



Self-injurious Behavior in Prisons: A Nationwide Survey of Correctional Mental Health Directors

INTRODUCTION

Self-injurious behavior (SIB) by correctional inmates has serious health, safety, operational, securing and fiscal consequences. In addition to injury to the inmate, other inmates and correctional staff can suffer harm when intervening or through exposure to body fluids. Serious incidents require a freeze in facility operations and those needing outside medical attention create additional security risks. The interruption of normal operations, staff diversion, outside care costs, and medical and mental health resource drains all have significant fiscal consequences. This study examines the nationwide extent of SIB by inmates (including prevalence, adverse consequences, and management) and identifies prison systems that have developed behavioral interventions and programs to manage SIB.

METHODS

A multi-method (on-line, email and paper-based) survey of state and federal Departments of Corrections' Directors of Mental Health Services was developed and implemented.

The 30-item questionnaire was constructed to elicit information about the frequency of SIB incidents, how SIB is defined and differentiated from a suicide attempt, demographic and facility data collected when SIB incidents occur, the impact of SIB incidents on facility operations as well as mental health services and resources, the clinical and behavioral management of inmates exhibiting SIB, and the relationship between mental health and custody staff in dealing with SIB. We also inquired about the prevalence of specific categories of psychiatric disorders among inmates with SIBs.

Characteristics of Participating Prison Systems

Size of Prison System*	Population
Range	2,064 – 201,280
Mean	31,421
SD	46,824
Median	20,661
Geographic Location**	N (%)
Northeast	8 (21.1%)
Midwest	8 (21.1%)
South	10 (26.3%)
West	12 (31.5%)

* Prison Size based on 2008 Bureau of Justice Statistics

** This does not include the one site representing the federal prison system

Response rate:

- 39/51 surveys completed (76.5% response rate)
- 6 states refused participation
- 6 states were non-responding; response rates did not differ significantly by size of prison system or geographic location

Definitions of Self-injurious Behavior (SIB) and Determination of SIB Incidents

SIB defined by policy:	N (%)
Yes	12 (32.4%)
No	25 (67.6%)
SIB definitions include:	N (%)
Requires an act of self-injuring behavior	29
Behavior was intentional or deliberate	14
Explicit inclusion of suicidal intent	4
Explicit exclusion of suicidal intent	12
Injury severe enough to receive medical intervention	4
Who makes determination that incident was SIB:	N (%)
Medical clinician	21 (55.3%)
Mental health clinician	36 (94.7%)
Custody staff	9 (23.7%)
None of the above	2 (5.1%)
Do systems distinguish between SIB incidents and suicide attempts:	N (%)
Yes	28 (73.7%)
No	10 (26.3%)

Number of Inmates Engaging in SIB in Last Calendar Year (2008)

Range	2-5000
Mean (SD)	321.5 (948.1)
Median	92
Percent of inmates engaged in SIB*	N (%)
Range	0.03% - 8.93%
Mean (SD)	1.30% (1.89)
Median	0.44%

*Based on Bureau of Justice statistics for 2008 census numbers

RESULTS

Data Maintained by Prison Systems when SIB Incidents Occur

Response	N (%)
No	17 (43.6%)
Yes	22 (56.4%)
Data maintained:	N (%)
Housing unit	17 (43.6%)
Behavior	17 (43.6%)
Gender	15 (38.5%)
Shift or time of day	14 (35.9%)
Age	13 (33.3%)
Security level	11 (28.2%)
Race	10 (25.6%)
Diagnosis	10 (25.6%)
Precipitants for behavior	7 (17.9%)
Crime	6 (15.4%)
Sentence	6 (15.4%)
Sanctions for behavior	5 (12.8%)
Other	4 (10.3%)

Frequency of Occurrence of SIB Incidents

Frequency	N (%)
More than once a day	5 (14.7%)
Once a day	2 (5.9%)
Several times per week	17 (50.0%)
Once a week	5 (14.7%)
Once a month	0 (0.0%)
Less than once a month	5 (14.7%)

Effects of SIB Incidents on Facility Operations and Mental Health Services

Disruption to Facility Operations	N (%)
Minimal	7 (18.4%)
Somewhat	13 (34.2%)
Moderate	11 (28.9%)
Extreme	7 (18.4%)
Drain on Mental Health Resources	N (%)
Minimal	3 (8.1%)
Somewhat	8 (21.6%)
Moderate	16 (43.2%)
Extreme	19 (27.0%)

Percent of SIB Perpetrators with Mental Health Diagnoses

Psychotic disorder	N (%)
Range	0-20%
Mean (SD)	7.6% (5.3)
Mood disorder	N (%)
Range	0-35%
Mean (SD)	15.5% (9.7)
MR / PDD / Autism	N (%)
Range	0-10%
Mean (SD)	3.2% (3.1)
Cluster B Personality disorder	N (%)
Range	4-95%
Mean (SD)	52.2% (25.7)
Mixed Personality disorder	N (%)
Range	0-35%
Mean (SD)	12.2% (10.7)

Management Techniques and Interventions

Among 6 medication classes queried, most systems used SSRI's to treat inmates engaged in SIB, followed by antipsychotics and anticonvulsants with less frequent use of Naltrexone, anxiolytics and beta blockers.

Involuntary medication use was reported by 33 (84.6%) of the prison systems – most of the systems (69.0%) using these < 5% of the time; 94.3% of systems have policies and procedures for the use of involuntary medication.

All systems report having policies and procedures for the use of security-ordered and mental health-ordered restraints; most systems also report these to be used < 5% of the time.

One-half (48.6%) of systems report having a behavioral management program or unit; bed sizes ranged from 15-620 beds (M: 136 beds; SD 182).

DISCUSSION

Given that these statewide directors of prison mental health services are best suited to gauge the prevalence, impact and management of inmate SIB in their state or federal jurisdictions and the fact that there is limited research into these behaviors in correctional settings, we found that:

- Our high response rate attests to the perceived importance of SIB as a problem facing prison systems;
- The lack of a widely and consistently used definition of SIB complicates research in this area, including differences in criteria such as overt actions, intent, need for medical treatment, and suicide attempts;
- Prison systems keep limited, if any, data about SIB events;
- A relatively small proportion of inmates are responsible for frequent episodes of SIB;
- On average, only 1-2% of inmates per year engage in SIB, but most systems experience these events at least once/week and many experience daily SIB incidents; and
- Management approaches to SIB lack widespread consistency, perhaps due to the heterogeneous underlying causes for these behaviors; interventions such as restraints, medications and behavior management plans/programs are used infrequently.

CONCLUSION

Self-injurious behavior by correctional inmates can have many and varied consequences related to health, safety and finances. Little is known about the epidemiology of SIB or about effective interventions. The wide difference in how systems manage SIB suggests a lack of best practice models. The large percent of systems acknowledging a willingness to participate in future discussions and research on this topic underscores the need for further research and greater understanding of the root causes of this behavior and the best ways to manage it.

ACKNOWLEDGEMENTS

We would like to thank CHPR's Office of Survey Research and Beth O'Connell for all of their subject identification and data collection efforts.