

CCA LEADS THE WAY IN SUICIDE PREVENTION

Suicide is a major concern in corrections facilities across the country. Nearly one-third of inmate deaths are suicides. While suicide rates have fallen sharply since the 1980s, corrections facilities continue to look for ways to prevent suicides from occurring. No other organization is more dedicated to this effort than Corrections Corporation of America. CCA has a lower suicide rate (30 per 100,000 inmates) than do public facilities (48 per 100,000 inmates). But CCA isn't content — there is no “acceptable” number of suicides. The company is increasing its focus on suicide prevention and launching an innovative plan to educate and train its staff.

CCA'S COMMITMENT TO SUICIDE PREVENTION

CCA wants to make a difference in its facilities by continuously improving safety and quality of life for the inmates within its walls. CCA is launching a pilot suicide prevention program in three of its Florida facilities, and the company plans to implement the program in its facilities companywide.

CCA's suicide prevention plan is innovative because it was created by a team of professionals from different areas of the business, rather than from the top down, and the plan will be customized for each facility. Local teams will use the pilot program as a model, but they must find creative and effective ways to meet the individual needs of their inmates and staff.

CCA began developing the program nearly a year ago under the direction of John Tighe, CCA's vice president for health services. The company has also hired a consultant, Lindsey Hayes, who is an expert on suicide prevention with the National Center on Institutions and Alternatives. Through training, education and open lines of communication, CCA's plan establishes a culture and belief among staff that they can prevent a suicide from occurring.

“It's going to take some work, but if we focus on the task at hand, we can make a difference,” Tighe said. “We may never reach a point where we can prevent every suicide, but we are resolved as a company to prevent as many as we possibly can.”

CCA'S SUICIDE PREVENTION PLAN

Planning

CCA began developing its suicide prevention plan in the spring of 2005, turning to its health services and unit management teams to create the Multidisciplinary Suicide Prevention Taskforce. Team leaders for the program, who played major roles in the planning process are, Dr. Sheri Campbell, psychologist at Lee Adjustment Center in Beattyville, Ky.; Dr. Stephen Gold, psychologist at Diamondback Correctional Facility in Watonga, Okla.; Dr. Don Murray, CCA's director of quality assurance; Richard Phor, assistant warden at Bay County Jail in Panama City, Fla.; and Bill Spivey, warden of Bay Correctional Facility in Panama City, Fla.

The taskforce held focus groups with mental health professionals and with wardens at each of its facilities to receive feedback for the pilot suicide prevention program. Wardens were asked how they could achieve a culture of zero tolerance for suicides in their facilities and to identify any barriers in reaching this goal. Recommendations from the focus groups were incorporated into the draft plan, and the program was launched at the Hernando County Jail in Brooksville, Fla., in February 2006. The taskforce will evaluate the pilot program, modify policy and procedures and roll out the program companywide this year.

Staffing

CCA will appoint a suicide prevention coordinator at each of its facilities. The coordinator will oversee the suicide prevention program, coordinate the completion of a facility-specific plan, conduct facility risk assessment, gather trending data, coordinate training of all staff and share best practices in companywide sessions.

Each facility will also form a special-needs team to work with at-risk inmates. This team will include a staff member from the medical, psychology, unit management and security departments as well as the facility's chaplain.

"The team setting is effective because it shows the inmates that their problems can be solved," Dr. Stephen Gold said. "The multidisciplinary team and the inmate sit down together and set common goals. Instead of looking to death for the answer, the inmate can join a team of people who are fighting for his or her life."

Training and Communication

Lindsay Hayes, who has been a suicide prevention consultant for 25 years, says that training and communication are the most crucial in suicide prevention. CCA will train mental health officers, nurses and other medical staff as well as arresting officers and guards to identify and report risk factors among inmates. The arresting officer will be required to fill out a form to ensure relevant information on behavior, background and risk factors is passed along to the facility staff. Staff will compile data on the inmate's background, describe previous suicide attempts and include any other information to assess risk. They will even consult with inmates' families. Suicide-risk alerts will be distributed through CCA's new electronic Inmate Management System (IMS2).

"Normally it's the inmates who don't speak out who are more likely to commit suicide," Hayes said. "It's the silent inmate who is despondent. They've just come back from a bad visit or a court hearing and unbeknownst to the facility have a history of mental illness. Facilities have to find creative ways to identify at-risk inmates, keep them safe and give them the care they need to recover."

Inmate Programs

The plan also establishes a system for continuity of mental health care for at-risk inmates. There will be a special suicide watch program for inmates with a history of mental health issues or for those who have had a traumatic experience. Staff will be trained to be more aware when inmates come back from a court hearing or family visit with bad news. Staff

will be required to meet with at-risk inmates one-on-one and check on them every 15 minutes. They will also assist inmates with an exercise program to increase endorphins and serotonin.

Each CCA facility has a mental health counselor, either a licensed psychologist or a social worker. The counselor treats inmates' depression and monitors them closely. In addition to counseling, inmates will receive medication to treat their mental illness. The counselor will work with the special-needs team to help inmates on their path to recovery.

The plan also calls for educating inmates. Posters have been created to raise awareness of suicide warning signs and to let inmates know where to seek help. Inmates not at risk will learn to identify and report those inmates who are at risk.

Physical Changes

At least 80 percent of prison and jail suicides occur in the inmates' cells. CCA's suicide prevention plan calls for improving the physical condition of facilities, inmates' cells and inmate clothing. Guards will be trained to check bed sheets for tears and to ensure there is nothing in the cell that the inmates could use to harm themselves. Every CCA facility will also have a separate unit for inmates on suicide watch.

Thorough Reviews

CCA strongly agrees that incidents of any kind must be thoroughly evaluated in order to prevent similar occurrences in the future. CCA is committed to learning from any incident that takes place and to taking steps on an ongoing basis to improve the operating conditions within its facilities. When a suicide does occur, legal, administrative and psychological personnel will conduct thorough reviews. Staff will also consult with peers in the corrections industry.

PROGRAM SUCCESS

While these changes will require additional resources, CCA is committed to significantly reducing the number of suicides in its facilities. CCA continuously strives to improve and provide the safest facilities possible for its inmates and the communities it serves.

“The key to the success of the program is for every CCA staff member, from the security guard to the counselor, to be fully engaged,” Tighe said. “When every staff member can recognize warning signs and put our prevention plan into action, it will result in fewer suicides.”

Keys to Success: The Three R's

- **Recognition:** Learn to identify suicide warning signs.
- **Rescue:** Help at-risk inmates get the care they need. Learn CPR and other life-saving measures in the case of an attempt.

- **Recovery:** Work with inmates to help put them on the right track to a life with hope, where suicide is not an answer.

SUICIDE PREVENTION: SIX QUESTIONS TO ASK

1. Does the inmate appear to be under the influence of alcohol or drugs?
2. Has the inmate made *any* comments (e.g., “I’m going to kill myself,” “I want to die,” “I have nothing to live for,” “Everyone would be better off without me around”) or engaged in *any* behavior that would be cause for concern?
3. Has another individual with knowledge of inmate informed you and/or made comments that suggest that inmate is potentially suicidal and/or has a history of suicidal behavior, has a history of mental illness, has medical problems, or is under the influence of alcohol and/or drugs?
4. Does the inmate appear to be overly ashamed, embarrassed, scared, depressed or exhibiting bizarre behavior?
5. Are there any facts or circumstances surrounding the arrest and/or alleged crime that may suggest the inmate is potentially suicidal?
6. Is there any other information that would be helpful while the inmate is confined in this facility?

Source: National Center on Institutions and Alternatives

INMATE RISK AND SUICIDE TRENDS

Inmates have a higher rate of suicide than does the general U.S. population, which has a rate of 11 suicides per 100,000 people. The increased risk is due largely to inmates’ circumstances of imprisonment and personal history. The following are risk factors among inmates:

- The view of incarceration as a punishment and disgrace and being removed from a law-abiding society
- Loss of control over life
- Loss of privacy
- Loss of family and friends
- Concern over a transfer, appeal or parole decision
- Family background of abuse and/or criminality
- History of violence
- Distress about a financial problem
- Current physical or mental health problems
- Drug and/or alcohol abuse

Mental Health and Drug Abuse

Sixteen percent of inmates in jails and state prisons have a mental illness, such as schizophrenia, bipolar disorder and major depression. More than 60 percent of people who commit suicide have a mood disorder, with depression being the most common.

About 70 percent to 80 percent of CCA inmates have some kind of addiction to drugs or alcohol, many with co-existing psychological disorders. Mentally ill inmates are more likely than other inmates to have committed a violent crime, and those inmates committing violent crimes are more likely to commit suicide than are nonviolent offenders.

Jails versus Prison

More inmates commit suicide in jails than in prison. The rate of suicides in U.S. jails is 47 per 100,000 people versus 14 per 100,000 people in state prisons. The transitory nature of jails, compared to prisons, creates an increased possibility of suicides. Nearly half of jail suicides occur in the first week of custody. Inmates' lives have literally changed overnight — they were on the streets one day and in jail the next. They are uncertain of their futures — what their sentence will be, what will happen to their loved ones. When inmates go through detoxification in jail, it is a shock to their bodies and minds. Many inmates get depressed when they come off substances and have no access to drugs or alcohol, and they try to commit suicide.

Race and Gender

White males are more likely to commit suicide than are other groups. Males are 56 percent more likely to commit suicide than are female jail inmates. White inmates are six times more likely to commit suicide than are black inmates and three times more likely to commit suicide than are Hispanic inmates.

Age

Inmates under 18 had the highest suicide rate in local jails, followed by inmates 55 and older. Young inmates incarcerated for the first time fear what will happen to them in jail. Older inmates with long sentences can feel hopeless that their lives are over. While these two age groups have a greater risk than do other inmates, anyone in any age group could become suicidal.