

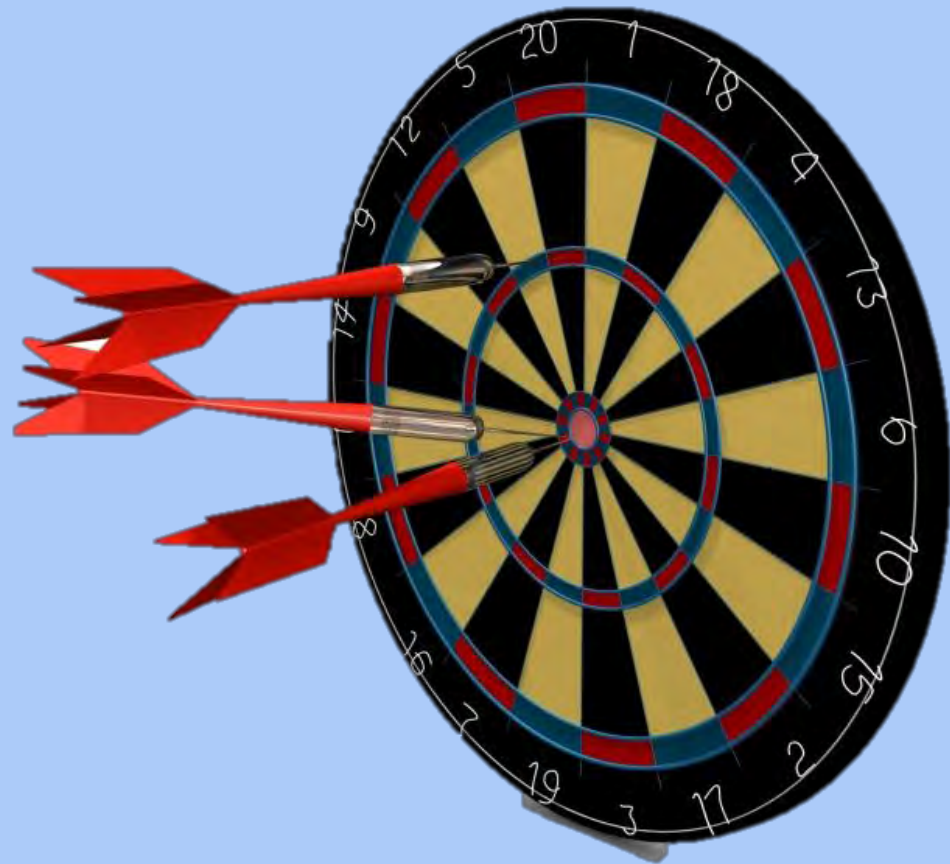


# BASICS AND BEYOND

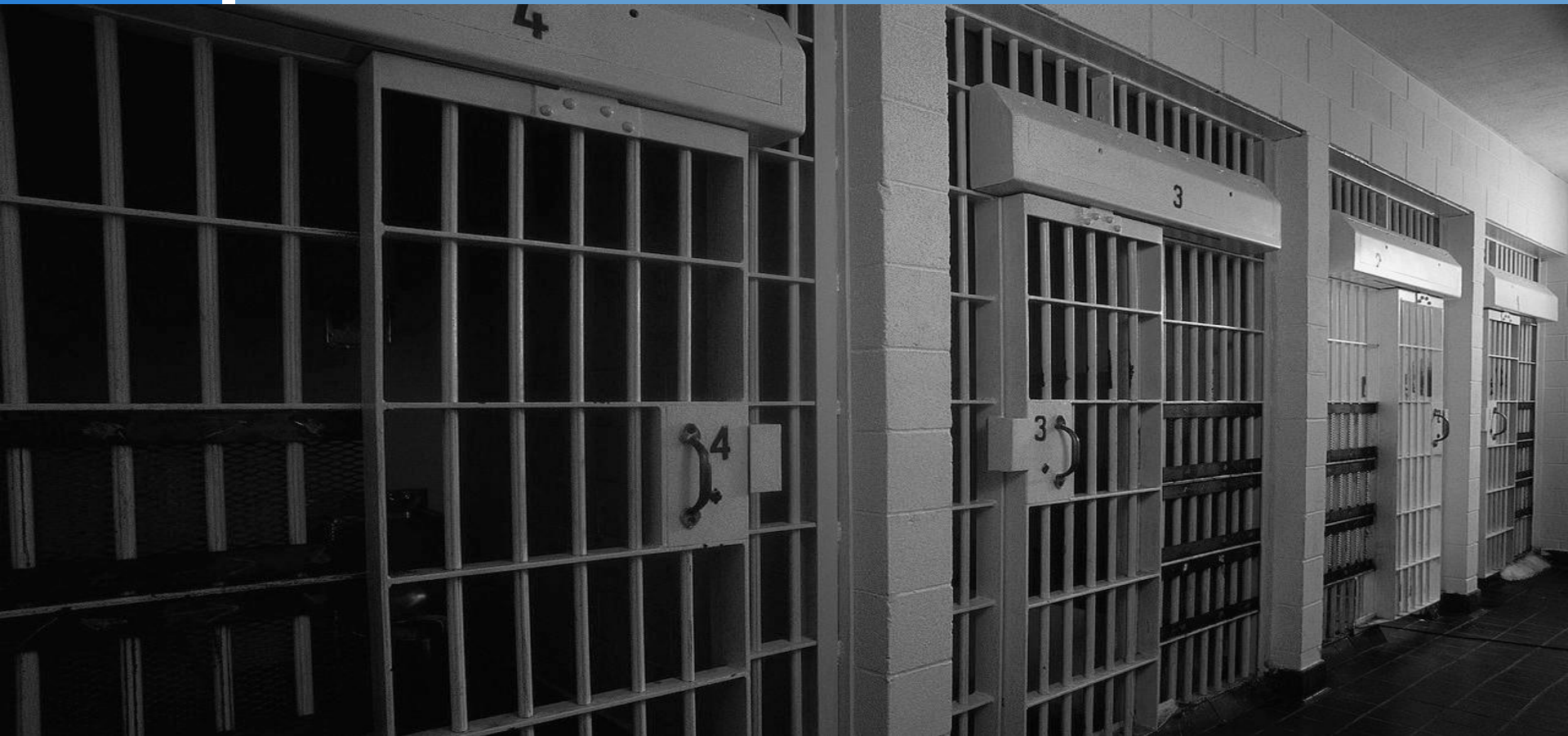
Suicide Prevention in Jails

# Objectives

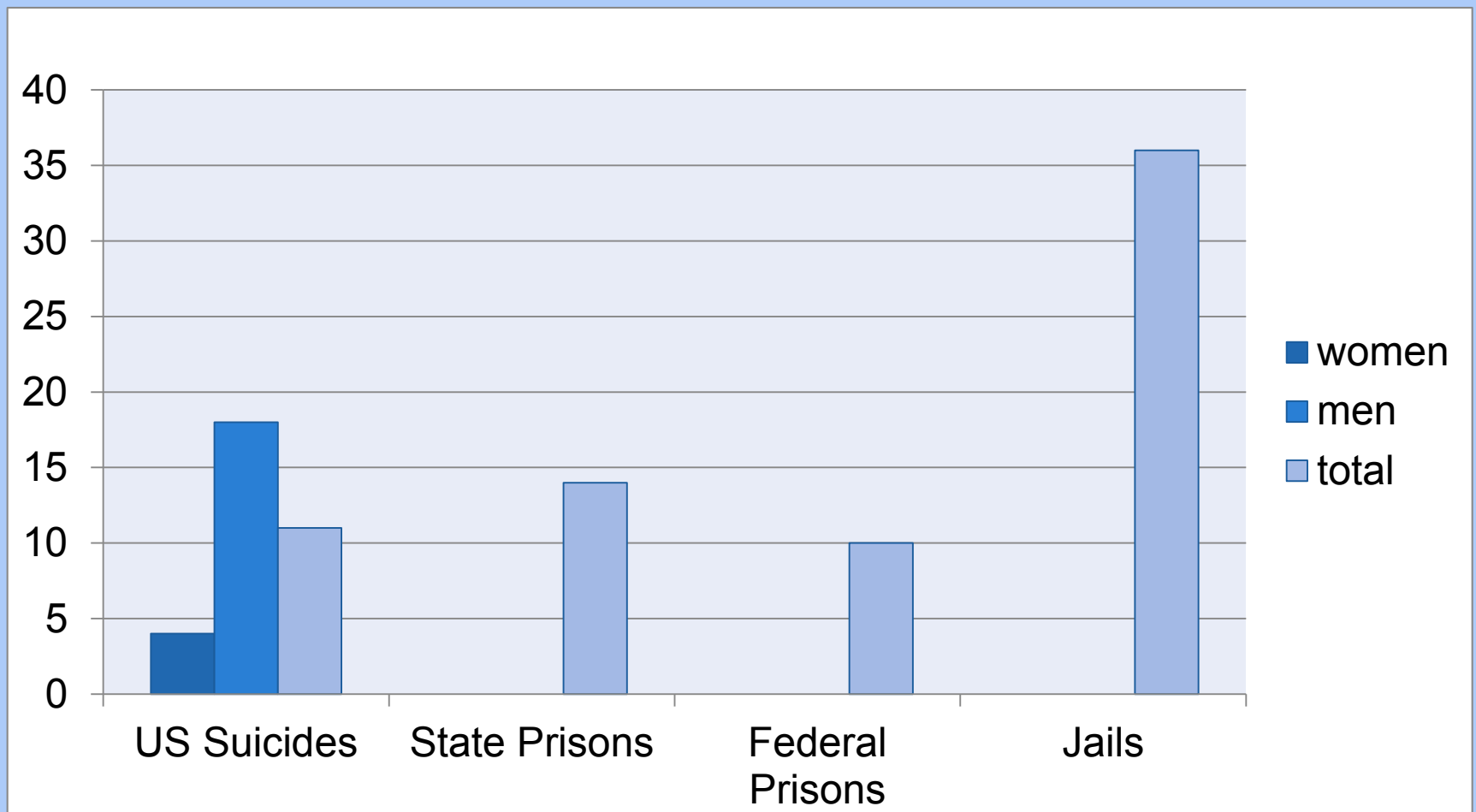
- Review the problem of jail suicide
- Describe suicide risk
- Discuss intervention procedures & best practices



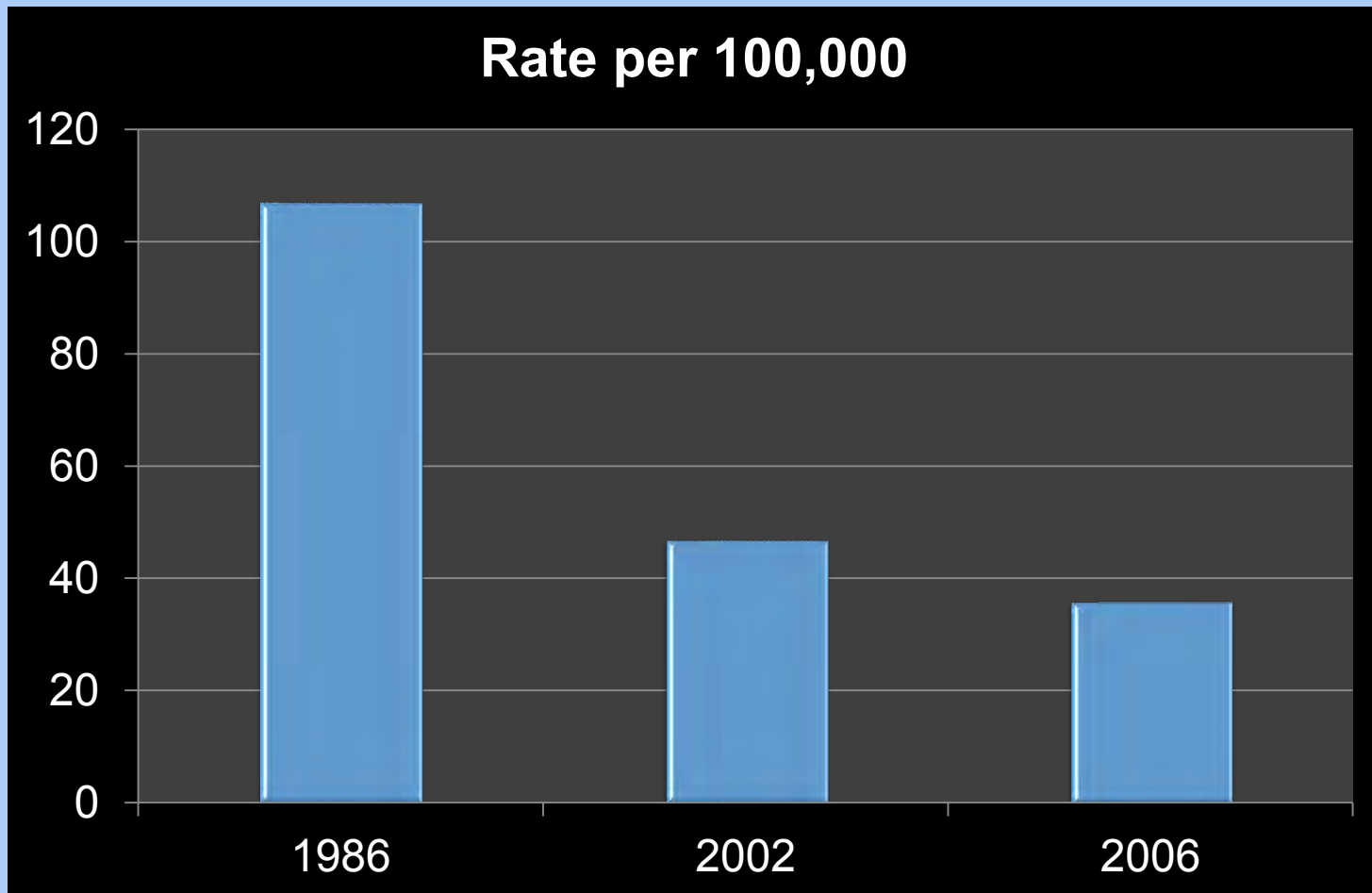
# The Problem of Jail Suicide



# How Do Jails Compare?

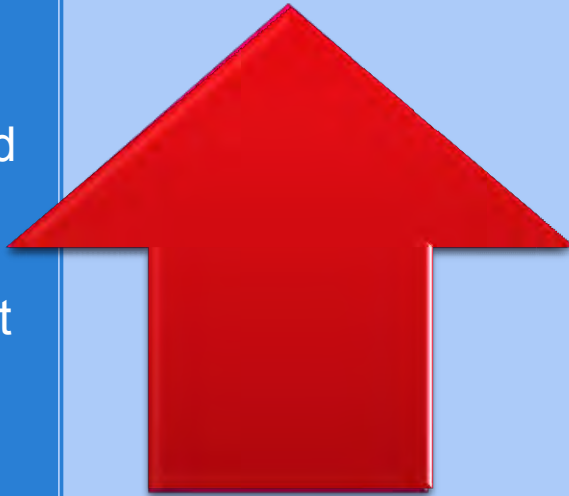


# Suicide Rates in US Jails



# Jail Suicides have Decreased

The rate of jail suicides has dropped nearly threefold over the last 20 years.



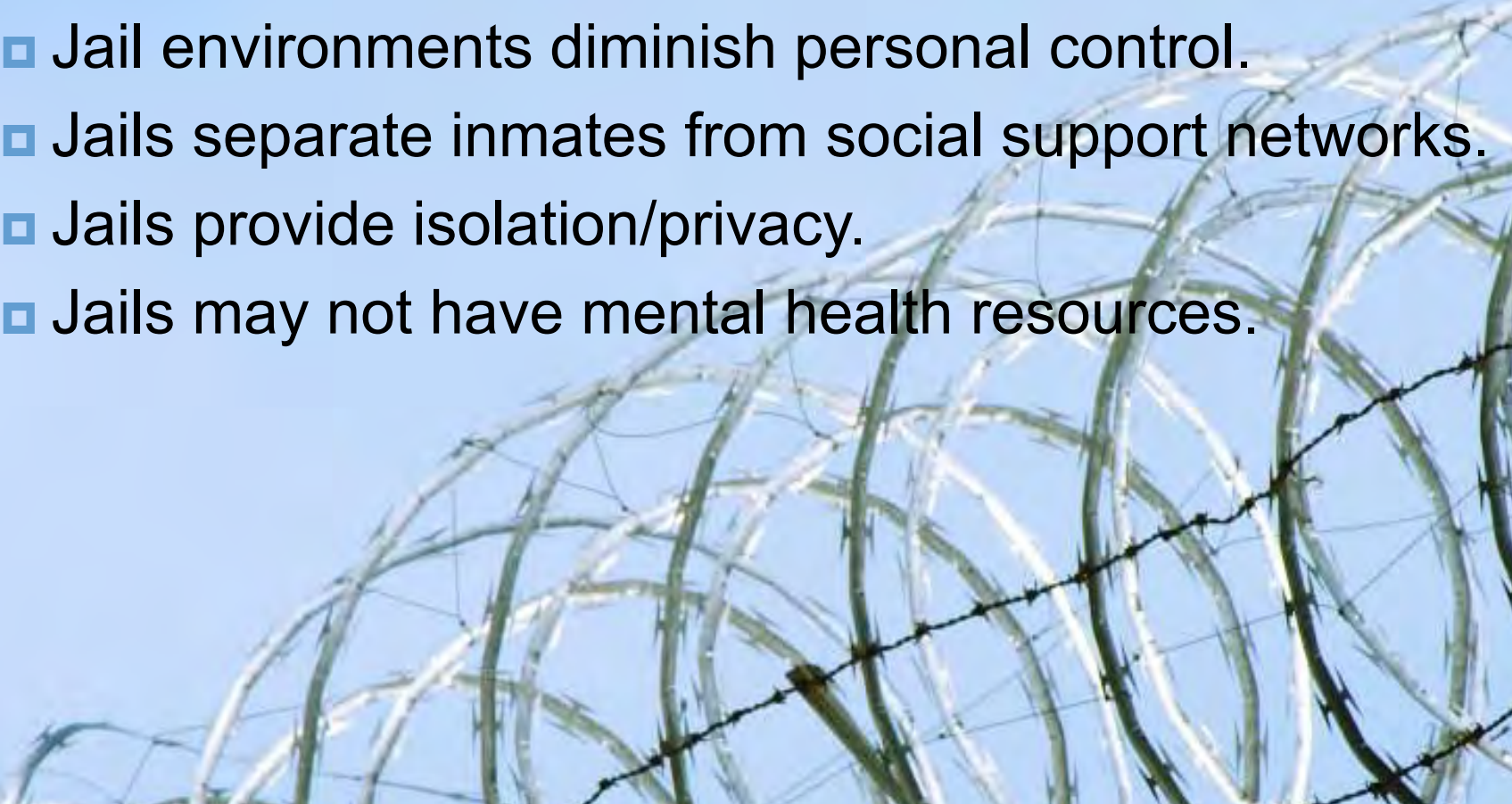
Attention  
Training  
National Standards  
Litigation



Jail Suicides

# What Makes Jails Risky?

- Jail Environments are Conducive to Suicidal Behaviors.
  - Jail environments diminish personal control.
  - Jails separate inmates from social support networks.
  - Jails provide isolation/privacy.
  - Jails may not have mental health resources.



# How do Inmates Import Risk?

- Jails hold statistically high risk groups:
  - young men
  - mentally ill
  - substance abusers
  - previous suicide attempters

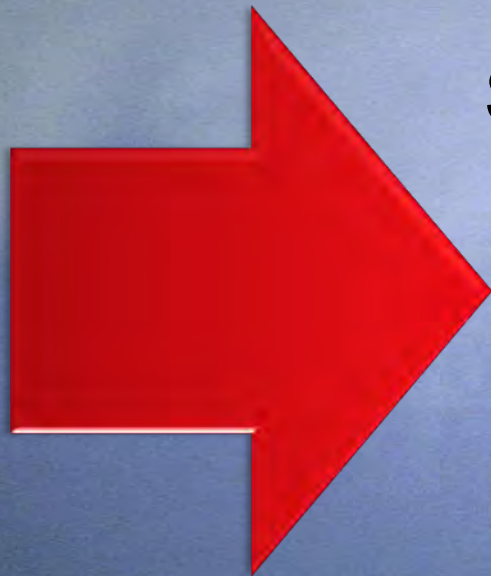




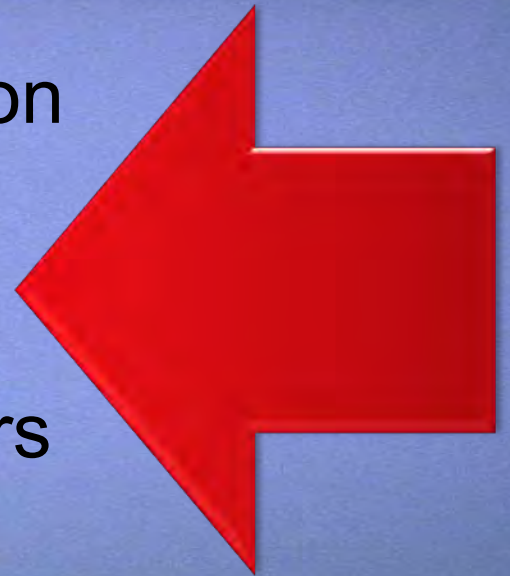
# The Perfect Storm

**Vulnerable  
Population**

**Risky Setting**



Shame of Incarceration  
Fear of Unknown  
Fear of Inmates  
Relationship Stressors



# The Challenges

- Smaller jails have higher suicide rates.
  - 5 times higher in jails holding less than 50 inmates.
  - These account for 14% of jail suicides. (BJS, 2005)
- Many jails do not provide suicide prevention training or do not provide it annually. (NIC, 2010)
- Most jails have a suicide prevention policy, but many are not comprehensive. (NIC, 2010)



# Identifying Suicide Risk



# What is a Risk Factor?

*A RISK FACTOR is a characteristic of a large sample of people who have committed suicide that appears to be statistically more common than would be expected.*



# Risk Factors



## □ SAD PERSONS

- **S**ex
- **A**ge
- **D**epression
- **P**revious Suicide Attempt
- **E**thanol Abuse
- **R**ational Thought Loss
- **S**ocial Support Lacking
- **N**o Spouse
- **S**ickness

## □ EXAMPLES of High Risk

- Male
- Very Young & Very Old
- Current or Previous
- Even Old Attempts
- Current Intoxication
- Inability to Solve Problems
- No Family/Recent Breakup
- Single/Divorced/Widowed
- Chronic Health Problems

# Risk Factors Specific to Inmates

- Inmates in the first week of incarceration
- Pre-trial inmates
- Mentally ill inmates
- Single celled inmates
- Sex offender inmates



# What is a Warning Sign?

Warning signs are different than risk factors because they are *behaviors* rather than group characteristics.

- *A WARNING SIGN is a behavior exhibited by some individuals who are considering suicide.*



# Warning Signs

- Withdrawal from Friends & Family
- Suspiciousness
- Saying Goodbye
- Giving Away Possessions
- Symptoms of Depression
  - Sad mood
  - Loss of interest
  - Fatigue
  - Appetite disturbance
  - Disturbed sleep





# Warning Signs Specific to Inmates

- A suicidal statement at the time of arrest
- Rehearsal behaviors observed by staff
- Trying to obtain a single cell
- Hoarding medication



# Myths Increase Your Risk

There are many inaccurate myths about suicide and suicidal individuals.



# Myth: Decisions are Final

## MYTH:

*“If a person decides to commit suicide, he or she will find a way regardless of what we do.”*

## FACTS:

- ❑ Suicidal impulses are often brief.
- ❑ Most suicidal people have mixed feelings about dying.
- ❑ The methods available to commit suicide can influence the occurrence and outcome of suicidal acts.



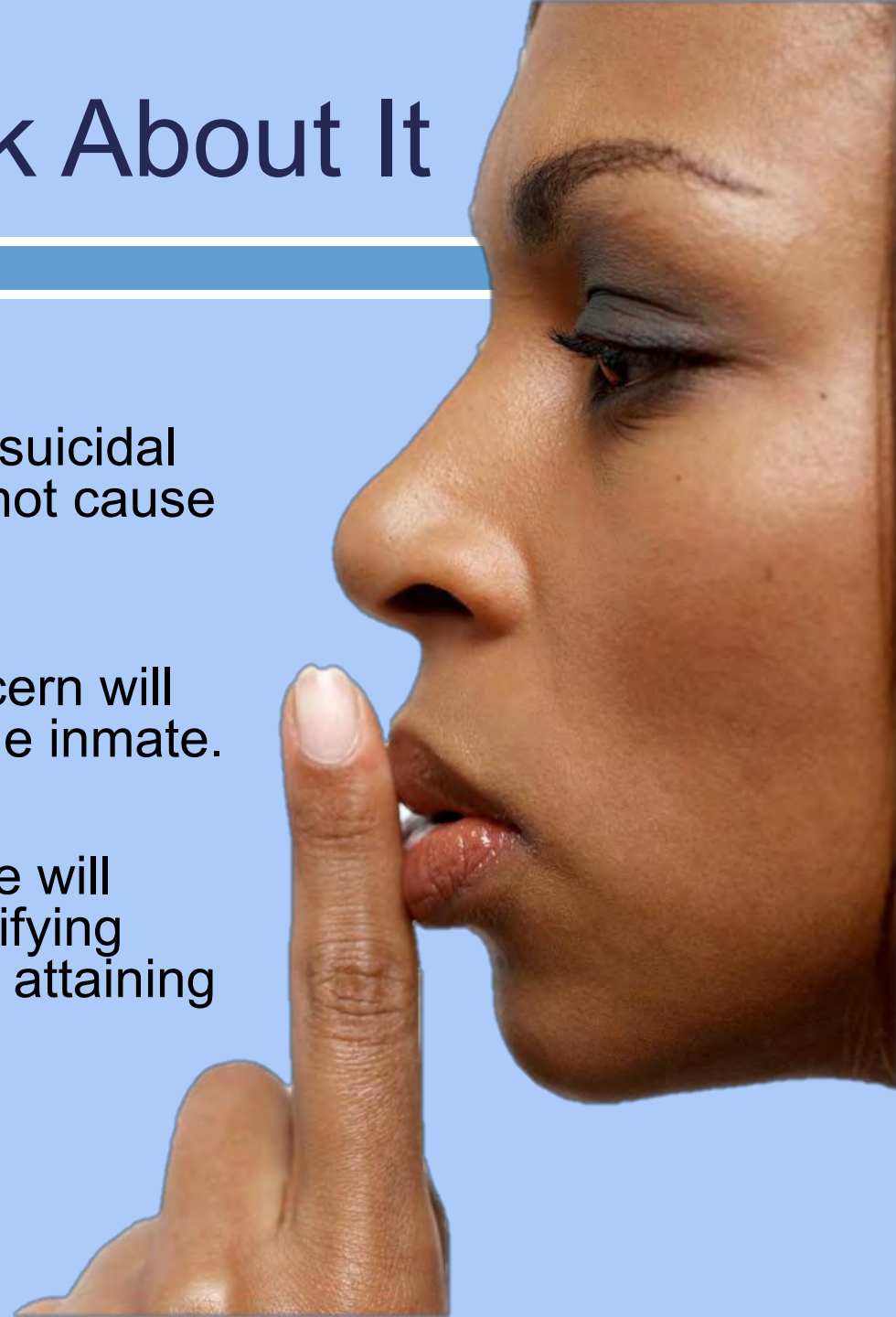
# Myth: Don't Talk About It

## MYTH:

*“Asking a person about suicide might give them the idea.”*

## FACTS:

- Asking about suicidal thoughts will not cause a suicide.
- Showing concern will likely assist the inmate.
- Open dialogue will assist in identifying problems and attaining help.



# Myth: Just Playing Games

## MYTH:

*“Inmates who threaten to kill themselves don’t really want to die.”*

## FACTS:

- ❑ Individuals who threaten suicide are at higher risk.
- ❑ Suicidal intent can change quickly.
- ❑ The lethality of self-harm acts can be misjudged.
- ❑ Accidental death can occur.



# Myth: But He Said...

## MYTH:

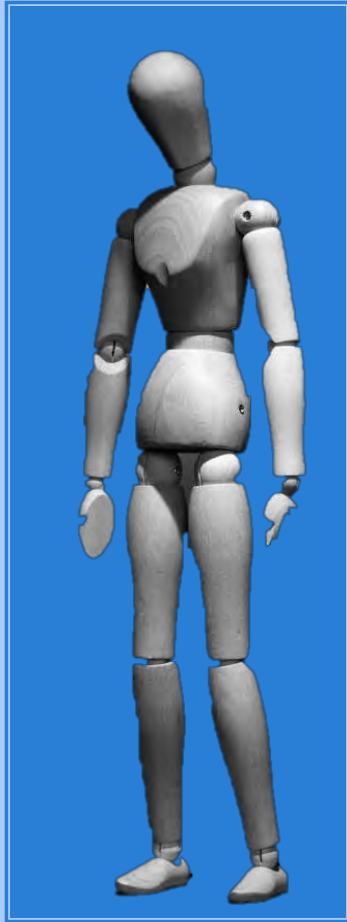
“If we ask about suicide and the inmate denies it, we’ve done our part.”

## FACTS:

- ❑ There are many ways individuals may communicate suicidal intent.
- ❑ If individuals could always know and communicate their own risk, there would be no risk.
- ❑ Mental health professionals are trained to examine all the risk factors and make informed recommendations.

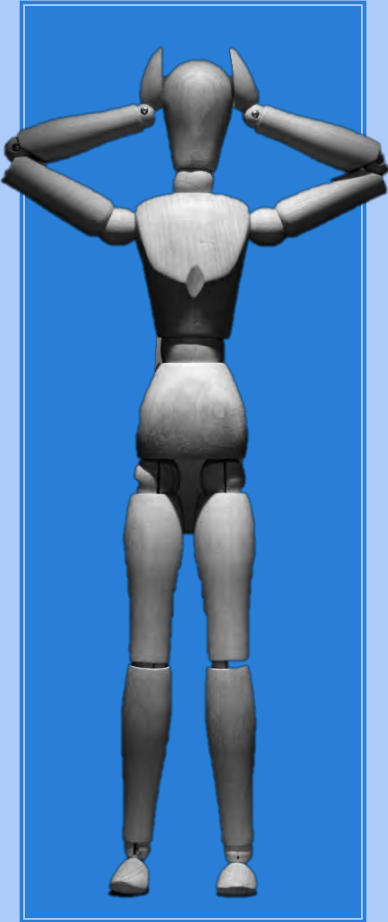


# Case: The Fearful Inmate



- Cases will be developed in consultation with OFDT/USMS.

# Case: The “Manipulative” Inmate



- Cases will be developed in consultation with OFDT/USMS.



# Case: “I’m Not Suicidal”



- Cases will be developed in consultation with OFDT/USMS.

# Best Practices for Prevention



# A Suicide Prevention Program

A Training Program for Staff (with annual refreshers)

Identification, Referral, and Evaluation

Housing

Observation and Treatment Plan

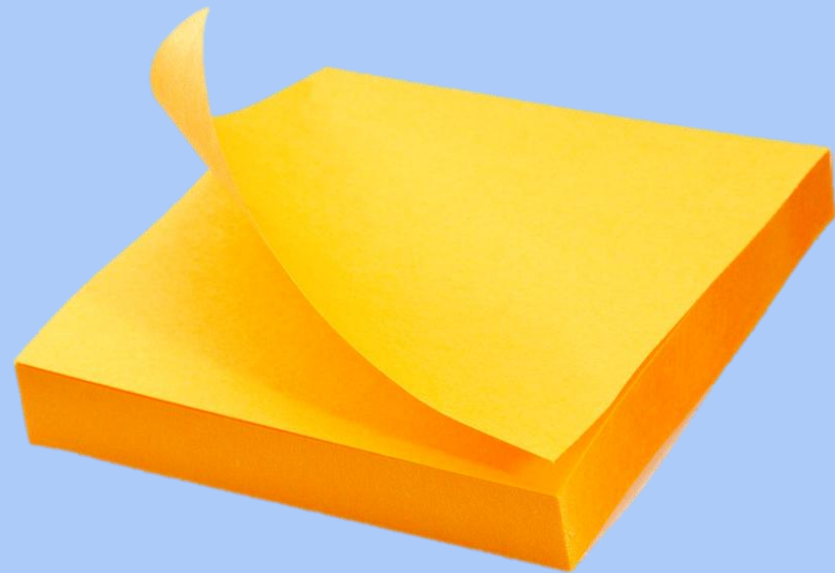
Intervention

Notification and Reporting

Critical Incident Stress Debriefing and Mortality-Morbidity Review

# A Written Suicide Prevention Policy

- Many jails do not have written suicide prevention policies.
- Written policies help staff work together.
- Written policies clarify priorities.



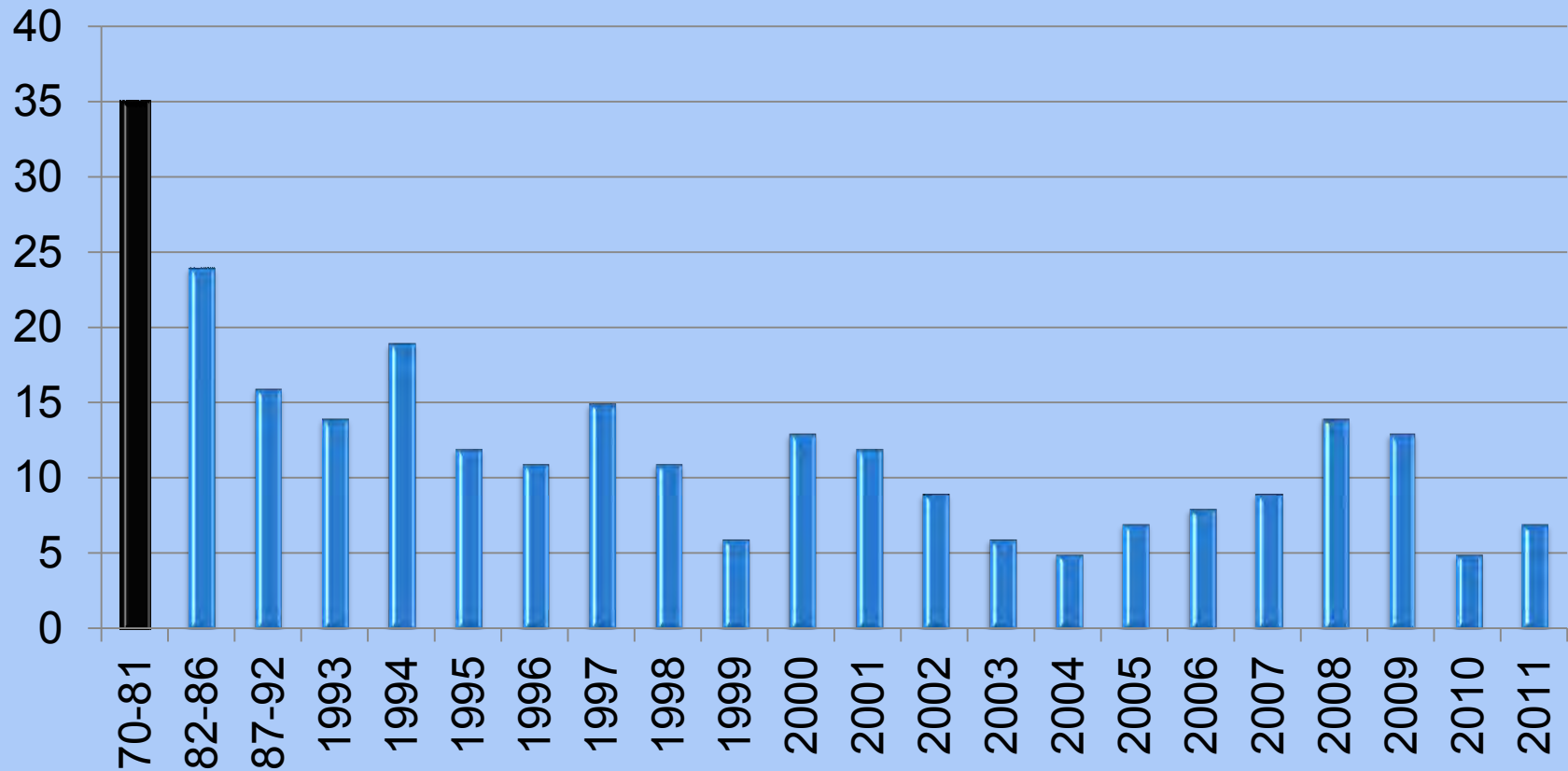
# A Legal Case

- *Buffington v. Baltimore County*



# Suicide Rates Before & After Implementation of a National Suicide Prevention Program

Rate per 100,000



# Teamwork: A Culture of Prevention

- All staff should know warning signs and make referrals.
- Staff should communicate effectively about their concerns.
- Supervisors should model prevention attitudes and behaviors.



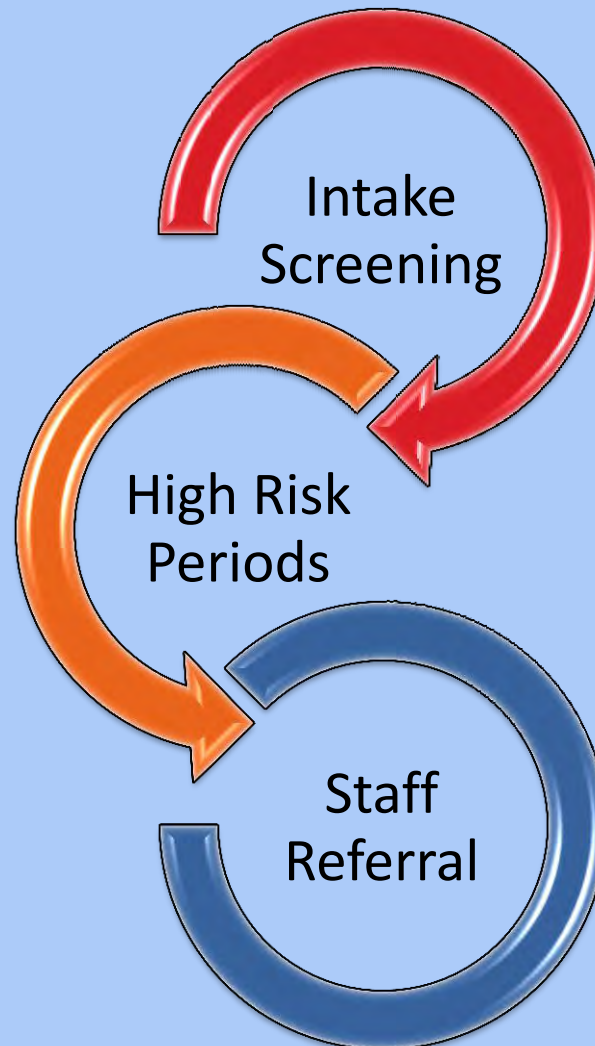
# Staff Training at Key Points

- Staff should be trained in suicide prevention during agency orientation.
- Staff should receive at least annual refresher training.
- Training should include:
  - ▣ Effective attitudes toward suicide prevention
  - ▣ Identification of risk factors & warning signs
  - ▣ Effective responses to suicide risk
  - ▣ Emergency response procedures
  - ▣ Discussion of local issues & cases



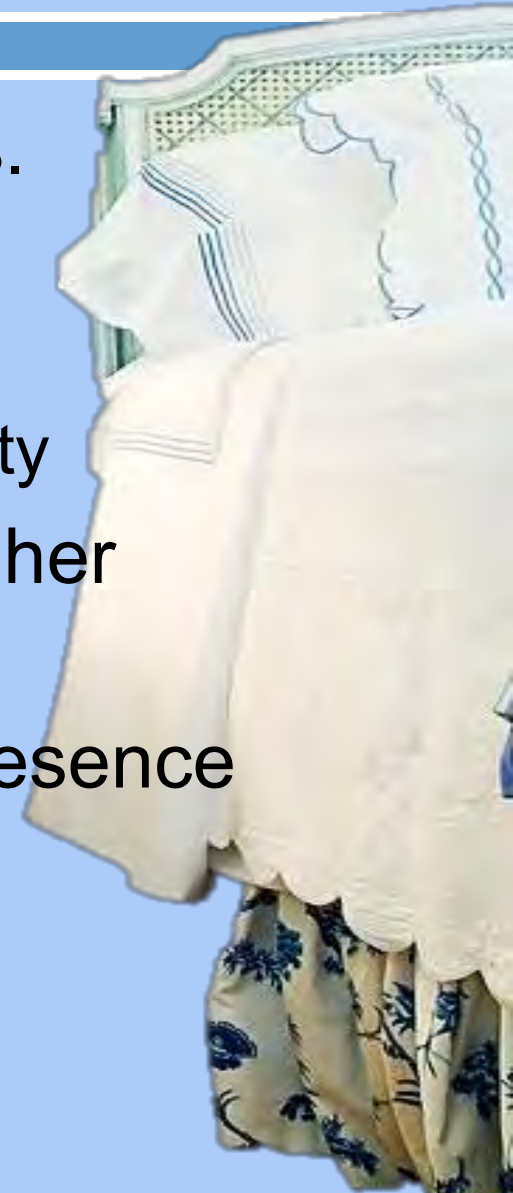


# Suicide Prevention is a Process



# Use Wise Correctional Techniques

- Double Cell at-risk inmates.
  - ▣ Reduces Isolation
  - ▣ Reduces Privacy
  - ▣ Provides Rescue Opportunity
- Place at-risk inmates in higher visibility cells.
- Reduce or eliminate the presence of tie-off points.



# Frequent Observation

- *Natriello v. Flynn*
- ACA Standards



# Emergency Response

- Staff must undertake an emergency response
  - Immediate life-saving efforts
  - Emergency medical assistance



# Emergency Response: What Could Go Wrong?



- ❑ Staff prematurely decide the offender has died.
- ❑ Staff do not promptly initiate life saving measures.
- ❑ Staff responses do not reflect the emergent nature of the situation.
- ❑ Medical equipment doesn't function in the environment.
- ❑ Key medical equipment isn't brought to the scene.
- ❑ Suicide cut down tools are ineffective.
- ❑ Staff do not carry appropriate protective gear.
- ❑ Staff do not know where the Automated External Defibrillator (AED) is or how to use it.
- ❑ Backboards are not used for neck injuries.
- ❑ Staff open cell doors to respond before assistance arrives.
- ❑ Keys are not promptly available to provide necessary access.

# A Legal Case

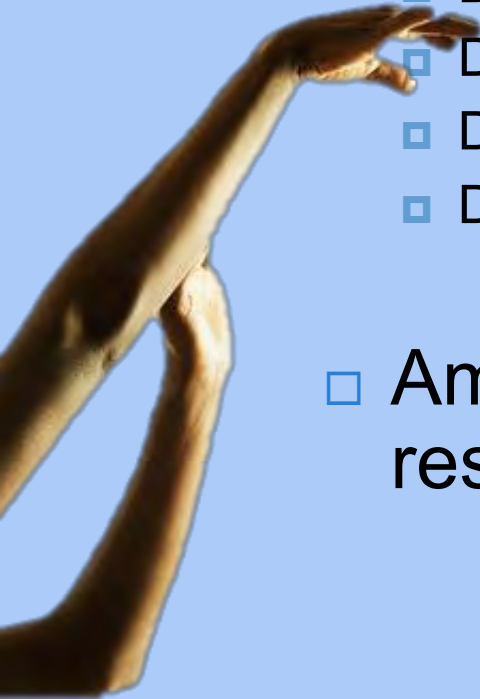
- *Heflin v. Stewart County*



# Practice, Practice, Practice



- Use Mock Drills to train staff.
  
- Use Mock Drills to test your systems.
  - Do stretchers fit down the ranges?
  - Do staff know where the cut down tool is? Is it sharp?
  - Do staff know how to use an AED?
  - Do staff have their personal protective gear with them?
  
- Amend your local training based on the results of your Mock Drills.



# Resources





# Resources on the Internet

- National Institute of Corrections
  - hot link?
- Suicide Prevention Resource Center
  - [http://www.sprc.org/about\\_sprc/index.asp](http://www.sprc.org/about_sprc/index.asp)
- National Center on Institutions & Alternatives
  - <http://www.ncianet.org/services/suicide-prevention-in-custody/>
  - Any concerns with this resource?



# Reading for Administrators

- Bonner, R. L. (2005). *A Process Approach to Suicide Prevention Behind Bars: A Working Guide for Program Directors and Practitioners*. Nebraska: iUniverse.
- Daniel, A. E. (2006). Preventing suicide in prison: A collaborative responsibility of administrative, custodial, and clinical staff. *Journal of the American Academy of Psychiatry and Law*, 34(2) 165-175.
- Konrad, N. Daigle, M. S., Daniel, A. E., Dear, G. E., Frottier, P., Hayes, L. M., Kerhof, A., Leibling, A., Sarchiapone, M. (2007). Preventing suicide in prisons, part I: Recommendations from the International Association for Suicide Prevention Task Force on Suicide in Prisons. *Crisis*, 28(3), 113-121.



# Reading for Clinicians

- Rudd, M. D., Cukrowicz, K. C., & Bryan, C. J. (2008). Core competencies in suicide risk assessment and management: Implications for supervision. *Training and Education in Professional Psychology, 2*(4), 219-228.
- Simpson, S. & Stacy, M. (2004). Avoiding the malpractice snare: Documenting suicide risk assessment. *Journal of Psychiatric Practice, 10*(3), 1-5.



# Training Materials for Staff

- California Institute for Mental Health. *On Your Watch: The Challenge of Jail Suicide*. [Motion picture]. (Available from the California Institute for Mental Health, 2030 J Street, Sacramento, CA 95814)
- United States Department of Health and Human Services. (2009). *Addressing Suicidal thoughts and Behaviors* (Treatment Improvement Protocol, TIP 50, DHHS Pub No. SMA 09-4381). Rockville, MD: Center for Substance Abuse Treatment.
  - <http://store.samhsa.gov/product/TIP-50-Addressing-Suicidal-Thoughts-and-Behaviors-in-Substance-Abuse-Treatment/SMA09-4381>

