



# Suicide in North Carolina Jails

Four-year Study Reveals Need for Immediate Action  
to Address Mental Health Treatment in Jails

*Lack of mental health services in communities and in jails  
creates dangers for inmates and jail staff*



# Suicide is the leading cause of death in jails. In North Carolina, the rate of suicide in jails far exceeds the national average.

Over the last four years, at least 51 of the 111 deaths in North Carolina jails were due to suicide.<sup>1</sup> North Carolina’s rate of jail suicides for this period —45.9% of the deaths in NC jails—far exceeds the national average, which stood at 35% in 2014, according to the U.S. Department of Justice.<sup>2</sup>

Jail deaths by suicide are tragic for the inmate, his or her family, and correctional staff—especially because suicides are preventable.<sup>3</sup> The key to prevention is a robust Suicide Prevention Program involving training, observation, and collaboration with mental health clinicians.

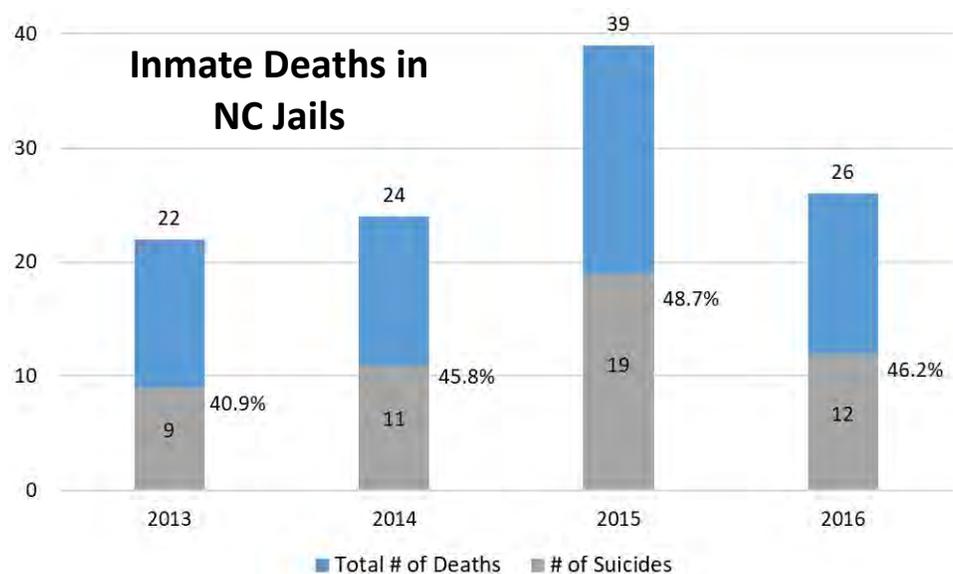
Current North Carolina jail regulations regarding identification, monitoring, and treatment of inmates with mental health needs are woefully lax, especially given that sheriffs throughout North Carolina report that 23% to 74% of the inmates in their jails have a mental health issue. The regulations do not require standardized mental health screenings of persons admitted to jails and do not require that jails have a

Suicide Prevention Program.

**Disability Rights North Carolina calls on every North Carolina jail to implement a robust and effective Suicide Prevention Program.** Such programs are based on common sense and best practices identified by national experts and can be implemented with low-cost tools.<sup>4</sup>

### A good Suicide Prevention Program includes:

- ✓ A written Suicide Prevention Policy
- ✓ Annual staff trainings on suicide prevention
- ✓ Initial and follow-up screenings of inmates
- ✓ Suicide-resistant cells (e.g., ventilation grates with small holes, removal of clothing hooks, closure of gaps between windows and bars)
- ✓ Safe levels of supervision and management (i.e., adequate staff trained to interact with and monitor suicidal inmates)

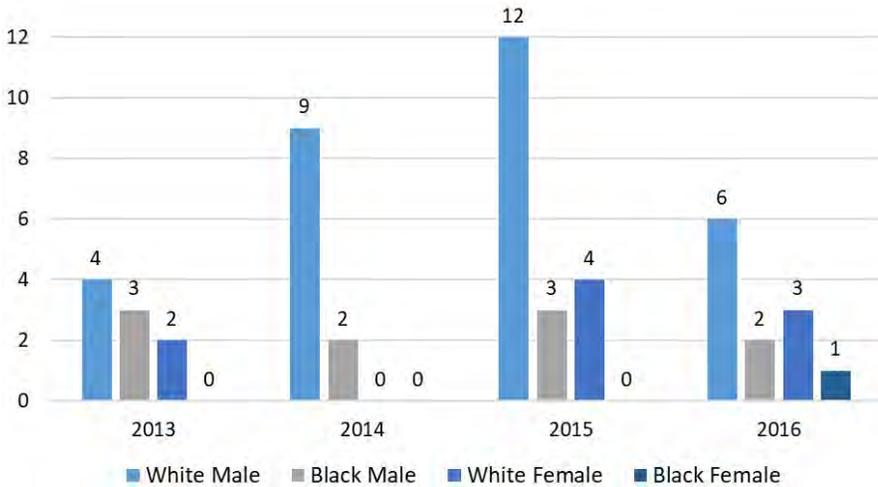


## Jail Suicides So Far in 2017

As of June 17, 2017, there have been five confirmed suicides in N.C. jails this year. Of the five deaths, two were teenagers and three were adults aged 28, 32, and 61. Four were men. Three of the suicides were caused by hanging—using a string from a pair of shorts, a shirt, and a bedsheet. All five were alone in a cell at the time of their deaths; at least two were under a psychiatric watch. The deaths occurred in Edgecombe, Carteret, Cleveland, Wake, and Durham counties. The 2017 suicide in Durham County Jail was the first one in that county since 2013, but according to the Durham County Sheriff’s Office, there were 27 suicide attempts in the jail in 2015 and 2016.<sup>5</sup>

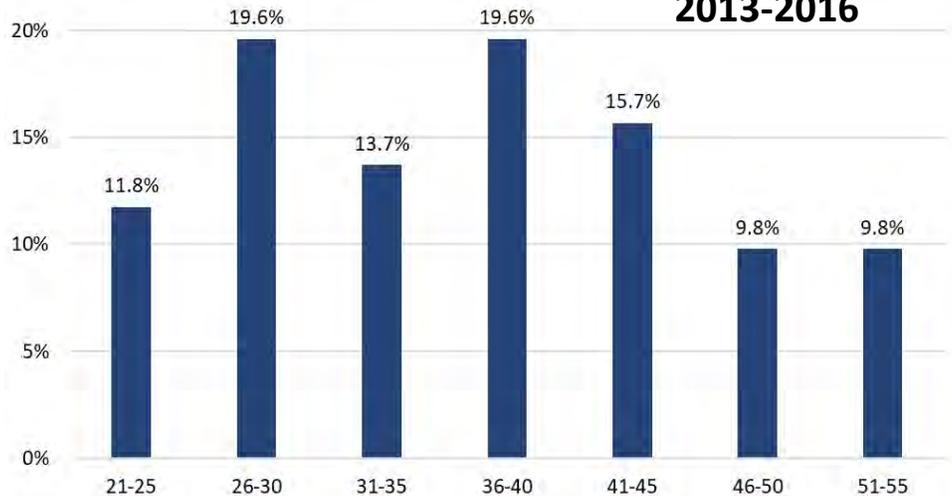
## Who Commits Suicide in NC Jails?

### By Race and Gender



80% of inmates who commit suicide in jail are men.

### By Age, 2013-2016



## NC Jails as Mental Health Facilities

Jails are neither designed nor funded to provide mental health treatment, yet jails have become the nation's largest provider of mental health services.<sup>6</sup>

In North Carolina the fractured system of community mental health services contributes to the influx of persons with mental health conditions into our jails.<sup>7,8</sup> Nationwide, individuals with severe mental illness are three times more likely to be in jail or prison than in a mental health facility.<sup>9</sup>

North Carolina laws and regulations do not require jails to conduct standardized mental health screenings or report mental health issues.<sup>10</sup> Therefore, we do not have statewide data regarding the number of inmates in our jails with mental illness. However, the increase of people with mental illness confined in our jails is well acknowledged at all levels of government.

- The Wake County jail estimated in July 2016 that 60% to 70% of its inmates have mental illness. That is approximately 1,000 inmates at any time.<sup>11</sup>
- The Caldwell County Sheriff's Office reported 123 out of 154 inmates (80%) answered that they have some kind of mental health condition on their intake form in December 2016.<sup>12</sup>
- In December 2014, the N.C. Sheriffs' Association reported to the N.C. General Assembly the following estimates of people with mental illness in jails:<sup>13</sup>
  - Robeson County reported 74% of its jail population had mental illness.
  - Franklin County reported 53% of its jail population had mental illness.
  - Davidson County reported 56% of its jail population had mental illness.
  - Cherokee County reported 47% of its jail population had mental illness.
  - Buncombe, Cleveland, Cumberland, Union, and Henderson counties all reported more than 30% of their jail populations had mental illness.
  - The North Carolina Sheriffs' Association acknowledged getting a clear picture of the prevalence of mental health conditions in inmates was difficult because jails do not uniformly track mental illness or substance abuse.
- A national report published in 2014 found that both the Mecklenburg County jail in Charlotte, with 1,904 beds, and the Wake County jail in Raleigh, with 1,568 beds, "have at least as many mentally ill individuals" as Central Regional State Psychiatric Hospital, which has 382 beds.<sup>14</sup>

Once in jail, people with mental illness tend to stay longer, have difficulty following facility guidelines, spend more time in solitary confinement, and are more likely to attempt suicide. Thus, they require greater expenditure of limited resources and make jails more dangerous for inmates and jail personnel.<sup>15</sup>

Jails are not traditionally funded or equipped to provide the support and services this population needs. Without appropriate training, regular screening, a robust suicide prevention program, and a sufficient number of treatment providers, inmates with mental health needs may not be identified at admission to jail and can experience decompensation (i.e., a deterioration in mental health). Left untreated they may present increased community safety concerns when released. The importance of meeting the treatment needs of inmates with serious mental illness cannot be overstated.

The failure to fund and implement diversion strategies, effective suicide prevention policies, and treatment support services for persons with mental illness in our jails has serious consequences. Tragically, preventable suicides have become a regular occurrence in North Carolina jails. Solutions to this public health crisis require effective jail and county leadership, more and better training on mental illness, and increased oversight of jail operations.

## The Difference between Jail and Prison

In North Carolina, prisons and jails serve different roles and are operated by different parts of government. **Jails hold people who have not been found guilty of a crime and are awaiting trials.** Many of these individuals are being held simply because they cannot afford to pay the bail amount. Jails also hold people who have been tried and are serving short, misdemeanor sentences. Each year, thousands of people are processed in and out of North Carolina's jails, some staying for just days or weeks.

Jails are county-operated facilities managed by the locally elected sheriff and funded by the locally elected county commission. In North Carolina each county jail is run by a sheriff (or, in cases where counties share a jail facility, two sheriffs) who sets the county's policy with regard to jail operations.

In contrast, prisons are operated by the State and are funded by the N.C. General Assembly. Unlike the disparate and autonomous operation of local jails, North Carolina's prisons are centrally operated by the N.C. Department of Public Safety. Prisons hold people convicted of felony charges and who are serving longer sentences.

The State has a limited role in the operation of county jails. [N.C.G.S. 153A-220] The Department of Health and Human Services consults with and provides technical assistance to sheriffs and counties, and it sets minimum standards concerning jail construction and operation. DHHS staff visit and inspect county jails and advise the sheriff and county commission as to rule violations and recommend improvements. [N.C.G.S. 153A-222.3] The Secretary of DHHS may order corrective action only if she determines that jail conditions jeopardize the health and safety of the inmates.

# Why Are Jail Inmates at Risk for Suicide?

Nationwide and in North Carolina the percentage of people with mental illness in jails is rising and suicide remains the leading cause of death in county jails.<sup>16</sup>

Experts theorize that two primary causes for jail suicide exist:

- 1) Jail environments are conducive to suicidal behavior, and
- 2) The inmate is facing a crisis situation.<sup>17</sup>

People with mental illness suffer in incarcerated settings. The lights, noise, and the controlled environment as well as real and perceived threats of violence are especially harmful to inmates with mental illness. The stress and circumstances of being arrested can cause significant psychological strain, creating a feeling of crisis or hopelessness. Some people may enter jail with untreated or inadequately treated mental illness and may be susceptible to depression, fear, and isolation.

Other factors that can contribute to deterioration in mental health include shame at being incarcerated, stress caused by the unfamiliar aspects of jail, family separation, and solitary confinement. There may be acute psychosocial stressors such as parole setback, death of a loved one, or personal injury and pain.

A report from the U.S. Department of Justice on prison suicide cited additional issues that may increase the risk of suicide:

“[C]ertain factors often found in inmates facing a crisis situation could predispose them to suicide: recent excessive drinking and/or use of drugs, recent loss of stabilizing resources, severe guilt or

shame over the alleged offense, and current mental illness and/or prior history of suicidal behavior.”<sup>18</sup>

## North Carolina Laws and Regulations

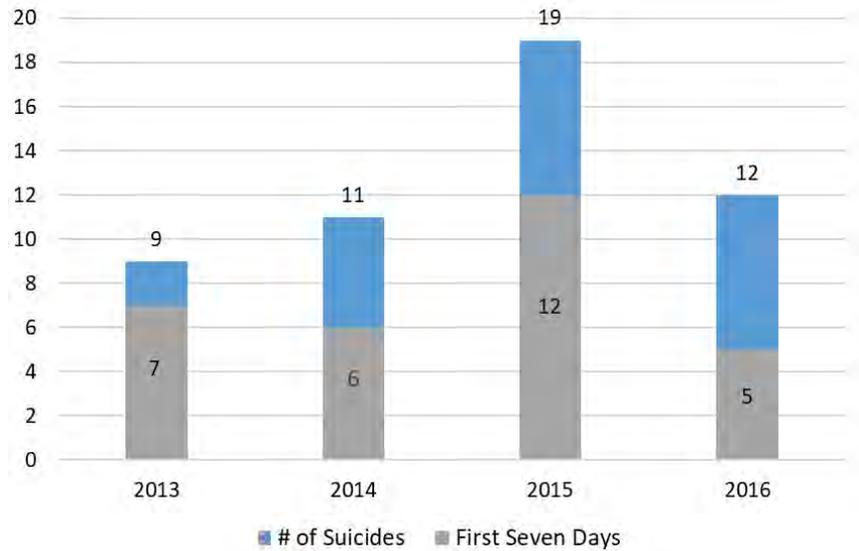
Nearly a century ago, the N.C. Supreme Court wrote: “[I]t is but just that the public be required to care for the prisoner, who cannot by reason of the deprivation of his liberty, care for himself.” *Spicer v. Williamson*, 191 N.C. 487, 490, 132 S.E. 291, 293 (1926). Unfortunately North Carolina laws and regulations have few requirements regarding the care or treatment of inmates with mental health needs.

Despite the growing risk of suicide in North Carolina jails, the regulations governing jails have not been updated since the early 1990s. The regulations do not require a standardized mental health screening on admission or data collection on the number of inmates with mental health needs. Jails are not required to report suicide attempts, to have a suicide prevention program, or to conduct internal mortality reviews and report the results of such reviews.

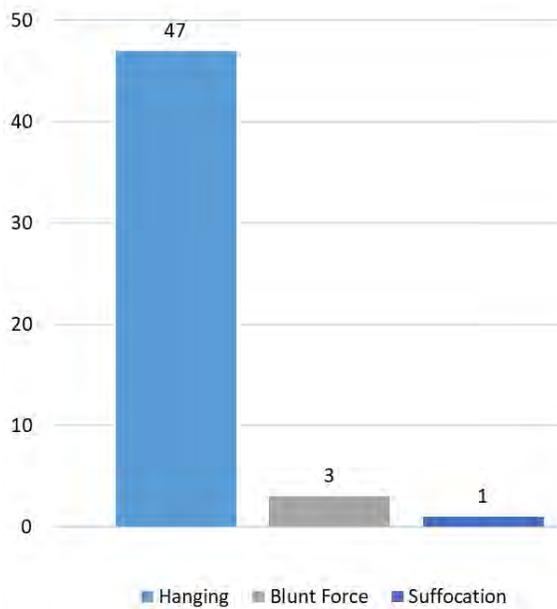
Without adequate statewide rules and with each county’s autonomous sheriff making operational decisions, there is little uniformity in how persons with mental illness are identified or treated in jails across North Carolina. The lack of meaningful regulation in this critical health arena results in an inadequate system of services and oversight and makes it difficult for the public and officials to monitor jail suicide prevention efforts and understand the support needed to address this crisis.

## When Do Jail Suicides Happen?

From 2013 to 2016, 58.8% of suicides in North Carolina jails happened within the first seven days following commitment.



## How Do People Commit Suicide in NC Jails?



**92%** of the suicides from 2013 to 2016 were committed by hanging, often using a bed sheet.

Blunt-force trauma deaths usually happen when the person jumps from a dangerous height.

# Recommendations for Preventing Suicides in North Carolina Jails

Correctional accrediting agencies have established that a jail mental health prevention program should include the following elements. Every jail must:

## **1) Implement a Suicide Prevention Program**

Every jail should implement a sound, written suicide prevention policy. It should include staff training on signs of suicidal thinking and behavior, along with suicide prevention techniques.

## **2) Screen for Suicide Risk**

Health care providers or specially trained officers must conduct a confidential suicide assessment. All new inmates should undergo screening, including current medication information. In addition, the jail should conduct recurring assessments because inmates can become suicidal during their incarceration, especially after returning from court, after receiving bad news, during solitary confinement, or after a prolonged period in jail.<sup>19</sup>

Also key to a safe jail is cross-disciplinary staff training about how to work with people with mental illness successfully and how to successfully deescalate situations. Properly trained correctional staff form the backbone of any correctional system. Initial and annual refresher training should include signs of suicide risk and how to respond to a suicidal inmate.

## **3) Work Across Departments**

All members of the jail staff, including administrators, detention staff, and medical and mental health clinicians, must collaborate and communicate as a team to identify, assess, and monitor at-risk inmates and intervene appropriately.

## **4) Adequately Staff Mental Health Services**

Mental health care staffing and resources must be adequate to screen, treat, and intervene with inmates who have mental illness.

## **5) Review Use of Segregation and Other Interventions**

When an inmate is segregated, best practice is to minimize the sense of emotional isolation that an inmate may feel, especially when physically isolated for protective watch. Physical isolation may be necessary to carefully observe and monitor an inmate who is at risk of suicide. However, such physical isolation may also increase the person's sense of emotional isolation, making him or her feel more alone and overwhelmed by negative feelings. This could increase suicide risk. Attention and good communication skills on the part of officers can decrease the feeling of isolation.<sup>20</sup>

## **6) Have a Plan for Transfer**

Jails should transfer inmates who need acute mental health care to a psychiatric treatment facility to receive necessary intensive treatment.



# The Stepping Up Initiative

In 2015 the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Foundation, in partnership with the U.S. Justice Department’s Bureau of Justice Assistance, came together to announce a national initiative to reduce the number of people with mental illnesses in jails called The Stepping Up Initiative. The campaign is a call to action for officials and leaders—the sheriff, district attorney, county commissioners, and treatment providers—in each county to develop a data-driven action plan to reduce the number of adults with mental illness and co-occurring substance use disorders in the jails.



With support from the N.C. Association of County Commissioners, 43 of North Carolina’s 100 counties have passed Stepping Up resolutions and are working in multi-disciplinary teams to identify the drivers of mental health

admissions to their county jail, identify community resources and gaps, and create step-by-step plans to minimize contact with the justice system and maximize treatment and supports in the community. See the list of N.C. counties who have Stepped Up at [stepuptogether.org/what-you-can-do](http://stepuptogether.org/what-you-can-do).

## Jail Deaths of People in Mental Health Crisis

This report looks at jail suicides, but there are many other hazards that inmates with mental illness face while confined.

Disability Rights NC’s investigation revealed some people died in North Carolina jails after exhibiting days or weeks of untreated symptoms that required clinical medical and mental health treatment rather than continued confinement in jail.

Although these inmates did not commit suicide, the lack of mental health treatment in the jail contributed to their deaths. (Initials are used to

protect the privacy of the deceased and their families.)

**ND:** In 2013, ND was placed on substance use withdrawal protocols upon his arrest and confinement in Forsyth County Jail. Medical records indicated he had a mood disorder, not otherwise specified. At first only mild symptoms from withdrawal were noted. After 10 days, he reported insomnia, anxiety and auditory hallucinations. He was given a mental health referral because of continued hallucination, anxiety, poor hygiene and abnormal behavior. Documents from the medical examiner state that ND “refused to walk to the cell door for evaluation, instead displaying continued unusual and tremulous behavior.” A week later he was found unresponsive in his cell. The records note

he “seemed confused” shortly before his death. He died in a single cell while on twice-an-hour checks by custody staff.

**OP:** In 2015, OP died in the Carteret County Jail after nine continuous hours in a restraint chair. He had been admitted to the jail nine days earlier after arrest for inhaling vapors. He had a history of mental illness and received mental health medication while in jail. On the eighth day, he was noted to be agitated. He was pepper sprayed and placed in a restraint chair. The jail’s operating procedure limits restraint in the chair to two hours, and, if the inmate remains uncooperative, another two hours. According to medical examiner records, he was seen to be hallucinating in the restraint chair, and there was seizure-like activity just before OP’s death.

**WC:** In 2015, WC died after weeks of severe mental decompensation. He had a history of manic depression/bipolar disorder and was receiving mental health medications in the Craven County Jail. The week before he died he was speaking with persons who were not present. He would not remain clothed, refused to eat and drink, and was eating his own feces. By the end of the week he was seen to be stumbling, laying on the floor and not talking to anyone. The night before WC’s death he was observed not moving but breathing. The next morning he was found lying on his right side, groaning and unresponsive. He was taken to the Emergency Department and admitted to the intensive care unit. He died hours later. At the hospital he was found to have lithium toxicity, elevated renal function studies and elevated potassium. The cause of death in the medical examiner’s opinion was lithium toxicity.

**VW:** On August 24, 2015, VW entered Guilford County Jail. He had a history of schizophrenia and expressed thoughts of suicide to jail staff. He was

placed naked in a single cell where he was observed vomiting, urinating on the floor, banging his head intentionally on the walls, toilet and floor and refusing to communicate with staff. After slipping on the wet floor and hitting his head he was removed from his cell, restrained and transported in a wheelchair to the holding facility. During transport a heavy blanket was placed over his head before a spit mask could be placed. He was put on the floor in a prone position with a multitude of jail staff in the room. Video shows CPR was begun and continued during transport to a hospital where he was pronounced dead. The medical examiner classified the manner of death as homicide.

**CT:** In 2016, CT spent one month in Wilson County Jail. He had a known history of mental illness. He expressed suicidal ideation and he stopped eating. He suffered a 30-pound weight loss during the month. By the time he was taken to the hospital he was severely malnourished, severely dehydrated and had acute kidney injury among other conditions. He died after two days in the hospital. The medical examiner concluded the cause of death was dehydration and malnutrition due to psychiatric illness.

Clearly, jails are not a substitute for mental health facilities. A jail is not a fit setting for the delivery of proper care in a mental health crisis and, in fact, the jail setting may exacerbate the symptoms and suffering of the person. When an inmate’s mental health begins to decompensate, jail personnel must respond with appropriate and adequate treatment by medical professionals.

<sup>1</sup> Disability Rights North Carolina examined deaths in N.C. jails that were reported to N.C. DHHS as required by statute for the years 2013, 2014, 2015 and 2016. We also gathered data from Medical Examiner Reports, newspaper articles and interviews, and identified additional jail deaths that had not been reported to N.C. DHHS.

<sup>2</sup> Margaret E. Noonan, U.S. Department of Justice, Bureau of Justice Statistics, "Mortality in Local Jails and State Prisons, 2000-2014," <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5865>.

<sup>3</sup> Lindsay M. Hayes, "Suicide Prevention in Correctional Facilities: Reflections and Next Steps," *International Journal of Law and Psychiatry* 36 (2013) 188–194.

<sup>4</sup> Lindsay M. Hayes, national expert in the prevention of jail suicides and project director of the National Center on Institutions and Alternatives, offers a 2016 *Training Curriculum and Program Guide on Suicide Detection and Prevention in Jail and Prison Facilities*, designed to provide facility administrators a virtual blueprint for development and/or revision of suicide prevention programs. Contact Mr. Hayes at (508) 337-8806 or lhayesta@msn.com.

<sup>5</sup> "Mother of 17-year-old Durham inmate considers lawsuit after alleged suicide" WRAL, March 23, 2017, <http://www.wral.com/mother-of-17-year-old-durham-inmate-considers-lawsuit-after-alleged-suicide/16601484/>.

<sup>6</sup> E. Fuller Torrey, MD, Mary T. Zdanowicz, Aaron D. Kennard, et. al. "Joint Report of the National Sheriffs' Association and the Treatment Advocacy Center—The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey," April 8, 2014. <http://www.pacenterofexcellence.pitt.edu/documents/Treatment%20of%20Persons%20with%20MI%20in%20Prisons%20and%20Jails.pdf>.

<sup>7</sup> N.C. Department of Health and Human Services, "North Carolina's Mental Health Crisis," <http://crisissolutionsnc.org/wp-content/uploads/2014/01/CSIfactsheet12-27-13.pdf>

<sup>8</sup> Lynn Bonner, "North Carolina Task Force Takes Broad Look At Mental Health, Criminal Justice," *The News and Observer*, January 23, 2016. <http://www.newsobserver.com/news/politics-government/state-politics/article56233965.html>

<sup>9</sup> Dean Aufderheide, "Mental Illness in America's Jails and Prisons: Toward a Public Safety/Public Health Model," *Health Affairs Blog*, April 1, 2014. [healthaffairs.org/blog/2014/04/01/mental-illness-in-americas-jails-and-prisons-toward-a-public-safety-public-health-model/](http://healthaffairs.org/blog/2014/04/01/mental-illness-in-americas-jails-and-prisons-toward-a-public-safety-public-health-model/)

<sup>10</sup> In 2007 the General Assembly passed a session law requiring jails to screen inmates for mental health needs (House Bill 1473). Although this requirement sunset in 2009, some N.C. jails report they continue to screen inmates for mental illness and treatment needs during the intake process.

<sup>11</sup> WUNC interview with Sara Warren, analyst, Wake County Sheriff's Office, July 2016.

<sup>12</sup> Kara Fohner, "Mental Health Adds Burden At State Jails", *Lenoir News-Topic*, January 15, 2017. [www.newstopicnews.com/news/local/mental-health-adds-burden-at-state-jails/article\\_d62f6330-4159-5cd2-a386-20097fba0d3a.html](http://www.newstopicnews.com/news/local/mental-health-adds-burden-at-state-jails/article_d62f6330-4159-5cd2-a386-20097fba0d3a.html).

<sup>13</sup> N.C. Sheriffs' Association, "Mental Illness and Substance Abuse in County Jails," December 11, 2014. [http://ncleg.net/documents/sites/committees/JLOCJPS/2014-15%20Interim/December%2011,%202014%20Mental%20Health%20and%20Eckerd/04%20NCSA\\_Mental\\_Illness\\_in\\_Jails\\_2014-12-11.pdf](http://ncleg.net/documents/sites/committees/JLOCJPS/2014-15%20Interim/December%2011,%202014%20Mental%20Health%20and%20Eckerd/04%20NCSA_Mental_Illness_in_Jails_2014-12-11.pdf)

<sup>14</sup> E. Fuller Torrey, et. al. "The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey."

<sup>15</sup> World Health Organization, "Preventing Suicide in Jails and Prisons." [www.who.int/mental\\_health/prevention/suicide/resource\\_jails\\_prisons.pdf](http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf)

<sup>16</sup> Noonan, "Mortality in Local Jails and State Prisons, 2000-2014."

<sup>17</sup> E. Fuller Torrey, et. al. "The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey."

<sup>18</sup> Noonan, "Mortality in Local Jails and State Prisons, 2000-2014."

<sup>19</sup> U.S. Department of Justice, National Institute of Corrections, *National Study of Jail Suicide: 20 Years Later*, April 2010. <http://static.nicic.gov/Library/024308.pdf>.

<sup>20</sup> Solitary confinement is strongly associated with increased risk of self-harm. The American Public Health Association recommends the exclusion of prisoners with serious mental illness and those under 18-years of age from segregation. See APHA Policy Statement at <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/14/13/30/solitary-confinement-as-a-public-health-issue>.

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