

**Suicide Prevention in Prisons
Advisory Group Meeting
2pm-4pm, Tuesday 17 May 2016
1 Ardleigh Road, London N1 4HS**

Attended:

Frances Crook (Chair), Lorraine Atkinson, Graham Durcan, Ged Flynn, Dr Eamonn O'Moore, Andrew Neilson, Tammi Walker, Seamus Watson, Daniel Whitbread.

Apologies:

Dr Meng Aw-Yong, Richard Monkhouse, Ann Norman, Jerry Petherick.

1. Achieving change

The focus of the meeting was how to influence people, achieve change and bring about a reduction in prison suicides. The Howard League for Penal Reform and Centre for Mental Health were producing a series of briefings on preventing prison suicides and were keen to ensure they had an impact on policy and practice. The first briefing on the cost of prison suicides was published in February 2016. Frances Crook raised the issue of costs at the Ministerial Board on Deaths in Custody in March and the briefing was discussed by justice, health and home office ministers and senior managers from the prison service among others. It was important to make the economic case for investing in suicide prevention even though parliamentarians and policy makers might find it uncomfortable to talk about the cost of a death. It was far cheaper to invest in suicide prevention. Cuts to services were impacting on people who became caught up in the criminal justice system.

Advisors discussed the use of prisons by the courts. It was suggested prisons had lost their rehabilitative purpose and were being used as a way of managing risk, with little thought about the wider implications this could have for individuals and for communities. There were perverse incentives for the courts to send people to prison rather than address the lack of services in the community, for example, treatment and facilities for people with mental health needs or addictions.

2. Change inside prisons

Prison staffing cuts were having an impact on prisoners and prison regimes. Reports by the Chief Inspector of prisons had repeatedly referred to low levels of time out of cell and purposeful activity. It was not uncommon to read that prisoners had only four hours out of cell each day. This was unacceptable but was now being tolerated. It should not be.

The second briefing on preventing prison suicides, due for publication on 24 May 2016, included evidence from prisoners and those who had recently been released from prison. They had all experienced the impact of staff shortages and cuts and were spending more time locked up in their cells.

There was a discussion about the contribution that governing governors could make, given the changes announced in the Queen's speech. Governors had an impact on the culture of prisons, which could be positive or negative. A negative culture created a stressed system and a challenging environment. New psychoactive substances (NPS) were a big issue in prisons but not the only issue. Commissioning additional health services would do little to prevent suicide and self-injury if prisons continued to be understaffed and overcrowded.

A whole prison approach was needed in order to prevent prison suicide. The Irish Red Cross had developed a programme which applied a community health programme to a prison setting <https://www.redcross.ie/news-and-events/ireland-is-world-leader-in-prison-health/>. Prisoners had been trained by the Irish Red Cross to run health projects to meet the needs and vulnerabilities of prisoners.

The role of volunteers in prison was discussed. Giving prison governors greater autonomy might provide opportunities for prisoners to be volunteers such as Listeners or befrienders. It also cost little.

3. Changes in sentencing and remands to prison

Advisors discussed sentencing and the role of the judiciary. Prisons minister Dominic Raab had recently held a roundtable event on sentencing. The Howard League had attended. The Law Commission had proposed increasing the sentencing powers of magistrates from 6 months to 12 months in a scoping report in 2015. Lord Levenson's review of criminal proceedings had focused on efficiency.

It was suggested it would help to reduce the number of people inappropriately sent to prison if magistrates lost their powers to send people to custody. It was important to persuade sentencers and the wider public that there were alternatives to prison custody which were safe and were better for the individual and the community. Problem solving courts and the use of the mental health treatment order requirement were mentioned as examples of positive practice in keeping people out of prison. Prison was the most expensive and least effective option.

Milton Keynes had established a liaison and diversion scheme. Magistrates in Milton Keynes were making different choices as they were aware of alternatives to prison for people with mental health problems.

There was a discussion about the management of risk. Public protection was the main driver and organisations such as the Parole Board had become more risk averse.

People with mental health problems needed to have an appropriate, timely and effective assessment of their needs. Many problems could be addressed in the community and people needed robust care pathways. Sending damaged people to prison, which was a damaged setting, was not helpful and did not address their needs. It could exacerbate their problems. There was a need for collaboration at a local level to prevent people being sent to prison.

Thresholds for mental health interventions were sometimes high and some people were sub-threshold for mental health services as they were not problematic enough,

despite having multiple and complex needs. Costs related to individuals with multiple and complex needs were high and borne by a range of services but there were poor outcomes as services only addressed one issue and did not see the bigger picture.

4. The police as innovators for change

Advisors discussed the role the police could play in bringing about change. West Midlands Police had established the West Midlands violence prevention alliance <http://violencepreventionalliance.org/>, an early intervention programme aimed at preventing individuals from developing a propensity for violence.

In some areas of the country the police and PCCs were working with other organisations, such as local authorities and health and wellbeing boards, to bring people together to solve problems. The police were increasingly dealing with people who had been failed by other services and they were the service of last resort. As a result of dealing with complex and multiple problems on a daily basis, the police were innovating to resolve issues.

The changes to the probation service were discussed. There was concern that the changes introduced as a result of TR, including the split between the National Probation Service and the community rehabilitation companies, had created glass walls between the two services. The new system was not set up to encourage innovation as the tasks undertaken by each service were prescribed. The CRCs were also private for profit companies.

There had been no randomised control trials in the criminal justice system and it was not possible to provide evidence that court diversion and restorative justice schemes had better outcomes than a court trial. However the work undertaken by West Midlands Police suggested slightly better outcomes when court was avoided.

5. Addressing the mental health needs of men

The importance of addressing men's health needs was discussed. Self-esteem was an important issue for men. Young men needed status. If avenues for achieving status legitimately were blocked, they would find it another way. Rates of suicide among young men were high. Rugby League had an initiative called *State of Mind* <http://rugbyleague.stateofmindsport.org/> which targeted men who played rugby at professional and amateur level. The challenge was translating what works in the community into a prison environment.

6. Creating a healthy prison environment

Advisors discussed the importance of a healthy prison environment. This did not mean a prison that had a health service in it. All services in prisons should promote well-being. An example of a whole prison approach was an enabling environment (EE) or a PIPE (psychologically informed and planned environment). PIPEs had high levels of trained staff. There were difficulties in translating and implementing an enabling environment into a challenged prison environment.

Training for staff was discussed. Prison staff needed to be trauma aware and trauma informed. Prisoners and staff were all affected by a self-inflicted death of a prisoner.

The high rates of self-injury, assaults on staff, deaths and perennial misery among prisoners were a grave cause for concern. Conditions in prisons were causing frustration and upset for prisoners. Leyhill Listeners had introduced a scheme which enabled prisoners to talk about their frustrations with Listeners, who then fed this back to governors and staff.

The threshold of tolerance among staff for the behaviour of female prisoners was lower than that set for men. Evidence had shown that women were more likely to be punished and at a higher level than men. For some women, self-injury was a means of expressing frustration and anxiety when other means resulted in punishment.

7. Engaging with others

There was a discussion about how to engage with strategic partners in order to prevent prison suicides. Local authorities in England and Wales were responsible for the delivery of suicide and self-harm prevention plans which did include prisons in the locality. Prisons were a hotspot for suicides. There was a need to be consistent in messages to decision makers. An example of partnership working was the mental health crisis care concordat.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

This included a joint statement and joint set of principles for delivering high quality care for people facing a mental health crisis. Signatories included the Department of Health, the Home Office, NHS England, Public Health England, the College of Policing and the Royal Colleges.

The principle of the common public purse was gaining traction. There was growing evidence that intervening early with mental health problems was better for the health of the population and cost less. The same arguments could be applied to intervening early to prevent prison suicides.

NICE was conducting a scoping exercise on suicide prevention.

<https://www.nice.org.uk/guidance/GID-PHG95/documents/draft-scope>

Prisons and YOIs were not included in the scoping exercise. It was suggested that NICE should include them.

NICE was also developing guidelines on the mental health of adults in contact with the criminal justice system and the physical health of people in prison.

The next meeting will be a roundtable event and will take place from 2pm till 4pm on Wednesday 13 July 2016 at the Howard League offices