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Purpose:

The purpose of this directive is to establish guidelines and procedures for dealing with people displaying suicidal thoughts, and/or behaviors/gestures.

Philosophy:

The Department of Disabilities and Special Needs (DDSN) values the health, safety, and well-being of each person. However, many people served have mental health needs which necessitate special precautions to prevent the risk of harm to themselves or others.

Problem:

Suicidal wishes, gestures or attempts should be taken seriously. Historically suicidal wishes have been associated with people who are in a depressed state; however, they can occur in individuals who appear non-depressed. One of the key factors in suicidal potential is the degree of hopelessness and/or helplessness experienced by the person. When a person begins to view the future in totally negative terms, and view themselves as powerless to help themselves, life becomes pointless and intolerable and he/she becomes a high suicide risk. This risk exists

particularly if the person is depressed or has a history of impulsive behavior. The risk associated with suicidal symptoms is obvious, since it poses a high probability of fatal consequences. It should be noted that the impulsive suicidal attempt may be just as dangerous as the deliberately planned attempt.

INDICATORS:

Early detection of the potential for suicide is an important aspect of prevention. Some of the important indicators of suicidal potential are:

1. Expression of intent to harm oneself;
2. Prior attempts to harm oneself;
3. Negative view of the future (I feel so hopeless);
4. Presence of illogical thinking where voices are telling the person to harm himself;
5. Expression of desire to be like others who have attempted or committed suicide;
6. Recent loss of someone significant through death, divorce, moving away, etc.;
7. Feelings of depression as evidenced by sadness, crying, etc.;
8. Increases or decreases in appetite;
9. Loss of interest in activities;
10. Isolation from activities and people;
11. Changes in sleep pattern;
12. Inability to decide whether or not they want to live or die;
13. Sudden improvement in mood after a period of depression or hopelessness;
14. Agitation or irritability.

Persons with intellectual disabilities may not appreciate the lethality or degree of dangerousness of their acts. In an agitated state they may commit a fatal act when they were intending to make a gesture.

PROCEDURES:

Regional Centers, DSN Board, and Contract Service Providers shall develop a formal policy on preventing and responding to suicidal behaviors. The policy shall specify that when any staff member has reason to believe that an individual intends to injure himself/herself because the person is expressing thoughts of suicide, suicide gestures or symptoms of major depression, the staff member should immediately notify their supervisor. The supervisor shall:

1. Immediately place the individual on one-to-one supervision. The staff member assigned on each shift shall remain within arm's length of the person at all times, even in the bathroom.

2. Have physician, psychologist or responsible professional (one who has training and experience in diagnosis and treatment of mental disorders) conduct an examination of the individual immediately after the one-to-one is initiated. The examination shall include the following elements:

a. Behavior and thought content;
b. Actual potential danger to self and others;
c. The level of precautions to be taken; and,
d. Whether or not immediate transfer to a psychiatric facility is indicated.

Whenever an individual in the community is thought to be suicidal, the Provider should immediately seek assistance from one or more of the following sources:

1. Local Community Mental Health Center;
2. Consulting physician, psychiatrist or psychologist; and/or,
3. Public or private psychiatric facility.

As a general precaution individuals who have a history of suicidal behavior should be identified. In Regional Centers, a list of these individuals should be maintained by the A.O.D.

LEVELS OF PRECAUTION:

1. Critical Suicide Risk: When the person is actively self-destructive and his/her safety cannot be maintained in any other way. Also indicated for individuals who:

- are expressing suicidal thoughts or intent
- have attempted suicide in the past
- self-mutilate
- are impulsive, frightened or threatening
- are elopement risks
- are expressing hopelessness
- have a realistic suicide plan
- are displaying agitated behavior

a. Continue 24 hour one-to-one or greater staff supervision as necessary to assure safety.

b. Remove all belts, jewelry, sharp objects, shoestrings, radios, long cords, etc., that may be used to injure the person.

c. Take the person to a quiet area with a safe environment away from other individuals.

d. Document observations of the individual's appearance, behaviors, and vocalizations in the person's record at least on an hourly basis and summarize at the end of each shift.

e. Account for all eating utensils after every meal.

f. Continue (A-E) until order is discontinued by the physician, psychologist or responsible professional.

g. Psychiatric referrals must be done on all critical suicide risk individuals.

h. All individuals placed on critical suicide risk status must be reported to Central Office following the critical incident format.

i. For those served in an ICF/ID, the Interdisciplinary team should be involved at the initiation of suicide precaution/prevention procedures. For those not served in an ICF/ID, the Service Coordinator must be notified and involved at the initiation of the special program.

2. Suicide Risk: Indicated for individuals who:

- have no suicidal plan or vague plans and statement about suicide
- have no record of prior suicide attempts
- talk about future plans and activities
- exhibits a non-lethal gesture such as holding breath, choking self with their hands

a. Place on constant visual supervision until removed from suicidal precautions by physician, psychologist or responsible professional.

b. Document in person's record observation of the individual's appearance, behaviors, and vocalizations every four hours.

c. Place on one-on-one supervision when the person leaves the unit, facility, or program area.

d. For those served in an ICF/ID, involve the Interdisciplinary team in the initiation of suicide precaution/prevention procedures. For those not in an ICF/ID, the Service Coordinator should be notified and involved at the initiation of the special program.

TRAINING:

Include in in-service training a module on recognizing and preventing suicidal behavior.

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