Suicide Prevention Among Youth In Custody: What You Need to Know

Participant Guide
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References

The following sources were referred to during the writing of this training:


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Resources

For additional information:

“Mental Health” Chapter--Desktop Guide to Quality Practice for Working with Youth in Confinement

www.desktopguide.info

Juvenile Offenders With Mental Health Disorders: Who Are They & What Do We Do With Them (2nd Edition)

www.aca.org or www.amazon.com

Substance Abuse And Mental Health Services Administration

www.samhsa.gov/suicide-prevention

Suicide Prevention Resource Center

www.sprc.org

National Suicide Prevention Lifeline

1-800-273-TALK

Western Michigan University. Suicide Prevention Program.

http://wmich.edu/suicideprevention/basics/protective
COURSE OVERVIEW

Overall Goal

The goal for this course is for you to gain a better understanding of youth who are suicidal as well as to discuss best practices regarding staff and facility responses to suicidal youth.

Learning Objectives

In this workshop, you will:

1) Describe why youth in custody are at risk for suicide and better identify those who may be at the “highest” risk
2) Identify ways to more effectively implement their facility’s current suicide prevention program (i.e., prevention, intervention, post intervention) based on national standards and best practices
3) Describe suicide screening and assessment, why both are important, and the essential role direct care staff play in both
4) List suicide hazards specific to their facility and potential ways to mitigate them
5) Describe the role of the Quality Mental Health Professional (QMHP) with regard to suicide prevention and how direct care staff can effectively assist him/her/them.
6) List specific ways the behavior of the direct care staff and their relationships with youth can positively or negatively impact suicidal youth

How to Use the Participant Guide

In this Participant Guide for Suicide Prevention Among Youth in Custody: What you need to know, you will find materials needed to take notes on presentations and to participate fully in both group and individual activities.

You should keep this Participant Guide after the training session has concluded and use it as a reference and a resource as you return to your work. You may also be asked to discuss the content and the significance of this training with your supervisor and/or other staff members.
Did They Do It Right?

What were the actors feeling when they found the youth?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What worked or didn’t work?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If you were in this situation what would you have done differently?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Expectations

Please write down your expectations for the workshop

Workshop Learning Objectives

After completing this training, participants will be able to:

7) Describe why youth in custody are at risk for suicide and better identify those who may be at the “highest” risk
8) Identify ways to more effectively implement their facility’s current suicide prevention program (i.e., prevention, intervention, post intervention) based on national standards and best practices
9) Describe suicide screening and assessment, why both are important, and the essential role direct care staff play in both
10)List suicide hazards specific to their facility and potential ways to mitigate them
11)Describe the role of the Quality Mental Health Professional (QMHP) with regard to suicide prevention and how direct care staff can effectively assist him/her/them.
12)List specific ways the behavior of the direct care staff and their relationships with youth can positively or negatively impact suicidal youth
Basic Ground Rules

✓ Speak freely and say what is on your mind.

✓ Listen to one another before answering (respect others’ opinions).

✓ Participate actively in discussion and activities.

✓ Keep things confidential until the group agrees what to share.

✓ Put your cell phones on silent.
Course Agenda

- Why Are Youth In Custody At Such High Risk For Suicide?
- Suicide Prevention: Doing The Things We Do Well – Better
- Mental Health Treatment And Suicide
- Preventing Suicide And Suicide Precautions
- Proper Response To An Active Suicide Attempt
- Suicide Liability Issues
- Documentation
- After A Suicide Attempt
- Summary & Evaluation
Risk Factors

Based on the clip answer the following statements. You can also base your responses on your experiences and the youth you work with.

Why do you think some of these risk factors would raise a youth’s RISK for suicide?

Examples: Symptoms of mental health disorder might be heightened in confinement

_____________________________________________________________________

What might it mean if a youth had 3, 4 or 5 of these factors as opposed to 1 or 2?

Examples: Youth in confinement typically experience more risk factors for suicide so therefore would require more protective factors

_____________________________________________________________________

Dr. Lisa touched on another critical point that could contribute to why youth in custody are at such high risk for suicide. So, when youth are in their communities what are some typical coping strategies used to deal with suicide risk factors?

Examples: Smoking

_____________________________________________________________________

What happens to these coping strategies when a youth is confined?

Examples: They are completely restricted

_____________________________________________________________________

How successful are they with these replacement strategies?

Examples: Just deal with it

_____________________________________________________________________

How successful are they with these replacement strategies?

Examples: Depends on the youth
Suicide Prevention: Doing the Things We Do Well – Better

Screening & Assessment

Examples of Suicide Screening Tools

1. Suicidal Ideation Questionnaire (SIQ)
2. Suicidal Behaviors Questionnaire-Revised (SBQ-R)
3. Massachusetts Youth Screening Instrument or (MAYSI-2).

Goal of Suicide Screening tools: _________________________________

All youth in custody are at increased risk of suicide!
Suicide Screening Questions

1. What mental health screening tool is used upon intake in your facility? Does it ask about suicide?

2. Who in your facility conducts this type of screening? What type of training do they have to prepare to screen youth for suicide?

3. What types of questions are youth asked to assess their risk of suicide? What types of behaviors would be concerning to staff who are screening youth for suicide?

4. If a youth scores “high” on one of these screening tools in relation to suicide, what is your facility’s response? What happens to that youth?

5. Are you given results of these screenings? If not, would you want to see the results for the youth in your care? Why?

6. If you are given the results, how are they helpful, what would make the process more helpful?
Rescreening For Suicide Risk

SUICIDE SCREENING IS NOT A ONE AND DONE EVENT.
RESCREENING KEEPS YOUTH SAFE!

When should a Youth be re-screened for suicide risk?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What do “transition points” mean in the facility?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Why would these transition points be particularly important for youth at risk of suicide?
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______________________________________________________________________
______________________________________________________________________
### Observable Behaviors

<table>
<thead>
<tr>
<th>Observable Behaviors</th>
<th>Observable Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>❚ Sad mood</td>
<td>❚ Lack of appetite</td>
</tr>
<tr>
<td>❚ Increased irritability</td>
<td>❚ Insomnia or sleeping too much</td>
</tr>
<tr>
<td>❚ Little interest/pleasure in activities</td>
<td>❚ Talks about dying or death</td>
</tr>
<tr>
<td>❚ Fatigue/tired all the time</td>
<td>❚ Talks about feeling inadequate, hopeless, or guilty</td>
</tr>
<tr>
<td>❚ Excessive guilt or shame</td>
<td>❚ Gives away possessions of value</td>
</tr>
<tr>
<td>❚ Difficulty concentrating or making decisions</td>
<td>❚ Withdrawn and isolated</td>
</tr>
<tr>
<td>❚ No emotion or seems apathetic</td>
<td>❚ Abrupt personality change</td>
</tr>
<tr>
<td>❚ Threatening or aggressive behavior</td>
<td>❚ Changes usual routine</td>
</tr>
<tr>
<td>❚ Restless or agitated</td>
<td>❚ Neglects hygiene</td>
</tr>
<tr>
<td>❚ Very slow speech or behavior</td>
<td>❚ Self-destructive or risky behavior</td>
</tr>
<tr>
<td>❚ Lack of appetite</td>
<td></td>
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<tr>
<td>❚ Insomnia or sleeping too much</td>
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<td>❚ Talks about dying or death</td>
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<td>❚ Neglects hygiene</td>
<td></td>
</tr>
<tr>
<td>❚ Self-destructive or risky behavior</td>
<td></td>
</tr>
</tbody>
</table>

What did you see on the list that made you think, “Wow – I will have to remember that!”?

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______________________________________________________________________
______________________________________________________________________

Did you see any behaviors you would disagree with? Why?

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______________________________________________________________________
______________________________________________________________________

______________________________________________________________________
Mood Disorders

“Mood Disorders” are one of the biggest risk factors for suicide. “Major Depression” and “Persistent Depressive Disorder” (a chronic form of Depression that used to be called Dysthymia) in OUR population are commonly expressed through:

- Irritability
- Agitation
- Aggression

Additional symptoms include: sleep problems, losing interest in things they used to like, and difficulty concentrating.

Bipolar Disorder (which used to be known as “Manic Depression”)—alternating between symptoms of MANIA and symptoms of DEPRESSION. Both can expressed through:

- Irritability
- Agitation
- Aggression

What are some of the symptoms of depression that you have seen in youth you work with?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________
Youth’s History

When reviewing youth history the following items should be considered:

- ✓ Previous suicide attempt
- ✓ Exposure to someone else’s suicide
- ✓ Past psychiatric hospitalization
- ✓ Prior/current psychotropic medication
- ✓ Prior/current mental health disorder
- ✓ Substance use disorder
- ✓ Multiple traumas
- ✓ Irritability or difficulty controlling anger
- ✓ Family history of mental illness
- ✓ Violent behavior

Youth history should be strongly considered when screening for suicide risk. What issues in a youth’s history seem most important for indicating possible suicide risk?

____________________________________________________________________
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____________________________________________________________________
Interview With Youth

The acronym **SAL** can be used to guide your interview and response:

**S** stands for **SPECIFICITY**. How “specific” is the youth’s plan to kill themselves? You should gather as much detailed information as possible. The more specific a youth’s plan, the higher their risk of suicide.

**A** stands for **AVAILABILITY**. Is the youth’s plan “available” to them? Do they have a sheet to hang themselves or psychotropic medication to overdose?

**L** stands for **LETHALITY**. How likely is it that the youth’s suicide plan will result in death? For example, a plan to hang him/herself in his/her room during the night shift is more lethal than a plan to slice their wrist with a safety pin. The higher the lethality of the plan, the more the youth is at risk of dying by suicide.

It can also be very helpful to ask:

1) If the youth has ever made a previous suicide attempt. If so, when and how, and were they hospitalized?
2) If they ever thought about suicide and did NOT make an attempt. If so, what did they do to cope in that situation? And
3) What ONE THING would help them no longer feel suicidal?

**Staff Demeanor**

When interviewing a potentially suicidal youth – staff demeanor is very important

- Calm demeanor
- Caring attitude
- Neutral facial expressions
- Tone of voice
- Body posture
- Eye Contact
Facility Hazards

Review the categories of Facility Hazards below. List as many specific hazards as possible under each category. Think about where youth are housed, how they are supervised and what type of clothing they wear that could potentially be used to commit suicide.

<table>
<thead>
<tr>
<th>Facility Hazards</th>
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<tbody>
<tr>
<td>Staff-to-Youth Ratio (e.g., too few staff):</td>
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<tr>
<td>Isolation:</td>
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<tr>
<td>Protrusions/projections in room:</td>
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<td>-</td>
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<td>-</td>
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<tr>
<td>Psychotropic medications:</td>
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<td>-</td>
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<tr>
<td>Unit/cottage layout (e.g., blind spots):</td>
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<td>-</td>
</tr>
<tr>
<td>Clothing or uniforms:</td>
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<td>-</td>
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<tr>
<td>Toxic materials:</td>
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<tr>
<td>Monitoring:</td>
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<td>-</td>
</tr>
<tr>
<td>Other:</td>
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</tr>
</tbody>
</table>

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Juvenile Offenders With Mental Health Disorders (Boesky, 2011)
Mental Health Treatment and Suicide

According to the National Commission on Correctional Health Care (NCCHC), QMHP’s are psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Qualified Mental Health Professional:

What is the name of the Qualified Mental Health Professional (QMHP) at your facility? Do you have access to more than one QMHP? If so, write down as many names as you can.

______________________________________________________________________
______________________________________________________________________

What type of mental health professional(s) is your QMHP(s)? (e.g., Psychologist, Psychiatrist, Social Worker)

______________________________________________________________________
______________________________________________________________________

What are the FORMAL ways you communicate with your QMHP(s) about suicidal youth? What are the INFORMAL ways you communicate with your QMHP(s) about suicidal youth?

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What are QMHPs expected to do once contacted about a youth at potential risk for suicide?

______________________________________________________________________
______________________________________________________________________

Which of the QMHP(s) you just listed is/are responsible for conducting in-depth suicide “assessments”?

______________________________________________________________________

If the communication process runs smoothly in relation to suicidal youth, what do you think is the primary reason? If this process does not run smoothly, what do you think could make the process more effective?

______________________________________________________________________
What Are the Responsibilities of the Qualified Mental Health Professional Once They Receive A Referral?

- Degree of suicide risk
- Level of monitoring required by staff
- Develop youth’s safety plan
- Communicate plan with staff

Preparing A Referral To The QMHP

When preparing the referral to your QMHP (either on a referral form or directly speaking to the QMHP), there are several sources of information that should be communicated when completing the referral.

These include:

- Behavior observations,
- Review of the youth’s history, and
- Key information from your or someone else’s interview with the youth, and hazards in your facility.
- A QMHP should complete a suicide assessment as soon as possible, but no longer than 24 hours after being contacted. Staff should continuously monitor (1:1 supervision) potentially suicidal youth while they are waiting for a QMHP’s assessment.

None of these sources are complete and accurate predictors of suicidal behavior in youth and certainly not when considered in isolation. Which also means--a LACK of concern in one of these areas does not automatically mean a youth is not going to attempt suicide. Suicide is a very complex behavior, particularly among youth in custody.
Facility Protective Factors$^2$ & Individual Protective Factors

What do you think the term Individual/Facility Protective Factors means?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Risk Factors/Individual Protective Factors</td>
<td>Facility Hazards/Facility Protective Factors</td>
</tr>
</tbody>
</table>

$^2$ Juvenile Offenders With Mental Health Disorders (Boesky, 2011)
Daily Unit Programming

List the positive daily programming/activities conducted at your facility that are intended to reduce stress, change moods, and refocus behavior or build pro-social skills in the youth under your care.

*Examples: school, creative arts, vocational programs*

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Now, brainstorm a list of possible programming that you don't currently have that meet the criteria of being educational and achieve a desired outcome for youth participation that increases the likelihood that the youth will succeed both while in custody and when they return to the community.

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Healthy Relationships with Healthy Adults In Healthy Environments

What would this look like in your facility?

Example: *Youth and staff have open communication*
Are You Being Manipulated?

How should you deal with youth whom you think are engaging in manipulative/attention seeking behavior?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What is your facility’s policy for dealing with manipulative/attention seeking behavior?

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______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

REMEMBER: Whether you believe the youth is being manipulative or not--follow your agency protocol for suicide threats and actions.
Suicide Prevention Among Youth In Custody

Intensive Monitoring

What is your agency’s policy for “Intensive monitoring” of youth who are at high risk for suicide?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What is the best way to communicate which youth are on suicide precautions and the type of monitoring they require?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What documentation is required during Intensive Monitoring?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Any staff can put youth ON Suicide Precautions. ONLY the QMHP can take a youth OFF.
Safe Housing for Suicidal Youth

Why should youth be placed in the least restrictive environment possible?

Should suicidal youth participate in regularly scheduled programming?
  - Yes
  - No

Should suicidal youth have the same access to recreation, school, and other activities as their peers?
  - Yes
  - No

Is isolating suicidal youth the best way to keep them safe?
  - Yes
  - No

Social Interaction is Essential
Procedures for Responding to An Active Suicide Attempt

What are your agency’s step-by-step procedures for responding to an active suicide?

Step 1:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Step 2:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Step 3:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Step 4:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Step 5:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Preparing for an Active Suicide Attempt

The following are key issues related to preparing to respond to an active suicide attempt.

1) Be Trained - You must be trained in how to respond to suicide attempts in progress, especially hangings and other forms of asphyxiation, as well as in providing first-aid, CPR, and other life-saving measures. This is partially done in trainings like this, but it is essential that your facility have random and realistic mock drills so you can “practice” intervening with suicidal youth when a mistake would not be lethal.

2) Know the Location of an Emergency Bag – Know where the “Emergency Response Bag” is located. There should be at least one on every unit, it should be easily accessible, and it must be inventoried and checked for completeness and sharpness each shift. If you do not wear an “emergency bag” as part of your uniform, you will have to grab it in a suicide emergency or tell someone to immediately bring it to you.

The Emergency Bag should contain:

• First Aid Kit
• Pocket Mask/Ambu bag
• Rescue (cut-down) Tool

Responding to an Active Suicide Attempt

Immediately Respond – If you discover a youth attempting suicide--immediately respond by:

1) Survey the scene ________________________________

2) Alert others/Call for back-up/Request emergency bag ____________

3) Enter the room, SAFELY ________________________________

4) Assess severity of attempt ________________________________
Suicide Liability Issues

*Can I get in trouble if I do something wrong and a youth dies?* The short answer is yes.

**Negligence: What does it mean for me?**

**Deliberate Indifference: What does it mean for me?**
**Documentation**

Documentation should include factual information—what you saw and heard—as well as behavioral observations related to youth’s mood or behavior. You should avoid comments or opinions regarding youth’s underlying motivation.

Where are the most common places you will be “documenting” about potentially suicidal youth?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Choose which option you think is the best example of documentation

- **Option #1**: Youth says she wants to die and “can’t take it anymore”
- **Option #2**: Youth is trying to get attention by making suicidal threats
- **Option #3**: Youth appears more agitated since lunch. Youth talked with his mother on the phone and I heard yelling.
- **Option #4**: Youth is angry at his mother.
After a Suicide Attempt

What likely feelings, thoughts and behaviors would be expected in an adult after someone they know dies by suicide or makes a serious suicide attempt-- especially if they tried to save the suicidal person in some way?

Feelings

______________________________________________________________________

______________________________________________________________________

Thoughts

______________________________________________________________________

______________________________________________________________________

Behaviors

______________________________________________________________________

______________________________________________________________________

In addition to staff, who else in the facility may be upset and potentially traumatized if a youth dies or almost dies?

______________________________________________________________________

Several types of reviews and a “Psychological Autopsy” should take place after a serious suicide attempt or completed suicide to better understand what happened, why it happened, and how to prevent it from happening again.