

Avoiding Obstacles to Prevention

Lindsay M. Hayes

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My experience has been that negative attitudes often impede meaningful suicide prevention efforts. Such attitudes form *obstacles to prevention*, and can be seen on both a local and universal basis. Simply stated, obstacles to prevention are empty excuses that inmate suicides, while tragic, cannot be prevented. For example, a **Local Obstacle**, espoused by a jail facility administrator or sheriff, might sound something like this:

- "If someone really wants to kill themselves, there's generally nothing you can do about it;"
- "There's no way you can prevent suicides unless you have someone sitting watching the prisoner all the time, and no one can afford to be a baby sitter;"
- "We didn't consider him suicidal, he was simply being manipulative and I guess it just went too far;"
- "If you tell me you're suicidal, we're going to have to strip you of all your clothes and house you in a bare cell;"
- "Suicide prevention is a medical problem...it's a mental health problem...it's not our problem."
- "Our concern is more if we suspect foul play...we always go back and review our policies and procedures to see if there's anything we could do to prevent it... I have no idea why they do it. If I ever did, I could probably do a better job of preventing it."

In another example, both a jail commander and local police chief provided the following comments after a recent inmate suicide:

- "I suppose that with fewer prisoners in jail, the jailer on duty would make his rounds more frequently. However, the current policy we follow states that the jailers make routine inspections every 20 to 30 minutes. Generally, that is not enough time for prisoners to hurt themselves." (*Jail Commander*)
- "There was nothing unusual about the arrest. I was very satisfied with the way the officers involved handled the situation. The only real unanswered question is why the inmate chose to do what he did. Personally, I do not believe it is any of the police department's business nor is it in the scope of our employment to determine why." (*Police Chief*)

Then there are **Universal Obstacles** to prevention — regressive attitudes that are far more dangerous because of their far-reaching ability to negatively influence correctional policy on a larger scale. We often find the roots of this attitude in both the academic and/or psychiatric communities:

- “Statistically speaking, suicide in custody is a rare phenomenon, and rare phenomena are notoriously difficult to forecast due to their low base rate. We cannot predict suicide because social scientists are not fully aware of the casual variables involving suicide;”
- “Even those skilled mental health professionals, who have the time for extensive personal interaction with troubled individuals, either cannot forecast suicide or are unable to prevent patient suicide even if it had been somewhat anticipated;”
- “To speak bluntly, custodial suicide may constitute less a readily solvable problem than a situation which, in view of our present knowledge and our financial limitations, may be expected to continue.”

There are numerous ways to overcome these obstacles, the most powerful of which is to demonstrate prevention programs that have effectively reduced the incidence of suicide and suicidal behavior within jail facilities. As once described in our **Jail Suicide/Mental Health Update** (Volume 8, Number 1, 1998) newsletter, I had the opportunity to visit the Orange County Jail System in Santa Ana, California. With over 5,000 inmates, it is the 12th largest jail system in the country, and 3rd largest in California. During a recent 10-year period, over 831,040 were processed through the system and only 5 inmates successfully committed suicide. The Orange County Jail system had the lowest suicide rate (9.4 deaths per 100,000 inmates) of any large jail system that I had ever seen. Why? Because there were no obstacles to prevention. As bluntly stated by the jail commander:

“When you begin to use excuses to justify a bad outcome, whether it be low staffing levels, inadequate funding, physical plant concerns, etc. – issues we struggle with each day – you lack the philosophy...that even one death is not acceptable. If you are going to tolerate a few deaths in your jail system, then you’ve already lost the battle.” (Jail Commander, Orange County, California)

We recently completed a national study on inmate suicides for the U.S. Justice Department that found an almost three-fold decrease from a previously reported rate 107 suicides per 100,000 inmates in 1986 to 38 suicides per 100,000 inmates in 2006 (National Study of Jail Suicides: 20 Years Later, 2010) This reduction in the jail suicide rate is extraordinary and there may be several explanations. During the past several years, prior national studies of jail suicide have given a face to this long-standing and often ignored public health issue within our nation’s jails. Findings from these studies have been widely distributed throughout the country and eventually incorporated into suicide prevention training curricula. The increased awareness to inmate suicide is also reflected in national correctional standards that now require comprehensive suicide prevention programming, better training of jail staff, and more in-depth inquiry of suicide risk factors during the intake process. Litigation has also persuaded (or forced) counties and facility administrators to take corrective actions in reducing the opportunity for future deaths. Finally, such increased awareness and better attitudes regarding suicide prevention have resulted in fewer deaths. Therefore, the antiquated mindset that “if someone really wants to kill themselves, there’s generally nothing you can do about it” should forever be put to rest.