

# Vera Institute of Justice

## Criminal Justice Issues and Prisoners' Rights

**<https://www.vera.org/blog/prevention-and-care-can-reduce-suicides-in-jail>**

### Public Facing Advocacy Writing

The numbers released earlier this week by the [Bureau of Justice Statistics](#) paint a grim picture. Suicide has been every year since BJS began collecting data in 2001 is the leading single cause of death for people incarcerated in local jails, accounting for a third of all facility deaths in 2013. This is a 9 percent increase from 2012. Local governments and departments of corrections, however, should not accept this as a lamentable, but insurmountable, reality. They should consider it a call to action.

Some jails have, and though suicide in local jails occurs far too often, rates have [dropped considerably since 1986](#). Yet many jails still lack comprehensive suicide prevention programs. Jail leadership and staff must acknowledge that their purpose is not just to confine people, but also to protect their safety, health, and dignity.

The first component in any suicide prevention program is screening. A qualified and trained mental health professional using validated evidence-based screening tools and procedures must screen a person for suicide risk as soon as he or she is admitted into the jail. A person, however, can become suicidal at any point during his or her incarceration, so facilities must continue monitoring incarcerated people's well-being not just at intake, but on an ongoing basis.

Suicide prevention programs, however, will only be as effective as the staff that administers them. Qualified mental health professionals must do more than screen incarcerated people or place them on suicide watch. They must also develop a plan for working with a suicidal person that reduces his or her distress, including providing therapeutic interventions or prescribing medications.

The responsibility for suicide prevention does not rest solely with a facility's mental health staff. All staff, from correctional officers to in-jail programming providers, must be trained in recognizing the signs of mental illness and suicidality, and know what to do when they suspect an incarcerated person might be suicidal.

Jails can also improve the care that they give to inmates with mental health needs by collaborating with community-based mental health providers. These partnerships allow community providers to alert jails when an incarcerated person they treated previously has a history of suicidality or is currently taking a psychotropic medication. In this way, jails can rapidly gather information about, and respond to, the mental health needs of inmates.

These are only some of the evidence-based changes that jails can adopt to improve safety among inmates. Developing a comprehensive suicide prevention plan and providing adequate health care and conditions of confinement that support the health and well-being of inmates can save lives, and should be a standard to which we hold all of our correctional facilities.

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