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# State of Alabama Alabama Department of Correction

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DONAL CAMPBELL  
COMMISSIONER

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ADMINISTRATIVE REGULATION  
NUMBER 629

OPR: TREATMENT

## INMATE SUICIDE PREVENTION PROGRAM

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for a comprehensive program for identifying and responding to suicidal inmates. Components of the program include staff training in the identification, referral, evaluation, housing, and monitoring of inmates at risk. Additionally, the program provides for notifications, reporting, debriefings, and Quality Improvement (QI) reviews of completed suicides and life-threatening attempts.

### II. POLICY

The ADOC is dedicated to preventing inmate suicides through staff training in the identification and referral of inmates potentially at risk for suicidal behavior, immediate intervention and monitoring when an inmate is identified as potentially suicidal, and mental health evaluation and treatment. Comprehensive post-event reviews are required for all inmate suicides or life-threatening events as a component of the mental health Quality Improvement Program (QI).

### III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

Anniversary Date

Cut-down Techniques

Debriefing

Diffusing

Life-Threatening Attempt

Quality Improvement Program (QI)

Serious Mental Illness (SMI)

Suicide Gesture

Suicidal Ideation

Suicide Watch

**IV. RESPONSIBILITIES**

- A. The ADOC Director of Treatment is responsible for the development of a comprehensive suicide prevention program within the ADOC and for ensuring that this program is a component of all staff orientation and annual training.
- B. The ADOC Director of Treatment and the contract Mental Health Director are jointly responsible for:
  - 1. Maintaining the summary data and recommendations from Quality Improvement (QI) Reviews
  - 2. Assessing summary data and recommendations of completed suicides or life-threatening events to determine if the results have system-wide applicability
- C. The Supervising Psychologist or designee will ensure the implementation and monitoring of the suicide prevention program at each institution and will initiate a Quality Improvement (QI) Review for any completed suicides or life-threatening events.

**V. PROCEDURES**

- A. All ADOC staff members who have the responsibility of inmate supervision will receive orientation and annual training in suicide prevention. This training will include, but not limited to:
  - 1. General information about suicide and suicide among inmates.
  - 2. Signs and symptoms of suicidal ideation such as:
    - a. Significant change in functioning
    - b. Verbalizing a desire to die or harm oneself
    - c. Giving away possessions
    - d. Inmate appears calm after period of agitated depression
  - 3. Factors that increase the risk of suicide while incarcerated:
    - a. Pending disciplinary time or placement in segregation
    - b. Death or serious illness of family member

- c. Loss of family support, i.e. divorce, relocation, or estrangement
  - d. Denial of parole or conviction of new crime
  - e. Serving a lengthy sentence
  - f. Approaching release after serving lengthy sentence
  - g. Recent victim of a sexual assault
  - h. Inability to establish or maintain peer relationships
  - i. Presence of a serious mental illness, such as major depression and/or schizophrenia
  - j. Language barrier that increases a sense of isolation
  - k. Significant anniversary date
  - l. Prior suicide attempts
4. Specifics of the ADOC suicide prevention program and how to intervene when there is risk for suicidal behavior:
- a. Immediate intervention during a suicidal act
    - 1) Diffusing
    - 2) Monitoring
    - 3) Referral
  - b. Monitoring at-risk inmates
  - c. Referral of at-risk inmates
  - d. Suicide watch procedures
  - e. Use of restraints as a therapeutic mental health intervention
  - f. Cut-down techniques

**B. Identification of at-risk inmates**

- 1. Inmates will be screened for suicidal potential during Reception Mental Health Screenings and Reception Mental Health Evaluations as required by AR 610, Reception Mental Health Screening and AR 612, Reception Mental Health Evaluations.

2. All staff are required to immediately contact mental health or medical staff when an inmate:
    - a. Verbalizes a desire or intent to commit suicide
    - b. Is making a suicide attempt or gesture
    - c. Appears to be at risk for suicide
  3. Referral will be in accordance with AR 627, Outpatient Crisis Intervention Services.
- C. Immediate monitoring of inmates at-risk for suicidal behavior
1. Inmates exhibiting suicidal ideation/behaviors will be continuously observed and prevented from self-harm until mental health assistance is obtained.
  2. On-site mental health staff will conduct a face-to-face evaluation of the inmate as soon as possible to determine if suicide watch procedures are required.
  3. When mental health staff are not on-site:
    - a. A security supervisor may initiate suicide watch procedures
    - b. Medical staff will contact the on-call psychiatrist for approval of the intervention as soon as possible
  4. The contract medical and/or mental health nurse will advise the Supervising Psychologist and ADOC Psychologist or Psychological Associate the morning of the next business day whenever an inmate has been placed on suicide watch during non-business hours.
- D. Suicide watch procedures will be conducted in accordance with AR 630, Mental Health Watch Procedures.
1. Initiation of suicide watch procedures will be authorized by mental health staff whenever possible. When mental health staff are not immediately present, security supervisors may place an inmate on suicide watch.
  2. The inmate will be placed in a safe cell with documented monitoring by correctional officers no less than every fifteen minutes.
  3. An inmate's treatment coordinator or assigned mental health staff will evaluate an inmate on suicide watch no less than once a day on workdays. Trained medical staff, with consultation of the on-call Psychiatrist, will provide daily monitoring on weekends and holidays.

4. A crisis intervention treatment plan will be finalized within one working day of an inmate's placement on suicide watch.
  5. Discontinuing suicide watch procedures requires an order from a Psychiatrist, a licensed Psychologist, or member of the ADOC Psychology staff.
- E. When there is a completed suicide or life-threatening attempt:
1. Security supervisors will immediately notify:
    - a. Medical staff
    - b. The Warden or other designated administrative staff
    - c. The ADOC psychologist or psychological associate
  2. Medical staff will advise:
    - a. The on-call psychiatrist
    - b. The Supervising Psychologist or designee.
- F. When there is a completed suicide:
1. The institution's Supervising Psychologist or designee will advise:
    - a. The Mental Health Director
    - b. The ADOC Director of Treatment.
  2. Administrative staff, in accordance with ADOC AR 408, Emergency Notification Death or Critical Illness of Inmate, will contact family members.
  3. The institution's Supervising Psychologist or designee will assess the situation and conduct post suicide debriefings with staff and inmates.
- G. Reporting requirements for a completed suicide and/or a life-threatening attempt:
1. Security supervisors will ensure correctional officers complete appropriate forms documenting the event.
  2. Mental health staff will initiate ADOC Form MH-004, Quality Improvement Program: Review of Inmate Suicide or Life-Threatening Attempt
    - a. Immediately for completed suicide
    - b. By the end of the next business day for a life-threatening attempt

3. The Supervising Psychologist will submit ADOC Form MH-004 to the ADOC Director of Treatment with monthly mental health services reports in accordance with AR 636, Mental Health Services: Monthly Reporting.
- H. Review of completed suicides:
1. Mental health staff will complete a psychological post-mortem review of all completed suicides as part of the mental health quality improvement program.
  2. The institution's Supervising Psychologist/designee will initiate a post-mortem review as soon as possible after notification of the suicide. The review will include:
    - a. Discussions with staff on-site at the time of the suicide or life-threatening attempt
    - b. Interviewing inmates who were housed near the location of the suicide or who were familiar with the inmate
    - c. Housing records pertaining to the inmate
    - d. The inmate's medical record
    - e. The inmate's institutional file
    - f. Information regarding the inmate's contact with family
  3. The review will be discussed at the next meeting of the mental health QI program.
  4. Areas for improvement and corrective action identified by the review will be shared with the:
    - a. Mental Health Director
    - b. ADOC Director of Treatment
    - c. Institution's Warden/designee
  5. The contract Mental Health Director and ADOC Director of Treatment will determine if the findings of a specific review have system-wide applicability and should be shared with all institutions.
  6. The institution's Supervising Psychologist will ensure that recommended corrective actions are implemented.
- I. Review of serious suicide attempts (When suicide attempt or gesture requires treatment beyond that available in prison's infirmary or clinic.)

1. Mental health staff will complete a quality improvement review of all serious attempts within two working days of the event.
2. The review will include:
  - a. Interviews with Correctional Officers on-site during the event or who are familiar with the inmate.
  - b. Interviewing inmates housed near the location of the suicide or who are familiar with the inmate.
  - c. Review of the inmate's medical record.
  - d. Review of the inmate's institutional file.
3. The review will be documented on ADOC Form MH-004, Quality Improvement Program: Review of Inmate Suicide or Life-Threatening Attempt. This form will be maintained with quality improvement documentation and not filed in the inmate's institutional file or medical record.
4. The review will be discussed at the next meeting of the Mental Health Quality Improvement Program.
5. Areas for improvement and corrective action, identified by this review, will be shared with the Mental Health Director, the ADOC Director of Treatment, and the institution's Warden/designee.
6. The institution's Supervising Psychologist is responsible to ensure the recommended corrective actions are implemented.
7. The Mental Health Director and the ADOC Director of Treatment will determine if the findings of a specific review have system-wide applicability and should be shared with all institutions.

J. Critical Incident Stress Debriefing:

1. Contract or ADOC Mental Health staff will meet with correctional officers and other staff involved in a completed suicide or life-threatening attempt as soon as possible after the event.
  - a. Whenever possible the initial sessions should occur prior to staff finishing their shift.
  - b. Individual staff follow-up and a series of group debriefings will be scheduled if initial sessions or individual staff discussions suggest the need for further assistance.
2. Contract or ADOC mental health staff will conduct cell-front rounds or group debriefings of inmates near the location of a completed suicide or life-

threatening attempt to evaluate inmate reaction to the event. If additional mental health assistance is indicated, the inmate will be seen individually or as a member of an inmate-debriefing group.

**VI. DISPOSITION**

Refer to AR 601, Mental Health Forms and Disposition.

**VII. FORMS**

Refer to AR 601, Mental Health Forms and Disposition for the following form:

ADOC Form MH-004, Quality Improvement Program: Review of Inmate Suicide or Life-Threatening Attempt


**VIII. SUPERCEDES**

This AR supercedes AR 469 dated February 27, 2002.

**IX. PERFORMANCE**

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000
- B. National Commission on Correctional Health Care: Standards for Health Care in Prisons, 2003
- C. The Department of Mental Health and Mental Retardation Statutory Authority: Code of Alabama, 1975, Section 22-50-11.

  
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Donal Campbell, Commissioner