

Juvenile Detention Center Staff's Perspectives on Suicide Prevention

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Background

- 50% of youth in juvenile detention experience suicidal ideation during placement
- The Zero Suicide model (Brodsky et al., 2018) uses clinical & implementation elements to achieve the goal of zero suicides
- Clinical elements:
 - IDENTIFY: Universal screening & risk assessment
 - ENGAGE: Place individuals on appropriate pathways of care
 - TREAT: Treat suicidal thoughts & behaviors
 - TRANSITION: Plan for continuity of care
- Implementation elements:
 - LEAD: Leadership create a suicide prevention (SP) culture
 - TRAIN: Train the workforce in effective SP
 - IMPROVE: Develop quality improvement infrastructure
- Aimed to understand how the inner contexts of juvenile detention centers (e.g., attitudes, training, implementation climate and leadership) influence staff's (i.e., corrections officers) intentions to use and actual use of SP practices.

Methods

- Participants were frontline staff and supervisors at two juvenile detention centers who completed electronic surveys*
- Surveys included a Zero Suicide Workforce Survey, the Implementation Leadership Scale (ILS; Aarons et al., 2014), the Implementation Climate Scale (ICS; Erhart et al., 2014), attitudes towards suicide prevention (Herron et al., 2001), the Measure of Innovation-Specific Implementation Intentions (MISII; Moullin et al., 2018), and the Professional Quality of Life Scale (ProQOL; Stamm, 2009)
- We conducted a multiple regression to predict intentions to engage in suicide prevention from inner contexts
 - Then conducted four linear regressions to understand the degree to which inner context influenced the use of IDENTIFY, ENGAGE, TREAT, and TRANSITION
- We provided descriptive statistics for the measures and clinical elements

*Data collection procedures were impacted by pandemic-related restraints

Results

- There was variability in staff's confidence in implementing suicide prevention by type of suicide prevention practice
- Staff reported greater confidence in ENGAGE (m = 4.31, SD = 0.67) and TREAT (m = 4.43, SD = 0.61) than IDENTIFY (m = 3.70, SD = 0.72) and TRANSITION (m = 2.62, SD = 2.05)
- Multiple regression analyses revealed that stronger leadership support for SP was associated with greater intentions to engage in SP (b=.39, p=.02)
- Leadership (b=.30, p=.07) and overall perceived volume and quality of suicide prevention training (b=.42, p=.06) were positively related to IDENTIFY
- Overall perceived volume and quality of suicide prevention training was positively (ENGAGE: b=.40, p=.02; TREAT: b=.53, p<.01) and negative attitudes towards suicide prevention practice negatively (ENGAGE: b=-.43, p=.04; b=-.44, p<.01) associated with each SP practice
- No inner context factor was associated with TRANSITION



Training approaches, staff attitudes, and leadership support for suicide prevention may be important areas to target.



References

- Brodsky et al. (2018) *Frontiers in Psychiatry*, 9, 1-7.
- Aarons et al. (2014) *Implementation Science*, 9, 1-10
- Erhart et al. (2014) *Implementation Science*, 9, 1-11
- Herron et al. (2001) *Suicide and Life-Threatening Behavior*, 31(3), 342-347
- Moullin et al. (2018) *Implementation Science*, 13, 1-10
- Stamm (2009)

	N (%)	Mean
Age		36.17
Gender	Male	23 (68.57)
Race		
	Black or African American	21 (58.33)
	White	9 (25)
Ethnicity	Hispanic/Latinx	3 (8.33)
Years at present agency		11.17
	Secure detention	33 (91.67)
	Shelter-based care	1 (2.78)
	Both	2 (5.56)

Variable	1	2	3	4	5	6	7	8	9
1. Intentions									
2. Identify	.27								
3. Engage	.32	.54**							
4. Treat	.41*	.54**	.79**						
5. Transition	.32	.29	.67**	.53**					
6. Training	.37*	.49**	.71**	.76**	.58**				
7. Attitudes	-.49**	-.36*	-.57**	-.68**	-.48**	-.50**			
8. Burnout	-.52**	-.09	-.35*	-.42**	-.35	-.51**	.46**		
9. Leadership	.59**	.52**	.62**	.58**	.40	.60**	-.55**	-.44**	
10. Climate	.36*	.26	.59**	.39*	.60**	.66**	-.32	-.55**	.66**

Conclusions

- This is the first study to evaluate juvenile detention center staff's perspectives on suicide prevention
- Findings highlight that there is a need to improve the implementation of suicide prevention in juvenile detention, particularly as it relates to:
 - Identifying youth at risk for suicide
 - Transitioning them from detention back to the community
- Findings underscore that training approaches, staff attitudes, and leadership support for suicide prevention may be important areas to target in future implementation research