POLICY AND PROCEDURES

NUMBER: 905 **SUBJECT: Recognizing/Handling Disturbed Inmates**

ACA STANDARDS: 4-ALDF-2A-44, 52; 4D-08; 5A-03

DIRECTOR: Herbert Bernsen

EFFECTIVE DATE: 3/1/90 **REVISION DATE: 12/15/96, 9/97, 3/00, 8/03, 11/13**

I. POLICY

The St. Louis County Department of Justice Services shall set general guidelines which are to be followed when encountering an inmate who may be disturbed or appear to be mentally challenged.

II. RESPONSIBILITY

All St. Louis County Department of Justice Services' staff are responsible for the following procedures.

III. DEFINITIONS

Mental Deficiency: Difficulty interacting with others due to limited comprehension and communication skills.

Psychotropic Medication: Prescription medication taken to control behavior and/or emotional instability.

Paranoia: Unrealistic distrust of others.

IV. PROCEDURES

A. A disturbed or mentally challenged inmate may be identified by one or more of the following:

1. Change in behavior
2. Loss of memory
3. History of mental illness
4. Displays psychological problems, such as:
    a. having grandiose ideas about oneself
    b. talking to oneself
    c. auditory hallucinations
    d. visual hallucinations
    e. excessive sadness
    f. sleeping or eating disorders
    g. alienation: hostile and no desire to be accepted
    h. paranoia
    i. mental deficiency
    j. overly animated
    k. delirium or withdrawal symptoms.
5. State of panic or extremely frightened
6. History of suicidal tendencies (See Policy #906 Suicide Prevention and Response)
7. Extremely intoxicated or drug usage at time of booking
8. Using psychotropic medications
9. Deterioration of personal hygiene
10. Non-conforming to confinement.

B. The following guidelines will be used when coming in contact with a disturbed or mentally challenged inmate.

1. Be cautious; do not approach the inmate without sufficient backup.

2. Contact the immediate supervisor and notify him/her of the situation.

3. The immediate supervisor will promptly notify the Corrections Medicine staff of the situation, who will make the appropriate referrals. The supervisor will also notify the Movement Officers, other members of the Mental Health team, appropriate Corrections Case Manager, and Unit Manager.

4. Continue to observe the inmate. Take note of any physical activity or verbal responses that appear unusual in nature. Report the information to the Mental Health Team member, up their arrival.

5. If necessary, remove the inmate from the scene of potential problems, (i.e., the inmate's cell, the inmate's housing unit) when possible. This will be accomplished with sufficient backup and the inmate in restraints.

6. The inmate may be moved to a more appropriate area (i.e., the Infirmary or Administrative Segregation) where the inmate will be observed.

7. When a staff member is communicating with an inmate, remember:

a. Remain calm and try to calm the inmate.

b. Be directive and supportive with the inmate.

c. Be honest with the inmate.

d. Give viable options to the inmate.

e. Try to keep the lines of communication open; do not argue or be sarcastic with the inmate.

f. Do not take what an inmate says personally.

g. Do not make promises that cannot be kept.

h. Remind the inmate that the crisis is temporary.

C. All staff involved will document actions taken by staff and the inmate's behavior in an Incident Report.

D. The Classification staff/Corrections Case Manager and Mental Health Team will meet with, and observe the inmate in order to recommend treatment, housing, etc. The recommended treatment will be passed on to Unit Manager by the Classification staff/Corrections Case Manager.

NOTE**:** The labeling of inmate(s) behavior will be avoided.

E. Staff will continue to observe the inmate and make any necessary reports in the housing area.

F. The Corrections Medicine staff will refer all inmates with suspected mental health problems to the Mental Health Providers.