Self-harm & suicide:

Encouraging social support to reduce risk

Background

Within HMPPS, rates of self-harm and suicide continue to be high. Managing self-harm and suicide in prison is challenging and can have negative impacts on both prison staff and residents. Research has shown that social support, such as contact with friends and family, can reduce the risk of self-harm and suicide. This report presents an overview of the current evidence, bringing together information from a wide range of high-quality academic sources, including peer-reviewed papers, reports, and research with people living in the community. It aims to give a clear outline of the primary evidence and suggest how social support can be applied in a prison setting to inform practice in HMPPS.

Authors: claire.demotte@ntu.ac.uk and lindsay.thurston02@ntu.ac.uk

What does "social support" mean?

Social support refers to: i) the **belief** that a person has individual ties to individuals, groups, and the larger social community and ii) the **act** of receiving support from these individuals, groups, and the wider social community. For people in prison, social support might include family members, partners, friends, chaplaincy, or anyone else within an individual's social network.

Why is social support important?

Social support has been shown to be effective for reducing suicidal ideation in male prison residents in the UK (Pratt & Foster, 2020). It has been found that the more individuals were aware of the availability of their social support network, the less they experienced suicidal ideation. Similar findings have been noted amongst prison residents in Belgium, the US, the Netherlands, and Germany (Favril et al., 2017; Marzano et al., 2016). In contrast, men who made near-lethal suicide attempts in prison had fewer sources of high-quality support (both external and internal), and they received fewer letters, phone calls, and visits than men who did not attempt suicide (Rivlin et al., 2013).

Male prison residents have described the importance of developing a support network and keeping in touch with family when desisting from self-harm (Fitzalan Howard & Pope, 2019). In addition, female residents have reported that their near-lethal self-harm could have been prevented if they had been able to talk to someone, and they noted poor contact with family as a primary risk factor for their self-harm (Marzano et al., 2011).

Social support networks also protect young people in the community from engaging in self-harm (Evans et al., 2005; Levesque, 2010). Successful interventions show that social support creates a barrier to self-harm and suicide, preventing feelings of hopelessness, particularly when stressful life events occur (Tham et al., 2020).

> **"Social support has been shown to be effective for reducing suicidal ideation in male prison residents."**

Engaging with social support networks, especially with close family and friends, can help people express their negative emotions and internal pain, which reduces the risk of self-harm (Tedeschi & Calhoun, 2004). Friends and family are the most likely sources of social support for adults in the community who engage in repetitive self-harm, and they are sought out more frequently than professional support services (Wu et al., 2011).

How does a lack of social support link to the risk of self-harm & suicide?

Self-harm is a method of communicating internal pain that is difficult to articulate (Stegals et al., 2020). Self-harm can increase in social environments (such as prison) that, for some, are difficult to manage (Nock & Prinstein, 2004; 2005). The challenges of managing the social climate can be exacerbated by feelings of isolation and a lack social integration, and this can increase the risk of suicide and self-harm (Ahmed et al., 2016).

The less social support an individual receives whilst in prison, the greater their risk of self-harm and suicidal behaviours. A recent systematic review and meta-analysis found that having no social visits was associated with an increased risk of suicide amongst prison residents across 27 countries (Zhong et al., 2021). When specifically investigating prison suicides in England and Wales, having no social visits has been linked to elevated suicide risk (Humber et al., 2011; 2013). Specifically, 29% of prison residents who had spent longer than 28 days in prison and had died by suicide had received no social visits during their sentence.

Within the community, recent recommendations for adult suicide-prevention strategies have suggested that social support networks should be explicitly emphasised when people experience particularly stressful life events, as this can help to shield them from self-harm and suicidal ideation (Tham et al., 2020).

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What is meaningful contact in prisons?

- **Social visits**
- **Telephone calls**
- **Conversations**
- **Letter writing**
- **Engagement with family days (if appropriate)**

What if there is no positive social support available?

If someone has no positive sources of social support available, it is possible to encourage engagement with sources of support within the prison, such as chaplains and key workers. This can help to increase an individual's perception of social support and reduce the risk of them harming themselves.

At times, interpersonal stressors such as family problems are found to be a contributing factor to self-harm. In such cases, acknowledging the presence and availability of *other* social support networks can continue to protect and defend against self-harm and can increase resilience for future life stressors (Tham et al., 2020).

It is important to note that the supportive actions of others, and even just *believing* that social support is available can mitigate the impact of prison-related stressors (Favril et al., 2017). Evidence from the community encourages the idea of reassuring individuals who hold negative perceptions or beliefs of their social support networks (Johnson et al., 2008). This can enhance a person's awareness of their available and accessible social support networks and increase the chances of them seeking support from these networks in the future.

> **"...even just *believing* that social support is available can mitigate the impact of prison-related stressors."**

What types of support should we encourage?

Meaningful contact with external sources of support can reduce the risk of harm in prisons (Favril et al., 2017). This is supported by community-support programmes for self-harm, which encourage high-quality contact with friends and family that is meaningful and personalised (van der Wal & George, 2018).

The characteristics of "meaningful contact" include conversations with a person of a "shared history" (Bazzini et al., 2007). This allows for reminiscing conversations about cherished memories that can provide a sense of nostalgia and hope for the future (Bryant et al., 2005). This can increase perceptions of social connectedness and reduce a person's sense of isolation and desire to self-harm (Kapur et al., 2010).

Although family and friends can provide meaningful support that is personalised and private, more frequent advice and guidance from professional support services is more likely to be trusted than advice from family and friends. Complimenting high-quality, meaningful interactions with family and friends with high-quantity advice from medical professionals is a favoured approach in the community for supporting individuals who engage in self-harm (Wu et al., 2011).

Should sources of support be included in ACCT discussions?

Yes, providing that consent is given by both the prison resident and the source of support. Sources of support must also comply with safeguarding and security guidance.

Research recommends including sources of support in the ACCT process, specifically in the discussions surrounding risk management and care planning (Humber et al., 2011; Marzano et al., 2016). Furthermore, The Howard League for Penal Reform (2016) claim that involving family members in ACCT reviews (upon consent) is good practice. This is because family members are often best placed to recognise a change in a loved one's demeanour and therefore may provide prison staff with important insights.

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The Scottish Prison Service's 2016–2021 evidence-based suicide-prevention strategy, "Talk to Me", supports this. This strategy aims to care for people at risk of suicide by providing an individualised, person-centred care pathway. It promotes the involvement of external sources of support when assessing and supporting at-risk individuals.

In addition, community support packages for people living with borderline personality disorder have seen success in complimentary (i.e., reviewing treatment plans) and integrated (i.e., being present in treatment plan reviews) strategies of peer-led support working alongside the mental health team (Barr et al., 2020). Although the literature indicates that peer-led suicide-prevention programmes are in their infancy (Schlichthorst et al., 2020), similar strategies that integrate or compliment family or friends within the ACCT process may offer a method for involving a support network within risk and management discussions.

Does this link to theories of suicide?

Yes. Social support is consistently recognised as an important factor for reducing the risk of self-harm and suicide.

Connectedness is present in the Interpersonal Theory of Suicide (Joiner, 2005). This states that suicidal ideation develops because of perceived "burdensomeness" – the belief that one's mere existence is a burden to others – and "thwarted belongingness", whereby an individual perceives that they have little social support due to not making important and meaningful connections with others. As such, feelings of connectedness and belonging to loved ones can help protect people from developing suicidal thoughts.

Connectedness is a strategy used for the prevention of suicidal and non-suicidal behaviour in the "Strategic Direction for the Prevention of Suicidal Behaviour" in the US (Centers for Disease Control and Prevention, 2011). A sense of connectedness provides a person with the perception that they have a social support network because they are integrated within their community or social group as a valued member, are cared for, respected, and have an active social role. This provides hope and meaning, enhances coping strategies, and prevents engagement in suicidal or non-suicidal behaviour (Christoffersen et al., 2015; Cobb, 1976; Porritt, 1979; Tedeschi & Calhoun, 2004).

Social support is also referred to within the Integrated Motivational–Volitional model of suicide (O'Connor, 2011; O'Connor & Kirtley, 2018), which states that people who do not have social support are more likely to escalate from feeling entrapped to ideating about suicide.

Additionally, the Schematic Appraisal Model of Suicide evidences that social support can weaken precursors to suicidal behaviours such as feelings of hopelessness (Johnson et al., 2008).

Key message:

Encouraging social support can reduce the risk of self-harm and suicide.

The evidence base shows that social support is an effective method for reducing the risk of self-harm and suicide. The research findings show that social support acts as a "buffer" to prevent or shield against self-harm and suicide, whilst a lack of social support can increase the risk of self-harm and suicide. Perception alone – a person *believing* they have a social network available – can be just as effective in defending against self-harm and suicide, because it evokes feelings of hope, value, and connectedness. Familial social support can provide personalised meaning to people and increase their sense of connectedness, reducing their isolation. The involvement of family is valuable within the ACCT process, as they are able to contribute personal and meaningful insights into the person at risk of self-harm or suicide.

In summary, *we can **all** help reduce risk of self-harm & suicide*:

How?	Encourage contact with and increase perception of sources of social support such as friends, family, and prison-based sources of support.
Why?	Residents will recognise the support that is available to them within the prison setting and that those outside of prison can still offer them support.
So?	This contributes to a reduction in harm, and it will also positively impact on the level of administrative tasks associated with self-harm and suicide.

The evidence base is strong, yet for transparency, is important to highlight that some of the community research refers to young people and/or adolescents, which may have implications for its relevance to an adult population. Due to the timescale of this summary, it may also not include all relevant/up-to-date evidence.

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