**National Resources**

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

**Centers for Disease Control and Prevention / Suicide Prevention**  
www.cdc.gov/ncipc

**Surgeon General Reports:**  
www.surgeongeneral.gov  
The Surgeon General's Call to Action to Prevent Suicide

**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/cjjsl.cfm

**National Commission on Correctional Health Care**  
http://www.ncchc.org

**References**

**National Strategy to Prevent Suicide: Goals and Objectives for Action**  
http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/

**Injury in Connecticut 2000-2004, CT Department of Public Health**  
http://www.ct.gov/dph (Injury Prevention)

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**Lindsay M. Hayes**

Author of many publications related to suicide and jail.  
These include:


**Connecticut Resources**

**Connecticut Department of Public Health**  
http://www.ct.gov/dph/  
Injury Prevention Program  
Connecticut Comprehensive Suicide Prevention Plan

**Department of Children and Families**  
http://www.ct.gov/dcf  
Children’s Behavioral Health  
Connecticut Youth Suicide Advisory Board

**Connecticut Department of Mental Health & Addiction Services**  
http://www.ct.gov/dmhas/  
**Connecticut Police Academy** @POST  
www.ct.gov/post

**Connecticut Clearinghouse**  
1-800-232-4424 or 860-793-9791  
www.ctclearinghouse.org

**References**

**National Strategy to Prevent Suicide: Goals and Objectives for Action**  
http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/

**Injury in Connecticut 2000-2004, CT Department of Public Health**  
http://www.ct.gov/dph (Injury Prevention)
**Connecticut**

Suicide is a serious public health problem. Suicide is a leading cause of death in the United States and a leading cause of death for Connecticut residents ages 10-64.

The highest rates of suicide in Connecticut:
- Children and youth (to age 19) who are 15 to 19 years of age.
- Adults (ages 20 - 64) who are 45-49 years of age.
- Seniors (ages 65 and older) who are age 85 and older.

Males have the highest suicide completion rates. White males die by suicide more frequently than males of other races and ethnicities.

Firearms and suffocation/hanging are the most frequent methods of completed suicides.

Females attempt suicide more frequently than males.

The primary method of suicide attempts across the lifespan is poisoning-use of drugs/medications.

*(Injury In Connecticut, CT DPH)*

### Risk Factors

Stressful events, conflicts, and/or crisis are associated with greater potential for suicide and related behavior. These may include:

- Alcohol/substance abuse
- Mental health issues, such as depression and psychosis
- First time jailed, social condemnation
- Traumatic event or loss – death or suicide of a loved one
- Hopelessness, no family ties
- 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.

### Jails, Correctional Facilities

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

Hanging is the primary means of attempted and completed suicides in jail settings. The instruments commonly used are:

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

### Who is Most at Risk In-Custody?

People who are intoxicated, under the influence of substances or withdrawing from substances when arrested.

People who talk about or threaten suicide.

People who display signs of mental health issues (e.g., depression, crying, withdrawal, insomnia, lethargy, bizarre behaviors)

People who exhibit severe or escalating aggression.

People whose medication regime is abruptly stopped.

### Critical Periods

Within the first 24 hours of incarceration.

When inmates are housed in isolation and segregation.

When staffing is likely to be lower (e.g., late evening through early morning).

During stressful periods - sentencing, family visits, court appearances.

### Law Enforcement Personnel

Law enforcement personnel regularly encounter individuals or families in stressful situations. (National Strategy for Suicide Prevention)

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

**Law enforcement personnel can make a difference** in the lives of people at risk for suicide by knowing the risk factors and proper intervention skills, including seeking appropriate assistance and using open communication techniques.

### Recommendations for In-Custody Suicide Crisis Intervention

Review and update agency’s policy regarding suicide prevention/intervention protocols, regulation, resources, training, and detention monitoring formats.

Complete a suicide screening or evaluation & notify supervisors when appropriate.

Continue training of staff in cardiopulmonary resuscitation (CPR), first aid, and suicide prevention, intervention and response.

### Important Numbers

- **211 Infoline**: suicide crisis, information, referral
- **1-800-273-TALK (1-800-273-8255)**
  National Suicide Prevention Lifeline
- **911 Emergency**

### Community-Based Resources

- Emergency Room
- Emergency Mobile Psychiatric Services / Mobile Crisis Team
- Religious Leaders