Preventing prison suicide:
Perspectives from the inside

the **Howard League** for **Penal Reform**

Key points

- Centre for Mental Health held four focus groups with prisoners and former prisoners. It found that both current and historic risk factors exacerbated vulnerability in prison

- Staff shortages have increased the risk of suicide

- Relationships between staff and prisoners are key. Prisoners need to feel supported, cared for and able to confide in and trust staff

- Prisoners described a culture where, on the whole, distress was not believed or responded to with compassion

- Change needs to happen across the system to recognize the influence of the prison environment on people's vulnerability

- Arrival, being released and transferred were all cited as times when prisoners felt most vulnerable

- Staff inexperience and lack of training around mental health were seen as a significant factor in increasing risk. Mental health services in prison were mainly seen by prisoners as providers of medication

- Wellbeing groups, the chaplaincy and imams, peer mentor schemes and listening schemes were helpful

- Prisons should be enabling environments, striving to be a psychologically informed environment with an emphasis on the quality of relationships.

Centre for
Mental Health

Introduction

Centre for Mental Health and the Howard League for Penal Reform are working together to prevent suicide in prisons. The work explores how police, the judiciary, prisons and healthcare providers can collaborate to prevent people from taking their own lives in prison.

This is the second in a series of briefings. It focuses on the views of people currently in (or with previous experience of) prison, exploring what contributes to vulnerability and risk of suicide in prison and makes recommendations, based on their views and experiences, about what would make a difference. Centre for Mental Health worked with the charity User Voice to facilitate four focus groups – two in prison and two with former prisoners who had been released within the previous 12 months. 30 participants took part in the focus groups, including 15 men and 15 women. Six were former prisoners.

Background

The prison population of England and Wales was 85,242 in January 2016 (Howard League, 2016). In 2014 there was a marked increase in suicides in English and Welsh prisons, when 89 prisoners took their own lives. This was the highest number of suicides since 2007. In 2015 another 89 prisoners took their own lives (Howard League, 2016). The number of suicides in prisons has remained high for two years, and by the end of March 2016 there had already been 27 self-inflicted deaths in our prisons (MoJ, 2016). Additionally rates of both self-harm and assaults have risen (Ministry of Justice, 2015).

In early 2014 Lord Toby Harris was commissioned to lead a review of deaths in custody for prisoners aged 18-24 years. The review's purpose was to make recommendations to reduce the risk of future self-inflicted deaths in custody for young adults. The Harris report (Harris, 2015) was published in July 2015 and made 108 recommendations, many of which apply as much to the general prison population as they do the young adult prisoner population (the target group for the Harris review). This joint project between Howard League for Penal Reform and Centre for Mental Health follows on from the Harris review and has set out to explore how a 'zero suicide' rate could be achieved across the whole prison population.

Factors contributing to vulnerability

The following key factors were identified as influencing suicide vulnerability.

1. Personal and contextual risk factors

In discussing the factors that increase vulnerability, prisoners described historic and current risks that were not being addressed. These included historic mental health problems, exposure to trauma and abuse, having lived in care, homelessness, drug use, receiving a sentence later in life, risk of deportation and child custody concerns. Prison exacerbated these challenges because they were not appropriately addressed within the prison system. As one prisoner explained:

"You are not being heard on issues that matter like childcare, immigration, mental health… there was a lot of issues going on with her [the individual who took her own life] that wasn't addressed and if you are in prison I believe there should be access to things to address, things like childcare, mental health issues, drugs, rape, and stuff like that".

Prisoners talked about feeling powerless to deal with issues, such as childcare and their children's wellbeing.

"You had this conversation with your kids earlier on and you are not in a position to do anything and I think being in prison, what they don't realise [is] that as a mother it is a natural instinct to be there for their child and help their child. In prison that is taken away and you rely on authorities to do what you were doing…you are trying to juggle this from a distance over the phone, by letters, by visits and if you get this all on one day and you think, 'What the hell, I can't do anything for my kids, I can't help them, I can't do anything for them. What is the point?' If you've had one of those days, and you're behind the door all those things rushing all at once; and then all of a sudden a strong person who had no problems in coping just thought 'I can't deal with this anymore, I can't deal with my kids' hurt anymore, I can't deal with not being able to help them anymore'…"

Events outside prison, especially with regards to family also affected men and the stress was compounded by a sense of guilt, *"...I should be out there helping, not stuck inside...",* and frustration at not being able to help in the case of a family crisis, or even receive news:

"...you can't just call anytime...and out there things carry on to their own timetable...people are not at home sometimes when I have called...you can get very desperate..."

"...I was told they had died [a family member] two days after they had died...that didn't feel

good...I was then told I couldn't go to the funeral...I sort of understood why, but I was only told the day before....no one checked out if I was ok..."

The impact of trauma in childhood, e.g. witnessing a murder, suicide or being the victim of sexual abuse was compounded by long periods spent alone in prison thinking. One prisoner discussed how being locked in their cell at night anticipating the morning wake-up call evoked memories of witnessing abuse in a children's home:

"…reflecting back on bare bad shit that's gone [on] in life… like they come in my cell, 6 in the morning, come here to do something... I been in children's home, some of us been in children's home, I've seen our area, kids in nighties, you get this feeling…he could do the same thing…"

The age of prisoners and specifically receiving a prison sentence later in life was also described as increasing risk of suicide:

"...I was in my 40's when I first went to prison, I had already had a breakdown [before prison], I didn't know what to expect...I was in a bad way and did consider suicide for the first time ever in my life...I learned to cope, but not everyone does..."

2. Aspects of prison life that impact vulnerability

The following factors contributed to prisoners feeling powerless, isolated, unsupported and alone.

2.1 The prison routine

Arrivals, transfers and release

Arrival at prison was seen as a particularly high-risk time, and many prisoners discussed feeling extremely vulnerable at this point:

"When I first came here I was simply overwhelmed…"

"When that initial process is over, you get nicked initially in the day, handcuffs, whatever. You find out you ain't getting bail, court the next morning. So you end up in jail and when that door locks, you're banged up in your cell, when that door close and I know that's it now. Once that door closes, everything that was going on, the realisation, you have to sit with it - 'wow, I am here'. So that for me is when you are most vulnerable…"

Release was also described as an overwhelming time. Tasks like *"turning on the washing machine"* and *"signing up for benefits,"* as well as resettling into family life and finding accommodation could be *"terrifying"*.

"…when we talk about suicide… it doesn't only happen in jail but the process starts sometimes within prison and then your vulnerability excels when you come out of jail because you've got this decision making, when you're gonna eat, when you're gonna sleep, when you're gonna go to the bath…"

"I had a long conversation with a girl who had been in for 5 years and she had no help, no support [on the outside], she was terrified, and she came out and 6 weeks later killed herself… there's very little mental prep for going back to the outside world. That needs to be addressed because it can be very scary".

Prisoners were concerned about being transferred to prisons far from home as this made already difficult familial relationships even more challenging.

Isolation and boredom

Increasingly, due to a greater frequency of prison "lock downs", inmates were spending most of the day in their cells. Prisoners serving long sentences said that they were spending less time doing exercise or other meaningful activities than they had previously. Increased isolation was seen as a key factor contributing to vulnerability:

"…how to deal with your time. When you come to prison, you are like, how to deal with your time, you ain't got nothing, you are there and all you have is your thoughts of what's there, what can be, you don't know how long you're gonna get, you don't know if your family [will] leave you, your girl, all these things going through your mind and you ain't really got any way to take them off your mind".

Loss of liberty and control

The loss of liberty and control contributed to vulnerability and feelings of powerlessness. Prisoners felt unable to address important issues in their lives, exacerbating distress (e.g. family, childcare) and felt a total loss of control over what would happen to them next.

Conversely, prisoners welcomed not having to make decisions, particularly if they had experienced drug addiction or were *"leading a chaotic lifestyle outside"*. A minority described a sense of relief that somebody else would make decisions for them. However, most agreed that this impacted their ability to resettle, citing the institutionalising effect of prison.

2.2 The prison environment

Feeling unsafe

Feeling unsafe in prison increased anxiety and vulnerability. Several prisoners had been assaulted in prison, either stabbed or attacked with boiling water. The fear of not knowing and reliance on staff for security all contributed to anxiety. One prisoner described:

"My main fear is not knowing what happens. You don't know who's coming. One guy I shared with, he had this habit, you got people knocking on his door to collect debt. And you are like fucking hell…it's alright when you are walking the landing, but when that door shuts at night and you don't know…"

Pad-mates

Prisoners reported feeling unsafe when locked in a cell with someone who was more vulnerable. It sometimes exacerbated their own feelings of vulnerability:

"...you have no control over who you are going to be locked up with, who is going to be your pad-mate..."

"...I can't talk to them...they are in a worse state than me...that doesn't help me...I am with them all day and I have no one to talk to..."

Showing vulnerability in prison

Prison culture and the prison environment meant that even if an individual needed help, they felt unsafe in expressing vulnerability:

"You can't be too open, you can't open up and let your soul out… you're in prison for fucks sake …"

Showing vulnerability demonstrated *"weakness"*, creating *"easy targets"* for bullying from staff and inmates. Asking for help was often met with *"you need to toughen up"* or *"everyone getting to know your business"*. Prisoners described how this led to them "*building up brick walls*" to protect themselves:

"Although I was adamant that I wasn't vulnerable, I was vulnerable and prison kind of disallowed me from feeling that because I had to put on a façade that I am coping, that I am a tough inmate, and you know, it can break you on the surface, on the inside in the sense that you have to build up this brick wall once you're in jail and not allow your vulnerability to come out…"

Additionally, multiple and difficult historical experiences with "systems" (e.g. being taken into care, children being taken away, negative experiences with police) made it "harder to trust the [prison] system". For example, female prisoners discussed the risk of sharing mental health concerns for fear that their baby would be taken away from them.

The prison system failed to recognise the challenges of expressing vulnerability, which meant that those most at risk fell through the gaps. Prisoners discussed how individuals were unlikely to open up to someone they had never met during a short assessment on arrival to prison. Several prisoners with experiences of therapeutic communities described how they would not discuss their vulnerability because of the lack of confidentiality in the group setting.

Another commonly discussed theme was that fellow inmates who had taken their own lives had not been seeking help and appeared, on the surface, to be coping. Prisoners perceived that feeling vulnerable and unable to ask for help, combined with the prison's culture of having to be *"tough"* led to individuals most at risk not being identified as in need of support:

"On the outside she didn't show any signs that she was having any difficulties or problems".

"People who actually [die by] suicide, these are people who haven't asked for help, they haven't called Befriender, they haven't rung their bell. In the morning you're not unlocked because someone has killed themselves and that intervention wouldn't have come at any point. Because people who do want to take their own life, quite often it happens and no one will know about it … they can't cry for help because they are not the sort of person who can, or actually, who's going to listen? It's all building up and they think; finish it…"

Staff culture and attitudes

Prisoners perceived that they were judged by some staff as "*dishonest*", unworthy of help and treated without compassion or care:

"I wasn't once asked are you okay? How do you feel? Do you feel okay? No one ever asked me that. So I guess they never asked anyone that… unless you're screaming out for help".

"…when the guy died, the officer was alleged to have said; if you're gonna do it, do it quietly and make no mess…"

The majority of prisoners discussed experiences when they or fellow inmates had been in distress and it had been ignored, dismissed or received no response:

"I was clearly in labour as my son was due and I was on my own and even then I wasn't believed… I had to physically show them…so if I wasn't in labour and I was just alone and I was

like *'I feel like I am going to kill myself', how is that person gonna believe me? Because even when something physical is showing, they're still not listening".*

"There was a guy in pain in his cell, now he couldn't talk too much English. The staff came, couldn't understand him, didn't try to understand him, knew he was in distress but he put back the flap…man rang the bell, staff came again, put back the flap. Rang the bell, the staff didn't come again. So my man smashed the glass in the window and stabbed himself in the neck…"

However, some prisoners described how prison staff had provided fantastic support, looking out for them and regularly checking in: *"they brought me back from the brink"*. Prisoners also described positive relationships with officers, characterised by them *"talk[ing] to you like you was a normal person"*, *"on your level",* and noting that *"they wouldn't judge"*.

Several prisoners recognised the impact of working in such a pressurised and negative environment and saw the toll it took on staff:

I've met prison staff when they first start the job who are really enthusiastic about the job. I met one and they were like 'I am gonna help', but then halfway through their time working they were like 'it's the system'. They have to adapt to a system, it's not just us as inmates… it's a culture in there, prison officers [be]come hardened".

2.3 Staffing Resources

Shortages
Prisoners perceived a significant link between staff shortages and the increased risk of suicide. Prisoners with longer sentences or those who had been inside previously commented on the overall reduction in the number of officers, as well as a loss of experienced officers and personal officers (ordinary prison officers with a specific 'welfare' role):

"…the problem is now you might not ever speak to your personal officer…I asked several times, but it was never possible…"

"…there are few staff around now and they're all really busy….there are also lots of new officers, with no experience…it's just easier for guys like me to get our way…"

The reduction in the number of personal officers meant that staff did not have time to notice changes in prisoners' mood and interactions. This meant that signs of vulnerability increasingly went undetected:

"…there has been an increase in bullying and victimisation…"

"…before, they would know you, they would know if you weren't really yourself today and if you was alright…now they are too busy to worry about the wellbeing of the guys they are looking after…"

Some of the people we spoke to commented on changes in recent times to the day to day regime in prison. It was noted that in recent months more time was spent in 'lockdown' i.e. locked in a cell and less time in association with other prisoners and, more importantly, in meaningful activity. Staff shortages meant that when risk issues arose, it resulted in *"banging the whole prison up"* in order to deal with them. Shortages also meant that when individuals were locked up, which was considered by all prisoners to be the most vulnerable time of day, there were fewer staff *"walking the landing"* and able to *"respond to distress"*.

Experience and training
The varying skills and experience of prison staff were also seen as a contributor to risk. Staff were perceived to be increasingly young, with little work experience *("straight out of college")* or *"life experience"* (*"getting in guys from Herefordshire to deal with guys from Bricky [Brixton]"*). Additionally, it was felt that many of the staff did not have adequate training, particularly around mental health. Prisoners reported that there were high levels of agency healthcare staff, who prisoners felt were less knowledgeable about the system and more driven by pay than *"caring about the prisoners and wanting to support them"*.

3. Mental health intervention in prison
The provision of mental health services in prison had influenced vulnerability. There were examples of projects that improved wellbeing, as well as gaps and challenges that were seen to increase vulnerability.

3.1 Mental health services
When asked about experiences of mental health interventions in prison, prisoners mentioned befriender and listening schemes, therapeutic communities, short term projects run by external organisations, safer cells and medication. Prisoners described that generally their experience of mental health interventions had a "medication focus". Several prisoners referred to being introduced to medications

for the first time in prison, which had an impact on their wellbeing, resulting in them feeling "completely flat". There was mistrust around the intentions behind medicating prisoners. Some saw it as an attempt to control rather than support them:

> "…you need to understand about mental health and stop tanking them up with medication because that doesn't help…"

Some prisoners explained how they had been taken off medication that they had been receiving in the community before being sentenced. They talked about how it had left them feeling particularly vulnerable, with *"nothing to numb the feelings"*.

Several prisoners had been involved in therapeutic communities, but had not wanted to share their feelings or worries due to concerns around confidentiality.

3.2 Safer cells
None of the prisoners had been in a designated 'safer cell', but the majority knew someone who had, or had one on their wing. Whilst some agreed that using safer cells prevented suicide attempts, there was widespread concern about their long-term effectiveness. Prisoners agreed that the use of some safer cells, where officers could view prisoners through a glass panel, did not address the reasons behind people feeling suicidal:

> "…watching them ain't gonna make no difference, they are vulnerable, they don't want to be in prison…it won't make them any better…"

There was also concern that having the staff member, as well as any other on-looking inmate, *"watching them"* might add to their distress and undermine their privacy or dignity. Prisoners were divided on whether safer cells would be more effective if they were separated from other cells. Some felt this would ensure individuals got the attention they needed. Others felt it would be a potentially isolating and *"divisive"* measure.

Prisoners also criticised the lack of interaction from officers assigned to safer cells, describing how they *"sit outside the cell all day"* but *"don't talk to them"*.

3.3 External projects and listening schemes
Several prisoners discussed how helpful external organisations, and the prison's chaplaincy and imam were in improving wellbeing and building up self-esteem and confidence. Prisoners discussed the positive effect of talking to someone with shared experience. They discussed how peer mentoring and listening schemes made them feel supported. However, prisoners had found that funding for external projects was often cut after a few months. As one participant explained:

> "…when an organisation comes to implement a project, it's funded for three months and then it's cut. It's all about funding cuts. You start something and it's never finished and that's a big thing… you build someone's self-esteem… you're really enjoying it, it's not only taking them out of their cell, it's improving their wellbeing and it gets cut…"

Additionally, it was noted by several prisoners that finding out about the different projects that could provide support was difficult, particularly for individuals with limited literacy or English.

4. Is prison the right intervention?
Prisoners questioned whether vulnerable people should be in prison in the first place and returned to this topic throughout the focus groups. Some felt it was often difficult to distinguish those most at risk, since all prisoners were vulnerable. Nevertheless, most felt that people at high risk should not be in prison, given the potentially tragic effect it can have.

Prisoners felt that often mental health needs and risks to mental health go undetected, resulting in many people going to prison who should not be there. As one participant explained:

> "Spending a couple of years in prison was not the intervention [I] needed…I am the same person and you haven't protected the public from me because I was nothing… I was naïve and that was the environment I was living in... made me think that crime was normal and just what happens… but when I was sentenced they left my door open because they thought I was going to kill myself because I was in hysterics, on the floor crying… I was so frightened… Was that the best place for me? Probably not…"

From the perspectives of many prisoners and former prisoners, life in prison does not address vulnerability, and in many cases it exacerbates it. Indeed, the systems and culture of prison were seen by several interviewees as key factors contributing to the self-inflicted deaths of vulnerable people. Prisoners discussed whether some of the people who have taken their own life would still be alive had they not been sentenced to prison.

Prisoners argued it was imperative that every person entering prison was recognised as potentially vulnerable. In each tragic instance

of suicide described by prisoners, vulnerability went unrecognised or was not addressed, with vulnerable people falling through the safety nets in place to target those at risk. Prisoners described how the current prison environment creates and exacerbates vulnerability. In light of this, organisational change is needed to recognise the influence of the prison environment and to target everyone at risk of becoming vulnerable.

In the focus groups, prisoners discussed what would make a difference, based on their own experiences.

Staffing
Number and expertise
- Prisons critically needed more staff, specifically personal officers and mental health staff.
- Mental health teams needed to be embedded into the prisons 24/7.
- Counsellors with specialist skills, for example coping with trauma,drug abuse and eating disorders are needed in prison.

Training and qualities
- Staff need better training regarding mental health, for example how to respond to signs of distress and how to manage an individual on ACCT (Assessment, Care in Custody and Teamwork, NOMS' self-harm and suicide prevention procedure).
- The stigma around suicide needs tackling throughout the prison system and requires better education and raising awareness.
- Staff attitudes were key and prisoners felt that the following qualities were important: being caring, non-judgemental and able to engage and build up trust.
- Staff should have shared experiences, for example having "grown up in certain lifestyles", from similar areas and experienced similar challenges.

Peer mentoring
- Prisoners said it was helpful to have someone to talk to who had been through similar challenges to them, for example the staff and volunteers at User Voice.
- Peer mentoring was seen as extremely helpful; participants commented that it was easier to confide in peers because they felt understood and listened to:
  "…you need a [peer] on every landing, an ex-offender who has been through the fucking mill and come out the other end…"

- Prisoners recommended formalising roles for peer mentors so that they were stationed on the landings every day, engaging inmates and being available for informal "chats" for people feeling vulnerable.

Meaningful activity
- More job, education and exercise opportunities within the prison would help to tackle feelings of isolation and boredom.

Support throughout prison
- Induction needed to be better; everyone should be given a simple-to-read manuscript containing information of all organisations that can provide support. This should also be explained in person.
- There also needed to be greater emphasis on regularly checking in on the wellbeing of prisoners throughout their time in prison. This was seen to be especially important during their first weeks inside (although must be continued throughout their stay).
- Simple questions such as "how are you?" and talking about what they might be facing on the outside would make them feel more cared about.
- More needed to be done before release to help individuals transition to the outside, for example, how to sign on and support with housing.

Prison as an enabling environment
The enabling environment (EE) standards are an initiative that emphasises a whole system approach, focusing on the quality of relationships and developing a psychologically informed environment (RCP, 2013).

The Enabling Environment standards:
1. The nature and quality of relationships are of primary importance
2. There are expectations of behaviour and processes to maintain and review them
3. It is recognised that people communicate in different ways
4. There are opportunities to be spontaneous and try new things
5. Everyone shares responsibility for the environment
6. Support is available for everyone
7. Engagement and purposeful activity is actively encouraged
8. Power and authority are open to discussion
9. Leadership takes responsibility for the environment being enabling
10. External relationships are sought and valued.

Prison as an enabling environment

The Royal College of Psychiatrists has developed a set of standards, whose achievement leads to the Enabling Environments Award. The standards can be applied to a range of settings, for examples schools, hospitals and prison.

The EE ethos reflects much of what prisoners discussed regarding needing to make changes to the environment so it is one that promotes wellbeing rather than exacerbates vulnerability. To obtain an EE standard, environments must *"demonstrate they are achieving an outstanding level of best practice in creating and sustaining a positive and effective social environment"* (RCP, 2016).

They have been implemented in a range of settings, including the Criminal Justice System (eg Turley et al., 2013). There are ten standards set out by the Royal College of Psychiatrists. Although some of these standards are challenging to implement in a prison setting, there are examples of working towards them in prison, and in approved premises with people with personality disorder.

Studies examining the core features have found that these initiatives play a key role in improving relationships between staff and prisoners (Turley et al., 2013). As the EE have been shown to promote wellbeing and protective factors, and are already seen as having a role in populations deemed high risk, we would recommend their wider adoption across the prison estate.

About the Howard League for Penal Reform

The Howard League is a national charity working for less crime, safer communities and fewer people in prison. We campaign, research and take legal action on a wide range of issues. We work with parliament, the media, criminal justice professionals, students and members of the public, influencing debate and forcing through meaningful change.

About Centre for Mental Health

Centre for Mental Health is an independent national mental health charity. We aim to inspire hope, opportunity and a fair chance in life for people of all ages living with or at risk of mental ill health. We identify effective methods of supporting and diverting people with mental health problems in the criminal justice system.