilities regularly to determine their capability to manage at-risk populations effectively.

- ◆ The CCM will consult the Regional Psychology Services Administrator if questions arise about the adequacy of a contract facility's Suicide Prevention Program or about the need to transfer a suicidal inmate to a different facility.
- ◆ The CCM will contact the Central Office Psychology Services when there is system wide or interagency issues.
- ◆ In the event of a suicide, all possible evidence and documentation will be preserved to provide data and support for subsequent investigators doing a psychological reconstruction.

Ordinarily, the Regional Director will authorize an after-action review of a suicide at a CCC, to be conducted by the Regional Psychology Administrator. The findings will be documented as a Psychological Reconstruction Report as outlined in Attachment A.

c. **Privately Managed Contract Prisons.** Private security contract facilities maintain a suicide prevention and intervention program in compliance with American Correctional Association (ACA) standards.

- ◆ Ordinarily, the Assistant Director, Correctional

Programs Division will authorize an after-action review of a suicide at a contract private prison, to be conducted under the direction of the Central Office Psychology Services Administrator. The findings will be documented as a Psychological Reconstruction Report as outlined in Attachment A.

7. [**PROGRAM COORDINATOR §552.42.** Each Warden shall designate in writing a full-time staff member to serve as Program Coordinator for an institution Suicide Prevention Program. The Program Coordinator shall be responsible for managing the treatment of suicidal inmates and for ensuring that the institution's suicide prevention program conforms to the guidelines for training, identification, referral, and assessment/intervention outlined in this rule.]

Ordinarily, the Chief Psychologist will be the Program Coordinator. The Program Coordinator, in conjunction with institution executive staff, must ensure that adequate coverage is available when he or she is absent from the institution for training, annual leave, etc.

8. [**PROCEDURES §552.43**

a. **Training.** The Program Coordinator will ensure that all staff will be trained (ordinarily by psychology services personnel) to recognize signs indicative of a potential suicide, the appropriate referral process, and suicide prevention techniques.]

While the initial period of incarceration is often a critical time for detecting potential suicides, serious suicidal crises may arise at any time. Line staff are often the first to identify signs of potential suicidal behavior, based on their frequent interactions with inmates.

Periodically, Wardens will include discussions of suicide prevention at department head meetings, staff recalls, etc., to remind staff of the need to observe inmates constantly for signs of suicidal behavior.

(1) **Training for All Staff.** Suicide Prevention training will be included in the Introduction to Correctional Techniques curriculum at Glynco, Georgia. Training in local suicide prevention procedures will be provided during Institution Familiarization Training and Annual Training (AT) at all institutions.

Training for staff will focus on:

- ◆ identifying suicide risk factors,
- ◆ typical inmate profiles of completed suicides,

- ◆ recognition of potentially suicidal behavior,

- ◆ appropriate information associated with identifying and referring suicidal inmates, and
- ◆ responding to a suicide emergency (i.e., a suicide in progress).
- ◆ name of Program Coordinator, location of suicide watch room, etc.

(2) **Supplemental Speciality Training.** The Program Coordinator will offer supplemental training to staff having frequent inmate contacts.

- ◆ Ordinarily, supplemental specialty training for health services staff, lieutenants, and correctional counselors is provided six months after institution AT.

(3) **Supplemental Training for SHU Staff.** Information about recognizing potentially suicidal inmates and procedures to follow will be included in the SHU post orders.

- ◆ Attachment B is an example of post orders for suicide prevention in a SHU.

(4) **Emergency Response Training.** At a minimum, the Captain and Chief Psychologist will conduct a joint mock exercise quarterly which simulates a suicide emergency.

- ◆ Within the calendar year, two of these exercises must be conducted in the SHU with one of the two taking place during the morning watch.
- ◆ These exercises' purpose is to evaluate response capabilities and demonstrate appropriate emergency techniques.
- ◆ This training is in addition to the six-month supplemental speciality training for lieutenants, medical staff, and correctional counselors.

**[b. Identification. All newly admitted inmates will be screened by a physician's assistant (PA) ordinarily within twenty-four hours of admission to the institution for both obvious and subtle signs of potential for suicide.]**

All staff (whether medical or non-medical) are responsible for helping to identify inmates exhibiting suicidal potential. Staff who identify an inmate as potentially suicidal will maintain the inmate under direct, continuous observation and contact the Operations Lieutenant or designee for assistance.

(1) **Intake Screening.** Health Services staff are to

screen a newly admitted inmate for signs that the inmate is at risk for suicide.

- ◆ Ordinarily, this screening takes place within 24 hours of the inmate's admission to the institution.

**[Except for inmates confined at Metropolitan Correctional Centers, Federal Detention Centers or in Federal Detention Units, psychology staff will conduct a second, more comprehensive appraisal, ordinarily within 14 days of the inmate's admission to the institution.]**

Because of the high rate of admissions and short length of stay in MCCs, FDCs, MDCs, and Detention units, ordinarily, the comprehensive assessment conducted by Psychology Services will be performed only on inmates who are suspected of being suicidal or appear psychologically unstable, or who request services via the Psychology Services Inmate Questionnaire.

- ◆ The PA/NP will refer suicidal or emotionally disturbed inmates on an emergency basis to the Program Coordinator or designee.

While the first few days and weeks in **any** institution can be critically important in identifying an inmate's potential for suicide, the uncertain and frequently changing status for inmates in **pre-trial detention** and **holdover status** poses unique problems.

- ◆ Upon each admission to the institution, the inmate must be screened carefully to detect any change in behavior that may have resulted from a change in the inmate's legal status.

(2) **SHUs.** Inmates being transferred into the SHU will be observed closely for signs of potential suicide (i.e., crying, emotionally distraught, or making threats of self-harm).

- ◆ Inmates exhibiting such behavior will be referred to the Shift Lieutenant.

(a) **Protective Custody (PC) Inmates.** Inmates requesting protective custody or demanding to be celled alone may actually be contemplating suicide.

When an inmate requests protective custody or demands to be celled alone, Correctional Services staff will immediately;

- ◆ notify the Program Coordinator or designee in Psychology Services during normal business hours, or
- ◆ during non-routine working hours notify the on-call psychologist.

The PC inmate should be screened for suicidal ideation within 72 hours of being placed into SHU. When clinically indicated, a formal Suicide Risk Assessment will be conducted.

The Program Coordinator will work closely with custody staff to monitor each PC inmate's mental status for behavior (i.e., hopelessness, anxiety, increasing agitation, depression, psychoses, etc.) which suggests a need for an increased level of services.

(b) **Inmates Requiring Special Precautions.** The Program Coordinator will provide SHU staff with a list of inmates with mental health conditions who may become dangerous, self-destructive, or suicidal when placed into the SHU.

- ◆ This list will be updated as needed and distributed to Correctional Services, Health Services, and Unit Team staff.
- ◆ When an inmate on this "hot list" is placed into the SHU, a Correctional Services Supervisor will notify Psychology Services immediately.

**STAFF MUST NEVER TAKE LIGHTLY ANY INMATE'S SUICIDE THREATS OR ATTEMPTS OR ANY INFORMATION OR HINTS FROM OTHER INMATES ABOUT AN INMATE'S BEING POTENTIALLY SUICIDAL.**

[c. **Referral.** During regular working hours staff shall immediately advise the Program Coordinator of any inmate who exhibits behavior indicative of suicide potential. In emergency situations or during non-routine working hours, the potentially suicidal individual will be placed on formal suicide watch pending evaluation by the Program Coordinator or delegatee at his or her earliest opportunity.]

During regular working hours, staff will advise the Program Coordinator, or designee, immediately of any inmate who exhibits behavior indicative of suicide potential.

- ◆ In emergency situations or during non-routine working hours, staff will advise the Shift Lieutenant, who is responsible for initiating a

formal suicide watch immediately, pending evaluation by the Program Coordinator or an on-call psychologist designee.

- ◆ Upon initiating a suicide watch, the Lieutenant will advise the Institution Duty Officer and Suicide Prevention Program Coordinator or the on-call Psychologist.
- ◆ Special procedures may apply to MRCs where the initiation of suicide watch may be limited to specific clinical staff.

In emergency situations or during non-routine working hours, it is ordinarily the Shift Lieutenant's responsibility to initiate a formal suicide watch.

- ◆ However, any staff member who has reason to believe an inmate may be suicidal or is uncertain as to the degree of suicide risk may place an inmate on suicide watch pending evaluation by the Program Coordinator or designee.

In addition to staff, inmates can play a vital role in helping to prevent inmate suicides. To facilitate this process each institution may encourage inmate referrals by;

- ◆ including a statement in the institution inmate handbook/orientation materials encouraging inmates to notify staff of any behavior or situation that may suggest an inmate is upset and potentially suicidal,
- ◆ incorporating the topic of inmate referrals into the Admissions and Orientation lesson plan for Psychology Services,
- ◆ placing posters in each housing unit addressing the topic, and
- ◆ ensuring that the information is made available to inmates in multiple languages as appropriate, particularly Spanish.

**[d. Assessment/Intervention. There are varying degrees of potential for suicidal and other deliberate self-injurious behavior which may necessitate a variety of clinical interventions other than placing an inmate on suicide watch. These recommendations might include heightened staff or inmate interaction, a room/cell change, greater observation, or referral for psychotropic medication.]**

During regular working hours inmates referred for assessment

of suicide potential will be seen on a priority basis. During non-regular hours, the Program Coordinator or designee should consult with institution staff and may choose to see the inmate immediately or have the inmate placed on suicide watch.

In either case, the inmate will receive an individual assessment within 24 hours of being placed on suicide watch.

- ◆ Once an inmate has been placed on watch, the watch may not be terminated, **under any circumstance**, without the Program Coordinator or designee performing a face-to-face evaluation.

A Suicide Risk Assessment will be completed when:

- ◆ staff refer an inmate to Psychology Services because the inmate may be at risk for suicide (e.g., the inmate refuses his or her property, talks about ending his or her life, etc.),
- ◆ an inmate's written or verbal behavior is suggestive of suicide,
- ◆ an inmate exhibits behavior suggestive of self-harm, or
- ◆ any other condition is present that would lead the clinician to believe an assessment is warranted.

When a staff member has made a referral based on observed behavior, the psychologist who interviews the inmate will also make every effort to interview the staff member who observed the behavior.

- ◆ The staff member's comments will be included in the report/clinical notes.

Because deliberate self-injurious behavior does not necessarily reflect suicidal intent, a variety of interventions other than placing an inmate on suicide watch may be deemed appropriate by the Program Coordinator, such as heightened staff or inmate interaction, a room/cell change, greater observation, placement in restraints, or referral for psychotropic medication.

- ◆ In any case, the Program Coordinator or designee will assume responsibility for the recommended intervention and clearly document the rationale.

**[(1) Non-suicidal Inmates. If the Program Coordinator determines that the inmate does not appear imminently suicidal, he/she shall document in writing the basis for this conclusion and any treatment recommendations made. This documentation is placed in the inmate's medical, psychology, and central file.]**

**[(2) Suicidal Inmates. If the Program Coordinator determines the individual to have an imminent potential for suicide, the inmate will be placed on suicide watch in the institution's designated suicide prevention room. The actions and findings of the Program Coordinator will be documented, with copies going to the central file, medical record, psychology file, and the Warden.]**

The Program Coordinator will develop local procedures to ensure timely notification to the inmate's Unit Manager when a

suicide watch is initiated and terminated.

[The inmate on watch will ordinarily be seen by the Program Coordinator on at least a daily basis. Unit staff will have frequent contact with the inmate while he/she is on watch. Only the Program Coordinator will have the authority to remove an inmate from suicide watch. Termination of the watch will be documented with copies to the central file, medical record, psychology file, and the Warden. There should be a clear description of the resolution of the crisis and guidelines for follow-up care.]

Ordinarily, the Program Coordinator or designee will interview or monitor each inmate on suicide watch at least daily and record clinical notes following each visit.

The Program Coordinator will establish procedures for documenting observations of the inmate's behavior in a Suicide Watch log book, which will be maintained as a secure document. Staff and inmate observers will document in separate log books. Post Orders will provide direction to staff on requirements for documentation.

9. [HOUSING SUICIDAL INMATES §552.44. Inmates on watch will be placed in the institution's designated suicide prevention room, a non-administrative detention/segregation cell ordinarily located in the health services area. Despite the cell's location, the inmate will not be admitted as an in-patient unless there are medical indications that would necessitate immediate hospitalization.]

- ◆ The primary concern in designating a room for suicide watch must be the ability to observe, protect, and maintain adequate control of the inmate.
- ◆ The room must permit easy access, privacy, and unobstructed vision of the inmate at all times.
- ◆ The suicide prevention room may not have fixtures or architectural features that would easily allow self-injury.

Ordinarily, in institutions with medical rooms or cells, the suicide watch room will be located in the Health Services area. Placement of a suicide watch room in a different area may be warranted given the unique features of some institutions.

- ◆ However, designating a room for suicide watch outside of the Health Services area requires a waiver from this Program Statement.
- ◆ Under emergency conditions a suicidal inmate may be

placed temporarily on suicide watch in a cell other than  
the institution's designated watch room.

- ◆ The inmate must be moved to a designated suicide watch room as soon as possible.

While on formal suicide watch, the inmate's conditions of confinement will be the least restrictive available to ensure control and safety.

- ◆ Correctional Services staff, in consultation with the Program Coordinator or designee, will be responsible for the inmate's daily custodial care, cell, and routine activities.
- ◆ Unit staff will continue to be responsive to routine needs while the inmate is on formal suicide watch.

**10. [AUTHORITY AND RESPONSIBILITY §522.45. The Program Coordinator will have responsibility for determining the specific conditions of the watch.]**

The Program Coordinator or designee will specify the type of personal property, bedding, clothing, magazines, or smoking material that may be allowed.

- ◆ If approved by the Warden, restraints may be applied if necessary to obtain greater control, but their use must be clearly documented and supported.
- ◆ Any deviations from prescribed living conditions may be made only with the Program Coordinator's concurrence. The Program Coordinator or designee may make a psychiatric referral at any time, but **the inmate must be referred to a MRC after 72 hours unless meaningful change in the inmate's condition can be documented.**

**11. [SUICIDE WATCHES §552.46**

**[a. Requirements for Watches. Individuals assigned to suicide watch will have verbal communication with, and CONSTANT observation of, the suicidal inmate at all times.]**

The suicide watch may be conducted either by institution staff or, when authorized by the Warden, trained inmate observers chosen by the Program Coordinator.

- ◆ The observer and the suicidal inmate will not be in the same room/cell and will have a locked door between them.

The person performing the suicide watch must have a means to summon help immediately if the inmate displays any suicidal or unusual behavior.

Staff assigned to a suicide watch must have received training (at Glynco or in AT) and must review and sign the Post Orders before starting the watch.

The Program Coordinator will review the Post Orders annually to ensure their accuracy.

[b. Inmate Companions. Any institution, at the Warden's discretion, may utilize inmates as companions to help monitor suicidal inmates. If the Warden authorizes a companion program, the Program Coordinator will be responsible for the selection, training, assignment, and removal of individual companions. These companions will receive at least semi-annual training in program procedures and purpose.

Inmates selected as companions shall receive performance pay for time spent monitoring a potentially suicidal inmate. The authorization for the use of inmate companions is to be made by the Warden on a case-by-case basis.]

(1) **Selection.** Because of the very sensitive nature of such assignments, the selection of inmate observers requires considerable care. To provide round-the-clock observation of potentially suicidal inmates, a sufficient number of observers should be trained, and alternate candidates should always be available.

Observers will be selected based upon their ability to perform the specific task but also for their reputation within the institution. They must be mature, reliable individuals who have credibility with both staff and inmates. They must be able, in the Program Coordinator's judgment, to protect the suicidal inmate's privacy from other inmates, while being accepted in the role by staff. Finally, they must be able to perform their duties with minimal need for direct supervision.

(2) **Shifts.** Except under unusual circumstances, observers ordinarily will not work longer than a four-hour shift in any 24-hour period and will receive performance pay for time on watch.

(3) **Training.** Each observer will receive at least four hours of training before assuming a suicide watch and also receive at least four hours of training semiannually. Each training session will review policy requirements and instruct the inmates on their duties and responsibilities during a suicide watch, including:

- ◆ the location of suicide watch areas,
- ◆ summoning staff during all shifts,
- ◆ the locations of staff offices,

- ◆ recognizing behavioral signs of stress or agitation, and
  - ◆ recording observations in the suicide watch log.
- (4) **Meetings with Program Coordinator.** Observers will meet at least quarterly with the Program Coordinator or designee to review procedures, discuss issues, and supplement training.

After inmates have served as observers, the Program Coordinator or designee will debrief them, individually or in groups, to discuss their experiences and make program changes, if necessary.

(5) **Records.** The Program Coordinator will maintain a file containing:

- ◆ An agreement of understanding and expectations signed by each inmate observer.
- ◆ Documentation of attendance and topics discussed at training meetings.
- ◆ Lists of inmates available to serve as observers, which will be available to Correctional Services personnel during non-regular working hours.
- ◆ Verification of pay for those who have performed watches.

(6) **Supervision During a Suicide Watch.** Although observers will be selected on the basis of their emotional stability, maturity, and responsibility, they still require some level of staff supervision while performing a suicide watch.

- ◆ This supervision will be provided by staff in the immediate area and consist of at least 60-minute checks. Staff will initial the chronological log upon conducting checks.
- ◆ In no case will an inmate observer be assigned to a watch without adequate provisions for staff supervision or without the ability to obtain immediate staff assistance.

(7) **Removal.** The Program Coordinator or designee may remove any observer from the program at his/her discretion.

12. [**CUSTODIAL ISSUES §552.47.**] Inmates in Administrative Detention or Disciplinary Segregation status often may be at higher risk for suicidal behavior.

[The Program Coordinator will arrange for a potentially suicidal inmate to be removed from Special Housing Unit status prior to completion of his/her administrative detention or sanction and placed on suicide watch. Once the suicide crisis is over, the inmate will be expected to satisfy the administrative detention

**or Disciplinary Segregation sanction unless the Segregation Review Official finds the completion of the administrative detention or sanction no longer necessary and/or advisable.]**

a. **Program Coordinator Involvement.** At a minimum, the Program Coordinator or designee will make weekly rounds of SHUs and consult with staff in those areas concerning any inmates needing special attention.

- ◆ It is important that staff be instructed to make frequent rounds in the SHUs and report significant changes in behavior to the Program Coordinator or designee.

b. **Review of Lieutenant's Log.** The Program Coordinator will review the Lieutenant's log each working day to determine if an inmate with mental health problems has been placed in the SHU. Psychology Services will see the inmate as soon as possible to assess the inmate's mental status and alert SHU staff.

c. **SENTRY Assignment for PC Inmates.** Inmates in protective custody will be assigned a SENTRY code to facilitate monitoring and provide a historical record of such behavior. When an inmate is admitted to SHU for protective custody, Correctional Services staff will be responsible for entering the PC code into SENTRY.

d. **Health Services.** Health Services staff will develop systems of control to determine when an inmate who takes medication for psychiatric conditions has been placed into a SHU.

- ◆ Health Services will ensure the inmate continues to receive his/her medication. During daily SHU rounds, Health Services staff will ensure that medications are dispensed in a manner to prevent its "cheeking" or hoarding.
- ◆ Psychology Services will be notified whenever an inmate refuses or misses his/her medication. If the inmate has the potential to become violent, self-destructive, or suicidal without the medication, SHU staff will be notified.

e. **Suicide Rescue Tool.** Every SHU will be equipped with a suicide rescue tool(s) that is sharp, stored in a secure location, and readily available. All SHU staff will be trained to use the tool and in the procedures for responding to a suicide emergency.

f. **Inmate Removal from the SHU.** The Program Coordinator will arrange to have an inmate exhibiting significant

potential for suicide removed from the SHU and placed on suicide watch. However, once the crisis is over, the inmate will be returned to the SHU to satisfy any sanction that was imposed.

13. [**TRANSFER OF INMATES TO OTHER INSTITUTIONS §552.48.** The Program Coordinator will be responsible for making emergency referrals of suicidal inmates to the appropriate medical center. No inmate who is determined to be imminently suicidal will be transferred to another institution, except to a medical center on an emergency basis.]

a. **Medical Center Referral.** Inmates who do not respond to treatment interventions and remain imminently suicidal require emergency hospitalization.

Although a psychiatric referral may be indicated at any time, after an inmate has been on continuous watch for 72 hours, the Program Coordinator must:

- ◆ Contact the Regional Psychology Administrator to discuss the case and determine if an emergency transfer is appropriate.
- ◆ If the decision is not to transfer the inmate to a MRC, the rationale for **not** initiating a request for emergency transfer must be documented in the PDS.

b. **Psychology Services at MRCs.** Psychology Services at each MRC will provide an appropriate intervention program for inmates who have been admitted for suicidal behavior. The program will include:

- ◆ assessment,
- ◆ therapeutic interventions, and
- ◆ discharge planning.

The discharge planning may include a request to designate an institution for the inmate that can provide the custody and level of psychological service needed to prevent re-hospitalization.

c. **Consultations.** As part of the referral consideration process, it may be beneficial to consult with other mental health resources, MRC staff, or the Regional Psychology Services Administrator.

- ◆ To ensure maximum communication and tracking of suicidal inmates, the Program Coordinator will notify his or her Regional Psychology Administrator when a suicide watch is begun or terminated and when

a formal suicide watch exceeds 72 hours.

- ◆ The Program Coordinator or designee will document the referral considerations and all actions taken in the inmate's PDS record.

d. **SENTRY "Psych Alert" Assignments.** It is critically important that other institutions are notified when they are to receive inmates with recent suicidal indications.

- ◆ The Program Coordinator must ensure that a suicidal inmate being transferred to a MRC is given the SENTRY "Psych Alert" assignment to signal all staff that serious psychological management problems and "continuity of care" issues are present.

14. **[ANALYSIS OF SUICIDES §552.49.** If an inmate suicide does occur, the Program Coordinator will immediately notify the Regional Administrator, Psychology Services, who will arrange for a psychological reconstruction of the suicide to be completed by a psychologist from another institution.

The suicide scene will be treated in a manner consistent with an inmate death investigation. All measures necessary to preserve and document the evidence needed to support subsequent investigations will be maintained or otherwise recorded adequately.

- ◆ In the event of a suicide, institution staff, particularly Correctional Services staff, and other law enforcement personnel, will handle the site with the same level of protection as any crime scene in which a death has occurred.
- ◆ All possible evidence and documentation will be preserved to provide data and support for subsequent investigators doing a psychological reconstruction.

Ordinarily, the Regional Director will authorize an after-action review of the suicide, to be conducted by the Regional Psychology Administrator. The findings will be documented as a Psychological Reconstruction Report.

The report will address all the areas listed in the "Guide for the Psychological Reconstruction of an Inmate Suicide" (Attachment A).

The Regional Psychology Administrator will also review the Mortality Review Report prepared by Health Services for additional information and to explain any discrepancies with the Psychological Reconstruction Report.

a. **Central Office Review.** The Regional Director will forward copies of the Psychological Reconstruction Report to:

- ◆ the Assistant Director, Correctional Programs Division;
- ◆ the Assistant Director, Health Services Division;

- ◆ and  
the Senior Deputy Assistant Director, Program Review  
Division.

b. **Special Review Committee.** The PRD Senior Deputy Assistant Director will submit the report to the Special Review Committee.

The Special Review Committee will review the report and assess whether recommendations for corrective action will be addressed at the national or local institution level.

- ◆ The PRD Senior Deputy Assistant Director will be responsible for tracking corrective actions and verifying the corrective action is accomplished.

/s/  
Harley G. Lappin  
Director

**GUIDE FOR THE PSYCHOLOGICAL  
RECONSTRUCTION OF AN INMATE SUICIDE**

Name: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Reg. No: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**I. Background Information**

Education  
Marital/Family Status  
Religious Preference/Involvement  
Race/Ethnic Background  
Offense  
Sentence/Time Served  
Occupational/Military History  
Release Plans

**II. Health Care and Personality Description**

Physical Status-Functioning  
    Previous/Current  
Social Status-Functioning  
    Previous/Current  
Psychological Status-Functioning  
    Previous/Current  
Suicidal History  
Medication History  
Mental Health History  
    Diagnosis/Treatment  
Abuse History  
    Drug/Alcohol  
Assaultive History  
Institutional Infractions

**III. Antecedent Circumstances**

Identifiable Stressors  
Staff Opinions  
Inmate Opinions  
Last Person to Have Contact  
Last Staff Contact

IV. **Full Description of Suicide Act and Scene (to include diagrams were appropriate)**

Date/Time of incident  
Location  
Method  
Predictors of Suicidal Actions  
Suicide Note  
Other Relevant Information

V. **Conclusions/Recommendations**

VI. **List of Documents Examined**

VII. **List of Staff and Inmates Interviewed**

**"SAMPLE"**  
**SUICIDE PREVENTION INFORMATION**  
**SPECIAL HOUSING UNIT ADDENDUM TO POST ORDERS**

**I. IDENTIFYING SUICIDAL INMATES**

- A. Policy and the post orders require rounds be made every 30 minutes. While making rounds on the unit, be aware of any suspicious behavior or activity. BOP statistics suggest that most suicides (60%) occur in Segregation between the hours of midnight and 5:00AM (48%).
- B. Conducting rounds every 30 minutes may serve little purpose if log book entries are not made after conducting rounds. Entries should reflect an accurate description of what transpired during rounds. This is very important information for determining changes in an inmate's behavior. Sudden changes in behavior should be reported to Psychology Services and your Supervisor.

**II. BOP High Risk Groups**

- A. **New Inmates** - Newly incarcerated inmates are at risk of committing suicide. The first few hours and days after admission can be critical. As such, all inmates coming into the institution through R&D are assessed by a member of the health services staff and a Psychologist as needed. There are times when a new inmate who has been screened in R&D is housed directly in Segregation. Such inmates may need closer observation from the officer on shift.

Some common factors that newly incarcerated inmates experience are: shame, guilt, fear, sadness, anger, agitation, depression, relationship problems, legal concerns, hopelessness, and feeling helpless, to name a few.

- B. **Protective Custody** - Inmates who volunteer to enter protective custody are at high risk for suicide, especially during the first 72 hours in SHU. Inmates who cannot give a plausible reason for entering protective custody may be in search of a private location to commit suicide. An inmate requesting Protective Custody or demanding to be celled alone should be referred to your supervisor and psychology services immediately.

- C. **Long-term Protective Custody Inmates** - These inmates are facing long sentences. Many of them will die in prison from old age never experiencing life in the free world again. When they get into trouble with other inmates on the compound due to gambling, stealing, etc. they choose to enter protective custody or risk being assaulted. These inmates are particularly vulnerable to depression which leads to a suicide attempt. These inmates should be monitored closely while they are in SHU.
- D. **Inmates taking medication for mental health reasons** are of particular concern. Most often psychotropic medications are prescribed to treat depression, psychosis (out of touch with reality), and nervousness. These inmates are vulnerable to developing suicidal thoughts and attempting suicide by overdosing on their medication. Inmates on medication should be monitored carefully to make sure they are not hoarding medication in their cells. Also, any signs of distress, deterioration in hygiene, or sudden changes in behavior should be reported to psychology.

**III. Factors that can increase the probability that an inmate may become suicidal are;**

**A. Mental Health Factors**

1. History of mental illness.
  - a. Is the inmate depressed, actively psychotic?
  - b. Has the inmate been compliant with psychotropic medication?
  - c. Have there been changes in eating, sleeping, hygiene, weight, recreation, activity level?
2. Prior suicide attempt.
  - a. How lethal was the attempt?
  - b. How many attempts have been made?

3. Inmate's current mood, affect, and behavior.
  - a. Is the inmate emotionally upset, angry, easily agitated?
  - b. Are the inmate's thoughts clear and goal directed (vs. delusional or psychotic in nature)?
  - c. Is the inmate depressed, has there been a recent loss?
  - d. Has hopelessness persisted even after the depression has lifted?
  - e. Has the inmate given away property, revised a will, requested a phone call to say his goodbyes?

**B. Medical Condition(s)/Chronic Pain.**

1. Does the inmate have a chronic life threatening medical illness?
2. Has the inmate's overall health diminished recently?
3. Is the inmate experiencing pain or other negative symptoms?

**C. Relationship Difficulties?**

1. Has the inmate received a Dear John letter?
2. Have communications and or visits decreased?
3. Has there been a change in the relationship?

**D. Situational Factors**

1. Legal issues - pending indictment; loss of appeal to reduce sentence.
2. Difficulties with staff or other inmates.
3. Gambling debts, drugs.
4. Ending of a close relationship with another inmate.
5. Possible victim of a sexual assault.

**IV. Behaviors by a SHU inmate that may indicate an inmate is depressed and possibly thinking of suicide.**

- the inmate makes statements to staff and/or other inmates indicating a desire to die;
- unusual behaviors for a SHU inmate such as: not eating; refusing commissary; refusing recreation; withdrawal from staff and other inmates; refusing to shower; pacing a lot; etc.
- giving away property;
- sudden changes in behavior such as becoming very irritable with staff, placing towel or paper over the door window, changing from constantly demanding things to quiet, etc.;
- working the system to be celled alone, i.e., threatening cellmate.

**V. Reporting and Documenting Inmate Behavior**

- A. **Report Your Concerns** - Any inmate behavior(s) that is questionable and may reflect a change in mental health status should be reported to the Operations Lieutenant immediately.
- B. **During non-working hours** - inform the Operation's Lieutenant of any questionable inmate behavior. The Operation's Lieutenant will determine if the on-call psychologist needs to be contacted.
- C. **Segregation Log Book** - Any changes in inmate behaviors should be noted in the log book. A detailed note regarding the observed behavior is advisable. Documenting in the log book serves two purposes. First, the entry serves as a means of communication for other staff members. Second, it provides an accurate account of activity during your shift. Remember, documentation should be neat, legible, and professional.

## **VI. Responding to a Suicide Emergency**

- A. A Segregation Officer observing an inmate in the act of committing suicide, causing other self-injurious behavior, or who appears to have committed suicide will call for back-up before entering the cell. The officer will notify the Control Center and the Lieutenant's Office by radio of the situation and request immediate back-up. BACK-UP MUST BE PRESENT IN ORDER TO ENTER A CELL.
- B. The "cut-down" tool is located in the storage closet on a shadow board. It is the #1 officer's responsibility to locate this item at the start of the shift. This tool is only authorized to be used in emergency situations. Miscellaneous use of this tool is not permitted and will result in dulling the blade of the tool.
- C. Administer emergency medical treatment (CPR, etc.) until medical personnel arrive.
- D. In the event an inmate commits suicide, the scene of the suicide will be treated in a manner consistent with the investigation of an inmate death. All measures necessary to preserve and document the evidence needed to support subsequent investigations will be maintained or otherwise adequately recorded.