Objectives

- Review the problem of jail suicide
- Describe suicide risk
- Discuss intervention procedures & best practices
The Problem of Jail Suicide
How Do Jails Compare?

- **US Suicides**: Low counts across categories.
- **State Prisons**: Minimal differences between women and men.
- **Federal Prisons**: Similar trends as state prisons.
- **Jails**: Significant increase in suicides compared to other facilities.
Suicide Rates in US Jails

Rate per 100,000

1986: 120
2002: 40
2006: 20
The rate of jail suicides has dropped nearly threefold over the last 20 years.
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
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**
  - Sex
  - Age
  - Depression
  - Previous Suicide Attempt
  - Ethanol Abuse
  - Rational Thought Loss
  - Social Support Lacking
  - No Spouse
  - Sickness

- **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: “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:**
“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

- Intake
- Screening

High Risk Periods

Staff Referral
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 on the Internet

- National Institute of Corrections
  - hot link?
- Suicide Prevention Resource Center
- National Center on Institutions & Alternatives
- Any concerns with this resource?


Training Materials for Staff
