

Developing a suicide prevention programme to address the increase in prison suicides in Kent

Student Research Internship Project 2015

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Introduction

This document presents the final report of a student internship project, focussing on the development of a suicide prevention programme in Kent. Following an increase in prison suicides between 2013 and 2014, Kent & Medway Suicide Prevention Steering Group were approached by the commissioning manager for health and justice to conduct research into this area. Dr Ian Marsh from Canterbury Christ Church University put forward the CCCU student internship as a means of undertaking this research.

The Research and Knowledge Exchange internships at Canterbury Christ Church University allow students to work with academic staff on a specific research project. Academics apply for a research intern to work with them on research in areas which are likely to result in tangible outputs. The author of this report is a final year BSc Sociology student at Canterbury Christ Church University who worked as an intern on this project for a period of 10 weeks from May to July.

The project involved an extensive literature review, along with consultation with various agencies and individuals, in order to gain a deeper insight into the emerging issues. Consultations were with the following stakeholders:

- Kent and Medway Suicide Prevention Steering Group
- Mental health in-reach team at HMP Elmley
- The Samaritans Listener Scheme Co-ordinator
- The Howard League Policy Officer
- The Prisons and Probation Assistant Ombudsman
- Safer Custody team for Kent

This report provides a brief overview of suicides, prison suicides, and prevention - nationally and in Kent. Key themes from the literature are outlined and supported with insight from the consultations where appropriate. Recommendations are put forward where appropriate in regard to potential steps for prison suicide prevention in Kent.

Project Aims

The main aims of this project were to:

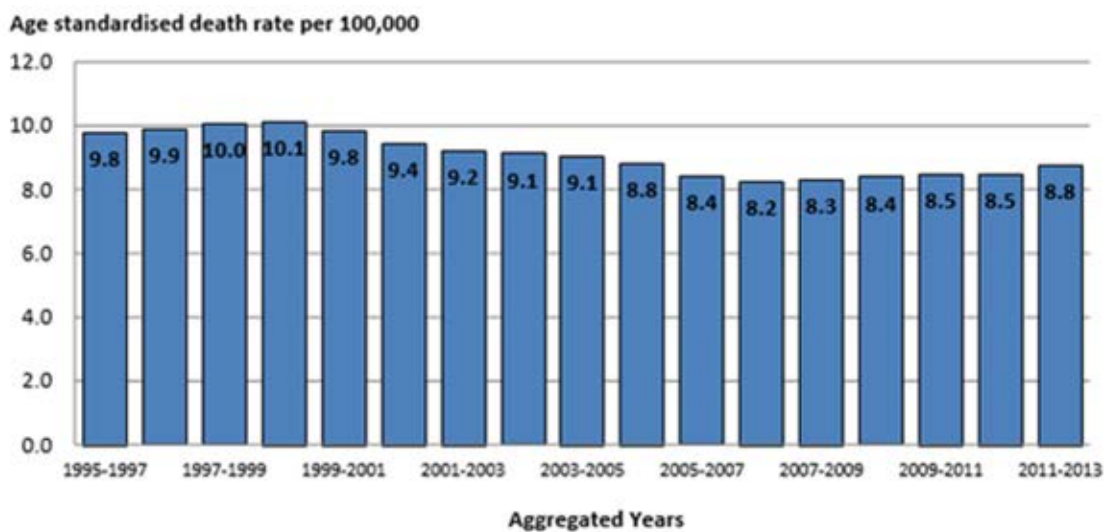
- Review existing literature and data around prison suicides and prevention.
- Meet with key stakeholders who could give a deeper insight into these issues.
- Present findings to the Kent & Medway suicide prevention steering group.
- Use the final report to inform relevant agencies and prison staff.

Suicides Nationally

Nationally, in 2013, there was an increase in suicides in the general population. Figure 1 demonstrates this increase compared to previous years. The most recent data for suicides in England is from 2013¹, which states that:

- There were 4,722 registered suicides among people aged 15 and this was 215 more than 2012.
- Overall, the age-standardised suicide rate increased from 10.2 deaths per 100,000 of the population in 2012 to 10.7 in 2013. Although this is not a significant increase, it is the highest seen since 2004, when the rate was 11.0.
- 78% of registered suicides were male, while 22% were female.
- The broad age group with the highest suicide rate was 45 to 59, at 25.1 deaths per 100,000 and this was the highest for that age group since 1981.

Figure 1: Death rates from intentional self-harm and injury of undetermined intent in England between 1995 and 2013



Source: Office for National Statistics (2015)

¹ Office for National Statistics (ONS), 2015. Statistical Update on Suicide. Available at: <https://onedrive.live.com/edit.aspx?cid=01af7c7afb3d4660&id=documents&resid=1AF7C7AFB3D4660!235&app=Word&&wdPid=3a5b5470> (Accessed: 27/07/2015).

Suicide prevention nationally

The government's national suicide prevention strategy was updated in 2012.² The areas for action include:

- Reducing the risk of suicide in high-risk groups (young and middle-aged men, people in the care of mental health services, people with a history of self-harm, **people in contact with the criminal justice system**, and specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers).
- Tailoring approaches to improve mental health in specific groups.
- Reducing access to the means of suicide.
- Providing better information and support to those bereaved or affected by suicide.
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Supporting research, data collection, and monitoring.

Suicides in Kent

Suicides rates in Kent, overall, are lower than those nationally. However, the demographic identified as most at risk is similar to the data for England and specific areas do have higher rates compared to the national average. The information available for Kent states that:

- The Suicide rate for the combined population between 2008 and 2010 was 9.9 per 100,000 people.³
- The mortality rate for suicide and undetermined injury are not significantly different than the rest of England.⁴
- The majority of suicides are committed by men aged between 30 and 60 and this is similar to the figures nationally.⁵
- Dover and Thanet have the highest suicide rates for men, which are above the national average.⁶
- Gravesham, Tonbridge & Malling and Tunbridge Wells have the highest suicide rates for women, with these rates also being above the national average.⁷
- Tunbridge Wells and Thanet have the highest rates overall, although it must be noted that this data is not statistically significant.⁸

² Department of Health (2012) *Preventing suicide in England A cross-government outcomes strategy to save lives*. Available at: <http://www.liveitwell.org.uk/wp-content/uploads/2011/12/K-M-Suicide-prevention-draft-final.pdf> (Accessed: 27/08/2015).

³ Appleby, L. et al. (2015) *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2015: England, Northern Ireland, Scotland and Wales July 2015*.

⁴ North East Public Health Observatory (2013) *Community Mental Health Profiles 2013: Kent*. Available at: <http://www.nepho.org.uk/cmhp/index.php?pdf=E10000016> (Accessed 26/07/2015)

⁵ Mookherjee, J. (2014) *Mental Health Needs Assessment for Adults in Kent: South Kent Coast CCG 2014*. Available at: <http://www.kmpho.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=389466>. (Accessed: 27/08/2015).

⁶ Ibid

⁷ Ibid

- Retired individuals are noted as the occupational category most likely to commit suicide.⁹
- Only around 30% of those who committed suicide in Kent and Medway had been in contact with mental health services, according to 2007 findings.¹⁰

Suicide Prevention in Kent

There is currently a Kent and Medway Suicide Prevention Strategy, which is led by a steering group, consisting of representatives of various organisations.¹¹ The Kent and Medway strategy makes some changes to the high-risk groups highlighted in the national strategy, as informed by local stakeholders.**Error! Bookmark not defined.**

High risk groups locally are therefore identified as:

- People who have currently or recently been in contact with mental health services
- People involved in self-harming behaviour in the last year
- Young – middle aged men with a focus on those who are unemployed
- **Offenders, those in prison, in custody and in the community**
- High risk occupational groups
- Older people

Prison suicides nationally

In prisons as a whole, suicide is a great cause for concern and its rates are amplified in relation to the general community in most countries.¹² In England, there was a 69% increase in prison suicides between 2013 and 2014.¹³ Figure 2 shows this increase, which is the largest since the period 2007-2008.

⁸ Ibid

⁹ Kent and Medway NHS (2010) *Kent and Medway Multi-agency Suicide Prevention Strategy 2010-2015*. Available at: <http://www.liveitwell.org.uk/wp-content/uploads/2011/12/K-M-Suicide-prevention-draft-final.pdf> (Accessed: 28/08/2015).

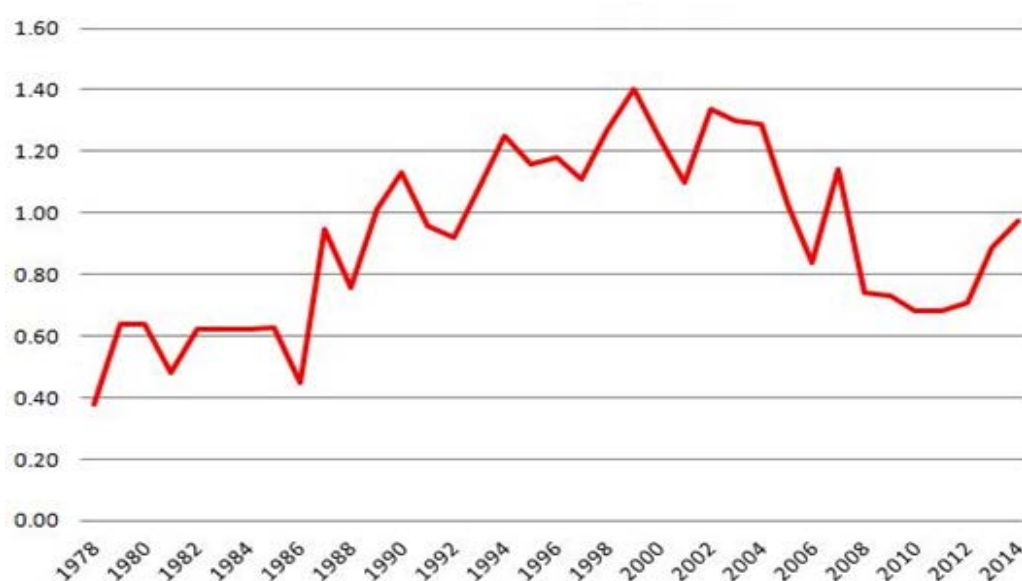
¹⁰ Ibid

¹¹ Ibid

¹² Fazel, S, Grann, M, Kling, B, and Hawton, K. (2011). 'Prison suicide in 12 countries: an ecological study of 861 suicides during 2003–2007', *social psychiatry and psychiatric epidemiology*, 46, pp.191–195.

¹³ Ministry of Justice (2014) *Safety in Custody Statistics England and Wales Update to March 2014*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339067/safety-in-custody-to-mar-2014.pdf (Accessed: 25/09/2015).

Figure 2: Self-inflicted deaths in UK prisons 1998-2014 (Rate per 1,000)



Prison suicide prevention nationally

The national suicide prevention document notes the high risk of suicide for prisoners and states that the National Offender Management Service (NOMS) has its own targeted set of guidelines in this regard. **Error! Bookmark not defined.** The NOMS Prison Service Instructions (PS1 64/2011) outline a number of key priorities in terms of preventing prison suicides.¹⁴ These include:

- Risk identification when the prisoner first enters prison, ensuring that any key documents such as the Person Escort Record, pre-sentence reports, NOMIS are used in this process.
- Ensuring that staff, visitors and other prisoners are also aware of how to identify risk.
- Being aware of the different types of suicide risk factors (demographic factors, background history, clinical history, psychological and psychosocial factors, and current context).
- Supporting peer support schemes, such as the Samaritan's Listener's Scheme.
- Proper use of Assessment, Care in Custody, Teamwork (ACCT) documents, which are documents intended for highlighting a prisoner who is at risk of suicide and ensuring that an effective support plan is in place.

¹⁴ Ministry of Justice (2013). *Management of prisoners at risk of harm to self, to others and from others (Safer Custody)*. Available at: <http://www.justice.gov.uk/downloads/offenders/psipso/psi-2011/psi-64-2011-safer-custody.doc> (Accessed: 30/08/2015).

- The use of suicide prevention co-ordinators, safer custody co-ordinators, and violence prevention co-ordinators, who ensure that the suicide prevention strategy is adhered to by liaising with staff and checking relevant documents such as ACCT.
- The use of 'safer cells', which have reduced access to ligature points and should only be used in addition to ensuring that the underlying cause of prisoner self-harming or suicide is dealt with.
- The use of constant supervision, which is only intended as a short-term solution.
- Staff understanding of mental health problems such as depression and how this might contribute to suicidal actions.
- Responding efficiently to recommendations by the Prison and Probation Ombudsman.
- Effective staff and prisoner relationships, where staff encourage prisoners to engage positively with the regime.
- Anti-ligature cut-down tools and emergency response kits/procedures.
- Use of CCTV monitoring of at-risk prisoners as a last resort.

Prison suicides in Kent

All of the suicides in Kent prisons occurred in HMP Elmley, as shown in Figure 3. Elmley holds well over its recommended capacity of prisoners and the implications of this overcrowding are outlined in the findings of this report. Furthermore, particular groups of prisoners are at a higher risk of suicide (e.g. those on remand, those with a history of in-patient psychiatric treatment, lifers)¹⁵, and so establishments with a higher proportion of the 'most vulnerable' prisoners can face particular challenges. HMP Elmley is one such prison and this is discussed further in the 'Imported Vulnerability' section in the findings of this report.

¹⁵ Fazel, S., Cartwright, J., Noman-Nott, A. and Hawton, K. (2008) 'Suicide in Prisoners: a Systematic Review of Risk Factors', *Journal of Clinical Psychiatry*, 69(11): pp. 1721-1731.

Figure 3: Deaths and prison population in Kent prisons 2014

Prison	Self-inflicted deaths	Deaths from natural causes	Deaths awaiting further information	In use CAN (recommended capacity)	Population
Cookham Wood	-	-	-	188	155
East Sutton Park	-	-	-	98	92
Elmley	4	4	1	943	1,231
Maidstone	-	1	-	656	599
Rochester	-	-	1	742	751
Standford Hill	-	-	-	464	450
Swaleside	-	2	-	1,112	1,105
TOTAL	4	7	2	4,112	4,383

Source: Howard League (2015)

Findings from literature and consultations

While the literature highlights the complexity of prison suicides, there are also some key themes which emerged in terms of prevention. Many of these emerging issues were also supported by what stakeholders spoke of from their experiences. The emerging issues are outlined here, with some reference to what this might mean in terms of prevention strategies in Kent. However, these ideas are open to debate from those who have more knowledge in the field.

Imported vulnerability

The idea of ‘imported vulnerability’ refers to the way that a prisoner’s history of self-harm, psychiatric treatment, suicide attempts, and drug misuse can affect their suicide risk once in prison.¹⁶ Ludlow et al. found that the levels of imported vulnerability vary greatly between different prisons, even those of the same type.¹⁷ They found that prison populations from areas with high levels of psychiatric morbidity, drug dependence and previous suicide attempts pose a higher suicide risk than areas which do not have such a ‘risky’ population.

¹⁶ Ludlow et al. (2015) 'Self-inflicted Deaths in NOMS' Custody Amongst 18-24 year olds: Staff experience, knowledge and views. Available at: <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/07/Self-Inflicted-Deaths-in-NOMS%E2%80%99-Custody-amongst-18%E2%80%9324-Year-Olds-Staff-Experience-Knowledge-and-Views.pdf>. (Accessed: 30/08/2015).

¹⁷ Ibid

Other literature supports this, in that 50% or more of individuals committing suicide within prison have been found to have at least one psychiatric diagnosis, symptoms of mental health at reception, or history of drug misuse.¹⁸ However, this is still less than the wider population, with 80-90% of individuals who commit suicide having been diagnosed with a psychiatric disorder.¹⁹ Therefore, although imported vulnerability should be considered a key factor in relation to prison suicides, it should be no means be considered the only factor. It is stated in the most recent literature that it is a combination of imported vulnerability and the conditions of prison life are what result in a higher rate of suicides in the prison population when compared to the wider community.²⁰

Kent is potentially an at-risk population in regard to imported vulnerability. The number of people in Kent seeking drug treatment is reported as being lower than England overall.²¹ However, the population has significantly higher rates of hospital admissions for self-harm than the rest of the country, in addition to a higher number of total contacts with mental health services.²² Furthermore, a needs assessment found that 29% of offenders in Kent report having some problems with a psychiatric disorder or depression, while 12% report having significant problems.²³ It is stated that 34% of Kent offenders currently engage with substance misuse treatment services at some point in their sentence and the need for intervention at the reception stage is suggested as potentially being as high as 80% in Elmley and Swaleside prisons.²⁴ This data therefore suggests that effective mental health, drug and alcohol interventions are likely to be of importance in reducing suicide risk within Kent prisons. Some data was collected in 2011 in regard to support for prisoners with drug problems in Kent prisons.²⁵ This suggested that adequate support was being given, at least from the prisoners' point of view, in terms of improving the well-being of those with drug problems (Figure 4). However, more recent data could perhaps be collected in this regard and also in terms of monitoring mental health support and self-harm intervention. Furthermore, the feedback from suicide awareness training at HMP Elmley highlighted a request from staff to receive mental health training in addition to training around suicide risk (Appendix A5). The idea that suicide risk can be 'imported' is also a strong case for ensuring there are adequate mental health and addiction services in Kent communities.

¹⁸ Brooker, C., J. Flynn, et al. (2010). 'Trends in self-inflicted deaths in prisons in England and Wales 2001-2008: Towards targeted interventions.' *Journal of Aggression, Conflict and Peace Research*, 2(4), pp.34-43.

¹⁹ Liebling, A. (2006) 'The Role of the Prison Environment in Prisoner Suicide and Prisoner Distress' in Dear, G. (ed) *Preventing Suicide and Other Self-Harm in Prison*. London: Palgrave-Macmillan, pp. 16–28.

²⁰ Ludlow et al. (2015) 'Self-inflicted Deaths in NOMS Custody Amongst 18-24 year olds' (See footnote 16).

²¹ North East Public Health Observatory (2013) *Community Mental Health Profiles 2013: Kent*. Available at: <http://www.nepho.org.uk/cmhp/index.php?pdf=E10000016> (Accessed 26/07/2015).

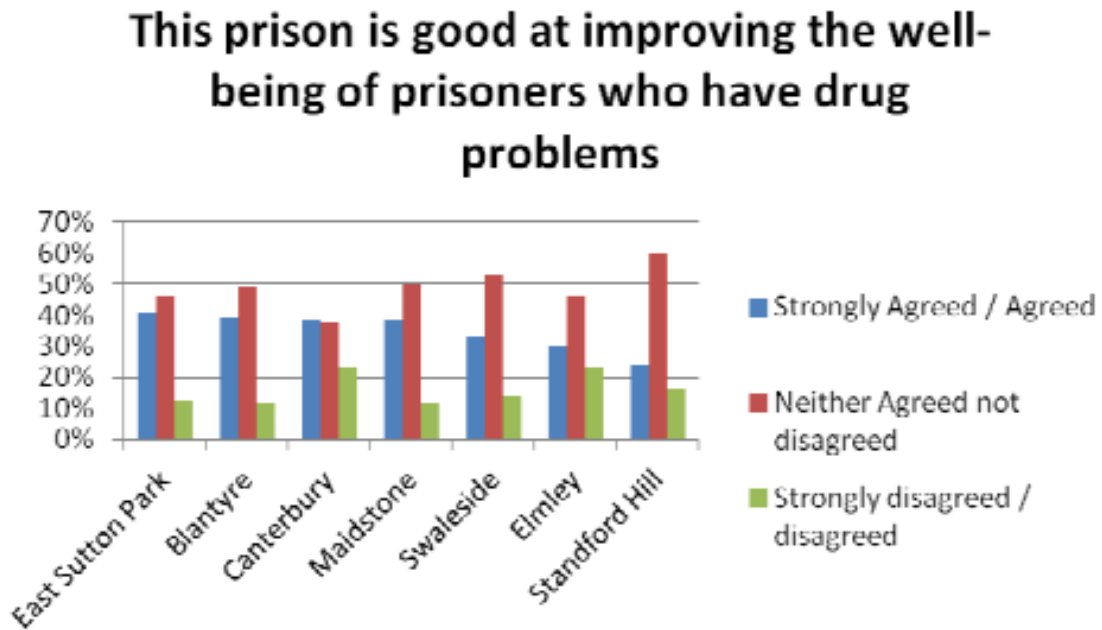
²² **Ibid**

²³ Cochrane, S. and Cooke, A. (2015) *Kent Probation Community Offenders: Health Needs Assessment 2013*. Available at: www.kmpho.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=384246 (Accessed: 26/07/2015).

²⁴ Spencer-Huges, V. And Prickett, L. (2011). *Substance misuse needs assessment for Kent prisons and immigration removal centre (IRC)*. Available at: <http://www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=204141&type=full&servicetype=Attachment> (Accessed: 01/09/2015).

²⁵ **Ibid**

Figure 4: Prisoner views on improvement of well-being by establishment



Source: Spencer-Hughes and Prickett (2011)

Coping skills

The idea of 'prisoner coping' has been researched by Alison Lieblich, from the Institute of Criminology at the University of Cambridge.²⁶ According to Lieblich, there are three groups of prisoners who are most at risk of suicide. These are life-sentence prisoners, the psychiatrically ill, and 'poor copers'. According to Lieblich, poor copers are arguably the most preventable group in terms of suicide risk. Surviving prison requires a particular set of coping skills and Lieblich notes that these skills are likely to be lacking in the majority of prisoners, as they are unable to cope or function normally in society. Lieblich found that 30-45% of the prison population were likely to fall into this category. High levels of distress are experienced by these prisoners in relation to fear, helplessness and isolation, and they are much more likely to prefer sharing a cell rather than being in a single cell. Therefore, in order to prevent suicides in this group, it is suggested that use of segregation but be avoided unless absolutely necessary, and emphasis must be placed on strengthening their social bonds. In Kent prisons, it is reported that 42% of prisoners state having some trouble coping, while 16% report significant problems coping.²⁷ Furthermore, in our consultation

²⁶ Lieblich, A. (2006) 'The Role of the Prison Environment in Prisoner Suicide and Prisoner Distress' in Dear, G. (ed) Preventing Suicide and Other Self-Harm in Prison. London: Palgrave-Macmillan, pp. 16–28.

²⁷ Mookherjee, J. (2014) Mental Health Needs Assessment for Adults in Kent: South Kent Coast CCG 2014. Available at: <http://www.kmpho.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=389466>. (Accessed: 27/08/2015).

with staff at HMP Elmley, it was suggested that for prisoners with certain disabilities, prison life could be particularly difficult to cope with. For instance, those with sensory sensitivity could become particularly distressed by not being able to cope with a noisy, overcrowded environment. High levels of individual prisoner distress have been found to be closely linked to suicidal ideation, while overall distress levels within particular prisons were significantly linked to the actual number of suicides.²⁸ Therefore, if a lack of coping skills can be linked to prisoner suicide and distress levels, there needs to be a means of providing advice on coping skills to prisoners in Kent. This should ideally include targeted advice for those with learning disabilities. However, further research may be needed in order to identify the specific aspects of 'coping' that prisoners may struggle with.

Awareness of risk

Identifying suicide risk factors is a necessity in order to prevent self-inflicted deaths, yet it is suggested that staff awareness of the nature of risk needs to be improved. The Prisons and Probation Ombudsman (PPO) states that it must be taken into account how risk changes over time and that while a prisoner may 'present' as being in a good state, they may actually be at risk.²⁹ At-risk groups according to the PPO are identified as being: in the first month of custody, male, white, foreign nationals, single, remand prisoners, or a prisoners whose main offence was against a family member or someone they were intimate with.³⁰ Other at-risk prisoners may include the psychiatrically ill, life-sentence prisoners, and 'poor copers'.³¹ The PPO found that 80% of prisoners on remand who killed themselves were not thought to be at risk of suicide, despite this being a high-risk group.³² Our consultation with Elmley staff also highlighted that prison officers are often too reliant on their own perceptions of whether a prisoner is as being at risk of suicide, rather than taking into account these risk factors. Therefore, it seems that there needs to be developed a regular method of feeding back PPO findings to prison staff in Kent. This would likely be well received by staff, as feedback from suicide awareness training at HMP Elmley showed that staff appreciated the opportunity to learn from the Ombudsman lessons, as well as identifying risk (Appendix A). It was also stated that having someone from outside the system deliver the training and being able to hear people's personal experience was particularly useful. Therefore, a face-to-face, group approach to training should be emphasised, as opposed to, or alongside e-learning. Refresher training regarding the PSI (64/2011) might also be useful, as this gives in-depth guidelines in regard to suicide risk.

²⁸ Liebling, A., Tait, S., Durie, L., Stiles, A. and Harvey, J. (2005) An evaluation of the safer locals programme: Final report. Cambridge: Cambridge Institute of Criminology Prisons Research Centre.

²⁹ Prisons and Probation Ombudsman (2015). *Learning from PPO investigations: risk factors in self-inflicted deaths in prisons – 2013/2014*. Available at: <http://www.ppo.gov.uk/wp-content/uploads/2015/03/self-inflicted-deaths-2013-14-Final-for-publication-5.pdf#view=FitH> (Accessed: 28/08/2015).

³⁰ Ibid

³¹ Liebling, A. (2006) 'The Role of the Prison Environment in Prisoner Suicide and Prisoner Distress' in Dear, G. (ed) *Preventing Suicide and Other Self-Harm in Prison*. London: Palgrave-Macmillan, pp. 16–28.

³² Prisons and Probation Ombudsman (2015) *Learning from PPO investigations* (See footnote 29).

Effective communication

Communication between staff is highly important in identifying suicide risk, particularly upon the prisoner's entrance to prison.³³ This is where there is a key opportunity to identify certain 'imported vulnerabilities' and any other risk factors, then to take the necessary steps towards prevention. However, research has identified that although there are good systems in place in some prisons, these could sometimes be hindered by poor communication.³⁴ Examples of useful systems include 'alert codes' on the computer record for prisoners that highlighted previous risk of self-harm or self-inflicted death, as well as the 'Person Escort Record' (PER) and information about previous convictions from the Police National Computer (PNC). Health care staff were found to make good use of available information regarding prisoner background when making initial health assessments.³⁵ However, the research also found that there was a lack of 'holistic' sharing of information, which appeared to be because there was not a unified system for prison and health care staff.³⁶ These findings were echoed in our consultation with staff at HMP Elmley, who talked of frustration at not being able to have one system which could be accessed by different departments. Furthermore, it was stated that they have to rely too heavily on what they are told by prisoners at reception, as information from other establishments does not always come through in time. It was also suggested that referrals to the mental health in-reach team were frequently vague or lacking important information, meaning that support for prisoners in distress could potentially be delayed. Feedback from the suicide awareness training for Elmley staff highlights a need for staff to have more opportunities for shared learning. One participant stated that "more collaborative working would be beneficial to all - prisoners and staff" (Appendix A5). Another wrote that the aspect of the training they found most useful was the "opinions of other staff members, from healthcare + prison" (Appendix A2).

New Psychoactive Substances

The use of New Psychoactive Substances (NPS), also referred to as 'legal highs', have been identified as an emerging potential factor in the self-inflicted deaths of prisoners. The Prisons and Probation Ombudsman has recently created a report outlining this risk, with a specific focus on 'synthetic cannabinoids', which are synthetic substances manufactured to create similar effects of cannabis.³⁷ It must be noted that these findings are based on anecdotal evidence as it is difficult to detect these drugs in a person's system. The report states that NPS appear to have an effect on prisoner behaviour, with anecdotal evidence of

³³ HM Chief Inspector of Prisons (2014). Report on an unannounced inspection of HMP Elmley. Available at: <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/11/Elmley-web-2014.pdf> (Accessed 28/08/2015).

³⁴ 'Self-inflicted Deaths in NOMS' Custody Amongst 18-24 year olds: Staff experience, knowledge and views. Available at: <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/07/Self-Inflicted-Deaths-in-NOMS%E2%80%99-Custody-amongst-18%E2%80%9324-Year-Olds-Staff-Experience-Knowledge-and-Views.pdf>. (Accessed: 30/08/2015).

³⁵ Ibid

³⁶ Ibid

³⁷ Prisons and Probation Ombudsman (2015). *Learning Lessons Bulletin: Fatal Investigations Issue 9: New Psychoactive Substances*. Available at: http://www.ppo.gov.uk/wp-content/uploads/2015/07/LLB_FII-Issue-9_NPS_Final.pdf#view=FitH (Accessed: 26/07/2015).

a prisoner becoming uncharacteristically violent or erratic, having consumed NPS, then later being found hanged in his cell. The PPO also notes the huge potential for exploitation and bullying due to the fact that NPS are legal in the community but banned in the prison, making them easier to obtain than drugs but in high demand once within the establishment. It is noted by the PPO that this potential for bullying and debt has the potential to lead to self-inflicted deaths of prisoners. Recommendations from the PPO include: Improvement of staff awareness around NPS, governor action on reducing NPS supply and violence, effective monitoring and treatment of NPS related health issues, and strong governor action on bullying. It is also suggested that there should be an education programme for prisoners around the effects and risks of using NPS. In regard to Kent prisons, staff at Elmley also talked about this being a particular challenge that has emerged recently. Therefore, training around NPS and procedures around bullying may be beneficial within Kent prisons.

Purposeful activity

The availability of and access to purposeful activity within prison is an important factor in relation to prisoner distress and may therefore have an influence on prison suicides.³⁸ In an evaluation of the 'safer locals' programme, Liebling et al. (2005) found that high vulnerability prisoners were significantly less distressed when they spent less time locked in a cell, they had some form of employment, association was not often cancelled, they were doing offending behaviour courses, and they had regular contact with their families.³⁹ Furthermore, recent research has highlighted how decreased opportunities for paid work in prison may be driving prisoner borrowing to cover the costs of tobacco or drugs.⁴⁰ This leads to increased bullying and violence, which has implications for an increase in self-inflicted death.⁴¹ It is also suggested that activities such as education and sport provide an escape for prisoners who feel frustrated or distressed.⁴² For instance, education and training provision allows prisoners to take on a new identity as a 'student' rather than 'prisoner', which can create an environment where emotional expression is allowed and encouraged.⁴² Sport was also found to be an important way to release frustrations and also to practice healthy relationships with other prisoners.⁴³ Therefore, these opportunities may be important in giving prisoners an alternative outlet to their frustration and help to decrease their sense of distress. Many suicides take place in segregation or health care centres and this may in part be due to restriction to purposeful activity that this leads to.⁴⁴ Despite the importance of purposeful activity, the 2014 inspection at HMP Elmley highlighted that prisoners' time out

³⁸ Liebling, A., Tait, S., Durie, L., Stiles, A. and Harvey, J. (2005) *An evaluation of the safer locals programme: Final report*. Cambridge: Cambridge Institute of Criminology Prisons Research Centre.

³⁹ Ibid

⁴⁰ Ludlow, A., Schmidt, B., Akoensi, T., Liebling, A., Giacomantonio, C., And Sutherland, A. (2015) 'Self-inflicted Deaths in NOMS' Custody Amongst 18-24 year olds: Staff experience, knowledge and views.

⁴¹ Ibid

⁴² Crewe, B., Warr, J., Bennett, P. and Smith, A. (2014) 'The Emotional Geography of prison life', *Theoretical Criminology*, 18(1), pp.56-74.

⁴³ Ibid

⁴⁴ Liebling, A. (2006) 'The Role of the Prison Environment in Prisoner Suicide and Prisoner Distress' in Dear, G. (ed) *Preventing Suicide and Other Self-Harm in Prison*. London: Palgrave-Macmillan, pp. 16–28.

of their cells was often cancelled and many forms of work required English and maths skills which prisoners did not have.⁴⁵ Therefore, these issues need to be rectified if they have not been already.

Peer support

Peer support for prisoners is something which is reported as being a valuable resource in suicide prevention. The Samaritan's Listener's Scheme is recognised as being an extremely positive and worthwhile initiative in this regard. The Listener's Scheme involves a select number of prisoners being trained by The Samaritans to provide confidential emotional support to other inmates.⁴⁶ According to a report in 2005, this scheme was reported as being highly effective at preventing prisoners who were intent on taking their own lives.⁴⁷ HM Chief Inspector of Prisons also recently acknowledged the important role of peer support schemes and stated that a lack of this provision in any prison is a serious concern.⁴⁸ Staff at HMP Elmley reported that the listener's scheme was highly important due to its confidential nature. It was a rare opportunity for prisoners to have private, confidential support from someone who may identify more readily with their situation than members of staff. A volunteer who leads a group of listeners reported that the scheme also serves the role of giving a sense of purpose to the prisoners who were trained as listeners. Such prisoners are those who are considered to be the most trusted in the prison and are likely to be due for release. The scheme therefore gives these individuals a chance to do something positive and this was something they could celebrate with their families at an awards evening. At the regional safer custody forum for Kent, one attendee emphasised the value of peer support at a time when resources are low and staff have very little time to offer, while prisoners have a great deal of time at their disposal. Peer support programmes for prisoners can provide a range of benefits such as being cost effective, the ability of peers to engage better with prisoners, the ability of peers to support front-line staff, and the potential for peers to act as positive role models.⁴⁹ Therefore, it should be considered that the development of further peer support programmes or initiatives utilising the skills of the most trusted prisoners could be beneficial in Kent prisons and could potentially be used to target various other issues.

⁴⁵ HM Chief Inspector of Prisons (2014). *Report on an unannounced inspection of HMP Elmley*. Available at: <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/11/Elmley-web-2014.pdf> (Accessed 28/08/2015).

⁴⁶ Samaritans (Date Unknown) *The Listener Scheme*. Available at: <http://www.samaritans.org/your-community/our-work-prisons/listener-scheme> (Accessed: 20/09/2015)

⁴⁷ Liebling, A., Tait, S., Durie, L., Stiles, A. and Harvey, J. (2005) *An evaluation of the safer locals programme: Final report*. Cambridge: Cambridge Institute of Criminology Prisons Research Centre.

⁴⁹ Fletcher, D R., And Batty, E. (2012) *Offender Peer Interventions: What do we know?* Available at: <https://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/offender-peer-interventions.pdf> (Accessed: 03/09/2015).

Overcrowding

Nick Hardwick, HM Chief Inspector of Prisons, has noted that overcrowding is not simply an issue of too many people sharing one cell, but that it also leads to lack of access to healthcare, employment and other services for prisoners.⁵⁰ Furthermore, Hardwick states that overcrowding and understaffing are likely to have a significant negative impact on prison safety.⁵¹ Unsafe prisons have been linked to prisoner distress, which is considered as the preceding factor to suicide.⁵² On the contrary, where there is a good staff to prisoner ratio, HM Chief Inspector of Prisons notes how staff can more effectively identify and act on prisoner concerns such as bullying.⁵³ Prisons which are less overcrowded therefore have more potential for preventing self-inflicted deaths, either through intervening in incidents of bullying and exploitation, or through better access to services for vulnerable prisoners. All of the recent suicides in Kent prisons (at least those that have been formally identified as such) occurred at HMP Elmley, as shown in Figure 3. Elmley holds well over its recommended capacity of prisoners and this is not uncommon for a local prison.⁵⁴ Despite this being a cause for concern, it is likely to be something that can only be dealt with at a government level.⁵⁵ However, there is some possibility that Kent initiatives aimed at reducing suicide risk in the community or reducing re-offending may affect the prison population on a small scale.

Possible future work

Based on a review of the literature, stakeholders consultations, and staff training feedback, there are a few approaches that could contribute to preventing prison suicides in Kent. These are:

Identifying and responding to suicide clusters and contagion

Public Health England recently published a practice resource for local authority suicide prevention leads. It describes the steps that need to be taken at local level to prepare for a suicide cluster, and suggests developing a community action plan (CAP), including suicide surveillance group (SSG) to review local occurrence of suicides and self-harm, together with

⁵⁰ HM Chief Inspector of Prisons (2015). *Annual Report 2014-15*. Available at: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/07/HMIP-AR_2014-15_TSO_Final1.pdf (Accessed: 26/08/2015).

⁵¹ Ibid

⁵² Liebling, A. (2011) 'Moral performance, inhuman and degrading treatment and prison pain', *Punishment and Society*, 13(5), pp. 530-550.

⁵³ HM Chief Inspector of Prisons (2014). *Annual Report 2013-2014*. Available at: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/annual-report-2013-2014/#.Vgfq8MtViko> (Accessed: 27/09/2015).

⁵⁴ HM Chief Inspector of Prisons (2015). *Annual Report 2014-15*. Available at: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/07/HMIP-AR_2014-15_TSO_Final1.pdf (Accessed: 26/08/2015).

⁵⁵ Cumberland Lodge (2007) *How to reduce prison overcrowding – some practical solutions: A Cumberland Lodge Forum*. Available at: <http://www.cumberlandlodge.ac.uk/Resources/CumberlandLodge2011/Old%20Website%20Resources/Prison%20Overcrowding%20Bullet%20point%20summary%20-%20-%202009%20Oct.doc> (Accessed 20/09/2015).

a suicide response team (SRT) to deliver the plan. Given that prisons are vulnerable to suicide clusters and contagion (Hawton et al., 2014) it would make sense to involve Kent prisons in these initiatives and processes.

Effective mental health and addiction services in Kent

Given the idea of 'imported vulnerability', effective support in regard to mental health, addiction and self-harm or suicide attempts in Kent could potentially reduce levels of imported risk. The Kent and Medway Suicide Prevention Steering Group is also a valuable means of reduce this risk through continued multi-agency dialogue, particularly between prison staff and mental health professionals.

Suicide awareness training for Kent prison staff

As evidenced in this report, previous training around suicide awareness for HMP Emley staff highlighted that this was highly valued information and further training was requested. A bid was recently submitted to NOMS by Oxleas NHS Trust in regard to collaborative suicide awareness training for prison staff. The primary aim is to pilot and develop the approach to test whether mental health in-reach services, working alongside an academic institution with appropriate knowledge and expertise, can provide useful and effective suicide awareness training for a wide range of prison staff at low cost. Whilst face-to-face training would most likely be ideal, an e-learning training package for staff is an alternative option to consider taking forward if this bid is unsuccessful.

New Psychoactive Substances training

Given the PPO report regarding NPS related deaths, it is important that prison staff and prisoners have an awareness of these substances and their effects. Therefore, training around NPS should be provided in Kent prisons where possible.

Partnership with third sector organisations

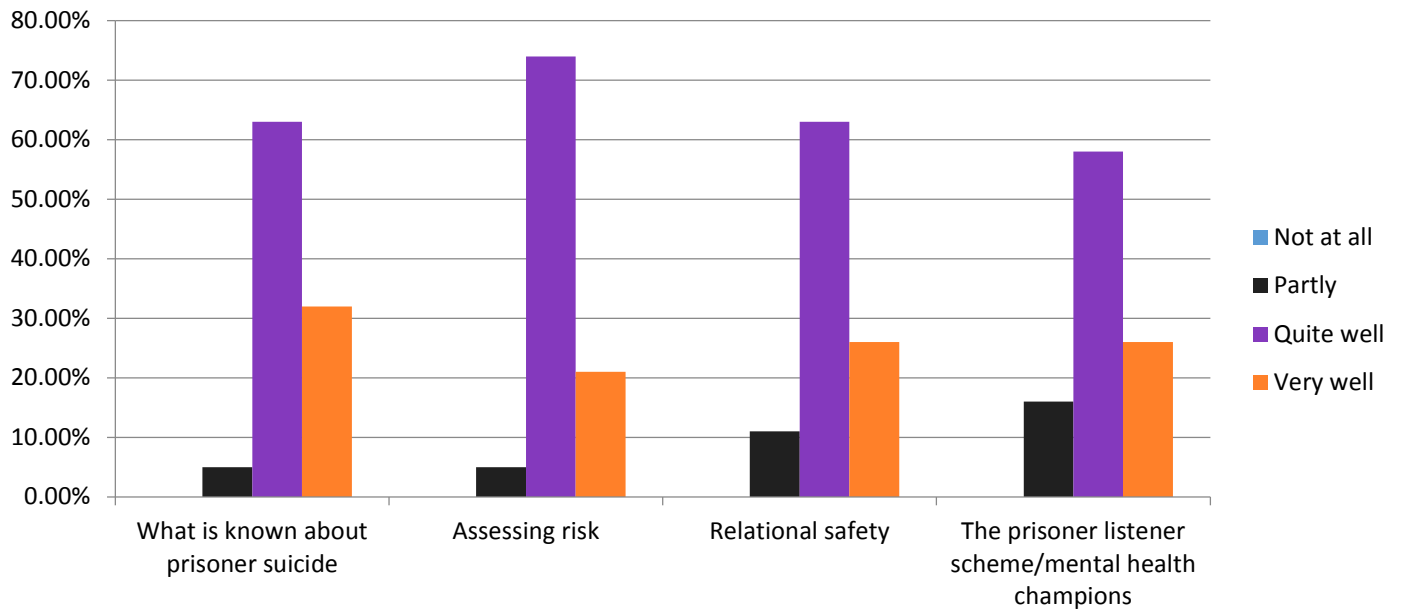
It is clear from the literature and stakeholder consultation that The Samaritan's Listener's Scheme has been extremely valuable in terms of suicide prevention in prisons. This appears to be due to its use of peer-support, as well as offering complete confidentiality to prisoners, and a sense of empowerment to those who are 'listeners'. This scheme also remains sustainable, due to the fact that it is delivered on a voluntary basis. Therefore, in addition to supporting the Listener's Scheme, it may be suggested that further partnerships between the prison service and third sector organisations could be beneficial in terms of service-delivery. For instance, it was highlighted in this report that there is a need for a wider range of purposeful activity for prisoners. It may therefore be considered that there is a way to provide this via voluntary initiatives.

Appendices

Appendix A: Feedback from HMP Elmley training

Appendix A1:

How far do you feel that the following objectives have been achieved?
To raise awareness of participants of:



**Appendix A2:
What did you find most useful?**

"Focusing on risk factors."

"Gain better understanding of suicide & how to prevent it."

"I don't have a lot of prisoner contact but the small contact I have, I will try to listen to the prisoner as to why he is feeling stressed, angry, low."

"Discussion of factors that precede suicide attempts - personal experience, not just facts and figures."

"Ombudsman lessons."

"Opinions of other staff members, from healthcare + prison. Different perspectives opened discussion."

**Appendix A3:
How will you use the information gathered on this course?**

"Look more closely for symptoms of any mental health issues"

"Hopefully recognise people at risk more effectively"

"Taking the information to my own department which can be seen as very vulnerable part of the jail (segregation unit)"

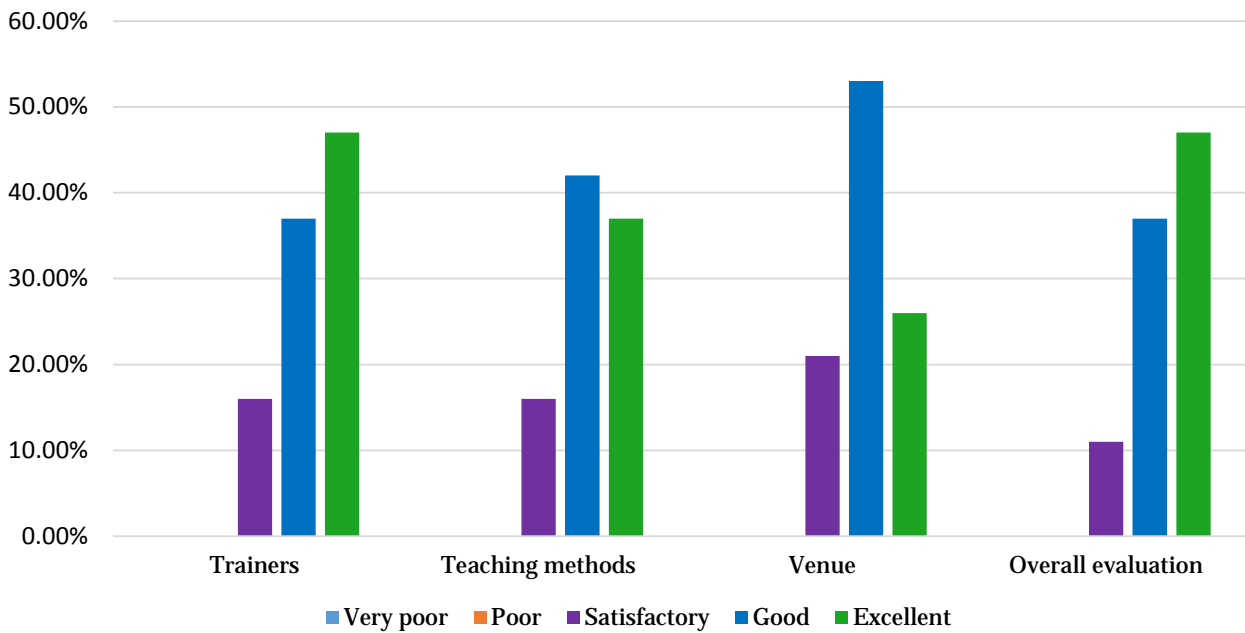
"General awareness and interactions with prisoners. Help to look at why they behave in the way they do."

"On a day to day basis. All relevant to job."

"To be more aware of the risk of suicide not only among prison population but also staff. How it affects others."

Appendix A4:

Please score the following



Appendix A5:

Are there any other comments you would like to make?

"This should be part of all prison officer basic training"
"Mental health awareness training would be of use"
"More time for this training + include more mental health training in it"

"Thanks for putting this event on. It was good to have someone in from outside the system for their input"
"More awareness of the roles of other professions within the prison and more collaborative working would be beneficial to all - prisoners and staff"

"Having regular staffing levels on the units would be a positive step towards identifying potential suicide risks. This would enable relationships to form, and changes in behaviour patterns would become more easily identifiable"
"We would not have this problem if staffing levels were improved"

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