MFI

113129

JAIL SUICIDE UPDATE

JAIL SUICIDE PREVENTION INFORMATION TASK FORCE

TRAINING

This issue of ***Jail Suicide Update*** is devoted entirely to suicide prevention training. Project staff are currently finalizing the development of a manual entitled — ***Training Curriculum on Suicide Detection and Prevention in Jails and Lockups***. The manual, whose availability will be announced in our next issue, is intended to equip jail administrators and their staff with basic understanding of suicide behavior as it relates to facility environment. Most experts agree that with sufficient training, jail personnel can not only thwart a suicide, but avoid the serious repercussions that follow.

The manual is intended for use in both jails and lockups. The reasons are numerous. Suicide prevention begins at the point of arrest. In addition, the act of suicide has no exact time frame, and thus can occur in either a jail or lockup. Although research shows that the majority of suicides occur within the first 24 hours of incarceration, many suicides occur after this time period. Finally, issues of custodial care, supervision, and other liability concerns, as well as their relationship to jail suicide, are equally present in both types of facilities. Thus, for purposes of training, this manual categorizes jails and lockups into one generic term — jail, because the first minute of an individual's incarceration is as important as their last.

What follows are abstracts of key sections from the ***Training Curriculum on Suicide Detection and Prevention in Jails and Lockups***.

WHY JAIL ENVIRONMENTS ARE CONDUCIVE TO SUICIDAL BEHAVIOR

From the inmate's perspective, there are certain unique characteristics of jail environments which enhance suicidal behavior.

1) Fear of the unknown
2) Authoritarian environment
3) No apparent control over the future
4) Isolation from family and significant others
5) Shame of incarceration
6) Dehumanizing aspects of incarceration

POTENTIAL SUICIDE PRE-DISPOSING FACTORS

In examining potentially suicidal behavior, the following pre-disposing factors are commonly found:

1) Recent excessive drinking and/or use of drugs
2) Recent loss of stabilizing resources
3) Severe guilt or shame over the offense
4) Same-sex rape or threat of such
5) Current mental illness
6) Poor physical health or terminal illness
7) Approaching an emotional breaking point

HIGH RISK SUICIDE PERIODS

Experience has shown that there are certain high risk suicide periods for the inmate which correlate with phases of their incarceration or steps in the criminal justice process. These periods include:

1) The first 24 hours of confinement
2) Intoxication/Withdrawal
3) Trial and sentencing hearings
4) Impending release
5) Decreased staff supervision
6) Weekends and holidays
7) Bad news from home

WARNING SIGNS AND SYMPTOMS OF SUICIDAL BEHAVIOR

Experts generally agree that certain signs and symptoms exhibited by the inmate often foretell a possible suicide and,

INSIDE

SUMMER 1987

Why Jail Environments are Conducive to Suicidal Behavior

Potential Suicide Pre-Disposing Factors

High Risk Suicide Periods

Warning Signs and Symptoms of Suicidal Behavior

Suicide Prevention Screening

Disposition/Referral

Conclusion

if detected, could prevent such an incident. What the individual says and how they behave while being arrested, transported to the jail, and at booking, are vital for detecting suicidal behavior. An individual may exhibit warning signs and symptoms that include:

1) Depression (Physical Signs)

   a. sadness and crying
   b. withdrawal or silence
   c. sudden loss or gain in appetite
   d. insomnia
   e. mood variations
   f. lethargy

2) Intoxication/Withdrawal
3) Talking about or threatening suicide
4) Previous suicide attempts
5) History of mental illness
6) Projecting hopelessness or helplessness
7) Speaking unrealistically about future and getting out of jail
8) Increasing difficulty relating to others
9) Not effectively dealing with present, is preoccupied with past
10) Giving away possessions, packing belongings
11) Severe aggressiveness
12) Paranoid delusions or hallucinations

SUICIDE PREVENTION SCREENING

Properly trained correctional personnel can effectively assess suicidal potential both at the booking stage and during subsequent phases of the inmate's incarceration. During the booking stage, intake screening is imperative to suicide prevention. In addition to assessing suicide potential, intake screening serves to detect any medical or mental health problem, and addresses classification needs. ***Intake screening must be performed on every arrestee immediately upon entry into the jail facility.*** Those individuals that refuse such screening or are unable (due to their intoxication) to participate, should be temporarily housed in the cellblock and placed under special supervision until such time as intake screening can be completed. Although intake screening can be utilized to detect a great portion of potentially suicidal behavior, inmates can become suicidal at any stage of their incarceration. Therefore, ***continued observation and awareness*** of potentially suicidal behavior is an added key to prevention.

Intake screening is not meant to be an in-depth, time consuming evaluation of an inmate's health needs. It should be utilized by the booking officer as a form of ***triage*** to detect the following:

1) Suicidal behavior
2) Physical injuries/trauma and infectious diseases

Training Curriculum on Suicide Detection and Prevention in Jails and Lockups

TABLE OF CONTENTS

I. Introduction

II. Jails v. Lockups: Do Responsibilities Change Regarding Suicide Prevention?

III. Current and Prior Jail Suicide Research

IV. Why Jail Environments are Conducive to Suicidal Behavior

V. Potential Suicide Pre-Disposing Factors

VI. High Risk Suicide Periods

VII. Warning Signs and Symptoms of Suicidal Behavior

VIII. Suicide Situational Risk Factors

IX. Current/Recent Stress Situations

X. Assessing Suicidal Risk/Special Aspects of Health Clearance and Receiving Screening

XI. The Arresting Officer and Suicide Prevention

XII. Review: Facts and Fiction Regarding Jail Suicides

XIII. Jail Suicide Litigation

XIV. The Impact of Jail Design on Inmate Management and Suicide Prevention/Protrusion Free Architecture and Environment

XV. First Aid

XVI. Psychological Autopsy and Follow-up Support for Jail Staff

XVII. Controversial Issues in Suicide Prevention

XVIII. Conclusion

XVIV. Appendices

A. Sample Screening Forms
B. Jail Suicide Litigation — Case Law
C. Bibliography — Jail Suicide Literature Review

3) Chronic and acute mental illness
4) Medications taken and special health requirements
5) Alcohol or drug intoxication

The state of New York, under the auspices of the Office of Mental Health, Commission of Corrections, and Ulster County Community Mental Health Services, is currently implementing suicide prevention screening guidelines in all of its jails and lockups. Inquiry is made into the following areas:

1) **OBSERVATIONS OF TRANSPORTING/ ARRESTING OFFICER**

2) **PERSONAL DATA**

   a. Detainee lacks close family or friends in the community

b. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).
c. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).
d. Detainee's family or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.
e. Detainee has psychiatric history.
f. Detainee has history of drug or alcohol abuse.
g. Detainee holds position of respect in community (e.g., professional, public official) and/or alleged crime is shocking in nature.
h. Detainee is thinking about killing himself.
i. Detainee has previous suicide attempt.
j. Detainee feels that there is nothing to look forward to in the future (expresses feelings of helplessness or hopelessness).

3) **BEHAVIOR/APPEARANCE**

a. Detainee shows signs of depression (e.g., crying, emotional flatness).
b. Detainee appears overly anxious, afraid or angry.
c. Detainee appears to feel unusually embarrassed or ashamed.
d. Detainee is acting and/or talking in a strange manner (e.g., cannot focus attention, hearing or seeing things which are not there).
e. 1). Detainee is apparently under the influence of alcohol or drugs.
2) If YES, is detainee incoherent, or showing signs of withdrawal or mental illness?

4) **CRIMINAL HISTORY**

a. No prior arrests.

DISPOSITION/REFERRAL

Each facility should develop a disposition checklist in accordance with its procedures and resources. The following checklist is one model approach under recognized practices.

1) ____ Emergency care outside facility
2) ____ General population
3) ____ Sick call
4) ____ Special supervision

a. ____ no isolation
b. ____ increased monitoring
c. ____ constant observation
d. ____ audio/television monitoring

CONCLUSION

Experience has clearly demonstrated that almost all jail suicides can be averted with implementation of a prevention program that includes staff training, intake screening, communication between staff, and human interaction. The key to prevention remains capable and properly trained staff, the backbone ingredient of a facility. Such a system, however, will not come to fruition without a pro-active administrator who not only maintains an awareness of jail suicide as a national problem, but takes the initiative to prevent such an occurrence in their own facility.

This technical update, published quarterly, is part of the continuing effort of the Jail Suicide Prevention Information Task Force to keep state officials, individual correctional staff, and interested others aware of developments in the field of jail suicide prevention. Please contact us if you are not on our mailing list, or desire additional copies of this publication. As the Project acts as a clearinghouse in jail suicide prevention information, readers are encouraged to forward pertinent materials for inclusion into future updates.

This project is supported by grant number GO-3 from the National Institute of Corrections, U.S. Department of Justice. Points of views or opinions stated in this document are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice.

For more information on the Project, contact either of the co-directors:

Lindsay M. Hayes
National Center on Institutions and Alternatives
814 North Saint Asaph Street
Alexandria, Virginia 22314
(703) 684-0373

Joseph R. Rowan
Juvenile and Criminal Justice International, Inc.
381 South Owasso Boulevard
Roseville, Minnesota 55113
(612) 481-9644

NEXT ISSUE: NATIONAL STUDY OF JAIL SUICIDES: SEVEN YEARS LATER

NATIONAL STUDY OF JAIL SUICIDES: SEVEN YEARS LATER

Project staff are also developing a report of their findings from a national survey of jail suicides. The survey collected data on suicides occuring in jails and lockups throughout the country during 1985 and 1986; with demographic data on the 1986 suicides currently being analyzed. The report, whose availablility will be announced in our next issue, is tentatively entitled — ***National Study of Jail Suicides: Seven Years Later.*** The following listing depicts the number of jail suicides, per state, during 1985 and 1986.

STATE	1985	1986	STATE	1985	1986
Alabama	6	9	Montana	7	3
Alaska	5	1	Nebraska	1	2
Arizona	7	5	Nevada	3	1
Arkansas	3	9	New Hampshire	3	2
California	37	32	New Jersey	13	14
Colorado	2	10	New Mexico	4	1
Connecticut	2	5	New York	31	25
Delaware	1	1	North Carolina	15	7
District of Columbia	3	1	North Dakota	0	1
Florida	19	14	Ohio	20	19
Georgia	14	10	Oklahoma	16	9
Hawaii	1	1	Oregon	11	5
Idaho	3	3	Pennsylvania	15	18
Illinois	26	25	Rhode Island	0	0
Indiana	12	8	South Carolina	6	6
Iowa	3	1	South Dakota	3	4
Kansas	2	8	Tennessee	6	10
Kentucky	11	3	Texas	48	46
Louisiana	4	8	Utah	5	1
Maine	1	1	Vermont	0	0
Maryland	3	11	Virginia	10	18
Massachusetts	15	9	Washington	4	4
Michigan	24	9	West Virginia	2	2
Minnesota	5	4	Wisconsin	4	4
Mississippi	4	3	Wyoming	2	2
Missouri	10	4			
			TOTAL	450	399

THE NATIONAL CENTER ON INSTITUTIONS
AND ALTERNATIVES

814 NORTH SAINT ASAPH STREET
ALEXANDRIA, VIRGINIA 22314

(703) 684-0373

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
PERMIT NO. 739
ALEXANDRIA, VA

JAIL SUICIDE UPDATE