

Law Enforcement / Suicide Prevention

National Resources

American Association of Suicidology

4201 Connecticut Ave., NW, Suite 310,
Washington, DC 20008
202-237-2280
www.suicidology.org

Centers for Disease Control and Prevention / Suicide Prevention

www.cdc.gov/ncipc

Surgeon General Reports:

www.surgeongeneral.gov
The Surgeon General's Call to Action to Prevent Suicide

U.S. Department of Justice

www.usdoj.gov

Office of Justice Programs
www.ojp.gov

Office of Juvenile Justice and Delinquency Programs

<http://ojjdp.ncjrs.org/>

National Institute of Corrections
www.nicic.org

National Center on Institutions & Alternatives

<http://www.ncianet.org/cjjsl.cfm>

National Commission on Correctional Health Care

<http://www.ncchc.org>

References

National Strategy to Prevent Suicide: Goals and Objectives for Action

<http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/>

Injury in Connecticut 2000-2004, CT Department of Public Health

<http://www.ct.gov/dph> (Injury Prevention)

Lindsay M. Hayes

Author of many publications related to suicide and jail.

These include:

Hayes, L.M. (1995). Prison Suicide: An overview and guide to prevention. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections.

Hayes, L.M. (1997). From chaos to calm: One jail system's struggle with suicide prevention. Behavioral Sciences & the Law, 15, 399-413.

Rowan, J.R. & Hayes, L.M. (1995). Training Curriculum on Suicide Detection and Prevention in Jails and Lockups (2nd ed., p. 3.11). National Center on Institutions and Alternatives. U.S. Department of Justice.

<http://www.ncianet.org/suicideprevention/publications/index.asp>

Connecticut Resources

Connecticut Department of Public Health

<http://www.ct.gov/dph/>

Injury Prevention Program
Connecticut Comprehensive Suicide Prevention Plan

Department of Children and Families

<http://www.ct.gov/dcf>

Children's Behavioral Health
Connecticut Youth Suicide Advisory Board

Connecticut Department of Mental Health & Addiction Services

<http://www.ct.gov/dmhas/>

Connecticut Police Academy @POST

www.ct.gov/post

Connecticut Clearinghouse

1-800-232-4424 or 860-793-9791
www.ctclearinghouse.org

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FACTS

RISK AND
PROTECTIVE
FACTORS

RESOURCES

SUICIDE PREVENTION

Youth Adults
Seniors

Law Enforcement
Personnel



Youth Suicide Advisory Board

Interagency Suicide Prevention
Network



Connecticut

Suicide is a serious public health problem. Suicide is a leading cause of death in the United States and a leading cause of death for Connecticut residents ages 10-64.

The highest rates of suicide in Connecticut :

Children and youth (to age 19) who are 15 to 19 years of age.

Adults (ages 20 - 64) who are 45-49 years of age.

Seniors (ages 65 and older) who are age 85 and older.

Males have the highest suicide completion rates. White males die by suicide more frequently than males of other races and ethnicities.

Firearms and suffocation / hanging are the most frequent methods of completed suicides.

Females attempt suicide more frequently than males.

The primary method of suicide attempts across the lifespan is poisoning-use of drugs/ medications.

(Injury In Connecticut, CT DPH)

Risk Factors

Stressful events, conflicts, and/or crisis are associated with greater potential for suicide and related behavior. These may include:

Alcohol/substance abuse

Mental health issues, such as depression and psychosis

First time jailed, social condemnation

Traumatic event or loss – death or suicide of a loved one

Hopelessness, no family ties

Impulsive and/or aggressive tendencies
Significant disappointment, humiliation or loss of status (e.g., break-up, or arrest)

Past suicide attempts

Easy access to lethal methods, especially guns.

Jails, Correctional Facilities

Jails and correctional facilities have high suicide rates. The rate of jail suicide is several times greater than in the general population.

Hanging is the primary means of attempted and completed suicides in jail settings. The instruments commonly used are:

Bedding materials

Clothing (e.g., belts, shoe laces, shirt, stockings,etc.)

Who is Most at Risk In-Custody?

People who are intoxicated, under the influence of substances or withdrawing from substances when arrested.

People who talk about or threaten suicide.

People who display signs of mental health issues (e.g., depression, crying, withdrawal, insomnia, lethargy, bizarre behaviors)

People who exhibit severe or escalating aggression.

People whose medication regime is abruptly stopped.

Critical Periods

Within the first 24 hours of incarceration.

When inmates are housed in isolation and segregation.

When staffing is likely to be lower (e.g., late evening through early morning).

During stressful periods - sentencing, family visits, court appearances.

Law Enforcement Personnel

Law enforcement personnel regularly encounter individuals or families in stressful situations. (National Strategy for Suicide Prevention)

The circumstance of confinement and personal history put incarcerated persons at greater risk for suicide.

Law enforcement personnel can make a difference in the lives of people at risk for suicide by knowing the risk factors and proper intervention skills, including seeking appropriate assistance and using open communication techniques.

Recommendations for In-Custody Suicide Crisis Intervention

Review and update agency's policy regarding suicide prevention / intervention protocols, regulation, resources, training & detention monitoring formats.

Complete a suicide screening or evaluation & notify supervisors when appropriate.

Continue training of staff in cardiopulmonary resuscitation (CPR), first aid, and suicide prevention, intervention and response.

Important Numbers

211 Infoline: suicide crisis, information, referral

1-800-273-TALK (1-800-273-8255)

National Suicide Prevention Lifeline

911 Emergency

Community-Based Resources

Emergency Room

Emergency Mobile Psychiatric Services / Mobile Crisis Team

Religious Leaders