

Clinical Approaches to Reducing Suicide Risk in the NYC Jail System

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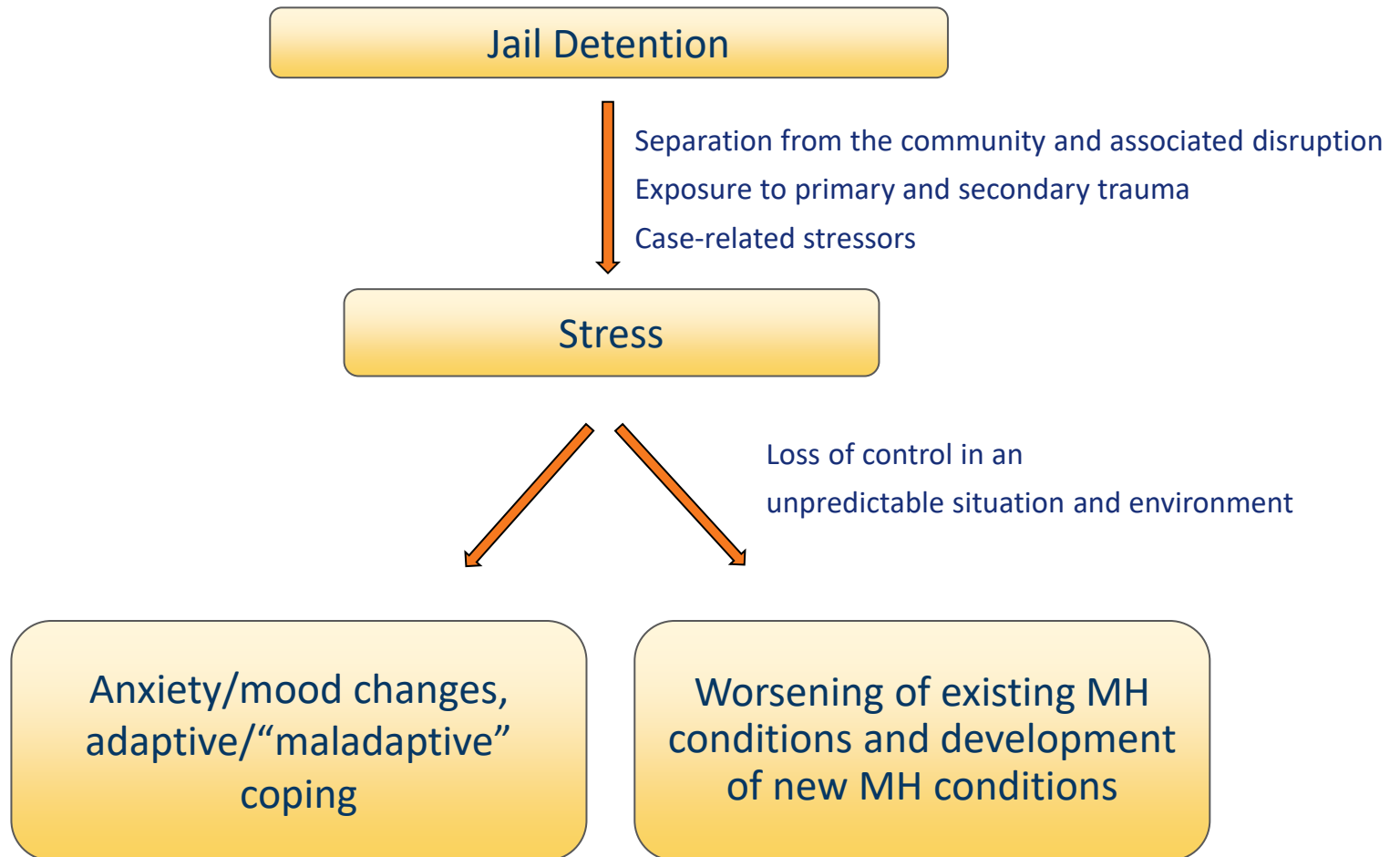
Objectives

- Discuss risk factors associated with jail suicide
- Review CHS's clinical approaches to reducing suicide risk in the NYC jail system

Jails and Suicide

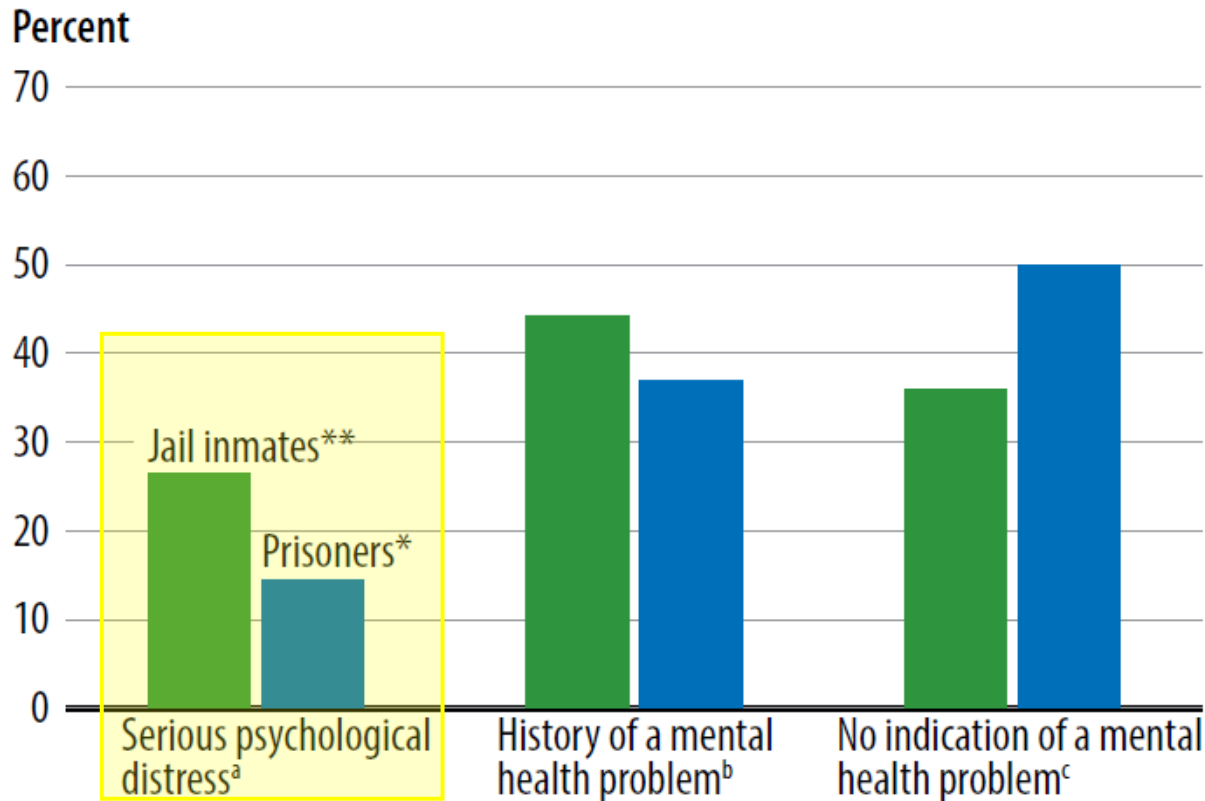


Jail Detention: Psychological Impact



Jails: Psychological Impact

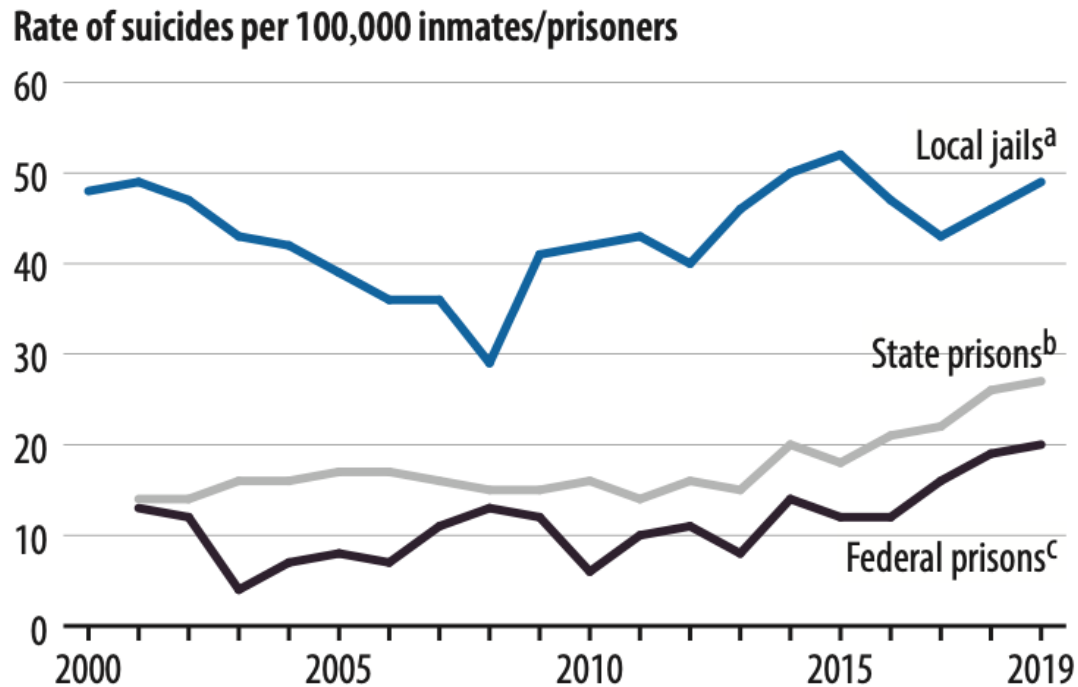
Mental health status of prisoners and jail inmates, by type of mental health indicator, 2011–2012



Bronson, J., & Berzofsky, M. (2017). *Indicators of mental health problems reported by prisoners and jail inmates, 2011–12. (NCJ 250612)*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Jails and Prison: Suicide

Rate of suicides per 100,000 inmates in local jails and 100,000 prisoners in state and federal prisons, 2000–2019



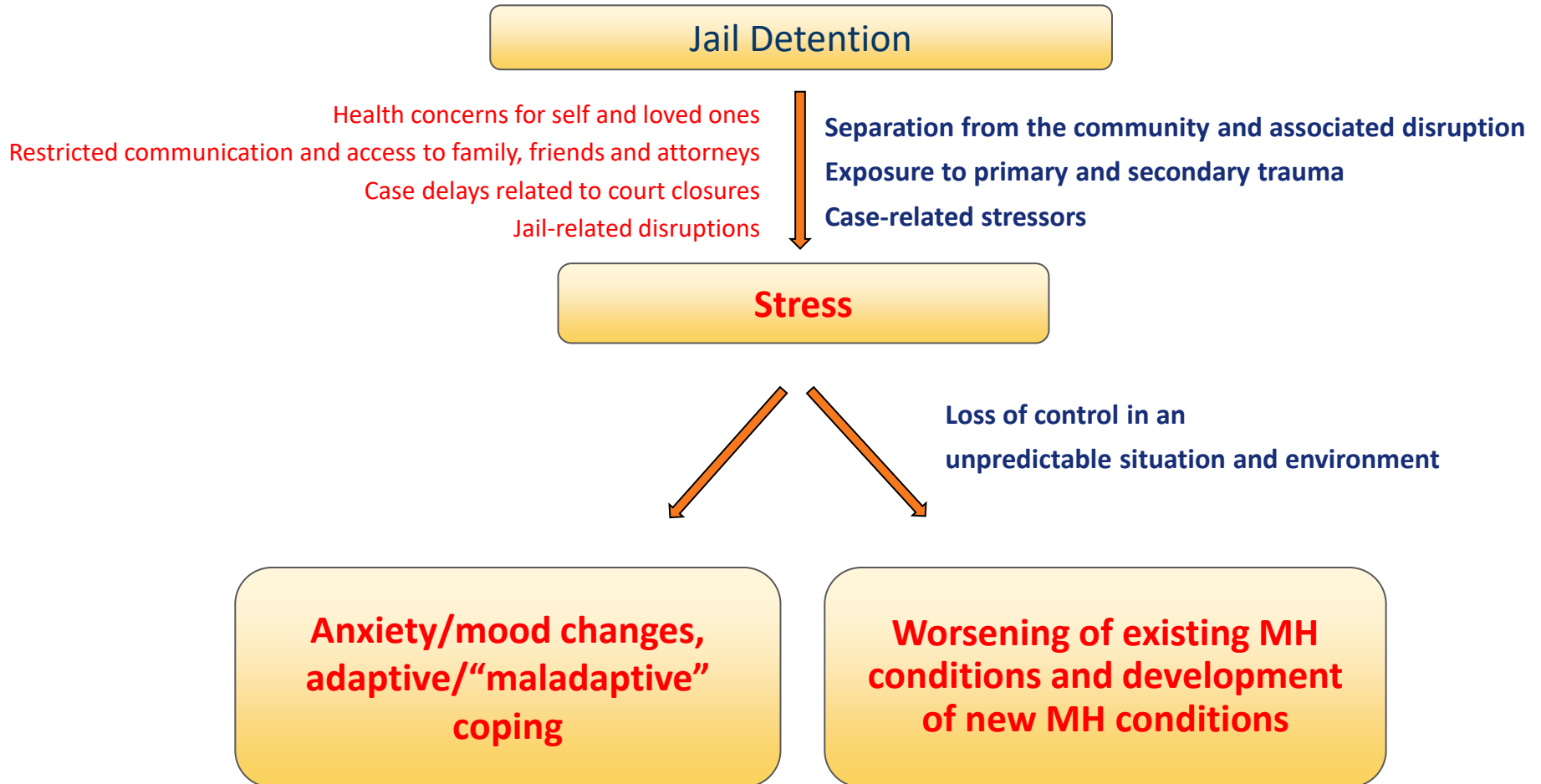
Carson, Ann. (2021). *Suicide in local jails and state and federal prisons, 2000-2019— Statistical Tables*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Community vs. Jail Mortality

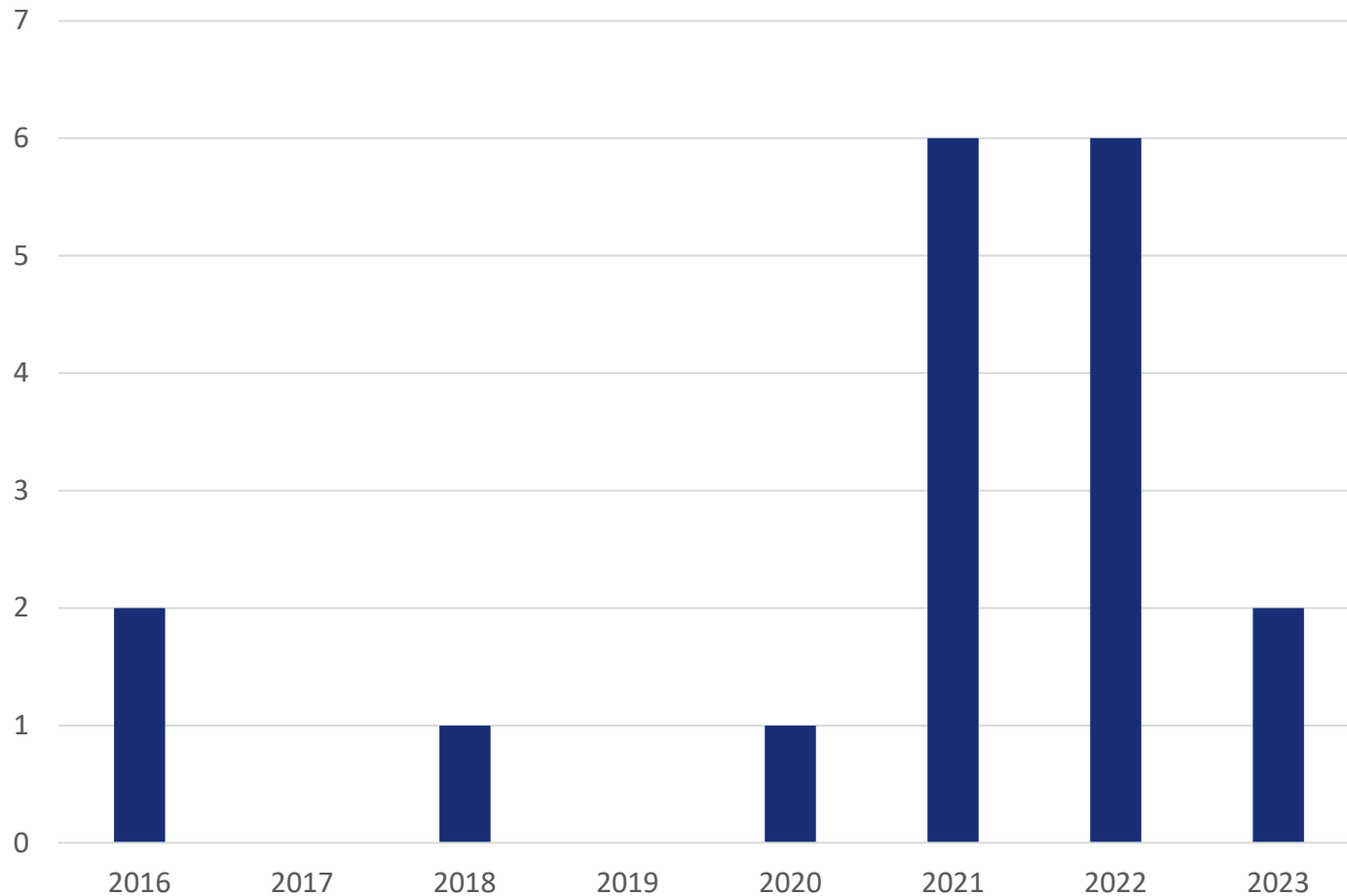
Crude and adjusted mortality rate per 100,000 U.S. residents, by cause of death, 2019

Cause of death	Crude rate per 100,000 adult U.S. residents	Adjusted rate per 100,000 adult U.S. residents ^a	Rate per 100,000 local jail inmates ^b
All causes	1,110	339	154
Illness	1,039	262	75
Heart disease	265	72	40
AIDS-related ^c	2	3	1!
Cancer	241	61	6
Respiratory disease	109	20	4
Liver disease	23	11	3
All other illnesses ^d	400	95	21
Suicide	18	22	48
Drug/alcohol intoxication	28	41	25
Accident ^e	23	9	3
Homicide ^f	2	4	3

Psychological Impact: COVID-19



NYC Jail Suicides 2016-2023



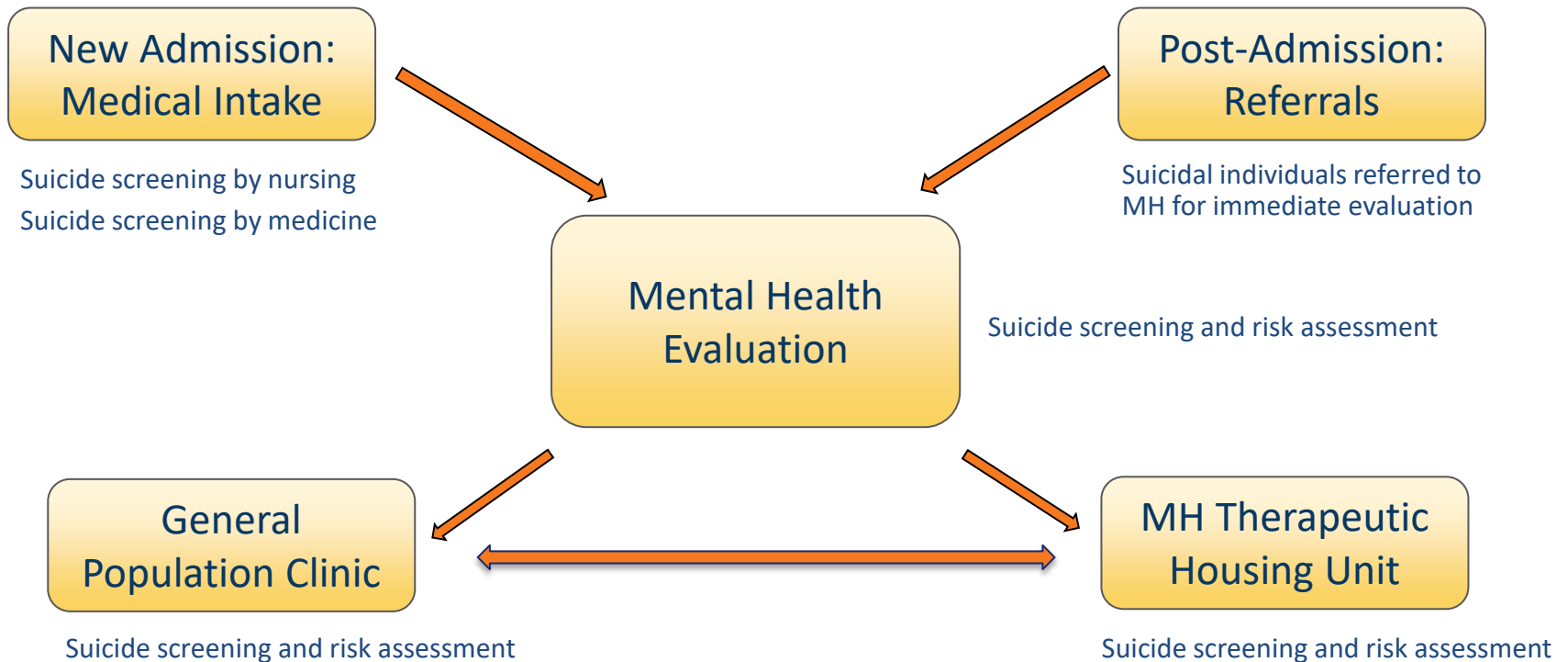
Clinical Interventions to Reduce Suicide Risk



General Principles

- Early identification and risk assessment
 - Opportunity to establish a relationship
- Treat mental health conditions
- Ongoing monitoring, and escalation of care and supervision as needed

Suicide Screening and Evaluation



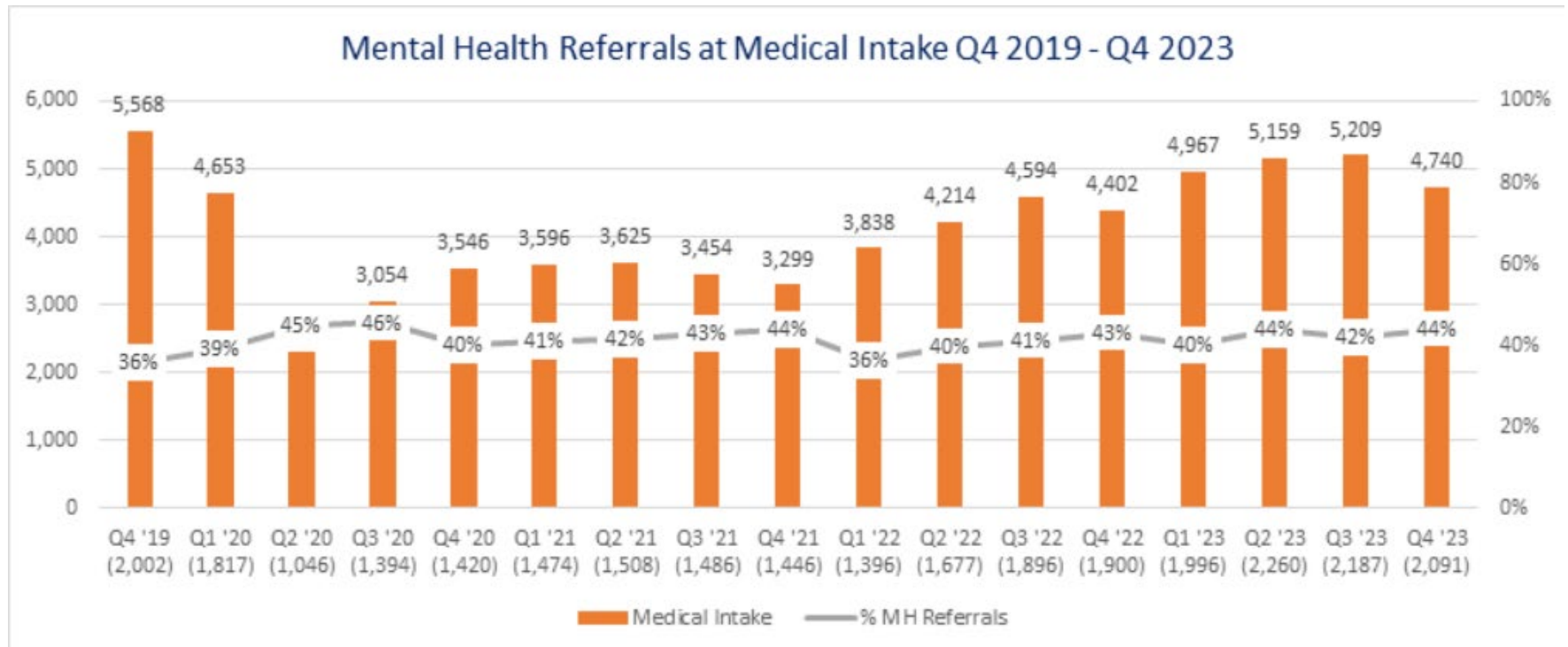
Suicide Risk Assessment

- Suicide screening and risk assessments
 - Modified Columbia Suicide Severity Rating Scale (C-SSRS)
 - Performed at intake and during clinical follow up visits
 - Includes structured guidance on follow up interventions
- Targeted Evaluations following self-injuries
 - Occur with all patients who self-injure
 - Additional opportunity for risk assessment and treatment planning
- Utilization of Mental Health High Risk Dashboard
 - Organizes high-yield clinical information from the electronic medical record
 - Diagnoses, SMI status, medications, self-injury, PACE placement, psychiatric hospitalization

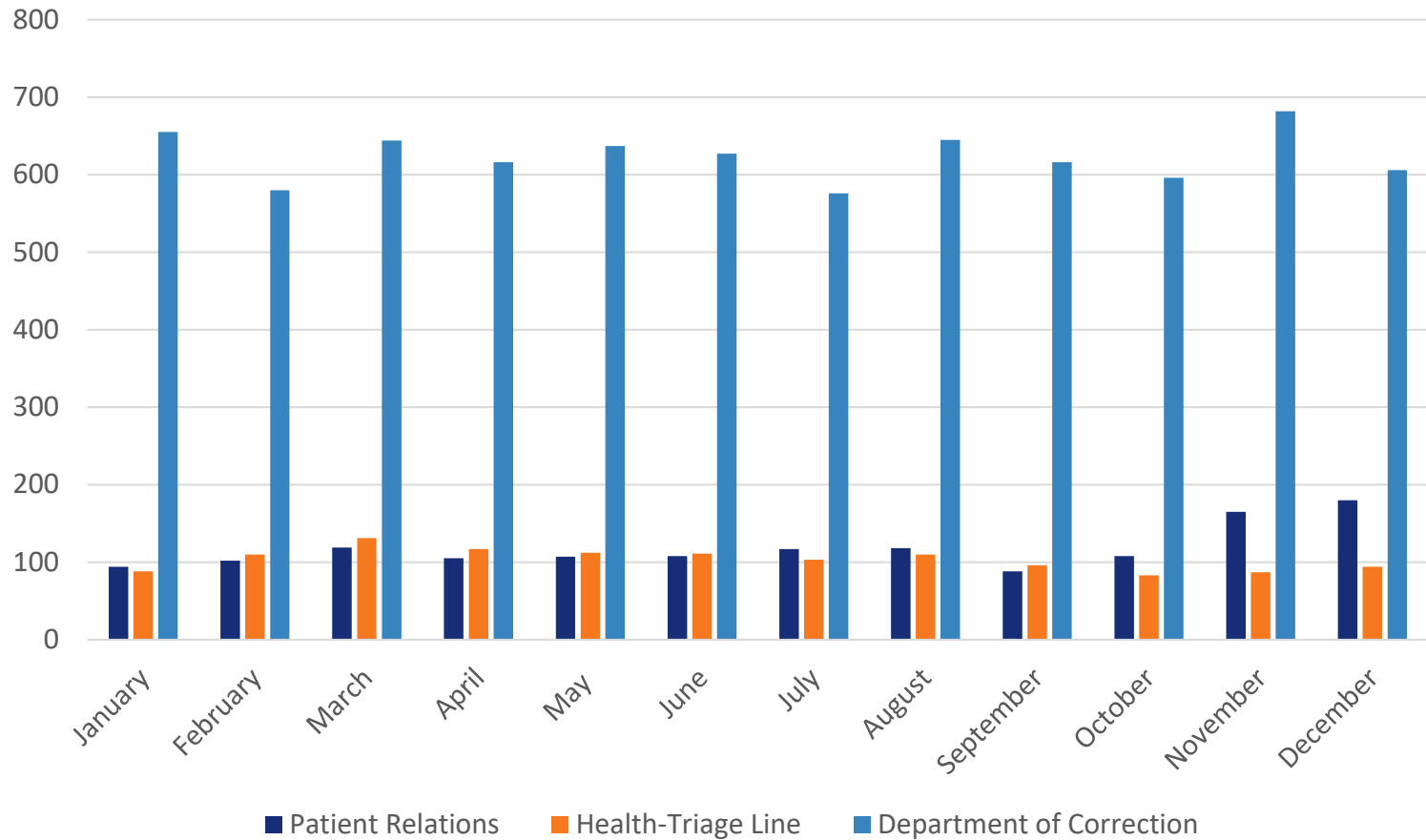
Suicide Watches

- CHS clinical staff initiate suicide watches
- Individuals are seen by mental health staff twice-daily
- Every discontinuation must be discussed with a supervisory-level MH clinical staff member

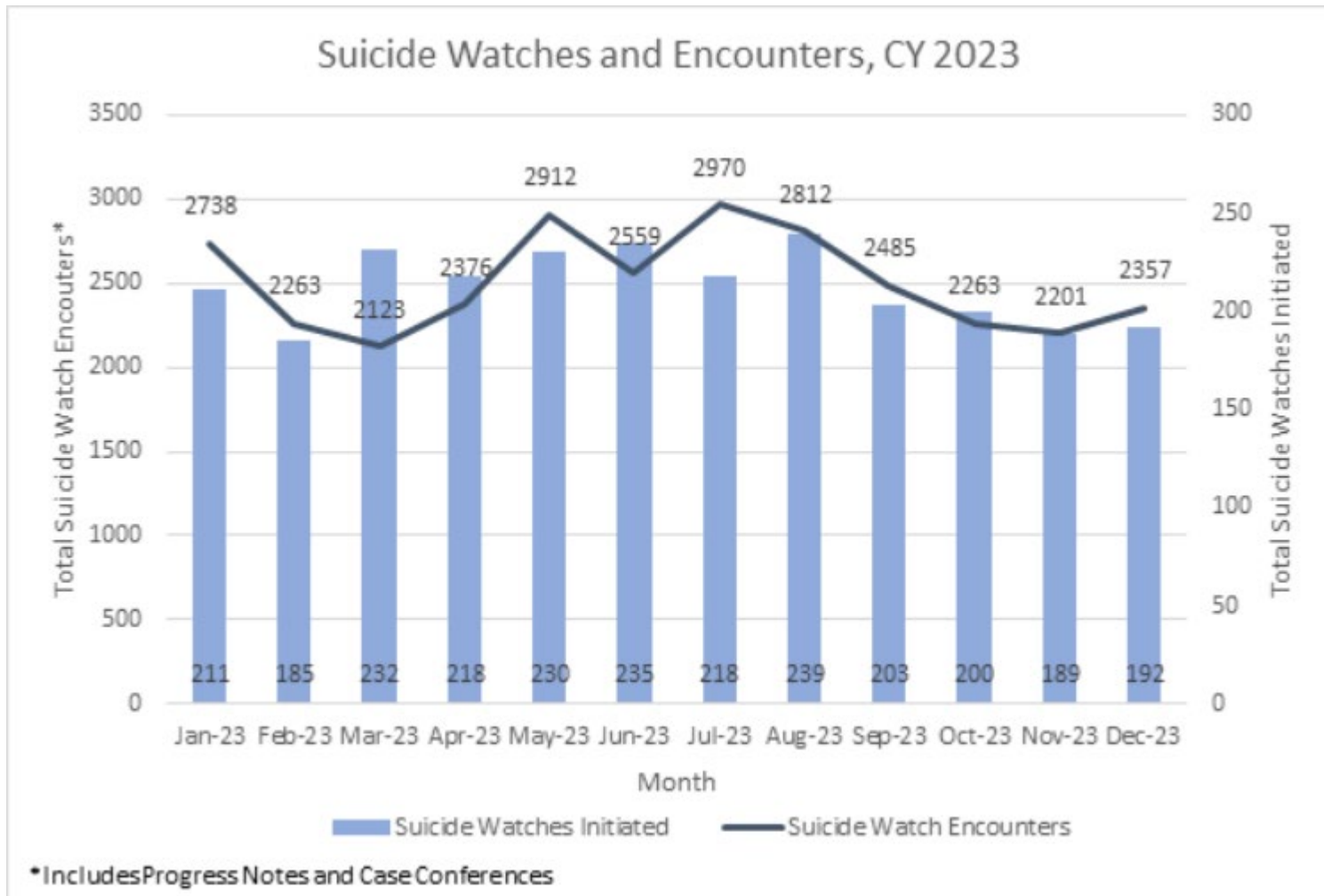
Mental Health Referrals at Intake



Post-Intake Referrals to MH



Suicide Watch Encounters



CHS and DOC

- Suicide screening on admission
- Post-admission referral pathways
 - Officer education
- Monitoring and surveillance
 - THUs and individuals on suicide watch
 - SPA program
- Suicide Prevention Task Force
- Joint Assessment and Review

Summary

- Jails are associated with increased psychological distress and higher suicide rates
- Clinical interventions can mitigate some of the risks associated with jail detention
- Clinical interventions cannot eliminate the environmental and legal stressors that precipitate psychological distress in jail

Thank you