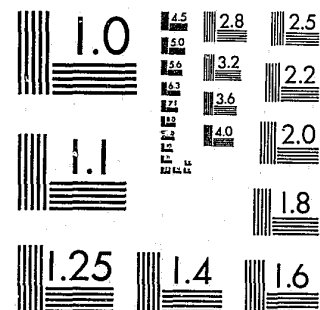


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The Prevention of Suicide in Prison

U.S. Department of Justice
National Institute of Justice

80549

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Student's Handbook



Correctional Service
Canada

Service correctionnel
Canada

80549

The Prevention of Suicide in Prison

Student's Handbook

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Most Suicides Can Be Prevented

The decision to commit suicide is almost always a combination of a wish to live and a wish to die. Almost all those who gamble with death give signs, warnings, clues for messages of some sort that signal their intent. Some of the signs may be subtle, but they can be recognized as a cry for help by someone who cares enough to know how to read them.

Also, the suicide decision is usually not impulsive. Most often it is pre-meditated. Although it might be done on impulse, and to others appears impulsive, in fact, suicide is usually a decision that is given long consideration. It is not impossible, then, to spot a potential suicide if one only knows what to look for.

These sessions will give you some basic information on suicide, to help you understand the subject, recognize the danger signs, and get help. It will not, however, make you an expert on suicide or enable you to be the sole source of counsel and treatment for inmates who are suicidal. The advice and expert knowledge of a qualified professional are needed whenever there is a serious risk of suicide. The informed officer, however, is a key factor - often of life-saving importance - in knowing that a problem exists, in getting help, and in understanding how to support the work of the professional.

Above all else, however, you must want to help. Every sign, every gesture of suicidal intent is a dialogue. Someone cries for help and someone else must be willing to hear him and be capable of responding to him. Inmates also want help and often a few moments of interest, of recognition, is all that is required to help an individual in trouble.

One inmate's comments in the film you've just seen clearly demonstrates this. "When I was in penitentiary I only really wanted to die just the one time. The other times that I slashed up and things like that, I wasn't really wanting to die, although I could have cared less one way or the other. I wanted someone to help me; I needed help. And then I just felt that I wasn't getting it because I just couldn't find anybody really and so I decided to take my life then. I failed. I'm glad I did now."

Apart from caring enough to want to prevent a suicide within the penitentiary, it is the duty of every member of the penitentiary staff to protect the inmates under his supervision. In the words of one of the Service's own officers, "An inmate is a human being. What he has done to be put in prison, he's being punished for, but he's still a life. It's no different than if you find someone on the street who's injured. I think most people would stop and help. Well, at that time, he's an inmate but he's a person in trouble and he needs help. And I think, not only from a human standpoint, it's your job. You're not there to judge that man and you're not there to punish him. He's your responsibility and you have to help."

Despite what has been presented so far and what follows, it is important to recognize that some inmates will commit suicide no matter what you do to try and prevent it. Each staff member of the institution must learn to accept his limitations in this regard and come to terms with his own feelings about death, life and hopelessness. If he presents himself as a real person to the inmate, he stands a chance. If he tries to be a "bleeding heart do-gooder", he will be rejected as a phony. He has to be honest about his doubts and lack of knowledge, but he must show real concern. He must serve as an example of a person who has learned to assume responsibility in a humane manner, and must maintain reasonable firmness about the restrictions he imposes and enforces on the inmate. In this way he can save lives. All he needs are sharp eyes and ears, good intuition, a pinch of wisdom, the ability to act appropriately, and sincere compassion.

Session I – What To Look For

1. Danger Signs

a) Suicide Threats

Suicide threats or other statements that reveal a desire or intention to die are often ignored. Many believe that those who are serious about suicide usually keep it to themselves. But people planning to commit suicide often speak of their plans and feelings. Often their statements are indirect or coded, such as "You won't have me to worry about anymore," or even a simple "Goodbye". Others are, of course, right to the point; "I'm going to kill myself", while some statements constitute a desperate cry for help; "Lock me up, I'm afraid of what I might do".

Regardless of the bluntness of such suicidal statements, they must be taken as appeals for intervention. Most people contemplating suicide are torn between a desire to live and a desire to die. Therefore, they try to let others know about it, even if it's expressed in a joking manner. Whether it is a frank statement or a subtle hint, it is an important and dangerous sign and it must not be ignored.

b) Suicide Attempts

Many suicide attempts don't appear to be very serious. An inmate takes a bottle of pills just before the officer is scheduled to make his rounds so he is sure to be discovered. Or he slashes up in a superficial way and calls for help. When such an attempt is made, it is very easy to ignore it as simply a bid for attention, and often that's exactly what it is. It's an attempt to call attention to the individual's problems. It is a cry for help. But it is a very desperate cry for help even if it doesn't appear to be. If it is not answered, another, more serious attempt, is likely to happen. Statistics have shown that four out of five who commit suicide had attempted to do so at least once before.

The officer must also be aware of less obvious suicide attempts. Any action that might result in physical or bodily harm to the inmate such as provoking an officer to beat him up or shoot him, or any escape attempt, should be taken as a sign of potential suicide. Actions of this nature can be interpreted as attempts to have someone else be the instrument of the inmate's death. What must be remembered, however, is that once these steps have been exhausted, the inmate may resort to suicide as a final measure.

c) Depression-Changes in Behaviour

Depression is one of the most crucial signs of suicide behaviour and, although it is not always easy to spot, must be taken very seriously especially when combined with other factors, such as alcoholism, drug addiction, psychological disturbances, cultural and family problems and crises. Its symptoms are many and varied, but any long period of sadness is an indication that something is wrong.

Depression is often accompanied by physical symptoms such as disruptive patterns of sleep (lack of sleep, disturbed sleep, excessive sleep, nightmares); loss of weight and / or appetite; constipation; complaints of aches and pains; headaches; lack of energy; slowing down or inhibition of bodily movements and thought processes; loss of concern about physical grooming.

Psychological symptoms also accompany depression. The depressed person suffers from anxiety, tension, lethargy, sadness, pessimism, self-dislike, crying, an inability to concentrate, a lack of emotional response, and a loss of interest in activities and others around him. A tendency to become uncommunicative and to isolate oneself is a common and particularly dangerous sign. And a sense of loss, hopelessness and helplessness is often seen in mentally depressed persons.

The changes in behaviour or personality indicating someone is thinking about suicide are generally quite sudden and noticeable. The inmate who has always been reserved or conservative suddenly becomes loud and conspicuous. The inmate who was outgoing and communicative becomes aloof and wants to be left alone.

As a rule, **any significant change of behaviour**, even if it looks like improvement, should be assessed. Depressed persons often commit suicide when their symptoms appear to be improving. This happens because depression often robs the individual of the energy and resolution to act forcefully. During depression there is often a period of profound physical and mental retardation that inhibits the individual's actions. As the depressed person begins to improve, the ability to act returns and he now has the will and energy to carry out the suicide act. Also, when a depressed person makes up his mind to take his life, that decision in itself may be a tremendous relief to him and his condition will seem greatly improved. This can be a particularly dangerous period.

d) Making Final Arrangements

Final preparations before a suicide vary with each person's personality and circumstances. Preparing a will, writing long-overdue letters, contacting old friends and relatives, giving away personal possessions are all types of final arrangements a suicidal person might carry out. This, of course, does not mean that everyone who makes a will or gives something away is suicidal. But when other danger signals are present, these arrangements are a further indication. Final preparations may be made very quickly, with the suicide following abruptly. Prevention often relies on detection of the earlier signs such as comments about death, depression and marked personality changes.

NOTE:

Of course, none of these signs is a positive clue that a person is going to commit suicide. But when a number of these signs are grouped together it is time to act. The danger of embarrassment through over-reaction is not nearly as great as the danger of death through failure to act.

2. Time

Penitentiary suicides and suicide attempts occur more frequently at certain times and during certain periods of the inmate's sentence.

As a general rule, the most dangerous time to watch for is during the evening and night shifts, **from 4 p.m. to 8 a.m., and especially on weekends**. This is the time of minimum activity in the daily life of the inmate and the institution. Inmates frequently express feelings of apprehension and anxiety as a weekend approaches, particularly long weekends when a holiday falls on the Monday. General activity is reduced, vocational workshops and classrooms remain closed. There is a reduction of staff, only routine functions are carried out, and the professional staff is absent from the institution.

Days in the month which are "anniversaries" of some incident in the inmate's life such as birthdays, weddings, deaths, etc., should also be given particular attention.

An inmate's **first penitentiary term**, and often within the first few months of that term, are considered high risks of suicide potentiality. Of 13 suicides investigated by Dr. Carpenter of Kingston, Ontario, seven took place during the first penitentiary term, four during the second term, two during the third, and none during the fourth and fifth terms. And of 23 suicides studied at St. Vincent de Paul Institution in Québec during 1959 and 1967, 11 occurred during the inmate's first term.

The length of sentence an inmate is serving can also be an indication of possible suicide, although this has not been fully substantiated. Eight of the 13 suicides in Dr. Carpenter's study were serving relatively long sentences.

3. Type

There are certain general types of inmates who can be identified as possible suicide risks. Some of the characteristics to look for are:

- **male**
- **young age group**—between 20 and 24 (the incidence increases slightly after the age of 55)
- **single**—married men are generally less prone to commit suicide; the rate rises rapidly for widowers and reaches a peak for divorced and separated men
- **inmates who have something to fear** from other members of the prison population—sex offenders (rapists, child molesters), informers (stool-pigeons)
- **native inmates** show a higher tendency to commit suicide; cultural isolation and problems of adjustment are the main causes of suicidal behaviour
- **inmates with longer sentences**
- inmates who serve a lengthy holding or post-sentence detention tend to build up feelings of hopelessness and a sense of futility about the future which may lead to suicide
- inmates with a high record of crime against other persons
- inmates with **previous psychiatric histories**.

Generally, two broadly defined groups of inmates can be identified as potentially suicidal:

- **young impulsive inmates** charged with violent crimes; who show no evidence of clinical depression but often make an attempt within the first week of incarceration;
- **slightly older inmates** who suicide later in the course of imprisonment, often displaying attitudes of hopelessness or clinical features of depression. Often threats or communications concerning impending suicide are made, frequently precipitated by rejection from significant others.

Also, four general types of inmates can be identified:

1. The inmate who runs out of hope, feels a sense of irrevocable loss brought about by separation from family, or, if he is basically a law-abiding citizen, feels a sense of overwhelming disgrace;
2. The inmate who consistently attempts to manipulate the prison environment and staff;
3. The inmate who displays psychiatric symptoms. The suicide attempt in this inmate may be designed to serve as punishment for unconscious feelings of guilt stemming from anything like homosexuality or past crimes;
4. The inmate who uses attempted suicide to release feelings of lethality, perceived by the inmate as a means of permitting evil to escape from his body and mind.

4. Environment

Anyone sentenced to a term of imprisonment in a federal penitentiary comes under a great deal of stress because of his situation and environment and therefore must be considered as a possible suicide victim.

Confinement thrusts the inmate into a social system which is stressful under the best of circumstances. He is relegated to a subordinate, even abject, status and to a sharply restricted physical space minimizing his opportunity to withdraw from social situations he would prefer to avoid.

In such situations the inmate suffers physical and emotional pressures such as social isolation, public stigmatization, feelings of guilt, a loss of a sense of belonging to reference groups outside the institution, the deprivation of access to economic rewards which are an important incentive in North American society, absence of heterosexual satisfactions, and the retardation (to some degree) of psychological, social and physical development.

Considering the already stressful environment of a penitentiary setting, inmates who are placed in isolation within the institution, especially for long periods of time, are very susceptible to suicide.

Minimum-security and living unit institutions are considerably less stressful than other medium or maximum-security institutions, allowing the inmate more freedom of movement and interpersonal contact with staff and significant others on the outside.

In Dr. Carpenter's study it was found that the majority of suicides were committed by inmates held in some form of isolation such as dissociation, segregation and psychiatric units.

The evidence strongly supports the contention that additional isolation within an already isolating environment is a highly precipitating factor in the incidence of suicide in federal penitentiaries. Isolation should only be used when absolutely necessary.

Facts and Fables of Suicide*

FABLE

People who talk about suicide don't commit suicide.

Suicide happens without warning.

Suicidal people are fully intent on dying.

Once a person is suicidal, he is suicidal forever.

Improvement following a suicidal crisis means that the suicidal risk is over.

All suicidal individuals are mentally ill, and suicide is always the act of a psychotic person.

FACT

Of any ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.

Studies reveal that the suicidal person gives many clues and warnings regarding his suicidal intentions.

Most suicidal people are undecided about living or dying, and they "gamble with death", leaving it to others to save them. Almost no one commits suicide without letting others know how he is feeling.

Individuals who wish to kill themselves are "suicidal" only for a limited period of time.

Most suicides occur within about three months following the beginning of improvement, when the individual has the energy to put his morbid thoughts and feelings into effect.

Studies of hundreds of genuine suicide notes indicates that although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

* From *Some Facts About Suicide* - E.S. Schneidman and N.L. Fareberow, Washington, D.C., PHS Publication No. 852, U.S. Government Printing Office, 1961.

Session II – Preventive Measures

1. What To Do

The best way to prevent a suicide is through knowledge and sensitivity of what it means and what are its signs.

a) Screening

The second preventive measure concerns proper screening of all inmates. A thorough investigation of the inmate's background should be undertaken to detect potential suicidal tendencies.

Also, a psychological examination upon admission should be part of the overall assessment. Has the inmate had a history of a **broken home** in childhood; has he ever thought about or **attempted suicide**; have there been suicides or suicide attempts in his family; is there a history of psychopathology or **mental illness** in his family; has he had alcohol or drug-related problems; does the inmate have any outside reference points such as family, friends and does he receive emotional support from them; what is the nature of his crime and the length of his sentence; has he had previous convictions; what is his **marital status**?

The inmate should also be observed for obvious signs of previous suicide attempts, such as cuts on his arms or neck, especially if the cuts have been sutured and if the cuts are upward from the wrist toward the neck.

Once the inmate's background has been fully evaluated, certain individuals may be identified as potential suicides. These individuals must be observed closely and extended psychiatric care and/or emotional support to the greatest degree possible. It is not uncommon, however, that an individual will only develop suicidal traits after incarceration. It is therefore necessary for staff to closely watch all inmates for possible signs of suicide.

b) Establish Rapport

Although observation of behaviour is important, talking to inmates affords an ideal way of finding out what is happening, how the inmate feels, and how the officer can help. This availability and offer of help is important to the inmate who might be contemplating suicide. Total isolation from staff promotes a feeling of alienation, talking helps to overcome such isolation.

Talking lets the inmate know he is not alone. It helps him see that the officer is not judging his innocence or guilt. It lets him know that a fellow human being cares and it may make all the difference between whether or not he feels his life is worth living.

Asking about and probing the inmate about suicidal thoughts or actions will not endanger his life or cause him to attempt suicide. Talking might relieve the pressure and allow you to point out some reasons why he should go on living or offer help through a referral to the psychiatrist or other professionals such as Chaplains, Case Management Officers, Living Unit Officers and so on. And don't forget, many suicidal persons still have a strong wish to survive and your involvement may be enough to allow that instinct to win out. Also, most suicidal tendencies are temporary; if you can deter the inmate from taking action, the danger might pass, giving you time to seek professional assistance.

We'll be covering some ways of talking to a suicidal inmate in the second half of this session.

c) Supervision

An inmate who is serious about committing suicide will try to estimate a time to carry out his plan when he is not likely to be discovered. For this reason the officer should adopt the habit of making unsystematic patrols. This will hinder the inmate's efforts to suicide and increase the possibility of successful intervention. Supervisory rounds should also be made as frequently as possible, especially in psychiatric and dissociation units.

As we discussed in the first session, most suicides occur between the hours of 4 p.m. and 8 a.m., therefore the officer making these rounds should be particularly aware of suicidal potential. And, of course, persons suffering from insomnia or severe depression should be watched closely.

Cell searches should also be carried out as frequently as possible. Sometimes it is possible to prevent a suicide by removing the inmate's means of choice. You might think that removing razors, belts or pills would only change the mode of suicide, but it has been shown that many plan to suicide by a certain method and do not resort to others if that method is unavailable.

d) Referrals/Relays

It is very important to pass on unusual occurrences or changes in an inmate's behaviour to the next shift(s) so closer observation of particular inmates may take place. Once an inmate has been identified as a possible suicide, the officer should refer him to the medical staff of the institution.

The importance of quick referrals cannot be over-emphasized. Persons contemplating suicide can often, with the help of qualified professionals, find alternative solutions which are more appropriate than suicide. In addition to the written referral, take the time to call professional personnel directly whenever possible.

Here is an example of how to record information concerning a potential suicide to other shifts and officers:

Inmate Jones spent most of the day in his cell alone. Was not responsive when others spoke to him. Did not eat lunch. Inmate called his wife and was seen crying after the call. Sent referral slip to Medical and made frequent patrols past cell.

**Officer Smith
March 16, 1980
1200 hours.**

e) Contact

If an inmate has been growing more and more isolated, withdrawn and depressed, he should be encouraged to become involved in institutional groups, programs or activities. Efforts should also be made to have someone talk to the inmate to find out what he's thinking and feeling. Contact with families and friends through phone calls, visits, temporary absences could also be encouraged.

f) Crisis Situation

The officer should check for any crisis situations in the inmate's life that may lead to a suicide attempt, such as "Dear John" letters, deaths in the family, denial of parole failure of friends/relatives to show up for visits, and so on. If a crisis situation is determined, the inmate should be observed closely.

g) Status

Inmates should also be kept informed of their institutional status so they don't become depressed unnecessarily. Information about parole, remission, TA's, and the actual length of sentence should be passed on to the inmate. The reassurance that a four-year term may be reduced through earned remission and parole may give an inmate the strength to continue.

2. What To Say

Here are some hints about how to talk to a suicidal inmate:

- if he is crying, let him know it's good he can show his feelings;
- never laugh at or humiliate him for acting like a human being;
- let him know you're happy he is sharing his feelings with you;
- don't be afraid to tell him you don't have all the answers but that you want him to hold off any plans for suicide until you can make a referral to the institution's medical team;
- explain how social workers can help him with some of his family's troubles and worries;
- assure him that if he has to do time, he can accomplish more for his spouse and family by staying alive so he can return to them and give them the strength they need;
- let him know that his family needs him to love them and that this alone is an important reason for staying alive;
- tell him about prison if he has been convicted and assure him that this might be his chance to learn a trade or obtain some education;
- keep his sense of future positive;
- being cheerful and optimistic doesn't mean being light about his crime or prison future—what it does mean is that you support optimism and the human ability for all of us to grow with any kind of experience;
- don't be judgmental;
- don't give up if the inmate sends you away or seems to be resisting—with consistent support he may come around.

3. Positive Interaction Techniques

There are certain positive interaction techniques that should be used by officers in communicating and effectively dealing with inmates who may be suicidal.

A fundamental guideline for the officer to follow is to encourage the individual to open up and discuss his suicidal thoughts.

a) Five Questions To Be Asked in Dialogue Are:

- "What do you think will happen if you die?"
- "How do you plan to take your life?"
- "Where do you plan to do this?"
- "When do you plan to do this?"
- "Do you have the tools to accomplish this? If not, where do you plan to get them?"

These questions can be incorporated into dialogue very effectively. If a question is asked broadly the inmate may offer further information to provide you with the answers you are seeking. For example this might be some typical dialogue:

- Officer: "You've decided to do it, how do you think you might do it?"
- Inmate: "It won't be easy, but I could probably hang myself from these bars."
- Officer: "How, where?"

(After inmate answers)

- Officer: "I'm really glad you were able to share that with me—I would hate to see you do that. How about letting me get some help for you?"

It is important to note at this time that by discussing suicide with a potential victim, you will not initiate suicidal thoughts, but will instead encourage the person to discuss existing ideas. The decision to take one's own life comes from within. No one can make a person decide to commit suicide. It is possible for one to help change that decision by offering the inmate alternative solutions, by introducing the concept of **HOPE**.

b) Elements of Intervention

It is important for you to know and understand the interaction skills that are necessary if one is to successfully intervene during another person's personal crisis. The following are elements of intervention that officers should be aware of.

DYNAMICS	RESPONSE
Dwelling on one's self	Allow gratification by letting the inmate talk.
Feeling of loss	Show interest and support.
Loss of self-esteem	Point out individual's strong points. Appeal to his positive accomplishments. If there are none, comment that by living now he can begin to work toward making something positive out of his life. Example: Inmate: "Why should I bother anymore, everything I do is wrong. My life is useless. Can't even support my wife and kids. What good am I? I'll tell you, NO GOOD. Might as well be dead!" Officer: "Why don't you try being more positive? Don't you think your wife would rather have you here than not at all? Try thinking more about when you get out of here, being with your wife and kids, working again..." Express what the person is afraid to express himself; share the burden with him. You can teach him how to communicate. Officer: "Are you angry that you are here? Why do you think you feel that way?"
Anger	
Feeling of being alone	Involve others: put in contact with significant others, i.e. wife, girlfriend, family, friend.
Cry of help	Assure individual about your willingness to help.
Anxiety	Be tolerant of individual's and your own anxiety. Don't lose your patience with his depression and your own uneasiness with the situation.

These dynamics can be achieved by using the following interaction techniques:

Silence—often encourages the inmate to verbalize, if you appear interested.

Accepting—"Yes", "Uh-huh", etc.

Restating—rephrase what inmate says. Example:

Inmate: "I can't sleep, I stay awake all night."

Officer: "You're having difficulty sleeping?"

Offer General Leads—"Go on", "And then?", encourages the inmate to continue.

Give Broad Openings—Ask the inmate if he would like to discuss something of what he's thinking. This releases tension and despair; the inmate was probably wishing someone would ask what was wrong. If he tries to avoid conversation, say "you really look like you need to talk things over with someone."

Seek Clarification—"I'm not sure I understand. Could you explain?"

Put Things In Sequence—Develop circumstances leading up to present situation.

Present Reality—In the form of discussing how fantasies can be fun or frightening, but that we must accept and deal with everyday life.

Suggest Collaboration—Introduce the idea of discussing problems with someone else, perhaps a sensitive inmate that the person could relate to.

Encourage Evaluation—Ask inmate how he feels after discussing the problem with someone else. Is he more comfortable with the situation?

Discuss Alternatives—"How can you let your anger out harmlessly?" "Next time this comes up, how do you think you will handle it?"

Don't promise anything you can't deliver.

Session III – The Crisis

So far we have been considering what to do to prevent suicide in someone who shows danger signs. Now we are going a step further. We are going to consider the situation in which specific steps have been taken to put the suicide process in motion. What do you do with the person who is standing on a stool with a rope around his neck or someone holding a razor to his throat?

When confronted with a suicide crisis, it is important to remember that the person, even at this stage, is torn between a desire to live and a desire to die. The chance to rekindle a spark of hope is still alive. The assurance that someone wants to help, the suggestion of other courses of action, the offer of hope, the demonstration that someone cares - all these things can change the person's mind and reverse the course of action that has already been put into motion.

It is equally important for the person who is trying to prevent a suicide at this advanced stage to realize that he might not succeed. When someone has taken the first steps toward taking his life, it is sometimes, although not usually, too late to help. Even the most skilled, highly qualified professional must be prepared to accept failure, realizing that he did what he could, but that it was too late to reverse the plans and feelings that may have evolved over a long period of time. The would-be rescuer must work for the best and be prepared to accept the worst without inappropriate remorse. All that anyone can do is to apply the principles of prevention to the best of his ability.

Some of the principles related to other aspects of suicide prevention apply to the crisis as well. Remaining calm, displaying a gentle interest in and concern for the person, and showing that you want to help will increase your chances of success. It is also important not to be judgmental.

Time and talk are the principal tools for dealing with a suicide crisis. The longer you can talk with the person and keep him from carrying out the suicide, the better your chances of getting him to change his mind. Therefore, don't be in a hurry, don't push him to make a decision or pressure him to abandon his plan. Approach him calmly and carefully. Ask him questions—"Can't we talk about this?", "How do you feel?", "Have you thought about other ways to resolve your problem?". Ask him if there is somebody in particular he would like to talk with. If he names anne, see if someone can get in touch with that person while you keep talking.

Offer advice. Suggest another course of action. Emphasize that people care. Say that counselling is available to help. Sometimes a desperate inmate will demand unrealistic assurances, saying, for example, "If I come down off the stool can you guarantee that I'll get released?" In such cases, don't make promises you can't keep. Instead say, "I'm sure help can be found if you just give it a chance."

At this point, now that you have been talking for a while, if the person is calm and pretty much under control, you can suggest that he reconsider what he is doing and discontinue the suicide plan. If this gets him excited or antagonistic, don't press it. Start to talk again about the availability of help and other courses of action. You will probably feel that you are repeating yourself and that you can't go on much longer. Remember that time and talk are your tools, that the longer you keep him from actually ending his life, the more likely he is to see things your way. Keep it up.

If someone arrives who is experienced in working with suicidal situations, the best thing to do is introduce the new arrival, say that he wants to help, and let him take over, standing by in case you can be of further assistance.

In summary, then, the basic principles in working with a suicide crisis are: keep calm, don't be judgmental of the person or the act, say you want to help, ask questions, offer to get a friend or relative or someone else that the person might want to talk with, suggest other courses of action, emphasize hope, and, above all, keep talking and encourage him to talk for as long as you can.

*From Suicide Prevention Training Manual—American Association of Suicidology; Merck, Sharp & Dohme, West Point, Pa. 1977.

Session IV – Discovering a Suicide or Suicide Attempt

It is most desirable for an officer to identify an inmate's behaviour as potentially suicidal before the individual makes an actual suicide attempt. In many cases, however, this is not possible.

Upon discovering an attempted suicide, the officer should:

Stay calm—if you show signs of anxiety, the inmate will also become anxious and intensify his efforts to carry out the suicide. If you convey a feeling of calm, that you are in control of the situation, the inmate is more likely to relax and accept help.

Do not attempt to save the victim alone—the inmate may still be alive and if you interfere with his plans he may react violently. Call for other officers to help before entering. Even when assisted by other officers, however, guards should always be alert to the possibility that the suicide attempt might be staged for the purpose of enabling the inmates to take the officers hostage.

Keep other inmates away—you won't be able to handle the situation if a number of inmates are around. Remove them to their cells.

Get help—contact medical personnel immediately.

Remove inmate from cell or site of the attempt and transfer immediately to the proper medical facility.

Record everything you can remember about the incident for future reference. Also, there will likely be an investigation and the officer is accountable for his actions and is ultimately responsible for the inmates on his range.

Cardinal Rule

The cardinal rule of suicide prevention is this: **Do Something**—talk, ask questions, show concern and **Get Help**. If an inmate shows any of the signs we have just discussed in the first two sessions, **Get Help**—professional aid is a must. If you discover a suicide attempt, **Get Help**—contact medical staff immediately.

Conclusion

We have covered a wide range of topics on suicide and its prevention. Although this might appear to be an overwhelming body of knowledge, it can be reduced to a few basic simple rules. The handouts you have received give you an overall summary of what we have just discussed. Use them as reference when you come across any of the signs and warnings of suicide.

Most important, however, be alert. Watch for the danger signs and if you are in doubt about what you should do, seek professional help. And if you still feel uncertain about all the aspects we have covered in this training program, there is a simple solution - if you can impart to the inmate a feeling of worthiness, a feeling that someone cares, you probably won't ever have to confront a suicidal situation.

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Conclusion

Nous avons traité de nombreuses questions touchant le suicide et sa prévention. Même si cet ensemble de connaissance peut vous paraître écrasant, il se réduit en fait à quelques règles simples et fondamentales. Vous trouverez dans les documents qu'on vous a distribués un résumé global de tout ce dont nous venons de parler. Reportez-vous y, si vous remarquez par hasard chez quelqu'un l'un des signes précurseurs du suicide.

Mais surtout, restez vigilant. Guettez les symptômes et si vous avez des doutes sur ce que vous devez faire, adressez-vous à un spécialiste. Et si malgré cela des doutes persistent à propos des points que nous avons passés en revue dans ce programme de formation, voici une solution bien simple: dites-vous que si vous pouvez convaincre le détenu du fait **qu'il vaut quelque chose et qu'il y a sûrement quelqu'un qui s'intéresse à lui**, vous n'aurez probablement jamais à faire face à un suicide.

END