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Examining the Continuation of Suicide Prevention in Probation System: Empirical Evidence from Europe

Carmen-Valeria BAIAS [1]

[1] Ph.D., Behavioural Sciences- Faculty of Political Science, Philosophy and Communication Sciences, West University of Timisoara, Timisoara, RO; carmen.baias@e-uvt.ro

Abstract: *The policies of the vast majority of nations and jurisdictions prioritize the prevention of suicide. In an effort to comprehend and eventually prevent suicide, psychologists, social scientists and forensic specialists from a variety of disciplines have provided suicide theories to explain the characteristics that render certain individuals more susceptible to suicidal behavior than most others. This review of the international practices for the continuation of suicide prevention in probation considers risk factors for suicide in probation, how probation can provide initiatives for prevention strategies, and what is currently identified as strategies to lower suicide among persons who are on probation supervision, generating the best practices and evidence. The aim of this review is to explore how to provide suicide prevention program (SPP) to probationers and what are best international practices that ensure the continuation of the suicide prevention program after early conditional release of a prisoner. The author examines implications of findings resulted from these studies and makes suggestions for possible best practices. The programs designed to improve the mental health of at-risk offenders need to be reliable and thoroughly evaluated for effectiveness in probation. Additional services for mentally disturbed offenders need to be arranged after their release from prison in order to be reintegrated into the community. Practical implications are examined.*

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Introduction

The study includes a review of the current international practices of ensuring efficient continuation of the suicide prevention programs after release from detention and throughout the probation period.

Prevention of suicide as a priority area within probation

The policies of the vast majority of nations and jurisdictions prioritize the prevention of suicide in prisons and probation. For a significantly higher mortality rates by suicide on probation, Aebi et al. (2022) suggest the following explanations: (a) the surveillance that characterizes the prison environment lowers the likelihood of engaging in suicidal behaviors or being involved in a fatal accident; (b) inmates suffering from end-stage or severe diseases are more often released from custody and placed on probation; and (c) suicide is more frequent on probation than in prison. However, there is no understanding at this point regarding the reason why suicide in clients on probation is higher than in the prison system and how the client can be safeguarded by continuing existing programs from the prison system without affecting the confidentiality and privacy of clients released and followed by the probation system.

Thus, the aim of this study is to explore how to ensure uninterrupted continuation of the suicide prevention program after early conditional release of a prisoner who was involved in this kind of programs while in prison, and what are best international practices in this regard.

Theory review

Suicide – Etiology and Explanation

Suicide is a serious public health issue, multifaceted, and individuals who have dealt with it frequently have difficulty comprehending why somebody they care about chooses to take their own life. An even more perplexing matter for experts is why some people choose to end their lives while others, who are also in similar severely unpleasant situations, never consider terminating their lives. In an effort to comprehend and eventually prevent suicide, psychologists, social scientists and forensic specialists from a variety of disciplines have provided suicide theories to explain the characteristics that render certain individuals more susceptible to suicidal behavior than most others. Although it is not possible to cover all theoretical perspectives here, an overview of four well-established theories of suicidal behavior has been presented. Shneidman's (1993) suicide as

psychache model, Pollock and Williams' (2001) scream of pain model of suicide, Joiner's (2005) interpersonal model of suicidal behavior, and O'Connor's (2011) integrated motivational-volitional model have all been reviewed.

Suicide, according to Shneidman (1993), is the result of psychache i.e., the excessive psychological suffering caused by unfulfilled or misinterpreted psychological demands. He contends that sadness, hopelessness, and other mental issues, rather than causing suicide, contribute to psychache, the affective condition required for suicide, an act performed to alleviate the suffering and distress of failed or unmet demands.

The Cry of Pain (CoP) concept

Suicidal behavior and suicidal thoughts, according to Pollock and Williams (2001), often begin with a sense of defeat. This sense of defeat is usually caused by external causes such as concerns about family, job, or the person latest developments. Based on these principles, Pollock and Williams (2001) believe that suicidal people feel defeated and will eventually use the flight mechanism.

According to Williams (2001), perceived social support can buffer suicidal behavior. Suicide is less likely to be considered as the only option if a person believes they have adequate social support. Autobiographical memory bias is another potential moderator. The physical responses that happen in the body during a depressive mood, according to Williams, can have a long-term impact on decision making and memory. People who have a history of depressive disorders are therefore more susceptible to experiencing long-term alterations in cognitive functioning and memory recall, which frequently leads to the selective recollection of painful experiences, rendering suicide a realistic escape possibility.

Prescription medicines and counselling, according to Williams, may aid in changing this thinking style.

The Interpersonal-Psychological Theory of Suicidal Behavior

The Interpersonal-Psychological Theory of Suicidal Behavior by Joiner (2005) provides a perspective for why people commit suicide. This theory includes three components explaining why someone would commit suicide i.e.: (1) having acquired ability to do lethal self-harm; (2) experiencing a thwarted sense of belonging; and (3) experiencing burdensomeness (Joiner, 2005). The first component, the ability to commit deadly self-harm, develops with time. Acquired ability emerges with frequent exposure to challenging events or situations. The person loses the usual apprehension or excitement that

occurs while in a scary or provocative setting (Joiner, 2005). This is why, according to Joiner, certain groups are more susceptible to suicide than others (e.g., doctors, veterans, offenders).

According to Joiner (2005), people will indeed commit suicide if they acquire the willingness and capability to do so. Suicidal ideation is driven by two interpersonal mental states: thwarted belongingness and assumed burdensomeness. Perceived burdensomeness is the belief that one's own existence is so flawed or subpar that they become a source of stress for those around them, particularly family and friends. When a person believes themselves to be a problem, they may also believe that their loved ones would be happier if they died, according to Joiner. To have the intention to die, a person must also perceive a lack of sense of belonging, loneliness, and alienation.

The Integrated Motivational-Volitional Model of Suicidal Behavior

The IMV approach of suicidal behavior is a three-part model that aims to distinguish between suicidal ideation, attempt, or complete suicide. This approach is split into three stages pre-motivational, motivational, and volitional.

The pre-motivational stage is grounded on the stimulus - factors that may predispose someone to suicidal behavior. This stage incorporates environmental and biographical events, as well as cognitive and physiological components, that could drive an individual to suicidal ideation. O'Connor (2011) considers that such vulnerability will then be apparent if it is activated by stressors, such as facing a traumatic life experience.

The motivational phase relates to the idea of feeling helpless, trapped, while seeing suicide as the final way out. Various moderators will influence the likelihood that the individuals will eventually think to the suicide. The third stage, the volitional stage, influences the probability that the individual will engage in suicidal behavior, and is determined by volitional modifiers such as proximity to means, poor impulse control, and capacity (O’Connor, 2011).

Methods

This literature review was developed considering how to ensure uninterrupted continuation of the suicide prevention program after early conditional release of a prisoner, using a number of search terms associated with the general objective of reviewing the literature.

Search Terms

(("suicide"[MeSH Terms] OR "suicide"[All Fields]) AND ("prevention and control"[Subheading] OR ("prevention"[All Fields] AND "control"[All Fields]) OR "prevention and control"[All Fields] OR "prevention"[All Fields])) AND "probation"[All Fields].

The search criteria were developed using a number of key search terms associated with the general objective of reviewing the literature for suicide prevention program to probationers, considering the international practices that ensure the continuation of suicide prevention program after early conditional release from prison. An exploration of studies was performed, searching the following databases: EBSCO, Web of Science and PubMed up to Decembre 2022.

Research criteria was also enhanced by studies that were manually searched from the previous papers' references. Journals that most frequently were searched are as follows:

Sociology of Health & Illness; Addictive Behaviors; Australian & New Zealand Journal of Criminology; Journal of Correctional Health Care; International Journal of Offender Therapy and Comparative Criminology; Behaviour Research and Therapy; Crisis; Criminal Justice and Behavior; Journal of Consulting and Clinical Psychology; Professional Psychology-Research and Practice; Scandinavian Journal of Statistics; Perception & Psychophysics; Criminal Justice and Behavior; British Journal of Sociology; Archives of Suicide Research; Journal of Studies on Alcohol; Development and Psychopathology; Journal of Abnormal Psychology; International Journal of Social Psychiatry; Psychological Bulletin; *European Journal of Probation; Probation Journal.*

Results

Only one study on the continuation of the suicide prevention in probation has been published in the past two years i.e., Sirdifield et al., 2020. Although the majority of the studies retrieved from this research did not include information on the continuation of suicide prevention program in clients released from the prison system and under supervision in the probation system, two technical reports performed an exploration considering the European practices that ensure the continuation of suicide prevention program after early conditional release from prison i.e., Aebi et al., 2021 and Aebi et al., 2022. The following section will provide a narrative analysis of these three distinct studies discovered during the search with the intent to examine the continuation of suicide prevention in probation.

The "Unpredictable" Nature of Suicide

Suicide was perceived as mostly unforeseeable by both personnel and probation clients. In this regard, the suicidal act was supposed to be unexpected, impulsive. Therefore, suicide is characterized as the culmination of a series of ongoing occurrences and traumas as opposed to being ascribed to a single component, emphasizing the complexity of suicidal behavior and aligning with process suicidality theory (O'Connor, 2011).

Important steps of the probation process during which clients seemed to be most likely to suffer from stress, anxiety, and depression, and thus vulnerable to attempt suicide were identified. These steps can include: the start of a probation sentencing; the termination of probation term; waiting for a court sentencing; and a breach inquiry.

The start of the probation sentence:

This period demonstrates the vulnerabilities shown also by prisoners who have just started their sentence into a prison. In contrast to convicts, who may be worried for adapting to prison environment and missing friends or family, probation clients are most concerned about losing control over their socioeconomic condition and emotional state. The beginning of their probation sentence could arouse a lack of control over their lives, reiterating self-criticism, or prompting thoughts of failure for many clients. Overall, the start of a probation term is a particularly difficult moment for clients, and assistance from probation and perhaps other services is critical.

Best practices for suicide prevention

The majority of probationary screening occurred at the court stage and after release from prison. There are numerous tools used. The Beck Depression Inventory (BDI), the STAX (used to assess personality disorder), the Generalized Anxiety and Depression Scale (GAD), and the Personality Disorder Examination (PDE) are all used by Malta and Northern Ireland's two probation services that include in-house forensic mental health teams. The Hare Psychopathy Checklist (Bulgaria), the CAGE (Spain), and the mini-mental state are additional assessment tools used by other services. The Integrated Execution Management System (IEXS) is utilised in Austria, for instance. The GP performs the screening most frequently, but it can also be done by forensic psychologists in Malta and Northern Ireland.

While awaiting a Court decision

According to existing research, receiving a court judgement is an extremely stressful moment for clients. Clients frequently expressed concern about receiving a sentence to imprisonment. Fears about incarceration included the concerns that the prison lifestyle would change their identity and that they would lose communication with friends and family. Studies have shown that convicts have these fears before incarceration, and the latest studies adds to the knowledge by revealing that probation clients concerns while awaiting a court sentence can contribute to suicidal ideation (Fazel et al., 2005; Carter et al., 2022).

The completion of a probation term

Completing a probation term represent an experience that both clients and staff associate with suicidal behavior, and this aspect has not been explored previously by the literature. While the current study's findings are comparable to those of prison studies that demonstrate a higher suicide risk in recently released inmates, it also suggests that clients at the end of their probation sentence may present an elevate risk of suicide, as well (Binswanger et al., 2007; Stewart et al., 2004; Sirdifield et al., 2019; Sirdifield et al., 2020). Approaching the completion of the probationary sentence was perceived as difficult and stressful. Probationers are concerned about losing the assistance offered by probation, instead of experiencing the sense of independence provided by the freedom which would have been expected. Clients' anxieties of dropping interactions with probation professionals were particularly noteworthy; these relationships were regarded especially significant considering that these relationships were the probationers' bases of assistance at the moment.

Best practices for suicide prevention in probation

Austria

In Austria, probation assistance is provided to offenders after imprisonment. These services are provided across Austria by the private group NEUSTART on behalf of the Ministry of Justice. The services provided by NEUSTART include both assistance for perpetrators and victims as well as preventative measures (CEP,2008).

In general, all responsible specialists (such as prison staff, competent authorities, probation service) continue to collaborate with one another in the form of gathering the personal data as well as the individual needs and risks if a person with mental disorders including suicidal tendencies receives probation service supervision as a judicial sanction after imprisonment as

well as using this support as optional choice during the release management. If necessary, connections are made during this process to salient institutions, including psychiatry, outpatient therapies, other care and treatment facilities, psychologists, psychiatrists, etc. The main objective is to support the individual in leading a sustainable and independent life as well as provide general and specific information about organizations and phone numbers for reaching them when necessary.

Finland

If a person needs support and services, a probation supervisor in Finland must direct them to social services. Supervisors must also alert social services if a person cannot care for themselves, if he or she is in danger of committing suicide, or if the child's best interests are at stake, as stated in the 35th Social Welfare Act. At public health care institutions, the supports of each individual are identified and addressed in collaboration with social services and general practitioners/psychiatric nurses.

Iceland

To ensure that services continue after the detainee leaves prison, a probation team collaborates closely with personnel from the prison service, probation, community mental health units, hospitals, and other service providers. In Iceland, starting from 2020, an interprofessional psychosocial unit has been formed for the correctional system. The team consists of psychologists, psychiatrists, and social workers and the unit bases its operations on widely accepted standards, evidence-based approach, and clinical treatment recommendations. When necessary or appropriate, the unit combines teleconferencing technology in addition to working on-site (inside the prisons).

Romania

Working with mental health disorders in probationers requires a delicate balance between supervision and support, considering the fact that the majority of these issues are not medically diagnosed (confirmed by medical records), and the probation counsellor has only a few indications resulting from observing changes in the behavior of people (violence, impulsivity, abuse of alcohol, excitement, withdrawal, etc.). It is crucial for the probation case manager to recognize the warning signs and symptoms that might suggest a mental health condition.

The case manager and probation officer discuss the warning signs of suicidal ideation during the supervision meetings, and the probation service or other community institutions, particularly medical care units, address them appropriately through specialists. If a probationer displays a higher risk of suicide, the correct course of action calls for a multidisciplinary

intervention based on the initial referral to the community units for a directed, appropriate support. This support may include social services, psychotherapy, and occasionally, medical care prescribed by a psychiatrist.

The probation supervisor may also work with mental health professionals to explain and gain an accurate assessment of the situation. When an offender is sentenced and the tribunal has not enforced the mandatory requirement for a therapeutic program, it is frequently difficult to obtain the client's consent to begin a therapy program. However, in accordance with the penal code, a community sentence may include the obligation of rehabilitation and therapeutic procedures - including those pertaining the alcohol and drug addiction along with other mental health disorders. This imperative condition can be imposed by the Court when they determine a sentence for the client, and it may also be disposed during probation term, following the solicitation made by probation case manager. In the event of a breach of this obligation, the probation sentence can be reversed; in such instances, the offender may execute an imprisonment sentence.

Another requirement that the Court may impose on the person under supervision is to adhere to a social reintegration program, which, in accordance with the probationary working standards, entails the following: intervention programs that emphasize cognitive-behavioral therapy; programs that emphasize the Goldstein or Moreno methods; psychotherapy; psychiatric treatment; occupational therapy; and programs that are focused on education, prevention, and short-term interventions; any other kind of assistance and counselling activities that aims to adequately cover the identified criminogenic needs, such as psychological counselling, vocational counselling, support counselling, relationships counselling, and motivational counselling.

The Court might then decide to keep up the programs the client participated in while they were incarcerated, such as those that dealt with mental illness and suicide prevention.

Spain

Conditionally released offenders and those serving alternative sentences are both considered to be on probation. There are two typologies i.e., those who are completing a sentence and those in alternative punishment: In some cases, the Court's ruling requires the offender to take part in a program for mental health treatment. In that situation, the probation officer directs the offender to a public entity and monitors the case, updating the Court on a regular basis. The probation office may recommend the Extended Bridge Programme to an offender with a mental

disorder who has been sentenced to a regular alternative measure (community service or a suspended sentence) even though their mental disorder has not been regarded by the Court (EBP). The program's primary goal is to identify these instances and establish a link between the offenders and the social and health resources in the community, thereby improving their health and working to prevent further legal proceedings and imprisonment. For instance, if the probation officer notices that an offender who need to serve community service sentence displays signs of a severe mental illness, they may suggest to the judge that the probationer completes the sentence by taking part in the EBP. Similar to this, the Integrate Programme (IP) is available for offenders who have intellectual disabilities. The primary goals of this program are the early identification of intellectual disability, the improvement of clients' health, and the creation of connections with their community. This program is currently in its pilot stage. These interventions are supposed to continue after the offender has served out their sentence. The Bridge Program is available to those with conditional releases. This program's goal is to develop a process for reintegrating people with mental illnesses into society, including those who are on conditional release. Interventions of various kinds are carried out, including family support, job placement, support for psychiatric rehabilitation, offering legal counsel, and psychosocial care.

United Kingdom (England and Wales)

The Community Mental Health Framework for Adults is a novel strategy that places integrated, mental health support care and treatment in the community.

Local community mental health services are enabled by this framework to transition from isolated, difficult-to-reach services for care to a whole-population inclusion and a holistic approach. This includes access to psychosocial interventions, better physical health care, employment support, individualized and trauma-informed care, assistance with managing medications, and support for self-harm and substance use. Through progressing towards a comprehensive framework that actively responds to continuing care needs, one of the goals of this structure is to optimize consistency and continuity of care.

The Program for Community Sentence Treatment Requirements - Partners in health and justice are promoting the use of Mental Health Treatment Requirements through the Community Sentence Treatment Requirement (CSTR) program. This program aims to improve the use of community - based treatment orders opposed to the incarceration by

monitoring those with needs related to mental health, substance abuse and associated vulnerabilities.

Services for liaison and diversion - After the public release of the Bradley Report in 2009, the Liaison and Diversion Program was launched in 2010. Liaison and Diversion services set clinical staff in law enforcement offices and courts to conduct assessments and make recommendations for care and assistance, including those for people who need mental health support (Srivastava et al., 2013). To enable sentencing and disposal decisions, personal data can then be shared with the police and courts (with consent). Offenders may be moved out of custody or completely removed from the criminal justice system. This might entail a sentence modification to a community term pending a treatment mandate (Srivastava et al., 2013).

RECONNECT and Enhanced RECONNECT - The NHSE introduced the Care After Custody service RECONNECT in England. By helping people transitioning out of prison custody, this service assists them maintaining and defending the health advancements made while they were in custody, which would enhance their well-being and lower reoffending. With funding from Health, the Enhanced RECONNECT program is currently being developed by Minister of Justice to sustain the lowering of recidivism rates among offenders with complex health requirements (related to misbehavior) who are discharged from custody with a high risk of injury to themselves or others. In order to guarantee that they engage with community-based support and health services, and continue to remain engaged, this service works with the most high-risk and complex individuals for up to a year after release (NHSE, 2021).

The OPD Programme - The Offender Personality Disorder (OPD) program is a governmental initiative that delegates, models, co-finances, and provides a coordinated sequence of services for people who enter the criminal justice system and are at high risk of exhibiting symptoms that would be recognized as diagnosis of personality disorder. NHS England and Her Majesty's Prison and Probation Service are jointly responsible for this. The pathway involves providing a variety of procedures and interventions, such as case screening, psychological support for offender managers, treatment and development services for inmates, patients in secure mental health facilities, and probationary individuals. The treatment options included in the ODP programs include some recognized interventions, along with Democratic Therapeutic Communities and Mentalisation-Based Therapy (MBT).

The Offender Personality Disorder (OPD) Pathway Programme seeks to increase overall efficiency and cost effectiveness while improving

psychological health and wellbeing, competence, confidence, and attitudes of staff working with complex offenders through the delivery of the pathway. This pathway aims to manage risk of harmful offending, minimize reoccurrence of serious harmful offending, enhance psychological health and quality of life, and reduce repeat serious harmful offending.

Discussion

Resilience factors and barriers for suicide prevention - Relationships and assistance

Current research indicates that staff-offender interactions are critical in suicide prevention (Aebi et al., 2021). It is considered necessary for an individual to rely on and express feelings with staff. Strong professional ties between staff and clients, however, would not guarantee that probationers will indeed disclose suicide thoughts. Rather, a number of impediments hindered individuals from voicing their thoughts.

Barriers

One obstacle identified in research is the client distrust in authority and fear over being critiqued harshly by others (Aebi et al., 2021).

Clients, on the other hand, are more inclined to confide in and disclose their feelings if they believe they are supported by employees and that personnel are concerned about them. However, given personnel resources, it is not always feasible.

A second obstacle includes the assessment of the client's vulnerability to suicide. Previous studies reveal that probation officers are more inclined to believe that those who have previously attempted suicide are at risk of attempting again (Sattar,2003). A recent study validated this perception (Inspectorate of Probation, 2022). However, a hidden group of people - unwilling to disclose their suicide ideation, with no recurrent suicide attempts, self-harm, or suicidal feelings - have been frequently overlooked in assessments, and professionals are reluctant to inquire about their potential suicidal behaviors (Brooker et al., 2021). Another barrier regarding clients expressing their thoughts includes their difficulty in comprehending and communicating their emotions, as evidenced by high alexithymia scores (Brooker et al., 2021). Such findings have significant implications for probation officers who engage with clients at risk as well as for suicide prevention methods.

Discussing, caring, and supporting

One important component of prevention is to offer clients the assistance and the possibility to speak about their thoughts, helping them to contemplate other solutions to their difficulties instead of suicide and dysfunctional responses (Joiner, 2005; O'Connor, 2011). Furthermore, the literature revealed that individuals who were provided with professional care as well as assistance by family members and friends became less inclined to attempt the suicide again. Receiving support encouraged clients to reconsider their meaning to life, as well as fostering a sense of community and inclusion rather than criticism. In the general population, enabling individuals to non - judgmental styles of listening seems to be an effective suicide prevention technique. Nevertheless, current literature emphasize the challenges of delivering this kind of assistance, particularly to probation clients. Clients are unable to seek assistance due to the obstacles, that are often exacerbated by the clients' complex needs, sometimes including mood disorders and often an increased proclivity to act impulsively (Joiner, 2005; O'Connor, 2011).

Training of staff

The review of current studies reveals specific probation staff concerns regarding the prevention of suicide and self-harm. Participants from these studies noted they may have not received adequate training to engage with many of these types of challenges (Aebi et al., 2021). Furthermore, it was emphasized that training for probation employees must be a standard practice, with a particular emphasis on self-harm and suicide. These findings corroborate the statements made by O'Connor (2011), who emphasizes the importance of adequately supporting probation professionals in their supervision of suicidal clients and those with mental illnesses. Insufficient training hampered staff in two directions: 1) the lack of confidence in dealing with these behaviors and frequently doubting as to if their actions are indeed appropriate or could potentially trigger additional stress to the client; and 2) supervisors have been worried of the moment a client might be at a higher suicide risk, and thus, uncertain of grasping signs that an individual may feel suicidal.

Ability to recognize risks

According to the current research findings, personnel had difficulty distinguishing who could be at risk of committing suicide; this aspect has been usually attributed to a lack of training. For example, the Offender Assessment System (OASys), a risk assessment instrument used to inform

Courts and probation system in the UK, is meant to help professionals in assessing suicide risk and self-harm. However, similar with other studies including prison employees, probation personnel were more prone to attribute their clients' behavior using inconclusive and stereotyped interpretations (Aebi et al., 2021). These studies provide an explanation for why probation employees seem to have difficulty identifying signs that a client may be suicidal. Staff frequently failed to recognize negative and dysfunctional modes of coping in clients as factors that increase the risk for suicide.

Implications and recommendations

The current part examines implications of findings from the published studies and makes suggestions for possible best practices. Practical implications are examined.

Coordination with other organizations

Building trusted relationships with employees who can offer non - judgmental listening seems an important strategy to potentially reduce suicidal tendencies. However, personnel are frequently lacking the expertise or resources to provide this assistance, and probationers frequently do not trust the system. It is recommended that probation in order to address these challenges, forms relationships whenever possible including external agencies such as the community mental health nurses. Furthermore, offering face-to-face support has been shown to be an important method for preventing suicide, with critical implications resulting from client-staff appointments and, thus, cannot be replaced by electronic or AI monitoring. However, it is necessary to highlight that, while non - judgmental listening is a beneficial support source for the general population, these programs must be particularly structured to address the requirements of probation clients. For example, such programs must address the barriers listed previously, as well as guarantee that people giving assistance become cognizant of the issues that this distinct category faces.

Giving all clients additional information

Some participants had never felt suicidal before their probation term, and staff frequently alluded that there are suicide attempts peculiar and unexpected. This 'hidden' suicidal segment of clients is therefore at risk, as their suicidal tendencies are less likely to be detected, leaving little time for interventions. As a result, it may also be beneficial to provide information about available assets of support in probationer waiting rooms.

Assistance following probation

The current evidence emphasizes the importance of providing assistance to clients who are close to the completion of their probation term and to those who have finished their sentence. Individual support for each former client following sentence completion would, however, be unfeasible because of restricted resources and monetary constraints. Nonetheless, another possible strategy may be to engage clients with 'touch point' connections, for example calling a probationary mental health provider for help even after their term is over. Personnel will eventually be able to guide former clients to other competent organizations.

Stressing the importance of critical phases

Staff should be taught of critical moments when client anxiety, sadness, feelings of concern, worrying, and fright may be exacerbated. These trainings provide additional opportunities for employees to inform clients about available resources. Furthermore, when clients reach the completion of their probation time, the support provided by probation might be substituted by a number of specialized services and continue after the client completes his or her term.

Consistent training is essential

Probation supervisors should receive regular training since it builds confidence and equips employees with specific expertise for managing self-harm and suicidality. The difficulty that personnel could have in recognizing vulnerable individuals with suicidal behavior is a key concern identified in the current practice.

Staff support

A last implication of the proposed investigation is for probation officers who already work with suicidal clients. The suicidal behavior of their clients might have an emotional impact on the staff. While employees felt supported, they also report this institutional support has not always regarded as being immediately available, consequently personnel frequently rely on co-workers to address their worries. As a result, it is essential that professional resources of staff support be clearly visible, extensively promoted, and freely available.

Conclusion

The programs designed to improve the mental health of at-risk offenders need to be reliable and thoroughly evaluated for effectiveness in probation. Additional services for mentally disturbed offenders need to be arranged after their release from prison in order to be reintegrated into the community. A mechanism of rapid assessment for prisoners and the coordination between mental services in probation and mental health services on the community level should be developed throughout the care system process. The ultimate aim is to support mentally fragile individuals to help them live independently in the world outside of prison, and to help them remain outside of prisons.

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