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Title of Document: Suicidal Behavior-Preventing and Responding

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Applicability: DDSN Regional Centers, DDSN Autism Division, Adult Companion Providers, Case Management Providers, Day Service Providers, Early Intervention Providers, Employment Service Providers, ICF/IID, Intake Providers, Residential Habilitation Providers and Respite Providers

PURPOSE:

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

POLICY:

The Department of Disabilities and Special Needs (DDSN) values the health, safety, and well-being of each person. Therefore, any expression of suicidal wishes, thoughts, gestures, or actions shall be taken seriously and appropriate actions shall immediately be taken in response.

GENERAL:

In 2020, suicide was the 11th leading cause of death in South Carolina. On average, in South Carolina, one person dies by suicide every 11 hours.

There is no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. The degree of hopelessness and/or helplessness experienced by someone is a key factor in determining his/her potential for suicide. When someone begins to view the future negatively and view themselves as powerless to help themselves, they may perceive life as pointless and intolerable. When this perception is held, the person's risk for suicide exists. This risk exists and may increase if the person is depressed or has a history of impulsive behavior. Because of the high probability of fatal consequences each person's potential risk for suicide should be considered.

The early detection of the common indicators for suicide is an important aspect of prevention. Some behaviors that are indicative of an immediate risk for suicide are:

- Talking about or otherwise expressing wanting to die or kill oneself;
- Looking for a way to kill oneself;
- Talking about or otherwise expressing feeling hopeless or having no reason to live.

Other behaviors may also indicate a serious risk for suicide, especially if the behavior is new or has increased, and/or the behavior seems to be related to a painful event, loss or change. Those behaviors are:

- Talking about or otherwise expressing feelings of being trapped or in unbearable pain;
- Talking about or otherwise expressing being a burden to others;
- Increasing the use of alcohol or drugs;
- Acting anxious or agitated;
- Behaving recklessly;
- Sleeping too much or sleeping too little;
- Withdrawing from others or feeling isolated;
- Showing rage or talking about seeking revenge;
- Displaying extreme mood swings.

REQUIREMENTS:

Each provider (i.e., DDSN Regional Center, DDSN Autism Division, DSN Board, and Contract Service-Provider) shall develop a formal policy on the detection and prevention of suicidal behaviors and shall develop procedures to be followed by staff in the event a risk for suicide is detected.

The policy and procedures shall specify that when any staff member detects any of the indicators for suicide noted in this document or has any reason to believe that someone intends to injure himself/herself the staff member shall ensure that the person is not left alone and is safe. Additionally the policy/procedures shall specify that professional help for the person shall immediately be sought.

When the provider delivers a direct service, the specific procedures to be followed by staff members in response to any detection of indicators for suicide during the provision of the service

shall be developed and shared with all staff. “Direct Service” means any service other than Case Management, Early Intervention, or Intake. “Direct Service” includes, but is not limited to, ICF/IID services, Residential Habilitation, and Day Services.

The Direct Service provider’s procedures, may, at the discretion of the provider, establish levels of precaution based on the person’s status and the specific procedures to be followed based on the level of precaution determined. For example, someone may be considered to be in “Level I - Critical Suicide Risk Status” because he/she is actively self-destructive or he/she:

- Expresses suicidal thoughts or intent;
- Has a realistic suicide plan;
- Has attempted suicide in the past;
- Self-mutilates;
- Is impulsive, frightened or threatening;
- At risk for elopement;
- Expresses hopelessness;
- Displays agitated behavior.

In addition to ensuring that the person is not left alone, is safe, and professional help for the person is immediately be sought, the procedures for someone considered to be in “Level I - Critical Suicide Risk Status” may, at the discretion of the provider, include:

- Maintaining one-to-one supervision-of the person at all times, even in the bathroom, and while sleeping until the risk status is removed by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders) or other recommendations for level of supervision are given by the physician, psychologist or responsible professional.
- Removing all belts, jewelry, sharp objects, shoestrings, radios, long cords, etc., that may be used by the person to injure him/herself.
- Accounting for all eating utensils after every meal.
- Having the person examined by a physician, psychologist or responsible professional (one who has training and experience in diagnosis and treatment of mental illness) within 24 hours of the identification of the detection of any indicators of suicide and securing specific recommendations for post-examination actions to be taken by staff.
- ☐ Documenting all actions taken to keep the person safe, including the implementation of recommendations of the professional.

If levels of precaution are used, someone could, for example, be considered in “Level II -Suicide Risk Status” because he/she:

- Has no suicidal plan or vague plans and statement about suicide;
- Has no record of prior suicide attempts;
- Talks about future plans and activities;
- Exhibits a non-lethal gesture such as holding breath, choking self with their hands.

In addition to ensuring that the person is not left alone, is safe, and professional help for the person is immediately be sought, the procedures for someone considered to be in “Level II - Suicide Risk Status” may specify that :

- a. Constant visual supervision is provided until the risk status is removed by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders).
- b. The individual’s appearance, behaviors, and vocalizations are specifically observed and documented every four (4) hours.
- c. One-on-one supervision is provided when the person leaves the unit, facility, or program area.

REPORTING:

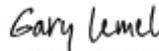
When a risk for suicide is detected, the incident shall be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.

TRAINING:

All staff shall participate in pre-service training during which recognizing and responding to suicidal behavior is taught. Staff shall demonstrate knowledge and understanding of how to recognize suicidal behavior and how to appropriately respond in accordance with the provider’s policy.

DocuSigned by:

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7/29/2020
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