



SPECIAL REPORT

Inmate Services and  
Conditions of Custody in  
Saskatchewan  
Correctional Centres

October 2002

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Suicide & Self-Injury



## Suicide & Self-Injury

### Introduction

*Prisons collect individuals who find it difficult to cope, they collect excessive numbers of people with mental disorder, they collect individuals who have weak social supports, they collect individuals who, by any objective test, do not have rosy prospects. This collection of individuals is humiliated and stigmatised by the process of arrest, police inquiry and court appearance. Prisoners suffer the ultimate ignominy of banishment to an uncongenial institution, which is often overcrowded, where friends cannot be chosen, and physical conditions are spartan. Above all they are separated from everything familiar, including all their social supports and loved ones, however unsatisfactory. This is what is supposed to happen, this is what the punishment of imprisonment is all about. This collection of life events is sufficient in any individual to make him or her depressed -- Sometimes this will inevitably lead to suicidal activity and some deaths.<sup>1</sup>*

The fact that suicidal behaviour and suicides take place in jails should not be surprising. As described in the passage above, many different stressors and factors contribute to inmate despair. Although the above quotation describes circumstances in the United Kingdom, it applies equally in Saskatchewan.

The phenomenon of suicide in jails defies easy explanation:

*Just as there exists no single dimension or stable combination of factors, whether cultural, psychological, sociological, against which we can plot all suicides, so*

*there exists no single type of suicide among the imprisoned, no single incarcerated suicidal personality, no single profile of the suicidal inmate. Instead a number of different processes result in deaths or other self-injuries behind bars.<sup>2</sup>*

The number of suicides that take place in jails in Canada, the United Kingdom, the United States and Australia is relatively small. Rates are measured in the order of 20 to 100 per 100,000. Between 1981 and 2001, there were 26 suicides in Saskatchewan's four correctional centres.<sup>3</sup>

This low number, however, is not a source of comfort. The suicide rate in prisons has been estimated at four times the rate in the general population. (The literature on suicides in American correctional facilities differentiates between prisons, which generally hold long-term inmates serving more than a year, and jails, which hold short-term inmates. Data from the early 1990s showed that the suicide rate in jails was nine times the rate in the general population, while the rate in prisons was a little less than twice.<sup>4</sup>)

Attempts at comparisons between jurisdictions have had to address many variables such as age of buildings, inmate population profiles, average length of sentence, and inmate and staff cultures. Because of the incomplete nature of the data on inmate suicides compiled to date, comparisons should be approached with caution.

The incidence of self-injury is considerably higher than the incidence of suicide. In 1999 and 2000, there were a total of approximately 145 reported incidents of self-injury in Saskatchewan's correctional facilities.<sup>5</sup>

<sup>1</sup> Her Majesty's Chief Inspector of Prisons for England and Wales, *Suicide is Everyone's Concern* (London: Home Office, 1999), 3.11.

<sup>2</sup> *Jail Suicide Update* 4.4 (1992), 4.

<sup>3</sup> Prince Albert (4), Pine Grove (2), Saskatoon (3), Regina (17).

<sup>4</sup> Peter Camilleri et al, *Suicidal Behaviour in Prisons: A Literature Review* (Canberra: Australian Catholic University, 1999), 13.

<sup>5</sup> Saskatoon (26), Regina (45), Pine Grove (one year - 25), Prince Albert (24)



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The number of self-injuries and suicides doesn't tell the whole story. Not everyone who is having difficulty coping with incarceration resorts to self-injury or suicide. Some don't act on their feelings, some hide their feelings, and others take out their distress on other inmates and guards. We can only speculate about the magnitude of despair in our prisons that leads some inmates to try to escape by harming themselves or taking their own life.

### Self-Harm and Suicide Risk

People engage in self-harming behaviour for a number of reasons. Some inmates engage in

that the belief that self-harming behaviour is most often manipulative is false and can increase the stress on inmates and precipitate more severe behaviour or worse, a resignation to hopelessness. This applies to both male and female inmates, despite the higher incidence of self-harming behaviour in female inmate populations.

*There are no reliable bases upon which we can differentiate 'manipulative' suicide attempts posing no threat to the inmate's life from those true 'non-manipulative' attempts that may end in a death. The term 'manipulative' is simply useless in understanding, and destructive in attempting to manage, the suicidal behavior of inmates (or of anybody else).*



Work, education and training are a counter to boredom and idleness, both of which discourage a healthy jail environment.



self-harming activities as a coping mechanism, to gain control of their lives, to escape unpleasant feelings, to disappoint, to convey anger or simply to feel alive. In some cases, the behaviour is a calculated part of an escape plan or is otherwise manipulative.

While some believe that self-harming behaviour is often manipulative, the literature suggests that it is far more often rooted in the same sense of futility and helplessness that leads to suicide. In these cases, self-harming behaviour is a plea for help.

As the following excerpts from various studies indicate, there is a general consensus that there is a strong connection between self-harming behaviour and suicide. Studies consistently note

*Attempts to differentiate motives behind self-harming behaviour are ill advised, and the consequences of being wrong can in fact be fatal for the inmate.<sup>6</sup>*

A study completed in the United Kingdom concluded that inmates who harm themselves are one hundred times more likely to commit suicide eventually.<sup>7</sup> One researcher noted that self-harm:

*is a declaration of resourcelessness: the bravest plea the inmate can muster. Without rescue or support, their determination to escape from misery is likely to take a different and more dangerous course. Alternatively, the inmate may omit any 'cry for help' and proceed directly down a pathway to suicide. Not even*

<sup>6</sup> Quoted in Lindsay M. Hayes, *Prison Suicide: An Overview and Guide to Prevention* (U.S. Department of Justice: National Center on Institutions and Alternatives, 1995), 6.

<sup>7</sup> Murray Allen, *Report on an Investigation into Deaths in Prisons* (2000), 8.61.



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*daring to manipulate their own rescue, these inmates simply give up.*<sup>8</sup>

In Saskatchewan, inmates who harm themselves are referred to the medical unit. It is up to the medical unit to assess the inmate, determine whether he or she is suicidal or not, and then recommend appropriate action.

Neither the Suicide Prevention Protocol nor the Suicide Screening Guidelines address previous acts of self-harm as indicators of suicidal risk. However, self-injury is discussed in the induction training where students are invited to explore whether it is manipulative or a precursor to more serious injury.

Given the emphasis in the research literature on the importance of recognizing a link between self harm and suicide, it would be prudent if Corrections emphasized the link in policy to ensure that all staff are informed and suitably vigilant.

**RECOMMENDATION**

+ Ensure through policy and training that corrections workers do not dismiss self-harming behaviour as manipulative without good reason.

**Issues Regarding Suicide Prevention****The Health of the Correctional Environment***The role the jail environment plays in inmate health*

The literature consistently maintains that suicide risk is directly related to the "health" of the prison environment. The healthiness of a correctional institution is determined by the programming available, the physical environment, educational, recreational and work opportunities, and perhaps most importantly, the relationship between staff and inmates.

*In its widest sense it [suicide prevention policy] must be about creating a climate in which suicidal thoughts and feelings are less likely to take root. Inmates will normally be less prone to suicidal behaviour in the establishment where regimes are full, varied and relevant; where staff morale is high and relationships with inmates positive; where good basic living conditions are provided; where every effort is made to encourage contacts with family and the community'. In short, the problem of suicide can never be separated from the Service's over-arching duty to treat prisoners with humanity and prepare them for release.*<sup>9</sup>

Corrections agrees with the need for a healthy environment, and current training for corrections workers emphasizes the need for a positive relationship between staff and inmates. There is, however, room for improvement.

Although Corrections has prepared a strategic plan to meet the programming needs of inmates, it does not yet have the appropriate programs or the necessary instructors in place.

The physical environments of the old section of the Regina and Pine Grove correctional centres are old and do not measure up to the standards set by the Prince Albert and Saskatoon centres. None of the centres has sufficient educational and work opportunities to meet the needs of all inmates. Finally, the four centres concede that although most staff members have a good relationship with inmates, there are still a few who have not fully embraced progressive correctional philosophy.

**RECOMMENDATIONS**

- + Continue to improve the living environment in the correctional centres.
- + Bring the living environment in all four centres up to equivalent standards.

<sup>8</sup> Allen 8.65.

<sup>9</sup> Prison Reform Trust, 1996. Quoted in *Suicide is Everyone's Concern*, 7.1.



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### *Work, education and training*

Work, education and training are a counter to boredom and idleness, both of which discourage a healthy jail environment. At the present time, this is an area that is in need of improvement in Saskatchewan jails.

The Pine Grove Correctional Centre is the only facility that is able to offer a work, education or training (WET) placement to all inmates. WET placements in all centres are for roughly three hours in the morning and three hours in the afternoon.

Prince Albert provides all low-security inmates with a placement, and 70% of the general population of all risk categories who are eligible for a placement either get a placement or are put on the waiting list. Saskatoon estimated that there is a placement for just over 50% of inmates, and Regina estimated there was a placement for about 75% of inmates.

Corrections has developed a strategy to address programming needs. This issue is discussed in detail in "Programming" and "Living Conditions."

### **RECOMMENDATION**

+ With due regard to safety security concerns, ensure that all inmates are occupied in meaningful activities during the day.

### *Exercise*

Physical exercise is as important as work, education and training to an inmate's mental and physical health. Opportunities for physical activity in the province's correctional centres are limited and have diminished in the last few years due to budget constraints.

All of the correctional centres provide some time during each day for exercise, but there is no organized exercise program.

Saskatoon's exercise periods vary depending on the day of the week from roughly 2 ½ hours to 3 ½ hours daily. On weekends and statutory holidays, when there are no opportunities for work, education or training, inmates get only 45 minutes for exercise.

At Pine Grove, inmates can exercise for up to four hours per day. In Prince Albert, inmates get 1½ hours of outside exercise in the winter and 2½ hours in the summer. They also get one hour of gym after outside exercise. In Regina, inmates get one hour of exercise daily.

According to the literature on jail suicides, the inmates most at risk are those who are isolated. Yet in Saskatchewan's correctional centres, these are the inmates who get the least opportunity for exercise. In fact, it could be argued that many of these inmates are not given any real opportunity for exercise at all.

Many inmates are allowed only one half hour per day out for exercise, including segregated inmates in Regina and Pine Grove, inmates on cell confinement and in holding cells in Prince Albert, and inmates on remand and in holding cells in Saskatoon.

Even if these inmates were inclined to exercise during this time there is no exercise equipment provided. In short, their entire day is spent isolated and idle.

The importance of exercise to inmate health was recognized by the United Nations as far back as 1957, when it drafted the Standard Minimum Rules for the Treatment of Prisoners. The rules call for one hour of daily exercise in the open air, weather permitting. None of the centres meets this standard for all inmates.

At this time, Saskatchewan is the only jurisdiction in Canada that does not provide a minimum of one hour of daily exercise to all inmates.

### **RECOMMENDATION**

+ Allow inmates a minimum of one hour of physical exercise every day, with access to exercise equipment, outdoors if possible.



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## The Role of Corrections Workers

*Training in suicide prevention*

*Many factors thought to be associated with suicide are difficult or impossible to measure, such as feelings and perceptions surrounding events in inmates' lives. Therefore, the successful identification of potentially suicidal inmates depends both on our knowledge of quantifiable factors associated with suicide and on our sensitivity toward the inmate's personality and social circumstances. This leads us to conclude that one of the most obvious, and perhaps most important, measures for preventing prison suicide is staff training.<sup>10</sup>*

A prerequisite for employment as a corrections worker is completion of the Corrections Worker Program at the Saskatchewan Institute of Applied Science and Technology (SIASST). The program includes a half-day of training in suicide prevention intended to enable the worker to recognize a person at risk, assess the severity of the situation, respond appropriately through suicide management or referral, and know how to respond to a suicide in progress. SIASST plans to increase the suicide prevention component to two full days.

The training at SIASST is supplemented by a Provincial Induction Training Program that is provided in-house upon commencement of employment as a corrections worker. The module on suicide prevention, which takes 3.5 hours to complete, repeats the training learned at SIASST and includes additional practical information applicable to the correctional centre where the new staff member is employed.

The nursing staff members, all of whom have received training in suicide risk assessment, also work closely with suicidal inmates. In all four centres, all of the inmates who are identified as at risk of committing suicide are referred to the medical unit for assessment.

Although all staff members, or at least nearly all, received suicide prevention training before they started working in the correctional centres, there is no formal provision for refresher courses. Consequently, some staff members and nurses have training that dates back many years. To its credit, the Regina centre provided training in suicide awareness to most of its supervisors and corrections workers between 1998 and 2000.

**COMMENDATION**

+ To the Regina Correctional Centre for providing suicide awareness training to its staff members.

**RECOMMENDATION**

+ That Corrections offer refresher training in suicide prevention to ensure that all staff members have training that is up to date.

*Relations between staff and inmates*

Training is only one part of a good suicide prevention program. The relationship between staff and inmates is equally important, and arguably even more so. This is because understanding the causes of inmate self-injury and suicidal behaviour and recognizing the risk signs work best if staff members have formed a positive relationship with inmates that yields the level of trust necessary for open communication of inmate needs.

At present, it is not possible to quantify the nature of staff/inmate relations in Saskatchewan. There is, however, agreement among both staff and inmates that there is room for improvement.

The importance of the role that staff members play in the health of a jail should not be taken lightly. The United Kingdom report on suicide in prison revealed that "...the attitude that staff demonstrate towards them [inmates] as individuals is the most important aspect of life for the vast majority of prisoners."<sup>11</sup> It is reasonable to assume that the same would apply in Saskatchewan's jails.

<sup>10</sup> "Inmate Suicide: What Do We Know? Studies of Inmate Suicide," *Forum* 4.3 (1992), 3.

<sup>11</sup> Suicide is Everyone's Concern 7.21..





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A report done in Australia regarding deaths in prison came to the same conclusion.<sup>12</sup> In fact, both the Royal Commission Into Aboriginal Deaths in Custody and the Parliamentary Commissioner for Administrative Investigations (Ombudsman) in Australia have recommended that "Corrective Services authorities should regard it as a serious breach of discipline for an officer to speak to a prisoner in a deliberately hurtful or provocative manner."<sup>13</sup>

The role corrections workers play in the lives of inmates who are suicidal is important, and not all workers are well suited to fill this role. For example, there is a danger that staff members who have witnessed several suicides or self-injuries

To limit the risk for new admissions, the United Kingdom Chief Inspector of Prisons suggested placing new admissions under close observation for the first 48 hours.<sup>14</sup>

Screening should test for characteristics that have been determined to be related to increased suicidal risk, including:

- + Intoxication,
- + Distressed emotional state,
- + Family history of suicide,
- + Previous suicide attempts,
- + Recent significant loss,
- + Limited prior incarceration,
- + Lack of a social support system,
- + Psychiatric history, and
- + Various stressors of confinement.



understanding the causes of inmate self-injury and suicidal behaviour and recognizing the risk signs work best if staff members have formed a positive relationship with inmates



will harden themselves to cope with the pain and become blind to signs of distress. Workers who are showing signs of indifference for any reason should be reassigned to duties where the ability to correctly assess the inmates' risk of self-harm is less important.

### RECOMMENDATION

- + Emphasize the importance of the role that all corrections employees play in inmates' lives.

### Suicide Screening

#### *Risk assessment*

Inmates are most vulnerable when they first enter the system, and for this reason screening for suicide risk must be done immediately.

In addition, screening should occur whenever an inmate is going through a high-risk period, such as divorce or the death of someone close.<sup>15</sup>

Although the United Nations Standard Minimum Rules for the Treatment of Prisoners does not require suicide screening for all new admissions, it does call for a medical officer to see and examine every prisoner as soon as possible. This could mean essentially the same thing.

Until the end of 2001, suicide screening at the four correctional centres was not standardized. In two of the correctional centres, a nurse screened all new admissions for suicide risk. In the other two, new admissions were asked a short series of health-related questions by corrections workers and if the answers indicated they might be suicidal they were referred to a nurse.

<sup>12</sup> Allen 9.21

<sup>13</sup> Allen 15.19.

<sup>14</sup> Suicide is Everyone's Concern 6.23.

<sup>15</sup> Hayes 19.



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Under a new suicide prevention protocol implemented in 2002, a corrections worker or nurse is to complete a standardized suicide-prevention questionnaire. If a corrections worker completes the questionnaire and the inmate's answers indicate a suicide risk, the inmate is to be referred to the medical unit.

Corrections workers are not to assess the inmate for suicidal tendencies, but rather nurses are to complete an assessment. Corrections workers are simply to screen inmates to determine whether a referral to the medical unit is warranted. Both corrections workers and medical staff are to review the inmate's electronic and paper file to determine if there is a history of mental health or suicidal behaviour.

The caseworker assigned to the inmate is to develop a case plan that will address any mental health needs. The policy alerts staff to the increased risk of suicide for inmates who are under the influence of or withdrawing from alcohol or drugs.

If at any time after admission, an inmate shows signs of suicidal behaviour, the supervisor or a nursing staff member is to be advised promptly, and the action taken is to be documented.

After the inmate's admission, the identification of suicide risk depends on staff vigilance and inmate disclosure. There will be instances, however, where inmates trying to cope with a traumatic event such as a death or divorce will manage to conceal their feelings. If workers know about the traumatic event, it would be better to refer the inmate to the medical unit for a risk assessment than to rely on outward signs of suicide risk.

Although corrections workers play a large role in suicide prevention, inmates have stated a preference for having a nurse complete the suicide-screening questionnaire. Not all inmates are comfortable discussing personal issues with corrections workers. To minimize the risk of inmates concealing their thoughts and feelings from corrections workers, it would be better if a nurse screened the new admissions in all four centres for suicide risk.

**COMMENDATION**

+ For developing a suicide prevention protocol to identify, assess and manage inmates who are suicidal.

**RECOMMENDATION**

+ Have nurses complete a suicide risk assessment upon admission and at other high-risk times, such as following the death of someone close or the breakdown of a significant relationship.

*Difficult inmates*

Difficult inmates may be reacting to stress in the only way they know how. Their behaviour may be an indication that they are having trouble coping and are at risk. This issue was addressed in the Australian report on Deaths in Prisons:

*Angry, uncooperative prisoners may be just as much at risk of suicide as those who are depressed. Many such prisoners will have acquired the label of personality disorder because of behavioural difficulties extending back over many years.*

*This should not be taken to mean that they never get into difficulties in which suicide risk might be severe, requiring short-term crisis intervention. Professor Gethin Morgan has termed the syndrome of poor behaviour combined with lack of positive relationships as 'malignant alienation'. The individual fails to respond to intensive help, perhaps relapsing repeatedly or behaving in a challenging and uncooperative way. Attitudes of others become critical and judgemental. The individual is perceived as difficult, manipulative or over dependent, loses the sympathy and support of others and becomes socially isolated.*

*Of course prisoners may sometimes earn criticism of this kind, but it is essential to review their behaviour as objectively as possible. Difficult behaviour may in some cases reflect severe despair and total failure through illness to cope with problems, rather than deliberate misbehaviour, which might have been avoided by self-control. There may be a real risk of suicide in such cases . . .*





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*Basic behavioural principles can be followed by all staff in their dealings with prisoners. The most important thing to remember is that reward for desirable behaviour is far more effective than punishment for undesirable behaviour<sup>16</sup>*

This approach raises an interesting question about discipline charges and difficult inmates. If an inmate is having extreme difficulty coping with the prison environment and behaves in an unacceptable manner, should he or she be charged or treated or both?

The discipline panel, however, is really set up to determine guilt and impose a sanction. If a difficult inmate is found to have committed the alleged offence, even if there are mitigating factors, the panel is constrained to find the inmate guilty. The panel can consider the mitigating factors when determining an appropriate sanction, but the least severe sanction is a reprimand.

When punishment isn't appropriate, some panels issue a reprimand and refer the inmate to treatment or counseling. We understand that this option is used more frequently in some centres than others.



Saskatchewan Corrections is aware that difficult inmates may be struggling to cope and need treatment rather than punishment.



A punitive approach may well be dangerous. Inmates, who by their nature do not cope well in a highly structured and regulated environment, may resort to self-destructive behaviour to control their environment. Consequently, a punitive response may lead to an increase in self-destructive behaviour.<sup>17</sup>

Saskatchewan Corrections is aware that difficult inmates may be struggling to cope and need treatment rather than punishment. Corrections workers are expected to use the formal discipline process as a last resort. Their first response is to determine why the inmate is misbehaving and to resolve the matter informally.

Handling an incident in this manner gives the corrections worker an opportunity to determine if the inmate needs treatment or discipline. In the event that an inmate is charged when treatment would have been more appropriate, the discipline panel has the authority to correct the situation.

In the interests of consistency between the centres and fairness, it would be better if the discipline panel had the option of finding an inmate guilty and referring the inmate to treatment rather than being required to impose some kind of punishment. Another option would be to authorize the panel to suspend a sanction pending completion of treatment or counseling.

### RECOMMENDATIONS

- + Emphasize the need for corrections workers to continue to consider the motivation behind inmate behaviour and to recommend treatment for inmates experiencing emotional distress whenever possible.
- + Encourage the discipline panel to consider treatment as an option to punishment when the inmate's behaviour is the result of emotional distress.

<sup>16</sup> Allen 10.120.

<sup>17</sup> Heather L. Holley and Julio Arboleda-Florez, "Hypernomia and Self destructiveness in Penal Settings," *International Journal of Law and Psychiatry* 11.2 (1988), 167-78.



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**SUGGESTION**

+ Consider amending *The Correctional Services Act* to authorize the discipline panel to suspend a sanction pending completion of treatment or counseling.

**Procedural Responses to Suicidal Inmates***Management of inmates at risk of suicide*

Inmates in crisis are identified by Corrections staff through a variety of means: assessment with formal screening tools, self-declaration, staff/inmate observation of altered behaviour or tips from outside sources such as family members.

Once alerted to a potential problem, a nurse will meet with the inmate, assess the situation and likely consult with the general practitioner or psychiatrist about a course of treatment. Depending on the circumstances, an inmate might remain on his or her unit, be transferred to a hospital, or be placed in an observation cell until the doctor or psychiatrist can see him or her.

After the initial screening, the attending psychiatrist or general physician decides the course of treatment, and the nurses carry out the doctor's orders. In the more serious cases, placement in an observation cell is the method of suicide prevention mostly commonly used by the centres, with close supervision in the general population as an alternative.

Observation cells in Pine Grove, Prince Albert and Saskatoon have a similar physical make-up, and consist of a windowed observation room situated between two cells. Other than in the Saskatoon facility, inmates remain in these cells for 23 ½ hours per day, under constant observation.

The Regina Correctional Centre has a 15-cell unit designated for observation and recovery. As in Pine Grove and Prince Albert, inmates in crisis remain in their cells for 23 ½ hours per day under constant observation.

In the Saskatoon facility, the amount of time spent in an observation unit is restricted to nighttime hours in most instances. During the day,

inmates are placed in a dormitory with several other inmates or are double bunked. A "buddy system" is also used to ensure the inmate is never alone. The methods used by the Saskatoon Centre are both innovative and in keeping with Corrections' "least restrictive measures" policy.

Saskatoon's suicide prevention strategy is consistent with the research on jail suicides, which recommends isolating suicidal inmates only as a last resort, since isolation exacerbates the inmate's distress. Inmates told us that the experience of being isolated in the observation cell is unpleasant, and consequently inmates will try to tough it out in the general population rather than admit they are having trouble coping. This is clearly not in their best interests.

The recently drafted divisional policy on suicide prevention recognizes that placement in a general population unit or in a dorm are alternatives to isolation in an observation cell. Unfortunately it does not go as far as recommending that isolation be used only as a last resort.

**COMMENDATION**

+ To the Saskatoon Correctional Centre for the implementation of innovative suicide prevention practices.

**RECOMMENDATION**

+ Revise policy to state that isolation is to be used only as a last resort in suicide prevention.

*Supports available to inmates at risk*

Inmates who are contemplating suicide or self-harm can talk to a fellow inmate or a staff member or request to see a nurse. Nursing coverage, however, is available for only 16 hours per day.

One should not expect suicidal inmates to be comfortable discussing private emotional or mental problems with just any staff member or even other inmates. For most of the day, this is not as large a problem as it might be at night, when there is only a limited complement of staff available and inmates are in their cells. The dormitory units in Prince Albert, Pine Grove and Saskatoon are an exception.



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Many systems have been tried to meet the needs of inmates who are having trouble coping. The Chief Inspector of Prisons in the UK has recommended the use of suicide support workers who are trained to deal with suicidal inmates and have the authority to implement programs and allow special privileges designed to address the suicidal inmate's needs.

Other jurisdictions have also experimented with various kinds of inmate "buddy" systems. The most important thing these different ideas have in common is understanding, compassionate human contact.

+ *Inmate support schemes*—In the United Kingdom, prisons have tried training prisoners to deal with suicidal inmates and have also tried buddy systems. Confidentiality in these systems is a major concern. Some maintain that protecting confidentiality is necessary to gain the suicidal inmate's trust. Others argue that this is not necessary and places an unreasonable burden on the fellow inmate.<sup>18</sup>

In the United States, prisons have had some success with training prisoners and paying them to work as "companions" with suicidal inmates.<sup>19</sup>

For the past few years, the Saskatoon Correctional Centre has been using a buddy system to help inmates who are suicidal, and does not appear to have experienced any significant problems. The intent is to keep watch over the distressed inmate and offer companionship. Inmates volunteer and receive basic instructions on their responsibilities. At this point, there is no instruction booklet for inmates volunteering for this duty.

The Suicide Prevention Protocol recognizes the merit of Saskatoon's buddy system and offers it as an alternative for all centres. The protocol refers to the option as "peer support", which it states can include double-bunking, joint work assignments, and companion support roles.

The protocol calls for volunteers to be advised of the responsibilities of their role but it does not require any formal instruction. Once the practice becomes more widespread, it would be best if the instructions inmates received were standardized in a booklet to ensure that all volunteers receive all the information they need.

### RECOMMENDATION

+ Prepare a booklet explaining the role of volunteers for the peer support program.

+ *Family involvement in suicide prevention*—The centres commonly receive calls from the outside, often from family members, to report that an inmate is having difficulty coping. These calls should not be taken lightly. Inmates can be expected to more openly discuss their feelings with family members than with corrections staff.

Even when they are confronted by correctional staff following a phone call from a concerned family member, inmates may choose to guard their feelings. This may leave the correctional staff to conclude that the risk is non-existent or smaller than it is.

The suicide prevention protocol adopted in 2002 recognizes that family and community supports are important resources for distressed inmates. However, it does not appear to contemplate any special privileges for these inmates.

This is regrettable given that suicidal inmates often are in desperate need of support from people they trust. Not all inmates have family support, but many do. Additional phone privileges or increased visits could go a long way toward helping the inmate cope.

The Australian Parliamentary Commissioner for Administrative Investigations (Ombudsman) has stated the following:

*It seems to me undeniable that the involvement of family members through*

<sup>18</sup> *Suicide is Everyone's Concern* 5.26-30.

<sup>19</sup> *Suicide is Everyone's Concern* 6.28.



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*visits, telephone contact or special meetings should be an essential component of any suicide prevention or management strategy.*<sup>20</sup>

**RECOMMENDATION**

+ Increase phone and visiting privileges for suicidal inmates to allow them better access to family and community supports.

+ *The role of medical staff*—Members of the medical staff play a key role in any suicide prevention strategy. In Saskatchewan, all inmates who are believed to be suicidal are referred to the nurses, who are available 16 hours per day. After assessing an inmate, nurses will refer to the centre physician or psychiatrist as required.

If medication is prescribed, the nursing staff dispenses it. Nurses will also decide, either on their own or in consultation with the physician or psychiatrist, whether an inmate needs to be placed in an observation cell.

A decision by the medical unit to place an inmate in an observation cell is not to be challenged.

Nursing staff are to place a suicide alert on the centre's electronic Management Information System so that all staff members who have dealings with the inmate can assist with suicide prevention efforts. A suicide risk alert is only to be removed by the centre physician, psychiatrist or psychologist.

+ *Psychological care*—In September 1999, the Saskatoon Correctional Centre hired a resident psychologist. The psychologist's duties include individual assessment of inmate needs, program development, and consultation with corrections workers about inmates.

Inmates who wish to meet with the psychologist are expected to complete a referral form with the help of their caseworker. Our information is that

the presence of a resident psychologist has benefited both staff and inmates.

It should be noted that in many jurisdictions in Canada and the United States, the presence of a resident psychologist or team of mental health professionals is often the norm rather than the exception.

**COMMENDATION**

+ To the Saskatoon Correctional Centre for employing a resident psychologist to provide ready access to professional advice about mental health issues to both staff members and inmates.

+ *Elders and chaplains*—Inmates can see an Elder or chaplain on request. Elders and chaplains, however, are not available at all times. In Regina, the Elder is on contract for 32 hours per week, at Pine Grove for 16 hours per week, and at Saskatoon for 24 hours per week. Prince Albert has two Elders, one on contract for 40 hours per week and one for 16.

The contract hours for the chaplains are slightly different. Regina's chaplain is on contract for 32 hours per week, Pine Grove's for 22 hours, Prince Albert's for 40 hours and Saskatoon's for 20 hours per week.

Unlike the Elder, the chaplain is usually assisted by a large network of volunteers, with Regina being an exception. In Regina, the chaplain is assisted by two interns rather than volunteers.

In all centres, the Elder and chaplains are expected to work on call in case of emergencies, such as suicides. Although we have heard that there are not enough Elders to meet inmate needs, if an inmate is having substantial difficulty coping, he or she can generally see an Elder or chaplain within a day.

<sup>20</sup> Allen 11.68.



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### *The use of separation and seclusion as a response*

The literature is unanimous in its conclusion that separation and seclusion is non-therapeutic for suicidal inmates and can actually increase the risk of suicide.

*Seclusion is a nursing technique on the one hand and a punishment strategy on the other. It is a useful nursing technique in the management of highly disturbed, usually psychotic, and violent patients who are a danger to others. It is never used in a hospital setting for suicidal*

regime for inmates in observation cells is only marginally less restrictive than the regime for inmates in segregation cells.

A comprehensive Australian report on deaths in prisons reported the following about observation cells. Medical observation cells:

- + Are inappropriate for suicidal prisoners;
- + Are degrading, boring and intimidating;
- + Cause sensory deprivation;
- + Are seen as punishment;
- + Engender feelings of anger and rage;
- + Have no therapeutic benefit if observation by



It is common practice in some Saskatchewan correctional centres to place suicidal inmates in observation cells.



*patients because it is a depressing experience that can increase suicidal ideas...In short, seclusion is anti-therapeutic.*<sup>21</sup>

A study based on 86 suicides committed in the U.S. Federal Bureau of Prisons system between 1983 and 1992 revealed that "...approximately 68 percent of the inmates who committed suicide were on "special housing status (e.g., segregation, administrative detention, or in a psychiatric seclusion unit) and, with only one exception, all victims were in single cells at the time of their deaths."<sup>22</sup>

Administrative and disciplinary segregation are not the only forms of isolation. It is common practice in some Saskatchewan correctional centres to place suicidal inmates in observation cells. In the Regina Correctional Centre, the

officers is merely "watching" without interaction;

- + Prevent suicide in the short term but do not address the underlying causes;
- + Are over-used;
- + Increase distress; and
- + Discourage prisoners from revealing fears and anxieties.<sup>23</sup>

The use of isolation is based on the assumption that suicide risk can be reduced by limiting access to opportunities. This response fails to consider that the underlying causes for suicidal ideation or behaviour will persist and that the experience of isolation may actually increase an inmate's resolve to harm him- or herself once an opportunity arises.<sup>24</sup>

### RECOMMENDATION

- + Expose suicidal inmates who have to be segregated and closely observed to as much human

<sup>21</sup> John Gunn, quoted in *Suicide is Everyone's Concern* 5.51. See also Allen 10.108.

<sup>22</sup> Hayes 4. See also Allen 8.28, and Natalie H. Polvi, *Assessing Risk of Suicide in Correctional Settings: Estimate of Suicide Risk Checklist (ESR)* (Correctional Service of Canada), 21.

<sup>23</sup> Allen 10.185.

<sup>24</sup> Joseph Reser, "Design of Safe and Humane Cells", quoted in Allen 10-189.





## Inmate Services and Conditions of Custody in Saskatchewan Correctional Centres

contact as possible, and allow them as much freedom of movement as possible to minimize their sense of isolation.

*Ongoing care for prisoners*

After inmates are treated in an observation cell, or in more serious cases, in a hospital, the need for ongoing care is very important if the risk of future suicide or self-harm is to be minimized. The Australian At Risk Management System includes a checklist for ongoing monitoring of inmates who have been released from observation cells. The list includes "...the briefing of all unit staff, the making of a follow-up appointment with a health professional, procedures to ensure the continuity of care and support, the organisation of activities for the prisoner and a suitable cellmate if appropriate, and the level of supportive supervision required by the prisoner."<sup>25</sup>

In Saskatchewan, responsibility for the ongoing care of inmates who have been treated for suicidal risk and returned to the general population falls to the inmate's caseworker. At this point, there is no policy or checklist to help caseworkers ensure that all recently suicidal inmates receive appropriate follow-up care.

The recently drafted Suicide Prevention Protocol does address the need for follow-up treatment for suicidal inmates who are being released from jail. The protocol calls for contact with community health personnel, an appropriate treatment plan for ongoing medical and therapy needs, referral to a community hospital or community health clinic, and notification of next of kin or sponsor.

**RECOMMENDATION**

+ That Corrections provide all caseworkers with standardized guidelines to follow for inmates who have been recently treated for suicidal risk.

**Procedures When a Suicide Victim is Discovered**

*Following a suicide attempt, the degree and promptness of the staff's intervention often foretell whether the victim will survive. National correctional standards generally acknowledge that a facility's policy regarding intervention should be three-fold. First, all staff who come in contact with inmates should be trained in standard first aid procedures and cardiopulmonary resuscitation (CPR). Second, any staff member who discovers an inmate attempting suicide should immediately survey the scene to ensure the emergency is genuine, alert other staff to call for medical personnel, and begin standard first aid and/or CPR. Third, staff should never presume that the inmate is dead but rather should initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.<sup>26</sup>*

Procedures for corrections workers to follow when they discover a suicide victim are included in the Induction Training Program, but are not part of formal policy.

Since suicides are relatively rare, it is expecting a lot to suppose that a corrections worker is going to be able to correctly follow procedures that were discussed in the early part of his or her training, without a reference in policy and without refresher training. In some instances, proper procedures may be a matter of life or death.

It may be tempting for staff members who have had some experience with suicide victims to make determinations about the presence of life. This is ill advised for any layman. Except in the most obvious of cases, staff members should act as though the inmate is alive and attempt resuscitation until medical staff or ambulance attendants arrive.

<sup>25</sup> Allen 9.56.

<sup>26</sup> Hayes 23.

<sup>27</sup> Hayes 25



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Following a suicide, it is essential that a thorough administrative review is conducted to determine what happened and what, if anything, can be done to minimize the risk of future incidents. The National Institute of Corrections in the United States recommends that the following be included in a review:<sup>27</sup>

- + A critical review of the circumstances surrounding the incident;
- + A critical review of prison procedures relevant to the incident;
- + A synopsis of all relevant training received by involved staff;
- + A review of pertinent medical and mental health services involving the victim; and
- + Any recommendations for changes in policy, training, physical plant, medical or mental health, and operational procedures.

Although Saskatchewan Corrections does not have written policy addressing the protocol for an administrative review, we know from our own work surrounding inmate suicides that in the last several years, Corrections has completed an administrative review that meets the above criteria following every suicide.

### RECOMMENDATION

- + Develop policy and procedures for staff to follow if they discover a suicide victim.

#### *Effects of suicide on other inmates and staff members*

Despite the best efforts, suicides still happen. When they do, the staff members on duty and the inmates who know the inmate or are nearby are all affected. Some of them may need help coping.

In November 2001, Corrections officially recognized the need to offer help to staff members and inmates who are having trouble coping with a suicide.

Workers who were involved or affected attend an operational debriefing to discuss what happened, and are all invited to meet with an outside counsellor to discuss their response to the sui-

cide. Elders and chaplains are available to inmates who are having trouble, and inmates can ask for medical help.

It is also becoming increasingly common to hold memorials in the correctional centres for the deceased inmate to help staff members and inmates deal with the suicide.

### COMMENDATION

- + For developing policy to officially recognize the need to help staff and inmates who are having trouble coping with a suicide.

#### *Dealing with the families of deceased inmates*

Corrections policy does not address the needs of a deceased inmate's bereaved family. Correctional Centre directors will normally ask the police to notify family or next of kin.

There is an understandable reluctance on the part of Corrections to become directly involved while there is an ongoing police investigation or possibly a lawsuit. Nevertheless, representatives from some centres have spoken to surviving family members after consulting with police.

This is a commendable practice, as the correctional centre is much better positioned than the police to answer the questions of the bereaved family and as the custodian of the deceased arguably has a moral obligation to assist the survivors.

In addition to meeting with the survivors, Corrections might also consider offering bereaved family or next of kin an opportunity to visit inmate or staff friends of the deceased.

### SUGGESTION

- + Offer bereaved family members or next of kin an opportunity to meet with inmate and staff friends of the deceased inmate.

### RECOMMENDATION

- + Designate a representative from each centre to meet with the survivors of deceased inmates.

<sup>27</sup> Hayes 25



## Inmate Services and Conditions of Custody in Saskatchewan Correctional Centres

**Corrections' Responses to Coroner's Recommendations**

In Saskatchewan, a coroner's inquest is held whenever a person who is an inmate in a correctional centre dies. The purposes of the inquest are to:

- + Ascertain the identity of the deceased and determine how, when, where and by what means he or she died;
- + Inform the public of the circumstances surrounding a death;
- + Bring dangerous practices or conditions to light and facilitate the making of recommendations to avoid preventable deaths; or
- + Educate the public about dangerous practices or conditions to avoid preventable deaths.<sup>28</sup>

The recommendations made by a coroner's jury resulting from an inquest into a death at a correctional centre are not binding, and no authority exists to monitor compliance with the jury's recommendations once it has concluded its business, so Corrections is free to accept or reject them.

With this in mind, we reviewed a list prepared by Corrections of recommendations made by coroner's juries for each of eight suicides between 1997 and 2000 and the responses of each of the province's four correctional centres. The list was prepared at the request of the executive director, who wanted to ensure that recommendations are implemented or that sound reasons are provided for their rejection.

We noted that in some instances, a recommendation could not be incorporated into the existing physical structure of the centre. For example, one jury recommended the installation of solid flooring between units on different floors to prevent inmates passing items through the floor, which is made of iron grating. However, according to an engineering report that had been completed, this was not a structurally viable option.

In another instance, a jury recommended that all health history forms be reviewed by the nursing supervisor and the assistant deputy director. All four centres rejected the recommendation that the assistant deputy director review the health history forms on the grounds that this would be a breach of confidentiality.

Sometimes Corrections decides that there is an alternative to a coroner's recommendation that is better. For example, in response to the recommendation that video cameras be installed in all solitary confinement cells, all of the directors stated that staff interaction with the inmates was preferable.

With regard to recommendations directed at correctional practices, Corrections has recently appointed one of its own senior staff members to ensure that Coroner's recommendations are accepted or that sound reasons exist for not accepting them.

While this self-monitoring procedure is commendable and ought to continue, the monitoring is in-house.

Since recommendations directed at Corrections are arguably a matter of fairness involving inmate services and therefore a matter that falls within the Ombudsman's mandate, the Ombudsman is an appropriate agency to conduct an independent review. We undertook this role some years ago, and will continue to monitor Corrections' response to the Coroner's recommendations.

**COMMENDATIONS**

- + For taking the initiative to review coroner's recommendations for the past five years to ensure they were either implemented or sound reasons existed for their rejection.
- + For appointing a senior staff member to monitor the implementation of all future coroner's recommendations.

<sup>28</sup> *The Coroner's Act*, sections 19 and 20.



## Suicide & Self-Injury

### SPECIAL REPORT

#### RECOMMENDATIONS

- + Ensure through policy and training that corrections workers do not dismiss self-harming behaviour as manipulative without good reason.
- + Continue to improve the living environment in the correctional centres.
- + Bring the living environment in all four centres up to equivalent standards.
- + With due regard to safety security concerns, ensure that all inmates are occupied in meaningful activities during the day.
- + Allow inmates a minimum of one hour of physical exercise every day, with access to exercise equipment, outdoors if possible.
- + That Corrections offer refresher training in suicide prevention to ensure that all staff members have training that is up to date.
- + Emphasize the importance of the role that all corrections employees play in inmates' lives.
- + Have nurses complete a suicide risk assessment upon admission and at other high-risk times, such as following the death of someone close or the breakdown of a significant relationship.
- + Emphasize the need for corrections workers to continue to consider the motivation behind inmate behaviour and to recommend treatment for inmates experiencing emotional distress whenever possible.
- + Encourage the discipline panel to consider treatment as an option to punishment when the inmate's behaviour is the result of emotional distress.
- + Revise policy to state that isolation is to be used only as a last resort in suicide prevention.
- + Prepare a booklet explaining the role of volunteers for the peer support program.
- + Increase phone and visiting privileges for suicidal inmates to allow them better access to family and community supports.
- + Expose suicidal inmates who have to be segregated and closely observed to as much human contact as possible, and allow them as much freedom of movement as possible to minimize their sense of isolation.
- + That Corrections provide all caseworkers with standardized guidelines to follow for inmates who have been recently treated for suicidal risk.

- + Develop policy and procedures for staff to follow if they discover a suicide victim.
- + Designate a representative from each centre to meet with the survivors of deceased inmates.

#### SUGGESTIONS

- + Consider amending *The Correctional Services Act* to authorize the discipline panel to suspend a sanction pending completion of treatment or counseling.
- + Offer bereaved family members or next of kin an opportunity to meet with inmate and staff friends of the deceased inmate.

#### COMMENDATIONS

- + To the Regina Correctional Centre for providing suicide awareness training to its staff members.
- + For developing a suicide prevention protocol to identify, assess and manage inmates who are suicidal.
- + To the Saskatoon Correctional Centre for the implementation of innovative suicide prevention practices.
- + To the Saskatoon Correctional Centre for employing a resident psychologist to provide ready access to professional advice about mental health issues to both staff members and inmates
- + For developing policy to officially recognize the need to help staff and inmates who are having trouble coping with a suicide.
- + For taking the initiative to review coroner's recommendations for the past five years to ensure they were either implemented or sound reasons existed for their rejection.
- + For appointing a senior staff member to monitor the implementation of all future coroner's recommendations.