CTSI
Serving Colorado's Counties

Technical Update

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Preventing Jail Deaths: Are you doing everything you can?

More inmates will suffer mental health problems in times of increased economic or social problems. Many detainees are persons less able to control their behavior or less able to advocate for themselves. At these times, it is urgent that elected officials and staff allocate sufficient resources to prevent death or personal injury to any inmate regardless of the reason. The legal responsibility for each inmate's life and health falls on us. This responsibility includes prevention of suicide.

What This Means For Counties

The following are principles which are widely recognized for prevention of inmate attempts at suicide:

1. Risk management of inmate suicide risks is a continuous process involving all facility safety issues, information gathering, and all staff communications, not just the end point decisions. No single person or factor in the incarceration process can be said to be the "cause" of a suicide; rather it is an accumulation of weaknesses in a system that can result in a death risk.
2. The conditions at booking are rarely conducive to sharing confidences. There is no privacy and staff seldom have the time and the training to elicit a relationship of trust. It is a rare person who would admit the intention to commit the crime of suicide; it's unreasonable to expect that. The purpose of the interview is to get an intake report, not to predict the risk of suicide or other health issues.
3. The intake report is a quickly taken "snapshot" of a person's health condition. It gives an incomplete and inaccurate picture of an inmate. It isn't to be relied on as the sole source of information. It does not predict the risk of suicide. A continuous process of frequent (every 15 minutes or less) watchfulness and documentation is the first step. The intake and observation period should be as short as possible, not more than a few hours.
4. Emotional disease creates changeable states that can't be predicted with certainty. Persons who are emotionally ill or unstable may not be able to predict their mental state accurately. Even after being booked and detained, an inmate is often left to his or her own depressing reality for many hours or days before being given the opportunity to sort out his conditions with a health professional. These hours are the most dangerous for the suicide risk. Deterioration, emotional or physical, must be guarded against by detention officers. Obtain a detailed behavioral health assessment, conducted by a qualified health professional, that reflects post-intake assessment of potential risk: type of charges; likelihood of bail; financial and family circumstances, degree of prior involvement with CJS, likelihood of "despair" regarding one's condition, involvement of repeated substance abuse. Inmate histories should include family psychological and social histories. Get health reports from experts and family members familiar with the inmate instead of relying on self reports. Those familiar with the inmate are most likely to know their behavioral or health cycles.
5. Any ongoing treatment should be carefully monitored. Don't assume that meeting with a mental health counselor or the provision of a prescription automatically resolves problems. In fact, some prescriptions can cause behavioral changes difficult to manage under incarceration circumstances. Be sure that the prescriptions or care recommended are practical under the circumstances. Consider daily contact between the caregiver and the inmate to ensure continuity of assessment. Review the professional's recommendations carefully to make sure the institution can comply with them. If not, try to get them adjusted.

For training on this topic or others related to detention risk management, call Cynthia Barnes at 303-861-0507 ext 122.

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