

SUICIDE IN JAILS

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Agenda

1. presenter introduction
2. objectives of the talk
3. scope of the problem
4. three anecdotes
5. suicide losses
6. suicide prevention: reasons, challenges
7. suicide method and mechanism of death
8. suicide prevention and treatment

Who am I?

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SUICIDE IN JAILS AND PRISONS: PREVENTIVE AND LEGAL PERSPECTIVES - A Guide for correctional and mental health staff, experts and attorneys

What is Suicide?

- an intentional act of self destruction which begins with ideation, plan, means, attempt and completion

Objectives of this talk

- Prevent suicide
- Save lives
- Avoid lawsuits
- Save millions of dollars

Scope of the problem

Suicide is a major public health issue in the U.S...and worldwide.

In the U.S. correctional system:

- #1 cause of death in jails
- 3rd cause of death in prisons

Extent of the problem:

- one suicide attempt every three seconds
- one completed suicide every minute
- typically, more people die from suicide than from major international conflicts
- 45,173 people took their lives in the U.S. in 2020 and it's rising

Who are the most vulnerable?

- young males (ages 15-49)
- elderly males
- indigenous people
- persons with mental illness
- persons with alcohol and/or substance abuse
- persons who previously attempted suicide
- **persons in custody (risks increase exponentially)**

Occurrence (per 100,000)

- **General Public:** historically 12; currently 12
 - **Jails:** historically 52-129, currently 46
 - **State prisons:** historically 24-40, currently 17
 - **Federal prisons:** historically 10-17, currently 10
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- recent upward trend since 2015 in jails and state prisons
 - method: 90 percent by hanging
 - without any warning: 33 %
 - impact of imprisonment:
 - isolation,
 - sensory deprivation in maximum security,
 - psychosocial factors including loss of prestige, loss of freedom, guilt and shame
 - higher potential for litigation

Three real cases

#1

A 25-year-old white man, convicted of a minor offense and sentenced to three years in a minimum-security prison. By his rule-breaking behaviors, he ended up getting more and more restrictions and finally landed in a maximum-security prison. His family refused to accept him, if paroled. This broke the proverbial camel's back. Frustrated with the prospect of serving the maximum duration instead of the customary 85 %, he took an impulsive decision to hang himself.

#2

A middle-aged white woman, first time ever in jail, convicted for what she believed was unjust because her husband she killed was unbelievably abusive and violent to her. He was atrocious. Yet, she was overtaken with guilt that she could not bear. She used a bed sheet in her cell to hang herself—women less often take their lives in prison or jail. More women attempt suicides than men. More men die by suicide in jails and prisons.

#3

Take the case of a middle-aged man, well respected in the community, but had a secret private life – one of sexual exploitation of his stepchildren; he became severely depressed: took his own life by hanging.

Incarceration-based suicide losses

- **Dollar payout**
- irrecoverable **time loss** by the staff
 - guilt feelings and regret
 - the staff who provide custody and supervision spend their limited time not only in dealing with the potentially suicidal individuals but also spend their time taking care of the after-effects such as performing debriefing, investigation and reassessment of the policies and procedures
- loss by the family
 - the next of kin experience dual pain:
 - 1) loss of their loved one
 - 2) not knowing exactly what prompted him/her to take their lives because the system is "closed", not willing to give out information. In many cases, the survivors have only one option and that is to hire a lawyer and even file a lawsuit. This way, through the discovery process, they may be able to find out what happened.

Prevention: reasons

Reasons

1. Saving lives adds to **professional and personal satisfaction** and worth to those individuals who work in jails.
2. Meets the professional **standard of care**. State assumes full custody of the inmates, i.e. , legal duty to care
3. Should meet the 4 classic elements:
 - duty to care
 - breach of duty
 - damage
 - proximate relationship between damage and breach of duty

- Medical malpractice/negligence claims directed against clinicians; rarely successful, although “duty to care” is inherent in the relationship. Legal proof required: Preponderance of the evidence.

Prevention: reasons – cont.

4. meets the **constitutional rights** of detainees

- concept of serious medical need
- Farmer v. Brennan (1994)
- professionally diagnosed psychiatric disorders
- Mood Disorder
- Psychotic conditions
- Acute crisis/Adjustment Disorder, which is severely impairing
- suicidal risk
- an assessment of probability of serious risk of harm is considered a “serious medical need”
- failure to assess suicide risk and, if found, failure to intervene, form the basis of Deliberate Indifference

SUICIDES ARE PREVENTABLE.

How?

- be perceptive of emotional and mental health needs
- follow policies, procedures and practice
- risk factors
 - static and dynamic factors
 - feeling trapped and no way out
 - first time offenders - people of high status
 - past history of suicide attempts
 - mental illness
 - substance abuse
 - institutional factors
- suicidal thoughts are transient
- interplay of dynamic and static factors

Potential challenges

1. **Communication** issues at various levels
 - between mental health/medical staff and the correctional officers,
 - between nursing staff and psychiatrists,
 - between family and the jail staff, between inmates and officers
 - problem with the intercom system
2. **Screening**
 - adequacy of screening instrument and implementation

Potential challenges – cont.

3. **Delay** in psychiatric care

- in scheduling appointments and follow-ups
- in renewing prescriptions
- not bridging medications when inmates enter the jailor prison

4. **Lack of treatment** of substance withdrawal

5. **Lack of training**

Suicidal death: method

1. Hanging

- only 2 KG pressure is required
- can be accomplished by kneeling, sitting, etc.
- any anchor points
- 5-7 minutes
- ~70% “success” rate

2. Drug overdose

3. TCAs

- Keep On Person Medication

Suicidal death: method – cont.

4. **Hunger strike**

5. **Homicidal hanging**

6. **Self-immolation**

7. **Self-cutting**

8. **Drinking cleaning fluids**

Suicidal death: mechanisms

Mechanism of death by hanging

1. Respiratory asphyxia
2. Occlusion of cervical blood vessels causing Cerebral anoxia
3. Cardiac Inhibition secondary to nerve stimulation
4. Snapping of C2 or C3 vertebra

Suicide prevention

Preventing Suicide in Jails and Prisons

- collaborative responsibility
- 24/7 awareness of warning signs and implementation of policies and procedures
- a comprehensive psychiatric service delivery system
- seven (7) key steps
 - identification/screening
 - assessment: mental health and psychiatric
 - continuous evaluation - suicide risk rating program
 - treatment and preventive intervention
 - mortality and morbidity review
 - staff training
 - administrative steps

Suicide screening checklist

1. inmate is intoxicated and / or has a history of substance abuse
2. unusual worry, guilt and shame over arrest and intoxication
3. expresses hopelessness and fear of future, or shows signs of depression (crying, lack of verbal expression, etc.)
4. current thoughts of suicide
5. history of treatment for mental health problem
6. current symptoms of psychotic disorders
7. history of prior suicide attempt
8. current thoughts of suicide/suicide planning
9. has few or no support – internal or external
10. arresting officer's belief that he/she is suicidal
11. facility records showing prior risk
12. any immediate psychosocial stressor

Suicide prevention: screening purpose

- leads to further evaluation by mental health staff and psychiatrists
- communication between staff alerting them of the risk
- placing the inmate on suicide watch and monitoring
- instituting treatment
- legal documentation and addressing issues arising in potential litigation

Treatment interventions

- suicide watch and maintaining a log
- medication treatments
- watch- take procedures
- Rx medications with lower lethal potential
- involuntary medication administration
- Cognitive Behavior Therapy
- psychosocial and crisis intervention
- handling of inmate communication
- treatment for substance abuse

Suicide prevention: administrative steps

- suicide proof prison cells
- policy and procedure implementation
- prison cell assignment
- minimizing segregation placement for the mentally ill
- transfer procedures
- outcount

Suicide prevention: administrative – cont.

Staff training

- involves all staff
- done regularly – Annual and Refresher training
- minimum number of hours of training expected and instituted
- topics include identification of warning signs, symptoms of mental illness and the executed procedures

Get in Touch

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