

Guidelines of NHRC on "Prevention of Suicide in Prison"

1. A comprehensive suicide prevention programme must be introduced in all prisons by the State/UT Government, involving training of staff involved in correctional home services, health care and mental health of prisoners. The staff should be fully aware and proficient in initiating emergency response to a suicide attempt along with keeping vigil and adopting measures for prevention also. Periodic mock drills/rehearsal should be carried out to sensitize the stake holders and to reduce reaction time in assessment and providing professional assistance.
2. The State Prison Directorate should ensure enhancement of constructive and supportive relationships between prison staff and inmates. Particular emphasis should be placed upon improvement in regimes, staff training and rostering arrangements to enhance these relationships to suit all needs.
3. The newly admitted prisoners should be interviewed by a trained medical officer along with a qualified Psychologist for identification of inmates who appear to be psychologically abnormal and who could be prone to suicidal tendencies. The key to identifying potentially suicidal behaviour in inmates is through careful inquiry/interview and assessment during initial screening of the inmates. The pre-entry/initial health screening report of the prisoner must be filled up in detail and signed by both medical officer and Psychologist after filling all the mandatory information. Initial health assessment must be followed by regular follow up assessment as well.
4. CCTVs should be installed at the reception area and monitored 24x7 through a control room for monitoring effective initial screening.
5. The bandwidth of opportunities for inmates to interact with the outside world may be expanded through provision of news papers, television and movies in addition to periodic meetings with family and friends to maintain their social contacts. The prison environment could also be made less stressful by introduction of Yoga programmes and providing soothing music through speakers installed at appropriate places in consultation with prisoners.
6. Each prisoner/inmate should be provided with the opportunities to participate in constructive activities such as employment, education and skill development programs that build competence levels and address cure depressive

tendencies while simultaneously preventing aggressive behavior. Introduction of outdoor and group activities would bring positive attitude and group bonhomie among the inmates.

7. All aspects of prison operations and programs must be designed to cater to the diversity of the prison population in terms of culture, ethnicity, gender and sentencing status.
8. Priority should be given to provide comprehensive mental health services to prisoners, including:
 - a) Regular multidisciplinary screening and assessment of the mental health of the prisoners. Post of regular medical officers at central prison and weekly visit of a Psychiatrist/doctor to the District jails must be ensured.
 - b) Adequate mental health treatment and management, resources and systems should be made available within the prison including a qualified psychologist so that dependence on external agencies is minimized to extreme cases only.
 - c) Acute mentally ill prisoners must be shifted to Mental Hospital u/s 29 of the Mental Health Act, 1987, and
 - d) Provision should be there in prisons for continued mental care facilities even after specialist management and treatment of a mentally ill prisoner is over so that regular follow up is maintained even after the prisoner returns back into the prison environment, and gets reintegrated into the community.
9. Following points may be covered by suicide awareness training provided to prison officers and staff:
 - a) How to identify inmates with signs of suicidal tendencies and rate them according to the level of their problems.
 - b) Precautions to be taken by the staff monitoring these inmates.
 - c) Basic understanding of human behavior and ability to identify psychosomatic illnesses by observing prisoner's sudden change in behavior.
 - d) Basic training in medical emergency response to all jail officials to respond and provide immediate medical first aid

like cardio-pulmonary resuscitation (CPR) in cases of suicide attempts and other such emergencies till professional help is sought.

e) Identification of good Samaritans among the jail inmates who can keep an eye on prisoners and warn the staff to preempt suicides.

10. Conduct a thorough audit of the jail premises to find out the probable places/areas and items that are prone to be used while committing suicide. This should help in identifying and re-designing 'suicide resistant cells' with the intention of replacing potential hanging and anchoring points.
11. It is also important to strengthen the grievance redressal system in prisons and get regular feedback on quality of food, entertainment and other facilities from prisoners. It is imperative to engage prisoners in positive and constructive activities and also in socially useful productive work, religious activities and motivational therapy through discourses. A complaint box inside the prison could be a useful tool for redressal of complaints and to obtain feedback of inmates. Integration of the records of all the prisoners should be done so that if an under-trial prisoner had been previously incarcerated in a different jail then information about his background, behaviour and treatment records could be obtained from there and the same will be useful to the jail officials in his screening and assessment.
12. There should be rigorous review and intensive follow up of each suicide case to find out and alleviate the particular reasons behind the suicide and the steps to be taken so that such an occurrence in future is prevented.