Suicide Rates for Individuals Who Are Incarcerated: A Disproportionate Detainment of African Americans

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9:00AM – 1:30PM

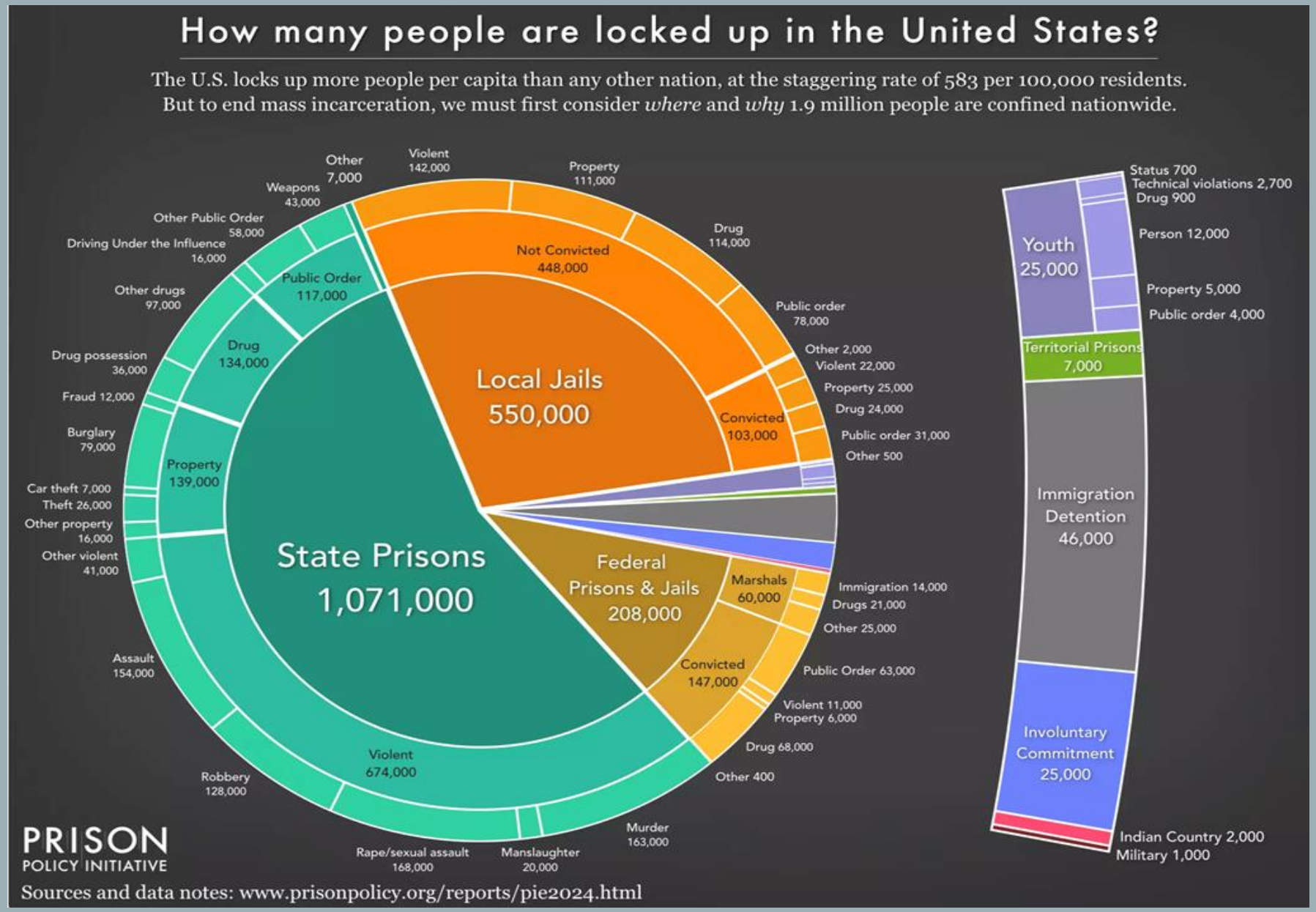
Learning Objectives

- Gain a better understanding of inmates who exhibit suicidal behavior.
- Specify factors that increase the risk of suicide for individuals who are detained.
- Conceptualize current issues in the American penal system.
- Identify current empirically supported intervention techniques to use with individuals who are incarcerated.

Why This Topic?

- Suicide, i.e., the act by which a person decides to cause his or her own death, is a complex biopsychosocial phenomenon associated with multiple individual, interpersonal, and socio-community risk factors that can vary over time.
  - World Health Organization (WHO, 2023)
- Globally, >700,000 persons die by suicide each year.
- "More than 50,000 Americans died by suicide in 2023 — more than any year on record."
- Pedrola-Pons et. al (2024) metanalysis "Efficiency of Psychological Interventions in the Prevention of Suicidal Behavior and Self-injury in Penitentiary Population: A Systematic Review" identified:
  - In prison context, the prevalence of deaths by suicide is higher than that among the general population, being one of the most common causes of death between incarcerated people.
    - Fazel et al., 2016
  - The relative risk of suicide in male prisoners is 3 to 6 times higher when compared to men in the general population.
    - Radeloff et al., 2021
  - The first weeks after incarceration as well as periods of isolation represent moments of special vulnerability for suicidal behavior.
    - Eck et al., 2019

PRISON POLICY INITIATIVE



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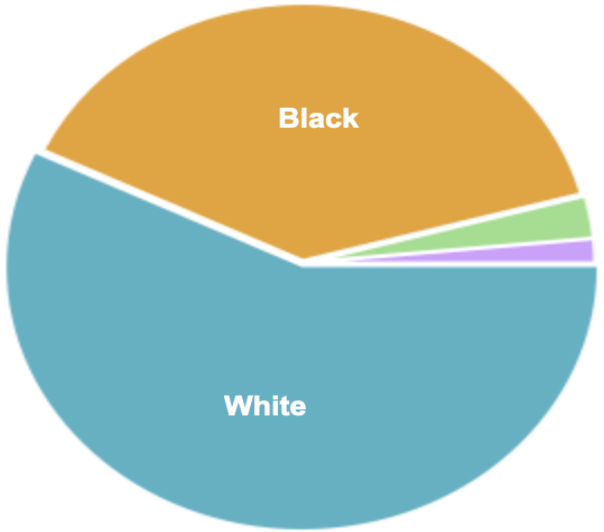
Current Ethnic Breakdown in American Prisons

Scan QR code for Pie Chart

Inmate Race

Statistics are updated weekly. Last updated on Saturday, 23 March 2024



Race	# of Inmates	% of Inmates
Asian	2,265	1.5%
Black	60,118	38.7%
Native American	4,231	2.7%
White	88,643	57.1%

https://www.bop.gov/about/statistics/statistics_inmate_race.jsp

CURRENT ETHNIC BREAKDOWN IN THE UNITED STATES IN 2024

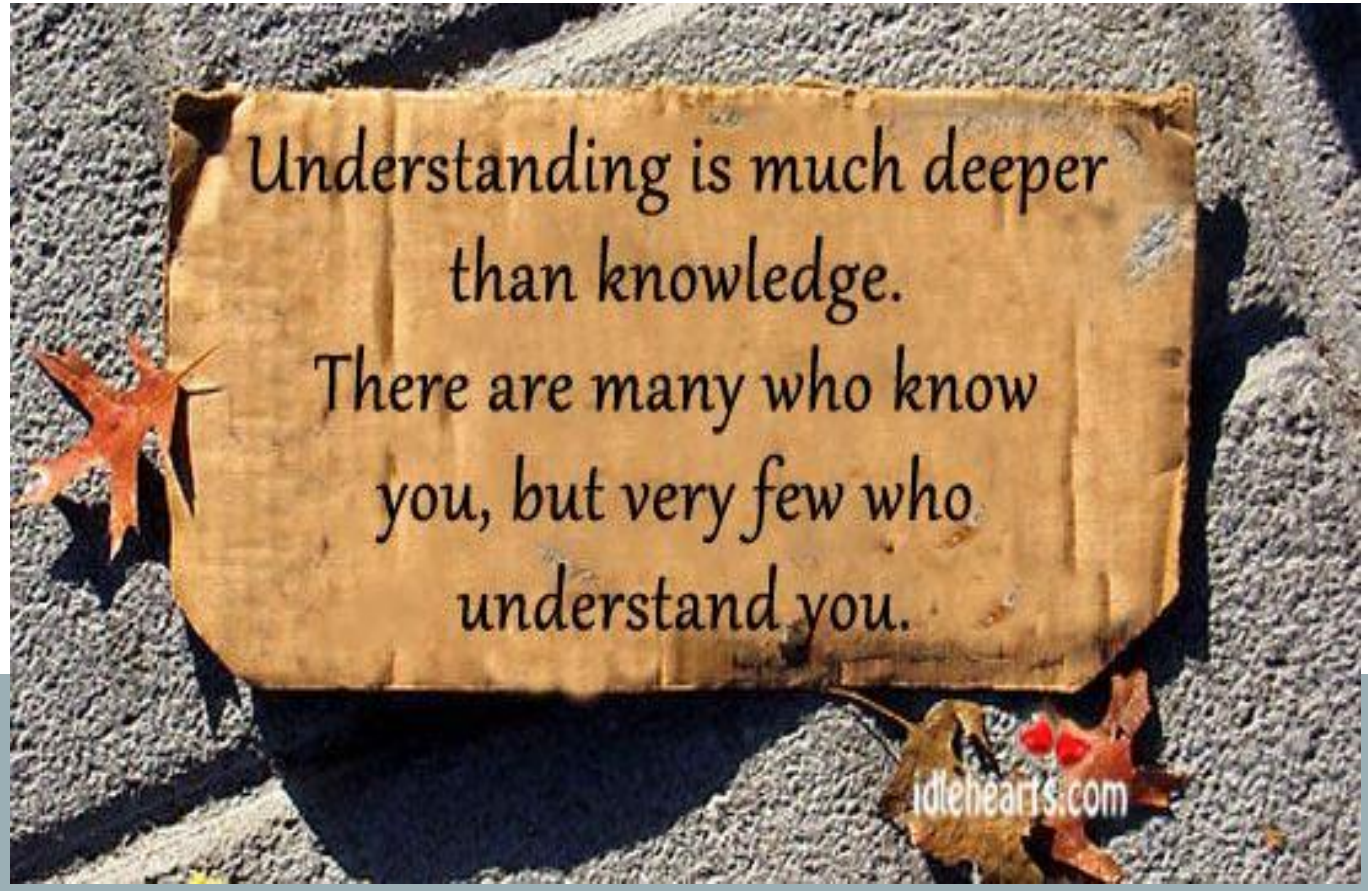
Race and Hispanic Origin	
White alone, percent	75.5%
Black or African American alone, percent (a)	13.6%
American Indian and Alaska Native alone, percent (a)	1.3%
Asian alone, percent (a)	6.3%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.3%
Two or More Races, percent	3.0%
Hispanic or Latino, percent (b)	19.1%

Census data (from census.gov) which reflects data collected on 7/1/2023

Ethnicity of Incarcerated Individuals vs. General Population

- Let's postulate as to why African Americans comprise 13.6% of the current US population yet are overrepresented in our jails and prisons at a rate of 38.7% (this is 2.8 times higher).

BETTER UNDERSTANDING SUICIDAL BEHAVIOR



Appropriate Terminology for Suicide

- Google search
  - Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as "committed suicide" or referring to suicide as "successful," "unsuccessful" or a "failed attempt." Instead use, "died by suicide," "suicided," or "killed him/herself."
- "Committed suicide is considered problematic, as it implies the act of suicide is a crime (as it historically has been)."
  - Dictionary.com (2024)
- There was a legal prohibition against suicide in England and Wales until the Suicide Act 1961 was introduced.
- The law relating to suicide in Australia varies between States and Territories, but it is no longer a crime in any jurisdiction.
- In the State of Victoria for example, the Crimes Act 1958, Section 6A, states "The rule of law whereby it is a crime for a person to commit or to attempt to commit suicide is hereby abrogated."
  - Crimes Act, 1958
- In 2023, we saw the inception of the term "unalive" being used regarding suicide.

Suicidal Thoughts vs. Self-Harm Behaviors

- Thoughts vs. Behaviors
  - Can be related, but not always
  - Have you ever had a thought that you never acted on?
- Work with the veteran population where many stated that they did not want to kill themselves, but "did not want to be alive anymore."
  - Most denied engaging in self-harm behaviors
- Are suicidal thoughts negative?
  - What could lead to a positive outcome when an individual has a suicidal thought?

Suicide Risk Assessment

- Columbia- Suicide Severity Rating Scale (C-SSRS)
- SAFE-T with C-SSRS
  - Columbia University, the University of Pennsylvania, and the University of Pittsburgh
    - supported by the National Institute of Mental Health (NIMH)
- Recommended Settings:
  - All Population: all ages and special populations in different settings
- Recommending Organizations:
  - National Institute of Health NIH
  - Substance Abuse and Mental Health Service Administration SAMHSA
  - National Action Alliance for Suicide Prevention (Action Alliance)
  - Department of Defense
  - CDC National Center for Injury Prevention and Control
  - United States Food and Drug Administration FDA

SAFE T PROTOCOL W/ C-SSRS

SAFE-T Protocol with C-SSRS - Recent

Step 1: Identify Risk Factors

C-SSRS Suicidal Ideation Severity	Month
1) Wish to be dead *Have you wished you were dead or wished you could go to sleep and not wake up?*	
2) Current suicidal thoughts *Have you actually had any thoughts of killing yourself?*	
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) *Have you been thinking about how you might do this?*	
4) Suicidal Intent without Specific Plan *Have you had these thoughts and had some intention of acting on them?*	
5) Intent with Plan *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*	
C-SSRS Suicidal Behavior: *"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If "YES" Was it within the past 3 months?	Lifetime Past 3 Months

Current and Past Psychiatric Dx:
- ◻ Mood Disorder
- ◻ Psychotic disorder
- ◻ Alcohol/substance abuse disorders
- ◻ PTSD
- ◻ ADHD
- ◻ TBI
- ◻ Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic)
- ◻ Conduct problems (antisocial behavior, aggression, impulsivity)
- ◻ Recent onset

Presenting Symptoms:
- ◻ Anhedonia
- ◻ Impulsivity
- ◻ Hopelessness or despair
- ◻ Anxiety and/or panic
- ◻ Insomnia
- ◻ Command hallucinations
- ◻ Psychosis

Family History:
- ◻ Suicide
- ◻ Suicidal behavior
- ◻ Axis I psychiatric diagnoses requiring hospitalization

Precipitants/Stressors:
- ◻ Triggering events leading to humiliation, shame, and/or despair (e.g. Loss of relationship, financial or health status) (real or anticipated)
- ◻ Chronic physical pain or other acute medical problem (e.g. CNS disorders)
- ◻ Sexual/physical abuse
- ◻ Substance intoxication or withdrawal
- ◻ Pending incarceration or homelessness
- ◻ Legal problems
- ◻ Inadequate social supports
- ◻ Social isolation
- ◻ Perceived burden on others

Change in treatment:
- ◻ Recent inpatient discharge
- ◻ Change in provider or treatment (i.e., medications, psychotherapy, milieu)
- ◻ Hopeless or dissatisfied with provider or treatment
- ◻ Non-compliant or not receiving treatment

◻ **Access to lethal methods:** Ask <u>specifically</u> about presence or absence of a firearm in the home or ease of accessing

SAFE T PROTOCOL W/ C-SSRS, CONTINUED

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)	
Internal: □ Ability to cope with stress □ Frustration tolerance □ Religious beliefs □ Fear of death or the actual act of killing self □ Identifies reasons for living	**External:** □ Cultural, spiritual and/or moral attitudes against suicide □ Responsibility to children □ Beloved pets □ Supportive social network of family or friends □ Positive therapeutic relationships □ Engaged in work or school

Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)

If semi-structured interview is preferred to complete this section, clinicians may opt to complete C-SSRS Lifetime/Recent for comprehensive behavior/lethality assessment.

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Month
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply	
Total Score	

SAFE T PROTOCOL W/ C-SSRS, CONTINUED

Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

"The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential **clinical judgment**, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior."
From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

RISK STRATIFICATION	TRIAGE
High Suicide Risk ☐ Suicidal ideation with intent or intent with plan **in past month** (C-SSRS Suicidal Ideation #4 or #5) **Or** ☐ Suicidal behavior **within past 3 months** (C-SSRS Suicidal Behavior)	☐ **Initiate local psychiatric admission process** ☐ **Stay with patient until transfer to higher level of care is complete** ☐ **Follow-up and document outcome of emergency psychiatric evaluation**
Moderate Suicide Risk ☐ Suicidal ideation with method, **WITHOUT plan, intent or behavior in past month** (C-SSRS Suicidal Ideation #3) **Or** ☐ Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) **Or** ☐ Multiple risk factors and few protective factors	☐ **Directly address suicide risk, implementing suicide prevention strategies** ☐ **Develop Safety Plan**
Low Suicide Risk ☐ Wish to die or Suicidal Ideation **WITHOUT method, intent, plan or behavior** (C-SSRS Suicidal Ideation #1 or #2) **Or** ☐ Modifiable risk factors and strong protective factors **Or** ☐ No reported history of Suicidal Ideation or Behavior	☐ **Discretionary Outpatient Referral**

Step 5: Documentation

Risk Level :

[ ] High Suicide Risk
[ ] Moderate Suicide Risk
[ ] Low Suicide Risk

Clinical Note:

- ☐ Your Clinical Observation
- ☐ Relevant Mental Status Information
- ☐ Methods of Suicide Risk Evaluation

- ☐ Brief Evaluation Summary
  - ☐ Warning Signs
  - ☐ Risk Indicators
  - ☐ Protective Factors
  - ☐ Access to Lethal Means
  - ☐ Collateral Sources Used and Relevant Information Obtained
  - ☐ Specific Assessment Data to Support Risk Determination
  - ☐ Rationale for Actions Taken and Not Taken

- ☐ Provision of Crisis Line 1-800-273-TALK(8255)
- ☐ Implementation of Safety Plan (If Applicable)

Analyzing the SAFE-T Protocol with C-SSRS

- What did you like?
- What did you not like?
- What do you recommend needs to be added and/or taken out.

Models of Suicidal Behavior

- Predictive models
  - Use statistical analysis to generate a risk score based on a range of factors.
- Theoretical models
  - Aim to explain how these risk factors interact with each other and lead to suicide.

Top Predictive Model

- Oxford Suicide Assessment Tool for Self-harm (OxSATS)
  - The OxSATS model was developed in a sample of over 37,000 individuals with hospital presentations of self-harm, using data from Swedish population-based registers.
  - The final 11-item model includes routinely collected sociodemographic and clinical predictors, and showed good discrimination (c-index 0.77, 95% CI 0.75 to 0.78) and calibration (tested by the calibration slope, intercept and calibration plots) in external validation.
    - OxSATS

Top Theoretical Models

- Díaz-Oliván, I., Porras-Segovia, A., Barrigón, M. L., Jiménez-Muñoz, L., & Baca-Garcia, E. (2021). Theoretical models of suicidal behaviour: A systematic review and narrative synthesis. The European Journal of Psychiatry, 35(3), 181-192.

- Metanalysis of Theoretical Models

Scan QR code for Table

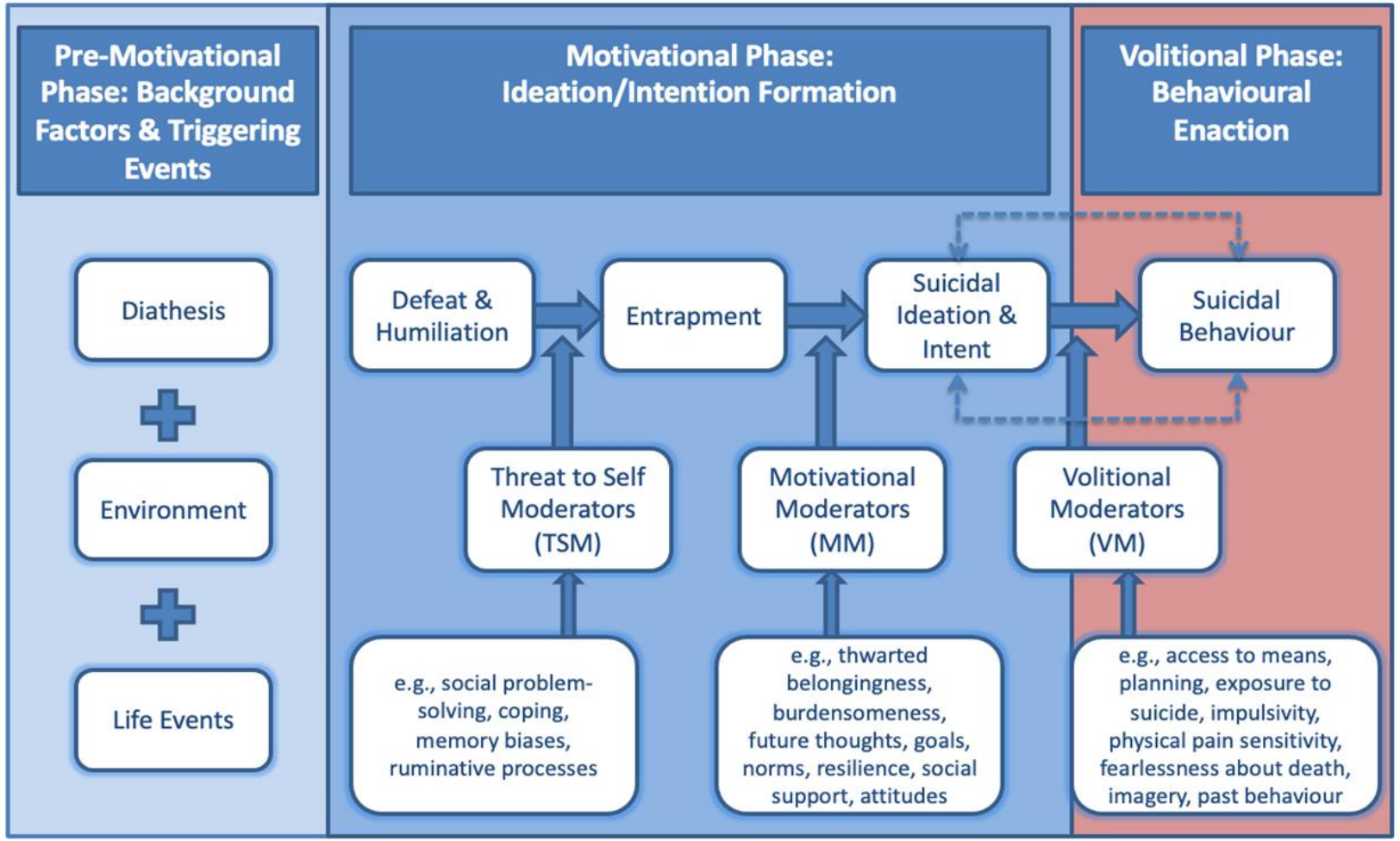
THEORETICAL MODEL TABLE 1

Author(s), year	Suicide integrated models	Model phases	Suicidal outcome	Correlates			
				Biological	Psychological	Social	Others
Stoeb et al., 199817	A process model for assessing adolescent risk for suicide	4	SR: low, moderate, and severe	NA	Hopelessness, affective disorders, substance abuse disorder, and personality disorders	Family functioning and history, social relationships, exposure to suicide, life stressors	Previous attempt and homosexuality
Rudd et al., 200018	A cognitive-behavioural model of suicidality	6	SI & SA	Autonomic system, motor system, sensory system activation	Previous psychiatric diagnosis, Axis I and II, internal thoughts, images, feelings and physical sensations, suicidal thoughts, hopelessness, negative thoughts about self, others and future, conditional assumptions/rules, compensatory strategies, anger, guilt, anxiety, sadness…	Abuse and neglect, parental modelling, situations, circumstances, places, people	Prior suicidal behaviour, financial arrangements, insurance, acquiring means to suicide, planning, rehearsal behaviours, attempts
Joiner, 200519	Interpersonal Psychological Theory of Suicide	2	SI & SA	NA	Thwarted belongingness, perceived burdensomeness, and acquired capability	NA	NA
Johnson et al., 200821	The Schematic Appraisals Model of Suicide	2	SI & SA	NA	Emotional coping, situational coping, defeat, entrapment, and posttraumatic stress disorder	Social support	NA
Soloff et al., 200822	Theoretical Model of Suicidal Behaviour in Borderline Personality Disorder	3	SI & SA	HPA and 5HT dysregulation, brain volume loss	Impulsivity, aggression and poor social adjustment, borderline personality disorder, psychotic and schizotypal symptoms, posttraumatic stress disorder, and major depressive disorder	Childhood sexual abuse, physical abuse, separation from parents, recent life events, treatments, romantic relationships, children, and employment status	Risky suicidal ideation/behaviour in childhood and adolescence, head injury
Tailor et al., 201123	The Role of Defeat and Entrapment in Depression, Anxiety, and Suicide	3	SI & SA	NA	Defeat, entrapment, maladaptive coping strategies, low personal adequacy/inferiority/low ability to succeed, Hypervigilance/behavioural inhibition and low positive affect, major depressive disorder, posttraumatic stress disorder, social anxiety and other anxiety disorders, and psychosis	Stressors (traumatic events)	NA
Leung et al., 201524	An Integrated Model of Suicidal Ideation in Transcultural Populations of Chinese Adolescents	2	SI	NA	Emotional competence, social problem solving, and hopelessness	Family functioning	NA
Benson et al., 201625	A model of the suicide process based on experiential accounts	3	SI & SA	NA	Lack of trust, lack of inherent worth, and suicidal exhaustion	NA	NA
Lutz et al., 20177	A biological model: circuits implicated in suicide	3	SB	HPA dysregulation, altered cortisol response, altered glutamate signalling, serotonin dysregulation	Anxiety, impulsivity, cognitive ability, social integration, and depressed mood	Neglect or physical or sexual abuse	NA
Klonsky et al., 201812	The three-step theory of suicide	3	SI & SA	NA	Pain, hopelessness, connectedness, and suicide capacity	NA	NA
O'Connor et al., 201826	The integrated motivational-volitional model of suicidal behaviour	3	SI & SA	Vulnerability: decreased serotonergic neurotransmission, prescribed perfectionism, etc.	Defeat and humiliation+entrapmentOthers: Impulsivity, fearlessness, thwarted belongingness, burdensomeness, future thoughts…	Traumatic life events	Access to means, exposure to suicide, imagery, past suicidal behaviour, etc.
Hennings, 202027	The Reinforcement Model of Suicidality	3	SI & SA	Dysregulation in HPA	Surprise, fear, irrational beliefs/schemes, helplessness, hopelessness, panic, pain tolerance, fearlessness about death	Childhood abuse	History of previous SA
Mann et al., 202028	The Stress-Diathesis Model of Suicidal Behavior	2	SA	HPA abnormalities, neurotrophic and apoptotic deficits, neuroinflammation, glutamate and opioid system abnormalities, etc.	Subjective distress, impaired decision-making, learning/memory deficits, social distortion	Childhood and adulthood stress	Financial or interpersonal problems, exacerbation of psychiatric illness

Integrated Motivational-Volitional Model

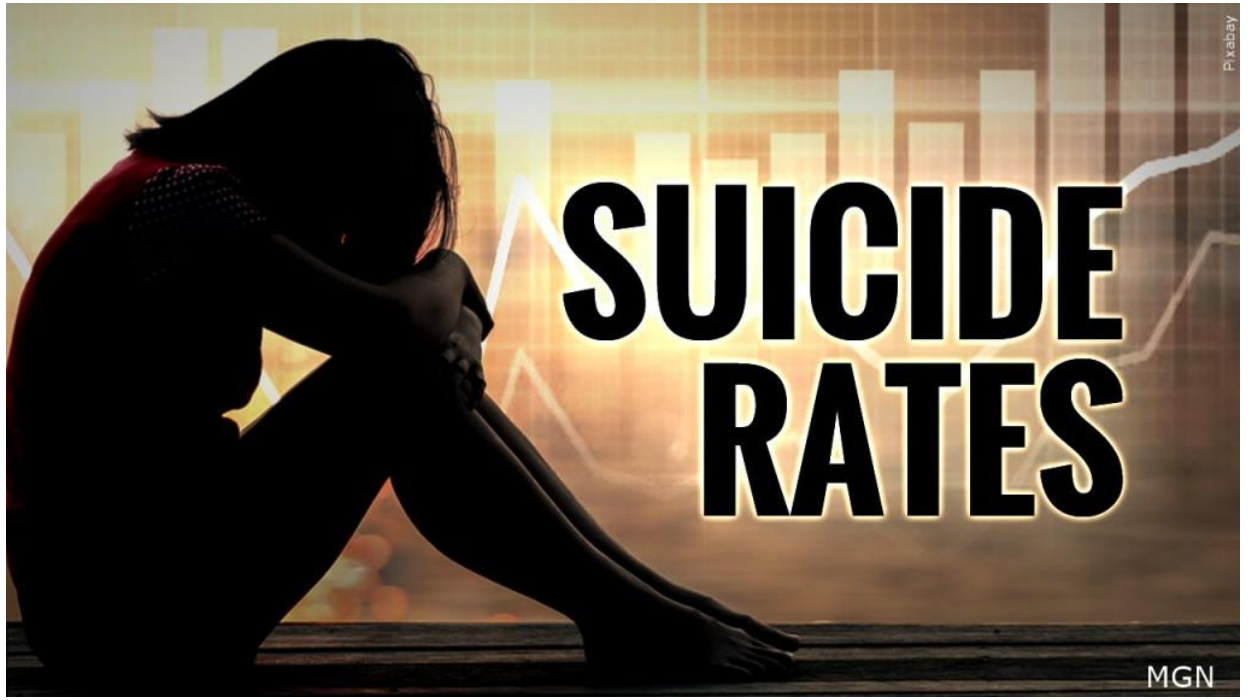
- The Integrated Motivational-Volitional Model of Suicidal Behaviour was first proposed in 2011 by Rory O'Connor (IMV; O'Connor, 2011) and it was refined in 2018 (O'Connor & Kirtley, 2018).
- "Although there have been many advances in understanding suicide risk in recent decades, our ability to predict suicide is no better now than it was 50 years ago. There are many potential explanations for this lack of progress, but the absence, until recently, of comprehensive theoretical models that predict the emergence of suicidal ideation…"
  - O'Connor & Kirtley (2018)
- Diathesis
  - A tendency to suffer from a particular medical condition.

Integrated Motivational-Volitional Model (IMV)



Social Support and Suicide

- Psychological Autopsy
  - Psychological autopsy in suicidology is a systematic procedure for evaluating suicidal intention in equivocal cases. It was invented by American psychologists Norman Farberow and Edwin S. Shneidman during their time working at the Los Angeles Suicide Prevention Center, which they founded in 1958.
  - Top Factors
    - Perceived lack of social support
    - Perceived burdensomeness
    - Perceived lack of hope



FACTORS THAT INCREASE SUICIDE RISK

Does Gender of the Correctional Officer Matter?

- Researchers Carter & Whittle (2023) wrote an article entitled "The Impact of Correctional Officer Gender on Prison Suicide."
- Correctional officers are critical members of the prison community. However, scholarship rarely considers how correctional officers contribute to prison outcomes.
  - "Viewing correctional officers as a singular body working to prevent suicide in a uniform way fails to acknowledge their complex and diverse nature."
- It is expected that the gender of correctional officers will impact corrections outcomes because women are likely to have humanistic orientations (i.e., treat incarcerated people humanely) in comparison to their male counterparts (Gordon, 2006). This expectation was built into the structure of corrections since women began working as officers in the United States in 1882 (Crank, 2015).
  - At that time, female officers focused on instructing incarcerated women on biblical study and domestic tasks (Crank, 2015).
- In the 142 years since, the numbers of women in corrections expanded to 28.2% of the workforce and their assignments have diversified as well.

FINDINGS

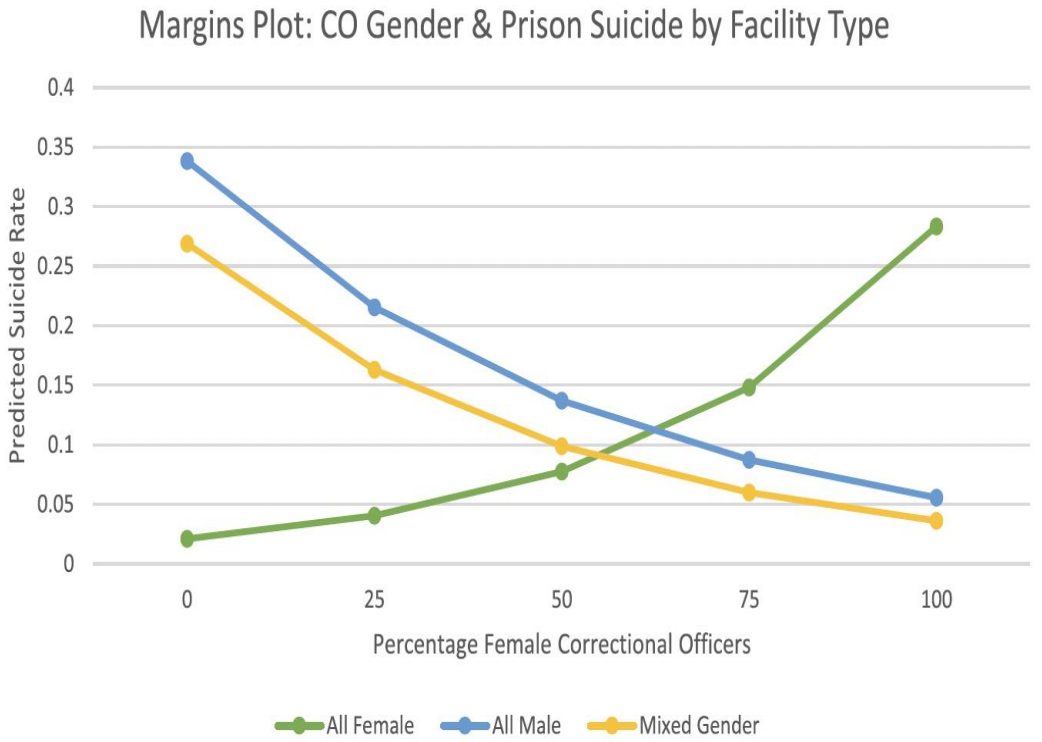


Fig. 1 This graph depicts a margins plot examining correctional officer binary gender and prison sucidie occcurences by facility type

Findings

- Our results find that gender diversity among officers is associated with a reduction in the rate of prison suicide.
- Directly addressing the research question, having a mixed gender correctional officer workforce is critical in reducing the occurrences of prison suicide.
- Additionally, the likelihood of suicide decreases as the ratio of correctional officers to incarcerated people levels out, resulting in an increase of supervision.
- It is noteworthy that the number of suicide prevention programs that an institution has in place did not significantly predict the likelihood of suicide in the multivariate model.
  - This may be because training programs are instituted as a response to high suicide rates, rather than as a purely preventative measure.

African American vs. White Inmates

- Lewis, Fedlock, Garthe, & Lee (2023) wrote an article entitled "Racial Differences in Suicidal Behaviors and Post-Suicide Attempt Treatment: A Latent Class Analysis of Incarcerated Men's Experiences"
- Community-based research has found racial differences in suicide attempts for Black and White men and in how men are treated after a suicide attempt; however, prison-based research has largely not explored such differences.
- This study examined racial differences in the circumstances of incarcerated men's suicide attempts and investigated health care disparities in staff responses to these suicide attempts.
- With administrative data from three state prisons over a 5-year period, we conducted a latent class analysis to explore patterns of suicide attempts for 207 incarcerated men.

Discrepancies

- Racist and discriminatory criminal legal practices related to policing, arrest, and sentencing continue to place the brunt of mass incarceration on Black men.
- Black men compared to other racial/gender groups are more likely to:
  - Be involved in the criminal legal system
  - Face harsher sentencing, and, even when sentenced, are placed in more secure facilities
- Given the disparities in incarceration rates, Black men's imprisonment rate is 6 times higher than White men, and nearly half of all Black men have been arrested by the age of 23.
- An assumption could be made that there is an abundance of research on Black men's suicidal behavior in prison. However, studies rarely focus on Black men or racial differences between incarcerated men to better understand the role of race and suicidal behavior.

Table 1 Chi-square differences between race, suicidal behaviors, and staff responses following a suicide attempt

	White men, *N* (%)	Black men, *N* (%)
Suicidal behaviors		
Multiple attempts	33 (28.4%)	25 (28.1%
Incident in segregation	54 (46.6%)	52 (58.4%)
Method: hanging or suffocation	30 (25.9%)	44 (49.4%)
Method: cutting	51 (44.0%)	28 (31.5%)
Method: lethal substance	42 (36.2%)	22 (24.7%)
Categorized as attempted suicide	78 (67.2%)	69 (77.5%)
Staff responses at the time of the incident		
Use of physical restraint	66 (56.9%)	57 (64.0%)
Misconduct report written	30 (25.9%)	24 (27.0%)
Medical facility called	113 (97.4%)	79 (88.8%)
Medical assisted civilian hospital called	88 (75.9%)	54 (60.7%)
Final disposition		
Resulted in segregation	48 (41.4)	45 (48.4%)
Stay at civilian hospital	37 (31.9%)	26 (29.2%)

* $p < 0.05$; ** $p < 0.01$

Findings

- White men have the highest rates of deaths by suicide in US prisons (29 out of 100,000 adults incarcerated in state prisons), compared to Black men (9 out of 100,000), Hispanic men (12 out of 100,000), and men of another race (8 out of 100,000).
- Black men were more likely than White men to use a method of hanging/suffocation for attempting suicide, and they were also commonly subjected to segregation when they attempted suicide.
- Black men were less likely to receive health care post-attempt than White men.
- Suggestions from researchers
  - Given the findings of this study, several key researches, practices, and policy directions are needed to prevent suicide and promote the health and well-being of incarcerated men, particularly incarcerated Black men.

Solitary Confinement & Suicide

- Narita, Koyanagi, Wilcox, & DeVylder (2023) wrote "Association of a History of Incarceration and Solitary Confinement with Suicide-Related outcomes in a General Population Sample From Two US Cities."
- They collected cross-sectional data from a general population sample in New York City and Baltimore in March 2017 of 1,221 individuals.
- Participants were categorized based on their history of incarceration and solitary confinement:
  - No incarceration
  - Incarceration-only
  - Incarceration plus solitary confinement
- We compared these three groups, utilizing hierarchical adjustments for sociodemographic factors and adverse childhood experiences

Findings

- Those who experienced both incarceration and solitary confinement consistently had higher odds of suicidal ideation and suicide attempts than never incarcerated individuals.
- Those who experienced incarceration without solitary confinement had higher odds of suicide attempts than never incarcerated individuals.
- Solitary confinement increased the odds of suicidal ideation even compared to incarceration without solitary confinement.
- Our findings support the need to address the higher likelihood of suicide-related outcomes among those in contact with the criminal justice system, and to consider alternatives to solitary confinement.

Extreme Heat Correlated with Suicide Rates

- Cloud and colleagues (2023) conducted a study entitled "Extreme Heat and Suicide Watch Incidents Among Incarcerated Men"
- This longitudinal case series panel study included adult men in prisons in Louisiana, a state with one of the largest prison systems in the United States that has been engaged in litigation due to lack of air conditioning and extreme heat.
- The observation period was January 1, 2015, to December 31, 2017. Data set construction occurred from August 2020 to September 2022, and analysis was conducted from December 2022 to February 2023.
- Daily maximum heat index data were categorized into 6 bins:
  - <30°F, 30–39°F, 40–49°F, 50–59°F, 70–79°F, and 80 °F

Findings

- The sample of 6 state-operated prisons provided 6,576 facility-days for the analysis.
- Compared with days with temperatures between 60 and 69°F, the rate of daily suicide incidents increased by 29% when the heat index reached the level of caution (i.e., 80–89°F) and by 36% when reaching extreme caution (90–103°F).
- Compared with other days, those with the extreme heat indicator were significantly associated with a 30% increase in the incident rate of daily suicide-watch incidents.
- Findings suggest an association between extreme heat and an indicator of suicidality among an incarcerated sample, contribute to an emerging literature exploring linkages between climatological events and health outcomes in prisons, and may have implications for legal interventions and advocacy seeking to abate heat-induced morbidity and mortality in carceral contexts.

Increased Risk of Suicide

- Pedrola-Pons et. al (2024) identified the following regarding incarcerated individuals:
  - Increase in suicidal behavior occurs when feelings of defeat and entrapment are high and the potential for rescue (i.e., social support) is low.
- Additionally, limited amounts of each of the following increased the risk for an individual to unalive themselves:
  - Coping strategies
  - Problem solving skills
  - Third-party support (rescue potential)
- This research speaks to incarcerated populations, however, is this not true of other populations?

Research from Across the Pond

- Researchers Vanhaesebrouck, Fovet, Melchior, and Lefevre (2024) completed a study entitled "Suicide Following a Conviction, Solitary Confinement or Transfer in People Incarcerated: A Comprehensive Retrospective Cohort Study in France, 2017-2020"
- They reviewed data provided to them by the National Prison Service and French Ministry of Justice regarding incarcerated individuals in France.
- Key terms include Disciplinary Solitary Confinement (DSC) and Non-Disciplinary Solitary Confinement (NDSC).
- Findings indicate that high proportions of suicide were reported for incarcerated persons:
  - Placed in DSC or after disciplinary sanctions
  - Before or after new convictions or criminal case events
  - After a transfer
  - After new family difficulties
  - After a conflict with another incarcerated person
  - After discharge from health care

Suicide Rates Within the French Penal System

- Any time spent in DSC or NDSC was positively associated with increased rates of suicide.
- The risk of suicide was very high the first day of DSC.
- Suicide risk was higher in the two weeks following a placement in NDSC or transfer.
- Suicide risk was lower in the two weeks following conviction with a firm prison sentence.
- Previous research has shown that solitary confinement leads to social isolation, loss of identity, sensory deprivation and idleness, and is associated with adverse psychological effects such as subsequent post-traumatic stress disorder (PTSD).

Dehumanization

- Robison, Abderhalden, & Joiner (2024) completed research entitled "Dehumanization and the Association with Nonsuicidal Self-injury and Suicidal Ideation in an Incarcerated Population."
- This study assessed the perception of dehumanization from officers by those currently incarcerated.
- Across two jail settings (n = 410), self-report surveys were administered asking questions relating to perception of officer dehumanization alongside aspects of nonsuicidal self-injury (NSSI) and suicidal ideation.
- The findings indicate that perceived officer dehumanization is associated with:
  - NSSI thoughts
  - Actively seeking NSSI
  - Suicidal ideation
  - Not with NSSI (not actually engaging)
- How do we interpret these findings?

Your Perception is Your Reality

- Abderhalden & Alward (2024) wrote "Jailed Individuals' Perceptions of Procedural Justice and Suicidal Ideation: An Empirical Examination."
- Although prior research acknowledges the influence of individual characteristics, less research has examined how perceptions of procedural justice relate to individuals' maladaptive behavior while incarcerated.
- New research has included self-injurious thoughts and behaviors as an outcome of perceived procedural justice for incarcerated individuals
- This study expands on prior work, by exploring perceptions of procedural justice related to SI using a jail sample from the United States (n = 397).
- We found strong support that higher perceptions of procedural justice are related to reduced frequency of suicidal ideation in jail.

Analyzing the "Why"

- Cain & Ellison (2024) wrote "Identifying Individuals at Risk of Suicide and Self-harm in Jail"
- There is little research to date on the risk factors for jail detainees engaging in suicidal and/or self-harm behavior while incarcerated.
- Using logistic regression, we examine the risks factors for attempting and threatening suicide and/or self-harm during incarceration using a mixed-sex sample of 736 individuals incarcerated in a large metropolitan jail in the Midwest using the lens of the Interpersonal Theory of Suicide (ITS)
- We found support for ITS, as individuals with higher perceived burdensomeness and thwarted belongingness were more likely to attempt and/or threaten suicide and self-harm
- Factors associated with higher odds of threatening or attempting suicide and self-harm:
  - Mental health issues
  - Drug dependence
  - Direct and indirect victimization in jail
  - Psychological distress

CURRENT ISSUES IN THE AMERICAN PENAL SYSTEM

Where is the Data?

- LeMasters (2023), "Suicides in State Prisons in the United States: Highlighting Gaps in Data"
- Suicide data for each state prison system from 2017–2021 were gathered through statistical reports, press releases, and Freedom of Information Act requests. We graded states based on data availability.
- Only 16 states provide updated, frequent, granular, freely provided suicide data.
- 13 states provided frequently updated data but that had little granularity, was incomplete, or was not freely provided.
- 8 states provided sparse, infrequent, or outdated data
- 13 provided no data at all.
- The 2000 Death in Custody Reporting Act requires that states provide these data freely, yet the majority of states do not. There is a need for reliable, real-time data on suicides, suicide attempts, and conditions of confinement to better understand the harms of the carceral system and to advocate for change.

Poor Mental Health

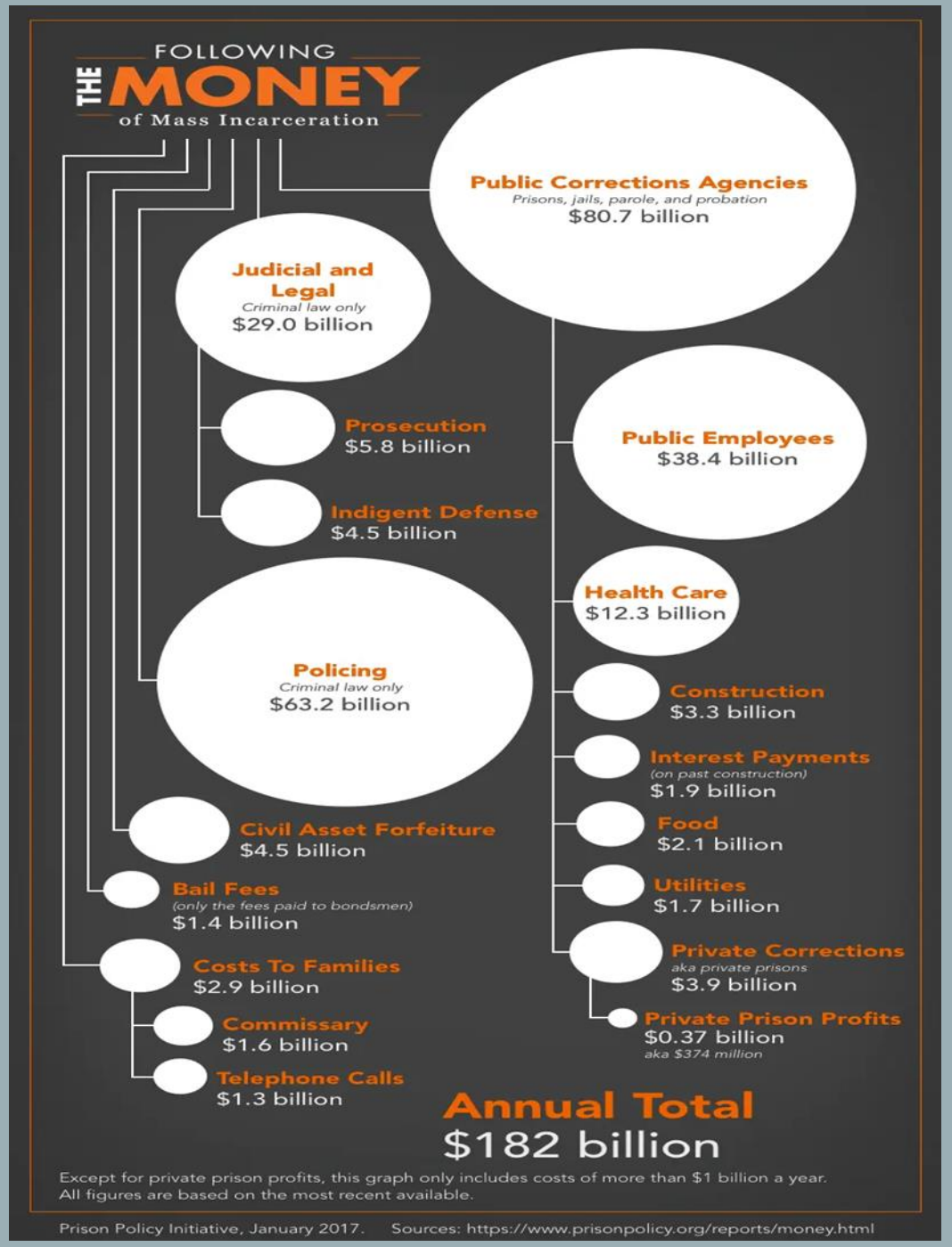
- LeMasters et. al., (2024) wrote "Suicide Mortality Among Individuals in Federal Prisons Compared with the General Population: A Retrospective Cohort Study in the USA From 2009 to 2020"
- "Suicide is one of the leading causes of death in US prisons."
- Their objective was to compare reported suicides rate among those incarcerated in federal prisons and the general population, accounting for age distributions, before and during the COVID-19 Pandemic (2009–2020).
- Prior to incarceration, these individuals have a high burden of severe stressors including:
  - Substance use
  - Unemployment
  - Homelessness
- All of these aforementioned factors contribute to a disproportionate burden of poor mental health.

Findings

- In federal prisons, 245 deaths were reported as suicides from 2009 to 2020
  - 5% of federal prison deaths
- From 2009 to 2020, the observed suicide rate in prisons increased from 10.57 to 19.01 per 100,000 and the crude suicide rate in the general population increased from 15.41 to 17.26 per 100,000.
- After age standardization, the observed suicide rate in prisons was lower than the suicide rate in the general population between 2009 and 2019, but surpassed it in 2020.
- In 2020, we observed 1.07 times the number of suicides than we would expect if the prison population had the same age-stratified risk of suicide as the general population.
- In 2020, the age-standardized suicide rate in prison surpassed that of the general population, despite the incarcerated population being under high surveillance.
- To improve public health, decarceration community-based mental healthcare are promising solutions.
- Additionally, there is an urgent need for improved cause of death reporting quality in prisons.

Where is the Funding?

- According to the Bureau of Justice Statistics, the United States spends $81 billion a year on mass incarceration.
- Overall, the Federal Bureau of Prisons (BOP) was funded at $8.7 billion (in 2023), an increase of $582.6 million, or 7% more than the fiscal year 2022 enacted level, and includes funding for programs to allow prisoners to reenter society successfully as well as communications and security upgrades and other maintenance and repairs in federal prison facilities.
- U.S. Representative Matt Cartwright (PA-08), chair of the House Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies, successfully secured $180,460,000 in additional funding for the Federal Bureau of Prisons (BOP) in the 2023 Government Spending Package to sustain and increase BOP recruitment and hiring efforts nationwide.
- "It has been ten years since my son Officer Eric Williams was brutally murdered by an inmate at USP Canaan. Eric was working alone in a housing unit of 125 high security inmates when he was killed. Had there been a second officer on hand, the outcome may have been very different."
  - Donald Williams, father of the late Senior Officer Eric Williams.
- The US Department of Justice (2024)
  - Research shows that inmates who participate in correctional education programs have 43% lower odds of returning to prison than those who do not, and that every dollar spent on prison education saves four to five dollars on the costs of re-incarceration.



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INTERVENTION

Prevention Programs

- Stijelja & Mishara (2022), "Preventing Suicidal and Self-injurious Behavior in Correctional Facilities: A Systematic Literature Review and Meta-analysis."
- This review found evidence supporting the efficacy of suicide and self-harm prevention programs in correctional settings.
- On average, the incidence of suicide, self-harm behaviors and suicidal ideation all decreased significantly following their implementation.
- Concerning suicide deaths, five out of the seven pooled studies proposed multicomponent suicide prevention strategies.
  - This is in line with the understanding of suicide as a multifaceted phenomenon.
- Only one study evaluated a culturally-sensitive prevention program.
  - The paucity of studies evaluating the effectiveness of culture- and gender-specific interventions is unfortunate, notably because Indigenous (Aboriginal) prisoners have a higher prevalence of suicide attempts than non-Indigenous prisoners.

Findings

- 1) Screening of inmates
- 2) Staff training in CPR and in crisis-intervention
- 3) Supervision of high-risk inmates
- 4) Proper communication between staff and inmates
- 5) Post-suicide administrative reviews
- 6) Staff debriefing
- 7) Improved clinical procedures
- 8) Ameliorated process for reviewing suicides
- 9) Restricted access to means
- 10) Provision of mental health treatment and support to inmates.

Risk Assessment & Prevention

- Perugino, Turano, & Lester (2023) wrote "Suicide in Jails and Prisons. In Suicide Risk Assessment and Prevention."
- Some of the risk factors are already present in the prisoners prior to their imprisonment and are then "imported" into prison, making the prisoners a particularly vulnerable population.
  - The presence of a psychiatric disorder is one of the most common.
- Moreover, there are other highly stressful factors that are specifically related to detention. An additional factor is the fact that prisons are often left out of community mental health programs.
- There are several prevention strategies reported in literature that need to be examined:
  - Training of prison staff
  - Prisoners' screening and observation
  - Communication between staff members
  - Creation of a positive prison environment
  - Adequate connections with mental health services,
  - Debriefing in case of suicide occurrence.

Empirically Supported Psychological Interventions

- Pedrola-Pons et. al (2024) and colleagues, entitled "Efficiency of psychological interventions in the prevention of suicidal behavior and self-injury in penitentiary population: A systematic review"
- Metanalysis from 1990 to 2022
  - 44,050 potential studies were identified.
  - 18 were included in this systematic review
  - 14 studies showed efficacy of intervention programs on self-injury behavior.
- Findings
  - The use of Cognitive Behavioral Therapy (CBT) reduced suicidal ideation.
  - In addition, positive results were observed in 3 studies using third-generation therapies as an intervention.
    - Dialectical Behavior Therapy (DBT)
    - Acceptance and Commitment Therapy (ACT)
    - Functional Analytic Psychotherapy (FAP)
    - Mindfulness

Tenets of Interventions

- Cognitive Behavioral Therapy (CBT)
  - Psychoeducation about anxiety and feared situations.
  - Cognitive restructuring to address maladaptive thinking and learning coping skills and focused thinking.
  - Somatic management techniques (relaxation training).
  - Gradual, systematic exposure to feared situations.
  - Behavioral activation.
- Dialectic Behavior Therapy (DBT)
  - By exploring the principles of dialectics, mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness, individuals engaging in DBT can cultivate the skills needed to navigate life's challenges more effectively and build a healthier, more balanced life.

Tenets of Interventions

- Acceptance and Commitment Therapy (ACT)
  - Defusion (looking at thoughts rather than from thoughts), acceptance, self as context (people are not the content of their thoughts or feelings), contact with the present moment, values, and committed action.
    - The goal of ACT is to create a rich and meaningful life, while accepting the pain that inevitably goes with it.
- Functional Analytic Psychotherapy (FAP)
  - A contextual, behavioral, relational approach to psychotherapy in which therapists focus on what happens in session between the client and therapist to shape the interpersonal behaviors, emotional awareness, and self-expression necessary for clients to create and maintain close relationships and to live meaningful lives.

Tenets of Interventions

Mindfulness

- Non-judging: Be an impartial witness to your own experience. Become aware of the constant stream of judging and reacting to inner and outer experience.
- Patience: A form of wisdom, patience demonstrates that we accept the fact that things sometimes unfold in their own time. Allow for this
- Beginner's Mind: Remaining open and curious allows us to be receptive to new possibilities and prevents us from getting stuck in the rut of our own expertise
- Trust: Develop a basic trust with yourself and your feelings. Know it's OK to make mistakes
- Non-Striving: The goal is to be with yourself right here, right now. Pay attention to what is unfolding without trying to change anything
- Acceptance: See things as they are. This sets the stage for acting appropriately in your life no matter what is happening
- Letting Go: When we pay attention to our inner experience, we discover there are certain thoughts, emotions and situations

Peer-Delivered Suicide Prevention

- Buck et al. (2023) created study entitled "Prisoners on Prisons: Experiences of Peer-delivered Suicide Prevention Work"
- Peer support work – undertaken by prisoners with prisoners – increasingly forms part of prison suicide prevention strategies in countries including the United Kingdom (Buck, 2020), the Republic of Ireland (Griffiths and Bailey, 2015), France (Auzoult and Abdellaoui, 2013), Canada (Hall and Gabor, 2004) and Australia (Hinde and White, 2019).
  - Why has this not been more implemented in the United States?
- Findings
  - The riskiness of prison peer support
  - Inconsistencies in training and conditions
  - The importance of (supported) peer provision
  - Proposals for safer service development.
- "Revealing overlooked limitations including traumatization through 'volunteering'"

Riskiness of Peer-Support

- There are distinctive risks of prison volunteering including intimidating environments, high expectations fraught relationships.
  - "I don't know this space. I don't trust you as a prisoner. I don't trust you as a member of staff…my experience of people in uniform has not been about trustworthiness, it's about bullying and authority and lack of respect."
- When working as peer supporters, authority figures become simultaneously jailers and colleagues, often leading to ambiguity and mistrust…managing cynicism and mistrust from prison officers and other prisoners in addition to the work itself.
  - "I didn't push to get involved because often [volunteers] were asked to pass drugs around the wing. There was all the manipulation and bullying that went on behind the scenes."
- Volunteers can be left to undertake acute suicide prevention work in the middle of the night, in the absence of support. They could also be required to go to work the next day with very limited rest. As a result, volunteers often felt used and unsupported.

Secondary Traumatic Stress (STS)

- "Someone wants to see me in her room, which is pitch black at one PM…she rises, and crying, hugs me tightly, this rarely happens in prison. Suddenly, her body turns to a dead weight, and we fall to the ground. I am covered in blood; she has cut both her wrists."
- "I shout the officers as I can't reach the bell; no-one comes for a couple of minutes. Prisoners come rushing first, it is five minutes before any officers come. I am trying desperately to wrap her wrists in bedsheets. When the officers arrive, they grab me and fling me against the wall while they attend to her."
- "She is screaming, they drag her out and off the wing, not an ounce of care. I remember a trail of blood on the landing. There are no officers on the wing now. I am left covered in blood, hoping she is ok. An officer returns and I am locked in my dorm; the officer asks if I am ok as we walk – "I don't know! Is she ok? Where is she? Is she still alive?" …the response is "I don't know.'"
- I am locked in for three hours with the rest of the wing for security purposes. That was it, no: "do you need to speak to anyone? do you want a quick shower?" Not even the smallest aftercare. I'm left thinking maybe it was my fault; did I say the right thing? These questions will remain unanswered in my head…. This event will always stay with me, but it needs to be shared – for learning and development."

Quotes from Study

- "Former volunteer: They just needed someone to talk to, and to show a bit of empathy…. It's really needed. No-one trusts officers and so you need that peer aspect, but then you have to support that."
- "You realize to get parole or…get out of this prison and see my kids, [I need] something good on my record…So that must subconsciously influence the choice of roles…do providers know that? That there is this pressure to go into those roles?"
- "Those girls that I used to go out to, they used to slash their faces all the time, it really upset me, I used to say to them 'you've got your whole life ahead of you, don't slash your beautiful face'…the thought of removing this one thing (Listening), this one person that they have, to talk to, and that they feel safe with…I don't know…"

Recommendations

- Safe opportunities for suicidal and distressed prisoners to be listened to should not sacrifice peer supporters' well-being.
- Policymakers and providers to acknowledge and work to reduce the potential for secondary and vicarious trauma within peer support.
- Comprehensive volunteer training could introduce these concepts so that prisoners can make informed decisions about taking part.
- Voluntary organizations to regularly review volunteer experiences and mobilize this knowledge to stimulate changes in and beyond prisons.

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QUESTIONS OR ANY ANSWERS?