



Corrections and Suicide: Special Issues, Risk Factors and Circumstances

The following file contains several condensed and highlighted summary documents on suicide in correctional settings. Some of it is repetitive but worthy of repeating. These summaries are not intended to be comprehensive reviews of the available literature on suicide in correctional settings. Our intention is to provide students with brief, bulleted, downloadable files which can be used to enhance their suicide prevention knowledge. We invite students to conduct further personal research and reading in this area, or as directed by their supervisors or professors.

We also wish to remind students to review existing standards for suicide prevention as published by the American Correctional Association and to adhere to all requirements for certification where applicable.

Please note: *Some of your final quiz questions will come from this file.*

Special Note

The staff and faculty of the QPR Institute wish to especially thank Editor and Project Director Lindsay Hayes and the other professionals who contribute to *Jail Suicide/Mental Health Update*, a joint publication of the National Center on Institutions and Alternatives and the National Institute of Corrections, U.S. Department of Justice. We strongly recommend that students subscribe to this free quarterly journal. For access to subscription information and the online edition of the *Update*, please visit www.nicic.org/inst/jail-mental.htm

Youth at special risk

While all correctional workers are familiar with the high number of mentally ill persons in their care and custody, a recent major study of mental disorders among detained youth needs to be highlighted. Research by Linda A. Teplin, Ph.D., of Northwestern University and her colleagues, and as published in the *Archives of General Psychiatry* (Vol. 59, No. 12), found the following:

- More than 109,000 youth are in U.S. juvenile facilities on an average day, and more than 60% are racial or ethnic minorities and come from low income families (U.S. Department of Justice).
- The rate of psychiatric disorders in their sample of 1,829 ethnically diverse teenagers between ages 10 to 18 in Chicago's Cook County Juvenile Temporary

Detention Center was more than 50% of the males and almost 50% of the females had a substance abuse disorder.

- More than 40% of both sexes met criteria for disruptive behavior disorders, and 20% of the females met the criteria for major depressive disorders.
- 17% of the males and 26% of the females were either depressed or dysthymic (a low-grade but persistent type of depression that often goes undiagnosed and untreated).

Clearly, without identification and assessment of suicide risk, and treatment for the psychiatric disorders to lead to suicidal behavior, these more than 50,000 at-risk young people represent a significant challenge to the correctional system.

Section A: Observable Signs and Symptoms of Potential Pending Suicidal Behavior

As described elsewhere in this training program, there are often warning signs, or pre-incident indicators, that can be detected by trained staff to help them identify, initially assess with the QPR method, and then refer for further evaluation. The following signs and symptoms are adapted from Lindsay M. Hayes' article, *Suicide Risk Despite Denial*, in *Jail Suicide/Mental Health*. Fall 2000, Vol. 10, No. 1

- Depression: the single best indicator of potential suicide because approximately 70 to 80 percent of all suicides are committed by persons who are severely depressed. The following are common signs and symptoms of depression:
 - - Inability to go on (expressing hopelessness/helplessness)
 - - Extreme sadness and crying
 - - Withdrawal or silence
 - - Loss or increase of appetite and/or weight
 - - Insomnia or awakening early; excessive sleeping
 - - Mood variations
 - - Tenseness
 - - Lethargy (slowing of motor movements or reactions)
 - - Loss of self-esteem
 - - Loss of interest in people, appearance or activities
 - - Excessive self-blaming
 - - Strong guilt feelings
 - - Difficulty concentrating or thinking
 - - Agitation (including high level of tension, extreme anxiety, rage or wish for revenge)
 - Expressions and/or evidence of strong guilt/shame over offense
 - Talking about or threatening suicide
 - Intoxication/withdrawal
 - Previous suicide attempts
 - Severe agitation or aggressiveness
 - Striking mood changes
 - Does not deal effectively with present and preoccupied with the past

- Begins to pack belongingness, giving away prized possessions
- Psychotic symptoms
- Engaging in non-lethal self-injury (regardless of lethality)

Note: Please see Dr. Qunnett's lecture on high risk mental and emotional states prior to fatal suicide attempts.

Section B: Special Circumstances

According to corrections professionals, several acute or chronic stress situations may arise in a lockup situation to increase the risk of suicide. Since suicide is often an attempt to escape from intolerable circumstances, consider the following possible scenarios:

- | |
|--|
| <ul style="list-style-type: none"> • An inmate has been threatened with rape by a person or persons known to capable of such actions |
| <ul style="list-style-type: none"> • An inmate has been arrested for, say, a sexual offence against children. He fears not only humiliation in the press and among his loved ones, but retribution from other inmates |
| <ul style="list-style-type: none"> • An inmate has been drinking heavily prior to arrest to avoid a sober confrontation with personal problems; sobering in jail brings a sudden and unstoppable onslaught of thoughts and feelings of guilt, shame and remorse |
| <ul style="list-style-type: none"> • First arrest inmates attempting to deal with life-long personal, social, psychological and health problems are, in the first hours of a first arrest, suddenly confronted with their own utter failure to cope successfully with life. Despair, anger, a sense of failure and hopelessness set in. The result, suicidal thoughts, feelings and plans may emerge. |

- It is important to note that while arresting officers of 1st offenders (and others) may not formally conduct a suicide risk assessment, they may have critical information about the arrestee's mental status, including having heard or overheard suicidal communications, threats or statements of hopelessness and despair about going to jail. It is vital that jail personnel be informed of these observations at the time of booking and initial assessment.
- It is also important to note that the cell block environment is seldom a stable one, and that social and psychological power issues are constantly in flux. When a new inmate is introduced to a group, or someone transferred to a new group, there is always a "storming, norming, forming" adjustment cycle that impacts everyone concerned, including staff. Suicide risk can increase with these changes as well, and thus need to be monitored over time and throughout these change cycles.

Section C: Situational Risk Factors Which May Affect Jail Suicides

- Arrestee with little or insignificant criminal activity.
- Juvenile (anyone under 18, whether or not waived to adult court).
- Persons with high status in community (fear of humiliation).
- Prior suicide by close family member or loved one.
- Previously imprisoned and facing new serious charges and long prison term.
- Recent suicide attempt by another inmate (“copycat”).
- Harsh, condemning, rejecting attitudes of officers, e.g., “We’ll give you the rope whenever you’re ready.”

As reported in an earlier lecture, evidence of heavy drinking prior to hospitalization or incarceration may increase suicide risk. For chronic alcohol abusers, knowing what is in store for them in terms of withdrawal pain, discomfort, distress and depression may set up an attempt to “escape” suffering through suicide.

Section D: Jail Environments Influencing Suicidal Behavior

According to experts, the jail environment itself may influence suicidal behaviors. The following characteristics may actually increase the risk of suicide attempts. These are quoted directly from the work of Lindsay M. Hayes,

- *Authoritarian Environment.* Persons not familiar with regimentation can encounter traumatic difficulty in the jail setting
- *No Apparent Control over the Future, Including Fear and Uncertainty over the Legal Process:* Following incarceration, many jail inmates experience feelings of helplessness and hopelessness. They feel powerless and overwhelmed.
- *Isolation from Family, Friends and Community.* For incarcerated individuals, support from family and friends may seem far away, especially with restricted visiting and telephone privileges.
- *Shame of Incarceration:* Feelings of shame (often found in misdemeanants) are often inversely proportionate to the gravity of the offenses committed. Frequently, such feelings develop in those persons who have never been arrested before or who have a limited arrest record.
- *Dehumanizing Aspects of Incarceration;* Viewed from the inmate’s perspective, confinement in even the best of jail facilities is dehumanizing. Lack of privacy, association with acting-out individuals, inability to make choices in the regulation of your life, and strange noises and odors can all have a devastating effect. Many facilities are old, with a substandard environment. Common overcrowding creates stress.
- *Fears:* Based upon stereotypes of jails seen on television and in movies, and stories carried by various media, fears heighten anxieties on the part of some individuals about other inmates and, sometimes about staff.
- *Officer Insensitivity to the Arrest and Incarceration Phenomenon:* Most professionals working in the criminal justice field have never personally

experienced the trauma of arrest and incarceration. Experience has shown that, in many instances, the longer people work in the criminal justice field, the more insensitive they can become to the emotional effects of arrest and incarceration, particularly for the first-time arrestee.

Section E: High Risk Periods

Experience has shown that there are certain high risk periods that correlate with phases of their incarceration or steps in the criminal justice process. Some of these periods include:

- *The First 24 Hours of Incarceration:* As shown through national research, many suicides occur during the initial period of confinement, particularly in the first few hours. (Please note: ample research supports a similar observations in psychiatric patients who attempt and complete suicide within hours of hospitalization).
- *Intoxication/Withdrawal:* Depression frequently sets in when the inmate sobers up. Although alcohol is initially a stimulant, its effect is limited, and it soon becomes a depressant for many people particularly those who drink to mask their problems.
- *Waiting for Trial/Sentencing:* The agony of the unknown, or just plain waiting, produces great anxiety and pressure for many people. The time period immediately before and after sentencing, particularly when awaiting or responding to a sentence just imposed, constitutes the breaking point for some inmates. Included in this group is the serious repeat offender who knows what kind of future to expect in prison and connote bear the thought of returning.
- *Impending Release:* Although unusual, release from jail is not always something to look forward to for some inmates who either have no place to go or face unsympathetic family members, friends, employer, etc.
- *Special Days:* Holidays are associated with festive times for families, yet only separation and loneliness for inmates. Anniversary dates (including birthday, wedding, divorce, etc.) can be difficult for many inmates.
- *Darkness:* Suicide is a very private act and the hours of darkness (often accompanied by decreased staff support) produce many suicides.
- *Decreased Staff Supervision:* Many jails have less correctional and health care staff on duty during weekends, nights and holidays. Fewer program activities also affect the jail atmosphere.
- *Bad News of Any Kind;* A suicide attempt may be triggered by any assortment of disturbing news, including the issuance of a restraining order, job termination, notice of foreclosure on a home, a death notice, divorce proceedings, visits or lack of visits, block on telephone from family members, etc.

* All of the above files were adapted from Lindsay M. Hayes, Suicide Risk Despite Denial (or When Actions Speak Louder Than Words, in *Jail Suicide/Mental Health*, Fall, 2000, Vol. 10, No. 1.