

Response to the Independent Advisory Panel on Deaths in Custody consultation on suicide prevention

17 October 2022

Founded in 1866, the Howard League is the oldest penal reform charity in the world. The Howard League has around 9,000 members, including prisoners and their families, lawyers, criminal justice professionals and academics. The Howard League has consultative status with both the United Nations and the Council of Europe. It is an independent charity and accepts no grant funding from the UK government.

The Howard League works for less crime, safer communities and fewer people in prison. We achieve these objectives through conducting and commissioning research and investigations aimed at revealing underlying problems and discovering new solutions to issues of public concern. The Howard League's objectives and principles underlie and inform the charity's parliamentary work, research, legal and participation work as well as its projects.

The Howard League for Penal Reform has a longstanding concern regarding the understanding and prevention of self-harm and suicide in the penal system. Prison is an inappropriate, underfunded and under resourced institution which puts people in danger whilst in the care of the state. The state has a duty to hold prisoners humanely and safely. The Howard League believes there needs to be emphasis on diversion from the criminal justice system where possible and that current prison expansion plans are counterproductive. Where imprisonment occurs, issues such as staff training, regime – especially what the rehabilitative regime concept can offer, and support offered to those identified in distress should be addressed.

The last major study we undertook into suicide prevention in prisons was in 2016, in partnership with the Centre for Mental Health. The findings of this research sadly still ring true today, mirrored in official statistics, the insights of people with lived experience, and His Majesty's Inspectorate of Prisons (HMIP), Prison and Probation Ombudsman (PPO) and Independent Monitoring Board (IMB) reports. The Howard League continues to monitor deaths in custody through stakeholder liaison and official statistics to inform our work. We heed the experiences of our members, colleagues, and clients with lived experience of the criminal justice system, which constitute a significant part of this consultation response.

Background

The rate of self-inflicted deaths among people in prison is ten times higher than the suicide rate in the community (Howard League, 2022b). People in prison at particularly high risk of suicide include people on remand (constituting 37 per cent of all self-inflicted deaths in 2021), and younger adults (suicide was the leading cause of death among people in prison aged 18-39, constituting 69 per cent). Risk was high

within the first 30 days of custody, where 21 per cent of self-inflicted deaths occurred (Ministry of Justice, 2022a).

The criminal justice process: sentencing and uncertainty

Uncertainty relating to the length or nature of the criminal justice process is a recurring factor in the work we undertake to understand the experiences of people in prison. This is particularly pertinent when considering suicide prevention, reflected in official statistics relating to remand and first days in custody as referenced above. Mental wellbeing is impacted by uncertainty, hopelessness, transition, the traumatising nature of the new environment, and a lack of human contact/established relationships (IAPDC, 2022). The psychological impact of uncertainty is compounded by the pressures experienced by local prisons in which people on remand are held, and where the remand population continues to increase (MOJ, 2022b). Court delays, exacerbated by the Covid-19 pandemic, have further increased this pressure. Being remanded into custody results in the dismantling of support systems in the community (e.g., housing, relationships, employment) (HMIP, 2012). Furthermore, the inappropriate use of prison as a 'place of safety' is widely noted (Howard League, 2020; Howard League, 2022c; Howard League, 2022d; Tomczak, 2022).

The impact of uncertainty and delay within the criminal justice process extends beyond remand. The psychological impact of IPP sentences has been highlighted in the Justice Committee's inquiry into mental health (Justice Committee, 2021). Evidence included by the Committee references the impact of IPP sentences on people's mental health, highlighting feelings of injustice, hopelessness, anxiety and despair (UNGRIPP, 2021).

The parole process is another period of uncertainty for people in prison. While we are unaware of specific research relating to suicide and self-harm among those seeking parole, it is an area requiring further consideration.

The insights of people with lived experience of the criminal justice system tell us that this uncertainty and anxiety extends beyond the prison walls. The Howard League has long been cognisant of the need for the criminal justice system to pay better attention to the period shortly after release (Sattar, 2001; Gelsthorpe et al, 2012; Phillips and Roberts, 2019). Issues such as the length of time someone has spent in prison, managing the recall process, and information sharing between different parts of the criminal justice system appear to be repetitious themes.

Key points:

- Recognise the causes and role of uncertainty in the criminal justice system and its impact on mental health and wellbeing
- Recognise the particular pressures of being on remand, and pressures within remand prisons, and how this can compound people's risk and vulnerability
- End the use of prison as a place of safety
- Consider other areas of uncertainty and delay within the criminal justice system such as IPP, parole, release
- Listen to the insights of people with experience of the criminal justice system

Prison processes

It is notable that prison processes and responses to identify and support people have simultaneously been regarded as both risk and protective factors (Howard League, 2016c). The tension between the needs of an individual, how the prison system operates, and the systems it develops are brought into sharp focus when considering suicide prevention.

Prison processes often follow a one size fits all approach. There needs to be consideration of diversity, protective characteristics such as sexuality, ethnicity, neurodiversity, and addiction issues (INQUEST, 2022). One example not actively considered is gambling addiction. There is increasing awareness of the relationship between gambling addiction, wellbeing and suicide in the community (see Livingstone and Rintoul, 2021). Yet there is currently no coherent approach to gambling addiction and related harms in the criminal justice system, and no systematic data collection or support. The Howard League's [Commission on Crime and Gambling Related Harms](#) is currently undertaking research into gambling and prison culture which may illuminate this issue.

People vs processes

Concerns around the impetus to self-disclose mental health/well-being or reliance on brief assessments upon entry to prison are well documented by HMIP and the PPO (see for example: HMIP, 2022; PPO, 2021a; PPO, 2022a). This is exacerbated by a lack of information sharing throughout the criminal justice process, for example, regarding mental health needs or vulnerabilities (see for example PPO, 2021b; INQUEST, 2022).

Deficits in the ACCT process are highlighted by both HMIP and PPO reporting (HMIP 2022; PPO 2022b) and lived experience. The insights of those with lived experience tell us that ACCT can often become a means of observation as opposed to meaningful engagement. Frequent observation could increase vulnerability and low mood, and indeed impact on safety (for example, a negative reaction from cellmates). ACCT was described by colleagues with lived experience as a 'bureaucratic response' to a human issue; a 'tick box exercise'.

HMIP and PPO reports highlight problems with the implementation of ACCT. HMIP's 2022 report on Wandsworth found that 'Folders were chaotic with key elements either missing or lost among a jumble of pages falling out of them' (HMIP, 2022b). A lack of staff training is identified as another issue in its proper implementation (HMIP, 2022a; Howard League, 2016c). Information about the numbers of people dying by suicide whilst under ACCT supervision is not readily/publicly available. However, stakeholder monitoring data received by the Howard League paints a mixed picture and suggests that ACCT supervision is both failing to identify people at risk of suicide and failing to protect people already under supervision.

While the ACCT process was recently updated, there appears to be little analysis or understanding what difference this has made. Anecdotal information suggests little more than superficial changes, for example changing the colour of the folders holding ACCT information.

Prison staff surveyed in the Howard League's 2016 report highlighted the binary of 'people vs procedures' (Howard League, 2016c). The significance of meaningful relationships was noted, but procedural processes took precedence. Problems relating to procedures included their propensity to increase risk, and procedural gaps due to stresses and strains on people and resources. Procedures centred on information sharing, requiring buy in and action across the workforce. A procedural focus can result in a reliance on indicators/self-reporting, and participants noted deficits in this type of assessment (as evidenced in the PPO reports referenced throughout this submission).

A further example, derived from the experiences of the Howard League's legal team, relates to family members, significant others and prisoners' representatives contacting prisons to raise concerns about welfare and safety. It is frequently reported that it is difficult to speak to someone directly to raise concerns. Instead, callers are put through to voicemail or told that a message will be passed on, resulting in uncertainty about whether the concerns will be shared with the correct person and appropriate steps taken to ensure safety.

Learning and accountability

In its annual report, HMIP described suicide and self-harm prevention measures at over half of the men's establishments inspected as 'weak' (HMIP, 2022a). Key concerns included: failure to identify risk on arrival; a lack of strategic planning to reduce levels of self-harm (e.g., lack of analysis of data to inform planning/data not used to set priorities); poorly embedded learning from PPO reports; and difficulties in implementing new ACCT process and lack of training. Safeguarding procedures to identify and protect vulnerable prisoners at risk of harm, abuse and neglect were described as 'usually no more than adequate'.

Key points:

- Consider the diversity of the prison population, and the intersection with risk, vulnerability, and prison processes
- Challenge the 'people vs process' binary and the impact this may have, and recognise the importance of meaningful, care-based relationships and human interaction
- Consider deficits in existing systems e.g., reliance on self-reporting, ACCT, and identify appropriate solutions
- Ensure that processes are implemented correctly, and that adequate training is provided
- Take a strategic and accountable approach, acting proactively and learning from experience, data, reporting, and investigating

The prison environment

'Perspectives from the inside' (Howard League 2016b) surveyed the experiences of people in prison. Participants identified key factors in vulnerability to suicide. Notwithstanding personal and contextual risk factors (including historic mental health problems, trauma and abuse, homelessness, drug use, and child custody) the prison environment itself was identified as a risk or contextual factor to suicide. This included feeling unsafe; relationships with cell mates; showing vulnerability; staff culture and attitudes; isolation and boredom; and loss of liberty and control.

Some of these issues were echoed in a survey of our members in prison/with family members in prison, conducted in May 2022. While not explicitly focusing on suicide prevention, the responses illustrate the harmful nature of the prison environment, and in particular the impact of regime restrictions in response to Covid-19.

Members highlighted the impact of a lack of fulfilling and purposeful regime, and limited time out of cell:

'Relationships have deteriorated which has had a knock-on effect on physical and mental health. Slowly I've just been shut out of my [unreadable] life. The time in cell has been on, but it has [unreadable] there has been a lack of physical exercise. Which again impacts on mental health. In this establishment there is little mental health support and so since coming here I've been on the verge of suicide every day.'

'For 23 and a half hours in the cell, he was left alone with his thoughts in his head, dark thoughts. Prison officers rarely spoke to him when in his room and never once asked him how he was managing.'

'Work, education and courses are sporadic, poorly organised and only part-time which is affecting mental health.'

The survey revealed that access to support from staff – medical or otherwise – and significant people in their wider lives was diminished.

'Access to healthcare and mental health is poorer than ever, with poorer quality. Social and family relationships are more detached.'

The experiences of the Howard League's clients in the youth estate illustrate how prison disciplinary systems, as opposed to care, are used in response to distress:

X was a 21 year old who was taking medication to manage his psychosis, anxiety and paranoia. He was struggling in custody and told us that he was considering ending his life because of threats to his life from other prisoners. In light of his considerable distress we made several safeguarding referrals to the prison on his behalf and also requested that he was transferred to a prison where he would feel safe.

During this time X was threatened into taking responsibility for breaches of the prison rules by other prisoners and despite the prison being on notice of our serious concerns about his welfare (and the fact that he had been pressured into taking charges by other prisoners) X was moved to the segregation unit and left without his radio, vape pen and television, compounding his distress. He was then adjudicated for three further incidents including one incident of fire setting. Prior to the fire setting incident X had self-harmed by cutting his cheek before asking to speak to the number one governor. His actions were the result of attempting to remain on segregation whilst awaiting a transfer because he was too scared to return to normal location. Despite the fact that the prison was aware of the serious concerns about his wellbeing he received 28 days of cellular confinement as punishment for these adjudications.

X was also concerned about the stigma of having safer custody visit his cell. He did not want any steps to be taken to single him out as a vulnerable prisoner as he was concerned this could lead to further risk to him from other prisoners.

The Howard League's legal team further highlighted risk and contextual factors to suicide within in the youth estate, which hold equal salience to the adult estate. There was seen to be a stigma around safer custody teams, with people not wanting to be seen to be involved with them. A lack of support was noted following death or self-harm incidents on the wing or in cells. There was also a lack of support available following risk reduction or trauma work (as in the adult estate, for example: PPO, 2021b).

The provision of mental health care including mental health services, safer cells, external projects, and the Listeners scheme, were identified as both risk and protective factors (Howard League, 2016b). Difficulties in accessing the Listener scheme were highlighted in HMIP's 2022 annual report, and through the work of our legal team. Regime restrictions in response to Covid-19 curtailed the mental health and support services available.

Key points:

- Recognise the complex needs and trauma experienced by people in prison and implement relevant support
- Be aware of and mitigate for the ways in which the prison environment creates or enhances risk and vulnerability
- Recognise and mitigate for the ways in which prison regime impacts on wellbeing, health (mental and physical), and relationships
- Provide appropriate and readily available support and wellbeing services with an equivalence of care to the community
- Enable people in prison to maintain relationships with friends, family and community

Staffing

In 'Staff Perspectives' (Howard League, 2016c), prison staff elaborated on challenges and causal factors relating to suicide. Chronic staffing shortages remain, impacting on regime and staff experience (Prison Reform Trust, 2022:6).

Physical/mental health appointments were missed due to lack of escort (Nuffield Trust, 2021). Staff had less time to observe, interact, and build relationships with people in prison (crucial in picking up on mood, and a noted key protective factor against suicide. See: Ludlow et al, 2015). The problems relating to staff shortages and turnover were compounded by the inexperience of newer members of staff, and participants highlighted minimal training particularly in relation to mental health (Howard League, 2016c).

Prison staff who took part in the above research highlighted poor staff wellbeing and the detrimental impact this had on their ability to look after those in their care; stressed people cannot deliver care effectively, and a workplace culture existed of not showing weakness (Howard League, 2016c). Participants described the prison environment and culture as desensitising, brutalising, hardening, and distancing, one in which there was a culture of negative attitudes toward prisoners (for example, where self-harm is seen as manipulative or attention seeking), and a lack of space to

reflect on challenges or traumatic events (the subject of ongoing research by Gooch et al). The complexity and diversity of the population and their needs was also identified as a challenge (Howard League, 2016c).

Key points:

- Assess and resolve staffing shortages and the impact this has on people who work and live in prison
- Promote meaningful staff-prisoner relationships as a key protective factor against suicide
- Provide adequate and relevant training to staff, particularly in regard to mental health and prison processes
- Support staff wellbeing and encourage trust, openness, and reflection

Concluding thoughts

Priorities for preventing suicide are inextricably linked to fundamental political questions and decisions. All people in prison are vulnerable, and many experience complex needs. Prison is a particularly inappropriate place for people at high risk of suicide. Life in prison does not effectively address vulnerability and risk and can in fact exacerbate it. Prisons should be regarded as a scarce resource and used sparingly. Prisons cannot and should not be the go-to place to reduce the harms or deficits created by social injustice and other state institutions. This being the case the prison estate should be smaller, less overcrowded, and with purposeful and fulfilling regimes.

The Howard League believes that when identifying priorities for change, we should privilege lived experience.

We have identified the following priorities for preventing suicide in prison:

The criminal justice process: sentencing and uncertainty

- Recognise the causes and role of uncertainty in the criminal justice system and its impact on mental health and wellbeing
- Recognise the particular pressures of being on remand, and pressures within remand prisons, and how they can compound people's risk and vulnerability
- Question the appropriateness of using prison as a place of safety
- Consider other areas of uncertainty and delay within the criminal justice system such as IPP, parole, release
- Listen to the insights of people with experience of the criminal justice system

Prison processes

- Consider the diversity of the prison population, and the intersection with risk, vulnerability, and prison processes
- Challenge the people vs process binary and the impact this may have, and recognise the importance of meaningful, care-based relationships and human interaction
- Consider deficits in existing systems e.g., reliance on self-reporting, ACCT, and identify appropriate solutions
- Ensure that processes are implemented correctly, and that adequate training is provided
- Take a strategic and accountable approach, acting proactively and learning from experience, data, reporting, and investigating

The prison environment

- Recognise the complex needs and trauma experienced by people in prison and implement relevant support
- Be aware of and mitigate for the ways in which the prison environment creates or enhances risk and vulnerability
- Recognise and mitigate for the ways in which prison regime impacts on wellbeing, health (mental and physical), and relationships
- Provide appropriate and readily available support and wellbeing services with an equivalence of care to the community
- Enable people in prison to maintain relationships with friends, family and community

Staffing

- Assess and resolve staffing shortages and the impact this has on people who work and live in prison
- Promote meaningful staff-prisoner relationships as a key protective factor against suicide
- Provide adequate and relevant training to staff, particularly in regard to mental health and prison processes
- Support staff wellbeing and encourage trust, openness and reflection

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