Local Government Insurance Trust

RISK MANAGEMENT BULLETIN

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SUICIDE IN JAILS AND PRISONS

Introduction

Despite gains made in the last two decades, suicide in prisons and jails continue to plague state and local governments. The gains are revealed in statistics compiled and published by the United States Department of Justice. The records of the Bureau of Justice Statistics show that the suicide rate in local jails fell from 129 per 100,000 inmates in 1983 to 47 per 100,000 in 2002. This trend has continued beyond 2002. However, the same statistics reveal that the suicide rate in the nation's smallest jails (fewer than 50 inmates) is five times higher than the largest jails (2,000 or more inmates). Caucasian jail inmates were six times more likely to commit suicide than black inmates and more than three times more likely than Hispanic inmates. As of 2002, the male suicide rate in local jails (50 per 100,000 inmates) was more than 50 percent higher than that of female inmates (32 per 100,000). Violent offenders had a suicide rate (92 per 100,000) triple that of non-violent offenders (31 per 100,000).

From 2000 to 2002, almost half of the jail suicides occurred during the inmate's first week in custody. Suicides in state prisons were much less concentrated in the period close to admission, with only 7 percent of the suicides occurring during the first month. About 80 percent of the jail and prison suicides occurred in the inmate's cell, but the time of day did not appear to be a factor. Thus, regardless of whether the person in custody is a recent arrestee temporarily confined in a police station holding cell, a pre-trial detainee awaiting trial in a local jail, or a convicted prisoner serving his sentence, the risk of suicide is present. Since jails and prisons are responsible for protecting the health and safety of their inmate populations, the failure to do so may quickly lead to litigation.

This is certainly true in cases of suicide or attempted suicide. Of further concern to state and local governments is the reality that media interest can quickly convert an inmate suicide into a political firestorm, especially if there have been previous suicides at the facility in the recent past. For all of these reasons, the provision of adequate suicide prevention and intervention services is essential to both persons in custody and local governments.

The Risk Factors

Jails and prisons are repositories for vulnerable groups that are traditionally among the highest risk for suicide, such as young males, the mentally ill, socially disenfranchised, socially isolated,

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substance abusers, or previous suicide attempters.[1] The myriad studies concerning jail and prison suicide repeatedly identify the same or similar risk factors that influence an inmate's motivation to commit suicide.[2] These may include:

- a history of mental illness;
- substance or alcohol abuse;
- the view of incarceration as humiliation or disgrace;
- loss of control over life;
- fear of or inability to cope with isolation;
- loss of privacy;
- loss of family and friends;
- concern over a transfer, appeal, or parole decision;
- the closed social system of the prison;
- an atmosphere of violence, fear and distrust;
- guilt over criminal act;
- distress about a financial problem; and
- deprived family background typified by abuse and/or criminality.[3]

Many of these factors can provide a motivation and play a role in whether or not a person commits suicide while in custody. Consequently, they cannot be ignored when trying to create programs and methods to prevent the occurrence of suicide.

Prevention, Intervention, Identification and Treatment

Differences in correctional facilities include: location, inmate population (both size and composition, *i.e.,* short term detainees, pretrial offenders, and/or sentenced prisoners), overcrowding, sanitation, broad socioeconomic and cultural conditions, and access to basic health or mental health services. As noted by the Suicide and Mental Health Association International, despite these differences, it is still possible to reduce suicides in jails and prisons by adhering to certain basic principles and procedures. One basic principle is that correctional staff must be trained and familiar with the risk factors of suicide. Once correctional staff is trained and familiar with the risk factors of suicide, basic procedures must be place to prevent suicide or suicide attempts. These procedures include:

A. Intake Screening

Since suicides in jails often occur within the first hours of arrest and detention, suicide screening must occur almost immediately upon entrance to the institution to be effective. This screening must be performed by a trained and competent correctional staff and/or facility-based health care staff. If initially conducted by correctional staff, the staff should be adequately trained and aided by a suicide checklist. Any indication of suicidal behavior at intake should immediately be brought to the attention of the medical staff.

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[1] Suicide and Mental Health Association International, "Prison Suicide Prevention" (July 2004).

[2] *See, e.g.*, U.S. Department of Justice, National Institute of Corrections, "*Prison Suicide: An Overview and Guide to Prevention*" (June 1995).

[3] John Howard Society of Alberta, "Prison and Jail Suicide" (1999).

B. Post-Intake Observation and Monitoring

In order to be effective, the screening of inmates must involve ongoing observation. Correctional staff must be trained to be vigilant during the inmate's entire period of incarceration. Again, any indication of suicidal behavior, even if deemed marginal, should immediately be brought to the attention of medical staff. Adequate monitoring of suicidal inmates is crucial, particularly during night shift and in facilities where staff may not be permanently assigned to an area (such as lockups). The level of monitoring should match the level of risk.[4]

C. Management Following Intake Screening

Following initial screening, adequate and appropriate monitoring and follow-up is necessary. Clearly articulated policies and procedures outlining responsibilities for placement (housing), continued supervision, mental health referrals, suicide intervention (stopping a suicide in progress), notification, reporting and review must be in place.

D. Physical Environment and Architecture

Lastly, the role played by the detention facility's environment and architecture in inmate suicide must be considered. Most inmates commit suicide by hanging using objects of clothing (socks, underwear, belts, shoelaces, shirts) or with sheets or towels. As urged by the Suicide and Mental Health Association International, "[a] suicide-safe environment would be a cell or dormitory that has eliminated or minimized hanging points and unsupervised access to lethal materials." Obviously, an inmate who is actively suicidal may require protective clothing or restraints. Because of the controversial nature of restraints, clear policies and procedures, including time limits for use of restraints and the need for staff and medical monitoring and supervision of inmates in them, must be in place. Camera observation should not serve as a substitute for visual checks of inmates, whether they are suicidal or not. Camera blind spots coupled with busy or inattentive camera operators may still lead to problems.

Conclusion

In light of the far reaching implications of suicide in jails and prisons, including the loss of life and exposure to personal and governmental liability, it is imperative that local governments remain vigilant in their efforts to prevent it. In this regard, a trained correctional staff and ready access to medical care, including mental health providers, are essential. Staff must adhere to the principle that all suicide risks are to be treated seriously and on an individual basis. Inmate suicide is not strictly a security or entirely a medical problem. It is both. Accordingly, the policies and procedures in place to stop it must blend both disciplines in order to create the most effective response.

If you have questions concerning this issue, please contact Richard A. Furst, Senior Loss Control Manager at dick@lgit.org or telephone 1-800-673-8231.

This bulletin is intended to be merely informational and is not intended to be used as the basis for any compliance with federal, state, or local laws, regulations or rules, nor is it intended to substitute for the advice of legal counsel.

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[4] Suicide and Mental Health Association International, "Prison Suicide Prevention", *supra*.