

Jail Suicide Prevention and Liability Reduction Services

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Overview

Suicide continues to be a leading cause of death within jails, prisons and juvenile facilities throughout the country. Landmark studies from the National Center on Institutions and Alternatives (NCIA) have found that the suicide rate in county jails is approximately nine times greater than that of the general population, while the suicide rate in prison is approximately one and a half times greater than in the community.

Twenty years ago it was unusual for a lawsuit to be filed following an inmate suicide. Currently it is unusual when a lawsuit is not filed. If successful, jurisdictions and their insurance carriers often incur large monetary judgements when it is found that policies were non-existent or substandard and staff were inadequately trained to identify an obvious suicide risk. Even when successfully defended, lawsuits are still expensive, time-consuming, physically and emotionally draining on staff, and disruptive to the agency.

Correctional administrators and their staff can no longer invoke the defense that--- “If someone really wants to kill themselves there’s generally nothing you can do about it”----- unless the agency has implemented a sound suicide prevention policy that includes the critical component of staff training. The risk of inmate suicide and costly litigation can not be alleviated without a pro-active approach to the problem.

Policy Assessment and Development

All correctional facilities, regardless of size, should have a detailed written suicide prevention policy. At a minimum, the policy should address each of the following eight (8) critical components:

- Staff Training
- Identification/Screening
- Communication
- Housing
- Levels of Supervision
- Intervention
- Reporting
- Follow-up/Administrative Review

Training

The key to any suicide prevention program is staff training--- which is also a highly effective shield against liability. All staff who come into contact with inmates, including correctional, medical, and mental health personnel, should receive basic and recurring suicide prevention training.