FACULTEIT RECHTSGELEERDHEID

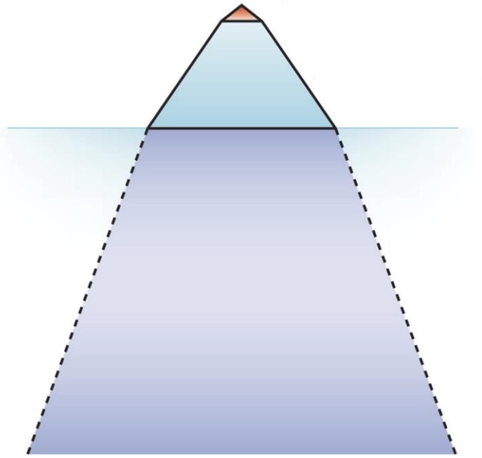
VAKGROEP CRIMINOLOGIE, STRAFRECHT EN SOCIAAL RECHT
INSTITUTE FOR INTERNATIONAL RESEARCH ON CRIMINAL POLICY

SUICIDE IN DETENTIE: AANZET TOT PREVENTIE

Louis Favril

UNIVERSITEIT GENT

ACHTERGROND



- Zelfdoding
  - wereldwijd probleem voor de volksgezondheid
  - complexe en multifactoriële oorzaak
  - slechts het topje van de ijsberg
  - eindpunt van een suïcidaal proces: denken → doen
  - disproportioneel vaker bij gedetineerden (in buitenland)

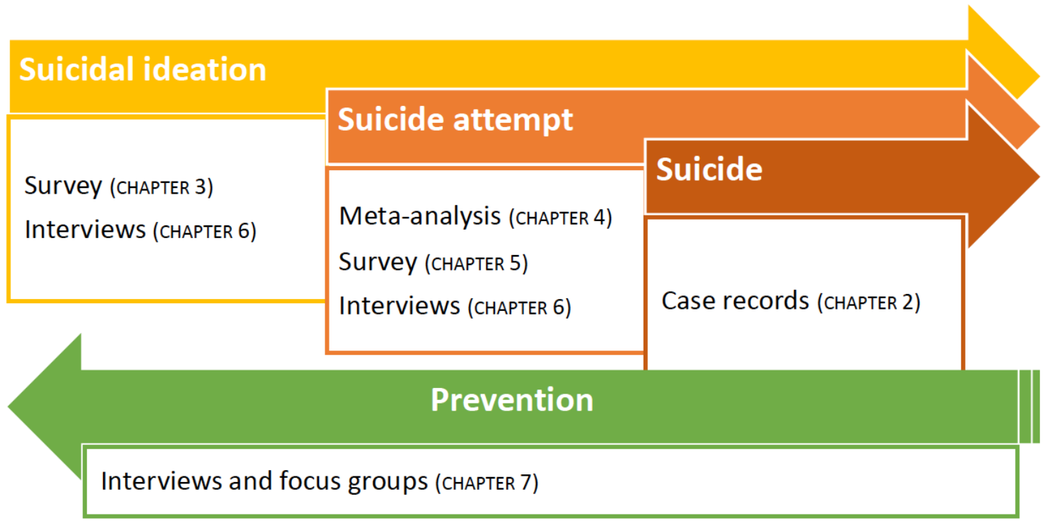
UNIVERSITEIT GENT

- Kwetsbaarheid: risicofactoren prevalent vóór detentie (~ misdrijf)
  - *psychopathologie, druggebruik, trauma, impulsiviteit, …*
- Stress: blootstelling aan zowel deprivaties (–) als stressoren (+)
  - *autonomie, sociale steun, slachtofferschap, overbevolking, …*

- WHO: suïcidepreventie in detentie is internationale prioriteit
- Vereist grondige wetenschappelijke basis – maar veel hiaten

DOEL

1. Epidemiologie: representatieve nationale data voor België
2. Risicofactoren: integratie (versnipperde) theoretische modellen
   - Kwetsbaarheid (import) en stressoren (deprivatie)
   - Suïcidaal proces: transitie van gedachten naar gedrag
3. Preventie: implicaties voor beleid en (klinische) praktijk



UNIVERSITEIT GENT

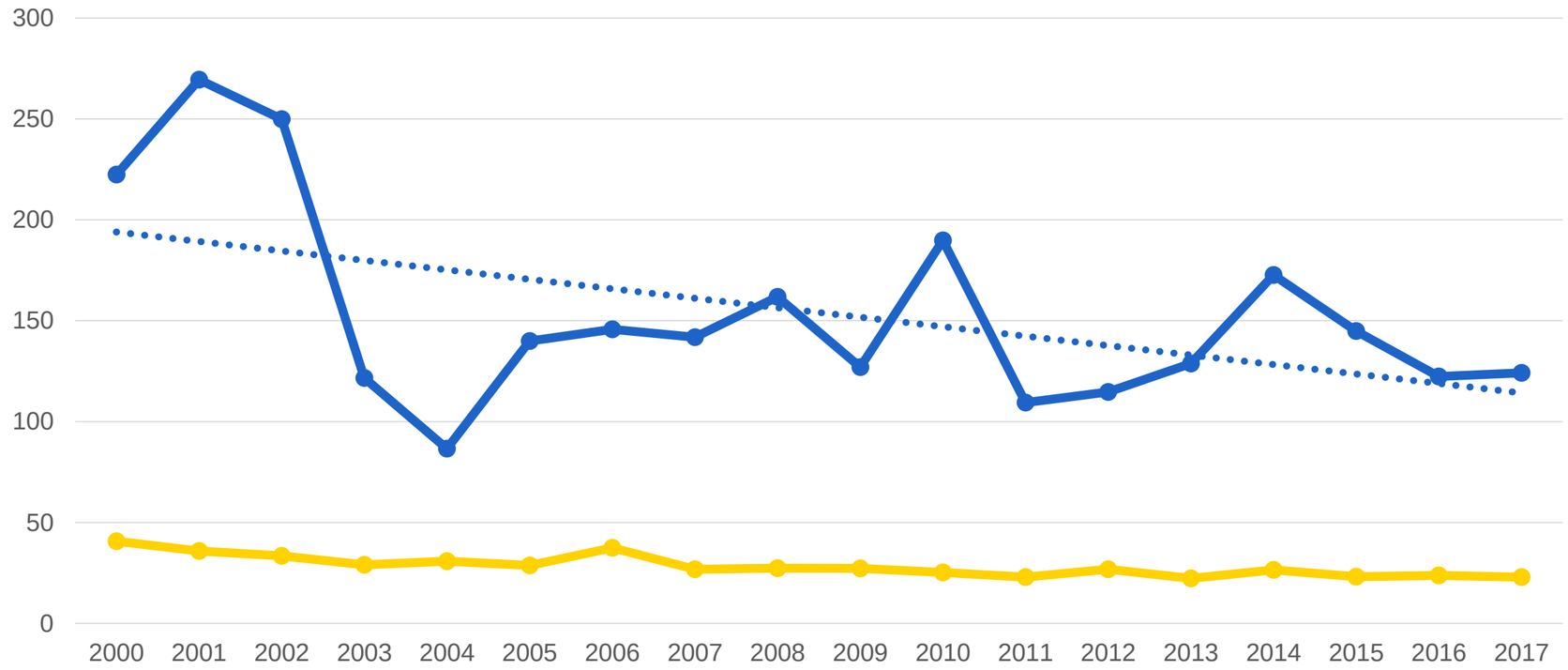
METHODOLOGIE

- Nationaal
  1. Dossierstudie: alle suïcides gedurende 20 jaar (2000–2019)
  2. Survey: 1326 gedetineerden uit 15 gevangenissen (13% populatie)
  3. Interviews en focusgroepen: 35 professionelen uit diverse sectoren

- Internationaal
  4. Meta-analyse: 17 studies met >12,000 gedetineerden uit 19 landen
  5. Diagnostische interviews: 1212 gedetineerden in Nieuw-Zeeland

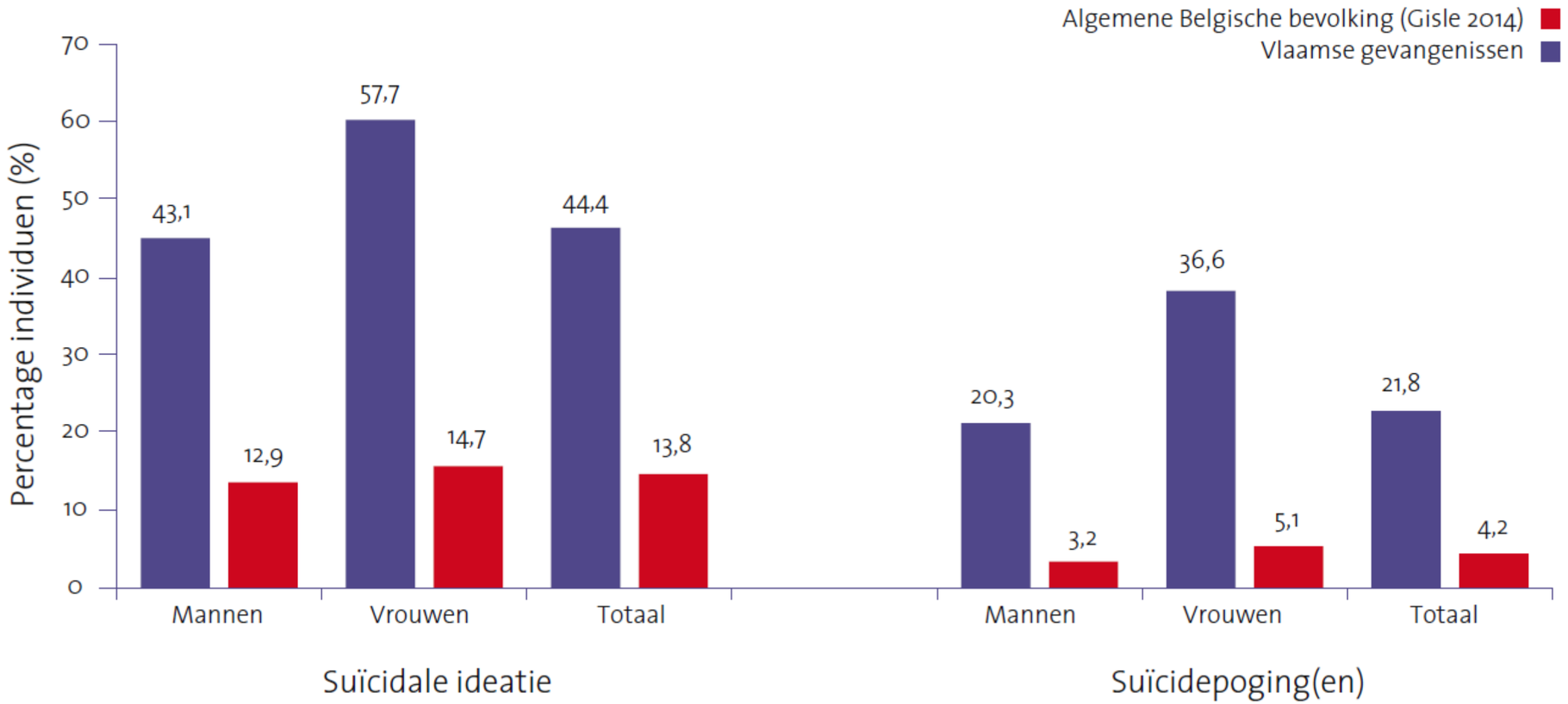
RESULTATEN: EPIDEMIOLOGIE

- 1/3 van alle overlijdens tijdens detentie (2000–2019)
- Naar verhouding 4x hoger dan in de algemene populatie



UNIVERSITEIT GENT

FIGUUR 1 Lifetimeprevalentie van suïcidaal gedrag: huidige studie vs. algemene Belgische populatie



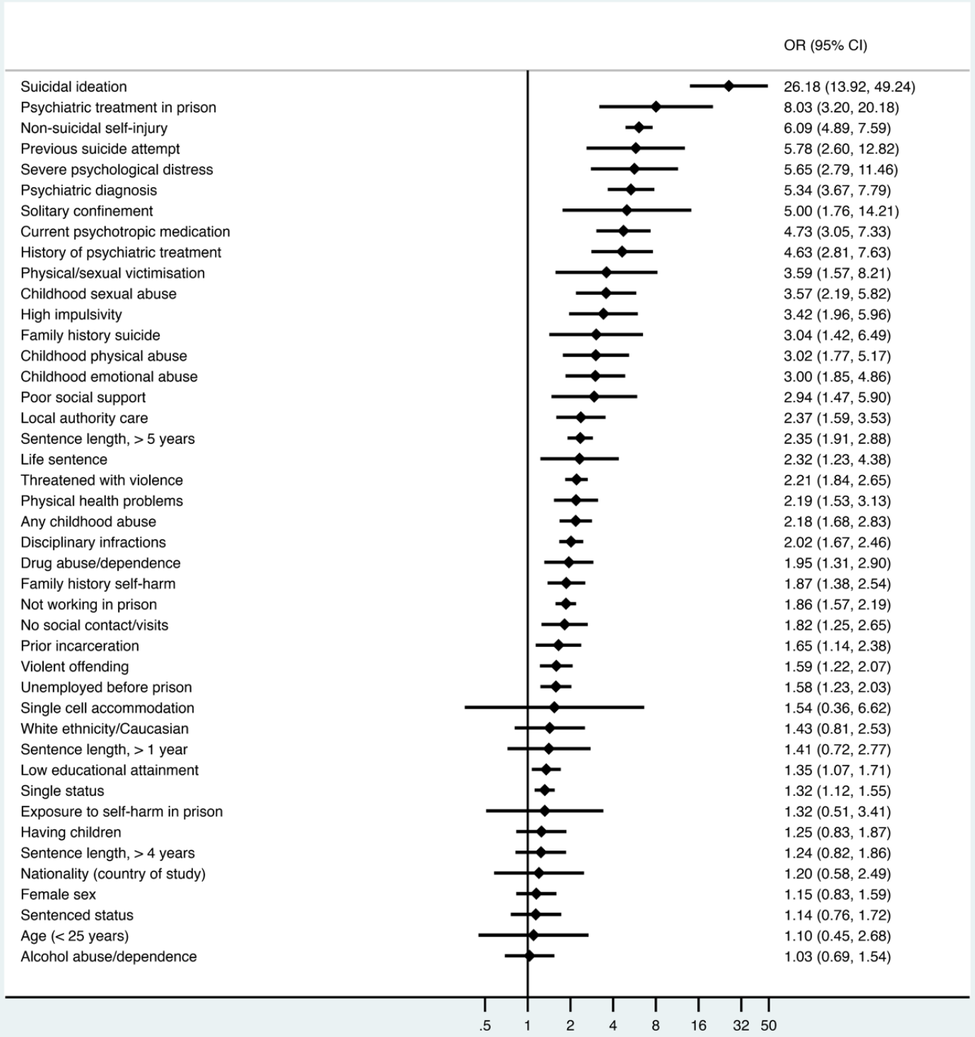
UNIVERSITEIT GENT

RESULTATEN: RISICOFACTOREN

- Suïcidale antecedenten
- Psychiatrische morbiditeit
- Detentie-specifieke stressoren
- Interactie individu en omgeving

Tabel 32.2 Risicofactoren voor suïcide in detentie

Persoonsgebonden factoren	*Detentiespecifieke factoren*
Demografisch	*Criminologisch*
– Vrouwelijk geslacht	– Voorhechtenis (beklaagd)
– 30-40 jaar oud	– Initiële detentieperiode
– Westerse nationaliteit	– (Levens)lange gevangenisstraf
– Etnisch-culturele meerderheid	– Seksuele delicten of levensdelicten
Kwetsbaarheden	*Deprivaties en stressoren*
– Misbruik/mishandeling	– Beperkte sociale ondersteuning
– Impulsiviteit en agressie	– Pesterijen, bedreigingen en geweld
– Psychiatrische (co)morbiditeit	– Gebrek aan zinvolle activiteiten
– Voorgaand suïcidaal gedrag	– Overbevolking

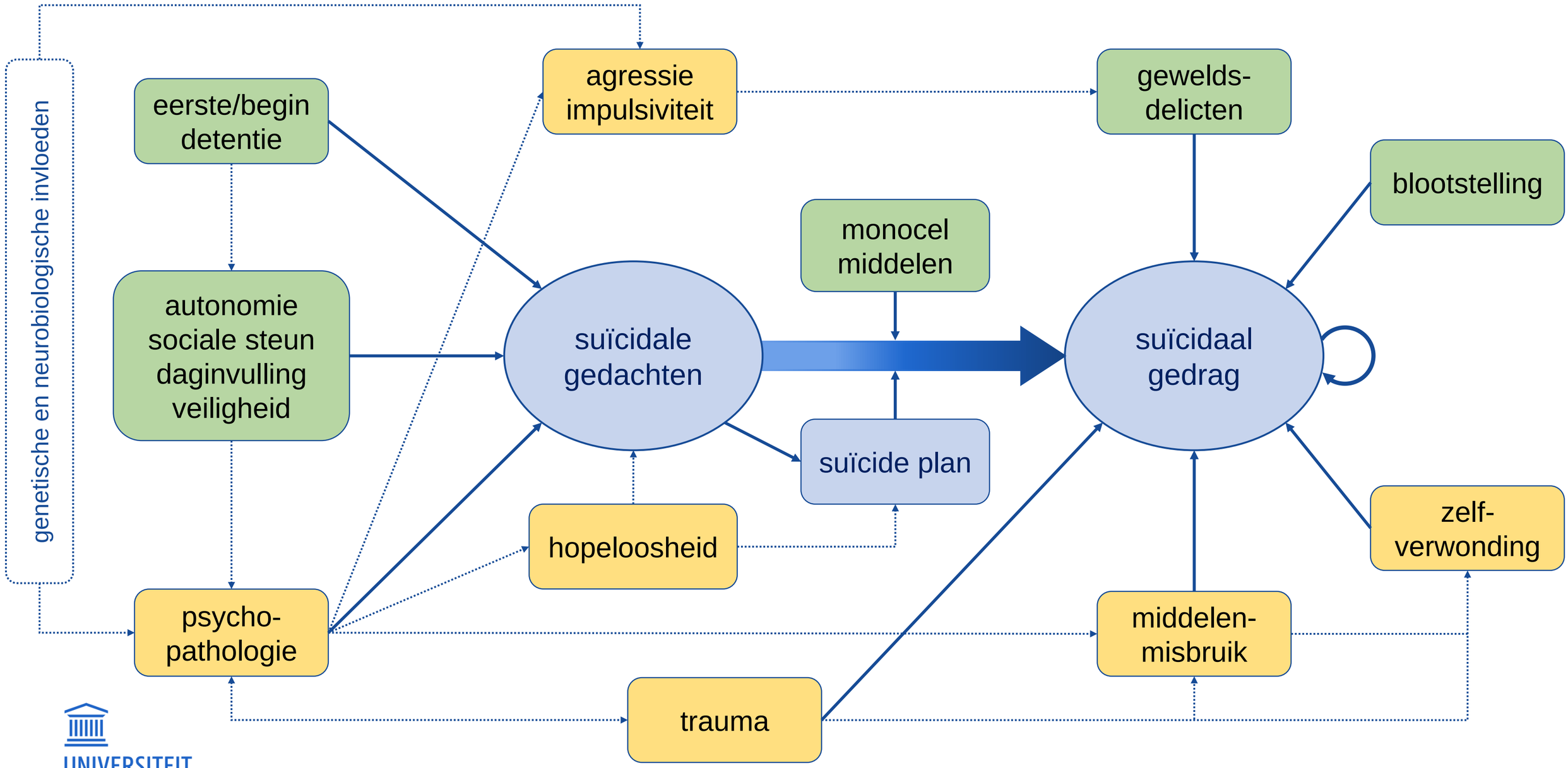


UNIVERSITEIT GENT

- 75% van gedetineerden vertaalt gedachten *niet* naar gedrag
- Ontwikkeling van nieuw integratief theoretisch model
- Differentiële impact op cognitief *vs*. gedragsmatig spectrum
  1. Ontwikkeling van suïcidale gedachten
  2. Transitie naar suïcidale handelingen

Box 5. Main hypotheses underlying the integrated model of suicide risk in prisons.

- Suicide risk results from an interaction between a predisposing diathesis and precipitating stressors.
- The development of suicidal ideation and the transition to suicidal behaviour are distinct processes.
- Prison-specific stressors and deprivations increase the likelihood of experiencing suicidal thoughts.
- Suicidal ideation is necessary though not sufficient for an individual to engage in suicidal behaviour.
- Imported vulnerabilities characterised by behavioural disinhibition govern the transition to action.
- Practical facilitators include single-cell housing, availability of lethal means, and exposure to suicide.



UNIVERSITEIT GENT

RESULTATEN: PREVENTIE

- Focus op fysieke preventie (bijzondere bewaking, duocel)
- Prioriteiten
  - Detentieregime
  - Interacties personeel
  - Opleiding en training
  - GGZ
- Drempels: overbevolking, personeelstekorten, fragmentatie

- One size does not fit all

UNIVERSITEIT GENT

AANBEVELINGEN

1. Identificatie

- Klinisch oordeel *vs*. screeningsinstrument

Archives of Suicide Research, 22:345–364, 2018

ISSN: 1381-1118 print/1543-6136 online
DOI: 10.1080/13811118.2017.1334611

Routledge
Taylor & Francis Group

Check for updates

Suicide Screening Tools for use in Incarcerated Offenders: A Systematic Review

Charlotte Gould, Tristan McGeorge, and Karen Slade

UNIVERSITEIT GENT

AANBEVELINGEN

1. Identificatie
   - Klinisch oordeel *vs*. screeningsinstrument
2. Geïndiceerde interventies: hoog-risico gedetineerden
   - Laagdrempelige GGZ
   - Psychosociale therapieën (CBT)


Behaviour Research and Therapy 119 (2019) 103406
Contents lists available at ScienceDirect
Behaviour Research and Therapy
journal homepage: www.elsevier.com/locate/brat

The online treatment of suicidal ideation: A randomised controlled trial of an unguided web-based intervention

Eva De Jaegere[a,*], Renate van Landschoot[a], Kees van Heeringen[a], Bregje A.J. van Spijker[b], Ad J.F.M. Kerkhof[c], Jan K. Mokkenstorm[d,e], Gwendolyn Portzky[a]

[a] Flemish Centre of Expertise in Suicide Prevention, Ghent University, Corneel Heymanslaan 10, entr. 17, 9000, Ghent, Belgium
[b] Centre for Mental Health Research, Research School of Population Health, College of Health and Medicine, Australian National University, 63 Eggleston Road, Acton, ACT, 2601, Australia
[c] Department of Clinical Neuro and Developmental Psychology, VU University Amsterdam, Van der Boechorststraat 7, 1081 BT, Amsterdam, Netherlands
[d] 113 Suicide Prevention, Paasheuvelweg 25, 1105BP, Amsterdam, Netherlands
[e] Amsterdam Public Health, Department of Psychiatry, Amsterdam UMC, De Boelelaan 1117, 1081 HV, Amsterdam, Netherlands


KCE Report 293Cs
KCE
Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

SHORT REPORT

HEALTH CARE IN BELGIAN PRISONS. CURRENT SITUATION AND SCENARIOS FOR THE FUTURE.

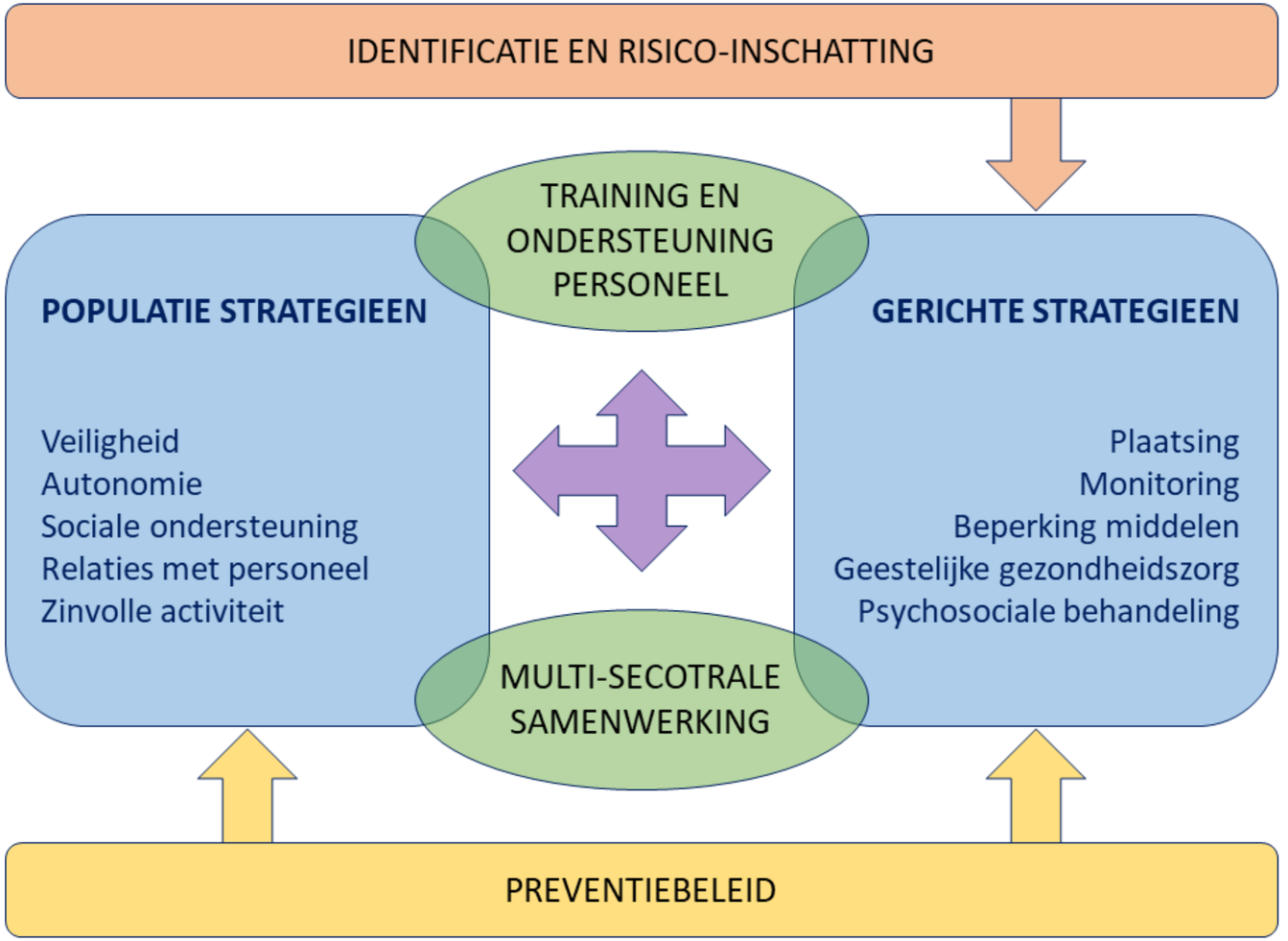
2017
www.kce.fgov.be

UNIVERSITEIT GENT

AANBEVELINGEN

1. Identificatie
   - Klinisch oordeel *vs*. screeningsinstrument
2. Geïndiceerde interventies: hoog-risico gedetineerden
   - Laagdrempelige GGZ
   - Psychosociale therapieën (CBT)
3. Populatiestrategieën: detentieregime
   - Werk, sport, onderwijs, sociale ondersteuning, veiligheid

UNIVERSITEIT GENT



UNIVERSITEIT GENT

TAKE-HOME

- 1/3 overlijdens in detentie door suïcide
- Prevalentie 4x hoger bij gedetineerden
- Wisselwerking individu en omgeving
- Cognitief *vs*. gedragsmatig spectrum
- Populatie plus gerichte strategieën
- Multisectorale aanpak is essentieel
- Belang van training en sensibilisering
- Prison health is public health

Take-home messages

Key findings

- Over the past two decades, one in every three deaths in Belgian prisons was the result of a suicide.
- Suicidal thoughts and behaviour are four times more prevalent in prisoners than in the community.
- Suicide risk results from the interplay between a predisposing diathesis and precipitating stressors.
- The development of suicidal ideation and the transition to suicidal behaviour are distinct processes.
- Prison-specific deprivations and stressors increase the likelihood of experiencing suicidal thoughts.
- A diathesis characterised by behavioural disinhibition facilitates the transition to suicidal behaviour.
- Interventions to prevent suicide should target both high-risk individuals and institutional stressors.

Recommendations for practice

- Ongoing screening and risk assessment should be based on clinical judgement and validated tools.
- A risk management process should outline responsibilities for placement, monitoring, and support.
- Mental health care and psychosocial treatments should be made available for all prisoners in need.
- Population strategies should promote wellbeing and mitigate any adverse effects of imprisonment.
- Postvention should include support for all those involved and a thorough review of circumstances.
- A comprehensive policy should underline multi-agency collaboration supported by local leadership.
- National guidelines that summarise best practices should be developed and tailored to local needs.

Recommendations for research

- Prospective research should delineate sex-specific risk factors during the course of imprisonment.
- Theory-driven research should focus on temporal fluctuations in risk to chart short-term predictors.
- Studies should identify differences in risk factors for repeated non-fatal and fatal suicidal behaviour.
- Multi-level modelling analyses should assess the contribution of micro- and macro-level risk factors.
- Screening tools should be developed to identify suicide risk with sufficient sensitivity and specificity.
- Trials should evaluate the feasibility and effectiveness of prison-based psychosocial interventions.
- Digital equivalence, funding, and ethical approval should be afforded to advance scientific progress.

Recommendations for policy

- Minimum national and international standards for good prison management should be adhered to.
- Health care provision in prisons should be at least equivalent to what is available in the community.
- Governance of health care in prisons should be transferred into the remit of the ministry of health.
- National monitoring systems should be instituted that collect data on suicidal behaviour in prisons.
- Prison settings should be routinely included in all population-level (national) mental health policies.
- Enduring concerns of staffing shortages and overcrowding should be tackled by resource allocation.
- Continuity of care should be ensured to reduce morbidity and mortality after release from custody.

LITERATUUR

- Favril, L., & O'Connor, R.C. (2021). Distinguishing prisoners who think about suicide from those who attempt suicide. *Psychological Medicine*, *51*(2), 228-235.
- Favril, L., Yu, R., Hawton, K., & Fazel, S. (2020). Risk factors for self-harm in prison: a systematic review and meta-analysis. *Lancet Psychiatry*, *7*(8), 682-691.
- Favril, L., O'Connor, R.C., Hawton, K., & Vander Laenen, F. (2020). Factors associated with the transition from suicidal ideation to suicide attempt in prison. *European Psychiatry*, *63*(1): e101.
- Favril, L., Indig, D., Gear, C., & Wilhelm, K. (2020). Mental disorders and risk of suicide attempt in prisoners. *Social Psychiatry and Psychiatric Epidemiology*, *55*(9), 1145-1155.
- Favril, L., Wittouck, C., Audenaert, K., & Vander Laenen, F. (2019). A 17-year national study of prison suicides in Belgium. *Crisis*, *40*(1), 42-53.
- Favril, L., Vander Laenen, F., Vandeviver, C., & Audenaert, K. (2017). Suicidal ideation while incarcerated: prevalence and correlates in a large sample of male prisoners in Flanders, Belgium. *International Journal of Law and Psychiatry*, *55*, 19-28.

UNIVERSITEIT GENT

FACULTEIT RECHTSGELEERDHEID

LOUIS FAVRIL

CAMPUS AULA
Universiteitstraat 4
9000 Gent

E louis.favril@ugent.be
T +32 9 264 84 61

www.ugent.be
www.ircp.org

Ghent University
@ugent
Louis Favril

UNIVERSITEIT GENT