

# 4.6 Significant Self-harm and Suicide Prevention and Intervention

## Introduction

This U.S. Immigration and Customs Enforcement (ICE) Family Residential Standard protects the health and well-being of ICE residents through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Various terms used in this standard may be defined in the ICE Family Residential Standard on *Definitions*.

## Program Philosophy

The requirements of this standard must be implemented in accordance with the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*.

### A. Language Access and Disability Requirements

Centers will adhere to the language access and disability laws, regulations, responsibilities, requirements, and laws cited in the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes* and the ICE Family Residential Standard on *Disability Identification, Assessment, and Accommodation*. These requirements must be promulgated in all Center policies, practices, and operations and its themes must be fully incorporated into every Center activity. This is of critical importance and will directly impact resident life, health, and safety.

## Expected Outcomes

The expected outcomes of this standard are as follows (specific requirements are defined in the Expected Practices section in this standard):

1. All Center staff who interact with and/or are responsible for supervising residents will receive comprehensive training initially during orientation and repeated at least annually, on effective methods for identifying significant self-harm, as well as on suicide prevention and intervention for residents.
2. Staff will act to prevent significant self-harm and suicide with appropriate sensitivity, supervision, medical and behavioral health intervention, indicated referrals, and emergency medical response.

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3. Any resident identified as being at risk for significant self-harm or suicide will receive immediate medical and behavioral health intervention, appropriate treatment, monitoring, and therapeutic follow up, in accordance with appropriate standards of care, ICE policies including the ICE Performance Based National Detention Standards (PBNDS), and IHSC guidance. In order to provide the services listed above, residents will be transferred to an appropriate facility. The FOD and JFRMU Chief will be notified when a resident requires transfer.

### Standards Affected

This standard replaces the ICE Family Residential Standard on *Suicide Prevention and Intervention* dated 12/21/2007.

### Expected Practices

Each Center will have a written self-harm and suicide prevention and intervention program, including a multidisciplinary suicide prevention committee, that will be reviewed and approved by the Clinical Medical Authority (CMA), and approved and signed by the Health Services Administrator (HSA) and Center Administrator. The CMA, HSA, and Center Administrator will review the program annually.

The multidisciplinary suicide prevention committee shall, at a minimum, comprise representatives from supervisory, mental health, and medical staff. The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the Center's suicide prevention and intervention program, including suicide prevention policies and staff training. The committee shall convene following any suicide attempt to review and, if necessary, assist in the implementation of corrective actions.

At a minimum, the suicide prevention and intervention program will include procedures to address suicidal or potentially suicidal residents. Key components of this program must include the following:

- Staff training;
- Identification;
- Referral;
- Evaluation;
- Treatment;
- Housing;
- Monitoring;
- Communication;
- Intervention;

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- Notification and reporting;
- Review; and
- Debriefing.

### B. Staff Training

All Center staff members who interact with and/or are responsible for residents will receive comprehensive suicide prevention training, during orientation and at least annually. Initial suicide prevention training for all staff responsible for supervising residents should consist of a minimum of eight hours of instruction. Subsequent annual suicide prevention training should consist of a minimum of two hours of refresher instruction. All of the following topics should be incorporated into the required self-harm and suicide prevention training:

- Demographic, cultural, and precipitating factors of self-harm or suicidal behavior;
- Environmental concerns: factors of living at the Center that can contribute to suicidal behavior.
- Recognizing verbal and behavioral cues that indicate potential suicide;
- Responding to depressed and suicidal residents;
- Effective communication between Center administrative, supervisory, and health care staff;
- Required on-site and off-site referral procedures;
- Constant observation and suicide-watch procedures;
- Follow-up monitoring of residents who have attempted suicide already;
- Reporting and written documentation procedures, to include completion of suicide risk assessment (SRA);
- First aid training: Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each living and activity area of the Center);
- Liability issues associated with resident suicide; and
- Documentation of significant self-harm or suicidal behavior.

Requesting that a resident promise not to engage in suicidal behavior, also known as “contracting for safety,” is not an effective method of self-harm or suicide prevention. Use of this practice is not recognized or supported by experts. “Contracting for safety” provides no guarantee that the patient will not attempt suicide and may give staff a false sense of security. This practice is not to be relied on by staff.

### C. Identification

Residents may be identified as being at risk for self-harm or suicide at any time in accordance with the ICE Family Residential Standard on *Health Care*.

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### 1. Initial Screening

All residents will receive an age-appropriate initial mental health screening within 12 hours of admission by a qualified health care professional, as required by the “Medical and Mental Health Screening of New Arrivals” in the ICE Family Residential Standard on *Health Care*. The results of the screening will be documented on the approved intake screening form, which contains observation and interview questions related to the potential for significant self-harm/suicide. Residents who are identified as being “at risk” for suicide will receive a mental health evaluation by a behavioral health provider (BHP) or other appropriately trained medical professional.

### 2. Ongoing Identification

Residents also may be identified as being at risk for significant self-harm/suicide at any time while in the Center. Staff must therefore remain vigilant in recognizing and appropriately reporting when a risk is identified. This identification may result from a self-referral or through daily observation and/or interaction with medical staff, contract security staff, or ICE staff. Qualified health care staff will be available 24 hours per day either in person or on call for immediate consultation.

### 3. Significant Self-harm/Suicidal Resident

If health care staff determine that a resident is at imminent risk of bodily injury or death, then health care staff may make a recommendation to hospitalize the resident for purposes of his/her evaluation and/or treatment, in accordance with the ICE Family Residential Standard on *Health Care* and state licensing requirements.

If a resident is not competent to consent to hospitalization or other health care, or if the resident refuses life-sustaining treatment, it may be necessary to petition the relevant federal court to intervene to ensure appropriate medical and mental health care for the resident. In such cases, Center staff will work closely with the FOD, the JFRMU Chief, and the Office of the Principal Legal Advisor to determine the appropriate course of action.

## D. Referral

Residents who are identified as being at risk for significant self-harm or suicide will be referred immediately to a BHP or medical professional for an evaluation. Referral to the BHP should be immediate when the BHP is on-site. When a BHP is not available on-site, medical should be notified immediately to begin the assessment process. The BHP must complete a comprehensive mental health evaluation within 24 hours of identification. Until this evaluation takes place, Center staff will place the resident in a secure environment and ensure his or her safety through constant one-to-one visual observation.

Center custody staff, in consultation with the CMA, will develop a care/supervision plan for the resident’s children, which will require at a minimum one-on-one supervision for the duration of the parent’s/guardian’s episode. The Center will work with the Field Office Director (FOD) and Juvenile and Family Residential Management Unit (JFRMU) Chief to develop this plan, which will provide for the safety and security of Center minors.

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### E. Comprehensive Suicide Risk Assessment

An age-appropriate evaluation and suicide risk assessment will be conducted by a qualified BHP or medical professional who will determine the level of suicide risk, mental health needs, capacity of the Center to meet these needs, level of observation or monitoring needed, and any need for transfer for inpatient psychiatric care. If a BHP is not on-site, staff should notify the on-call BHP and arrange for the BHP to complete a comprehensive suicide risk assessment as soon as possible, but no later than 24 hours of identification. This evaluation will be documented in the resident's medical record and must include the following information:

- Relevant history, including static risk factors such as past suicide attempts and non-suicidal self injury;
- Clinical (dynamic) risk factors;
- Institutional/situational risk factors;
- Protective factors and coping skills;
- Mental status evaluation;
- A determination of suicide risk level;
- Lethality of possible suicide plan (if known);
- Level of observation or monitoring needed (e.g., close supervision or suicide watch);
- Diagnoses;
- Instructions to medical staff for care;
- Referral/transfer for inpatient care (if needed); and
- Reassessment time frames.

Residents placed on suicide watch will be re-evaluated by qualified health care staff on a daily basis, and this re-evaluation must be documented in the resident's medical record.

Only the qualified BHP, CMA, or designee may discontinue a suicide watch. The BHP will complete a suicide risk assessment before the resident is released from suicide watch.

### F. Treatment Plan

Based on the evaluation, as stipulated above, a qualified BHP will develop a treatment plan. This plan must be documented and placed in the resident's medical record. The treatment plan will address the historical, environmental, and psychological factors that contribute to the resident's suicidal ideation and/or level of suicide risk. The treatment plan will include:

- Strategies and interventions to be followed by Center staff and resident if suicidal ideation reoccurs;
- Mental health and other strategies for improved functioning; and
- Regular mental health and other follow-up appointments as clinically indicated.

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### G. Housing and Monitoring

A suicidal resident requires close supervision or monitoring in a setting that minimizes opportunities for self-harm. If a staff member identifies someone who is at risk of significant self-harm or suicide, then the resident must be placed on suicide precautions and referred immediately to a qualified BHP. Health staff should transfer the resident (and parent, as appropriate) from the Center to the nearest hospital if needed to ensure the safety of the resident.

The Center administrator will immediately notify the FOD and JFRMU Chief of such transfer and indicate what level of monitoring the Center is providing.

All residents who return from the hospital will remain in general population and will receive documented close observation by Center staff at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by health care staff, and daily mental health evaluation and treatment by a qualified BHP. It will also be determined whether or not continued residence at the FRC is appropriate.

Deprivations and restrictions placed on suicidal residents must be kept at a minimum. Suicidal residents may be discouraged from expressing their intentions if the consequences of reporting those intentions are unpleasant or understood to result in punitive treatment or punishment. Placing suicidal residents in conditions of confinement that are worse than those experienced by other residents can result in the resident not discussing his or her suicidal intentions and falsely showing an appearance of a swift recovery.

#### 1. Transfer to an Outside Facility

Any resident who is believed to be in need of seclusion and/or restraint due to self-harming or suicidal behavior should be transferred to a psychiatric facility, if deemed medically necessary to appropriately treat the needs of the resident. If the parent/guardian is not able to care for the child, consult with the FOD and JFRMU Chief.

Suicidal residents will be allowed to shower, perform bodily functions, and change clothing with as much privacy as possible under the continuous observation of staff, and without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Although staff of the opposite gender can be assigned to suicide watch, including constant observation, the Center must have procedures in place that enable a resident on suicide watch to avoid exposing himself or herself to nonmedical staff of the opposite gender. This may be accomplished, for example, by substituting medical staff or same gender Center staff to observe the periods of time when a resident is showering, performing bodily functions, or changing clothes. It may also be accomplished by providing a shower with a partial curtain or other privacy shields. The privacy standards apply whether the viewing occurs in a cell or elsewhere. However, any privacy accommodations must be implemented in a way that does not pose a safety risk for the individual on suicide watch. Safety is paramount when conducting a suicide watch, and if an immediate safety concern or resident conduct makes it impractical to provide same gender coverage during a period in which the resident is undressed, the resident should continue to be observed, and any such incident should be documented.

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### 2. Post-discharge from Suicide Watch

All residents discharged from suicide precautions should be re-assessed only by a qualified BHP, and within 24 hours initially. Subsequently, ongoing assessment should be conducted by a qualified health care staff member at intervals prescribed by the treatment plan and consistent with the level of acuity.

## H. Communication

### 1. Transfer of Resident to ICE/Enforcement and Removal Operations (ERO) Custody

Upon change of custody to ICE/ERO from other federal, state, or local custody, ICE/ERO staff or a designee will inquire of the sending facility about prior suicidal behaviors or actions and, if such behaviors or actions are identified, will ensure resident safety pending evaluation by a medical provider. The patient's "medical summary report" will be transferred in accordance with the ICE Family Residential Standard on *Resident Transfers*.

### 2. Continuity of Communication Regarding Residents in ICE/ERO Custody

When self-harm or suicide risk is identified, consistent communication will be maintained between medical, mental health, and Center staff through various mechanisms to ensure resident safety. Such communication will include the following:

- Intake forms;
- Daily briefings;
- Shift change briefings;
- Medical progress notes;
- Special needs forms;
- Medical/psychiatric alerts;
- Incident reports; and
- Transfer summaries.

## I. Intervention

Following a suicide attempt, staff will initiate and continue appropriate Basic Life Support (BLS) measures until relieved by health care personnel. Arriving medical personnel shall perform appropriate medical evaluation and intervention. When required, 911 will be activated by the responding Center staff member. The CMA or designee will be notified immediately about any suicide attempt, as well as when a resident requires transfer to a local hospital or emergency room.

## J. Notification and Reporting

In the event of a suicide attempt, all appropriate ICE and ICE Health Service Corps officials will be notified through the chain of command. The resident's family, if known, and appropriate outside authorities will also be immediately notified.

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In the event that a resident dies as a result of a suicide, ICE policy on notification and reporting of deaths in ICE custody will be followed.

Should a parent/guardian die as a result of suicide, the Center will work with the FOD and JFRMU Chief to determine the appropriate course of action for the resident's children. The Center will implement an approved care plan pending transfer or discharge.

In the case of either a suicide attempt or a fatality, medical staff will complete an "Incident Report" form or its equivalent within 24 hours, and all staff who came into contact with the resident before the suicide attempt or death, including all clinical staff who responded to the attempted suicide or death, will submit a statement describing their knowledge of the resident and the incident. Medical staff may also document their responsive actions in the medical record.

### K. Review

Every death that results from a suicide will be subject to a mortality review process and ICE policy on notification and reporting of deaths in ICE custody will be followed. ICE will make arrangements to complete a psychological reconstruction of the suicide. The mortality review process will include review of: circumstances surrounding the incident, Center procedures relevant to the incident, training of staff, medical/mental health reports, identification of possible precipitating factors, and recommendations for changes in response to the incident (e.g., policy, training or re-training, counseling, reprimand, or discipline of staff identified as failing to follow suicide prevention procedures, physical plant, medical or mental health services, and operational procedures).

### L. Debriefing and Resident Mental Health Follow-Up

A critical incident debriefing following a suicide or serious suicide attempt will be offered to all affected staff and residents within 24 to 72 hours after the critical incident.

Following a suicide or serious suicide attempt, the Center should offer appropriate mental health services to the residents who may have been affected.

## References

- ICE Family Residential Standard on Definitions
- ICE Family Residential Standard on Health Care
- ICE Family Residential Standard on Program Philosophy, Goals, and Expected Outcomes
- ICE Family Residential Standard on Resident Transfers
- ICE Notification and Reporting of Resident Deaths Directive, No 7-9.0
- National Commission on Correctional Health Care, Standards for Health Services in Jails. (2008): J-E-02, J-E-05, J-G-05, Appendix C