



Suicidal ideation while incarcerated: Prevalence and correlates in a large sample of male prisoners in Flanders, Belgium



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ABSTRACT

Prisoners constitute a high-risk group for suicide. As an early stage in the pathway leading to suicide, suicidal ideation represents an important target for prevention, yet research on this topic is scarce in general prison populations. Using a cross-sectional survey design, correlates of suicidal ideation while incarcerated were examined in a sample of 1203 male prisoners, randomly selected from 15 Flemish prisons. Overall, a lifetime history of suicidal ideation and attempts was endorsed by 43.1% and 20.3% of respondents, respectively. Approximately a quarter of all prisoners (23.7%) reported past-year suicidal ideation during their current incarceration, which was significantly associated with both imported vulnerabilities (psychiatric diagnoses and a history of attempted suicide) and variables unique to the prison experience (lack of working activity, exposure to suicidal behaviour by peers, and low levels of perceived autonomy, safety and social support) in the multivariate regression analysis. A first-ever period of imprisonment and a shorter length of incarceration (≤ 12 months) were also associated with increased odds of recent suicidal ideation. Collectively, the current findings underscore the importance of both vulnerability factors and prison-specific stressors for suicidal ideation in prisoners, and hence the need for a multi-faceted approach to suicide prevention in custodial settings. In addition to the provision of appropriate mental health care, environmental interventions that target modifiable aspects of the prison regime could provide a substantial buffer for the onset and persistence of suicidal ideation in this at-risk population.

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1. Introduction

Globally, suicide persists as a major public health concern, affecting people across the lifespan regardless of gender, culture or socioeconomic background (Turecki & Brent, 2016). According to the World Health Organization (WHO, 2014), over 800,000 people die by suicide each year, making it the fifteenth leading cause of death worldwide. An extant body of research indicates that contact with the criminal justice system is associated with a heightened risk for suicide (Webb et al., 2011), both among community-residing (Gunter, Chibnall, Antoniak, Philibert, & Hollenbeck, 2011; King et al., 2015; Sattar, 2003) and incarcerated offenders. Moreover, with respect to the latter group, suicide is a leading cause of mortality in custodial settings across the globe (Konrad et al., 2007; Rabe, 2012), accounting for roughly half of all deaths during imprisonment (Fazel & Baillargeon, 2011). Based on data sampled across 12 high-income countries, suicide rates in male prisoners have been reported as being three to eight times higher than those recorded in their non-incarcerated counterparts in the population at large,

reflecting rates over 100 suicides per 100,000 inmates (Fazel, Grann, Kling, & Hawton, 2011).

The reasons contributing to these elevated suicide rates in prisoners are twofold. First, as they are disproportionately drawn from socioeconomically disadvantaged groups in the community, prisoners represent a vulnerable population that is already at greater risk of suicide before imprisonment (WHO, 2007). Well-established risk factors for suicide in the general population (including psychosocial adversity, impulsive-aggressive personality traits, maladaptive coping strategies, childhood maltreatment and a history of suicidal behaviour) are highly prevalent among incarcerated offenders (Enggist, Møller, Galea, & Udesen, 2014; Fazel & Baillargeon, 2011). Furthermore, systematic reviews have clearly demonstrated an overrepresentation of mental illness (Fazel & Seewald, 2012) and high levels of substance use disorders (Fazel, Yoon, & Hayes, 2017) in the prisoner population—two factors significantly associated with an increased risk of suicide (Hawton & van Heeringen, 2009; Nock, Hwang, Sampson, & Kessler, 2010). According to the *importation model*, these pre-existing vulnerabilities that are brought with the individual as they enter prison are what primarily account for the high suicide rate among inmates.

Second, irrespective of this 'imported' risk profile, prisoners may experience additional strains due to the specific context of confinement

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(Liebling & Ludlow, 2016). Imprisonment itself is a stressful experience, and an established body of literature has illustrated that the loss of freedom and autonomy, social isolation, lack of purposeful activity, overcrowding, and victimization (e.g., violence, intimidation, and bullying) are all prison-specific stressors that increase the likelihood of suicide in custody (Blaauw, Winkel, & Kerkhof, 2001; Huey & McNulty, 2005; Leese, Thomas, & Snow, 2006; Liebling, 2006). Accordingly, the *deprivation model* argues that inmates' increased risk of suicide is attributable to the depriving nature of the correctional environment and its inherent stressors.

Examination of the aforementioned risk factors suggests that suicide in prison is most likely to be the result of a complex interplay between prisoners' imported vulnerability, and the highly demanding and depriving environment they find themselves in when imprisoned (Dear, 2006; Liebling, Durie, Stiles, & Tait, 2005; Liebling & Ludlow, 2016). Indeed, contemporary research clearly supports the notion of a *combined* importation–deprivation model of prison suicide, emphasizing the exposure of vulnerable individuals to a stressful setting (Blaauw, Kerkhof, & Hayes, 2005; Dye, 2010; Marzano, Hawton, Rivlin, & Fazel, 2011; Rivlin, Hawton, Marzano, & Fazel, 2013). This empirical finding is consistent with the diathesis–stress model of suicide; a psychiatric-oriented framework in which suicide is purported to result from the dynamic interaction between proximal stressful experiences on the one hand, and the individual's predispositional diathesis to respond with suicidal behaviour when stress is encountered on the other hand (Mann, 2003; van Heeringen, 2012). Such a framework—whether criminological (importation–deprivation) or psychiatric (diathesis–stress) in nature—is capable of explaining why most prisoners, all exposed to a stressful environment, do not go on to commit suicide, and why biopsychosocial vulnerabilities (which are overrepresented in correctional settings) do not constitute a sufficient cause for suicide. In other words: “it cannot be argued that there is no psychiatric element in or predisposition to suicide in those who succeed, both in and out of prison; but what should be acknowledged is that just as outside, it is more usually a combination of (psychiatric) vulnerability, situational stress and individual perceptions which trigger the final suicide act than either component alone” (Liebling, 1992, p. 85).

The public health goal of reducing the number of prison suicides has been highlighted as an international priority (WHO, 2007). However, suicides reflect only a small proportion of the total impact of suicidality. Indeed, death by suicide can be conceptualized as the endpoint of a continuum (Sveticic & De Leo, 2012), describing the development and progression of suicidality as a process occurring within the individual and in interaction with his or her surrounding (van Heeringen, 2001). This concept of a suicidal process implies a gradual transition from thoughts about suicide (suicidal ideation) to suicide attempts of varying degrees of medical severity, to fatal suicide. Not surprisingly, as is the case with suicide, research in custodial settings reports elevated rates of suicidal ideation and attempts among prisoners in reference to the general population (Jenkins et al., 2005). International studies have documented that approximately one in six prisoners (15–21%) attempted suicide at some point in life, and that an estimated 34–44% of inmates self-report a lifetime history of suicidal ideation (Larney, Topp, Indig, O'Driscoll, & Greenberg, 2012; Sarchiapone, Carli, Di Giannantonio, & Roy, 2009). This high prevalence is a cause for concern, since suicidal ideation has been identified as a robust risk factor for subsequent suicidal behaviour (suicide attempt and suicide), in the general population (Castellví et al., 2017; Franklin et al., 2017; Hubers et al., 2016; Ribeiro et al., 2016; Rossom et al., 2017) and in correctional settings alike. A 2008 meta-analysis comprising nearly 5,000 cases of suicide reported a 15-fold increase in the odds of suicide among prisoners with recent suicidal ideation (Fazel, Cartwright, Norman-Nott, & Hawton, 2008) and a prospective case-control study in Greece found that 18% of prisoners with baseline suicidal ideation attempted suicide during the 12 months following assessment, as opposed to none of the prisoners in the control group (Lekka, Argyriou, & Beratis, 2006).

Hence, considering this close relationship between suicidal ideation and subsequent suicidal behaviour, improved understanding of suicidal ideation and its correlates could contribute to the early identification of at-risk prisoners. Although only a small proportion of those considering suicide will actually engage in suicidal behaviour (Nock et al., 2008; ten Have et al., 2009), studying suicidal ideation provides opportunities to prevent the progression to more severe forms of suicidality, by halting the suicidal process in its early stage (Gooding, Sheehy, & Tarrier, 2013; Sveticic & De Leo, 2012). However, in spite of clinical concern and academic relevance, research on suicidal ideation among adult prisoners is relatively scant to date. Whereas studies have been conducted in specific samples of prisoners, for example women serving life sentences (Dye & Aday, 2013), HIV-infected inmates (Peng et al., 2010), older (≥ 50 years of age) prisoners (Barry, Wakefield, Trestman, & Conwell, 2016), and inmate-patients receiving mental health treatment (Way, Kaufman, Knoll, & Chlebowski, 2013), there is a dearth of research in general inmate populations. Notably, one Australian study found that lifetime suicidal ideation in a large mixed-gender sample of prisoners was associated with violent offending, traumatic brain injury, depression, previous self-harm, and psychiatric hospitalization (Larney et al., 2012). In a similar vein, studies in Italy (Sarchiapone et al., 2009), England and Wales (Jenkins et al., 2005), China (Zhang, Grabiner, Zhou, & Li, 2010), and the United States (Schaefer, Esposito-Smythers, & Tangney, 2016) indicated that sociodemographic variables (e.g., white ethnicity), psychiatric morbidity, a history of attempted suicide, childhood adversity, poor social support, and certain personality traits were significantly related to suicidal ideation in general prison populations (see Table 1 for a summary). While yielding important insights, however, these few studies have two major shortcomings. First, most of the research on suicidal ideation has included a relatively narrow range of variables, focusing particularly on prisoners' pre-existing vulnerabilities, thereby neglecting the role of prison-specific factors. Second, the majority of studies examined a *lifetime history* of suicidal ideation as the outcome variable, consequently limiting our knowledge about correlates and risk factors of suicidal ideation *while incarcerated*. Given these limitations, and the paucity of empirical data on this topic in Belgium (Favril & Vander Laenen, 2015; Wittouck et al., 2016), the aims of the current study were to (1) specify the prevalence of suicidal ideation and attempts among a large sample of male prisoners in Flanders, and to (2) investigate a wide range of both importation and deprivation variables in relation to suicidal ideation while incarcerated, in order to (3) formulate recommendations for clinical and policy efforts aimed at suicide prevention in Belgian prisons.

2. Material and methods

2.1. Setting

With an incarceration rate of 105 per 100,000 individuals (Walmsley, 2016), the average daily prison population in Belgium was just over 11,000 in 2015 (DG EPI, 2016). Approximately half of these inmates are residing in the northern (Dutch-speaking) part of Belgium (Flanders; 16 prisons), whereas the other half is incarcerated in Wallonia and Brussels (18 prisons). While in some countries individuals held in custody on criminal charges (i.e., pre-trial/remand prisoners) are housed in facilities that are separate from sentenced prisoners, the majority of Belgian prisons detain both types of inmates. Males comprise approximately 95% of all prisoners in Belgium, and 8.2% of the total prison population are offenders who are deemed criminally irresponsible¹ (ODCI). With

¹ As formulated by De Smet et al. (2016), in Belgium, offenders who are deemed criminally irresponsible (ODCI; also referred to as ‘internees’ or ‘mentally ill offenders’) for their criminal actions because of mental illness or intellectual disability are subject to a specific safety measure with the dual objective of protecting society and providing mandated care to the offender. While Belgian law requires that ODCI should be in a hospital, clinic or other appropriate institution outside of prison, in practice, about one-third of all such offenders still reside in prison—a situation for which Belgium has repeatedly been criticized by the European Court of Human Rights (see Meysman, 2016).

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