

## **What Corrections Professionals Can Do to Prevent Suicide**

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*It had been a rough night at the Garfield jail. At about midnight, a drunk and distraught middle-aged man was booked for second degree sexual assault after groping a college student at a bar. He kept repeating that he had never been arrested before and asking if his name would be in the newspapers. While at first agitated, he eventually became morose and visibly depressed. After being booked, he was taken to a cell. Ten minutes later he was discovered hanging from the cell door with a bed sheet around his neck. The sheet was wound so tightly that an officer had to run to a squad car for a chain cutter. Paramedics from the adjoining firehouse were called and unsuccessfully tried to resuscitate the prisoner. The next day, while discussing the incident, one of the arresting officers mentioned that the prisoner had said something about “have to kill myself” while being driven to the police station.*

### **The Role of Corrections Professionals in Preventing Suicide**

Suicide is the leading cause of death in American jails (Hayes and Rowen, 1988) and the third leading cause of death in American prisons (Bureau of Justice Statistics, 1998). While the suicide rate in state prisons exceeds that for the general population, it is the smaller facilities in which prisoners are at extremely high risk. The suicide rate for local jails is about four times that of the nation as a whole. And the suicide rate for jails of 100 beds and fewer is about ten times that of the nation as a whole (Mumola, 2005; Tartaro and Ruddell, 2006). Most inmate suicides are by hanging, which can result in death in five or six minutes. Brain death can occur in four minutes (Hayes, 1995). Inmates have died after hanging themselves from clothing hooks, shower knobs, cell doors, sinks, ventilation grates, windows, and smoke detectors (Hayes, 2007).

Intake screening to identify inmates at risk for suicide should be a standard procedure in all correctional facilities. All facilities should be equipped with “suicide resistant” cells which deprive the inmate of, for example, bed sheets and projections on which to tie them (and thus the potential for hanging). However, intake screening is an imperfect tool. An inmate’s risk for suicide can fluctuate over the course of his or her incarceration. And while suicide resistant cells can prevent suicides, prisoners have shown an unfortunate ingenuity in using what is at hand to do themselves harm. Thus, it is critical that correctional staff be taught to recognize and respond to warning signs that an inmate may be at risk for suicide.

## **Inmates and Suicide Risk**

Research has helped us understand the factors associated with suicidal behavior. Sixty to ninety percent of suicides are associated with depression, substance abuse disorders, and other forms of mental illness (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). The presence of more than one psychiatric diagnosis (or the co-occurrence of a psychiatric diagnosis and substance abuse) and affective disorders, particularly depression, are major risk factors for suicide. Half of those who die by suicide are afflicted with major depression (Jacobs, Brewer, & Klein-Benheim, 1999).

Prisons and jails contain large numbers of people with the types of mental health problems associated with elevated risk of suicide. A study by the Bureau of Justice Statistics (James and Glaze, 2006) revealed that more than half of prison and jail inmates have mental health problems. Approximately three-quarters of inmates with mental health problems have a co-occurring substance abuse disorder. Substantial numbers of inmates have major depressive orders (29.7% of those in local jails, 23.5% of those in state prisons, and 16% of those in Federal prisons). Another Bureau of Justice Statistics study found that about 10% of those incarcerated in Federal or state prisons or local jails had reported at least one overnight stay in a mental institution prior to their arrest (Ditton, 1999). An American Psychiatric Association review (2000) of the research literature concluded that 20% of prison and jail inmates are in need of psychiatric care and 5% are “actively psychotic”.

## **Prevention**

### **Recognizing the Warning Signs**

The most effective way to prevent suicides in correctional facilities involves the systematic efforts discussed under *Responding* below. These include suicide screening at intake, the availability of “suicide resistant” cells, and a protocol that should be followed when a prisoner is thought to be at imminent risk of suicide. However, a critical component of these strategies is to ensure that all correctional staff – including guards, health care providers, and mental health professionals – understand how to recognize and respond to the warning signs that an inmate may be at imminent risk of trying to harm him or herself. These warning signs include the following:

**Verbal warnings.** People who are considering killing themselves often talk about their plans (or will talk about these plans if questioned). Such warning signs can include direct verbal cues, such as “I wish I were dead,” as well as indirect cues, such as “My family would be better off if I didn’t exist.” A prisoner who threatens suicide, admits that he or she thought about suicide, or admits having planned how he or she could take his or her life should be taken seriously. Such statements should not be discounted even if the prisoner is intoxicated (given the relationship between suicide and substance abuse disorders). Staff should also pay attention to similar thoughts or statements expressed in letters, poems, or other writings that may come to their attention.

**Depression.** Although most people suffering from clinical depression do not kill themselves, a significant proportion of people who die by suicide are clinically depressed. The suicide rate of people with major depression is eight times that of the general population (Jacobs, Brewer, & Klein-Benheim, 1999).

**Psychosis.** Any signs of psychosis, such as talking to oneself, claiming to hear voices, or suffering hallucinations, should also be taken as a sign that the prisoner may be at risk (WHO, 2000; Hayes, 1995). Staff should be especially alert if prisoners have stopped taking anti-psychotic or anti-depressive medication.

**Reaction to incarceration.** Many suicides in jails occur during the first 24 hours of detention. Many occur when an inmate is under the effect of alcohol or drugs. Young adults arrested for nonviolent offenses – such as alcohol or drugs - are often at elevated risk of suicide. They can be afraid of jail, embarrassed by their situation, and afraid of reaction of their family and friends to their arrest (Hayes, 1995).

One of the reasons that jails (and especially small jails) have higher suicide rates than larger facilities is that they are the gateway into the justice system for most prisoners and the setting for their initial confrontation with their situation. Many of these prisoners are still on drugs or alcohol (or withdrawing from drugs or alcohol), may lack access to any medication they take, and may be faced with a great deal of guilt about their crime and afraid of the public and familial humiliation that may lie ahead. In addition, small jails often lack the mental health professionals, suicide-resistant cells, and level of staffing needed for consistent observation of prisoners (Tartaro and Ruddell, 2006).

**Current precipitating events.** In addition to arrest and detention, there are other events that can precipitate a suicide attempt, including receiving bad news from home (e.g. marital problems or death or illness), conflict with other inmates, legal setbacks, withdrawal from drugs, and the tension caused by court hearings or sentencing (Hayes 1995). Sexual coercion – or even the threat of such coercion – can also elevate an inmate’s risk of suicide (Struckman-Johnson, Struckman-Johnson, Rucker, et al., 1996).

### **Responding to the Warning Signs**

Correctional personnel should not be afraid to ask an inmate if he or she has considered suicide or other self-destructive acts. Asking someone if he or she has thought about suicide will NOT increase the risk of suicide. Correctional staff may want to be very direct and simply ask the question “*Are you thinking about killing yourself?*” It is very possible that an answer – much less an honest answer – will not be forthcoming, given the tension that can exist between inmates and correctional staff and the unwillingness of prisoners to “open up” about issues that they may consider to be signs of weakness. Any suspicion that a prisoner may be actively at risk of suicide should be communicated to a mental health professional. Any suspicion that a prisoner may be in imminent danger should be reported. Reports of such suspicions by inmates’ families or other inmates should also be taken seriously.

Some prisoners use the threat of suicide (or a “feigned” suicide attempt) to manipulate the system and, for example, delay a court date or obtain a transfer to another unit or facility. It is extremely difficult to tell whether an inmate is feigning suicide risk. Thus, all suicide threats must be taken seriously.

### **Suicide Prevention in Correctional Facilities**

Correctional facilities should have written policies and procedures for both preventing suicides and responding to attempts that may occur. All staff at the facilities should be trained on when and how to implement these plans. At a minimum, suicide prevention plans should include protocols for the following:

- *Assessing suicide risk and imminent suicide risk.* While a formal intake suicide risk and mental health assessment is an essential part of this process, an inmate’s risk status can change dramatically over time. Thus, staff need to be trained to recognize and respond to changes in an inmate’s mental condition.
- *Effective communication about suicide risk.* Knowledge about an inmate’s risk status and history can be lost as he or she is transferred between units or facilities (or as shifts change). Formal procedures for communicating knowledge about suicide risk of particular inmates will help staff maintain and target their vigilance. Information that needs to “follow” the prisoner includes the following:
  - suicide threats by the inmate
  - behaviors that indicate he or she may be depressed
  - a history of psychiatric care and medication
  - whether the inmate is in protective custody.
- *Use of isolation cells.* While it is often appropriate – or essential – for prisoners to be placed in isolation cells, this placement can raise the risk of suicide. If an inmate thought to be at risk of suicide requires isolation, attention must be paid to appropriate observation of the inmate as well as ensuring that all isolation cells are suicide-resistant – that is, minimize the presence of items that could be used for self-

harm, such as bed sheets and projections from walls or furniture that could be used as anchors for a hanging.

- *Training* for staff, including training in recognizing and responding to suicide risk, and training in first aid (including CPR) as well as the need to begin procedures such as CPR immediately.
- *Availability of appropriate first aid safety equipment*, including latex gloves, resuscitation breathing masks, defibrillators, and tools for opening jammed cell doors and cutting down a hanging inmate.

A number of professional organizations and associations have created guidelines and standards for suicide prevention in jails and prisons. New York State, for example, has created a useful tool for assessing suicide in jails. Further information on these can be found under *Resources*, below. Programs using trained inmate observers (rather than correctional personnel) in suicide watches have shown promising results (Junker, Beeler, Bates, 2005), although the benefit of such programs has not been conclusively demonstrated.

## **Resources**

### ***Resources for Corrections Professionals***

#### **Jail/Custody Suicide: A Compendium of Suicide Prevention Standards and Resources**

<http://www.suicidology.org/associations/1045/files/Jail.pdf>

This report from the Jail Suicide Task Force of the American Association of Suicidology reviews various operational standards designed to prevent suicide in U.S. detention and custody facilities.

#### **Jail Suicide Prevention**

<http://www.ncianet.org/suicideprevention/publications/index.asp>

This section of the National Center on Institutes and Alternatives (NCIA) website contains links to a number of resources on suicide prevention in jails and prisons, including *Guiding Principles to Suicide Prevention in Correctional Facilities 2007* and *Prison Suicide: An Overview and Guide to Prevention*.

#### **National Institute of Corrections Library**

<http://nicic.org/Features/Library/>

This online library contains training curriculum and sample suicide prevention plans. Search “suicide” from the link above to find the appropriate materials.

#### **NCCHC Standards: A Summary Guide to the Revisions**

[http://www.ncchc.org/resources/stds\\_summary/intro.html](http://www.ncchc.org/resources/stds_summary/intro.html)

This webpage contains summaries of recent revisions to the National Commission on Correctional Health Care’s standards for prisons, jails, and juvenile detention and confinement facilities.

#### **Preventing Suicide: A Resource for Prison Officers**

[http://www.who.int/mental\\_health/media/en/60.pdf](http://www.who.int/mental_health/media/en/60.pdf)

A guide from the World Health Organization published in 2000.

### ***General Resources on Suicide and Suicide Prevention***

#### **Suicide Prevention Resource Center (SPRC)**

<http://www.sprc.org/>

SPRC provides prevention support, training, and resources to strengthen suicide prevention efforts. Among the resources found on its website is the SPRC Library Catalog (<http://library.sprc.org/>), a searchable database containing a wealth of information on suicide and suicide prevention, including publications, peer-reviewed research studies, curricula, and web-based resources. Many of these items are available online.

### **American Association of Suicidology (AAS)**

<http://www.suicidology.org/>

AAS is a nonprofit organization dedicated to the understanding and prevention of suicide. It promotes research, public awareness programs, public education, and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.

### **American Foundation for Suicide Prevention (AFSP)**

<http://www.afsp.org>

AFSP is a nonprofit organization dedicated to understanding and preventing suicide through research and education. AFSP supports research projects, provides information and education on depression and suicide to professionals, the media, and the public, and supports programs for those affected by suicide.

### **National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org/>

The Lifeline provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number - 1-800-273-TALK (8255) that is available 24/7. Technical assistance, training, and other resources are available to crisis centers and mental health providers participating in the network of services linked to the Lifeline.

### **National Center for Injury Prevention and Control (NCIPC)**

<http://www.cdc.gov/ncipc/>

The NCIPC, located at the Centers for Disease Control and Prevention, is a valuable source of information and statistics about suicide, suicide risk, and suicide prevention. For information on suicide and suicide prevention at this website, scroll down the left navigation bar and click on “Suicide” under the “Violence” heading.

### **Suicide Prevention Action Network USA (SPAN USA)**

<http://www.spanusa.org>.

SPAN USA is the nation’s only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide.

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**If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).**

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