



**INTERNATIONAL JOURNAL OF NOVEL RESEARCH  
AND DEVELOPMENT (IJNRD) | IJNRD.ORG**  
An International Open Access, Peer-reviewed, Refereed Journal

# ENHANCING HOPE AND PREVENTING SUICIDAL BEHAVIOUR AMONG PRISON INMATES

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## Abstract

It is a well-known fact that hope enables one to persevere in the face of adversity. It enables an individual to progress even in the face of life's most difficult challenges. The newly convicted prison inmate is usually in despair and sometimes engages in suicidal behaviour. The present study seeks to analyse the role of the pioneering effort made through an intervention in the Prisons of Telangana State in which 30 newly convicted inmates-in batches of ten each were worked upon to enhance hope thereby preventing suicides. With this path-breaking initiative for newly convicted inmates in prisons, the current study aims to highlight the background, need, process, and impact of the intervention, which enabled positive choices and facilitated coping, thereby instilling hope even among newly convicted prison inmates.

Keywords: hope, suicide prevention, convict, prison inmate

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## INTRODUCTION

There is a growing need to reach out to the marginalised and incarcerated men and women. Many inmates are raised in abject poverty and few other deprivations which in turn lead them to commit crimes in order to survive and provide for their families. They most likely lack the ability to assert themselves, manage their emotions, or make sound decisions. Inmates who have been convicted or sentenced—those who have been found guilty of a crime and sentenced by a court of law and are serving a sentence in prison—are isolated and left yearning for their loved ones. Many such individuals also would have very low self-esteem.

While this is the context of the real lives of the people who are now referred to as convicts, one can still "choose" to be hopeful even after being convicted.

Hope enables people achieve goals (Snyder, 1994, 2000). Hope is the elevating feeling we experience when we see—in the mind's eye—a path to a better future. It is important for human adaptation and coping, and it is a significant factor in treatment. It influences a person's spiritual and psychological development and in its absence a person may become depressed, sociopathic, and suicidal.

Hope includes three components; the first of these being goals. People with a high degree of hope are capable of setting themselves challenging goals and objectives. The goals include target goals (e.g., my health will improve) and avoidance goals (avoiding barriers to recovery). The path toward the desired goal contains subgoals, and the motivation to achieve them is determined by the amount of hope an individual has. The second component is a pathway. The pathway expresses a person's confidence in his ability and his faith that he is capable of moving toward his goals.

There are numerous approaches to each goal, but an individual must select the most effective and positive. The third element is the means. Means reflect the motivation and cognitive effort that a person is

willing to invest in making an attempt. The belief that he is able to realize his goal increases the likelihood that he will take this path (Snyder et al., 2006).

The road to coping is not easy; the greater a person's hope, the better he is able to deal with them and achieve his goal without losing motivation. A person with a high level of hope will see a problem as a challenge rather than an impediment, whereas a person with a low level of hope will perceive a problem as an impassable barrier (Snyder et al., 2006).

A person must visualise a link between future consequences and goals in order to feel hopeful, and these future consequences must be significant and relevant for the individual (Lazarus, 2001; Scherer, 2001). Additional components that have been found to contribute to hope are future expectations, provision of an opportunity, and social support. It is an inherent characteristic of human nature to hope that the situation will improve (Chadwick, 2014).

According to research by Chadwick (2014) participants' expectations of a more positive future were the factors that predicted a sense of hope. Good communication and social and individual support for a person will generate a sense of opportunity, conveying a message that will encourage him to choose to be hopeful. This can also be fostered within the prisons to enhance hope and prevent suicides.

Prisons around the world have been making efforts to prevent suicides among inmates. According to California Department of Corrections and Rehabilitation (CDCR, 2021), the Corcoran prison staff in the United States of America and the incarcerated population focusing on the message of hope, particularly during Suicide Prevention Month in September of each year. Suicide prevention awareness activities include an art contest, a poetry contest, and a chalk wall art contest. There is also a Wall of Hope and a table with information for Peer Support members. The activities offered to staff and those incarcerated to raise awareness about mental health and suicide prevention, as well as the Wall of Hope to display supportive messages and words of encouragement made by staff, may appear to be superficial efforts, but they have deeper significant scaffolding and recognition that makes an individual feel hopeful even inside prison.

Hope is regarded as an important human factor in the mental health of prisoners. It has far-reaching implications for suicide prevention among inmates, prison authorities and institutions, and the general community. Findings on mental health from the 2008 Health of Prisoner Evaluation (HoPE) pilot project, in which 146 maximum security prisoners were interviewed across two Western Australian prisons Fleming, J., Gately, N., & Kraemer, S. (2012).

The findings revealed significant differences in the history and treatment of mental health complaints, use of prescribed psychiatric medication, and experience of psychosocial distress across gender and indigenous status. Illicit drug use and dependency are also reported, as are patterns of self-harm and suicide. These findings highlight the importance of screening for mental health problems and providing appropriate evidence-based treatment while incarcerated. Although this process will initially increase government costs, it will reduce overall expenditure by improving prisoners' ability to cope with prison-to-community transitions and lowering recidivism.

In New Zealand, Roguski and Chauvel (2009) evaluated prisoners. Participants reported that mental health services were underprovided. As an outcome, participants who had their medications discontinued experienced severe distress and poor mental health. Due to a lack of mental health services, many prisoners' mental health deteriorated. Participants developed violent tendencies, insomnia, anger, anxiety, depression, and suicidal ideation as a result of their prison environment. This necessitates a consistent tertiary care facility or linkage to enable a preventive approach to increase hope among newly convicted individuals.

As a group, convicted inmates have higher suicide rates than their community counterparts and there is some evidence that rates are rising even in places where the numbers of prisoners are decreasing (Hayes, L. M. 1995). Not only are there more suicidal behaviours in institutions, but many people who are imprisoned have suicidal thoughts and behaviours throughout their lives.

Generally, pretrial detainees attempt suicide at about 7.5 times the rate of males in the general population, while sentenced prisoners attempt suicide at nearly six times the rate of males in the general

population. These facts also point to a fundamental issue concerning the causes of suicide in custody: On the one hand, people who break the law inherently have a high risk of suicidal behaviour; in other words, they import risk, and the suicide rate among offenders is higher even after they are released from prison.

One cannot assume that the correctional services have no responsibility for the suicide of offenders; on the contrary, these vulnerable offenders should be treated while they can be reached inside the prison. On the other hand, even for healthy inmates, being incarcerated is a stressful event (as it deprives the person of freedom and other important resources).

Suicide rates in correctional settings may be explained by any combination of the following individual and environmental factors: Young males, persons with mental disorders, the socially disenfranchised and socially isolated, persons with substance use problems, and those who have previously engaged in suicidal behaviour are among the vulnerable groups housed in jails and prisons.

A number of jails and prisons have implemented comprehensive suicide prevention programmes, and national standards and guidelines for suicide prevention in correctional settings have been established in some countries. Significant reductions in suicides and suicide attempts are possible after comprehensive prevention programmes are put in place. While the specifics of these programmes vary in response to local resources and inmate needs, they share a number of activities and elements that could serve as the foundation for an understanding of best practices in this area.

The first step in reducing inmate suicide is to assess mental health status and target high-risk groups and situations. Studies, for example, show that pre-trial inmates differ from sentenced prisoners in terms of certain key risk factors for suicide.

However, in some locations, the populations represented by these profiles will be mixed in a single facility. Inmates who commit suicide in custody are generally male, young (20-25 years), unmarried, and first-time offenders who have been arrested for minor, usually substance-related, offences. They are typically intoxicated at the time of their arrest and attempt suicide at an early stage of their confinement, often within the first few hours perhaps because of sudden isolation, shock of imprisonment, lack of information, insecurity about the future. Individual establishments can reduce their suicide risk by paying attention to reception at the prison or after being convicted, the induction processes, and levels of care for prisoners.

It is to be noted that the module hope which is conducted in workshop mode in the Telangana state prisons was part of a larger intervention programme called Unnati. Unnati is based on Cognitive-Behavioural Change Strategies (Unnati Report, 2022). The facilitators of the workshop are exclusively trained to conduct Unnati modules.

The second period of risk for inmates is near the time of a court appearance, particularly if a guilty verdict and harsh sentencing are expected. A large number of suicides or attempted suicides occurred within three days of a court appearance. Furthermore, after 60 days of confinement, a certain level of emotional exhaustion is observed, which could be referred to as "burn-out."

Convicted prisoners and under/pre-trial inmates who commit suicide in prison are generally older (30-35 years), violent offenders who commit suicide after spending a significant amount of time in custody (often four or five years). A conflict within the prison with other inmates or with the administration, a family conflict or breakup, or a negative legal disposition such as the loss of an appeal or the denial of parole are likely to lead to their suicide.

Imprisonment to many may represent a loss of freedom, loss of family and social support, fear of the unknown, a fear of violence, uncertainty and fear about the future, embarrassment and guilt about the offence, and fear or stress related to poor environmental conditions. It causes additional stress over time, such as conflicts within the institution, victimisation, legal frustration, and physical and emotional breakdown, which leads to mental health issues.

Suicide rates among long-term inmates appear to rise with length of stay (Liebling, A. 1999). Also, the so-called "lifers" appear to be particularly vulnerable. Aside from the specific profiles mentioned above, remanded and sentenced suicidal inmates share a number of characteristics that can be used to guide suicide prevention programmes. Situational Factors for Suicides by Hanging are identified when victims are held in isolation or segregation cells, as well as when staffing is at its lowest such as nights or weekends. There are also a high number of suicides among prisoners who are left alone.

An inmate who is placed in administrative segregation or other similar specialised assignments and is unable to cope (especially if single celled) is likely to be at increased risk of suicide. In such units, an inmate is typically locked in a cell for the majority of the day for extended periods of time.

The researchers used the following steps to prevent suicides in Telangana State Prisons, keeping in mind the context of the inmate and the multiple issues one may face in prison.

## METHOD

**Objective:** To enhance hope of newly convicted inmates through brief intervention.

**Hypothesis:** There will be a decrease in suicidal behaviour among newly convicted inmates after the brief intervention.

**Sample:** 30 newly convicted male inmates of Central Prisons of Telangana State participated in batches of 10 each through workshop mode.

**Procedure:** Institutional permission was granted from Prison authorities and **Informed Consent** sought from participants. After educating the inmate about what the prison is and what is expected of him on a daily basis and in the long run, a brief intervention in the form of a group activity (one session) was engaged in.

After the **selection of inmates** from data base of admissions, the group of newly convicted inmates were brought to the training room.

As part of **ice-breaking**, only name and languages known- with no mention of criminal history or reason for conviction were sought in an interactive manner.

When it was felt that rapport was built and the inmates were reasonably comfortable, the session commenced. They were asked to **brainstorm** and note down what they require at this point of time to stay hopeful and motivated to carry on with the decisions made by the police and legal authorities.

The requirement was short listed to factors which are brought about through **prioritising**. Smaller groups were made and they were asked to stand in a circle and each member represents one factor.

One member who is not assigned a factor stands in the centre blindfolded and each member pushes the person to the centre. It is confederated that they do not let him fall. This continues for a brief period.

The entire activity is recorded and debriefed on the basis of hope experienced by the individual in the centre. Presence of factors (represented by the individuals) supporting and not allowing the concerned person to fall brings out the hope **experience**.

This brief intervention for inmates also involved the application of counselling skills such as respect, empathy, genuineness and concreteness for self-exploration. Alternative frame of reference and action plan are also kept in mind.

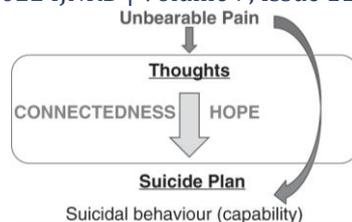
The effectiveness of this brief intervention was noted by eliciting

- feedback from the inmate
- feedback from others in prison: correctional officers and the barrack mates
- No suicide attempts

The fact that there were no suicidal behaviours noted in the inmates who participated in this program in addition to the cognitive-behavioural change program- Unnati is noteworthy.

Follow up of these newly convicted inmates is engaged in by barrack mates who have been in prison since a longer period and also by the jail welfare officials.

Since there is research evidence that newly convicted inmates undergo unbearable pain, this brief intervention was structured keeping the excerpt shown below.



Source: Suicide Prevention, Identification, Intervention and Mitigation of Risk abridged- 10<sup>th</sup> September, 2018 by Cambridge University Press.

The hope of an inmate can be enhanced by increasing self-awareness and focusing on strengths, which creates a sense of connectedness. In other words, efforts can be made for an increase autonomy and sense of agency in one's own life, regardless of the current situation. The experiential learning as part the brief intervention helped the newly convicted inmate to look beyond the current scenario. However, in case of mental illness/neuro-chemical imbalance, immediate psychiatric or psychotherapeutic intervention should be sought after as many individuals may be at different levels of mental health and wellbeing prior to conviction.

According to Inderbitzin, M, (2012), prison is a place of hope and transformative learning. Prisons, she claims, appear to be designed to strip inhabitants of their humanity, but some individuals find new hope and strength while incarcerated.

Some manage to find the freedom and will to become who they aspire to be while serving time being incarcerated. Education, according to her research, is also a vital lifeline for people who have spent years of their lives in prison. Those inmate students struggle through readings, homework, and difficult concepts, becoming role models for their children and fellow inmates. They may never be able to erase their past transgressions, but they strive to learn new skills and leave a legacy other than pain and loss.

It is possible to help newly convicted inmates perceive themselves as human beings who can feel a sense of connectedness even in prisons as well, and thus hopeful, preventing suicidal behaviour across prisons.

## CONCLUSION

While prisons are generally regarded as a place of despair and are not conducive to mental health and well-being, brief interventions and specific interventions such as the one mentioned in this research study have proved effective in preventing suicidal behaviour, particularly among inmates of Telangana State Prisons. No suicidal behaviour among the inmates who participated and positive reports from officials and barrack mates is an evidence of the impact of the intervention/workshop.

## Acknowledgement

We place on record our gratitude to the Director General (Prisons) of Telangana State, the Superintendent of Prisons, various Officers, Unnati volunteers and especially all the inmates who were a part of this pioneering effort.

With deep gratitude, we the authors, hereby acknowledge that we have sourced material from the module on Hope from the Peace Education Program (PEP) of The Prem Rawat Foundation (TPRF).

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