



POSITION STATEMENT

Adopted by NPJS Board of Directors ~ October 20, 2014

SUICIDE PREVENTION IN JUVENILE JUSTICE FACILITIES

STATEMENT OF THE ISSUE

Suicide is more common among youth in juvenile justice facilities than those in the community--and is the leading cause of death among juveniles in custody. A study of youth in detention found one in ten had thought about killing themselves in the past six months and a little over one in ten had made an actual suicide attempt at some point in their lives--with many trying to kill themselves more than once. Fewer than half of the youth with recent suicidal thoughts had told anyone about them.

As the number of detained and incarcerated youth declines, those who remain in juvenile detention and correctional facilities tend to have high rates of violence, mental health and substance use disorders, psychotropic medication, and trauma—all risk factors for adolescent suicide. Death can seem like the only option to youth in juvenile justice facilities who feel hopeless, alone, anxious or depressed, and who want to escape unbearable potential futures, psychological pain, or distressing circumstances. For this reason, all juvenile justice facilities must develop and implement comprehensive suicide prevention programs to identify potentially suicidal youth and respond in ways that reduce their suicidal thoughts and behavior.

NATURE OF THE ISSUE

- Youth in juvenile justice facilities often have a multitude of suicide risk factors, placing them at an elevated risk of killing themselves. Studies of youth in custody have found 63% to 92% met criteria for a mental health or substance use disorder, both significant risk factors for suicide. Youth with co-occurring disorders are at even higher risk.
- Residing in a juvenile justice facility can be stressful, and youth do not have access to many of their typical coping strategies.
- Some signs of depression (e.g., irritability, agitation, aggression) are frequently overlooked or misinterpreted as negative behavior and suicidal threats/behaviors may be viewed as “manipulative.” Youth may also exhibit suicide-related acts as the result of intense anger or frustration that is not necessarily tied to depression.
- Many suicide prevention efforts in juvenile justice facilities focus on how to respond once youth state they are suicidal, rather than preventing youth from becoming suicidal in the first place.
- Suicide prevention training is often too brief, not given to all relevant staff, and too focused on youth who are not in custody

- Not all facilities use Qualified Mental Health Professionals (QMHP's) to assess and provide treatment to suicidal youth. QMHPs are licensed and have the education, training and experience to deliver these services.
- Some youth are never re-screened for suicide risk after initial questioning at intake. Even when they are, youth may not disclose suicidal thoughts or feelings.
- Some juvenile justice facilities contain hazards that provide increased opportunity for suicidal youth to take their own lives.
- Some strategies used to keep suicidal youth safe during confinement can unintentionally increase youths' feelings of isolation, hopelessness or shame (e.g., removal of clothes, suicide smocks, no programming, restrictive housing, constant observation). Restrictive housing (e.g., room confinement) is one of the most high-risk environments for youth to take their own lives.
- Stigma related to suicide exists in many juvenile justice facilities; staff and peers may send subtle or blatant messages that youth who experience suicidal thoughts and feelings are weak, vulnerable, and unable to cope—decreasing the chances youth will seek or accept help.

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The National Partnership for Juvenile Services (NPJS) recommends that juvenile justice facilities have a comprehensive suicide prevention program that identifies potentially suicidal youth and responds in ways that reduce their suicidal thoughts and behavior. The NPJS advocates the use of national standards and best practice in the areas of suicide prevention (*see reference list) among youth in custody to develop and implement a comprehensive suicide prevention program which shall include the following components:

- Policy & Procedures
- Suicide Prevention Training
- Suicide Screening & Referral
- Suicide Assessment & Evaluation
- Treatment Issues
- Intensive Monitoring
- Safe Housing of Suicidal Youth
- Communication About Youth
- Responding to an Active Suicide Attempt
- Reporting and Notification of Suicidal Behavior
- Debriefing & Review
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For detailed information for each of the above components see the *NPJS Desktop Guide on Quality Practice for Youth in Confinement* (Chapter 11). www.desktopguide.info

OTHER CONSIDERATIONS

Preventing youth from becoming suicidal is key to suicide prevention. The following can help create a positive culture that decreases the distress, loneliness, and hopelessness experienced by some youth in custody:

- repeated positive interactions with well-trained juvenile justice, mental health, medical, and education professionals,
- interesting and relevant programming,
- involvement of parents/caregivers,
- strength-based behavior management systems, and

- positive environments that encourage youth to seek support when feeling sad, angry, scared, hopeless, or suicidal, without being viewed as “crazy” or weak.

Articles, standards and studies specifically used for this position paper include:

- Mental Health Services (Daily Practice), NPJS/NIC Desktop Guide to Quality Practice for Working with Youth in Confinement, Boesky, 2014
- Suicide Prevention Among Youth in Custody, Training Curriculum for Juvenile Justice Facilities--National Center for Youth in Custody/National Partnership for Juvenile Services, 2014
- Training Curriculum and Program Guide on Suicide Detection and Prevention in Juvenile Detention/Correctional Facilities and Residential Programs--Hayes, 2013
- Juvenile Offenders with Mental Health Disorders: Who Are They & What Do We Do With Them--Boesky, 2011
- Standards for Health Services in Juvenile Detention and Confinement Facilities--National Commission on Correctional Health Care, 2009
- Suicidal Ideation and Behaviors Among Youth in Juvenile Detention--Abram, et al., 2008
- Deaths In Custody Statistical Tables: State Juvenile Correctional Facility Deaths 2002-2005--Bureau of Justice Statistics, 2009
- Prevalence of and Gender Differences in Psychiatric Disorders Among Juvenile Delinquents Incarcerated for Nine Months--Karnik, et al., 2009
- Psychiatric Disorders in Youth in Juvenile Detention--Teplin, et al., 2002.
- Survey of Youth in Residential Placement: Youth's Needs and Services-- Sedlak & McPherson, 2010