



SAVING LIVES

SUICIDE PREVENTION STRATEGIES

Managing Prison Context

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Summary

Suicide Prevention Strategies





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Scientific Evidences

1. Suicide in the World (scientific evidence)

- Suicide is one of biggest public health problem and has been a major cause of violent death in prisons around the world
- 2nd cause of death, in young people, between 15 and 29 years
- At the beginning of the 21st century, according to WHO about 1 million people committed suicide / year (it is estimated that in 2020 \approx 1.5 million)
- The worldwide incidence points out to 3000 suicides per day, representing one death every 40 seconds
- Universally 3.5 / 4 (Male): 1 (Woman)
- The psychological, social, and financial impact of suicide on a family / community is immeasurable
- Suicide has a major impact on at least 5/6 significant people.

2. Suicide in Prison Context (scientific evidence)

- Suicide is the major cause of violent death in prisons around the world
- Hanging is the most common method used inside prisons, followed by the ingestion of psychotropic medication and ingestion of external bodies
- Prevalence of Mental Health Disorders in inmates that committed suicide:
 - An investigation by Rivlin et al. (2010) in English prisons with 60 inmates who had committed more lethal Suicide Attempts (AS) and 60 prisoners who did not have committed SA, concluded that the existence of mental health problems, especially depression, psychosis, anxiety and psychoactive substance abuse, are associated with more lethal suicide attempts.
 - Another study developed by Neves (2010) at the Prison Hospital (Lisbon), with three groups of inmates with self-injurious behaviours (hunger strike, ingestion of external bodies and self-mutilation) revealed a marked psychopathological symptomatology, specially depression, paranoid ideation, psychoticism, anxiety and hostility.

3. Suicide in Prison Context (scientific evidence)

- Prisons with more structured occupational activities and rehabilitation programs have fewer suicides;
- Peer support can add value to prevent suicide;
- The existence of strict statistical records and their analysis are of great importance;
- Isolation is a strategy to avoid for inmates in risk of suicide;
- Identification of inmates at risk requires specific preparation and training;
- The emphasis of prevention should be placed in the early stages of detention and maintained throughout the sentence;



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Contextual Risk Factors

Risks related to individual characteristics :

1. Personal factors:
 1. Suicidal ideation
 2. Structured plan
 3. Mental disturbance
 4. Previous suicide attempt
 5. Consumption of alcohol and / or drugs of abuse
 6. Depression; melancholy; Great sadness; Hopelessness (talking a lot about death, everything seems negative, lost, ...);
 7. Persistent insomnia, anxiety or permanent distress;

Risk Factors related to imprisonment:

2. Social factors:

1. Important changes in the individual's life, such as separation / divorce.
2. Difficulties of relationship and integration in the prison dynamics;
3. Social withdrawal or isolation;
4. Poor family ties.

3. Factors related to the context:

1. Easy access to facilitators (ropes, specific objects)
2. Say goodbye, as if we did not see him again;
3. Offer valuables or personal property;



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International Recommendations

RECOMMENDATIONS FROM WHO FOR PRISON SUICIDE PREVENTION PLAN

- Responding appropriately to the inmate in a suicidal crisis;
- Pay attention to the environment and conditions in general (activity, safety and relationship between inmates);
- Managers should devise strategies to minimize bullying, stress and other forms of violence and maximize mutually supportive relationships with inmates;
- Written procedures that establish minimum requirements for the housing of inmates of high suicidal risk;
- Provision of social support for inmates: routine, visual control and constant observation of individuals with self-harm behaviours;
- Communication internal strategies
- Increase strategies of early detection, monitoring and management of suicide-risk prisoners.



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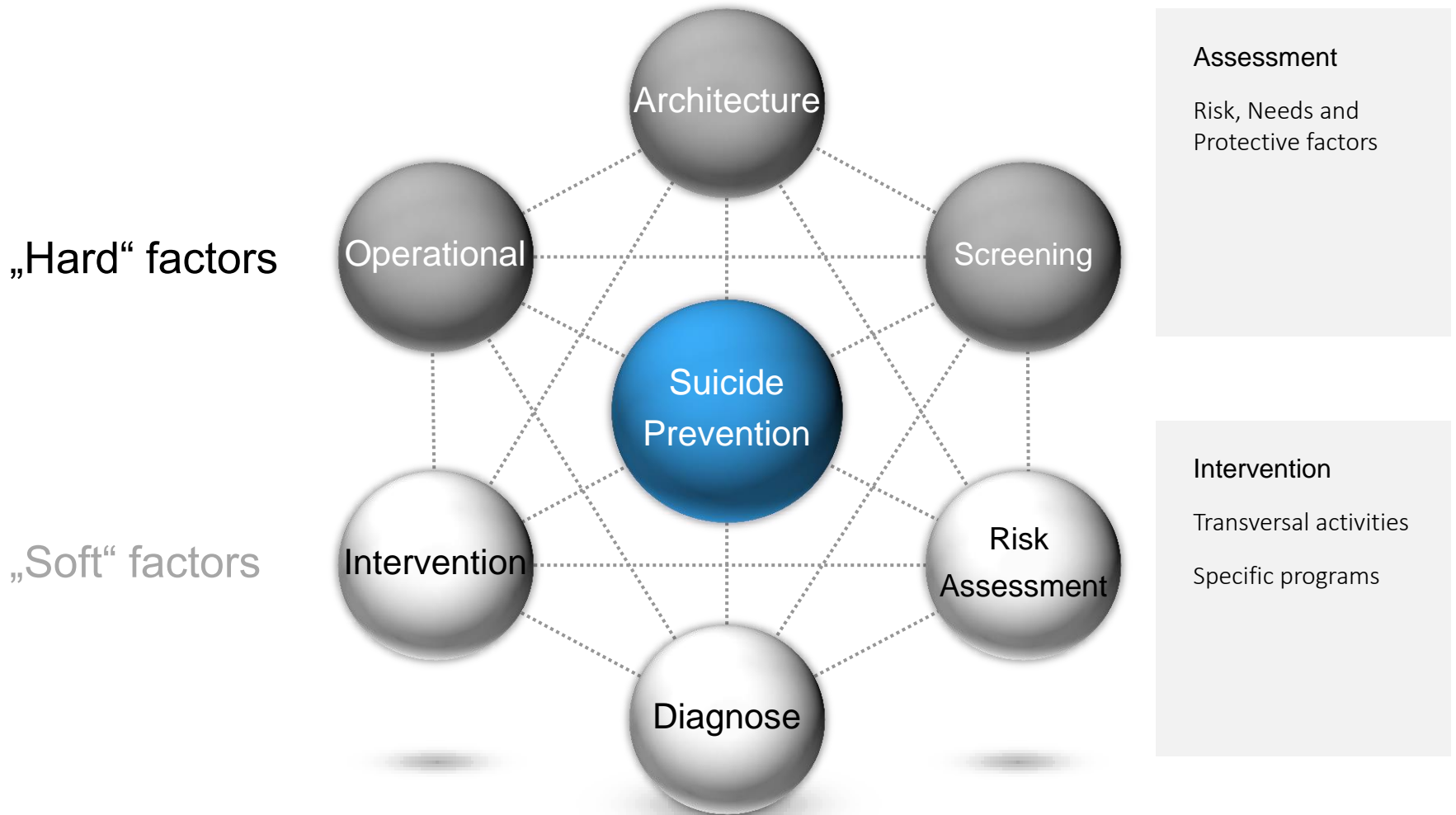
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Suicide Prevention Strategies

Suicide Prevention Strategy

Prison Context

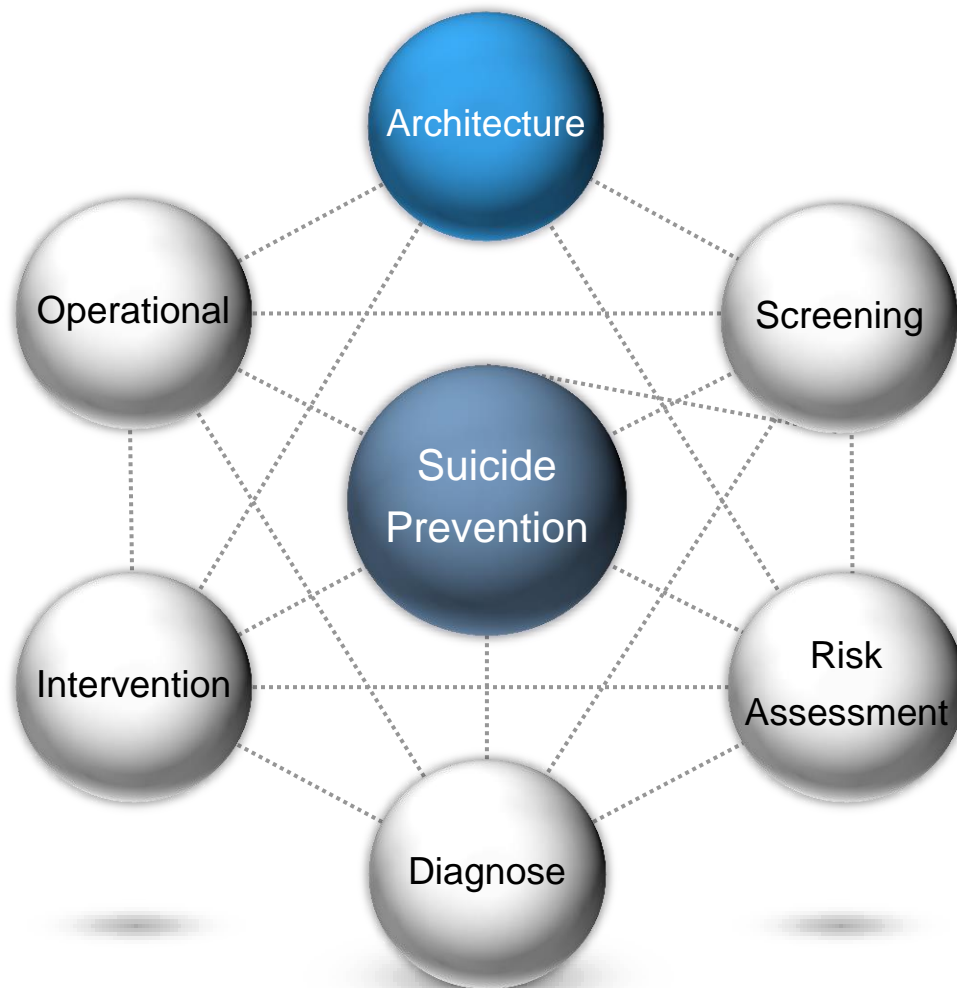


Suicide Prevention Strategy

Prison Context

Architecture

- Evaluation of the structural vulnerabilities of the Prison Establishment
- Removal of critical items:
 - Bars:
 - Removal or protect the direct access
 - Suspension points:
 - Removal of the television supports hanging on the walls
 - Removal of sharp edges
- Building of new prisons/units in cooperation with specialized advisors

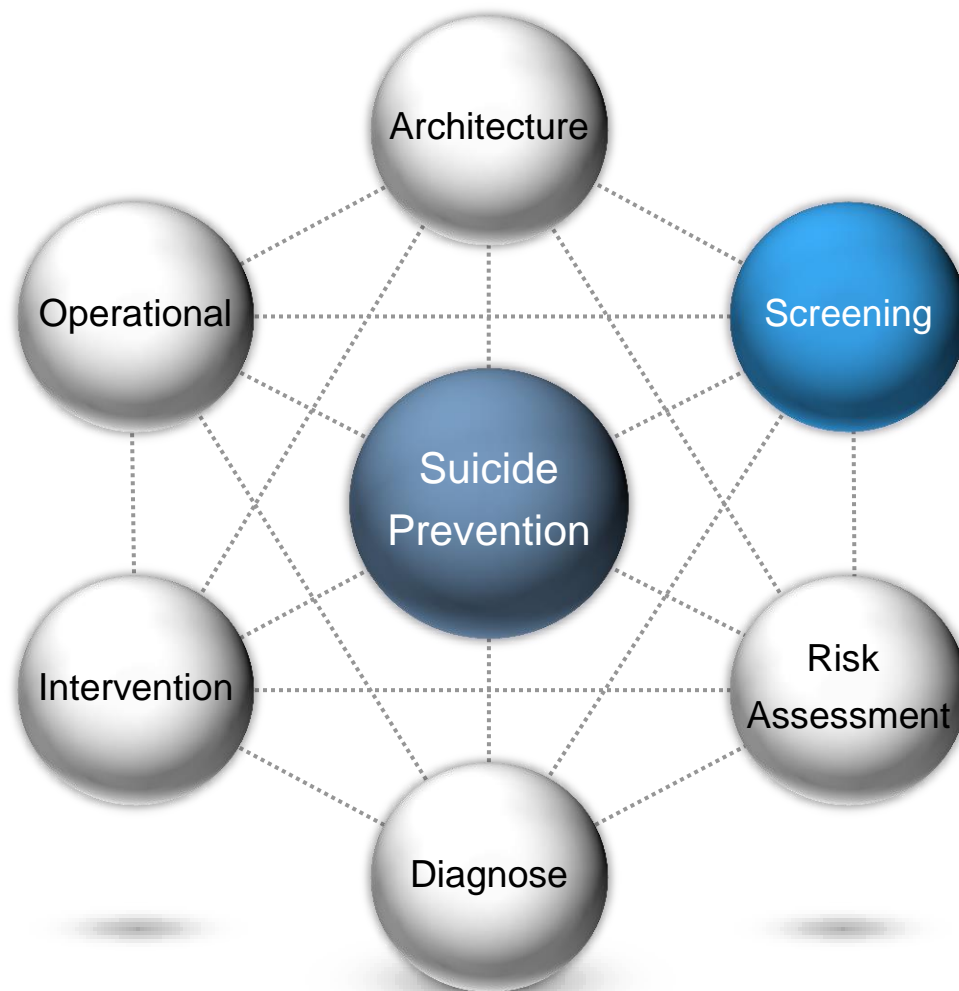


Suicide Prevention Strategy

Prison Context

Screening

- Application of instruments for early detection of signs and symptoms of suicide-risk:
 - Drunkenness, narcotic or psychotropic intoxication, affective lability, ideas of death.
- Direct observation of external signs of vulnerabilities:
 - Recent scars, trauma, bleeding, etc.
- Efficient referral of inmates in risk of suicide

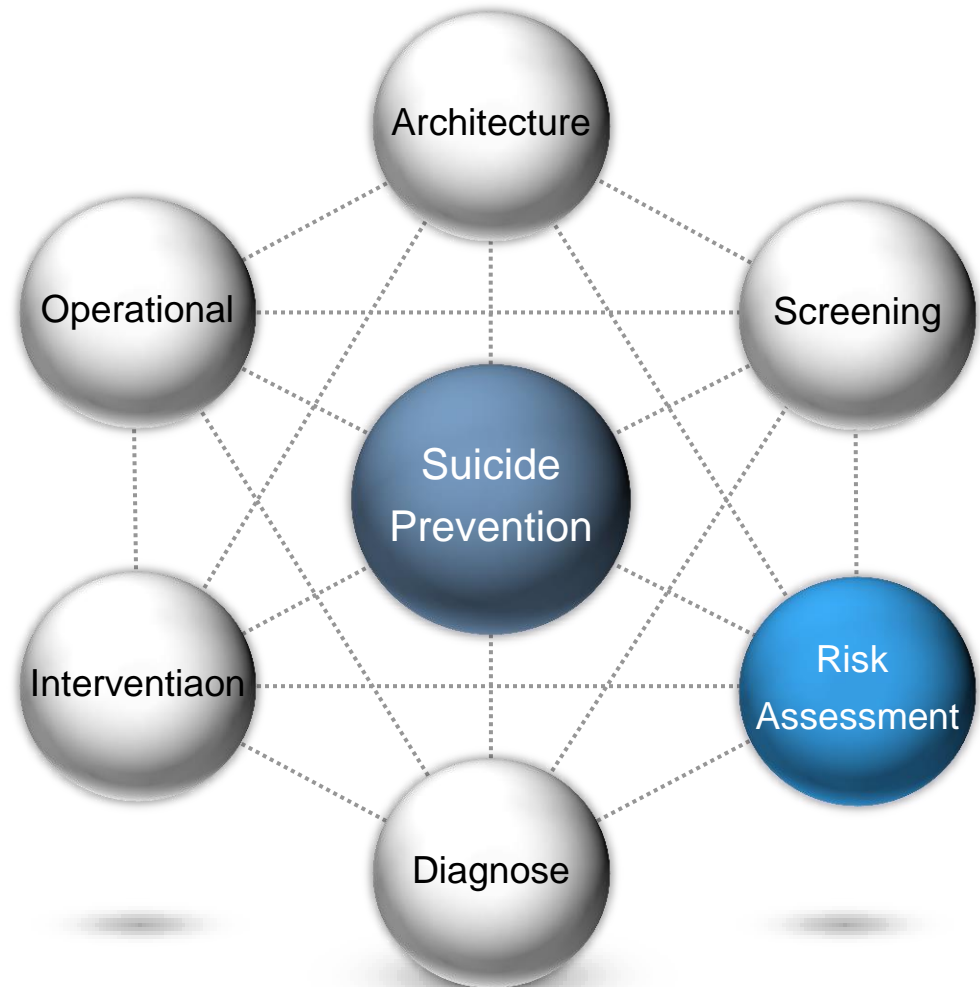


Suicide Prevention Strategy

Prison Context

Risk Assessment

- Professional assesement of risk factos:
 - Personal history of suicide attempts.
 - Feelings exacerbated of guilt.
 - Feelings of hopelessness and fear about physical integrity.
 - Suicidal ideation.
 - Socio-family relationships.
 - Coping skilss.
 - Legal situation and type of crime.

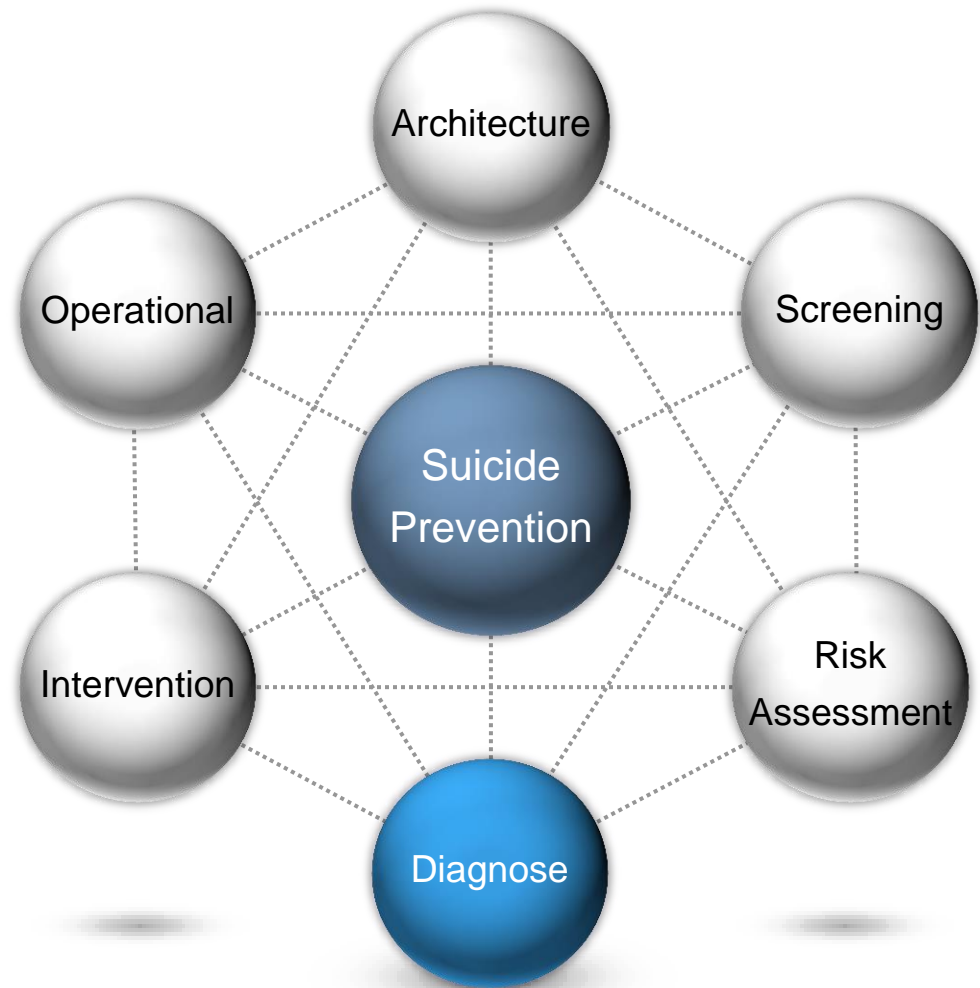


Suicide Prevention Strategy

Prison Context

Diagnose

- Conduct survey of clinical files of inmates under psychotropic treatment.
- Therapeutic review every 6 months.
- Medical and psychopathological diagnosis of suicide risk:
 - Mood Disorders (Major Depression).
 - Personality Disorders (Dependent, Borderline)
 - Substance abuse and addictions.
 - Impulsivity; Low resistance to frustration.
 - History of psychiatric hospitalizations.



Suicide Prevention Strategy

Prison Context

Intervention

- Development of structured occupational activities and programs for all inmates.
- Periodic risk assessment.
- Development of support groups of discussion and reflection of subjects subordinated to feelings and emotions for inmates with suicide-risk.
- Building residential unit for temporary housing of inmates with suicide-risk.
- Implementation of peer-mentoring support programs for inmates with suicide-risk.

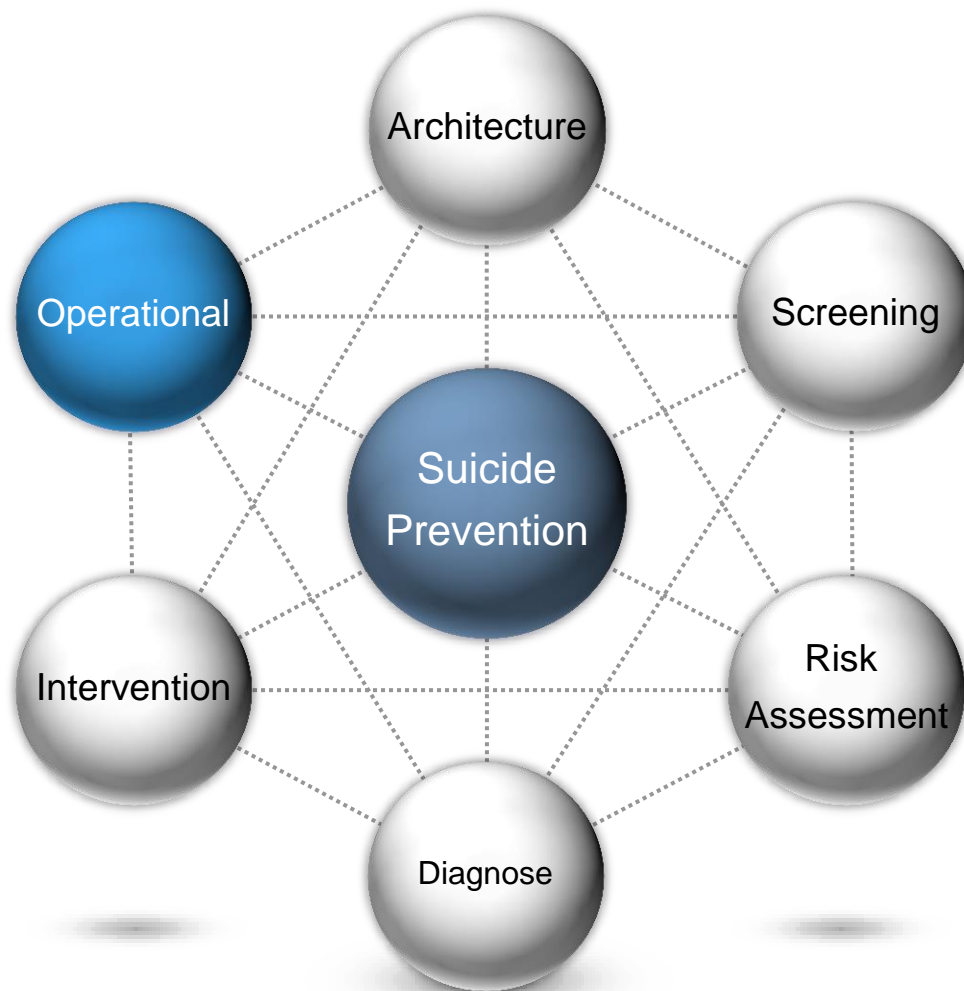


Suicide Prevention Strategy

Prison Context

Operational

- Constitution of local teams of specialized staff in preventing suicide.
- Development of a regional support network.
- Monitoring and evaluation of the phenomenon.





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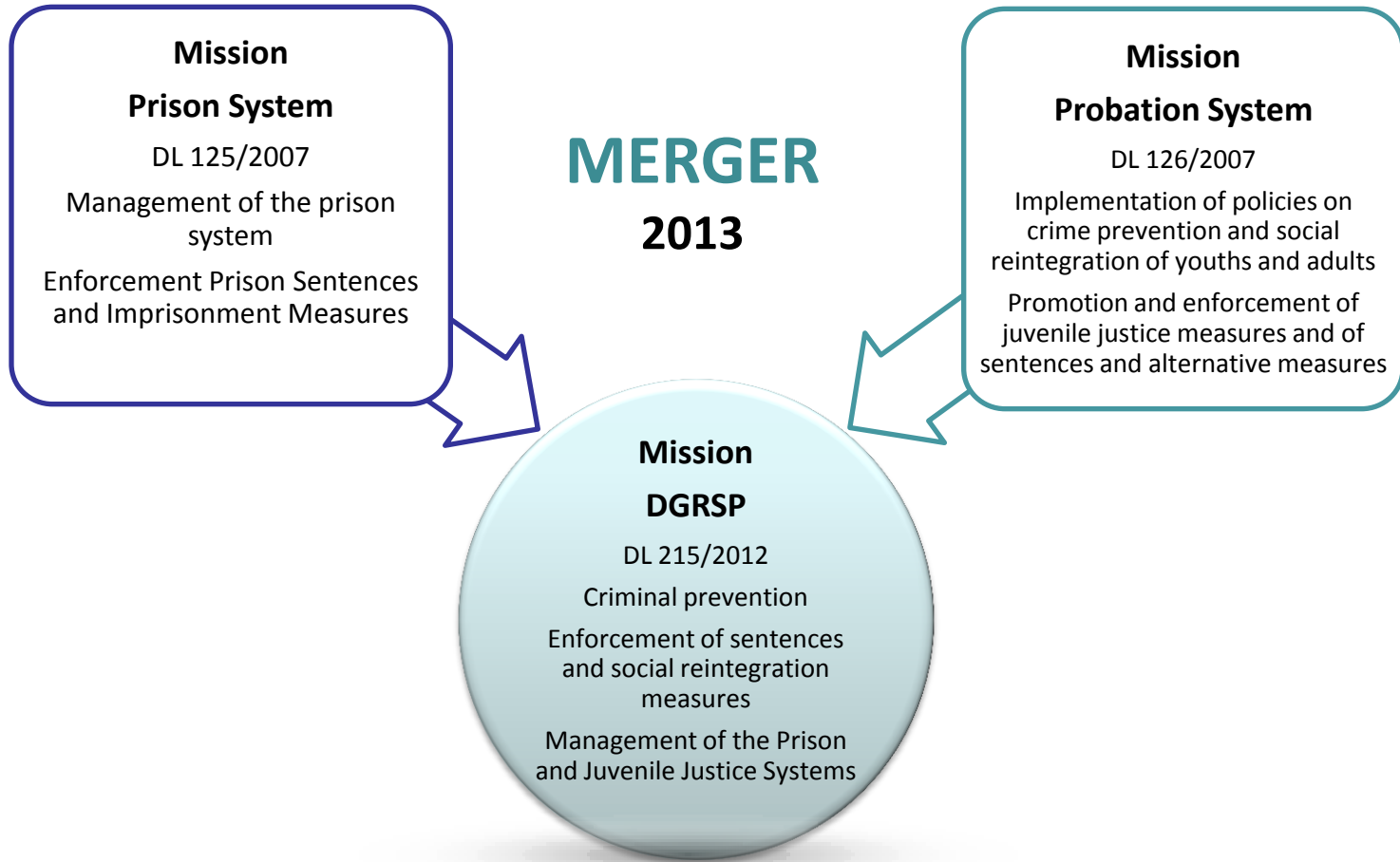
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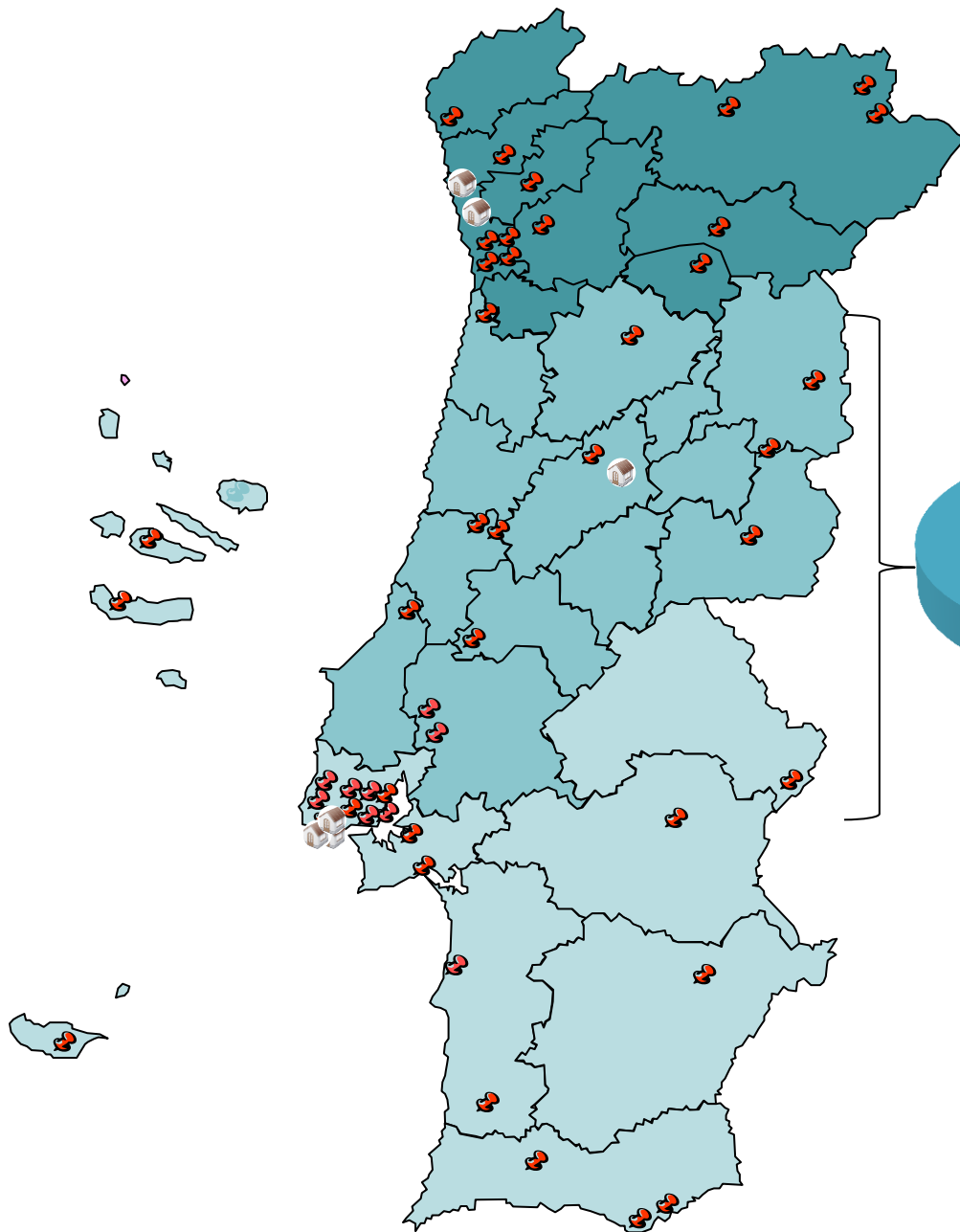
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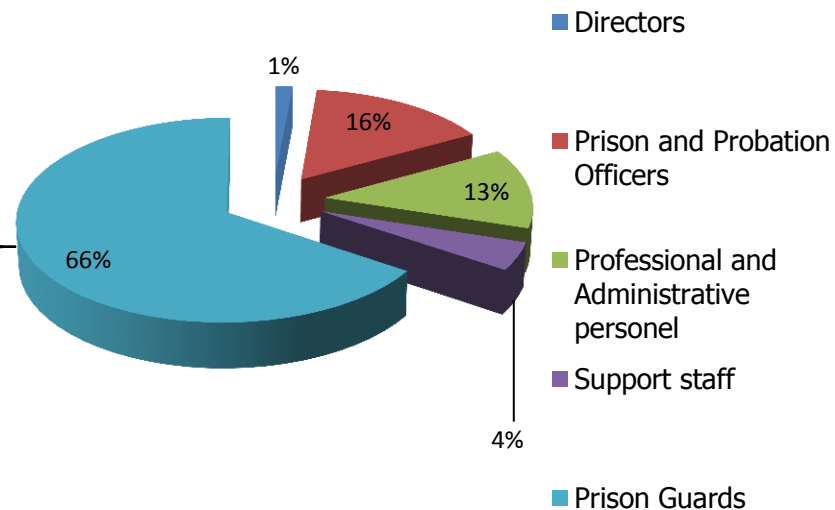
**Portuguese
Experience**



Transversal and holistic Intervention focused on the individual, with benefits in the perspective of efficiency, effectiveness and economy.



Total - 6450 professionals



- North Reintegration Regional Delegation
- Center Reintegration Regional Delegation
- South and Islands Reintegration Regional Delegation
- Prison
- Educational Center

Prison and Probation Services in Portugal

Brief overview in 4 steps



12.950 inmates

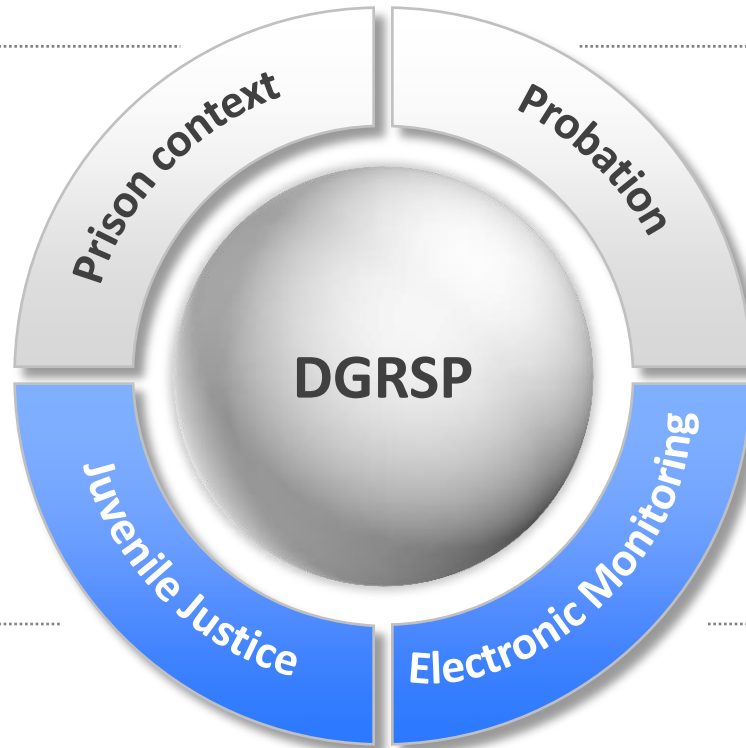
30.000 measures

49 prison establishments

- 1 Special security and high level of management complexity
- 20 high security and high level of management complexity
- 23 high security and medium level of management complexity
- 5 medium security and medium level of management complexity

48 probation teams

- 29 Teams with generic technical competencies
- 16 Teams specialized in Penal Law area
- 3 Teams specialized in Juvenile Justice area



6 educational centers

- Closed Regime
- Semi-open Regime
- Open Regime

10 EM specialized teams

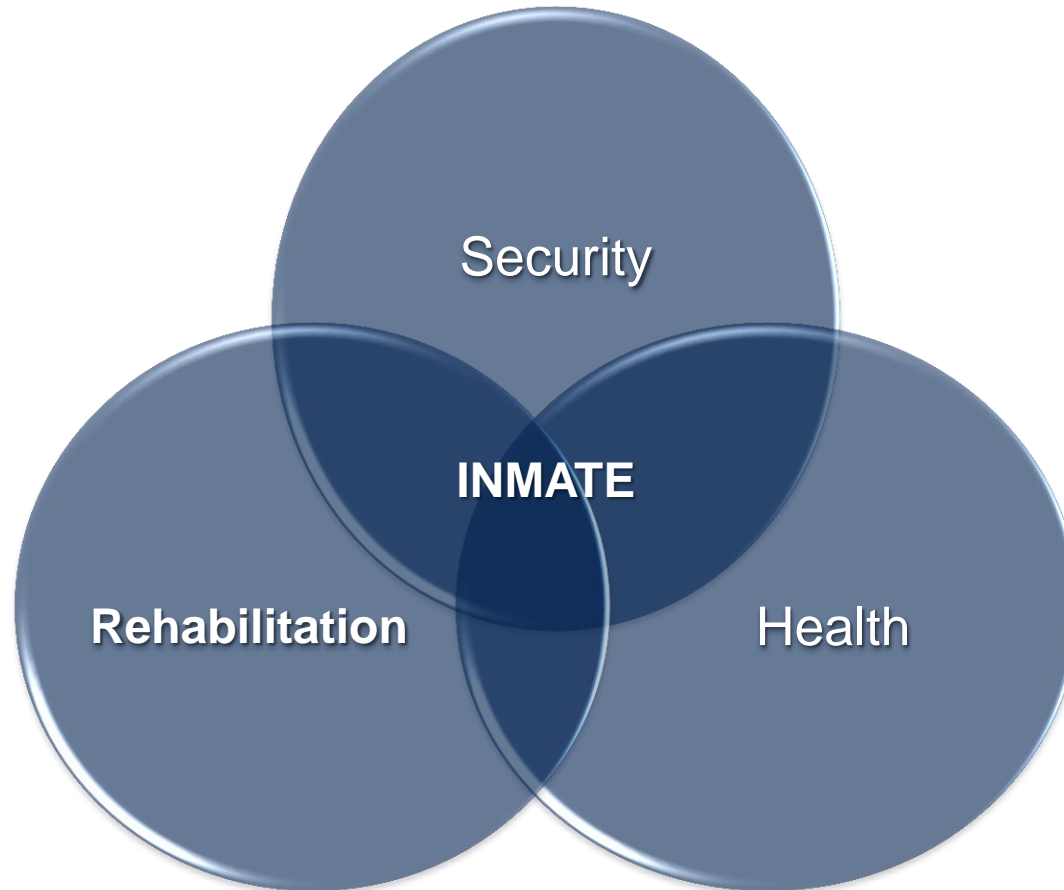
- 1 National Center for Surveillance of Operations
- 10 specialized teams

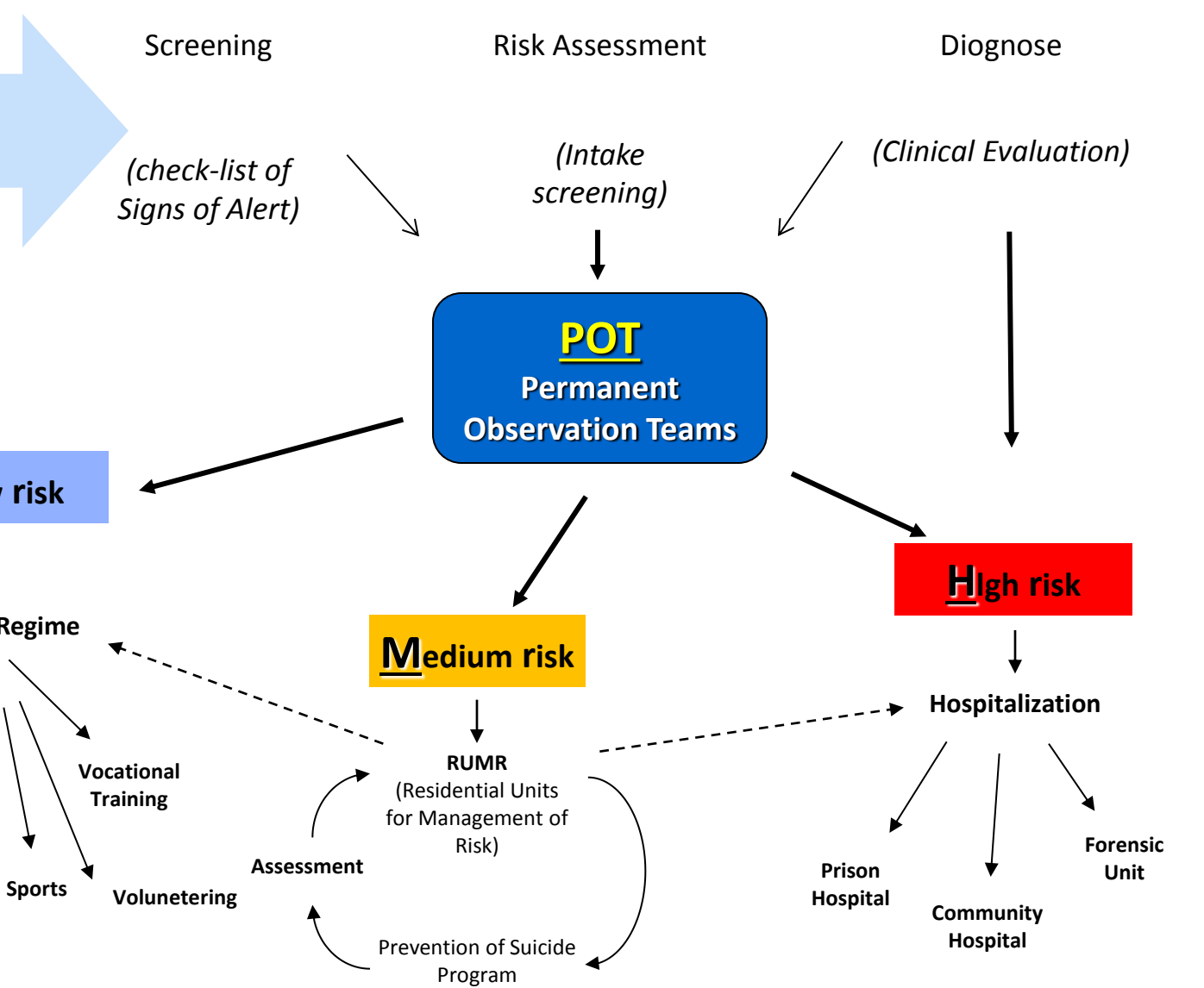
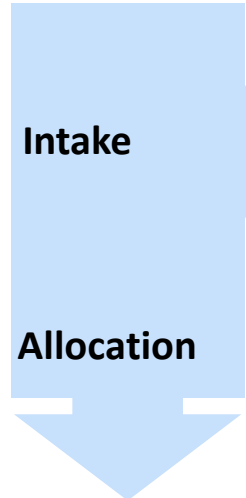


155 young offenders

1.750 persons

SUICIDE PREVENTION STRATEGY

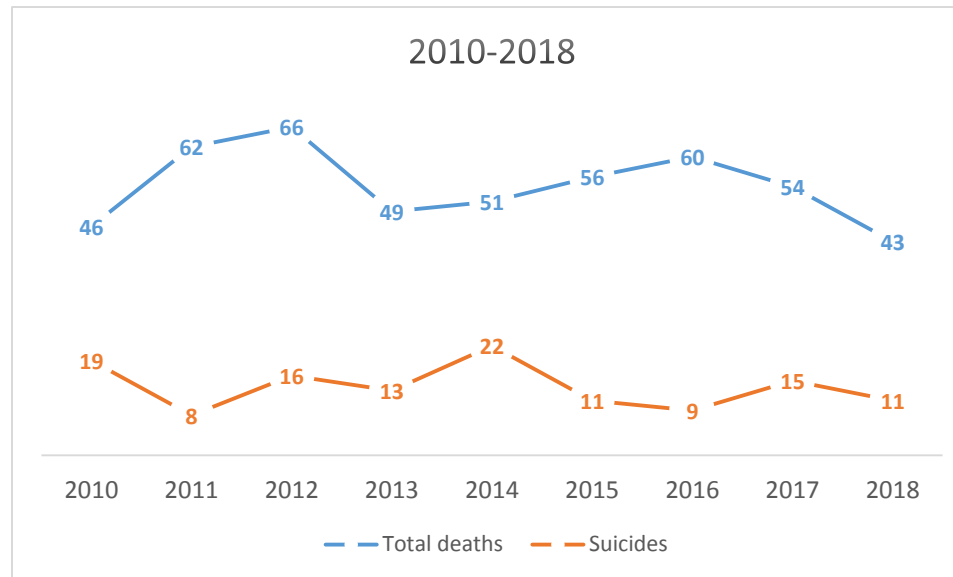




- Level I:**
- General Awareness
 - Signs and Symphoms of risk
 - Communication Plans

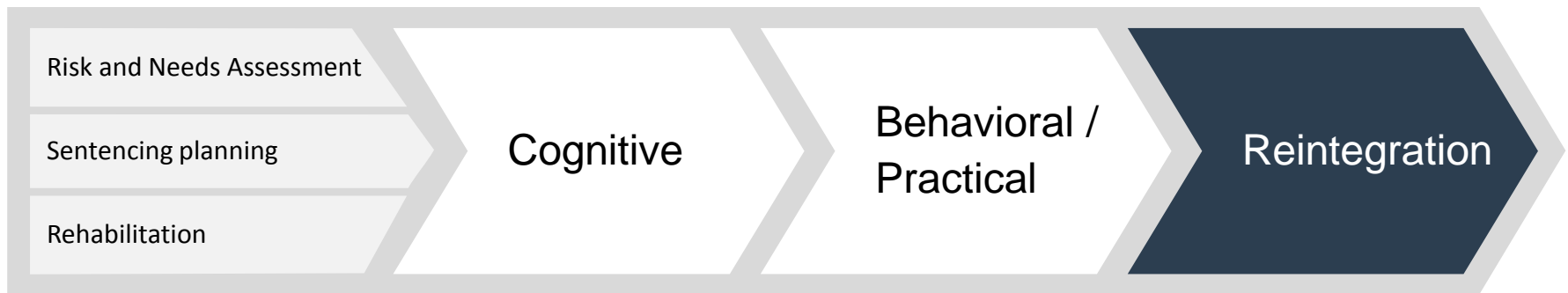
- Level II:**
- Specific training in prevention of suicide
 - Supervision and support in clinical practice

Results



Rehabilitation Model (RNR)

Risk-Needs-Responsivity



- Changing risk factors and hard skills
- Reducing criminogenic needs
- Improving protective factors
- Rehabilitation programs vs Specialist psychological interventions

- Mentoring programs
- Mental Health treatment
- Theological education and pastoral support

- Social and family support
- Resettlement plans
- Transition management
- Social and organizational support

Saving lives...



... building new opportunities.



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