



Training Circular



Suicide Prevention, Self Inflicted Injuries, and Injury Prevention



Suicide can be prevented.

Each year, more than 41,000 Americans take their own lives and more than 494,000 Americans receive medical care for self-inflicted injuries.

Suicide is often the result of multiple risk factors. Having these risk factors; however, does not mean that suicide will occur. Some of the risk factors researchers identified include the following:

- History of previous suicide attempts.
- Family/close friend history of suicide.
- History of depression or other mental illness.
- History of alcohol or drug abuse.
- Stressful life event or loss (e.g., job, financial, relationship).
- History of interpersonal violence.
- Stigma associated with mental illness and help-seeking.

Know The Warning Signs for Offenders Behavior Changes

- Eating Habits
- Hygiene habits
- Sleeping habits
- Giving away possessions
- Refuses visits or mail
- Talks about death and or dying

- Any self-inflicted injury
- Crying

Mood Changes

- Hopelessness
- Withdrawn
- Depressed
- Sadness
- Worthlessness
- Helplessness
- Anger
- Fearful
- Self hate

High Risk Factors for Suicide for Offenders

- Recent family loss.
- Recent set off or serve all.
- Recent denial of protective housing.
- Recent parole disappointment.
- Recent changes in relationships.
- Changes in physical condition.
- Increasing fear of being harmed.
- Feeling pressured or threatening to commit suicide.
- Recent placement in single cell housing.
- Less than three years served on sentence.

- Transient status.
- Recent crisis management or inpatient placement.

Warning Statements

- "No one cares."
- "I won't be around long."
- "My family will be better off without me."
- "It doesn't matter, anymore."
- "No one would miss me if I were gone."
- "Take care of my daughter, car, etc., for me."

Prevention

Get the treatment you need.

If you do not treat the underlying cause, your suicidal thoughts are likely to return.



You may feel embarrassed to seek treatment for mental health problems, but getting the right treatment for depression, substance misuse or another underlying problem will make you feel better about life and help keep you safe.

Establish support network.

It may be hard to talk about suicidal feelings, and your friends and family may not fully understand why you feel the way you do. Reach out anyway, and make sure the people who care about you know what is going on and are there when you need them.

You may also want to get help from your place of worship, support groups or other community resources. Feeling connected and supported can help reduce suicide risk.

Remember, suicidal feelings are temporary.

If you feel hopeless or that life's not worth living anymore, remember that treatment can help you regain your perspective and life will get better. Take one step at a time and do not act impulsively.



Workplace Bullying

Workplace bullying can have a serious negative impact on individuals and on companies, but is unfortunately common. Everyone in a company benefits from recognizing and stopping workplace bullying.

Workplace bullying can take many forms.

Examples of Workplace Bullying:

- Shouting or swearing at an employee or otherwise verbally abusing him or her.
- One employee being singled out for unjustified criticism or blame.
- An employee being excluded from company activities or having his or her work or contributions purposefully ignored.
- Workplace bullies use language or actions that embarrass or humiliate an employee.
- Practical jokes, especially if they occur repeatedly to the same person.

Workplace bullying is when a person or a group of people in a workplace single out another person for unreasonable, embarrassing, or intimidating treatment. Usually the bully is a person in a position of authority who feels threatened by the victim, but in some cases the bully is a co-worker who is insecure or immature. Workplace bullying can be the result of a single individual acting as a bully, or of a company culture that allows or even encourages this kind of negative behavior.

Self Inflicted Injury

Self-injury is the act of deliberately harming the surface of your own body, such as cutting or burning yourself. It's typically not meant as a suicide attempt. Rather, this type of self-injury is an unhealthy way to cope with emotional pain, intense anger, and frustration.

Symptoms

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to

create a burn

- Keeping sharp objects on hand
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioral and emotional instability, impulsivity, and unpredictability
- Statements of helplessness, hopelessness, or worthlessness

Forms of self-injury

- Cutting (cuts or severe scratches with a sharp object)
- Scratching
- Burning (with lit matches, cigarettes or hot, sharp objects)
- Carving words or symbols on the skin
- Hitting or punching
- Piercing the skin with sharp objects
- Pulling out hair persistently
- Picking at or interfering with wounds healing

Most frequently , the arms , legs and front of the torso are the targets of self-injury, but any area of the body may be used for self-injury. People who self-injure may use more than one method to harm themselves.

Risk Factors

Age. Most people who self-injure are teenagers and young adults. Self-injury often starts in the early teen years, when emotions are more volatile and teens face increasing peer pressure, loneliness, and conflicts with parents or other authority figures.

Having friends who self-injure. People who have friends who intentionally harm themselves are more likely to begin self-injuring.

Life issues. Some people who injure themselves were neglected or abused (sexually, physically or emotionally), or experienced other traumatic events. They may have grown up and still remain in an unstable family environment, or they may be young people questioning their personal identity or sexuality. Some people who self-injure are socially isolated.

Mental health issues. People who self-injure are more likely to be highly self-critical and be poor problem-solvers. In addition, self-injury is commonly associated with certain mental disorders, such as borderline personality disorder, depression, anxiety disorders, post-traumatic stress disorder, and eating disorders.

Excessive alcohol or drug use. People who harm themselves often do so while under the influence of alcohol or drugs.

Coping and Support

If you or a loved one needs help in coping, consider the tips below. If there is a focus on thoughts of suicide, take action and get help immediately.

Coping tips if you self-injure include:

- **Connect with others who can support you so you don't feel alone.** For example, reach out to a family member or friend, contact a support group, or get in touch with your doctor.
- **Avoid websites that support or glamorize self-injury.** Instead, seek out sites that support your recovery efforts.
- **Learn to express your emotions**

in positive ways. For example, to help balance your emotions and improve your sense of well-being, become more physically active, practice relaxation techniques, or participate in dance, art, or music.

Injury Prevention

- Identify people most at risk and offer help. For instance, those at risk can be taught resilience coping skills that they can then draw on during periods of distress.
- Encourage expansion of social networks. Many people who self-injure feel lonely and disconnected. Forming connections to people who do not self-injure can improve relationship and communication skills.
- Promote programs that encourage peers to seek help. Peers tend to be loyal to friends even when they know a friend is in crisis.

⇒ <http://www.sprc.org/resources-programs>

⇒ Suicide Prevention Lifeline

(1-800-273-8255)

Correctional Managed

Health Care Policy

Offenders who are identified as "at risk" for suicide or self-injury will be evaluated immediately by a mental health or medical clinician. Suicidal offenders will be moved immediately to an environment in which offender safety is ensured, and constant and direct observation (CDO) can be maintained. A mental health professional will assess the patient for suicide risk to determine if placement in Mental Health Observation or referral to Crisis Management is indicated.

- An offender is appropriate for outpatient mental Health Observation if:
- Offender has made no act of self-injury requiring ongoing medical attention.
- Behavior and/or mental status do not necessitate the use of physical restraint.
- Behavior and/or mental status do not necessitate enforced medication.
- The offender is not acutely psychotic, acutely suicidal, severely depressed or otherwise seriously mentally ill.

Those offenders who do not meet the above criteria are inappropriate for Mental Health Observation and should be transferred immediately to a crisis management or inpatient facility. Offenders awaiting transfer to a crisis management facility must be held in a safe environment under constant and direct observation (CDO) until departure from the facility.

Care and documentation for offenders while in Mental Health Observation or Crisis Management

Clothing, mattress, blanket, eating utensils, and legal material are allowed, unless otherwise ordered by a Qualified Mental Health Professional (QMHP). Offenders who are at risk for self-injury should not be permitted to possess items with which they may injure themselves. Offenders may be provided with agency "suicide" blankets in lieu of regular linen. Paper gowns must be provided if all clothing is removed. If the QMHP considers the paper gown to be contraindicated or dangerous to the patient, the offender will be placed on one to one observation.

Offenders in Metal Health Observation must be visually checked a minimum of once every 30 minutes by mental health, medical staff or by security staff. Offenders in Crisis Management must be visually checked a minimum of once every 15 minutes by mental health staff, medical staff, or by a correctional officer with special training at the Inpatient Psychiatric Facility.

Lifesaving Response Kit

Lifesaving Response Kit is a "RED" box that contains items that will assist the correctional staff in lifesaving efforts while waiting for facility based or free-world emergency staff to arrive on scene. Correctional staff shall retrieve the lifesaving response kit from the closest designated area when responding to the incident.

The Life-Saving Response Kits, including contents, shall be maintained in good working condition.

All lifesaving response kits shall be maintained in a location not accessible to offenders.

Lifesaving response kits shall be inspected daily by the officer assigned to the picket where the kit is kept and by a shift supervisor. Both officer and supervisor can visually inspect the contents of the kit and initial the check sheet. Completed check sheets shall be forwarded to the Fire and Safety Department. Records retention shall be three (3) years for A.C.A. purposes.

"The 911 Tool." is an instrument designed to cut material used during a hanging, without causing injury to the victim. The tools shall be maintained in proper working condition, and available in multiple secure areas, which are easily accessible from offender housing and work areas.

All 911 tools shall be sharpened. Each tool shall be accounted for and numbered in accordance with A.D. 3.19 Tool Control.

All employees are required to respond to and address all threats or acts of suicide. Each employee should make every effort to prevent suicided; but should not risk personal or staff safety.

The first person on the scene shall immediately initiate the Incident Command System (ICS) or notify the closest available staff. The person who was notified shall perform the following, but not necessarily in the following order:

- Initiate the Incident Command System, if not already initiated by the first person on the scene;
- Call for additional staff;
- Call for medical assistance;
- Notify a supervisor;
- Retrieve the Life-Saving Response Kit; and
- Call for a video camera.

Security staff should call 911 for emergency medical assistance as needed.



References:

- Mayo Clinic
⇒ <http://www.mayoclinic.org/>
- Correctional Managed Care
⇒ <http://www.tdcj.texas.gov/>
- Bullying Statistics
⇒ <http://www.bullyingstatistics.org/>
- TDCJ
⇒ A.D. 3.19 Tool Control.
⇒ M.S. 5.20

Training Circular

TDCJ Risk Management Department

Volume 16 Issue 11

Kelvin Scott

Director,

Administrative Review and Risk Management Division

Administrative Review and

Risk Management Division

Thomas Warren

Manager II

Risk Management

The Training Circular, a publication of the Texas Department of Criminal Justice Risk Management Department, is published monthly in an effort to promote and enhance risk management awareness on issues relating to TDCJ employees. Design and layout of the Training Circular is performed by Thomas Warren, Risk Management. Comments, suggestions and safety related items are welcome. Send suggestions to:

Thomas Warren

Risk Management Department

1060 Hwy 190 East

Huntsville Texas 77340

Or,

thomas.warren@tdcj.texas.gov

All items received become property of the Risk Management Department unless otherwise agreed and are subject to be rewritten for length and clarity. Permission is hereby granted to reprint articles, provided source is cited.