



Suicides on Our Watch

Editor's Message



By Ed Rudin, MD

The jail suicide rate is rising statewide, mostly due to factors we can and should do something about.

EIGHT MEN COMMITTED SUICIDE at the Sacramento County jail from August 2001 to August 2002, seven since January. These were not authorized assisted suicides, nor did the men who committed them make free and fully informed decisions.

Yet, jail logs for the first six months of this year show that deputies had not checked on half of these men within the hour recommended by the state. One had not been checked for 2 hours and 18 minutes, another for 1 hour and 50 minutes, and the third, who had previously jumped from a second-story tier, for 1 hour and 20 minutes.

In 1998 and in 2001, the State Board of Corrections had found that the Sacramento jail had no written policy about frequency of checks and the custody logs showed gaps of more than the recommended hour.

In July 2002, the jail changed its cell check procedures to meet state standards and altered its bunks to thwart hanging. The July suicide was within half an hour of the last check and the one a week later was the first in jail memory using an overdose of a prescribed drug - raising a new question: drug-dispensing procedures.

No inmate was under special psychiatric care or suicide watch at the time he died, even though most were seriously troubled. Several were withdrawing from drug and alcohol addictions, one had told deputies he planned to kill himself just hours before he did. Another had a documented history of mental problems in his criminal record. The last had a long history of child molestation, had served previous prison time for that and faced sentencing - possibly a life sentence - the next day.

Compared to five suicides in the seven years from 1991 to 1997, there were seven in the first eight months of 2002. Deputies also reported thwarting six suicide attempts this year.

When a 1993 lawsuit ordered Sacramento to limit its jail population to correct overcrowding, the suicide rate was less than one a year. In 1998, the County added a second bed to some single cells. The jail population rose by 508 to more than 2,300. To serve the additional inmates the county added five deputies to the 254 in place, and switched them from regular full-time shifts to 12-hour four-day shifts. In June, 40 positions were vacant, some filled by on-call deputies.

State standards require 35 square feet of open space per inmate. Instead of adding space, Sacramento locked its prisoners in their cells longer or gave them access to common areas in shifts. The last two suicides occurred at 2 a.m. and at about midnight, when the suicide's cell mate was using the common area.

Of the eight who committed suicide, only one faced a potential death penalty, although the 50-year-old inmate who hung himself in July was beginning a trial for murder and the eighth was facing a possible life sentence. Of the others, one was a 47-year-old homeless man jailed on loitering charges and an outstanding warrant for misdemeanor drunken driving. His criminal record showed a history of mental health problems.

Another was a 23-year-old drug addict accused of stealing a tip jar from a food counter. The third, a 51-year-old heroin addict arrested on drug charges, threatened to kill himself while going through withdrawal. He was given something for his stomach and for sleep and returned to his cell, where he killed himself. The fourth was a 36-year-old charged with child molestation; the fifth a 34-year-old alcoholic arrested on suspicion of rape just 12 hours earlier. He had recently inherited \$80,000 and was working again and visiting his 7-year-old son.

A nurse sees every inmate on admission and deputies are trained to watch inmate behavior. Whenever jail staff decide an inmate is suicidal, they can move him to the jail's 18-bed psychiatric unit, where he is clothed in a safety suit and checked every 15 minutes. One of the inmates had been on that unit more than once, but continued to insist he was not suicidal, so was not there when he hung himself. It is a no-brainer: a person intent on suicide will try to avoid suicidal observation. The repeat child molester facing a life sentence was able to write four suicide notes and hoard 36 pills besides the ones he ingested. He was not on suicide watch.

As community-based mental health and drug treatment resources shrink, jails must manage the homeless, care for the mentally ill and drug dependent, and hold suspected and convicted criminals. All need different supervision and activity, hardly what an overwhelmed, under-trained correctional staff can deliver. After the first few suicides this year, the department ordered the psychiatric staff to train 400 jail and courthouse deputies and support staff.

In July, Sheriff Blanas, previously skeptical about the value of more frequent cell checks and closer monitoring by personnel trained in suicide prevention, expressed frustration "as to why it's occurring and why they pick the Sacramento County Jail." We have partial answers to both questions.

From 1983 to 1999 the national jail suicide rate plummeted from 129 per 100,000 inmates to 54, according to US Bureau of Justice statistics. Experts credited more frequent cell checks and prevention-trained guards.

The LA Times, on June 16, 2002, reported 38 jail inmate suicides throughout the state in 2001, a sharp rise from the 23 in 2000. That surpassed the previous high of 37, recorded nearly 20 years ago. If this year's pace of 10 suicides in the first quarter holds up, California jails will set another record. The phenomenon is not unique to Sacramento.

Rebecca Craig of San Francisco's Institute for Medical Quality, a California Medical Association subsidiary that independently reviews jail medical care, called for "an in-depth look at these instances statewide to see if anyone can find a pattern." The pattern is clear.

Of the 38 jail suicides in 2001, the vast majority had not been convicted but were awaiting trial, as was true in Sacramento. They were young and old, educated and unemployed, and accused of crimes ranging from petty theft to murder. A number suffered from mental problems that raised, or could have raised, a red flag to jailers. Others were at crisis points in their criminal case.

There were high-profile inmates like accused Sacramento multiple murderer Nikolay Soltys, who killed himself despite constant camera surveillance. Most, however, were like James Riberal, a 33-year-old construction worker with a drinking problem who hanged himself while in a Stockton jail on a charge of petty theft. Several had been in suicide-watch holding cells after their arrests, only to be moved to the general jail population,

where they killed themselves.

William J. Crout, deputy director of the state Board of Corrections, told the LA Times, "It's not surprising that the numbers are going up, given the number of individuals in county jails identified as mentally ill." The board's latest survey of county jails statewide shows that the number of inmates getting mental health treatment has more than doubled in just five years.

CMA's Craig suggests that the best way to find out if inmates are suicidal is to ask them. That's a good opener, but it's never enough. An observer reputedly overheard a jail nurse ask an inmate if he felt suicidal. When the inmate answered yes, the nurse warned, "If you say 'yes', they're going to strip you and put you in a bare cell." "OK, then I'm not," the inmate said. The risk of suicide deserves a conversation about suicide, not a one-liner.

Out of a state prison population of 157,493 inmates, all convicted, 21 killed themselves last year. That 13 per 100,000 rate is comparable to the rate in the general population. The suicide rate for the 73,000 county jail inmates serving time for misdemeanor offenses or awaiting adjudication is 52 per 100,000 - four times higher.

In 1983, when the previous peak was reached, suicides accounted for nearly half the 85 deaths in California jails. After a wave of wrongful death lawsuits, local jurisdictions opened special suicide-watch cells, jailers were instructed in how to spot a despondent inmate and bureaucratic red tape was snipped, giving inmates easier access to doctors and medication. Such measures brought quick results. While the jail population in California exploded, from about 30,000 in 1980 to 70,000 in 1990, the number of suicides fell. By 1989, they had been cut in half, to 14 out of 68 jail deaths.

In 1995 the numbers began rising again. Crout, of the state Board of Corrections, notes that the number of inmates across the state who are jailed with known psychiatric conditions needing attention has more than tripled since 1995 - from 1,191 to 4,300. He gives two reasons: first, a tougher law-and-order mentality has made authorities less tolerant of quality-of-life crimes such as aggressive panhandling and public drunkenness; second, the closure of many county mental health treatment institutions has left police no alternatives to jail.

Dr. Taylor Fithian, the medical director of Monterey-based California Forensic Medical Group, California's largest contractor of jail medical care, estimates that up to 15 percent of the jail population has a major mental illness such as major depression, schizophrenia or bipolar disorder. Up to 35 percent of inmates are on psychotropic medication.

Sheriff Blanas's new suicide prevention task force, detection programs and physical changes in the jail probably helped thwart the July 25 attempt. Blaming the media for its coverage and the inmates for being "copycats" does not help. The sheriff thinks he could do better if he, not the county coroner, had contractual control of the doctors and nurses. That may be so, but it is not the root of the problem.

Jail suicides will go down when the community has adequate, accessible mental health and drug and alcohol services - for all, including those who need surveillance and protection; when the jail screens each new inmate for mental health problems as it does for tuberculosis; when deputies remove their guns and get out of the hallway-cell block mentality, become alert to crisis points, and supervise their troubled, high-risk prisoners gently but firmly.

Jail suicides will go down when there are alternatives to jail and alternatives to suicide for mentally troubled inmates; when jail staff are adequate in numbers, training and character and have ready access to the jail psychiatric unit and both staffs engage together in psychosocial post-mortems on all jail deaths.

This is a community health problem that is happening on our watch. Its results are untimely death, injustice and inhumanity.

edrudin@aol.com

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

Copyright © 2000-2008 Sierra Sacramento Valley Medical Society - All Right's Reserved