N E B R A S K A

JAIL BULLETIN

September/October 1999 **NUMBER 149**

The ***Jail Bulletin*** may be used as a supplement to your jail in-service training program. If officers study the material and complete the attached "open book" quiz, they may receive ***one hour of credit***. The bulletin and quiz may be reproduced for staff use as necessary. ***We welcome any material you would like to contribute to the Jail Bulletin.***

JAIL SUICIDES - PART I

SUICIDE PREVENTION

Confinement in jail and the circumstances that lead to it can cause feelings of desperation in inmates, prompting some to seriously consider suicide. Suicides, both real and attempted, are a significant problem for the jail officer.

Since the jail officers are responsible for preventing suicides, special procedures are needed for inmates who threaten suicide or who are known to be suicidal. Although most experts agree that a person who really wants to kill himself will eventually do so, the jail does have a legal and moral responsibility to prevent suicide if possible. An officer could be liable to an inmate, or the family, as well as subjected to disciplinary action for negligent performance of duty, if a suicidal inmate is injured or dies. Negligent performance of duty might consist of, for example, ignoring obvious signs or intentions of suicide.

The expression that people who talk of suicide don't do it is not true. Many who do commit suicide don't really want to die. They are usually looking for attention and understanding. Sometimes people will attempt suicide to "get even" –make someone feel guilty about supposedly not having treated them better. They very often fall into self-pity and their suicide becomes a fantasy which they actually go ahead and "act out". Frequently, they feel helpless to improve their situation and a suicide attempt becomes a way to gain attention.

SUICIDAL TYPES

There are three major classifications of suicidal persons in the jail and the factors described below can help the jail officer identify them:

1. Inmate Facing a Crisis

A. This person is reacting to a real, immediate problem, such as:

(1) News that his wife is living with another man or is filing for divorce;

(2) Being found guilty or receiving a long sentence; and

(3) Fear of further sexual assaults if he has been raped in jail.

B. Feeling shame, disgrace, frustration, and /or hopelessness over a crisis situation. Officers should observe these inmates carefully:

(1) Bereaved inmates who have suffered a recent loss of a loved one due to divorce or death;

(2) The young, impulsive inmate who is charged with a violent crime often makes a serious attempt of high lethality during the first seven days of incarceration, usually as a reaction to the confinement of a jail setting;

(3) The inmate who has been told he is chronically or terminally ill or an inmate recuperating from major surgery;

(4) professionals who may believe that incarceration is a serious threat to there job, family, financial and civic status;

(5) Incarcerated ex-law enforcement officers;

(6) First offenders; and

(7) Persons who have committed a crime of passion.

C. A narcotic addict or alcoholic may “come down” shortly after entering jail. At this time severe depression may set in leading to

a suicide attempt. Or the person may see suicide as a way out of going through withdrawal.

2. Person in a Serious Depression

A person defined by experts as being in a "depressed" state mentally does not merely have a case of the "blues". It is normal to react to some problems in life by being temporarily sad or despondent. But a depressed person who is prone to suicide seems to be completely changed by his depression. Below are some of the warning signs of serious depression. A jail officer who sees these signs should refer the inmate to the jail physician, or, if possible, to a mental health professional.

A. Physical warning signs of serious depression:

(1) Sleeping difficulties: insomnia, irregular hours, early morning awakening;

(2) Depressed physical appearance;

(3) Walks slowly;

(4) Easily fatigued;

(5) Weight loss or loss of appetite;

(6) Slumps when walking or sitting; sits in the corner in the fetal position; and;

(7) General loss of energy

B. Behavioral warning signs of serious depression:

(1) Cries frequently and/or for no apparent reason;

(2) Retarded thinking; speaks slowly;

(3) Apathy and despondency;

(4) Sudden social withdrawal; little communication with inmates or officers;

(5) Feelings of helplessness and hopelessness;

(6) Perhaps general anxiety, with physical and mental symptoms;

(7) A lot of talk of self-pity, or life not being worth it; of people

being happier if the inmate were to kill himself;

(8) Talks of suicide; composes or leaves suicide notes;

(9) Talks of getting out of jail unrealistically;

(10) Gives away personal possessions;

(11) Has previously attempted suicide and talks about it; and

(12) Exhibits sudden changes in behavior, such as making an unprovoked attack upon an officer or another inmate.

C. Losing touch with reality

Occasionally an inmate will become so depressed that he loses touch with reality completely. He may have hallucinations, fear he is sick (hypochondria), or have overwhelming feelings of being "sinful" or worthless. These symptoms may or may not be part of a serious depression, but they are serious mental symptoms, and the inmate should be promptly referred to the jail physician. The officer should watch for sudden mood changes in which the inmate goes from depressed behavior to an excited "high" with increased mental and physical activity and an excited state of mind. A person who alternates manic and depressed behavior should be considered a suicide risk.

3. Manipulative and Impulsive Inmates

It is frustrating for the jail officer to try to be professional and concerned about suicide prevention when he knows that a certain number of inmates use the threat of suicide to manipulate them. The officer should try to remember that anyone who would slash his wrists is emotionally unbalanced and needs professional help. Many people are immature and impulsive; they act without thinking about the consequences of their actions. For an inmate who uses suicide as a threat, this type of behavior can be fatal–many inmates who wanted to be manipulative have died because their "fake" suicide attempt went further than they anticipated.

ANYONE CONFINED TO THE JAIL SHOULD BE CONSIDERED A POTENTIAL SUICIDE RISK.

THE FIRST 24 HOURS: THE CRITICAL PERIOD

Most inmate suicides occur within the first 24 hours of confinement.

Many inmates who commit suicide could not be described as "seriously depressed" in their everyday lives. But many jail suicides occur when people who are normally respected members of the community break a law, find themselves in jail, and then discover they cannot handle the reality of confinement. Suddenly they have to face shame, humiliation, and guilt over being arrested. This "jail shock" problem becomes even worse when it is compounded by the effects of drugs or alcohol. Some people will refuse to admit the extent of their substance abuse at the time of arrest. When withdrawal does occur, they are forced to realize what has happened. The enormity of their situation may influence them to consider suicide rather than endure the pain of withdrawal.

IDENTIFYING THE SUICIDE RISK

Because so many jail suicides occur within the first 24 hours of incarceration, the booking officer should try to identify new inmates who are likely to become suicidal. The Westmoreland County Jail in Pennsylvania has developed a successful symptoms and predisposing factors.

SUICIDE RISK INVENTORY

SYMPTOMS

(1) Previous suicide attempt(s)
(2) History of psychiatric care
(3) Presence of suicidal thoughts or plans
(4) Feelings of hopelessness or despair
(5) Voicing some type of self-destructive information
(6) Unusual reaction to being confined
(7) Emotional withdrawal or isolation

PREDISPOSING FACTORS

- Recent Excessive drinking or drug intoxication
- Recent loss of stabilizing resources such as spouse, home, or job
- Poor appetite, sleeplessness, or agitation
- Chronic aggressive behavior
- Over 45 years of age with progressive health problems.

Inmates of the Westmoreland County Jail who display any of these characteristics are placed under close surveillance and given psychiatric care as soon as possible.

PREVENTION IS THE KEY

Your jail should have a policies and procedures for dealing with inmates who are suicidal. Standard correctional practice calls for removing harmful items form the inmate's cell, providing very frequent supervision and

obtaining psychiatric evaluation and care for the inmate. These are not always easy things to accomplish, especially if your jail is inadequately staffed, an older design or overcrowded. An inmate can commit suicide in a few minutes with nothing more than a bed sheet or pair of pants and a little ingenuity.

Inmates with severe mental health problems or who are actively suicidal should be transferred to a mental health facility by court order or emergency commitment.

Jail officers must walk a fine line when faced with a potentially suicidal inmate. They must take every suicide threat seriously but suspect that some inmates may be attempting to manipulate them so that they will take pity on the inmate and initiate special handling procedures; the inmate may be "setting up" the officer to get better quarters or to make an escape attempt.

The real threat with a suicidal inmate is that they may accidently carry through their threat. An inmate who constantly has the "blues", is sad, weeps, and feels unworthy, may actually commit the act even though, underneath it all, he doesn't want to. Prevention is the key. Jail officers should treat all potentially suicidal inmates as if they were sincere, since the officers are not equipped with any type of mystical power that would enable Them to detect those inmates who are merely trying to be manipulative.

PROFILE OF SUICIDE VICTIMS

Age: As a general rule, the older the person, the more likely that he will be successful in the suicide. This is changing somewhat though, in recent years, there has been a 67 percent increase in suicide in the 15-19 age group.

Sex: Women attempt suicide much more frequently than do men, however, men have a higher rate of actual suicide. The average ratio seems to be that for every three women who attempt suicide and fail, one woman succeeds. With men, the ratio is reversed. For every man who attempts and fails, there are three men who succeed.

Marital Status: There doesn't seem to be any apparent difference in the successful suicide rate between those who are married and those who are single. There is, however, a difference between those groups and those who are separated, widowed, or divorced. In general, the rate of suicide is four times higher for those in the second group than those in the first.

Race: Approximately 90 percent of those who commit suicide are white; the remaining are black or other minorities. However, there is some indication that the suicide rate among minorities is on the increase.

MYTHS ABOUT SUICIDE

Discussion of death , and particularly suicide, has always been more or less taboo in our society. Consequently, most people accept certain misconceptions about suicide as truth.

Belief in these misconceptions by jail officers who have contact with suicidal persons can only be detrimental and must be recognized and corrected if successful intervention is to be achieved. For example, it is a common misconception that if a suicidal inmate appears to have passed his suicidal crisis that the suicide risk is over and the inmate is out of danger. On the contrary, research indicates that half of the persons who were in a suicidal crisis, and subsequently committed suicide, did so within 90 days of having passed the emotional crisis and after they appeared to be on their way to recovery.

Any inmate exhibiting behavioral change such as an improvement during such a suicidal crisis should be CAREFULLY WATCHED and considered in a very CRITICAL PERIOD.

Following are common misconceptions about suicide and appropriate facts which apply.

MISCONCEPTION

Suicide happens suddenly and impulsively without premeditation.

FACT

Less than five percent of suicides result from impulsive panic-type behavior. More often than not, the suicidal thought arises as a fantasy to resolve some personal crisis.

MISCONCEPTION

Once a person attempts suicide and fails, this minimizes the possibility of a future attempt because the inmate has "gotten it out of his system".

FACT

Most suicidal persons are irrational at the time of their suicidal crisis. This person has ambivalent feelings; they want to live. However, overwhelmed with despair, anxiety, and hopelessness, they cannot see any other solutions to their problems.

MISCONCEPTION

Suicides happen much less frequently in a jail-type setting than in the non-jail population (outside the jail).

FACT

Jail suicides occur 3-1/2 times more frequently than suicide in the non-jail population.

MISCONCEPTION

If someone says they want to kill themselves, there is usually no way to prevent it.

FACT

Most suicidal persons are ambivalent; they are miserable but they wish to be saved.

AWARENESS OF SUICIDAL BEHAVIOR IS CRUCIAL

An inmate who is serious about committing suicide will try to estimate a time to carry out their plan when the likelihood of being discovered by someone is small. For this reason the officer should make frequent and staggered checks or surveillance of the cell areas.This will hinder the inmate's efforts at timing staff and increase the possibility of successful intervention.

Because the largest percentage of suicides occur between the hours of 12 midnight and 8 a.m., this shift must be extra observant and aware of suicidal potential. Persons suffering from insomnia or severe states of depression should be kept under close observation. The importance of staggered and frequent cell checks is even more crucial on this shift.

HANGING AND STRANGULATION ATTEMPTS

Hanging or strangulation is overwhelmingly the most common forms of suicide in jails. However, this does not mean to imply that other methods such as cutting, overdosing, or burning are not attempted. But since hanging or strangulation is the usual method of suicide attempted by inmates, officers should know how to respond properly, since it may be possible to save the inmate's life in some cases.

A hanging attempt may affect any or all of the structures in the neck. These include the structures of the airway, spinal cord, and the major blood vessels which bring the blood supply to the head. All of these must be considered in caring for the hanging/strangulation victim.

The officer who discovers a hanging or strangling attempt should:

- Extricate (remove the noose from) the victim, protecting his head and neck as much as possible.
- Have someone call for an ambulance immediately.

Ë Give basic fist aid. This includes:

1. Monitor and maintain open airway.

   a. Look, listen, and feel for breathing if they are unconscious.

   b. Maintain airway, if necessary, using the modified jaw thrust technique.
   DO NOT tilt the head back.

      (1) Place your fingers behind the angles of lower jaw.

      (2) Forcefully bring his jaw forward.

      (3) Use your thumbs to pull his lower lip down to allow breathing through the mouth as well as the nose.

   c. Give artificial respiration, if necessary, while continuing maintenance of airway through jaw lift.

2. If there is no pulse, give cardiopulmonary resuscitation.

3. Assume that he has spinal cord injury, and treat appropriately:

   a. Place victim flat on floor with head held stable.

   b. Do not let victim or anyone else lift or twist their head.

   c. Give them nothing to eat or drink, and no medications.

4. If there is swelling or discoloration, apply an ice bag to the area.

5. Do not leave the victim alone.

Officers should always remember that any suicide attempt is a serious matter.

SUMMARY

1. *Suicides, both real and attempted, are a significant problem for the jail officer; since officers have some responsibility for preventing suicides, they must be able to recognize the symptoms of suicide and take the proper steps to intervene.*

Officers should consider all suicide threats by inmates to be serious and take appropriate steps to prevent the inmate from carrying out a threat. This includes constant observation of the inmate and seeking professional mental health assistance for them. Officers should recognize the symptoms of potential suicide, such as depression or a sudden change in the inmate's behavior, and attempt to find out what is troubling the inmate. It is a serious mistake for the jail officer to ignore suicide threats or invite an inmate to go ahead and kill himself. Prevention is the key.

2. *Most jail suicides occur within the first 24 hours of incarceration*.

However, all inmates are potential suicide risks. Be aware of the characteristics of suicidal inmates.

The next jail Bulletin will continue with Jail Suicide Part II.

Material prepared by Daniel Evans, Field Representative, Jail Standards Division, Nebraska Crime Commission. This material is adapted from material contributed by: The "Bottom Line", Correctional Training Bulletin, 1985. Lancaster County Department of Corrections. If you or your agency wish to contribute to the ***Jail Bulletin*** or have a special subject to be addressed through the bulletin, please contact: Jail Standards Division, P.O. Box 94946, Lincoln, Nebraska 68509-4946, FAX 402-471-2837.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in service training each year. The Jail Bulletin may be used to supplement in service training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections.

SEPTEMBER/OCTOBER 1999 **NUMBER 149**

SUBJECT: JAIL SUICIDES - PART I

NAME:_____

DATE:_____

1. Most jail suicides occur during the first _____ hours of incarceration.

2. If a person talks about committing suicide, it's usually just a play for sympathy and you shouldn't take it seriously.

True False

3. Suicides happen much more frequently in a jail population than they do in society as a whole (non-jail population).

True False

4. List four (4) symptoms of suicidal inmates given on the suicide risk inventory:

1)
2)
3)
4)

5. List three (3) predisposing factors of suicidal inmates given on the suicide risk inventory.

1)
2)
3)

ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR OR TRAINING OFFICER

CREDIT: One Hour credit for jail in service training requirement.

QUIZ

Answer Sheet

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True **False**

3. Suicides happen much more frequently in a jail population than they do in society as a whole (non-jail population).
True False

4. List four (4) symptoms of suicidal inmates given on the suicide risk inventory:
1) PREVIOUS SUICIDE ATTEMPT
2) HISTORY OF PSYCHIATRIC CARE
3) PRESENCE OF SUICIDAL THOUGHTS OR PLANS
4) FEELINGS OF HOPELESSNESS OR DESPAIR
5) VOICING SELF-DESTRUCTIVE INFORMATION
6) UNUSUAL REACTION TO CONFINEMENT
7) EMOTIONAL WITHDRAWAL OR ISOLATION

5. List three (3) predisposing factors of suicidal inmates given on the suicide risk inventory.
1) RECENT EXCESSIVE DRINKING OR DRUG INTOXICATION
2) RECENT LOSS OF STABILIZING RESOURCES
3) POOR APPETITE, SLEEPLESSNESS, AGITATION
4) CHRONIC AGGRESSIVE BEHAVIOR
5) OVER 45 YEARS OLD WITH HEALTH PROBLEMS

CREDIT: One Hour credit for jail in service training requirement.
Answer sheet should be retained by the Jail Administrator.