

Suicide Among the Incarcerated

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Suicide in correctional settings has often been overlooked as a unique problem, in part because of its isolation from society. When discussing correctional settings suicide, it is essential to draw a distinction between jail and prison. In the context of this article, jail generally will refer to a

local detention facility (e.g., municipalities, counties) in which the “detainee” is held for a relatively short period of time awaiting bail, trial, and/or sentencing. Prisons are state or federal facilities that house “inmates” after they have been sentenced for a crime.

Suicide is the leading cause of death in American jails (Hayes & Rowen, 1988) and the third leading cause of death in American prisons (Bureau of Justice Statistics, 1998). Jail detainees are entering the initial states of confinement and isolation from society; they are generally younger than prisoners, less hardened to an incarcerated lifestyle, and more traumatized by their separation from society. Facing and adjusting to the arrest, jail environment, and uncertainty regarding their legal charges and future prospects are enormously distressing events that can constitute a crisis. Among detainees who died by suicide, a consistent demographic profile has been identified (Hayes & Kajden, 1981): young, white, single, nonviolent offenders, intoxicated, history of substance abuse, died by hanging using bed clothing, isolated jail housing, death within first 24 hours of arrest. Prisoners are older than detainees, have experience with incarceration, and are well aware of the legal and personal consequences of their situation. Prisoners most likely to die by suicide have the following characteristics (Anno, 1995): significant mental illnesses, history of suicide attempts, older age, lengthy sentences, institution problems involving protective custody and immigration status, segregated/isolated housing; single, divorced, separated, or never married.

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Correctional personnel should not be afraid to ask an inmate if s/he has considered suicide or other self-destructive acts. Any suspicion that a prisoner may be actively at risk of suicide should be communicated to a mental health professional. Some prisoners use the threat of suicide (or a “feigned” suicide attempt) to manipulate the system and, for example, delay a court date or obtain a transfer to another unit or facility. It is extremely difficult to tell whether an inmate is feigning suicide risk; thus, all suicide threats must be taken seriously. (sprc.org)

Correctional facilities should have written policies and procedures for both preventing suicide and responding to attempts that may occur. All staff at the facilities should be trained on when and how to implement these plans. At a minimum, suicide prevention plans should include protocols for assessing suicide risk, use of suicide resistant cells, training for staff and availability of appropriate first aid safety equipment. (sprc.org) For more information, please visit The Suicide Prevention Resource Center at www.sprc.org or the American Association of Suicidology at www.suicidology.org.

