

KENTUCKY CORRECTIONS CABINET

STUDY OF INMATE SUICIDES

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EXECUTIVE SUMMARY

The purpose of this study is to analyze the characteristics of suicides among inmates in Kentucky Correctional Institutions. All suicides (19) which occurred from 1973 to April, 1986 were assessed. The characteristics of these suicides were compared to the existing literature on prison suicides in other jurisdictions. The possible causes or precipitators of these suicides were assessed and suggestions for preventive measures developed.

FINDINGS

Nineteen suicides occurred from 1973 to April, 1986. Fourteen of these occurred at the Kentucky State Penitentiary, five at the Kentucky State Reformatory.

Most of the suicides occurred in special housing units (79%), by hanging (84%), between midnight and 7:00 a.m. (63%).

The victims were white males (90%), approximately 29 years old, who had been convicted of violent (63%) or property (42%) crimes.

The victims did not differ in general characteristics from the overall institutional population with one exception: the suicide victims had a high rate of identified histories of mental problems and one or more suicide attempts (53%). This is comparable to other studies on the victims of prison suicides (i.e., Cooper, 1976; Burtch and Ericson, 1979).

CAUSATIVE AND PRECIPITATING CONDITIONS

A number of elements conducive to suicide were identified. While a part of the immediate motivation or cause may be specific to the individual, some environmental and operational factors specific to correctional institutions can contribute to the inmate's decision to commit suicide.

The specific factors identified were as follows:

1. Inadequate or unavailable psychological services at initial intake and during incarceration.
2. Poor communication among staff.

3. The perception of self-injurious behavior as a means of manipulation.
4. Basic elements of the institutional environment which constrain personal efficacy and control.
5. Limited staff training and direction in suicide prevention.
6. Limited staff direction in responding to suicide incidents.
7. Investigations directed primarily towards establishing an appropriate response by staff without an accompanying thorough investigation of the causes of the suicide.

RECOMMENDATIONS

1. Improved and more accessible psychological services.
2. Better communication among staff within and between institutions concerning the psychological state and history of inmates.
3. Increased monitoring of self-injurious inmates.
4. The development or maintenance of programs and procedures which enhance the inmate's feeling of efficacy without compromising the necessary control and management functions of the institution.
5. Reconsideration of isolation as a response to suicidal inmates.
6. Education of inmates in the premonitory behaviors of suicide. Consider utilization of inmates as monitors and staff as specialized psychological officers.
7. The development of detailed policies and procedures to guide staff response to suicides.
8. Improved training of staff in behavior change, communication and empathic skills.
9. More thorough investigations following a suicide.

INTRODUCTION

The issue of inmate suicide in state and federal correctional facilities has not been fully examined. In the words of Carriere (1980), the research and statistics on this form of prison violence are "scanty, unpublished and incomplete" (p. 197). The reasons for this are obvious. First, suicide is a relatively infrequent event within a correctional facility. For example, in 1981 the number of reported suicides in state and federal facilities was 76 (Sourcebook of Criminal Justice Statistics, 1983). In 1984 the number of suicides in these same facilities totaled 117 (National Institute of Corrections, 1986). While the rate of suicide per 100,000 prisoners in 1984 was 26.3, twice that of the suicide rate for the general population (12.4 per 100,000), the total number of instances is small. Secondly, these suicides are committed by a stigmatized, devalued segment of our population. The general attitude toward prisoners perpetuates the belief that one of the consequences of their criminality is the assumption of a risk of injury or death while incarcerated (Carriere, 1980). Finally, suicides in a correctional facility are not subject matter for promoting the image of successful management and positive public relations. As a result, we know very little about the extent to which inmate death by suicide has occurred in adult correctional facilities and the nature of this suicide (Austin and Unkovic, 1977).

The paucity of information may concern only those scholars who specialize in the area of corrections and who value

the acquisition of information and knowledge. However, when correctional administrators and staff are confronted with an actual suicide or series of suicides within a state or federal facility the sparse information is problematic as these correctional professionals attempt to explain the suicide(s) and prevent future occurrences.

METHODOLOGY

All suicides which occurred in the Kentucky Correctional System from 1973 to April 30, 1986 were identified and the resident record files on each inmate analyzed. The contents of each file were assessed to determine basic information on 1) the characteristics of the victim, 2) the nature of the suicide, 3) the immediate response to the suicide, and 4) individual specific events which might have provided motivation for the suicide or warnings that suicide was a possibility. The data were then analyzed to see what patterns emerged.

Four of the most recent suicides occurred at the same maximum security facility over a period of five months. The environmental characteristics of this facility were evaluated in an effort to identify possible characteristics which would make it conducive to or precipitate suicide.

While part of this data is specific to a state system and part specific to an institution within a state system it is generalizeable to other systems and other institutions. It indicates some potential areas of causation and suggests preventative measures which have not been addressed in the literature.

FINDINGS

Since 1973, there have been 19 suicides in Kentucky Correctional Institutions. Fourteen of these occurred at the Kentucky State Penitentiary, the only maximum security facility. The remaining five took place at Kentucky's largest facility, the Kentucky State Reformatory which is medium security. The following table presents a breakdown of these suicides by institution and year.

TABLE 1

	<u>Kentucky State Penitentiary</u>	<u>Kentucky State Reformatory</u>
1973		1
1974		2
1975	3	
1976	1	
1977	3	
1978	2	
1980		1
1981		1
1982	1	
1985	2	
<u>1986-April</u>	<u>2</u>	
TOTAL	14	5

Characteristics Of The Suicide Event

Four of the 19 suicides (21%) occurred in general population. The vast majority (79%) occurred in some specialized housing unit within the institution. Virtually all suicides were by hanging (84%), usually with some personal item that was part of the authorized belongings of an inmate. Those suicides which utilized means other than hanging were the result of self-inflicted poisoning. In two of these three suicides the inmate ingested poisonous fluids (duplicating fluid, floor cleaner) and in the third, the inmate ingested an overdose of prescribed medication.

The precise time of a suicide is difficult to establish given the lapse of time between the event and its discovery.

Nonetheless, some general approximation is possible. At least twelve of the suicides (63%) occurred between 12 midnight and 7:00 a.m.. The greatest number of suicides occurred on Sunday, a total of five. The second greatest number occurred on Monday, four.

These findings concerning time of occurrence suggest that the suicides occur most frequently during periods of limited inmate activity and lesser staff supervision. The day of the week suggests that visitation may play a role in the series of events leading up to the eventual suicide. The absence of visitors, unsatisfactory visits, or even pleasant visits with family members may aggravate the depressive or despondent state of an inmate. A young inmate recently interviewed after the suicide of a friend was asked which day of the week was the most difficult to get through in prison. Without hesitation, he replied that it was Sunday.

The season of the year appeared to have no significant relationship. The suicides were fairly evenly distributed throughout the seasons.

Characteristics Of The Suicide Victim

The basic demographic profile of the suicide group does not differ significantly from that of the general population. The following table illustrates this fact.

TABLE 2

	<u>Suicide Group</u>	<u>General Inmate Population</u>
AGE	29 (Median)	29 (Median)
SEX		
Male	100%	96%
Female		4%
RACE		
White	90%	68%
Black	10%	32%
TYPE OF OFFENSE		
Violent	63%	50%
Property	42%	41%
Drug	-	5%
Miscellaneous	-	4%

The only significant difference between the suicide victims and the general population is the underrepresentation of blacks among the suicide victims. Other studies which have compared inmates who committed suicide with general population inmates have reported similar findings (Burtch and Ericson, 1979; Austin and Unkovic, 1979).

The single factor which distinguished the suicide victims from the general population was history of serious mental problems and suicide attempts. While this data on Kentucky's general population inmates is not readily available, there is no reason to believe Kentucky differs significantly from national data on state and federal general population inmates. Approximately 10 to 35

percent of all inmates have some serious mental problem. Among the suicide victims included in this study, 53% (10) had histories of serious mental problems and one or more suicide attempts.

Comparison To Prior Studies

These findings on characteristics of the suicide and the victim for the suicide cases in Kentucky do not differ significantly from the findings in existing studies of prison suicide. The literature on prison suicide contains a fairly consistent descriptive profile of the victims of suicide within adult correctional facilities. The inmate who commits suicide is almost always a young, white, male who kills himself by hanging. The noose is usually fashioned from some prison issued material, i.e. clothing, sheets (Burtch and Ericson, 1979; Austin and Unkovic, 1977). The inmate is usually single, in the early stages of time served and is most often a property offender. These inmates are as likely to be serving life as short sentences.

The victim usually has some psychiatric history including a history of suicide attempts (Burtch and Ericson, 1979; Cooper, 1976). He is most often without a skilled occupation, has an eighth grade education, is protestant and has few if any visitors (Austin and Unkovic, 1977).

These characteristics have limited value as possible explanations because the profile of these suicide victims is not

unlike that of the general inmate population. In fact, the only characteristics which reflect some possible differences are psychiatric history including, prison suicide attempts and few, if any, visitors. However, even the latter characteristic of few, if any, visitors may not be a distinguishable difference since little data is available on the number of visitors inmates in the general population receive. The profile then, cannot be utilized in developing a preventative strategy. The profile is a beginning yet ignores the specific issues of individual motivation and possible environmental precipitators.

The second portion of this study attempts to identify some of these motivational factors and environmental precipitators. While each case may be extremely specific in the precise series of events which led to the suicide, some common themes emerge. These suggest preventative measures which can be taken to reduce the rate of occurrence.

1. Psychological Services: Correctional systems nationwide have consistently experienced a dearth of psychological services. This is the result of a number of factors. Three of these which are most apparent are: the emphasis on security rather than treatment, limited funding from state legislatures for treatment services and limited interest on the part of psychologists in working within a correctional facility. The fact that services are needed is evident since it is estimated that between 10 and 35 percent of all incarcerated felons have serious mental illness.

It is also equally evident that these needs in correctional facilities nationwide are not being met.

The Kentucky Corrections System is not unlike other state systems in the level of psychological services which are available to institutional populations. The Kentucky Corrections System has at its disposal a total of 161 hours of psychological services (located in the four largest institutions) per week. The most recent population figure (May 16, 1986) for incarcerated felons in Kentucky was 4703. If we use the lower figures in the range of inmates with serious mental health problems (10%) then, an estimated 470 inmates in the Kentucky system have serious mental illness. The number of available hours of psychological services, systemwide, would allow service provision to these inmates for an average of 20 minutes per week. Since the Cabinet has at its disposal 50 beds at the Kentucky Correctional Psychiatric Center, it is possible to calculate this into the service availability formula. If we assume that all 50 beds are utilized continually, the baseline of inmates requiring psychological services is reduced to 420. Consequently, our psychological services could be delivered to these inmates an average of 23 minutes per week.

Obviously, the availability of psychological services is severely limited. Some of these inmates with serious mental health problems are transferred for brief periods of time to the Kentucky Correctional Psychiatric Center. The vast majority, however, receive little, if any psychological counseling. An added problem related to psychological services is that the

inmates generally transferred to the Kentucky Correctional Psychiatric Center for stabilization are apparently returned back to the same facility. In the case of suicidal inmates, this may work against any continued stabilization. Specifically, those conditions, which precipitated a suicide attempt might still be present in the environment and so a new environment would be preferable. An illustration of this is inmate R.W., a homosexual, who attempted suicide after an altercation with his boy friend and was subsequently transferred to Kentucky Correctional Psychiatric Center. After two months he was returned to the same facility where his boy friend had aligned himself with someone else. Inmate R.W. hung himself approximately two months later. This is not to suggest that the difficulty with this inmate's boyfriend was the only factor contributing to his subsequent suicide but most certainly it was a precipitating factor.

The deficiencies in psychological services are, as mentioned earlier, created by a number of factors. Most of these are beyond the direct control of the Cabinet. Nonetheless, they are potential contributors to the suicide rate within the institutional population.

2. Communication: Breakdowns in communication in terms of psychological, psychiatric, and institutional staff can also put the emotionally unstable inmate at greater risk. Such breakdowns are inevitable when caseloads are large due to understaffing. An example of this is the case of inmate F.D.. The emotional problems of this inmate had been well documented during his incarceration. He had been paroled, violated that

parole and had been returned to Kentucky State Reformatory to outpatient status in the Forensic Unit. The psychiatrist recommended inpatient status. The Parole Board at the revocation hearing recommended the same. Instead, after an altercation with a Correctional Officer, he was transferred to Kentucky State Penitentiary. From this inmate's parents, the Assessment and Classification Manager learned that while on parole F.D. had attempted suicide and had spent time in a mental hospital. This information was not transmitted directly to the Penitentiary staff upon transfer. The Penitentiary was not aware of his mental state nor had there been any coordination of any medication. This inmate hung himself six days after arriving at Kentucky State Penitentiary.

In another case the Assessment and Classification Caseworker recommended that inmate K.S., also a parole violator, be seen by a psychologist because he had apparently attempted suicide several times in the past and suffered blackouts. Two previous psychological evaluations and one psychiatric evaluation made no mention of these attempts or black outs. He subsequently committed suicide one month later after seeing a psychologist one time.

In the case of inmate R.J., the psychologist's evaluation mentioned that the subject had been hospitalized for "nerves" and that those records had been requested. Four months later, when the subject committed suicide, the records from the inmate's hospitalization had still not been obtained.

It is impossible to judge whether the gaps in information and communication breakdowns illustrated in these three cases would have prevented these suicides. The possibility does exist however that the treatment of these three inmates in the absence of these deficiencies would have been different and consequently, altered the end results.

3. Perceptions of Self-Injurious Behavior:

Scholars and practitioners are increasingly recognizing the need to view all self-injurious behavior as a potential suicide. Albanese (1983) and Wicks (1974) both suggest that it is counter productive to define self-injurious behavior as manipulative. When this occurs, there is a chance that the "manipulator" will become a "victim." Danto, in an article by Charle (1981), describes six categories of suicide victims. Only two of the six categories involve intentional suicide. The other categories entail self-mutilators who unintentionally kill themselves. Therefore, these researchers suggest that all self-injurious behavior be viewed as a potential suicide.

This perception of self-mutilation as a potential suicide is difficult to accept and even more problematic in implementation. Inmates are manipulative; self-injurious behavior is a strong means of manipulation. However, suicides manipulate as well. Suicides manipulate correctional administrators, line staff, and public perception.

The significance of monitoring and responding to self-injurious behavior as well as identifying the self-injurious inmate as a potential suicide victim becomes obvious when the characteristics of suicide victims are reviewed. As stated in an earlier section, the one factor which distinguishes the suicide victim from the general population is the more frequent representation of serious mental disorders and suicide attempts among the former group.

4. Institutional Environment and Individual Efficacy:

While the suicide of the emotionally unstable inmate who has attempted suicide previously is not generally a surprise to institutional staff, others are. Three such suicides occurred at Kentucky State Penitentiary between October 10, 1985 and February 24, 1986. All three were older, institutionally sophisticated inmates. In contrast to the overall mean age of 29 for the total number of suicides, these inmates were 51, 47 and 33 years of age. Each had been in and out of the prison system a large part of their adult lives and were serving long sentences. None had ever evidenced any psychological problems in fact, two had made above average adjustments to prison, the other average.

The question of why these inmates reached a point where they were either unable or unwilling to continue their pattern of adjustment can only be answered through speculation. Nonetheless, in each case there were events that preceded the suicide that were unsettling to these inmates.

Inmate B.C., 47 years of age, was first incarcerated at the age of 18 and entered and exited the system frequently over the next 29 years. He was seven years away from his conditional release date. His adjustment in prison was above average. The morning of the suicide, two policemen had visited him in regards to a murder. A part of his suicide note read, "they can't get me no moar."

Inmate D.B., age 33, had been in and out of the prison system for twelve years and was serving a life sentence. His adjustment had been above average. The only thing of note that preceded his suicide was a recommendation that he be transferred to Northpoint. He did not want to go. Inmate D.B. was not eligible for parole until 1993.

Inmate R.B., 51 years of age, had been involved with the prison system for twenty four years and was serving a life sentence. On October 2 he requested protective custody because he felt his life was in danger. He killed himself eight days later.

The element of hopelessness in prison suicide is alluded to in many studies. It would seem logical that the older an inmate and the more often he or she has failed on the outside, the greater the hopelessness. Certainly it is evident in the case of inmate B.C. who perhaps faced murder charges and additional years. This was also true in the case of inmate R.B., who was fifty-one years of age, in trouble on the yard, and had a long time to serve.

It is possible that changes in a prison environment which are perceived as negative by the population can impair the morale of that population. If, indeed, morale is impaired it would seem logical that some in that population would be rendered less able to cope with hopelessness. The inmate has lost practically all control of his daily existence; very small changes in his environment could be perceived as extremely important and as threatening the few controls he does possess. It is unrealistic to assume that, for example, a change in administration does not impact the morale or perception of the prison population.

A look at recent changes at Kentucky State Penitentiary not only includes an administration change but the following: the general population is younger than in past years; clubs have decreased in number and program staff have decreased in numbers; mental health services have been erratic; gangs have been reduced; there is the perception on the part of inmates that there are fewer drugs and money circulating; finally, the general population perceived a time change for protective custody's time on the yard as decreasing their own yard time.

Danto (1973 and others have discussed the physical environment of the prison as being a catalyst in promoting depressive and alienating responsiveness in human beings. In general, the physical complex of the institution can best be described as stark and impersonal. Usually the buildings are constructed with concrete and are painted with unstimulating colors. The interior, specifically the dormitories, are lined with

rows of monotonous cells which include a bed, sink, commode and foot locker. Convicts are not allowed to place personal effects on the walls because of the necessity of visibly monitoring all institutional activities from the perimeter wall stands. Few recreation areas are provided for inmates and these usually consist of one open area without foliage where sports activities are conducted. The segregation and protective custody units are even more dehumanizing. Residents are not allowed to have any of their personal property while they are housed in these areas and they may only spend one hour per day out of their cells.

5. Suicide Responses and Preventive Mechanisms:

In at least two incidents of suicide, fear appears to have been the central factor. Inmate L.P. had been transferred to Kentucky State Reformatory from Kentucky State Penitentiary because his life was in danger from other inmates. He was seen by a psychiatrist the day he arrived at Kentucky State Reformatory who described him as "frightened to death." Inmate L.P. felt there was no safe place. He was allowed to visit with his family that same day at which time he stated he was going to kill himself before others did. This was in the presence of a corrections officer. He proceeded to attempt a suicide but was thwarted by staff and was put on thirty-minute watch. He hung himself between watches.

Extreme fear was also a factor in the suicide of inmate J.B.. Having been influenced by other inmates to participate in a

particularly brutal assault on another inmate, inmate J.B. was moved to Administrative Segregation. Other inmates who had been a part of the assault proceeded to coerce him into taking the major responsibility for the assault by yelling up through the vents to his cell that he was responsible and should hang himself. They also told him if he didn't kill himself, they would storm the cellhouse and kill him. Inmate J.B. was thus taunted for two nights until 1:00 or 2:00 in the morning. The third day he hung himself. Correctional officers on duty had been advised of his mental state and were instructed to watch him closely.

These two cases along with others point out a deficiency in accommodation for those inmates who are known by the staff to be suicide risks at a particular point in time. Most research stresses the importance of not isolating such people (Charle, 1981; Hayes and Kajdan, 1981; Danto, 1973). If it is impossible to keep them in general population or in a dorm setting it is the consensus that they be kept under twenty-four, hour visual supervision (Charle, 1981; Danto, 1973). A correctional officer patrolling a ward with up to 90 inmates at 30 minute intervals cannot possibly prevent the suicide of a determined inmate. It takes approximately four minutes to hang one's self.

In an attempt to improve the observation of suicidal inmates some facilities have employed prisoners as observation aides. These prisoners are trained to recognize the danger signs of suicide and in crisis intervention techniques (Rakis, 1984). The negative side of this procedure would be the potential for

blackmail and the manipulation of inmates by observers. However, it would seem beneficial to at least involve inmates in suicide prevention through education (Charle, 1981). In those cases where there are post suicide interviews with the victim's friends and those in adjacent cells, there are indications that in at least five suicides other inmates had seen warning signs. Whether there was knowledge that these signs were indicators of impending suicides is doubtful. In one case the victim told his rap partner that he was not going to serve his sentence and gave him a book approximately one hour before he committed suicide. In another case the victim told his friend to pick up the things he had borrowed from him the day before he committed suicide. The friend was also aware that the victim was extremely upset because his estranged wife had informed him that she would no longer allow his children to visit him. In a third case, the victim wrote his inmate friend a suicide letter. Thinking he didn't mean it, the friend told no one. A drastic personality change in a suicide victim who was on suicide watch was noticed by an inmate in the adjacent cell. While this victim seldom spoke to anyone and only sang to himself, the night of the suicide he actually called this inmate by name and asked for a cigarette. This seemed strange to the inmate, but he did not report the incident. In another case the victim told the person in the cell next to him that he was going to commit suicide. The following morning he did.

Another option utilized by some correctional facilities is

specialized psychological officers (Charle, 1981). These individuals are specially trained in crisis intervention, counseling, observation, and empathic skills. They work within the special observation areas which house many inmates with a history of serious mental disorders and suicide attempts. The value of these officers is that while they are trained in security, emphasis is placed upon their ability to relate personally to these inmates. Consequently, the usual distance and distrust that develops between security officers and inmates is minimized.

A final area of response and prevention involves staff training, staff direction, and suicide investigation. During the course of this study, the policies and procedures relevant to suicide were requested from four institutions: Kentucky State Reformatory, Kentucky Correctional Institute for Women, Luther Lockett Correctional Complex, and Kentucky State Penitentiary. Only two facilities, Kentucky State Reformatory and Luther Lockett Correctional Complex had detailed procedures relating to suicide. Similarly, though some staff training pertinent to crisis intervention and suicide response is offered, it is minimal. It appears to have been offered after the fact in many instances. This is unfortunate. A suicide affects not only those officers directly involved, but all staff at a facility. If a series of suicides occur, as in the case at the Kentucky State Penitentiary, it can have a detrimental affect on all staff at that facility. Therefore, not only training, but a series of debriefings for staff should a suicide occur would be essential. Lastly, the post-suicide investigation is a significant element in the suicide

response. In one of the few studies to assess official reactions to suicides, Burtch and Ericson (1979) found these investigations to be inadequate. That is, directed primarily toward the provision of justifications for officially acceptable behavior on the part of staff and not necessarily toward attempts to explain the suicides and improve preventive and responsive behaviors.

While it is important to show that the response was appropriate and acceptable, this portion of the investigation should not supercede some identification of mechanisms which need improvement. An invaluable tool is lost when post suicide interviews with friends and those in nearby cells are not held. It would seem that there is something to be learned from each suicide. Such interviews are apparently not standard operating procedure. It also appears that in those instances where interviews were conducted, the purpose was to ascertain whether staff responded to the situation adequately. These interviews should serve a dual purpose. They should not only verify that standard operating procedures were followed but should attempt to shed light on why the suicide occurred. A sort of "psychological autopsy" should be performed. Perhaps some probe of official procedures would be beneficial. The procedures may be inadequate rather than inadequately followed.

6. The "Copy-cat Phenomenon":

No probe of the reasons for prison suicide can ignore the "copy-cat" phenomenon. This of course occurs in the general public as well as in prison. In 1978, for example, there were 40 suicide attempts at Kentucky State Penitentiary. Between zero and five suicide attempts per year is the norm. A number of these attempts must be attributed to this phenomenon. Similarly, since the first suicide of 1986 in April, there have been ten suicide attempts at the Penitentiary as of the date of this report.

Here again, however, caution must be taken to avoid a minimization of these "copy-cat" attempts. While they are to be anticipated, they may be successful and so produce more suicides. They are also a product of the same factors which made the situation conducive for suicides. The only difference is in the direct precipitating event.

CONCLUSIONS AND RECOMMENDATIONS

It would seem that a demographic profile of prison suicide victims does little to aid identification of potential victims in that it differs only minimally from that of the general population. The most obvious indicators of the existence of at least the potential for suicide are previous suicide attempts and mental illness. Given that the percentage of inmates with such histories is probably substantial, continuous close observation of this subgroup is unrealistic. At a time of crisis, however, twenty-four hour observation is recommended. Similarly, many

specialists agree that inmates in crisis should never be isolated. It is recommended that they be housed in a dormitory or double cell if at all possible. The existing prison design and lack of funding for additional personnel may deem these options unworkable. Therefore, the use of inmate observers could be considered. It would also seem advisable to take into consideration the problem of observing at-risk inmates when designing new prison facilities.

As long as funding prevents adequate numbers of staff in the mental health field, there will be communication breakdowns and some mentally ill inmates will slip through the cracks and successfully commit suicide. An adequate number of mental health staff, however, is handicapped if there is no hospital facility to provide long term treatment for those who need inpatient care.

The suicide of seemingly mentally sound inmates is conceivably one of the more perplexing problems faced by institutional staff. Perhaps it is, as one inmate said, "their way of doing their time." The prison environment or changes therein could possibly impact the inmate's perception of that time and intensify that feeling of hopelessness inherent in long term inmates or inmates who have not adjusted well to the general population. Programs and organized activities would be extremely beneficial in offsetting negatively perceived changes in an institution. Similarly, including inmates in some system of communication which gives them prior notification of changes may be helpful. This may reduce their feelings of minimal efficacy and control over their environment.

The inmates of an institution are a relatively untapped suicide prevention resource. They would be the individuals most likely to observe any premonitory action of the potential suicide. If educated to recognize those actions for what they are, inmates could very well be instrumental in prevention.

Finally, when suicide does occur, post suicide interviews with not only staff but friends and those in adjacent cells would seem an important learning tool. Those interviews should not only assess staff response but should also probe the circumstances and causes of the suicide. These investigations should be used to prevent suicides and debrief staff.

None of these measures are extremely expensive. None of these measures can guarantee that a suicide will not occur. However, if one suicide can be prevented then the measures will be successful. The important concept that must be kept in mind is that the prevention of suicides does more than save the life of an inmate.

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