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Review on Suicidal Ideation among Juveniles and Adult Prisoners in Indian Prisons

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Abstract

Suicide can be defined as a deliberate act of taking one's own life. Suicide may result from psychological, physiological, and societal factors where the person may feel hopeless and have difficulty handling the situations in their life. The scenario of committing suicide by an individual remains the same for the general population and the incarcerated. It is important to assess suicidal ideation among people and provide a suicide-resistant environment. This paper focuses on suicides in prison, suicidal statistics, psychological causes, and preventive measures taken by the authority.

Keywords: Suicidal ideation, Criminals psychology, adults and juveniles, prisons, factors etc.

Introduction

Suicide is an increasing concern in the world, not only among the general population but also among incarcerated individuals. Deaths in custody have always been viewed with suspicion by the general public. The cause of death in detention could be natural or unnatural. It remains a highly sensitive and, at times, difficult-to-comprehend topic. Studies undertaken in numerous regions of the world have revealed a rise in incarceration-related suicide over the past five decades, with incidence rates slightly higher than the general population.

According to the statistics, around 800,000 people worldwide commit suicide every year[1]. There is a link between suicides and psychological problems among those who attempt suicide. Higher suicide rates in prisons are due to the unique environment in prisons, which is different from natural settings. Various psychological and societal factors influence prisoners' decisions to commit suicide.

According to NCRB, the highest suicide rate was found to be in Maharashtra with 22207, followed by Tamilnadu with 18925, 14,965 in Madhya Pradesh, 13,500 in West Bengal, and 13,056 in Karnataka. Male suicides exceeded female suicides by 72.5 to 27.4 in 2021. The reasons for female suicide vary depending on marriage, dowries, broken relationships, eve teasing, and infertility issues. The age groups of 18–30 and 30-45 were more vulnerable to committing suicide. Prisoners who have been convicted of violent crimes with long-term sentences tend to commit suicide[2].

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Psychiatric Morbidity

According to the NHRC study, the two leading causes of suicides in prisons are "the environment in the jail, which is seemingly "conducive" to suicidal conduct, and the "crisis scenario. Some research scholars have investigated this topic and found out that psychiatric disorders are one of the main reasons for suicide in prisons. There is a significant percentage of mentally ill prisoners in prisons. Firstly, mentally ill people are more likely than others to be involved in crime due to symptoms such as impaired judgment, lack of impulse control, suspiciousness, loss of inhibitions, paranoid ideas, an inability to trust others, delusions, and hallucinations, and the majority of them are less intelligent, making them more easily apprehended by police. Second, the prisoner's living conditions render them more vulnerable to psychiatric problems. Prison environments are not conducive to good mental health, so prisoners with mental illnesses are at risk of deterioration.

Other psychological features include emotional factors, loneliness, feelings of anxiety, rejection, depression, hopelessness, low self-esteem, and personality traits such as borderline personality disorder, psychosis, malingering and feigning mental illness, adjustment disorders, antisocial personality disorder, alcohol dependence syndrome, which make the person have difficulty in the decision-making process. Juveniles who have been locked up for the first time are more likely to commit suicide than others because they worry about the future, miss their families, and deal with many other mental or emotional problems. Along with all these factors, several other factors, such as societal factors, which include socio-economic, financial, lack of employment, family-related issues, eve teasing, and broken relationships, excite them to commit suicide. It is necessary to conduct a suicide risk assessment in prisons.

Other psychological factors related to juveniles in prison include externalizing and internalizing and externalizing disorders, which include, somatoform, neuroticism, anxiety, delusions, complicated grief, dysthymia substance use disorders, depression conduct disorders, negative emotionality, rumination trauma exposures, sensitivity to rejection, negative emotionality, implicit association, and agitation, etc. Fear and uncertainty are other issues associated with incarceration that can be seen among prisoners. Getting anxious about their arrest and how their family reacts also remains a major concern. Some of them are worried about their release dates and long sentences. Some may experience the worse effects of withdrawal symptoms after coming to prison.

Neuropsychological Factors Affecting Suicide

Neurobiological risk factors include a history of family members committing suicide, where the family members had high-risk rates of suicidal behavior, or other neuropsychiatric conditions such as schizophrenia, bipolar disorder, and borderline personality disorder. The second factor is genetics. The invention of genetic loci has huge potential in psychiatry, and it was proved that variation in the factors leads to varying degree of polygenicity. Pleiotropy can also be seen in the case of psychiatric disorders. There is a link between suicide attempts and genetic variation in chromosome number 7. DNA variations in this area also relate to insomnia, risky behavior, and smoking[3].

The third factor is temperamental and epigenetic variables where epigenetics refers to the impact of gene activity and expression and psychosocial trauma. These changes are

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transmittable. Problematic temperaments include impulsivity, rigid perfectionism, negative affectivity, and recklessness. The fourth factor includes neurodevelopmental and Acquired Brain Dysfunction. Dysregulation in hypothalamic-pituitary-adrenal (HPA) and kynurenine pathways leads to suicidality in individuals, leading to chronic or traumatic stress and unfavorable developmental experiences. Variation in the serotonin level affects the rate of suicidality. Decreased rate of BDNF (Brain Derived Neurotropic Factor) can be seen in a person with suicidal behavior[4]. Decreased rate of serotonin or its metabolite can be seen in the cerebrospinal fluid and brain in individuals attempting/completing suicide and abnormalities of serotonin rate can be seen in a person who completes suicide Variation in dopaminergic factors can be seen in individuals having suicidal ideation. Alterations in the noradrenergic function also lead to suicidality. Brain mapping is one technique used to assess the biological markers for suicide.

Psychosocial factors include, firstly personality traits which differ from person to person. Some of them will be associated with the Cluster A group, Some will be associated with Cluster B and some will be associated with cluster C. The second factor is Interpsychic conflicts which include a broad range of psychological and internalized conflicts that traps the person in certain triggers/situations. The third factor is the defense mechanism, where the person tries to manage long-term situations/conflicts. This includes reality and immature distorting defenses. The fourth factor is related to self-awareness where the person will develop coping patterns of defense throughout their life. These include self-medicating strategies adopted by the person to cope with the situations. Psychopathological syndromes such as depression thought disorder and complicated grief are mostly associated with the risk of suicide. Depressions can be the result of variation in e brain-derived neurotrophic factor (BDNF), Single nucleotide polymorphisms (SNPs) in the tryptophan catabolites pathway, polymorphism in the regions of endocannabinoid receptor gene, gene co-expression networks, tissue-specific genes.

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Personality Disorders

The anti-social personality disorder diagnostic in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is linked to but is distinct from, psychopathy. Psychopathy is a more severe disorder, characterized by a constellation of personality traits in addition to the antisocial actions typical of antisocial personality disorder. This illness is defined by a pattern of anti-social behavior that begins in infancy or adolescence and involves behavioral characteristics such as impulsivity, deception, criminal activity, and aggression[7]. The majority of jailed criminals (50–80%) have behavioral histories that satisfy diagnostic criteria for anti-social personality disorder, while a smaller fraction (15–30%) meets the criteria for psychopathy.

A borderline personality disorder is characterized by several psychopathy's behavioral characteristics, including lack of inhibition, impulsivity, drug use, and promiscuous sexual activity. It relates to the person having suicidal tendencies and self-injury. It is linked with a broad range of psychopathology, including unsteady moods, spontaneous behaviors, poorly maintained interpersonal relationships, and mostly self-harming behaviors. Therefore, it is important to address people with a borderline personality disorder. While prevalence rates for BPD in the general community range from 1% to 2%, rates among male and female inmates are believed to be between 12 and 30%. Understanding the behavioral manifestations of BPD and the disordered emotions and cognitions that underpin these behaviors can aid in developing more effective management and treatment techniques for these individuals while incarcerated. Both psychopathy and borderline personality disorder have been demonstrated to predict criminal behavior in men and women.

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The Current Study

This study drew on a large sample of male and female inmates from the general population to answer three essential issues. First, what proportion of jail inmates charged with crimes have BPD and psychopathy scores within the clinically relevant range? Second, do people in prison have the same gender differences in BPD as in clinical samples? Thirdly, to what extent do psychopathy and BPD constitute separate personality disorders in a prison population? Examined are the degree of comorbidity when evaluating dichotomous (diagnostic) measures of psychopathy and BPD, as well as the degree of covariation between continuous measures of psychopathy and BPD, taking into account both total subscale or factor scores. The 30-item scale of SMPE (PI) can be used to assess the prison environment. SMPE (PI) stands for Scale For Measuring Prison Environment for Prison Staff which was invented by Andrew Ryan[8]. It is a four-point scale used to assess nine dimensions: safety, social, activity, structure, behavior, emotional feedback, and freedom towards inmates by prison staff. SMPE(PI) can be customized to Indian settings.

Suicidal Rates In Indian Prisons

Adapting to prison is nearly always tough, and it can build patterns of thinking and acting that might be maladaptive during post-prison adjustment periods. But the mental effects of jail vary from person to person, and most people can get over them. The total number of prisons has increased by 1 percent nationally over these years. There are 1319 prisons: 148 central jails, 424 districts, 564 sub-jails, 88 open jails, 41 special jails, 32 women jails, 19 borstal schools, and three others. The highest number of prisons is found in Rajasthan with the number 144, followed by Tamil Nadu at 142, Madhya Pradesh at 131, Andhra Pradesh at 106, Odisha at 92, and Uttar Pradesh at 75. The city of Delhi had the most central jails, 14 in total. The state with the highest number of district jails is Uttar Pradesh, with 62. The state of Tamil Nadu has the most sub-jails, with 96. Women's jails are present in only 15 states, with a maximum capacity of 6767. Rajasthan (7,988), Tamil Nadu (5,188), Kerala (3,232), Andhra Pradesh (2,280), Bihar (2,202), Gujarat (2,410), Uttar Pradesh (2,540), Delhi (2,680), Karnataka (1,100), Maharashtra (1,262), Mizoram (1,968), Odisha (1,558), Punjab (1,320), Telangana (1,260), and West Bengal (1,314) are the states with the most capacity[9].

There are 5,54,034 inmates in prisons, out of whom 5,31,025 are male, 22,918 are female, and 91 are transgender. According to NCRB's prison statistics for India 2021, as of December 31, 2021, the states with the most prisoners were Uttar Pradesh (1,17,789), Bihar (66,879), Madhya Pradesh (48,513), Maharashtra (36,853), Punjab (26,146), and West Bengal (25,769). The highest occupancy rate was found to be in Uttarakhand (185.0%), followed by Uttar Pradesh (84.8%), Delhi (182.5%), Sikkim (166.9%), and Madhya Pradesh (164.1%). Death rates in prison have increased from 1,887 in 2020 to 2,116 in 2021, an increase of 12.1%. The number of death rates due to natural causes has increased up to 14.4%, i.e., from 1,642 in 2020 to 1,879 in 2021, out of which 1,796 were due to illness and 83 were due to aging. Of the 1796 inmates, 27.4%—493—have died due to heart diseases, and 16.4%—294—have died due to lung diseases[10].

The number of deaths caused by things other than natural causes has gone down by 2.1%, from 189 in 2019 to 185 in 2021. Of these, 150 were suicides, 11 were murders, 6 were accidents, 3

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were caused by things from the outside, 1 was caused by firing, and 1 was caused by negligence. The highest rate of suicide was found in Uttar Pradesh, with 34, followed by Haryana and Kerala with 14, and Madhya Pradesh and West Bengal with 10. Delhi was having (8) cases, Maharashtra and Gujarat (7), Karnataka (6), Punjab, Rajasthan, Andhra Pradesh (5), Odisha, Tamil Nadu, Jharkhand, Chattisgarh, (4), Telangana (3), Jammu and Kashmir, Meghalaya, Assam (2), Bihar, Mizoram, Sikkim, A and N Island (1).

The modes taken by prisoners for suicide are hanging, electrocution, self-injury, poisoning, and, drug overdose. The number of cases reported due to hanging was 139 the highest number was found to be 32(Uttar Pradesh) followed by 14(Haryana), 10(west Bengal), 9(Kerala and Madhya Pradesh), 7(Maharashtra), 5(Rajasthan, Karnataka, Delhi), 4 (Tamil Nadu, Jharkhand, Odisha, Punjab, Chhattisgarh, Andhra Pradesh), 2(Jammu and Kashmir, Telangana, Meghalaya, Assam), 1(Mizoram, Bihar, and A&N Island). The total number of cases reported due to poisoning was 3, including Andhra Pradesh (1), Punjab (1), and Telangana (1). Suicide by self-injury was found in Kerala (1) and Karnataka (1). Only 1 case was reported in Delhi due to a drug overdose. The total number of cases reported other than these modes was 5, Karnataka (1), Uttar Pradesh (2), and Delhi (2). From this data, it is clear that the common mode of suicide taken by the prisoners was hanging[11].

Prison Death In Kerala

32 prisoners died in Kerala in 2022: 10 from Thiruvananthapuram Central Jail and 6 from Viyyur Central Jail. Six of the 32 inmates committed suicide. According to the National Crime Record Bureau's Prison Statistics, 11 unnatural and 29 natural deaths occurred in Kerala. TVM Central prison 14, Viyyur central prison 6, Kannur central prison 3, open jail Netukaltheri 2, open jail Cheemeni 1, district jail TVM 1, district jail Kakkanad, district jail Thrissur 1, district jail Kozhikode 1, high-security prison 1, special sub-jail TVM 1[12].

Role Of Correctional Houses

Suicides can be considered preventable if proper preventive measures are taken. The decrease in death rates is due to a greater emphasis on prisoners who have suicidal thoughts. Staff observations are primarily used to assess the risk of suicide. In prisons, forensic psychologists and other staff help prisoners adjust to their surroundings and deal with stress. This makes the prison environment healthier and reduces psychiatric crime. Suicide prevention strategies such as annual training and retraining of all correctional staff, as well as screening programs such as evaluations and observations to understand the prisoner's state of mind and whether they tend to commit suicide and help them overcome these all help to reduce suicide rates to some extent, but not as much as expected.

Physical measures to prevent suicides should be taken, such as providing better resilience and a suicide-resistant environment and clothing, maintaining close supervision while taking showers, visiting hours, making calls, and so on, and an emergency response team should be immediately available when a person is found to be at risk of committing suicide[13]. Correctional houses face certain dilemmas, which are derivations of two factors such as public opinion and legislative minorities. Legislative minorities are used for advancing prison reforms. Reformation and rehabilitation of prisons are the main of correctional institutions such

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as prisons. Overall supervision and management of prisons are directly done by the state government of the particular state. They are divided into two broad categories such as grievances and rehabilitation and welfare. Rehabilitation and welfare include various steps such as education, which provides positive attitudes in inmates. Education involves educational programs in various states and providing library facilities in prisons. The second factor is health. Various programs are conducted to provide good sanitation and health care facility which promote Swachh Bharat Abhiyan and Meditation and Yoga among prison inmates. The third factor is vocational training, which includes giving training to prisoners on some vocational skills. These are conducted state-wise and profession-wise. The fourth factor is the value of goods produced by the inmates[14]. The details of goods and their values are maintained in the prison. The fifth factor is wages. The prisoners will be paid for their work based on their skill set. Food and clothing, telephone facility, interview rooms or video conferencing, nursery facilities for children, recreational activities and games, cultural and spiritual activities, assistance to prisoners, NGOs, drug de-addiction centers, and legal aid clinics, steps during the pandemic are some of the other factors which come under rehabilitation and welfare. Grievances include complaints to the National Human Rights Commission and State Human Rights Commission.

In case of emergency in terms of suicide attempts, hospitals are available in the central jails except in Punjab, Bihar, and Gujarat. Hospitals are available in some of the district jails in Orissa, Maharashtra, Meghalaya, Karnataka, Madhya Pradesh, Uttar Pradesh, Bihar, and west Bengal. The rest of the jails are equipped with dispensaries.

Initiative By Government

According to NCRB, rehabilitation can be defined as restoring to useful life through education and therapy or reinstating to good operation, capacity, or condition. Improving the prison environment helps in the socialization of prisoners in prison in a better way, decreased the rate of high-risk offenders, and increased access to legal assistance, in-house system development for prisoners for interpersonal communication, health-seeking behavior development among inmates, and more effective conflict resolution mechanisms among prisoners.

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assistance to prisoners, NGOs, drug de-addiction centers, and legal aid clinics, steps during the pandemic are some of the other factors which come under rehabilitation and welfare[15]. Grievances include complaints to the National Human Rights Commission and State Human Rights Commission. Prisoners can give complaints to NHRC or SHRC accordingly.

Several practices and programs for a suicide-resistant environment in prisons have been organized by the International Association for Suicide Prevention and the World Health Organization. The first step is to develop suicide profiles to assess high-risk prisoners, which divide them into pre-trial inmates—those who commit suicide within a few hours of their confinement—and sentenced prisoners—those who commit suicide after some time in custody. Suicide prevention programs include various components such as training for correctional staff, intake screening, post-intake observation, monitoring inmates, communication, social intervention, the physical environment and architecture, and mental health treatments. This article focuses on suicidal ideation among juveniles and adult prisoners.

Conclusion

Suicidal ideation among juveniles and adult prisoners in Indian prisons was reviewed in this paper, and it was found that suicide prevention in prisons is diverse. An analysis of the prisoner's motive to engage in suicidal tendencies was conducted. Various psychological, emotional, and social factors influence the prisoner's life in prison, which creates a tendency to attempt suicide. The world health organization, the International Association for Suicide Prevention, the government, and correctional staff together follow preventive measures in prison to reduce suicide rates.

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