

# Instructions for Suicide and Medical/Mental/Developmental Impairments Form

## Basic Information

1. The Screening Form for Suicide and Medical and Mental Impairments was revised to achieve three main goals:
  - A. Create an objective suicide risk assessment with clear guidance for front-line personnel of when to notify superiors, mental health providers, and magistrates.
  - B. Assist sheriffs to meet all statute requirements such as Code of Criminal Procedure §16.22.
  - C. User friendly for the typical range of experience of a Texas county jailer
2. Intake screening is the first step and is crucial to determine which inmates require more specialized mental health assessment. "Unless inmates are identified as *potentially* needing mental health treatment, they will not receive it"<sup>1</sup>.
3. The purpose of intake screening is for correctional staff to triage those who may be at significant risk for suicide; identify inmates who may be in distress from a mental health disorder/psychosis or complications from recent substance abuse; and assist with the continuity of care of special needs offenders.
4. Per Minimum Jail Standard §273.5, an intake screening form must be completed on all inmates **immediately** upon admission into the facility.
5. Additional screenings should be completed when staff has information that an inmate has developed a mental illness or the inmate is suicidal at any point during an inmate's incarceration. Additional screening forms must be maintained in the inmate's medical file.
6. For counties that will create an electronic copy or import the form into their software package, all questions from this form must be present along with required notifications.
7. For counties that will use a paper format, counties may insert blank space into the comments sections of the Word version of the form to create more writing space.
8. The form should be completed by a trained booking officer or medical/ mental health personnel.
9. Fill out the form completely and in its entirety.
10. If the inmate is unable to or refuses to answer questions, notify supervisor and place the inmate on suicide watch until a form can be completed. Notate the reason why the form cannot be completed. Complete a new form when the inmate is able to answer the questions.

## 1st Section-Basic Information and Medical Information

1. The first section consists of basic identifier information and medical information.
2. All applicable boxes should be checked. Provide additional information where required.
3. The below two medical questions require that a supervisor or medical personnel be

## Instructions for Suicide and Medical/Mental/Developmental Impairments Form

notified if officers receive a “yes” answer:

- A. Do you think you will have withdrawal symptoms from stopping use of medications or other substances (including alcohol or drugs) while you are in jail?
  - B. Have you ever had a traumatic brain injury, or loss of consciousness?
4. Medical personnel or supervisors should assess and take appropriate action.

### 2nd Section-Self-report Questions

1. If the inmate is unable to answer questions, note the reason why, notify supervisor and place inmate on suicide watch until a form can be completed.
2. Questions 1a-d are strong indicators of inmates at high risk of suicide. Any “yes” answer requires notification to supervisor, magistrate and mental health immediately, and placement of inmate on suicide watch.
3. **However, if for any reason an officer believes an inmate to be at risk of suicide regardless of the answer to 1a-d, an officer should place the inmate on suicide watch and notify a supervisor.**
4. Inmates should only be removed from suicide watch after assessed by qualified mental health personnel.
5. Questions 2-12 include questions about mental health symptoms and risk factors that warrant supervisor/magistrate notification. Self-report symptoms relate to possible psychosis, schizophrenia, bipolar disorder, depression and PTSD. Question 11 also attempts to detect possible developmental disability.
6. If a screener receives a “yes” answer, please ask follow-up questions to gain a better understanding of the symptoms.

### 3<sup>rd</sup> Section-Observation

1. Make careful observations of the inmate’s demeanor and appearance.
2. Look for cuts to the wrist, impressions around the neck, or any other evidence of self-harm.
3. Notate when applicable
4. A comment box is provided for any additional information that the screener believes is relevant including an exact or CCQ match. This completed form will likely be viewed by magistrates and mental health professionals so additional information will be beneficial.

### 4<sup>th</sup> Section-Notification

1. A “yes” answer to most questions on the form will require notification to a supervisor, magistrate, or mental/medical personnel.
2. Space is provided for each notification. Jailers shall notate when they make required notifications.

## **Instructions for Suicide and Medical/Mental/Developmental Impairments Form**

3. In addition, magistrate notification **shall** include method of notification of either electronic or written notification. A completed copy of this form should be sent to the magistrate.

### **§CCP 16.22**

Art. 16.22. EARLY IDENTIFICATION OF DEFENDANT SUSPECTED OF HAVING MENTAL ILLNESS OR MENTAL RETARDATION. (a) (1) Not later than 72 hours after receiving credible information that may establish reasonable cause to believe that a defendant committed to the sheriff's custody has a mental illness or is a person with mental retardation, including observation of the defendant's behavior immediately before, during, and after the defendant's arrest and the results of any previous assessment of the defendant, the sheriff shall provide written or electronic notice of the information to the magistrate. .

---

<sup>1</sup> Steadman, Henry J., and Pamela Clark. *Developing and Validating a Brief Jail Mental health Screen for Women*. Research, National Institute of Justice, 2007.

**Screening Form for Suicide and Medical/Mental/Developmental Impairments**

County:	Date and Time:	Name of Screening Officer:	
Inmate's Name:	Gender:	DOB:	If female, pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:			
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used			
*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe			
*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
<b>*If yes, Notify Medical or Supervisor Immediately</b>			

**Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted**

	YES	NO	"Yes" Requires Comments
<b><i>IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i></b>			
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.			
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?			
1b. Are you thinking of killing or injuring yourself today? If so, how?			
1c. Have you ever attempted suicide? If so, when and how?			
1d. Are you feeling hopeless or have nothing to look forward to?			
<b><i>IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted</i></b>			
2. Do you hear any noises or voices other people don't seem to hear?			
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?			
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?			
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?			
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.			
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?			
8. Have you ever received services for emotional or mental health problems?			
9. Have you been in a hospital for emotional/mental health in the last year?			
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.			
11. In school, were you ever told by teachers that you had difficulty learning?			
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?			

***IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY***

13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?			
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			

Additional Comments (Note CCQ Match here):

Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:
Supervisor Signature, Date and Time:		