

U.S. Marshals Service

Suicide Prevention Training





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National Institute of Corrections



***Psychology
of Suicidal
Prisoners***

***Bureau of Justice
Statistics and
Analysis***

***Suicide
Resistant
Cells***

***National
Resources
&
Information***



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U.S. Marshals Service Suicide Prevention Training

Robert Nagle



“Homo sapiens are relational creatures; we live in family units, tribes, villages, and cities...Most suicides can almost always be linked to interpersonal issues.”

(Jobs in Flemons & Grolnick)



Inmates:

1. in pre-trial status.
2. experiencing a mental illness, including a personality disorder.
3. in restrictive housing units (i.e., Special Housing Unit, Special Management Unit, mental health seclusion, and Secure Treatment Programs).
4. convicted of a sex offense.



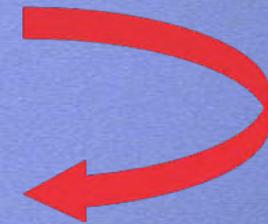
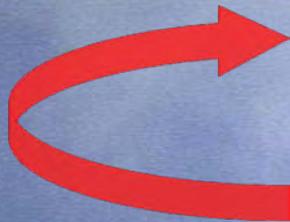


Vulnerability

Prison Setting

SITUATIONAL TRIGGERS

Break up of relationship, bad news
Visit does not happen
Threats, bullying, debts
Sleeplessness
Disciplinary Sanctions
Transfers
Unexpected Sentence
Peer suicides or attempts
Increase in any prison stress





Why Death by Suicide Now?

- Suicidal crises usually emerge from problems with relationships
- Something or someone has touched on the inmates sensitivity (*i.e., perceived rejection, frustrated need, breakup*)
- Usually a perceived rejection or slight by a person playing a significant role in their life





Exploiting a Vulnerability

- Violence & intimidation from other prisoners
- A sense of helplessness
- Role minimization and/or deprivation
- Grief when family are experiencing social problems
- Cumulative impact of limited privacy & autonomy over ones daily routine





Suicides in secure units occur in single cells

- Double Cell all inmates unless there is a compelling reason not to do so
- Place at-risk inmates in higher visibility cells
- Reduce or eliminate the presence of tie-off points



- Suicides most frequently occur in private spaces such as bathrooms, showers, mop closets, or cells.
- Important prevention measures include frequent rounds, not allowing inmates to cover windows, and establishing professional and meaningful relationships.





WARNING SIGNS *Specific to Inmates*

- Suicidal threat anytime
- Rehearsal behaviors observed by staff
- Trying to obtain a single cell
- Hording medication





Four Basic Responses

1. LISTEN and HEAR
2. Take thoughts and feelings seriously.
3. Support and affirm.
4. Refer to Psychologist, medical professional, or shift supervisor.





Four Staff Responsibilities

1. *Recognize warning signs* that tell us inmates may be experiencing problems.
2. *Communicate concern and empathy* to the behavior and take appropriate actions.
3. Respond correctly to those problems.
4. *Follow-up and monitor* inmates who have been identified and treated.





Summary (Robert Nagle)

Each of us has important Responsibilities with Suicidal Inmates:

- ✓ Consider the inner world of these inmates and communicate concern and empathy for their distress.
- ✓ Recognize when conditions for a suicide “perfect storm” exist (vulnerability, prison induced stress, situational triggers).
- ✓ Respond correctly to the behavior.
- ✓ Follow-up on and monitor inmates who have been identified and referred.



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Statistics of Suicide

Who, When and How

Jail Suicides



Suicide Statistics – Who?

- **93% male**
- **67% white**
(*15.1% Black / 12.1% Hispanic)
- Average age: **35**
- **38%** had a history of mental illness
(*40% History Psychotropic Medication)
- **34%** had a history of suicidal behavior
(*43% Held on violent charges)





Suicide Statistics – When?

- **31%** found dead 1 hour+ after last observation
- **24%** occurred within first 24 hours
- **27%** between 2 - 14 days
- **20%** between 1 - 4 months
- **8%** were on suicide watch
- Evenly distributed throughout the year

(seasons & holidays did not contribute to more suicides)

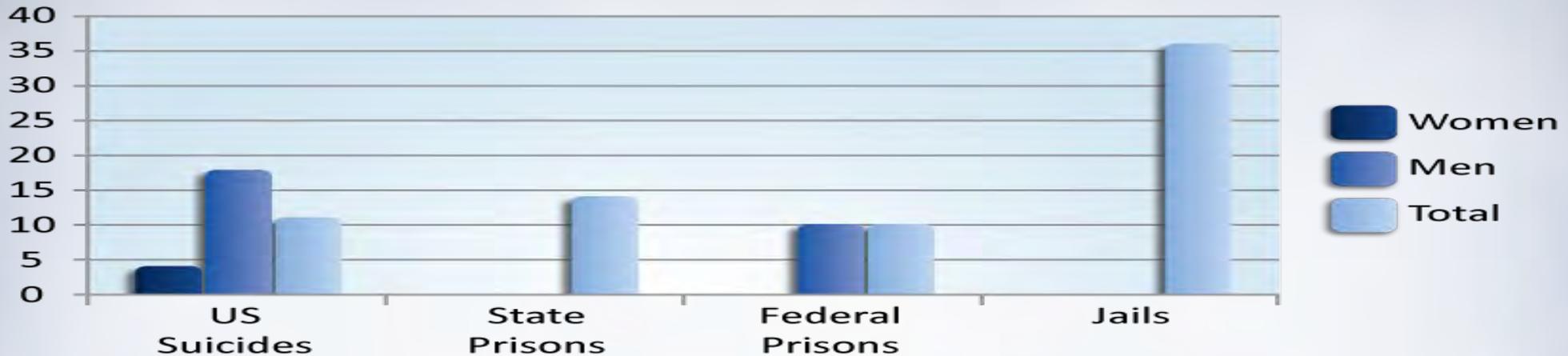


Suicide Statistics – How?

- **93%** used hanging as the method
 - **66%** used bedding materials as the instrument
 - **30%** used bed/bunk as the anchoring device
 - Other anchoring devices: door hinge/knob, air vent, window frame, towel hook, shelf, shelf, seat, plumbing fixture, sprinkler head, light fixture
- **2nd** most popular method is drug overdose
 - Drug hoarding
 - Cleaning chemicals



Facility and Gender Comparisons



So how do jails compare against other detention or prison facilities with the number of inmate suicides.

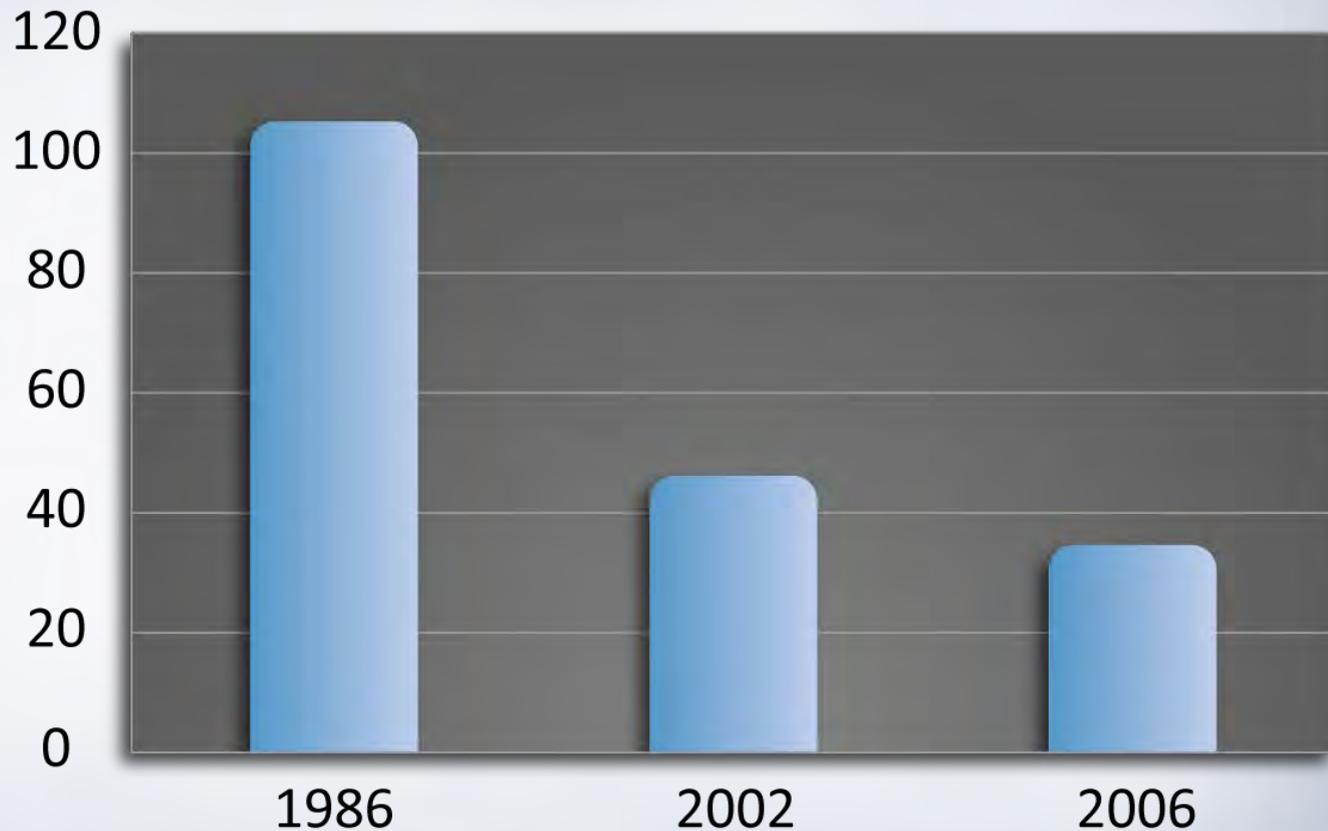
- The first graph compares the number of suicides committed by men and women within the community in the United States. The overall number in light blue represents *11 suicides per 100k persons*.
- Men have a higher rate than women at *18 suicides per 100k* as compared to women at *4 per 100k*.
- The State prisons did not separate data for men and women but revealed a rate of *14 suicides per 100k*.
- In Federal prisons the rate was the same for males and females at *10 per 100k*.
- **In Jails the suicide rate is *36 per 100k*.**



Jail Suicide Rates over past 35 Years

- A National Institutes of Corrections study in 1986 revealed there were 107 Jail suicides per 100k.
- In 2002 a Bureau of Justice and Statistics study revealed the rate had fallen to 47 Jail suicides per 100k;
- The most current Bureau of Justice and Statistics as of 2006 reveal a continued decline reflecting 36 Jail suicides per 100k.
- Overall the data reveals jails have experienced a 50% decline over a 20 year period in the jail suicide rate for prisoner populations over 100k.

Rate per 100,000





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Keep Sight Lines Open

Frequent Checks



Jail Suicides



- ***Attention***
- ***Training***
- ***National Standards***
- ***Policies and Procedures***
- ***Accountability***
- ***Supervision***
- ***Litigation***

***Lighting Control
CO's control Cell
lighting **NOT** the
prisoner!***



U.S. Marshals Service Suicide Prevention Training

Prevention Through Operations and Training



Increased awareness & assessment of the threat of a suicide... comprehensive suicide screening at intake. Increased communication and observation by CO's assigned to housing units... Find out what's going on.

Facility policies, procedures and post orders should clearly include suicide prevention guidance.

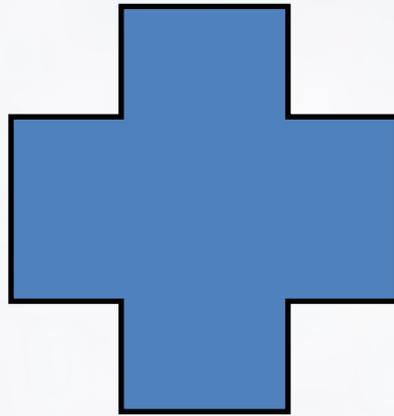
Staff supervision with regular 15 minute bed checks with documentation in daily logs or via electronic data keeping.

Don't allow the use of privacy obstruction devices (towels, clothing or anything that blocks the full view at all times into a cell.



Operational Practices

“Institutionalize” suicide prevention and response practices.



Training when coupled with suicide-resistant cells **reduces the opportunity and capability** for suicide; Together they will still not 100% fully protect residents/inmates from self-harm.



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Self Harm Cells with Casual Observation



Can you see into the entire cell?

from the normal working position?

w/o removing a window cover ?



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Self Harm Prevention Cells & Option



Know the rules and guidance for use of Self Restraint Chairs and Tie Down Beds!



U.S. Marshals Service Suicide Prevention Training

Managing the Environment



Know your Surroundings!

◀ BACK

29

NEXT ▶



Doors

Light Fixtures

Vents and Grills

**Shelves
&
Accessories**

Windows

Showers

Plumbing

Sprinkler Heads

Bunks



Camera Enclosures

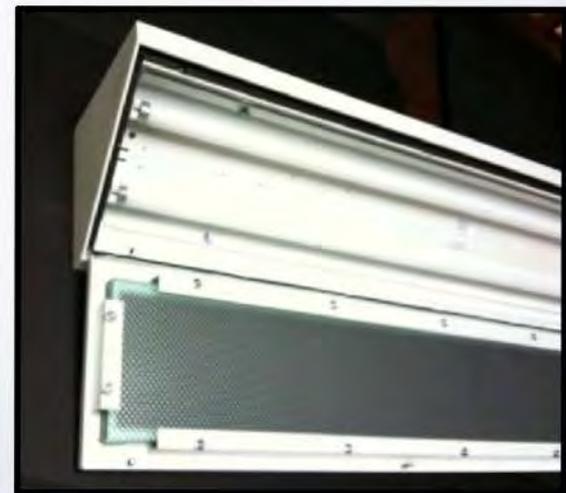


Eliminate Anchoring Points

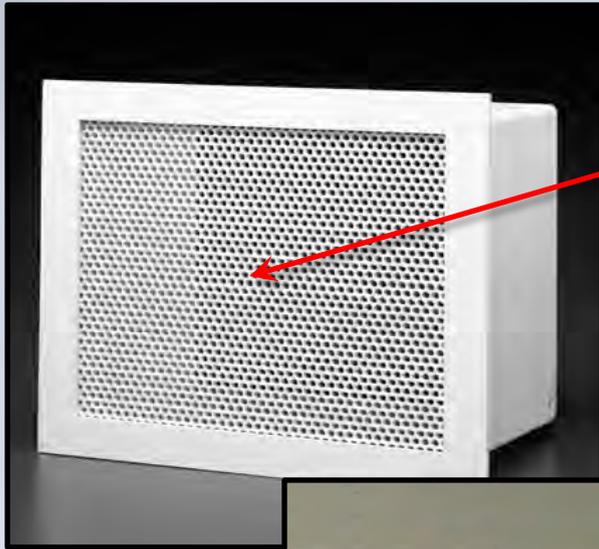


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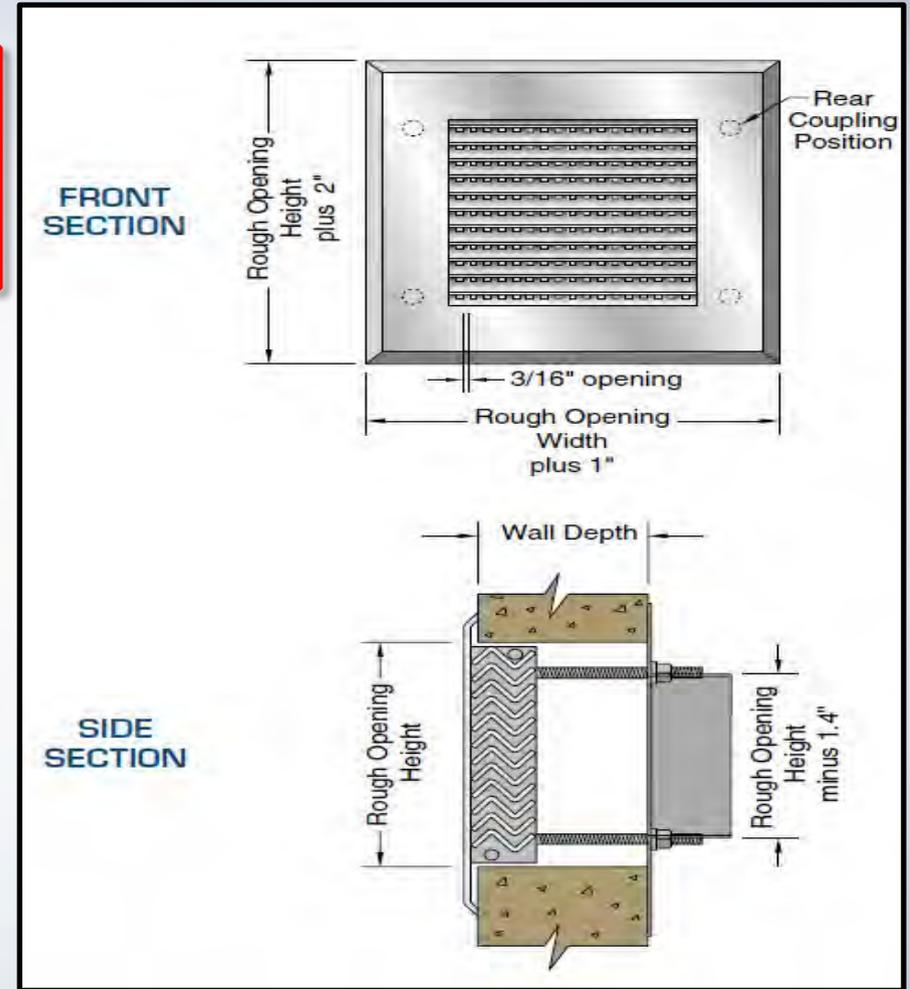
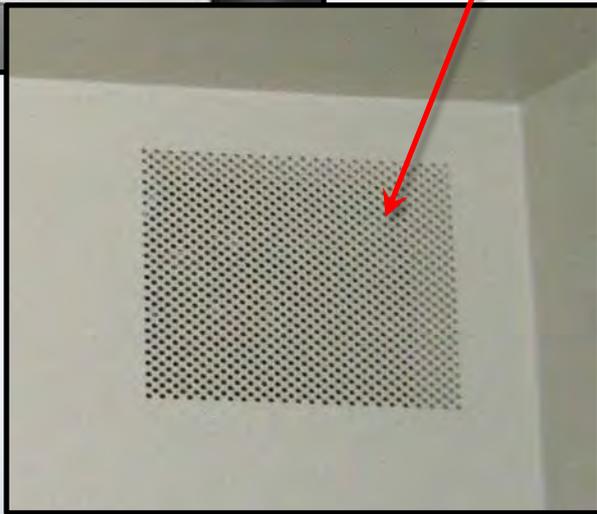
Light Fixtures

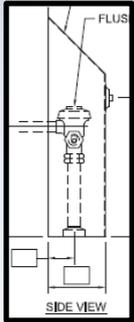


Eliminate Anchoring Points



Vents Should Have:
3/16" or Smaller Openings
(1/8" Preferred)





SAFER



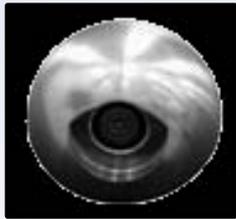
LESS SAFE



Eliminate Anchoring Points



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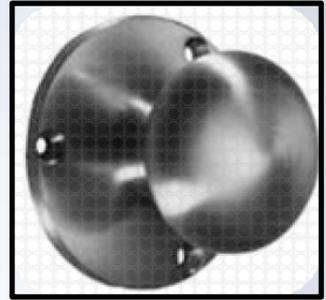
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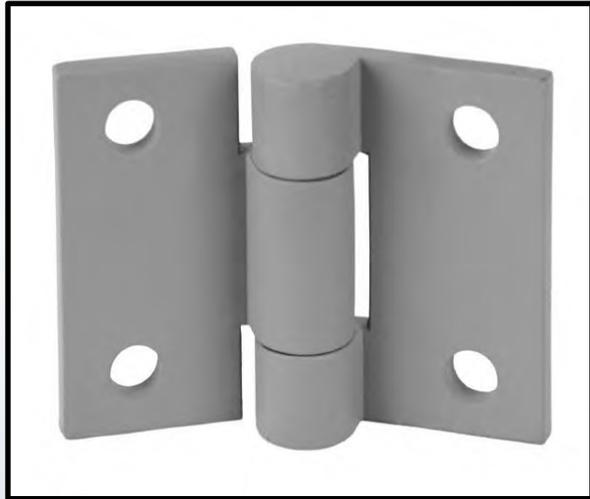
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LESS SAFE



NOTE:
Cell Doors should swing
OUT!



Eliminate Anchoring Points



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LESS SAFE



Eliminate Anchoring Points



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LESS SAFE



Eliminate Anchoring Points



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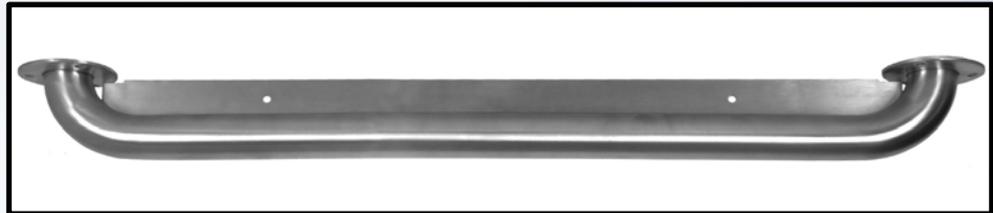


Eliminate Anchoring Points



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LESS SAFE



Eliminate Anchoring Points



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Other Considerations





Questions?



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