MONTANA
Department of Public Health & Human Services

Suicide Prevention in our Jails

A summary of national research and interventions specific to Montana's county correctional facilities

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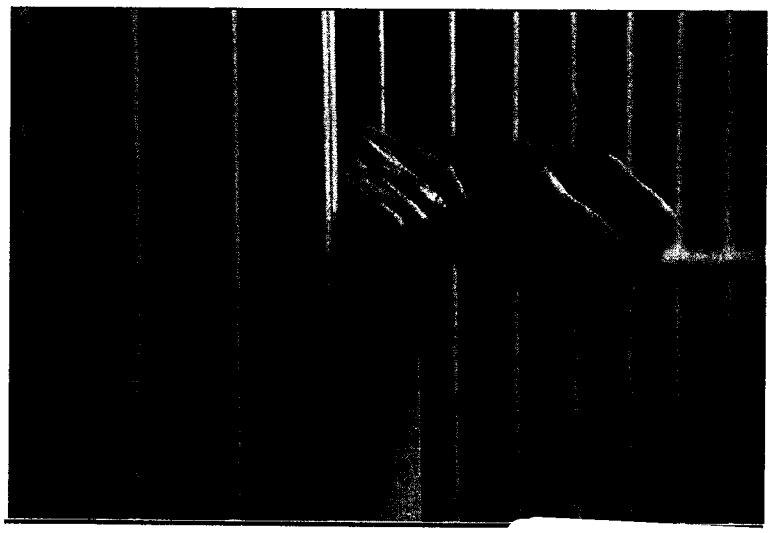

Law & Justice Interim Committee
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Exhibit 12

Suicide in U.S. Jails

Source: Mortality in Local Jails, 2000-2007 (October 26, 2010), Bureau of Justice Statistics Special Report, U.S. Dept. of Justice.

- Between 2000-2007, suicide was the leading cause of unnatural death in local jails, accounting for 29% of all jail deaths, but the suicide rate has declined from 48 to 36 deaths per 100,000 inmates.
- Between 2000-2007, the suicide rates were higher in small jails than larger jails. In jails holding 50 or fewer inmates, the suicide rate was 167 per 100,000; in the largest jails, the suicide rate was 27 per 100,000 inmates.

The lower rate of suicide in large jails may be contributed to:

- Suicide prevention training for staff
  - 91% of staff trained in larger jails compared to 54% in smaller jails
- Inmate counseling or psychiatric services
  - 90% of larger jails compared to 41% of smaller jails
- Smaller jails have a higher turnover rate and subsequent shorter inmate stay
- Small jails had a intoxication mortality rate three times higher than larger jails.

Suicide in Smaller Jails

While the suicide rate in state prisons exceeds that for the general population, it is the smaller facilities in which prisoners are at extremely high risk.

- the suicide rate for larger jails (>250 inmates) is about 4 times that of the nation as a whole.
- while the suicide rate for smaller jails (50 beds and fewer) is about 15 times that of the nation.

Demographics of a Jail Suicide

Source: National Study of Jail Suicides: 20 years later (April, 2010). U.S. Dept. of Justice, National Institute of Corrections

- 67% were white
- 93% were male
- Average age was 35
- 43% were held on a violent charge
  - Highest rate was among those charged with homicide, kidnapping, and rape.
  - Lowest rate was among Drug Offenses

History of Mental Illness or Substance Abuse

- 47% had a history of substance abuse
  - 20% were intoxicated at the time of death
- 38% had a history of mental illness
- 34% had a history of suicidal behavior

Time Demographics

- Deaths were evenly distributed throughout the year.
- 32% occurred between 3 p.m. and 9 p.m.
- 23% occurred within the first 24 hours, 27% between 2 and 14 days, and 20% between 1 and 4 months.
- 80% of inmates who committed suicide attended a court hearing within 2 days of their death

Means

- 93% of victims used hanging
- 66% used bedding as the instrument (11% by clothing, 3% shoelace)
- 30% used a bed or bunk as the anchoring device.
- 31% were found dead more than an hour after the last observation
  - Death by hanging can occur in five or six minutes.
  - Severe brain damage from hanging can occur in as little as four minutes.

Characteristics of the jail facility

- 73% provided intake screening for suicide but only 27% verified the victim's risk during prior confinement and only 31% verified whether the arresting officer believed the victim was a suicide risk.
- 62% provided suicide prevention training but only 37% provided annual updates.
- 93% had a protocol for suicide watch but only 2% had option for constant observation (87% used 15-minute observation)

Suicide in Montana County Jails

- According to the Montana Office of Vital Statistics (2010), local Coroners reported 23 suicides in Montana's State Prison, Federal detention centers, or county jails between 2003 and 2009 (preliminary data for 2010).
- Hanging was the means in all 23 cases.
- Five of the suicides occurred in the Montana State Prison,
- Seventeen occurred in county jails or detention centers, and
- One occurred in a federal detention center.
- 19 males and 4 females
- 4 in Ravalli County, 4 in Cascade County, 9 county jails with 1 suicide between 2003-2009 (plus 6 in state or federal prisons).
- 9 suicides by using a bed sheet
- 1 suicide by towel
- 1 suicide by pants
- 1 suicide by phone cord
- 11 means not identified other than "self-inflicted hanging" or "legature"

Mental Illness in Jails

- According to the Bureau of Justice Statistics 64% of prison and jail inmates have mental health problems (not just those who commit suicide).
- Approximately three-quarters of inmates with mental health problems have a co-occurring substance abuse disorder.
- Substantial numbers of inmates have major depressive orders (29.7% of those in local jails, 23.5% of those in state prisons, and 16% of those in Federal prisons).
- Another Bureau of Justice Statistics study found that about 10% of those incarcerated in Federal or state prisons or local jails had reported at least one overnight stay in a psychiatric facility prior to their arrest.
- An American Psychiatric Association review (2000) of the research literature concluded that 20% of prison and jail inmates are in need of psychiatric care and 5% are "actively psychotic".

Recognizing the Warning Signs in Jails

The most effective way to prevent suicides in correctional facilities involves recognizing and responding to the warning signs that an inmate may be at imminent risk of trying to harm him or herself. These warning signs include the following:

- **Verbal warnings.** People who are considering killing themselves often talk about their plans. Staff should pay attention to similar thoughts or statements expressed in letters, poems, or other writings that may come to their attention.
- **Depression.** Although most people suffering from clinical depression do not kill themselves, a significant proportion of people who die by suicide are clinically depressed (around 64%).
- **Psychosis.** Any signs of psychosis, such as talking to oneself, claiming to hear voices, or suffering hallucinations, should also be taken as a sign that the prisoner may be at risk. Staff should be especially alert if prisoners have stopped taking anti-psychotic or anti-depressive medication.
- **Reaction to incarceration.** Many suicides in detention centers occur during the first two weeks (27%) of incarceration. Many occur when an inmate is under the effect of alcohol or drugs (20%). Young adults arrested for violent offenses – such as homicide, rape, kidnapping - are often at elevated risk of suicide. They can be afraid of jail, embarrassed by their situation, and afraid of reaction of their family and friends to their arrest. The next highest is 1-4 months of confinement (20%)
- **Current precipitating events.** In addition to arrest and detention, there are other events that can precipitate a suicide attempt, including receiving bad news from home, conflict with other inmates, legal setbacks, withdrawal from drugs, and the tension caused by court hearings or sentencing , sexual coercion
- **Recognizing and Responding to the Warning Signs** -Correctional personnel should not be afraid to ask an inmate if he or she has considered suicide or other self-destructive acts. Asking someone if he or she has thought about suicide will NOT increase the risk of suicide.

Suicide Prevention in Montana's Correctional Facilities

- *Correctional facilities should have written policies and procedures* for both preventing suicides and responding to attempts that may occur. All staff at the facilities should be trained on when and how to implement these plans.
- *Assessing suicide risk and imminent suicide risk*. While a formal intake suicide risk and mental health assessment is an essential part of this process, an inmate's risk status can change dramatically over time. Thus, staff need to be trained to recognize and respond to changes in an inmate's mental condition.
- *Monitoring*. Almost all jail suicides occur by hanging. It takes 4-5 minutes for a person to die by hanging. Having hourly tracking of inmates is inadequate. At the very least, there should be 15 minute checks and 5 minutes checks of inmates assessed as being at risk.
- *Effective communication about suicide risk*. Knowledge about an inmate's risk status and history can be lost as he or she is transferred between units or facilities (or as shifts change).
- *Use of isolation cells*. If an inmate thought to be at risk of suicide requires isolation, attention must be paid to appropriate observation of the inmate as well as ensuring that all isolation cells are suicide-resistant – that is, minimize the presence of items that could

be used for self-harm, such as bed sheets and projections from walls or furniture that could be used as anchors for a hanging (use of suicide resistant smocks and blankets)

- *Training for staff*, including training in recognizing and responding to suicide risk, and training in first aid (including CPR) as well as the need to begin procedures such as CPR immediately. Should be annual training.
- *Availability of appropriate first aid safety equipment*, including latex gloves, resuscitation breathing masks, defibrillators, and tools for opening jammed cell doors and cutting down a hanging inmate.

Issues that need to be resolved in Montana Jails

- No accurate means of recording attempts or completions
- Standard assessments
- Annual training
- Access to suicide-resistant clothing and bedding
- Ability to monitor high risk inmates
- Access to mental health professionals
- Transporting long distances
- Shortage of secure beds