

THE CONTINUING SUICIDE CRISIS IN THE
MASSACHUSETTS DEPARTMENT OF CORRECTION

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The Massachusetts Department of Correction (MA-DOC) has had and continues to have a serious problem with prisoner suicides. Since we last reported on suicides in the MA-DOC in 2010¹, little seems to have improved. Fortunately, there has not been a repeat of the surge of 8 prisoner suicides in 6 months as seen in 2010 or the 8 per year seen in 1997 and 2006. The Massachusetts rates of prisoner suicides, however, continue to exceed the national rates by a wide margin. So far in 2014, there have been 4 prisoner suicides in the MA-DOC for an annual rate of 36 suicides per 100,000 inmates while the national rate has consistently averaged 16 per 100,000². The TABLE summarizes data and

rates in the MA-DOC for the 22 years from 1993 to 2014.

TABLE

Year	# Suicides	Rate per 100,000	5-Yr Avg/100,000
1993	1	9	--
1994	4	35	--
1995	3	26	--
1996	3	27	--
1997	8	68	34
1998	2	17	36
1999	0	0	28
2000	2	18	26
2001	2	18	24
2007	1	10	12
2003	0	0	9
2004	1	10	11
2005	4	40	15
2006	8	75	27
2007	4	36	32
2008	1	9	34
2009	5	44	40
2010	8	70	46
2011	2	18	35
2012	2	17	31
2013	2	18	33
2014	4	36	32
Avg	3.1	27.2	28.0

Additionally, 5-year moving averages are shown, in an effort to minimize the distorting effects of single year outlier data^a. These data confirm that for most of the reported 22 years, suicide rates in the MA-DOC have exceeded the national average. The overall average rate of 27.2 is 70% greater than the national average. Over the last 10 years, there have been 40 suicides, a rate of 36/100,000, equaling 225% the national rate. These findings are

^a 5-yr average rates calculated by averaging contiguous 5 year suicide data, dividing by the 5 year average population and multiplying by 100,000

Data from references 1, 3, 4, 5

more clearly visualized when expected annual fluctuations are smoothed by viewing 5-year moving averages as shown in the FIGURE. Also shown, in the shaded bar, is the national 5-year moving average of 16/100,000 (range 15.4-16.4) for the years 2000-2010². As is apparent from these data, there has been a persistent 2-3 fold excess of suicides recorded in the MA-DOC, especially during the last 10 years.

As reviewed in greater detail in a previous report¹, these "successful" completed suicides represent only the tip of the iceberg. Although the MA-DOC normally provides no data on attempted suicides, data released under legal discovery during a lawsuit documented that during 2000-2006 there were 431 prevented suicides to supplement the 18 completed suicides during those years. Thus, on average, there were 24 attempted/prevented suicides for every one completed.

To what, then, can one attribute the excessive levels of psychological distress that must underlie these large numbers of prisoners attempting and/or committing suicide? In 2007, the MA-DOC commissioned an investigation and report reviewing these circumstances⁶. This Hayes report made 29 recommendations, the bulk of which were to be urgently implemented but, apparently, these were either not sufficient or did not target the correct underlying root causes as there has been little progress. That report was based almost exclusively on reviews of DOC protocols and procedures, as well as staff interviews. Notably, no prisoners were interviewed. Conclusions largely attributed the high suicide rates to prisoner mental instability and excessive use of segregation. Recommended remedies (totalling \$17 million in increased costs) included suicide-resistant segregation cells, increased special management staffing, and staff education. Prisoner targeted recommendations consisted of isolating potentially suicidal inmates by increased use of restrictive/segregated and suicide-resistant housing, albeit with more amenities and increased security staff and mental health provider rounding. Apparently, there was no consideration that this strategy would isolate these vulnerable prisoners,

potentially exacerbating depression and eliminating supportive peer interactions. Interestingly, few if any of the suicides before or after the report, have occurred at Bridgewater State "Hospital" (a DOC facility, not hospital accredited) where mentally ill prisoners and pre-trial detainees are held -- and where there has been a history of excessive (and frequently punitive) segregation⁷. This would belie Hayes' hypothesis that mental illness is a major cause of prisoner suicides, although possibly supporting his argument that increased staffing and supervision can be helpful in preventing suicides. One undesirable consequence of procedures at Bridgewater, however, appears to be the apparent exacerbation of mental illness associated with isolation in general and especially with the torture-like conditions recently revealed at Bridgewater⁷.

Based on DOC mortality reviews, the report did list as precipitating factors prisoners' concern/anxiety about classification, medical conditions, loss of loved ones and guilt about committed offenses. Not surprisingly, since prisoner interviews were not part of the investigation, no mention or consideration was given to the institutional living experience of prisoners as contributing triggers to the helplessness and despair leading to suicides. Such interviews would likely have added to that list the arbitrary and capricious actions of DOC staff and administrators who promote unnecessary stress. Constantly changing policies and seemingly petty rules, applied erratically and almost whimsically, typically without explanation, serve to undermine prisoners' psychological stability. This erodes their self-respect and self-image, serving to remind inmates that, in the eyes of the DOC, they have little if any value or humanity. A disciplinary system that always faults the inmate further subjects prisoners to a state of constant vulnerability. Occasional rogue and hostile officers, unrestrained because of a "brotherhood of silence", abet this state by tormenting and humiliating prisoners with impunity. Additionally, arbitrary and erratic with-holding or extreme delay in medical care reinforces the sense of helplessness. The end

result of such psychologically erosive circumstances is the depersonalization and devaluing of prisoners, stripping away their humanity, identity and self-image. This leaves some in a state of hopelessness and despair such that the addition of any future stressor, regardless of the source or importance, makes self-harm seem a desirable and wished for outlet.

Recent developments offer some hope that change may come to what has, to date, been mostly a debilitating warehousing of prisoners. Although still limited, a current focus and effort by the MA-DOC to encourage and improve prisoner access to rehabilitative and vocational programming is a positive step that may offer inmates hope for future success once released. The recent legislative mandate that the DOC track all available programs as well as the recidivism rates of prisoners completing these programs offers new opportunities to assess and possibly improve outcomes⁸. This, in the future, may provide released prisoners a more realistic expectation of successful re-entry to society. It is through such constructive measures that positive change can be wrought and, most importantly, hope and aspirations to a productive future life instilled. However, for many, especially those serving very long or life sentences, the day to day experience must improve now if there is to be a realistic chance to reduce the triggers leading to self-harm. For this, a change in the corroding culture will be needed, otherwise the persistently high rate of suicide in the MA-DOC is likely to continue. Such change will require significant leadership from the highest levels of DOC administration and will need to be filtered down through all ranks, to individual officers. It is doubtful whether this change can be accomplished simply through the appointment of a new commissioner without drastic alterations in the composition and philosophy of staff at all levels.

SOURCES

1. Greineder, DK. "Suicide Crisis in Massachusetts Department of Correction". Norfolk Lifers Group, August 2010. Accessible at www.realcostofprisons.org/writing/

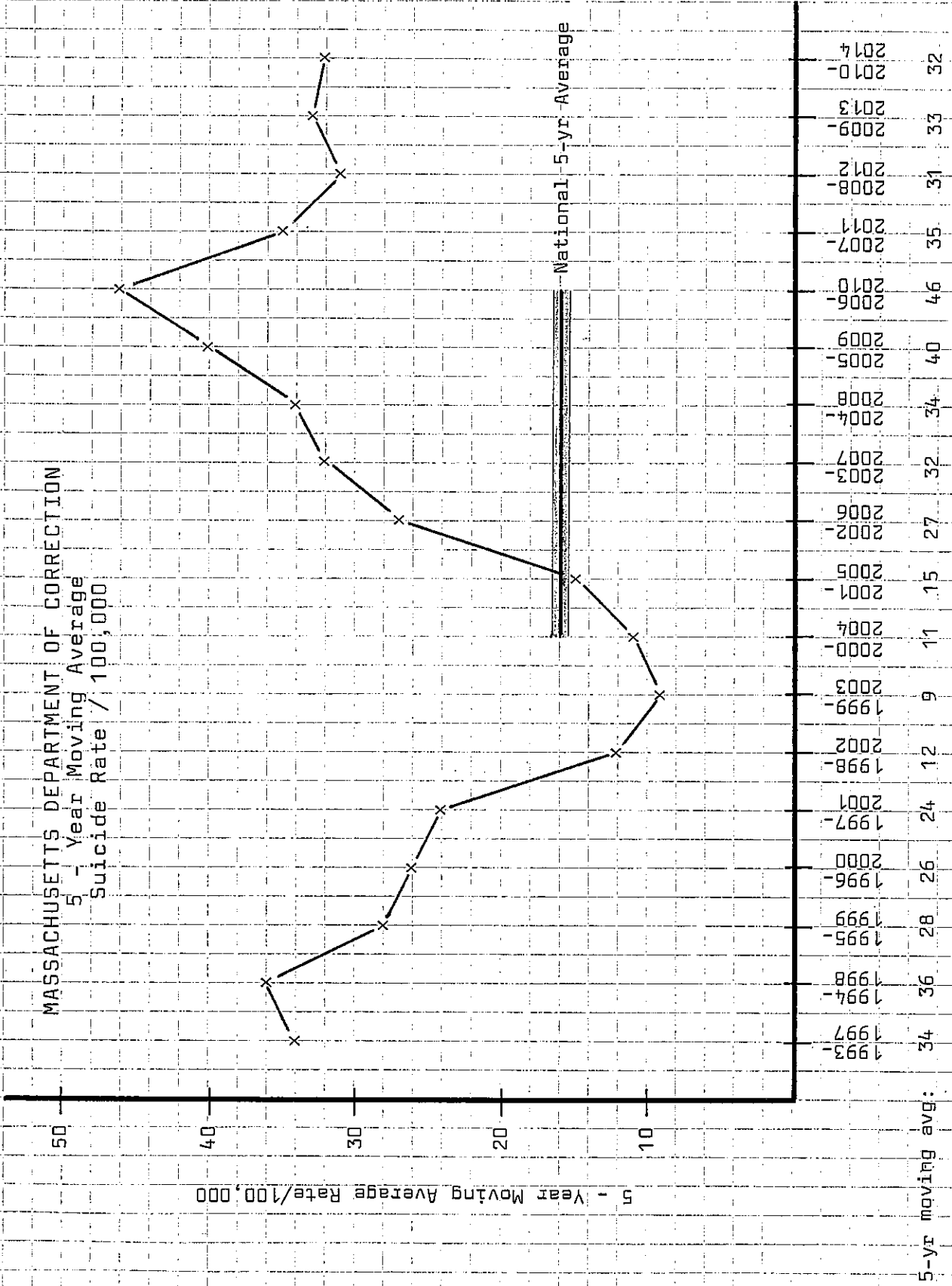
2. Noonan, ME. "Mortality in Local Jails and State Prisons, 2000-2010, Statistical Tables". Bureau of Justice Statistics, December 2012.
3. The Boston Globe. July 14, 2010; July 16, 2010; September 5, 2014.
4. Tenneriello, B. Personal communication. Prisoner Legal Services, August 2014.
5. Greineder, DK. Personal knowledge. Norfolk Lifers Group, September 2014.
6. Hayes, L. "Report on Suicide Prevention Within the Massachusetts Department of Correction". Massachusetts Department of Correction, January 31, 2007.
7. The Boston Globe. March 26, 2014, A1; July 1, 2014, B1; July 25, 2014, A1; August 27, 2014, A1; September 23, 2014, A9.
8. Massachusetts Legislature. Fiscal Year 2015 Budget, Lines 8900-0001 and 8900-1100.



MASSACHUSETTS DEPARTMENT OF CORRECTION
 5 - Year Moving Average
 Suicide Rate / 100,000

5 - Year Moving Average Rate/100,000

National 5-yr. Average



5-yr moving avg:

