

# NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES TRAINING ACADEMY

TITLE: SUICIDE PREVENTION

OBJECTIVES: AT THE END OF THIS CLASS EACH STUDENT WILL:

1. LIST AT LEAST FOUR OF THE FIVE CATEGORIES OF RISK FACTORS FOR SUICIDE, AS DISCUSSED IN CLASS.
2. IDENTIFY THE WARNING SIGNS OF SUICIDE AS REPRESENTED BY THE ACRONYM "IS PATH WARM?", AS DISCUSSED IN CLASS.
3. LIST AT LEAST FIVE OF THE SIX RESPONSIBILITIES CORRECTIONAL EMPLOYEES HAVE IN THEIR ROLE TO HELP PREVENT AND MANAGE INMATE SUICIDE AND/OR SUICIDE ATTEMPTS, AS DISCUSSED IN CLASS.
4. LIST THE FOUR STEPS WHICH MUST BE FOLLOWED IN COMPLETING AN IMMEDIATE MENTAL HEALTH REFERRAL, AS DISCUSSED IN CLASS.

TOTAL TIME: UP TO 1 HOUR

SUPPLIES AND EQUIPMENT POWER POINT PROJECTOR, SCREEN, LAP TOP COMPUTER, MENTAL HEALTH REFERRAL FORM  
VIDEO: WARNING SIGNS OF SUICIDE

PRIOR READING: DIRECTIVE 4101 "SUICIDE PREVENTION, DIRECTIVE 4059 "RESPONSE TO HEALTH CARE EMERGENCIES"  
DOCS REPORT: SUICIDE INCIDENTS 1998-2007;"SUICIDE AMONG POLICE OFFICERS", JOHN M. VOLANTI, PHD.

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**INTRODUCTION**

As presented in DOCS Directive 4101 “Suicide Prevention”, it is the policy of DOCS to effectively monitor all inmates for the potential of self-harm and suicidal behavior. All staff have a responsibility to assess, report and respond to inmates engaging in suicidal behavior. Correctional staff trained in the warning signs, major risk factors and the use of the Mental Health Referral coupled with their experience and knowledge of inmate behavior can have a positive impact on reducing these incidents.

It goes without saying that the more contact an employee has with inmates, the more likely it is that they will encounter a situation. For this reason, security staff may find this information more relevant than other employees who have little or no contact with inmates. However, the information presented in this lesson plan is directed to all staff and is important for all NYSDOCS employees to know even if their contact with inmates is minimal. What happens when a cell-study teacher in the SHU passes by a cell and sees an inmate hanging? What does a KBS in the Administration building do when an inmate porter begins uttering statements about worthlessness? What happens when a Cook witnesses an inmate self-mutilating? How about a Maintenance Supervisor, a Librarian, a Motor Vehicle Operator or any employee who encounters these or similar behaviors?

This lesson plan will answer these questions and prepare all staff in identifying risk factors and warning signs of suicide as well as inform them of “what to do” should they observe these behaviors and how and when to fill out the Mental Health Referral Form. Our goal is to preserve the safety and lives of inmates under custody by reducing incidents of self-harm and suicide. This ultimately leads to a safer and more secure facility for both staff and inmates.

Additionally, a greater knowledge and understanding of the risk factors and warning signs of suicide can be applied outside of corrections. Most people we know manage their day-to-day lives adequately. They can normally absorb and deal appropriately with the ups and downs of everyday

**INTRODUCE SELF**  
**GROUND RULES**  
**GRABBER**  
**ADMINISTER PRE-TEST**  
**PPT #1**

**TELL CLASS**

CONTENT

INSTRUCTOR NOTES

life. However, anyone can experience an event or series of events that can impact so deeply they cannot regain their balance alone and personal thoughts of suicide can, sadly, seem like an appropriate response. Knowing the risk factors and warning signs of suicide can assist us in helping our family, friends, coworkers, and even ourselves, get the help that is needed before it is too late. Remember that suicide prevention is everybody's business, everywhere, every time.

TELL CLASS

OBJECTIVES

At the end of this class, each student will be able to:

PPT #2

1. List at least four of the five categories of risk factors for suicide, as discussed in class.
2. Identify the warning signs of suicide as represented by the acronym "Is Path Warm?", as discussed in class.
3. List at least five of the six responsibilities correctional employees have in their role to help prevent and manage inmate suicide and/or suicide attempts, as discussed in class.
4. List the four steps which must be followed in completing a Mental Health Referral, as discussed in class.

OBJECTIVE 1

List The Five Categories of Risk Factors For Suicide, as discussed in class.

PPT #3

Risk factors can be thought of as predispositions to the possibility of suicide. It is important for employees to know about certain risk factors to aid in the identification of the potential for an inmate to be or become suicidal. Not all employees will have access to this information or be aware of an inmate's background. That is why it is important for staff to refer all suspicions to Mental Health professionals who have access to inmates' histories and can complete a comprehensive assessment of suicide risk.

There are many risk factors for suicide which we will break down into the following five categories: Biological, Psychological, Sociocultural, Environmental, and Demographic.

1. Biological Risk Factors:  
 Mental Disorders-major mood disorders such as Depression and psychotic disorders such as Schizophrenia.  
 Substance Abuse or Dependence- Abuse or dependence on Tobacco, Alcohol or Drugs  
 Medical Problems-serious physical illness/chronic pain.

PPT #4

CONTENT

INSTRUCTOR NOTES

2. Psychological Risk Factors:  
 Personality Disorders-antisocial, impulse control and explosive disorders.  
 Self Perception-isolation, self-esteem helplessness/hopelessness, fear, anxiety, anger.  
 History-victim of violence, sexual assault/abuse, prior suicide attempts, prior psychiatric treatment, family history of mental illness, PTSD.
  
3. Socio-cultural Risk Factors:  
 Life Stress-Personal losses such as status, relationships, family  
 Prison Stress-Disciplinary sanctions, good time loss, parole or appeal denial, perceived harassment by security staff, threats, intimidation, bullying and teasing by gangs or individual inmates.  
 Violence Exposure-family or friends killed, murdered or committed suicide, violent crime  
 Belief System-immigrant status, social stigma, lack of problem solving skills
  
4. Environmental Risk Factors:  
 Obstacles-refusal to accept treatment  
 Access to Lethal Means-in cell radiators, pipes, can tops, razors, clothing etc.  
 Living Conditions-newly transferred, pending transfer, SHU, dormitory vs. single cell
  
5. Demographic Risk Factors:  
 Gender-male (for completion); female (for attempts/gestures)  
 Ethnicity  
 Relationship Status-isolated, no family or friends

TELL CLASS  
PPT #5

PPT #6

PPT #7

PPT #8

**MINI-SUMMARY**

We discussed five categories of risk factors for suicide:

1. Biological
2. Psychological
3. Socio-Cultural
4. Environmental
5. Demographic

PPT #9

CONTENT

INSTRUCTOR NOTES

**OBJECTIVE 2 Identify the warning signs of suicide as represented by the acronym, "IS PATH WARM?".**

TELL CLASS  
PPT #10

The following is now being used by the NYS Office of Mental Health to identify major warning signs of Suicide. These warning signs can be thought of as "triggers" or an "acute" risk of suicide. Unlike the risk factors discussed earlier, warning signs are observable behaviors which may be visible to all employees. By gaining knowledge of the warning signs and taking them seriously, staff can have a direct effect on the prevention of incidents of suicide or suicide attempts.

PPT #11

**"IS PATH WARM?"**

PPT #12

- |                           |  |
|---------------------------|--|
| <b>I</b> = Ideation       | Threats, talk or writing about death, dying or suicide   |
| <b>S</b> =Substance Abuse | Change or sudden increase in use                         |
| <b>P</b> =Purposeless     | Expressing no reason to live                             |
| <b>A</b> =Anxiety         | Agitation, restlessness, unable to sleep                 |
| <b>T</b> =Trapped         | No options, no way out                                   |
| <b>H</b> =Hopelessness    | Self lacking value, no body cares, no way out            |
| <b>W</b> =Withdrawal      | From friends, family; sleeping all the time              |
| <b>A</b> =Anger           | Expressions of rage, homicidal ideation, seeking revenge |
| <b>R</b> =Recklessness    | Engaging in risky activity                               |
| <b>M</b> =Mood Changes    | Dramatic shifts from typical mood state                  |
| <b>?</b> =YOU MUST ASK!   |  |

PPT #13

These warning signs can be obvious to correctional staff but are often overlooked or felt unimportant. All staff must be sensitive to any major changes in behavior especially following an event. After a visit, phone call, parole board hearing, family visit, etc... be alert for comments like "Nobody cares about me", or "Nothing matters anymore". Studies have shown that people who talk about suicide are more likely to commit it. If you suspect an inmate is contemplating suicide, do not hesitate to ask that inmate questions. You can ask the inmate if he/she is thinking about hurting/killing him/herself. You can ask if they have ever hurt themselves in the past. Often just asking the question is enough to get the inmate talking.

CONTENT

INSTRUCTOR NOTES

It is true that inmates may use suicide threats as a manipulative strategy. Correction Officers must treat all threats as the real thing regardless of how obvious it may seem that it is a manipulative maneuver. Do Not pass judgment. Let the Mental Health experts make those decisions.

TELL CLASS

SHOW VIDEO

PPT #14  
**VIDEO:** DISCUSS  
 WARNING SIGNS OF  
 ACUTE SUICIDE RISK  
 DISPLAYED IN VIDEO.

**OBJECTIVE 3** List five of the six responsibilities correctional employees have in their role to help prevent and manage inmate suicide and/or suicide attempts, as discussed in class.

PPT #15

DOCS shares responsibility with OMH for the prevention of inmate suicides through a collaborative working relationship whose goal is to prevent incidents of suicide and suicide attempts within Correctional Facilities.

PPT #16

All DOCS and OMH employees are responsible for following the Department’s rules, regulations and directives. An employee who follows Departmental rules will be acting within the scope of his/her employment and will be immune from personal liability. This is known as Indemnification.

Six responsibilities:

1. **Directive #4101:**  
 Familiarize yourselves with Directive 4101 “Suicide Prevention”.

PPT #17

2. **Mental Health Referral Form 3150:**  
 Refer inmates to Mental Health by using the Mental Health Referral form 3150. This form is a tool to communicate observed behaviors to Mental Health Professionals. Understand that you are responsible for reporting incidents of inmate behavior, especially those that demonstrate disruptive, bizarre, unusual or inappropriate behavior.

PPT #18

CONTENT

INSTRUCTOR NOTES

3. **Response to inmate injury:**

Understand that any employee who discovers an inmate engaging in self-harm shall immediately alert security staff who will survey the scene to assess the severity of the emergency. Security staff shall remain at the scene and alert other staff to: call for medical personnel, retrieve the housing unit's Emergency Response Bag (that contains a first aid kit, pocket mask, face shield, or Ambu-bag) and begin standard first aid and/or CPR as necessary per Directive 4059 "Response to Health Care Emergencies".

TELL CLASS

PPT #19

Note: Civilian employees are not exempt from responding. Civilian employees must notify security staff if they observe any warning signs from an inmate.

PPT #20

4. **Initiate life-saving measures:**

Correctional personnel must initiate and continue appropriate lifesaving measures until relieved by arriving medical personnel. Further, staff shall not presume that the victim is dead. If an inmate is found hanging, the inmate will be taken down immediately. Loosen or cut, taking care to preserve the knot, any ligature that would interfere with respiration.

PPT #21

Leclaire Memo

5. **Mental Health Notification:**

An immediate Mental Health referral must be completed in all cases of inmate self-harm, suicide attempts or completed suicides.

PPT #22

6. **Evidence preservation:**

In the event of a death, all precautions will be taken to preserve evidence. Maintaining evidence at the scene in its original state is critical in helping to determine actual cause of death.

PPT #23

PPT #24

Following every completed suicide, is a thorough investigation by NYSDOCS as well as other agencies including the State Police BCI, NYS Commission of Corrections and the Commission on Quality of Care (CQC). The site of the suicide becomes a crime scene and remains a crime scene until cleared by the on-site investigative team. Investigations can involve interviews with inmates and staff, review of phone logs, log books, videos of the area, and any other measures they deem necessary. Officers who do not act in accordance to Directive will be discovered and appropriate disciplinary action will be taken.

## CONTENT

## INSTRUCTOR NOTES

**MINI-SUMMARY  
OBJECTIVE 3**

**List at least five of the six responsibilities correctional employees have in their role to help prevent and manage inmate suicide and/or suicide attempts, as discussed in class.**

TELL CLASS  
PPT #25

1. Directive #4101
2. Mental Health Referral Form 3150
3. Response to inmate injury
4. Initiate life-saving measures
5. Mental Health notification
6. Evidence preservation

**OBJECTIVE 4**

**List the four steps which must be followed in completing an Immediate Mental Health Referral, as discussed in class.**

PPT #26

Suicide experts have concluded that most preventable suicides are caused by a lack of communication. These experts believe that suicide can be viewed as a process by which an inmate becomes unable to handle the common stressors of confinement. As the inmate reaches his/her emotional breaking point, the inmate in an attempt to escape from his current situation, may attempt suicide.

PPT #27

**It is important to refer any inmate you feel is in distress to Mental Health staff.**

NOTE: Stress this point.

As stated in Section VI, "Referral and Evaluation", of Directive 4101, "Suicide Prevention", "Correctional staff, through observation, screening measures or inmate's request, will refer an inmate to Mental Health staff for a mental health evaluation whenever he/she appears to be at risk of self-harm or suicidal behavior." These referrals must be made in writing utilizing Department form 3150. (see Power Point)

PPT #28  
**Referral Form**

**Routine (non-emergency, with no concern for the inmate being at risk for self-harm/suicidal behavior):** Mental Health referrals are important to prevent escalation of mental health symptoms. A referral suggesting that the referred inmate is not experiencing serious emotional or behavioral problems requires that the inmate be assessed within 14 days.

PPT #29

## CONTENT

## INSTRUCTOR NOTES

**Immediate (Emergency) Mental Health Referrals:** An emergency referral should be utilized for situations involving self-harm or suicidal behavior.

TELL CLASS

A referral notification to OMH that suggests the referred inmate is at imminent risk for self-harm or injury to others requires that the inmate be assessed immediately and/or placed on a suicide watch with any additional action from DOCS pending the outcome of the evaluation.

A referral suggesting that the referred inmate is experiencing serious emotional or behavioral problems requires that the inmate be assessed within 48 hours.

When making an Immediate (Emergency) Mental Health Referral for situations involving self-harm or suicidal behavior, there are four (4) steps which must be followed: PPT 30

1. **Telephone Mental Health.**  
If inmate is injured, call medical first.
2. **Notify Area Supervisor**
3. **Document in area log book**
4. **Complete Form 3150 Mental Health Referral**

In the law enforcement community, there is a greater risk of encountering trauma than in other lines of work. The general nature of working in a Correctional Facility makes us all vulnerable to experiencing some type of trauma during our careers. Witnessing an attempted or completed suicide can have lasting emotional and psychological effects on staff. In 1993, NYSDOCS developed "Critical Incident Stress Management" or "CISM". CISM teams are made up of staff specially trained in Critical Incident Stress Management. They offer individual and group sessions usually within 24 to 72 hours after an incident for staff experiencing difficulty in coping with a particular incident. More information on CISM can be found in Directive 4026. PPT 31

It is important to remember your responsibilities as a NYSDOCS employee. It is your duty as an employee to make the appropriate referrals and communicate any observations you make with regards to an inmate's behavior, health, and safety. Remember, take all threats and suicidal statements seriously and report any change in behavior immediately. Always follow up with a written referral to a Mental Health expert in your facility. PPT 33

CONTENT

INSTRUCTOR NOTES

**FINAL SUMMARY** Objective 1: List at least Four of the Five Categories of Risk Factors For Suicide, as discussed in class.

TELL CLASS  
PPT #34

1. Biological
2. Psychological
3. Socio-Cultural
4. Environmental
5. Demographic

Objective 2: Identify the warning signs of suicide as represented by the acronym, "IS PATH WARM?".

PPT #35

I = Ideation  
S = Substance Abuse

P = Purposeless  
A = Anxiety  
T = Trapped  
H = Hopelessness

W = Withdrawal  
A = Anger  
R = Recklessness  
M = Mood Changes  
? = You Must Ask!!!

Objective 3: List at least five of the six responsibilities correctional employees have in their role to help prevent and manage inmate suicide and/or suicide attempts, as discussed in class.

PPT #36

1. Directive #4101
2. Mental Health Referral Form 3150
3. Response to inmate injury
4. Initiate life-saving measures

**CONTENT**

**INSTRUCTOR NOTES**

5. Mental Health Notification
6. Evidence preservation

TELL CLASS

**Objective 4: List the four steps which must be followed in completing a Mental Health Referral, as discussed in class.**

PPT #37

1. Telephone Mental Health-If inmate is injured, call medical staff first
2. Notify Area Supervisor
3. Document in area log book
4. Complete Form 3150 Mental Health Referral

PPT #38  
ADMINISTER POST-  
TEST AND  
EVALUATIONS  
DISMISS CLASS

CONTENT

INSTRUCTOR NOTES

NAME \_\_\_\_\_

PRE/POST TEST

DATE \_\_\_\_\_

1. List five categories of risk factors for suicide as discussed in class.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

2. Identify the warning signs of suicide as represented by the acronym "IS PATH WARM?":

- I = \_\_\_\_\_
- S = \_\_\_\_\_
- P = \_\_\_\_\_
- A = \_\_\_\_\_
- T = \_\_\_\_\_
- H = \_\_\_\_\_
- W = \_\_\_\_\_
- A = \_\_\_\_\_
- R = \_\_\_\_\_
- M = \_\_\_\_\_
- ? = \_\_\_\_\_

3. List the six responsibilities a correctional employee has in their role to help prevent and manage inmate suicide and/or suicide attempts as discussed in class:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

4. List the four steps which must be followed in completing a Mental Health Referral as discussed in class.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

CONTENT

INSTRUCTOR NOTES

NAME \_\_\_\_\_

PRE/POST TEST WITH ANSWERS

DATE \_\_\_\_\_

1. List five categories of risk factors for suicide as discussed in class:
  1. Biological
  2. Psychological
  3. Socio-cultural
  4. Environmental
  5. Demographic
  
2. Identify the warning signs of suicide as represented by the acronym "IS PATH WARM?":
  - I = Ideation
  - S = Substance Abuse
  - P = Purposeless
  - A = Anxiety
  - T = Trapped
  - H = Hopelessness
  - W = Withdrawal
  - A = Anger
  - R = Recklessness
  - M = Mood Changes
  - ? = YOU MUST ASK!
  
3. List the six responsibilities a correctional employee has in their role to help prevent and manage inmate suicide and/or suicide attempts as discussed in class:
  1. Directive #4101
  2. Mental Health Referral Form 3150
  3. Response to inmate injury
  4. Initiate life-saving measures
  5. Mental Health intervention
  6. Evidence preservation
  
4. List four steps which must be followed in completing a Mental Health Referral as discussed in class:
  1. Telephone Mental Health
  2. Notify area supervisor
  3. Document in area log book
  4. Complete form 3150: Mental Health Referral