

Resources about Suicide and Law Enforcement

NATIONAL RESOURCES

Surgeon General Reports:

www.surgeongeneral.gov

- The Surgeon General's Call to Action to Prevent Suicide
- Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

National Strategy for Suicide Prevention: Goals and Objectives for Action

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

- **American Association of Suicidology**
4201 Connecticut Ave., NW, Suite 310,
Washington, DC 20008
202-237-2280
<http://www.suicidology.org/>

U.S. Department of Justice

www.usdoj.gov

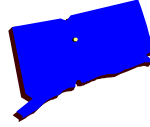
- Office of Justice Programs
www.ojp.gov
- Office of Juvenile Justice and Delinquency Programs
<http://ojjdp.ncjrs.org/>
- National Institute of Corrections
www.nicic.org

National Center on Institutions & Alternatives <http://www.ncianet.org/>

National Commission on Correctional Health Care

<http://www.ncchc.org/>

Suicide Hotline **1-800-273-TALK (8255)**



CONNECTICUT RESOURCES

CT Youth Suicide Advisory Board

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

State of CT Department of Public Health
Injury Prevention Program
860-509-7805

Suicide Prevention Plan
<http://www.ct.gov/dph/>

CT Clearinghouse

1-800-232-4424 or 860-793-9 791
www.ctclearinghouse.org

Mental Health Association of CT

800-842-1501
www.mhact.org

REFERENCES

U.S. Public Health Service Mental Health:
National Strategy to Prevent Suicide: Goals
and Objectives for Action.

YOUTH SUICIDE PREVENTION

Information Sheet For

Law Enforcement Personnel



CONNECTICUT
Department of
Children & Families



CONNECTICUT
YOUTH SUICIDE
ADVISORY BOARD

The Problem

Between 2000-2005, suicide was the 3rd leading cause of death for CT persons ages 10-14 and the 2nd leading cause of death for ages 15-24. (WISQARS-NCIPC, CDC) *

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

Hanging oneself is the primary means of attempting/completing suicide in jail settings. The instruments commonly used for hanging by incarcerated persons include:

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

Law Enforcement Personnel & Youth

Law enforcement personnel are key gatekeepers who regularly encounter individuals or families in distress (Surgeon General National Strategy for Suicide Prevention).

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

Law enforcement professionals can make a difference in the life of a youth at risk for suicide by knowing the risk factors for suicide and seeking assistance.

*Web-based Injury Statistics Query and Reporting System, National Center for Injury Prevention and Control, Centers for Disease Control

Risk Factors

Stressful events, situations, and/or conditions are associated with greater potential for suicide and suicidal behavior. According to the Surgeon General, these include but are not limited to:

- Alcohol/substance abuse
- Mental health issues, such as depression and psychosis.
- Traumatic event or loss – death or suicide of a loved one
- Hopelessness
- 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

Potential Increased Risk/ Critical Periods

Among adults, most suicides in jails are committed within the first 24 hours of incarceration.

Those housed in isolation and segregation

Many suicides occur during periods when staffing is likely to be lower (e.g., late evening through early morning).

During stressful periods (e.g., sentencing, family visits, court appearances)

Who is Most at Risk In-Custody?

While any individual is potentially at risk for suicide, often those individuals who present unique challenges:

- Have had a prior attempt,
- Express suicidal thinking or intent,
- Are agitated or difficult to control, or
- Are under the influence of substances.

Recommendations for In Custody Suicide Crisis Intervention

Consult agency/jail policy regarding suicide prevention/intervention protocols, policies and resources.

Develop relationships with local hospitals, clinics, or universities to aid in officer training and policy development

Train staff in Cardiopulmonary Resuscitation (CPR), first aid, and suicide prevention annually.

Community-Based Resources

- Family Member/Friend
- Religious Leader
- Teacher/Guidance Counselor
- Suicide Hotline
- Employee Assistance Program
- Current Clinician and/or Psychiatrist
- Emergency Mobile Psychiatric Services (Child or Adult Mobile Crisis)
- Emergency Room