

SUICIDE PREVENTION IN A CORRECTIONAL SETTING – LESSONS LEARNED

Lesson 1: Simple changes to facilities prevent offender suicides.

- There is a common belief that an individual who wants to die will find a way to do so regardless of the measures we take, but research has demonstrated this assumption is not true. Since individuals in a suicidal state are often poor problem solvers, removing the chosen method or the most obvious methods of death can delay suicide until the crisis passes.
- The following safety measures are especially relevant to areas where high risk offenders are housed such as locked cells, holding cells, mental health units, or suicide watch cells:
 - Cover vents with expanded metal to prevent tie-off points.
 - Ensure sprinkler heads cannot be used as tie-off points.
 - If cameras are used in observation cells, ensure the entire cell can be observed and that the quality of the picture is adequate to observe self-harm behaviors.

Lesson 2: Double celling offenders prevents suicide.

- A high percentage of offender suicides occur in locked, single occupancy cells. Research conducted on 4,780 cases of suicide in correctional settings indicated that single-cell status is one of the strongest correlates with suicide. After action reviews have indicated that at-risk offenders seek single cells or take advantage of staff oversights to commit suicide as soon as a cellmate out of the cell.
- To reduce risk, implement the following recommendations:
 - Facilities use a system to identify inmates who should not be single-celled.
 - Facilities should double cell all inmates in locked cells a general practice, except when there is a compelling reason not to do so.

Lesson 3: Suicide prevention is most effective when all staff participate.

- When staff referrals of offenders for suicide risk assessments rise, the suicide rate drops. To involve all staff in suicide prevention:
 - Encourage all staff to know offenders and make referrals.
 - Create a culture of suicide prevention.
 - Model your interest in the topic of suicide prevention.
 - Talk about suicide prevention at staff meetings and during facility rounds.
 - Discuss suicide prevention with mid-level supervisors.

Lesson 4: Poor practice leads to poor performance.

- Mock suicide emergency drills are an important component of a suicide prevention program. However, they are not always effective in identifying and correcting systemic flaws in a suicide prevention program.
- Problems identified in after action reviews which potentially would have been identified and corrected by effective mock suicide emergency drills include:
 - Staff prematurely decide the offender is dead.
 - Staff do not initiate life saving measures.
 - Staff responses do not reflect the emergent nature of the situation.
 - Stretchers do not fit into cells or housing areas.
 - Suicide cut down tools have been used for other purposes and are not sharp.
 - Staff do not carry appropriate protective gear.
 - Staff do not know where the AED is located or how to use it.
 - Staff allow outside emergency response staff into secure areas.
 - Medical staff arrive without necessary medical equipment.
 - Backboards are not used for neck injuries.
 - Staff open locked cell doors to respond before assistance arrives.
 - Keys are not promptly available to provide necessary access.
- Such problems can be identified and corrected through proper use of mock suicide emergency drills conducted as joint operations by multiple departments. To ensure effectiveness:
 - The drill needs to be fully simulated by staff (not conducted as a table top discussion) to ensure that procedures and equipment work as intended.
 - Results should be written up and shared with all staff during annual training.

Lesson 5: Behaviorally disordered offenders are at increased risk for suicide.

- A significant portion of offenders who commit suicide suffer from behavioral disorders. Sometimes these offenders are not taken seriously by staff who consider them to be "manipulators" or "game players". Although they may not be suicidal at the time of an assessment, these offenders are often at chronic risk due to quickly changing moods and/or the possibility of accidental death when making a suicide gesture.
- Best practices to manage and treat behaviorally disordered offenders are as follows:
 - Offenders should be reassessed by a mental health clinician every time they present with risk for suicide.
 - In addition to suicide watch, other interventions such as restraints, restriction of potentially harmful property, and cell placement in a readily observable area are appropriate management strategies for these offenders.
 - Staff can be effective in managing these offenders by providing interaction and social rewards when behavior is appropriate - "catch them being good."
 - Mental health staff can be most effective by engaging these offenders in treatment regularly and not just during times of crisis.