

**Suicide Prevention in Prisons  
Advisory Group Meeting  
2pm-4pm, Wednesday 20 January 2016  
1 Ardleigh Road, London N1 4HS**

**Attended:**

Frances Crook (Chair), Lorraine Atkinson, Graham Durcan, Andrew Neilson, Ann Norman, Jerry Petherick, Emma Reid, Jessica Stubbs, Tammi Walker.

**Apologies:**

Dr Meng Aw-Yong, Stephen Habgood, Dr Nick Kosky, Fiona Malcolm, Richard Monkhouse, Jane Powell.

**1. Analysis of 2015 deaths in custody**

Lorraine Atkinson provided an update on the provisional data on the number of deaths in custody during 2015. Data will be published by the Ministry of Justice on Thursday 28 January.

See <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2015>

The Howard League had received notifications of 249 deaths in custody in 2015. A further eight homicides in prison had been reported in the media. This compared to 240 deaths in 2014 and three homicides.

The number of homicides in prison was the highest figure recorded since 1978 when MoJ annual records began.

There was a discussion about the impact of New Psychoactive Substances (NPS) on prisoners, including the number of deaths and whether there was a link between suicide and self-harm and the use of NPS by prisoners. It was reported that the effects of NPS could be devastating and could lead to dramatic changes in behaviour. Some prisoners believed they had superhuman strength after taking NPS.

Some prisons were showing CCTV footage to prisoners who had been under the influence of a NPS to educate them about the effect it was having on their behaviour. There were concerns about NPS use in the community. Staff who worked in high dependency units were having to deal with an increase in patients affected by NPS side effects.

There was a discussion about the use of vulnerable prisoners as 'testers' for NPS in prisons. There were concerns about prisoners with learning difficulties or disabilities who might be targeted or bullied into testing NPS for other prisoners. Concerns were also raised about the levels of drug debt associated with NPS. This could lead to some prisoners becoming more vulnerable to suicide. A death in one prison had allegedly been linked to debt as a result of NPS use in prison.

NPS use led to an increase in psychotic events or episodes. People who had taken NPS and were in a psychotic state needed water to stay hydrated. There was anecdotal evidence that some prisons had turned off the water in some prisoners' cells to prevent flooding damage. The issue had been raised with the health and justice clinical commissioning group.

There was concern about the impact NPS use was having on staffing levels. If a prisoner was taken to hospital, staff would have to escort him, resulting in fewer staff on the wings. People were being locked in their cells for longer. This was likely to impact on levels of suicide and self-harm.

There was a discussion about the roll-out of smoke free prisons and the impact this might have on vulnerable prisoners or those facing an indeterminate sentence. One of the first wings to go smoke free was a vulnerable prisoner unit.

New Zealand had banned smoking in all prisons on the same day. Evidence had shown this to be a success. Prisons in England would not all be banning smoking on the same day. Instead it was being rolled out across the estate.

There had been concerns about banning smoking for patients in secure hospitals but it had been managed well and did not result in huge problems for patients or staff.

There was a discussion about the links between the statistics on deaths in custody, the prison workforce and the prison regime. Research by the Howard League had shown that staffing levels had been reduced by a third. The Howard League had recently published a briefing on adjudications in prisons and the increase in added days for prisoners.

There was a discussion about the impact of the revised IEP scheme and the disproportionate use of basic regime for children, young adults and women. The Scottish Prison System managed without a basic regime. Governors in Scottish prisons were sharing their expertise on how this worked. Private prisons in England and Wales had to follow the same rules on IEP as public sector prisons. It was suggested that the IEP system should focus on rewarding prisoners rather than punishing them. Prisoners needed hope.

## **2. Update on completed and ongoing reviews and consultations**

There was a discussion about the various reviews that were taking place into deaths in custody and mental health services in the criminal justice system.

### **i. The Harris Review: independent review into self-inflicted deaths in NOMS custody of 18-24 year olds**

<http://iapdeathsincustody.independent.gov.uk/harris-review/>

This was published on 1 July 2015. The government response to the review had been published on 17 December 2015

The government response rejected Lord Harris' recommendation to create a new specialist role called a Custody and Rehabilitation Officer (CARO) on the grounds that all staff had a responsibility to care for and support prisoners. It stated

*'We believe that it is important that training and effort should be focussed on equipping existing staff, who know the offender best to spot changes in behaviour that might indicate an increase in suicide risk, rather than diverting effort and resources to create a new additional role.'*

Advisors discussed the role of the prison officer and the importance of good prisoner/staff relationships. It was reported that in some prisons, prison officers had a negative attitude towards suicide prevention measures or did not think there was anything they could do to prevent a suicide. Other staff were openly hostile to preventative programmes.

A prisoner had stated that the way staff responded to prisoners could mean the difference between life and death if a prisoner was feeling suicidal. A prison officer who stopped to talk with a prisoner who disclosed suicidal feelings could prevent a death. An officer who told a prisoner to 'man up' might not. There was a discussion about the reluctance of prisoners to disclose their feelings in a prison environment when they did not want to be seen as vulnerable.

Staff were sometimes unsure about when they should intervene. Often subtle or unusual changes in behaviour could indicate a prisoner's change in mood. For example, if an enhanced prisoner gave up a prison job without reason. One prisoner had been described by staff as being happy and bubbly after receiving news that he had received a long sentence. This unusual behaviour was not picked up by staff as a potential risk factor but was taken at face value.

The changes to prison officer training were discussed. NOMS had reviewed entry level training for all new prisoners and from January 2016 a new ten week prison officer entry level training was introduced to replace the eight week training course.

The government response to the Harris Review stated,

*'All new recruits will receive training in basic life support. This revised course will have an expanded content in relation to safer custody and mental health issues, and there will be more emphasis on building stronger staff-prisoner relationships.'*

There was a discussion about entry level training in public and private prisons. It was not known whether the additional two weeks of training would include specific training on suicide prevention.

## **ii. The NICE consultation on the guidance on the mental health of adults in the criminal justice system**

<https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0726>

The Health and Justice Clinical reference group were looking at physical and mental health in the criminal justice system. This included preventing people from dying prematurely in prisons. The Royal College of Nursing was producing guidance on

end of life care for prisoners. Nurses should be able to use their professional judgement, for example on the resuscitation of prisoners.

There was a discussion about the use of defibrillators in prisons including how many prisons had one defibrillator or more and how many staff had access to them.

### **iii. NOMS review of ACCT system**

The NOMS review of the ACCT system was still ongoing.

### **iv. Royal College of Psychiatrists was developing a quality network for prison mental health services**

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/prisonmentalhealth.aspx>

### **v. The Prisons and Probation Ombudsman Learning Lessons bulletins**

The PPO had published a number of Learning Lessons bulletins including:

Learning Lessons bulletin on suicides in segregation.

<http://www.ppo.gov.uk/wp-content/uploads/2015/06/Learning-Lessons-Bulletin-Segregation-final.pdf>

Learning Lessons bulletin on fatal incident investigations involving new psychoactive substances

[http://www.ppo.gov.uk/wp-content/uploads/2015/07/LLB\\_FII-Issue-9\\_NPS\\_Final.pdf#view=FitH](http://www.ppo.gov.uk/wp-content/uploads/2015/07/LLB_FII-Issue-9_NPS_Final.pdf#view=FitH)

Learning Lessons bulletin on prisoner mental health

<http://www.ppo.gov.uk/wp-content/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf>

### **vi. PHE England Health and Justice report 2014**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/434951/HJ\\_report\\_11\\_6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434951/HJ_report_11_6.pdf)

### **vii. Sixth Annual Report of UK National Preventative Mechanism 2014-2015**

<https://www.justiceinspectores.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2014/07/NPM-Annual-Report-2014-15-web.pdf>

The NPM is made up of 20 bodies including HMIP, PPO, IMB, HMIC and CQC

NOMS were conducting a two-year programme on reducing violence in prisons.

### **Update from advisors**

There was a discussion about prisoners' access to telephones. The wing phones cut off after 10 minutes. Many prisoners were being held on 23 hour lock down and could not access the wing phone. The Samaritans phone was available and prisoners could request this if they wished to speak to the Samaritans, but not other helplines. In cell phones, which were installed in some private prisons, did allow prisoners to access services including advice lines and helplines.

Papyrus was working with prison staff to ensure they had training on suicide prevention. The project had generally been well received by prison staff.

### **Update on prevention of prison suicides**

The Howard League would be publishing a briefing paper on the cost of prison suicide on 12 February 2016

Centre for Mental Health would shortly be publishing a briefing paper on the views of prisoners and former prisoners

There was a report on the findings from focus groups Centre for Mental Health had held with prisoners, former prisoners and healthcare staff. Emerging findings had revealed that some prisoners had experienced flashbacks, for example to historic abuse, as they were spending more time on their own, locked in their cell. Women found it particularly difficult being separated from their children whilst in prison.

The uncertainty in prison could make people feel at risk. Men spoke of the anxiety of sharing a cell with a prisoner who had debts with other prisoners. You never knew who might come into your cell or why.

Prisoners were unlikely to reveal any vulnerabilities in prison, particularly in the initial assessment. This was more likely if the assessment took place in a public rather than private space. Prison culture was about being tough. Staff were not always sympathetic or caring. A female prisoner had not been believed by staff when she said she was in labour.

Prisoners and former prisoners had spoken about the reduction in experienced prison staff and an increase in the number of younger staff with limited life experience. Access to personal officers could be problematic.

The initial findings from the focus groups with healthcare staff had revealed there were concerns about the screening process. It was too template driven and did not always ask questions about what was going on in a prisoner's life or make links. It was suggested there was not enough healthcare involvement in the ACCT process. There was no overlap between different operating systems and databases such as NOMIS and healthcare. In-reach healthcare teams tended to work 9am-5pm, Mondays to Fridays and this did not fit with the 24 hour prison day, seven days a week. Disciplinary and healthcare teams did not always communicate with each other.

There was a discussion about different service providers delivering different services, both within prisons and also within healthcare setting. It was agreed this could be an issue as it was more complex to manage and added additional layers for communication. The use of agency staff in prisons was seen as an issue by some prisoners as there was a perception that they did not really care about prisoners. In some prisons, nursing staff were in constant turmoil. It was not yet known how far CQC inspections would have an impact on prison healthcare.

Frances Crook thanked everybody for coming and contributing to the discussion.  
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