Effective Suicide Prevention in Prisons – Experiences of Austria

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Development of VISCI
(The Viennese Instrument for Suicidality in Correctional Institutions)

• Evaluation of all suicide cases in custody between 1947-1999
• CCS 220 suicides vs 440 controls (1975-1999)
• Generation & validation of VISCI
• “traffic light system”
• Screening in routine intake procedures
Suicide rates in Austrian correctional institutions 1947-1999

Table 1: Process of suicide rates between 1947—99
VISCI – 22 questions

• personal data (2 questions)
• social situation (4 questions)
• criminal history (8 questions)
• psychiatric history (7 questions)
• suicidal ideation (1 question)

---- all to be answered with yes/no
VISCI – “traffic light system”

- Administration of VISCI during routine intake
- Sum score indicates “traffic light”
  - **Green**: no signs of suicide risk, no intervention, admission & intake as usual.
  - **Amber**: signs of suicide risk: no single-cell use!
  - **Red**: serious signs of suicide risk: no single-cell use + GP/psychiatric/psychological assessment ASAP!
**VISCI** - Viennese Instr. f. Suicidality in Correctional Institutions

**Validation study**
- Files of new prison suicides
- VISCI in 50 suicides & 100 controls
- N=150
- Sensitivity? Specificity?
pre-trial

p<0,0007
sentenced

p<0.0001

4.1 % traffic light „red“
15.8 % traffic light „amber“
80.1 % traffic light „green“
Results of screening for suicidality in routine in-take in 27 (all but one) correctional institutions in Austria

- Start at 4/12/2007 – 8248 admissions in first year
- 78.5 % green, 14.9 % amber, 6.6 % red
- 2008: 6 suicides (4 after screening: 1 amber, 3 green)
- 2009: 7 suicides (4 after screening: 2 red, 2 green)
- Mean number of suicides 1981-2007 was 11.0, StD 3.9
Conclusions

• International task force => recommendations
• WHO-guideline: who.int/entity/mental_health/resources/resource_jails_prisons.pdf
• Listed as example of good practice in EC database (Mental Health Compass)
• Continuous scientific evaluation of VISCI in Austria & dissemination of results
• Aim: Improvement of suicide prevention in jails and prisons
References

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• Frottier, P., F. König, M.E. Seyringer, T. Matschnig, St. Fruehwald: The distillation of “VISCI”: Towards a better identification of suicidal inmates. Suicide & Life-Threatening Behavior 39, 376-385, 2009
The viewpoint of the stakeholder – Directorate of Prison Administration

Problems before VISCI:
Relative high rate of suicides causes high interest of mass-media

Measures:
Psychiatric expertise by Prof. Sonneck (small booklet how to deal and handle inmates who are dangerous for c.s, training of stuff on this basis)

Study Frühwald - Frottier VISCI
Problems when starting with VISCI

Convincing everybody that this is not a psychological test and there is no evidence, that this very person will c.s or not (even today a problem)

the stuff that VISCI causes not more work and higher responsibility but helps to reduce and manage the responsibility of the stuff

Training
Number of Suicides in prison 2005 - 2009

1991-2005: Average 12 p.a. (8 to 20)
2006: 14
2007: 13  2007-12-4 VISCI turned on
2008: 6
2009: 7 (till now)
Results after 2 Years

Number of suicides slowed down

Difficulties by explaining that persons set on red by VISCI c.s. after a psychiatric examination where they were found not dangerous for c.s.

Use the name “cell definition program” instead of VISCI to declare that this is not a test or medical examination

Evaluation of every case of c.s.
Thank you!

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