DIRECTORATE-GENERAL OF REINTEGRATION AND PRISON SERVICES

(Portugal)

CEP - EUROPRIS - WORKSHOP ON

"MENTAL HEALTH IN PRISON AND PROBATION"

SUICIDE PREVENTION PROGRAMS AND STRATEGIES

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LEIRIA PRISON

Is the only one in the country for young offenders between 16 to 25 years old

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SCHOOL OF LEIRIA PRISON

PORTUGUESE PRISONS

Total of offenders: 13 455 inmates

Total of prisons: 49
Occupation: 106%

Pre-sentenced offenders: 16%
Convicted offenders: 84%

Man: 12 601 (94%)
Woman: 854 (6%)

Foreigners: 16%
Portuguese: 84%

Predominance of crimes:

- Crimes against property
- Crimes against people

Data: PORTUGUESE PRISON SERVICES (15 NOVEMBRO DE 2017)

PRISIONAL TREATMENT SERVICES

- Admission and Initial assessment
- Risk and needs assessment (Individual Rehabilitation Plan)

- School or Vocational **training**
- **Work** and occupational activities
- **Programs** focused on specific groups/problems:

  - **PIPS - INTEGRATED PROGRAMME OF SUICIDE PREVENTION**
  - Prevention Plan and Contingency
  - Prevention to Juvenile Delinquency
  - Program Emotional Stability and Adaptation to Prison
  - Program for Sexual Offenders
  - Program for Driving Offenders
  - GPS – Growing Pro-Social Skills, a rehabilitation program for individuals with anti-social behavior
  - Program for Drug Addicts – Drug-free Unit

WHY DOES A PRISON LEAD A PERSON TO SUICIDE?
RISK FACTORS IN THE PRISON

Inmates are a high-risk population due to the convergence of many factors as:

- **Deprivation of liberty** with all that it represents:
  - **Absence of family support** and distance from their social environment;
  - Deprivation of **intimate relationships**;
  - Hostile **environment** and self-agressiveness and violence against others;
  - **Lack of autonomy** to decide such common subjects as eating, sleeping, bathing;
  - Procedures and normative rules, generating intense stress;
- **Special vulnerability** of inmates:
  - Use of **substances misuse**;
  - **Psychiatric and mental** health problems;
  - **Insufficient coping strategies**/personal resources to deal with complex situations;
  - **Personality traits** such as impulsiveness, anger, depression, anxiety, etc.

RISK FATORS IN PRISON, IASP (2007)

INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION - SUICIDE IN PRISONS

Situational:

- Isolation / segregation and allocation of a cell (individual room);
- During times when staffing is the lowest, such as nights and weekends;
- The housing assignments, especially if is single cell

Psychossocial:

- Poor social and family support;
- Prior suicidal behavior
- History of psychiatric illness and emotional problems;
- Recent conflicts between inmates or disciplinary infractions;
- Feelings of hopelessness (narrowing of future perspectives);
- Admit suicide attempt or suicide plan (high risk);

Konrad, N. *et al.* (2007) – Preventing Suicide in Prisons – Part I

THE SUICIDE IMPACT IN PRISON

- Family and friends lose a loved one in a traumatic circumstances;

- The institution itself also experiences an internal convulsion, affecting:
  - Prison guards, technical staff, administrative and other workers;
  - Inmates, especially those who deprived him more closely.

Suicide in prison causes a multidimensional grieving process

It is estimated that **affects** about 100 people in this specific community

EXPLANATORY MODELS OF SUICIDE IN PRISON

Deprivation model

hold that mal adaptation to prison (eg., violence, depression, distress and suicide) is a product of the restrictive prison milieu. That is, the prison conditions produce aggressive or self-destructive behavior, based on the classic works of Clemmer (1940) and Goffman (1961)

Importation model

attributes mal-adaptation to the characteristics of inmates rather than features specific to the prison environment (Daniel & Fleming, 2006; Fruehwald et al., 2004; Kovasznay et al, 2004)

- There are many studies that show that each model could explain the suicide, but the trend is to believe that the two models in combination and in interaction explain better the suicide in prison.

RESEARCH CONDUCTED IN PRISON CONTEXT

Research conducted in Prison Context

In a study, conducted by Pragosa, C. (2012) in nine Portuguese prisons with 3 groups:

Experimental Group	Control Group	Control Group
• 52 inmates with attempted suicide	• 52 inmates without attempted suicide	• 53 people living in the community without attempted suicide

RESEARCH CONDUCTED IN PRISON CONTEXT

I this study we use the NEO-PI-R (Personality Inventory) and concluded that the inmates with attempted suicide have:

- **High levels of neuroticism** - indicators of apprehension, insecurity and difficulty in dealing with stress, that is, greater emotional instability, negative affectivity and feelings of dissatisfaction with life;

- **Personality traits** - equally accentuated by depression / dysthymia, vulnerability, anxiety, and hostility;

- **Reduced extroversion rates** - poor sociability, fragile interpersonal relationships, inability to express and experience joy and few physical activity;

Using BSI (Brief Symptoms Inventory), we found:

- **More pychopathological symptomatology**, revealing a greater frequency and intensity of paranoid ideation and depression.

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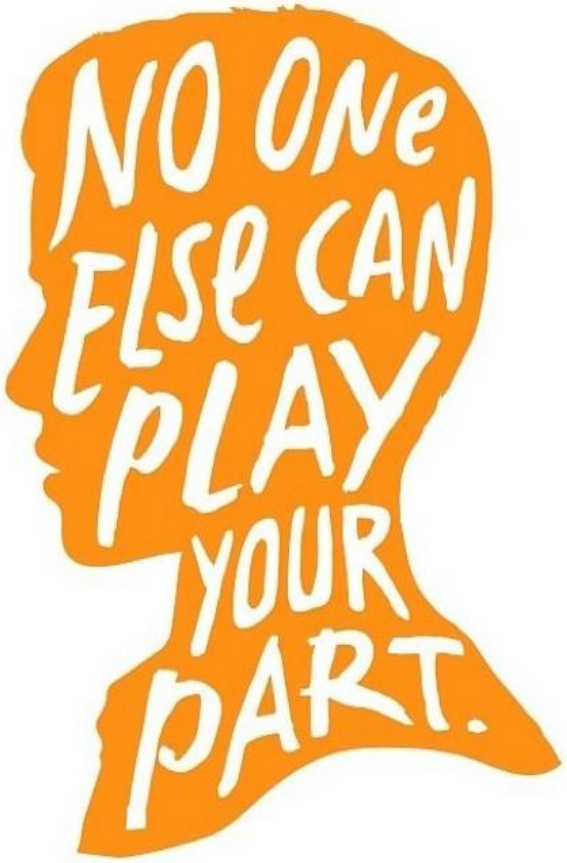
INTEGRATED PROGRAMME OF SUICIDE PREVENTION (PIPS)



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THE PROGRAMME IS IMPLEMENTED IN ALL PRISONS IN PORTUGAL

PIPS

INTEGRATED PROGRAMME OF SUICIDE PREVENTION

It is a program based on the scientific literature and in national and international investigations/studies, with a focus on a preventive approach in prison context.

The aim of the programme is to **identify the suicide risk** to **monitoring adequately and reduce the risk factors**.

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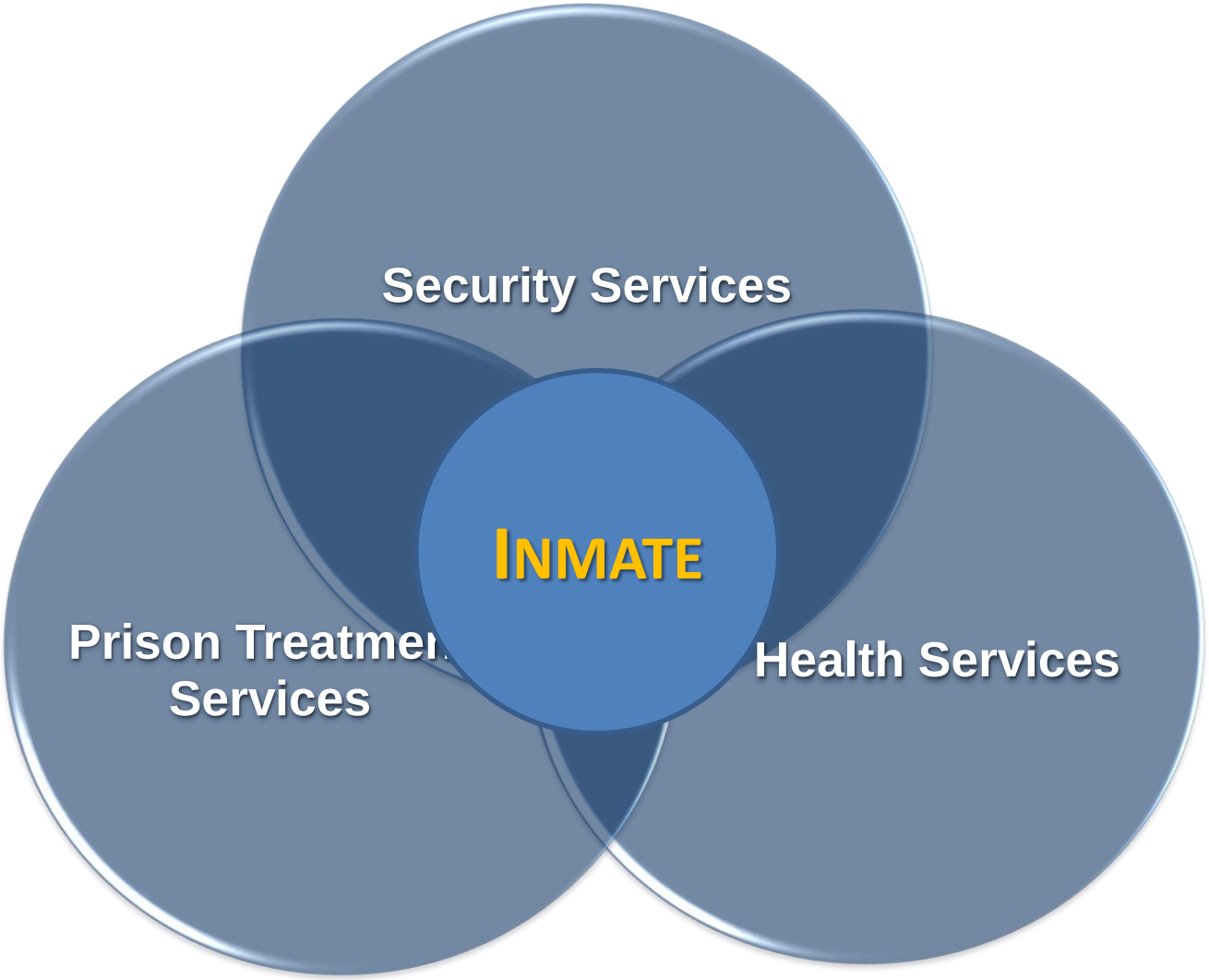
IT IS NECESSARY TO INVOLVE ALL THE OPERATIONAL SERVICES IN THE CARE AND OBSERVATION OF THE INMATE



EVALUATION / SCREENING TOOLS TO BE APPLIED ON THE ADMISSION

All the inmates are evaluated in the admission by:

1. SECURITY SECTOR:

A. Checklist of warning signs (before being allocated)

2. PRISIONAL TREATMENT SERVICES:

B. Intake Screening - Suicide Risk Assessment.

3. HEALTH SERVICES:

A. General Clinic, Psychiatry, Nursing, Psychologist - Procedures described in the Health Handbook.

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CHECK-LIST OF WARNING SIGNS

- This instrument aims to assess the **degree of suicidal risk** and vulnerability of the inmate.

- The **Check-List of Warning Signs** incorporate scientific and technical tools the national and international literature in this area.

- After completing this instrument, it will be submitted for evaluation by the **Permanent Observation Team (POT)**.

INTEGRATED PROGRAMME FOR THE PREVENTION OF SUICIDE

CHECK-LIST OF WARNING SIGNS

Name:_____

Date of Birth: ___/ ___/ ___

Date: _____ Time: _____ Identification Number: _____

OBSERVATION OF SIGNS AND SYMPTOMS

1. During the inspection/search, the inmate shows scars (neck, arm, etc.) from previous self-injury or other recent injuries (bruises, scratches, etc.)? (Analysis through *observation by the officer*)

No _____ Yes _____ Ask the inmate to comment on the cause of the wound:

_____

_____

2. Has any law enforcement officer (PJ, SEF, PSP, GNR) or any relative or friend of the inmate informed and / or made any comments that may suggest that the detainee is a potential suicide and / or has a history of suicidal behavior, mental illness, medical problems or is under the influence of alcohol or drugs?

No _____ Yes _____ Explain:

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CHECK-LIST OF WARNING SIGNS

_____

5. Are you getting any type of medical treatment / care? (Ask the inmate)

No _____ Yes _____Explain:

_____

_____

6. Do you feel emotionally balanced/well-adjusted/good at the moment? (Ask the inmate)

Yes _____ No _____ Explain:

_____

_____

Further remarks/ Additional notes:

_____

_____

ACCOMMODATION

It is recommended to house the inmate in: Dormitory _____

Individual cell _____

SIGNATURES:

Appraiser

(Officer responsible for observation)

_____

Chief Officer on duty:

INTAKE SCREENING

- This tool must be applied by Prisional Treatment Services:
    - In the **admission** in the prison;
    - In a **transference** from another prison;
    - In the occurrence of a **significant life event.**

- This instrument aims **to identify the risk of suicide** and self injury behavior.
- It also aims to identify parasuicidal behaviors that should be relevant to a more appropriate prevention work.
- Although inspired by the national and international bibliography, **the final version** of **Intake Screening** corresponds to a reliable application of the screening instrument validated by the **World Health Organization (WHO**).

ITEMS OF THE INTAKE SCREENING

– The inmate **is intoxicated** and/or has a history **of substance misuse**.

– The inmate expresses unusually high levels of **shame, guilt**, and worry over the arrest and incarceration.

– The inmate expresses **hopelessness or fear about the future**, or shows signs of depression, such as crying, lack of emotions, or lack of verbal expression.

– The inmate admits to **current thoughts** about suicide (Lekka, Argyriou, & Beratis, 2006) (it is not wrong to ask a person if he/she is currently thinking about suicide so as not to introduce a "foolish idea").

– The inmate has previously **received treatment** for a **mental health problem**.

– The inmate is currently suffering from a **psychiatric condition** or acting in an unusual or bizarre manner, such as having difficulty in focusing attention, talking to oneself, or hearing voices.

– The inmate has made one or more **previous suicide attempts** and/or admits that suicide is currently an acceptable option.

– The inmate admits to **current suicide planning**; contacts to family and neighboring inmates should also be taken into consideration (Holley et al., 1995).

– The inmate admits or appears to have few internal and/or external **supportive resources**.

– The arresting/transporting officer's believes that the inmate is at risk for suicide.

– Facility records indicate that the inmate was assessed as a suicide risk during a **prior confinement**.

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THE PERMANENT OBSERVATION TEAM (POT)

Each prison has a PERMANENT OBSERVATION TEAM (POT) composed by:

- 1 element of the Prison Management (POT coordinator)
- 1 element of the Prison Treatment Service (PTS)
- 1 element of Security (Chief)
- 1 element of Clinical/Health Services

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THE PERMANENT OBSERVATION TEAM EVALUATED AND ANALYZED IN THE MEETINGS THE FOLLOWING CONTENTS

a) All inmates admitted in the prison after the last meeting

b) Number of evaluations / screenings performed

c) Number of signed inmates at risk of suicide

d) Number of protection / surveillance measures approved by the Prison Management

e) Follow-up of the inmates with suicidal risk

f) Number of suicide attempts

g) Number of suicides

h) Observations and suggestions.

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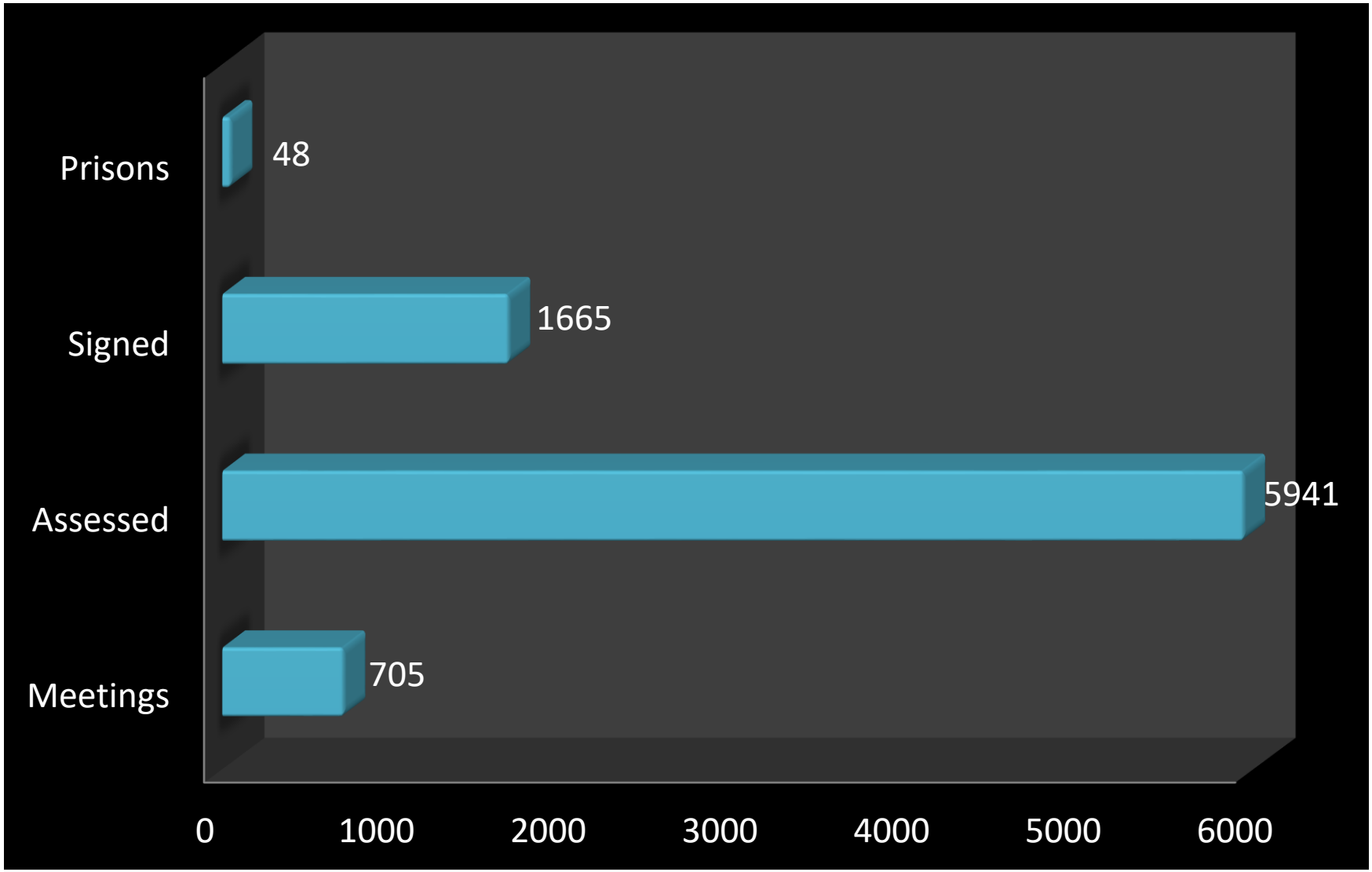
Total PIPS 2016



CREATION OF A RISK MANAGEMENT UNIT

This **Unit** is not a therapeutic unit and should include:

- Structured activity for daily life;
- Proposal of an occupational activity;
- Periodic risk assessment;
- Follow-up after get out (unit) with a strategic plan adapted to its needs.

Goals:

- Housing inmates with suicidal ideation;
- Provide a safe environment through sharing, avoiding isolation and victimization, promoting peer support and assistance among inmates;
- Create a space with increased vigilance for inmates at risk of suicide;
- Systematically assess the risk of suicide and parasuicidal behaviors;
- Promote an accurate integration / adjustment process, especially for the most vulnerable inmates;

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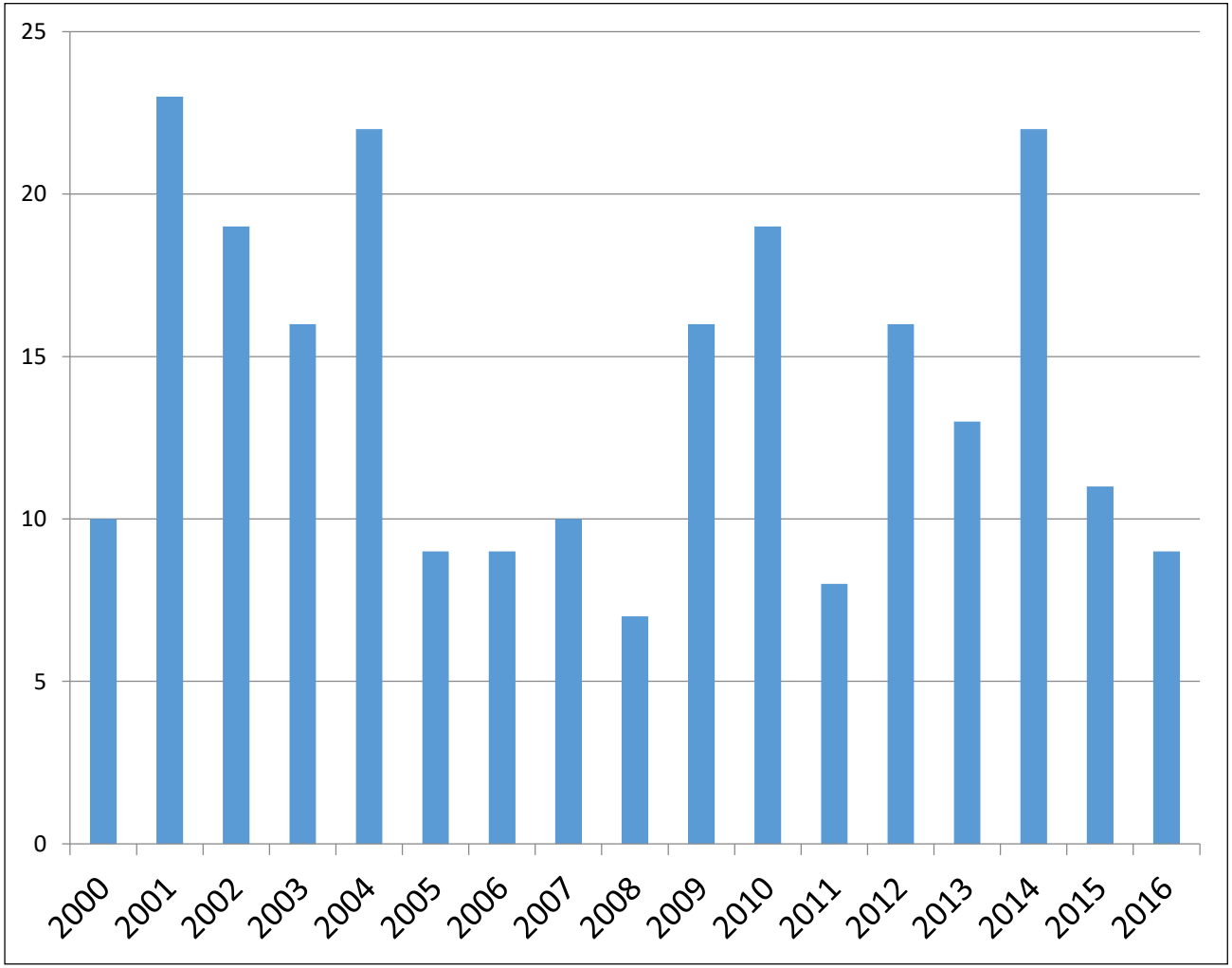
PAVILION OF ADMISSION

Statistics – Suicide In Portuguese Prisons

Suicide in Portuguese Prisons

Year	Suicides
2000	10
2001	23
2002	19
2003	16
2004	22
2005	9
2006	9
2007	10
2008	7
2009	16
2010	19
2011	8
2012	16
2013	13
2014	22
2015	11
2016	9



Fonte: Data from DGRSP; 2017

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Average of suicide in Portugal

Year	Total deaths	Suicide	Proportional incidence	No. of inmates in 31/12	Rate per 10,000 inmates	European average
2000	81	10	12,3	12771	7,83	
2001	106	23	21,7	13112	17,54	**8,5**
2002	97	19	19,6	13772	13,80	**8,2**
2003	100	16	16,0	13635	11,73	
2004	80	22	27,5	13152	16,73	**10**
2005	93	9	9,7	12889	6,98	**10,2**
2006	91	9	9,9	12636	7,12	**8,1**
2007	77	10	13,0	11587	8,63	**9,9**
2008	68	7	10,3	10807	6,48	**6,6**
2009	56	16	28,6	11099	14,42	**6,6**
2010	46	19	41,3	11480	16,55	**9,15**
2011	62	8	12,9	12696	6,30	**8,79**
2012	66	16	24,2	13655	11,72	**8,51**
2013	50	9	18,0	14286	6,30	**8,58**
2014	73	22	30,1	13838	15,90	**8,60**
Average	**75**	**14,33**	**18,56**	**12761,00**	**11,20**	**8,60**

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RECOMMENDATIONS FROM THE WHO (2007)

RECOMMENDATIONS FOR PRISON SUICIDE PREVENTION PLAN (WHO, 2007)

- **Responding appropriately** to the inmate in a suicidal crisis, demonstrating empathy and that you are available to help;
- Pay **attention to the environment** and conditions in general (activity, safety and relationship between inmates);
- **Do not minimize** suicidal behavior saying: "It was just a call attention“ or “cheer-up” or “forget this, it´s going be ok”;
- Managers should devise **strategies to minimize bullying**, stress and other forms of violence and maximize mutually supportive relationships;
- Written procedures that may establish minimum **requirements for the housing;**
- Provision of **social support**: routine, visual control and constant observation;
- **Communicational internal strategies** (to increase the detection, monitoring and management of suicide-risk prisoners.

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SCIENTIFIC EVIDENCE THAT REDUCES SUICIDE (LITERATURE REVIEW)

- Prisons with **more time-keeping activities** and rehabilitation programs have fewer suicides;
- **Peer support** can add value;
- The existence of strict **statistical records** and their exempt analysis are of great importance;
- **Isolation** is a strategy to avoid for suicidal inmates;
- 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**;

CREATE NEW OPPORTUNITIES…

TO REACH CHANGES…

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Thank you for your attention

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