Peer-assisted suicide prevention programs in prisons

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Suicide inside correctional facilities has been a threat to the health and safety of incarcerated individuals since the birth of the penitentiary movement. Auburn Penitentiary in New York was one of the earliest prisons constructed in the United States in the early 1820s. Their records reveal several people died by suicide during the first years of operation (Kupers, 2017; Toch, 2009). Eastern State Penitentiary, made famous by the Quakers' efforts to create a humane prison in the 1830s, was plagued by prisoners' mental health problems as the incarcerated were unable to tolerate long periods of isolation (Kupers, 2017).

Nearly two hundred years later, suicides in facilities are still a critical issue correctional professionals must address. There are a few reasons for this. First, our prisons hold a disproportionate percentage of people who are mentally ill. Recent research estimates that 37% of incarcerated adults in the United States have been diagnosed with a mental health disorder (Bronson & Berzofsky, 2017). Prisons are also home to a high number of people who are living with addiction or struggling with substance misuse (National Center on Addiction and Substance Abuse, 2010; National Institute on Drug Abuse, 2020). Even if incarcerated individuals lack a mental health condition and have never faced addiction, the hardships of prison life and separation from family can prompt some people to consider or attempt suicide (Liebling 1992, 1993).

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Fortunately, suicide in prison is preventable, but finding the resources to adequately monitor and support people who may be suicidal can be challenging, and it has only gotten worse since the COVID-19 pandemic (see Lieb, 2023 and Office of Inspector General, 2023 for a discussion of recent prison staffing shortages). Even when staffing levels are what they should be, people who are potentially suicidal require more resources than typical prisoners, so prison systems would likely benefit from considering ways to enhance supervision while also finding ways to combat loneliness and isolation among those who are feeling suicidal. Prisons both in the United States and abroad have turned to one resource that is in abundance inside correctional facilities — others who are incarcerated. Several prisons have adopted peer assistance as part of their suicide prevention programs. Formal programs appear to have first developed in the United Kingdom in the 1980s (Schlosar & Carlson, 1997), and the Federal Bureau of Prisons (BOP) in the United States adopted one in the early 1990s (White & Schimmel, 1995). These programs and the incarcerated people who assist with them go by a variety of names but, in this article, I will refer to them as peer safety companion programs.

The expectations for peer safety companions vary by jurisdiction, with some prisons utilizing them to supplement face-to-face supervision of people who have been placed on enhanced or constant watch due to suicidal ideation (Junker et al, 2005; White & Schimmel, 1995), while others train the companions in mentoring, listening skills and befriending strategies with the hope that the companions will help the at-risk individuals cope with the hardships of incarceration (Devilly et al., 2005; Hall & Gabor, 2004; Schlosar & Carlson, 1997). While there have not been many evaluations to test the effectiveness of these programs, the few studies that have been conducted produced some promising findings. White and Schimmel (1995) studied the BOP program and found that, in 1992, peer companions were able to assist with 72% of the over 75,000 hours of suicide watch that were needed that year. Junker and colleagues (2005) took a closer look at the BOP's program by evaluating its use in a medical referral center. In the twelve months following introduction of the peer program, there was a 70% decrease in suicide watch hours needed to keep people safe, and this amounted to a savings of $30,000 in staff overtime pay. Hall and Gabor (2004) found a Canadian prison had five suicides in the five years preceding the introduction of a peer safety program and two in the five years following implementation. Research on prison-based peer support programs in Australia, Canada and England found that they made 24/7 support available to people who were on suicide watch and, if deemed safe enough, the peer would provide companionship and monitoring by spending the night in the same cell as the suicidal individual (Devilly et al., 2005).

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Other potential benefits of peer safety companion programs can be found in the impact they have on the companions themselves. These programs can provide peer companions with a sense of purpose (Perrin & Blagden, 2014; Snow, 2002), foster growth and improve their communication skills (Dwailwal & Harrower, 2009). These promising evaluations have prompted the World Health Organization (WHO, 2007) to recommend peer companion programs to supplement staff observation and interaction with people who are potentially suicidal while in prison.

The current study

Little is known about how common peer safety companions are in United States prisons and the policies that govern them. The purpose of the current study is to learn how common the use of peer safety companions is in the state and federal prison systems in the United States and to explore prevalent characteristics of the programs. In the spring and summer of 2022, we conducted internet searches for the BOP and all state DOC suicide prevention policies. Whenever such documentation was not available online, the lead author reached out to the DOCs to request assistance. This yielded 40 suicide prevention policies (BOP and 39 states). We then searched all policies for any mention of the jurisdiction using incarcerated individuals to monitor or interact with people who were either on enhanced or constant watch due to concerns about their potential for attempting suicide. If we found mention of a particular DOC using incarcerated individuals in this way, we then conducted an internet search using the name of that state DOC and the name that they used for the companion program. This helped us uncover additional information, and sometimes entire policies, about the peer companion programs.

Our search uncovered 16 DOC policies (15 states and the BOP) that addressed utilizing peer assistance for people on enhanced or constant watch for suicide. We found evidence three additional states had such programs, but we were unable to obtain copies of the policies, so they are excluded from this analysis. The incarcerated peer companions go by a number of different names. Eight departments called them "companions", six referred to them as "observers," and four called them "aides". Our next step was to search for commonalities among these programs, specifically in the areas of screening/selection, training, responsibilities, staff supervision and renumeration.

DOCs with Jurisdiction-wide Policies for Peer Comparison Programs for Those on Suicide Watch

Jurisdiction	Position name	Jurisdiction	Position name
Federal Bureau of Prisons	Suicide companion program/inmate observer	Maine	Peer safety companion
Alaska	Suicide prevention aide	Maryland	Inmate observation aide
Delaware	Suicide prevention aide	Michigan	Prisoner observation aide
Florida*	Unknown name	Nevada	Suicide companion
Idaho	Watch companion	New Mexico	Inmate observer
Indiana	Suicide watch companion	Pennsylvania	Certified Peer Specialist
Iowa	Patient Observers	Rhode Island*	Lifeliner
Kansas	Resident companion	South Carolina*	Inmate health companions
Kentucky	Inmate observer	South Dakota	Suicide watch companion
Louisiana	Inmate observer		

*No policies available

Results

Screening/selection of peer safety companions

The most common characteristic mentioned in DOC screening and selection policies pertained to individuals' character, with 10 (63%) of the policies using the words "character," "reputation," "credibility," or "reliability." 56% specifically noted they sought candidates who would maintain confidentiality. Almost half (7, 44%) screened candidates for institutional infractions and mental health history. Four (25%) screened candidates for medical restrictions that might impact job performance, such as ability to sit or stand for hours. Three DOCs (19%) included minimum educational requirements, and three left screening and selection requirements up to the discretion of each individual institution.

Training

The three most common training topics, which were included in half of the available DOC policy documents, were understanding signs of mental illness and behavioral cues of stress, documenting contact with those being monitored, and requesting staff assistance in the event of an emergency. Six DOCs (38%) required communication training during companion orientation.

Responsibilities

The most commonly mentioned job expectation was documenting observations and contact with the individual in crisis, with 63% (10) of DOCs requiring this. A slight majority (9, 56%) permitted the companions to serve as a staff supplement for face-to-face constant watch supervision for people who were identified as suicidal. Two DOCs forbade the companions from working with incarcerated individuals on constant watch but allowed the companions to handle enhanced watch. Six departments (38%) had policies that included expectations that the peers would serve as companions to the person in crisis.

Supervision

The DOCs varied in their policies for staff supervision of the peer companions. Two DOCs (13%) required staff maintain constant in-person visual inspection of the companions while they worked. Five additional DOCs (38%) only required visual checks on the companions every 15 to 60 minutes. One allowed companion supervision via CCTV, while another DOC mandated supervision but lacked a written required timeline. Three DOCs (19%) mandated companions undergo either a "thorough" search or strip search at the start and conclusion of each shift. Around a third (3, 31%) of DOCs had policies requiring debriefing of the companions.

Remuneration

As for payment or benefits, 63% of the DOCs considered the peer companion position a work assignment with hourly pay. Three had policies mandating snacks and drinks for workers during their shifts. Only one classified this as a volunteer position resulting in a certificate of achievement with public recognition. Pennsylvania was the only state that had a companion position that could lead to professional certification after candidates engaged in extensive training and coursework. That certification was offered by the state and could provide recipients a strong advantage in gaining a job after release.

Discussion

Prisons are isolating environments that house a disproportionate percentage of people struggling with mental health and/or substance misuse disorders. Even those who do not have a mental health diagnosis may find the hardships of prison and separation from friends and family too difficult to tolerate at times. Our research revealed that at least 15 states and the Federal Bureau of Prisons have formal policies outlining recruitment of and responsibilities for incarcerated individuals who can serve as peer safety companions for potentially suicidal individuals. We found evidence that three additional states have such programs, but we were unsuccessful at obtaining their policies. It does appear the majority of DOCs either lack jurisdiction-wide formal programs or leave the decision of whether to use peer companions up to each individual prison.

One interesting finding of the current research is the majority of peer companion programs in the United States appear to differ in focus from what is offered internationally. There seems to be more of an emphasis on utilizing the companions to supplement officer

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face-to-face monitoring of individuals in crisis and less focus on mentoring and companionship in the United States. The current research revealed that only 38% (6 of 16) of the DOCs had policies that included discussion of communication training for peers and noted the expectation that they engage in mentoring/befriending/companionship during their shifts. The existing evaluation research on peer companion programs that focus on monitoring suggest they can help to reduce the burden on staff as they work with people on constant or enhanced watch for suicide risk (Hall & Gabor, 2004; Junker et al., 2005; White & Schimmel, 1995). The international programs in Canada, Australia and England that also prioritize mentoring and companionship appear to offer additional benefits, including helping individuals in crisis cope and fostering growth and skill development among the peer companions themselves (Dwailwal & Harrower, 2009; Perin & Blagden, 2014; Snow, 2002).

> "One challenge faced by corrections departments is the reluctance of some prisoners in crisis to seek help when they need it."

One possible reason for this different emphasis in the United States might be concerns about misuse of the program for the purpose of socialization and even transmission of contraband. Hall and Gabor (2004) found, while a companion program that emphasized peer support rather than just monitoring in a Canadian penitentiary was highly regarded and considered effective by the incarcerated population, parole officers, mental health workers, and chaplains, the corrections officers were skeptical and suspected the program was being used as an excuse for social calls. Unfortunately, there is always the possibility that peers will seek out these positions for less-than-altruistic reasons and fail to behave appropriately (Langley, 1991; Pompili et al. 2009). This problem can be ameliorated by careful screening, extensive training and effective monitoring of the peer companions. A good way to get buy-in of the corrections officers while simultaneously ensuring appropriate candidates are selected for the program is to work closely with officers to identify reliable and trustworthy individuals. Another way to ensure everyone's safety and alleviate corrections officers' concerns is to ensure the peer companion program serve as a supplement, but not a substitution, for monitoring and assistance provided by professionals (Hayes, 2013; WHO, 2007).

One challenge faced by corrections departments is the reluctance of some prisoners in crisis to seek help when they need it. Prison environments, particularly male, higher security institutions, are generally not conducive to help seeking, as admitting to needing help can be a sign of weakness, and prisoners fear the potential negative consequences of admitting to staff they are having difficulties. Research on male prisoners in New Zealand revealed they were hesitant to seek help from and confide in civilian mental health staff employed by the prisons. Prisoners doubted whether staff would be available to help at times when they really needed it. Additionally, prisoners feared staff would break confidentiality and would recommend their placement in high security "safety cells" without clothing (Skogstad et al., 2005). The involvement of incarcerated individuals in the help seeking process in prison might alleviate concerns about the availability of help, particularly on nights and weekends. If the program involves not just monitoring but companionship, those in need of help might also appreciate having someone to talk to who brings their own knowledge of prison culture and incarcerated life (Langley, 1991). Having fellow prisoners involved in suicide prevention might lend legitimacy to the prison's larger suicide prevention program and encourage help seeking. In their evaluation of a peer companion suicide prevention program in a Canadian federal prisons that involved mentoring and companionship, Schlosar and Carlson (1997) suggested the program was helping to generate a cultural change in the prison that created a norm for compassion and kindness to others.

This research revealed the incorporation of incarcerated individuals in correctional departments' suicide prevention programs is the exception rather than the norm in the United States prison systems. Existing research on these programs suggests they have the potential to assist staff with fulfilling required suicide watch hours

and, if permitted, trained peers can also provide much needed companionship to people in their darkest hours. Given that suicidal ideation is often associated with hopelessness (Gooding et al., 2017; Marzano et al., 2016; Stoliker, 2018) and loneliness (Van Orden et al., 2010), involving peers in suicide prevention programs has the potential to reduce individuals' feelings of isolation. CT

REFERENCES

Bronson, J. & Berzofsky, M. (2017). *Indicators of mental health problems reported by prisoners and jail inmates, 2011-12.* Washington, DC: United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf

Carson, E. A. (2021). *Suicide in local jails and state and federal prisons, 2000-2019–statistical tables.* Washington, D.C.: United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Devilly, G. J., Sorbello, L., Eccleston, L., & Ward, T. (2005). Prison-based peer-education schemes. *Aggression and Violent Behavior*, *10*(2), 219–240. https://doi.org/10.1016/j.avb.2003.12.001

Dhaliwal, R., & Harrower, J. (2009). Reducing prisoner vulnerability and providing a means of empowerment: Evaluating the impact of a listener scheme on the listeners. *The British Journal of Forensic Practice*, *11*(3), 35–43. https://doi.org/10.1108/14636646200900021

Gooding, P. A., Tarrier, N., Dunn, G., Awenat, Y., Shaw, J., Ulph, F., & Pratt, D. (2017). Psychological characteristics and predictors of suicide probability in high-risk prisoners. *Criminal Justice & Behavior, 44*(3), 321–335. https://doi.org/10.1177%2F0093854816650478

Hall, B., & Gabor, P. (2004). Peer suicide prevention in a prison. *Crisis*, *25*(1), 19–26. https://doi.org/10.1027/0227-5910.25.1.19

Hayes, L. M. (2013). Suicide prevention in correctional facilities: Reflections and next steps.

International Journal of Law and Psychiatry, *36*(3-4), 188–194. https://doi.org/10.1016/j.ijlp.2013.04.010

Junker, G., Beeler, A., & Bates, J. (2005). Using trained inmate observers for suicide watch in a federal correctional setting: A win-win solution. *Psychological Services*, *2*(1), 20–27. https://doi.org/10.1037/1541-1559.2.1.20

Kupers, T. A. (2017). *Solitary.* Oakland, CA: University of California Press.

Langley, S. (1991). Lifeline suicide prevention program. In D. Lester (Ed.), *Suicide '91* (pp. 141-143). Denver: American Association of Suicidology.

Lieb, D. A. (2023). Public sector staff shortages in 'hard jobs' are sparking a wage war as taxpayers feel the consequences of empty positions. *Fortune.* https://fortune.com/2023/07/28/public-sector-staff-shortages-in-hard-jobs-are-sparking-a-wage-war-as-taxpayers-feel-the-consequences-of-empty-positions/

Liebling, A. (1992). *Suicides in prison*. New York: Routledge.

Liebling, A. (1993). Suicides in young prisoners: A summary. *Death Studies,* 17, 381 – 409.

Marzano, L., Hawton, K., Rivlin, A., Smith, E. N., Piper, M., & Fazel, S. (2016). Prevention of suicidal behavior in prisons. *Crisis, 37*(5), 323–334. http://doi.org/10.1027/0227-5910/a000394

National Center on Addiction and Substance Abuse (2010). *Behind bars II: Substance abuse in America's prison population.* New York, NY: The National Center on Addiction and Substance Abuse at Columbia University.

National Institute on Drug Abuse (2020). *Criminal justice drug facts.* https://nida.nih.gov/download/23025/criminal-justice-drugfacts.pdf?v=25dde14276b2fa252318f2c573407966

Office of the Inspector General (2023). *Capstone Review of the Federal Bureau of Prisons' Response to the Coronavirus Disease 2019 Pandemic*. Washington DC: United States Department of Justice Office of the Inspector General. https://oig.justice.gov/sites/default/files/reports/23-054.pdf

Perrin, C., & Blagden, N. (2014). Accumulating meaning, purpose and opportunities to change "drip by drip": The impact of being a listener in prison. *Psychology, Crime & Law*, *20*(9), 902–920. https://doi.org/10.1080/1068316x.2014.888429

Pompili, M., Lester, D., Innamorati, M., Del Casale, A., Girardi, P., Ferracuti, S., & Tatarelli, R. (2009).

Preventing suicide in jails and prisons: Suggestions from experience with psychiatric inpatients. *Journal of Forensic Sciences*, *54*(5), 1155–1162. https://doi.org/10.1111/j.1556-4029.2009.01122.x

Schlosar, H., & Carlson, L. W. (1997). Befriending in prisons. *Crisis*, *18*(4), 148–149, 151. https://doi.org/10.1027/0227-5910.18.4.148

Skogstad, P., Deane, F. P., & Spicer, J. (2005). Barriers to help-seeking among New Zealand prison inmates. *Journal of Offender Rehabilitation, 42*(2), 1–24. https://psycnet.apa.org/record/2006-06627-001#:~:text=https%3A//doi.org/10.1300/J076v42n02_01

Snow, L. (2002). Prisoners' motives for self-injury and attempted suicide. *The British Journal of Forensic Practice*, *4*(4), 18–29. https://doi.org/10.1108/14636646200200023

Stoliker, B. E. (2018). Attempted suicide: A multilevel examination of inmate characteristics and prison context. *Criminal Justice and Behavior*, *45*(5), 589-611. https://doi.org/10.1177/0093854818754609

Toch, H. (2009). The future of supermax confinement. In R. Tewksbury and D. Dabney (eds.) *Prisons and jails: a reader* (pp. 573-582). Boston, MA: McGraw-Hill.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600. https://doi.org/10.1037/a0018697

White, T. W. & Schimmel, D. J. (1995). Suicide prevention in federal prisons. In L. M. Hayes (Ed.), *Prison suicide* (pp. 48-59). Washington, DC: U.S. Department of Justice.

World Health Organization (2007). *Preventing suicide in jails and prisons.* Geneva, Switzerland: Department of Mental Health and Substance Abuse, World Health Organization.

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