



Preventing prison suicide

Howard League for Penal Reform

Key points

- The Howard League and Centre for Mental Health are working together on a joint programme aimed at saving lives in prison
- On average, a prisoner dies by suicide every three days. The need for urgent action is clear
- Prisons need to become safer, healthier places to reduce suicide risk
- A prison regime should be built around a normal life. People in prison should be able to get up, have a shower and breakfast, occupy themselves productively, socialise and exercise and go outdoors
- All prisons need enough staff with the right mix of skills and experience to be able to keep prisoners safe from harm
- The Incentives and Earned Privileges (IEP) scheme is having a detrimental impact on the wellbeing of prisoners. It is incompatible with a healthy, constructive regime
- The use of solitary confinement is detrimental to prisoners' health and wellbeing and increases the risk of suicide. It inherently reduces protective factors against suicide
- Investigations into self-inflicted deaths in prison must lead to action to reduce risk.

Centre for
Mental Health



Introduction

The number of people dying by suicide in prison annually has risen by 53 per cent, from 58 people in 2011 to 89 people in 2015. Over this time period the number of prison places reduced by approximately 5,000, whilst the prison population increased by approximately 2,000. Levels of suicide in prison are now at a ten-year high.

The Howard League and the Centre for Mental Health are investigating suicide prevention in prisons. The joint work is focussing on how the police, the judiciary, prisons and healthcare providers can work together to prevent suicides in prison. It will also look at what lessons can be learnt from the wider community. This is the third in a series of briefings on prison suicide. This briefing will explore the impact of prison on mental well-being and make recommendations for change.

A prison regime should be built around a normal life. People in prison should be able to get up, have a shower and breakfast, occupy themselves productively, socialise and exercise and go outdoors. Prisoners should be able to lead a good and useful life.

Prison life has become so divorced from this principle that both prisoners and staff are incarcerated in an unreal, filthy and frightening world that, at its worst, is killing people.

The need for urgent action to save lives

On average, a prisoner dies by suicide every three days. Concerns about the high number of people dying by suicide in prison have been raised by Members of Parliament, inspectors, coroners and the Prisons and Probation Ombudsman. Between the beginning of April 2015 and the end of March 2016, 100 people died by suicide in prison. In the same period, the following reports were published:

- Coroners in England published Prevention of Future Deaths reports into the self-inflicted deaths of eight men who had died by suicide in prison. The reports all raised concerns and called for specific action to be taken to prevent further deaths.
- The Harris Review was published on 1 July 2015. It called for radical changes and stated: *'unless progress is made on the proposals that we have made, young people will continue to die unnecessarily in our prisons'*.
- Her Majesty's Inspectorate of Prisons published its annual report in July 2015 raising concerns about the high number of self-inflicted deaths in prisons. It stated *'many of our previous*

concerns about the care of those at risk [of suicide] continued to be repeated'.

- The Prisons and Probation Ombudsman (PPO) published four learning lessons reports and 86 fatal incident reports into the self-inflicted deaths of prisoners. The learning lessons bulletin on early days in custody published in February 2016 stated: *'It is a sadness to me that this bulletin repeats learning that I have frequently published elsewhere, about staff not spotting or using essential information about risk of suicide'*.
- Following the publication of data in October 2015 which showed an ongoing decline in prison safety and a rise in self-inflicted deaths, the House of Commons Justice Committee heard evidence from the minister for prisons and the National Offender Management Service (NOMS).

On 16 May 2016, the Justice Select Committee published a report on prison safety which stated:

'Notwithstanding the considerable efforts of the Ministry of Justice, National Offender Management Service and staff in prisons striving to keep prisoners and themselves secure and unharmed, overall levels of safety in prisons are not stabilising as the Ministry of Justice and the National Offender Management Service had hoped, let alone improving. This is a matter of great concern, and improvement is urgently needed.'

It recommended that the Ministry of Justice and NOMS *'produce an action plan for improving prison safety, addressing the factors underlying the rises in violence, self-harm and suicide'*.

Between the publication of the report in May and the end of September 2016, a further 47 prisoners died by suicide. Urgent action is needed now to stop people dying by suicide in prison. This briefing paper examines what changes are needed inside prisons to make them safer places for all, rather than places of despair and suffering.

Why the rise in suicides?

The rise in prison suicides has coincided with cuts to prison staffing and budgets and a rise in the number of people in prison, resulting in overcrowding (Howard League, 2014). There has been an increase in prison violence and a deterioration in prison safety. Prisoners are spending hours locked in their cells each day. The use of prison punishments has increased and a more punitive daily regime was introduced at the same time as deaths began to rise.

The prison suicide rate, at 120 deaths per 100,000 prison population (Ministry of Justice, 2016), remains much higher than the rate in the general population. It is misleading to attribute the rise in prison suicides to an increase in the suicide rate in the general population, which was 10 deaths per 100,000 people in 2014 (Office for National Statistics, 2016).

Preventing prison suicides: Promoting healthy prisons

It is clear from inspection reports and from data supplied by the Ministry of Justice that many prisons are unhealthy places which are having a detrimental impact on prisoners' mental and physical wellbeing.

Many prisons are dangerous, violent places. There were eight homicides in prison in 2015. In the 12 months to March 2016, there were 22,195 recorded assaults, up by 5,310 (31 per cent) from the same period in 2015. The number of serious assaults increased by 26 per cent in the same period (MoJ, 2016).

An increasing number of prisoners are reporting feeling unsafe in prison. In 2016 HMIP reported prisoners in Sodexo run Forest Bank prison were found to be self-isolating as they were too frightened to come out of their cells.

The prison population has almost doubled since 1990, when it stood at 44,975. In September 2016, there were 85,321 people in prison. The number of first receptions was even higher, with 93,722 first receptions into prison in 2015. A custodial remand or a prison sentence has such serious consequences that it should only be considered by the courts as a last resort for the most serious offences. The number of people being sent to prison must fall as overcrowding is intrinsically linked with prison safety.

The state has a primary obligation to ensure that all prisoners are held humanely and safely. The majority of prisoners will be released. Prison should not result in the death of an individual.

Prisons need to become safer, healthier places if they are to halt the rise in prison suicides. Fundamental changes are needed to ensure prisons promote mental and physical health and mitigate the harmful effects of imprisonment on mental wellbeing.

The concept of a healthy prison is not a new one. It was first set out by the World Health Organisation (WHO) in 1995 and has been adopted by Her Majesty's Inspectorate of Prisons as part of the criteria for inspection.

There are four key tests for a healthy prison;

- safety: prisoners, even the most vulnerable are held safely
- respect: prisoners are treated with respect for their human dignity
- purposeful activity: prisoners are able, and expected, to engage in activity that is likely to benefit them
- resettlement: prisoners are prepared for release into the community, and helped to reduce the likelihood of reoffending

A healthy prison is not just a prison with a healthcare department. It is a place where the whole regime is geared towards promoting the physical and mental health of prisoners and staff. Prisons should as far as possible replicate the environment and services of the community but in a secure setting.

Prison safety

Research submitted to the Harris Review by NOMS in 2015 showed that feelings of safety in prison had a notable association with levels of psychological and emotional wellbeing or distress. The recorded rise in levels of violence and assaults has undoubtedly impacted on levels of distress in prison, resulting in high levels of self-harm and suicide.

All prisons need enough staff, with the right mix of skills and experience, to be able to keep prisoners safe from harm. In addition, staff need the educational background, training, skills and time to be able to build positive relationships with prisoners who have complex and varied needs. Staff will struggle to do this in overcrowded prisons with a high ratio of prisoners to frontline prison officers.

Research conducted by Ludlow et al (2015) for the Harris Review found that prisoner/staff relationships were key to managing suicide risk in prison. The researchers found that many prison staff use 'jailcraft' — the knowledge and expertise gained through their own experience — to identify and manage at risk prisoners.

'There was strong agreement that staff capacity to form and sustain high-quality staff-prisoner relationships supported SID [self-inflicted death] prevention. Staff reported that this had been adversely affected by Benchmarking and New Ways of Working. However, the problem was not just too few staff on wings but that the staff who were present were less effective than they could be because of inconsistent detailing, the use of agency and detached duty staff and low staff morale.'

The problems of staff recruitment and retention within the prison service are well documented (Howard League, 2016). In 2016 the Justice Committee raised concerns about the 'serious and deep-rooted issue of staff retention'. Whilst efforts have been made by the Ministry of Justice to ameliorate the effects of staff shortages, such as the introduction of 'restricted regimes' with fewer staff to oversee greater numbers of prisoners, or the use of staff on detached duty from other prisons to fill gaps in staffing numbers, they do not address the fundamentally important issue of positive staff/prisoner relationships.

Prisons need a stable cohort of trained, experienced and committed staff in order to run effectively. Staff need to get to know prisoners to be able to recognise minute changes in a prisoner's demeanour which might indicate risk. The effective deployment of staff is key to building relationships.

Suicide prevention measures, including the suicide and self-injury risk assessment process ACCT (Assessment, Care in Custody and Teamwork) are dependent upon positive staff/prisoner relationships as well as effective communication between staff.

Concerns about the implementation of ACCT have been raised by the Ministry of Justice (2011), the Prisons and Probation Ombudsman (2014a) and the Harris Review (2015) among others. Coroners have also repeatedly raised concerns about the implementation of ACCT in Regulation 28 Prevention of Future Deaths reports.

However, the prison service should not rely on ACCT to flag up and support all prisoners at risk of suicide. Of the 89 prisoners who died by suicide in 2015, less than half (35) were on an ACCT at the time of their death. The World Health Organisation (2007) found that many of the characteristics of suicidal inmates may be shared by all other inmates and few studies had identified characteristics that distinguish prisoners who die by suicide from other prisoners.

'What is particularly confusing, when trying to screen at risk prisoners, is that the profile of those who will eventually die from suicide looks more "normal" than the profile of those who will attempt suicide'.

In order to reduce the risk of suicide, the whole prison environment should be focussed on promoting the mental and physical health of all prisoners within a supportive environment.

Certain groups of prisoners, including new arrivals, prisoners on remand or recall and life sentence

prisoners, are known to be at heightened risk of suicide (PPO, 2014b) and policies are in place to safeguard prisoners most at risk. However, a lack of resources is impacting on the implementation of policies. The governor of Glen Parva prison, speaking at the inquest into the self-inflicted death of Liam Lambert, stated that a lack of resources from the Ministry of Justice prevented staff from being able to protect prisoners at risk of suicide and self-harm (the Guardian, 2016).

New arrivals in prison should be '*allocated initially to dedicated first night accommodation, if available*' or placed in another location which is suitable for new prisoners, according to Prison Service Instruction 52/2010. Her Majesty's Inspectorate of Prisons has repeatedly found that first night or reception centres did not have enough places for new prisoners. At Lewes prison HMIP (2016a) found,

'new arrivals were placed wherever a space could be found in the prison. Some were even placed in the segregation unit, which is a particularly inappropriate location for someone new to prison. Most staff on other units were unaware of who the new arrivals were and could not therefore provide first night support and monitoring'

Stoke Heath IMB (2016) raised concerns about the transfer of prisoners identified as at risk of suicide. '*Prisoners are removed from other prisons to Stoke Heath the day or two after an ACCT document has been closed, we state and feel this is a very dangerous practice'*.

The safety of prisoners must always be the paramount consideration. Overcrowding and a lack of resources are compromising prisoner and staff safety. The Ministry of Justice must ensure prison governors have adequate resources to support every prisoner they receive into their care.

Respect for human dignity

All prisoners should be treated humanely. Yet a punitive regime and inhumane practices such as the use of solitary confinement, which contravenes international human rights standards, continue to be widely used in prisons in England and Wales.

In November 2013, the Ministry of Justice introduced a more punitive regime, the revised Incentives and Earned Privileges (IEP) scheme.

HMIP (2016b) found '*the very restricted regime and limited time unlocked rendered much of the scheme ineffective as there was too little offered to encourage good behaviour'*.

Prisoners *'who have demonstrated insufficient commitment to rehabilitation and purposeful activity, or behaved badly and/or who have not engaged sufficiently with the regime'* can be placed on basic regime. They must wear prison issue clothing, are not allowed in-cell television, have limited time out of cell and limited visits compared to those on standard or enhanced level. They are only allowed £4 a week of their own money to spend on necessities such as food, stamps, toiletries or phone calls.

The PPO (2013) found that a disproportionate number of prisoners who took their own lives were on the basic regime. Between 2007 and 2012, eight per cent of self-inflicted deaths investigated by the PPO were of prisoners on the basic regime. This was considerably higher than the national average percentage of prisoners on the basic regime (two per cent). The PPO found that prisoners with a history of mental health problems were being placed on the lowest level of privileges. Placing a prisoner on basic regime severely restricts access to coping mechanisms.

The revised IEP scheme introduced entry level for all newly convicted prisoners during their first two weeks in prison. Prisoners have limits placed on family contact, physical activity and access to their money and possessions.

The IEP scheme is having a detrimental impact on the wellbeing of prisoners. It places limits on factors which are known to reduce the risk of suicide including *'regular participation in regime activities, positive family and peer relationships'* (MoJ, 2013).

Prisoners on entry and basic level are being deprived of valuable coping mechanisms at a time when they most need it. The IEP scheme, as it currently operates, is incompatible with a healthy, constructive regime.

A new incentive scheme should reward positive behaviour, encourage participation and recognise the needs of the most vulnerable. Maintaining family relationships, physical exercise and socialising with others should be regarded as part of a normal, healthy life, not as privileges that have to be earned. The Scottish Prison Service does not have a national incentives and earned privileges scheme or a 'basic' regime to manage prisoners' behaviour. The Norwegian prison service has a 'principle of normality' and life inside prison should resemble life outside as much as possible.

Solitary confinement

Prisoners who are struggling to cope and most at risk of suicide are likely to be the most challenging and the most likely to be punished or placed in solitary confinement.

The PPO (2015) found that in 2013/14, eight prisoners killed themselves in prison segregation units, four of whom had been assessed as at risk of suicide and self-harm. This was the highest number of deaths in segregation since 2004/5 and accounted for nine per cent of all self-inflicted deaths in prison that year. NOMS does not keep centralised records of the number of prisoners segregated at any one time across the prison estate.

The PPO noted that segregation *'inherently reduces protective factors against suicide and self-harm, such as activity and interaction with others, and should only be used in exceptional circumstances for those known to be at risk of taking their own life.'*

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has referred to evidence that solitary confinement "can have an extremely damaging effect on the mental, somatic and social health of those concerned".

Prisoners are being held under segregated conditions for weeks, months and even years. There are no limits on how long a prisoner may be segregated nor is there any requirement for the prisoner to be informed of how long he or she will remain in segregation. This engenders a sense of hopelessness.

In evidence to the Supreme Court, the Howard League (2015) stated that prisoners in segregation "often tend to be the most disturbed and vulnerable prisoners, characterised by being young, institutionalised, with mental health difficulties or histories of self harm or attempted suicide".

Prisoners with mental health problems and those identified as at risk of suicide are regularly placed in solitary confinement, in contravention of the United Nations Mandela Rules (2015) and prison service policy. An HMIP (2016c) inspection of Leeds prison found *'too many prisoners on ACCT documents were held in segregation'*.

Segregation has a serious, adverse psychological impact on prisoners and can cause irreversible damage; the risk of suicide increases even beyond the period of solitary confinement. A significant number of prisoners who die by suicide in prison have had some experience of segregation prior to their death.

Prisoners with mental health problems or known to be at risk of suicide should never be placed in solitary confinement.

Punishment

Prisoners exhibiting challenging behaviour are routinely punished, yet the behaviour is often a sign of their mental distress within an impoverished environment.

There has been a rise in the use of disciplinary hearings in prisons, known as adjudications. There were 148,023 adjudications outcomes in 2015, a rise of 16 per cent compared to 2014. There has also been an increase in the use of external adjudications and the imposition of extra days in prison.

The rise in the number of adjudications has coincided with staffing cuts and overcrowding. Deteriorating prison conditions and limited access to activity, exercise or human company have led to increased levels of frustration in prison (Howard League, 2016). This is a downward spiral of anger, resentment and increased punishment that in itself feeds the overcrowding problem.

The PPO (2016) found:

'When prison staff do not have the skills and knowledge to recognise and manage symptoms of mental health problems, unusual or difficult behaviour of a prisoner can easily be misinterpreted as a behavioural problem or a side-effect of taking prohibited drugs, such as new psychoactive substances (NPS). This can lead to a prisoner being punished, perhaps by removal to the segregation unit or a reduction in their IEP level'.

The Howard League for Penal Reform legal team has acted for children, disabled and mentally ill people who have been wrongly adjudicated.

Prison punishments cause additional stress for prisoners who are already struggling to cope. Luke Myers died by suicide in Liverpool prison in February 2013. The coroner reported that Luke's concern over an adjudication he was facing was *'more than likely a relevant factor in Luke putting himself in a potentially fatal position'* (Liverpool Echo, 2015).

In a healthy prison, staff should look holistically at a prisoner's behaviour to determine the underlying causes. Challenging or poor behaviour is often an indicator of poor coping skills or distress.

Prison staff should investigate and address the underlying causes of poor behaviour, rather than just imposing a punishment. This is likely to be more effective in terms of managing a prisoner's behaviour and in reducing the risk of suicide.

Purposeful activity

All prisoners should be out of their cells during the working day taking part in healthy, constructive and meaningful activities. A prisoner's risk of suicide is likely to increase significantly if they are isolated in their cell for hours on end with little to keep their mind occupied.

Some prisons are nearer to achieving a full and purposeful day. An inspection of Send prison by HMIP (2014) found *'time out of cell, which was rarely cancelled, was good. Prisoners could move about the site fairly freely during the working day and access to the pleasant outside areas was generally good.'* Women at the prison reported feeling safe and incidents of self-injury were low.

No prisoner had died by suicide in Send prison since 2011.

However, too many prisoners are spending time locked in their cells with limited access to work, education, recreation and physical exercise. HMIP (2016b) found that in local prisons, a third of prisoners were locked up during the day. 38 per cent of young adult prisoners were locked in their cells for over 22 hours a day.

The Ministry of Justice needs to take urgent action to ensure every prisoner is out of their cell every day taking part in work or education and has access to fresh air, sports, and other activities beneficial to mental health.

Keeping physically active is important for mental wellbeing. NHS guidance recommends that adults should be active every day and do at least 150 minutes of moderate physical activity each week to maintain a healthy lifestyle. The United Nations Mandela Rules (2015).

'Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits. (Rule 33)

Many prisoners are being deprived of basic ways to improve their physical and mental health and reduce their risk of depression and suicide. Given that prisoners are at high risk of suicide compared to the general population (WHO, 2007), the prison regime must focus on reducing the environmental risks of suicide and improving wellbeing.

The Prison Service should enable and encourage prison governors to invest in a prison environment which will be beneficial to mental wellbeing. All prisoners should be physically active and be able to have daily access to the outdoors, in line with the Mandela Rules.

Prisons that encourage communication

A healthy prison must foster effective communication between staff, prisoners and their families and encourage and enable prisoners to talk. Prisoners must be given the time, space and opportunity to talk to others in confidence about their mental well-being.

The Listener Scheme

The Listener scheme is a peer support service in prison which aims to reduce suicide and self-harm. The scheme was established by the Samaritans and has been running since 1991 when the first Listener scheme was set up in Swansea prison following an increase in prison suicides in the 1980s. Nearly every prison in England, Scotland and Wales now has a Listener Scheme.

Samaritans volunteers select, train and support prisoners to become Listeners. Listeners provide confidential, emotional support to their fellow inmates who are struggling to cope. Listeners have undoubtedly saved countless prisoners' lives.

According to the annual IMB report (2016) on Stafford prison, the prison had above the recommended level of Listeners per population. However, an HMIP report (2015) on Woodhill prison found there were not enough Listeners to support prisoners, despite the fact there had been a high number of suicides. The annual IMB report on Bristol prison noted *'The Board regrets that the prison has seemed to allow the place of listeners to decline over the last year'*.

Schemes such as the Listeners rely on the cooperation and support of prison managers and staff to run effectively. Prisoners cannot contact helplines or talk to trained supporters if they are locked in their cells with no access to a phone.

Overcrowding, prison 'churn' and staff shortages are impacting on the provision of support services for prisoners, including Listener schemes. The Ministry of Justice must ensure that all prisoners are able to speak to suicide prevention services, including Listeners, whenever they need to.

Family members should be able to speak directly with a senior member of staff if they have concerns about the wellbeing of someone in prison. Families are often best placed to know if there has been a change in demeanour and their concerns should be taken seriously and followed up. Involving families in ACCT reviews, with the consent of the prisoner, is an example of good practice.

Prisons which learn lessons

There is certainly no lack of information about preventative measures regarding prison suicides. Each self-inflicted death in prison is thoroughly investigated, by the Prisons and Probation Ombudsman and the Coroner's Court. Regulation 28 Prevention of Future Deaths reports raise concerns and make recommendations. Responses to concerns are also publicly available. Yet often the same concerns and recommendations for action are repeated time and time again.

The senior coroner for Milton Keynes, in a Regulation 28 Prevention of Future Deaths report following the self-inflicted death of a prisoner at Woodhill prison in January 2015, stated:

'I have concerns that the recommendations [made by HMIP, the PPO and the chief coroner] will not be implemented and that past recommendations have been ignored'.

Despite previous preventing future deaths reports, the coroner noted that the number of suicides at Woodhill prison continued to rise. There were five self-inflicted deaths in Woodhill prison in 2015.

The airline industry has adopted a consistent approach, following fatalities or near misses, to improve safety and save lives. Airline staff are encouraged to cooperate into independent investigations as they know they are about learning lessons and preventing fatalities, not finding scapegoats. Protocols have been introduced across the industry following accidents or near misses, for example to improve communication and limit risks at every stage (Flight Safety Foundation, 2016).

The Department of Health (2016) has modelled the approach of the airline industry and set up the Healthcare Safety Investigation Branch (HSIB) to carry out learning oriented safety investigations to understand the causes of harm and deliver practical solutions to remove risks. This has not happened in prisons.

Suicide is not inevitable. When coroners or the Prisons and Probation Ombudsman raise concerns about the risk of further self-inflicted deaths, the National Offender Management Service must ensure it takes action to reduce risks across the whole prison estate, or is able to justify why no action is necessary.

Hospital departments can be placed under close supervision or even closed if there are concerns about patient safety (Telegraph, 2016). No prison has ever been shut down because of concerns about a high number of suicides. However, a high number of deaths by suicide in a prison is an indicator of underlying issues that need addressing, whether by the prison service or by other bodies.

The Ministry of Justice must take action to address the issues affecting prisoner safety as well as ensuring changes are fully resourced.

Conclusions

One of the primary obligations of the state must be to ensure that all those held in state custody are held safely. There is no excuse for a lack of action when it comes to prisoner safety.

Urgent action is needed to prevent prison suicides and ensure that both prisoners and staff are kept safe from harm. Prison staff should not be expected to work in an environment where death, violence and self-harm are commonplace.

The Ministry of Justice must invest in staffing and ensure that the role of a prison officer is a rewarding and fulfilling occupation, where staff are helping prisoners to turn their lives around. All staff should be able to work in a healthy environment where staff and prisoner wellbeing is a primary consideration.

Increasing the number of staff working in prisons will take time to have an impact and will require additional resources. It must go hand in hand with a reduction in the prison population to be effective.

The Howard League submission to the government spending review in 2015 outlined how

the prison population could be halved, resulting in a smaller, cheaper and better justice system.

Abolishing the current IEP scheme and ending the routine use of segregation in prisons have few cost implications but would have an immediate effect on prisoner wellbeing. A new incentives scheme must allow prisoners to flourish.

Cultural change inside prisons, including a shift away from punitive practices, requires leadership from above but has few cost implications.

There is no benefit to conducting repeated inquiries and investigations into self-inflicted deaths in prison if the findings are not used to change practices and remove risks.

About the Howard League for Penal Reform

The Howard League is a national charity working for less crime, safer communities and fewer people in prison.

We campaign, research and take legal action on a wide range of issues. We work with parliament, the media, criminal justice professionals, students and members of the public, influencing debate and forcing through meaningful change.

About Centre for Mental Health

Centre for Mental Health is an independent national mental health charity. We aim to inspire hope, opportunity and a fair chance in life for people of all ages living with or at risk of mental ill health.

We identify effective methods of supporting and diverting people with mental health problems in the criminal justice system.

A full list of references is available on our website at <http://www.howardleague.org/publications-prisons/>

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