T
his issue’s overarching theme is safer custody research and learning. Safer cust-
dody policy has always been informed by research findings and data analysis. For
example, the 2001-2004 ‘Safer Locals’ initiative - which included building dedicat-
ed first-night centres and improved detoxification facilities at selected local prisons
- grew out of the consistent finding that deaths occurred disproportionately in the early
days of custody, including during the detoxification period, and/or in local prisons.

As well as summaries of current studies underway (such as an Oxford study which
involves interviewing survivors of near-lethal prison suicide attempts), we have included
some findings from research undertaken by psychology staff at individual establish-
ments. These findings are both interesting in themselves, and also highlight the value of
undertaking local research to inform and improve local policy and practice.

One study examined the support given to at-risk prisoners. It led to the introduction
of targeted training for ACCT case managers, to help them identify issues relating to risk
and to manage them appropriately. The other, based on qualitative interviews with at-risk
prisoners, identified reasons for self-harming behaviour and how supported they felt.
Again, the findings enabled staff to identify a number of areas where support for at-risk
prisoners could be developed and improved.

We’ve also selected some external research with a safer custody flavour, and included
brief summary highlights. One such study was a large-scale US review of the disciplinary
records of male high-security prisoners. A key finding was that prisoners who had a prior
record of committing violent acts in prison were more than twice as likely to commit a
violent act in the institution. Elsewhere, our regular learning slot highlights findings from
three recent inquests into deaths in custody.

Looking forward, next issue will include a summary of findings from SCOP’s national
review of the ACCT care-planning system for at-risk prisoners, as well as emerging find-
ings from the ongoing violence reduction review.

With this being the final issue of 2009, we send Season’s Greetings to all our readers,
and wish you all a very happy, healthy New Year.

Anna Sedenu
SCN Editor

TRENDS:
DEATHS IN
CUSTODY

- There were 56 apparent self-inflicted
deaths in custody in the calendar year up
to 7 December 2009 (with four deaths still
 to be classified).
- That’s similar to 55 in the same timescale
 last year.
- The total figure includes: 48 adult males
 (against 50 in the same period last year),
three adult females (one in 2008), and five
male young offenders (four in 2008).
- There were 92 natural causes deaths in
custody in the calendar year to 7 December
2009.

TRENDS:
SERIOUS
ASSAULTS

- The rate of serious assaults, up to end-
October 2009, was 1.57% (number of seri-
ous assaults over average prison
population).
- That’s against an annual KPI serious
assaults target of 1.90%
- The 2008/2009 total rate of serious
assaults on staff, prisoners and others was
1.74%.

Highlights in this issue...

- Peer support - ‘Bullwood Befrienders’ launched ...................... Page 3
- Volunteer vetting reminder .................................................. Page 4
- Self-harm Expert Steering Group - quick guide ....................... Page 5
- Low Newton self-harm care pathway pilot ............................. Page 6
- Addlington psychology team - ACCT findings ....................... Page 7-8
- Predicting violence in custody ............................................. Page 9
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Reducing distress and promoting the well-being of all who live and work in prisons
It was a clash with a difference at HMP Styal women’s prison, as two professional bands competed on stage in support of Styal’s safer prisons and violence reduction awareness week in mid-September.

The idea for the event came about following a violence reduction audit at Styal. One of the audit action points was for staff to make women more aware of safer custody, and to advertise the different types of support on offer.

Two members of staff at HMP Styal play in outside bands – one with the Manchester-based blues band, The Harpbreakers, and the other in a rock band called Snakebite. They both persuaded their fellow musicians to perform for free at Styal at a safer custody promotional event.

Colin Seymore, who is a healthcare worker on Keller Unit, plays the drums for The Harpbreakers. He also played in a 1970s soft rock band called Sad Café, once fronted by musician Paul Young. Alf Fennon, who is an Operational Support Grade, plays drums with Snakebite.

Martin Jones, HMP Styal’s Safer Custody P.O., said: “This was a safer custody event to raise awareness of our processes, such as what to do if you are being bullied. As the women came into the hall, myself and two safer custody staff talked to the women and handed out leaflets. Then we had the bands performing.”

Over 180 prisoners attended on the day - and feedback showed that they clearly valued the event. As it wasn’t possible to fit everyone in the sports hall at the same time, the bands performed two sessions.

Carol Williams, Styal’s Head of Prisoner and Family Support, said: “This was a successful day. We really appreciate that everyone involved gave up their Sunday to support Styal’s safer custody team, and the prisoners affected by self harm or violence.”

Remember that activities for prisoners - including educational and recreational events - must be “appropriate, purposeful and meet the public acceptability test”. For more, see PSI 50/2008 titled: “Acceptable Activities in Prisons”.
HMP Bullwood Hall has created a peer support scheme, customised to meet the needs of its foreign national prisoner population. Called ‘Bullwood Befrienders’, the scheme launched in September 2009.

Bullwood Hall’s Suicide Prevention Coordinator (SPC) Victoria Meanwell worked with the psychology department to write a peer supporters training package. It is based on guidance from the Mentoring and Befriending Foundation (MBF), and also includes issues relevant to the needs of the foreign national population, such as cultural awareness.

Deputy Head of Residential and former SPC, Margaret Sergeant, explained: “We have struggled to have a Listener Scheme since the re-role in 2006 [from female prison to a male Category C establishment]. This has been due to many different issues, but mainly the population churn and having so many different languages spoken at any one time.”

As a stop-gap measure, the Governor employed a part-time counsellor. Margaret said: “We were out on a limb, and needed to do something. I found the MBF on the Internet. I started corresponding with them, and invited them into the prison. They work a lot in schools, youth clubs, and in some YOIs too.”

At this point, Vicky took up post as SPC. She worked with Claire Waidson, Cheryl Thomas and Teresa Dove from the Psychology department to set up the peer support scheme. Teresa and Vicki attended a one-day MBF course in London on setting up a successful mentoring/befriending scheme, and then devised the set-up of the scheme. Claire and Cheryl completed a one-day MBF course on mentor volunteer training for programme coordinators, and then wrote and delivered the training package.

The MBF, a national strategic body, provides guidance and support to organisations and practitioners involved in mentoring and befriending. It is funded by the Department for Children, Schools and Families (DCSF) to support the development of peer mentoring within the post-16 arena.

Five prisoner volunteers then completed the new training package to become fully-fledged Befrienders. The training consisted of eight sessions run over the course of one week, with a mix of discussion, group work, individual assignments and role play exercises. Amongst others, the training covered:

- Starting and ending a relationship
- Personal Qualities and skills of a Befriender
- Developing and achieving plans and goals
- Boundaries
- Confidentiality
- Self disclosure
- Assumptions and judgements
- Empathy
- Challenging situations
- Referring to specialist help.

Vicky added: “As well as listening skills, the training covers issues relevant to our population. The foreign national development officer talks about cultural awareness – such as how some groups don’t give eye contact when they speak. Someone from chaplaincy comes across to talk about different faiths, and mental health in-reach talk about mental health. We now have five Befrienders, who between them speak 11 different languages, and are a brilliant resource!”

The scheme is advertised around the prison, and on induction. The Befrienders wear bright turquoise t-shirts and have signs on their doors for easy identification. They visit each wing daily, alone or in pairs, and carry special ID which allows them access to all wings. They receive regular supervision from project staff, including one-to-one supervision and group forums, in order to debrief and discuss experiences and issues.

Margaret said: “Our Befrienders are not Listeners, and we do not use them as such, but they are a much needed support to prisoners facing uncertain futures due to deportation, and are proving a very valuable resource. They are seen as a group of prisoners who offer guidance, support and a shoulder. They understand the fears of other prisoners, especially about returning to a country that may no longer be familiar to them.”

Unlike the Listeners, Bullwood Befrienders is not a confidential scheme. Most of the work they do with prisoners is not recorded or passed on to anyone else, but if a prisoner tells them that they are suicidal or have or will self-harm, or they are genuinely worried about his welfare, they will pass that information on. Similarly Befrienders will pass on any information relating to bullying, threats to escape, threats to harm others, child protection issues, threats to security of the prison and any undisclosed crimes or racist language or behaviour.

Margaret added: “It is very early days, but the Befrienders have been well received. Vicki and the psychology team have done a fantastic piece of work. The MBF still support us, and we are working to achieve Approved Provider Standard.” APS is the national benchmark for safe and effective practice for organisations providing one-to-one volunteer mentoring or befriending.

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For more info about the Mentoring and Befriending Foundation, see: www.mandbf.org.uk/
There are a wide number of voluntary and community organisations which provide support to prisoners at risk of suicide or self-harm and their families. These outside organisations typically provide invaluable expertise, knowledge and practical support in key areas. But is your establishment clear about NOMS Agency’s vetting procedures for volunteers? And have all volunteers working in your establishment undergone the necessary security checks, prior to working with prisoners?

The vetting procedures are key to ensuring that people applying for posts (including in a voluntary capacity) are confirmed as being who they say they are, do not pose a threat to security, and will not discredit the Service. Here is a reminder of the current vetting requirements.

For positions outside the high security estate, an enhanced check is the usual vetting level required to facilitate regular access to prisoners and/or prison keys. This consists of:

- Confirmation of identity
- Proof of current address
- Confirmation of entitlement to work in the UK
- Criminal Records Office check
- Personal reference
- Employment reference
- Criminal Records Bureau (CRB) check, where appropriate
- Qualifications, where appropriate.

Although not part of the enhanced check, an additional check on ‘racist groups’ must also be carried out. In the future an ISA (Independent Safeguarding Authority) registration check will also take place for those wishing to work with prisoners.

You may be aware that there has been a review of all our Standards, to ensure they only contain the highest risk baselines. This work was completed for Standard 53, Violence Reduction in October 2009. Standard 53 can be found on the Audit and Corporate Assurance website. The previous Standard contained 18 key audit baselines but they have now been reduced to just six, although three previously separate baselines have been merged into one. This welcome change is not intended to reduce violence reduction work, but rather to reduce the audit of the work.

For instance, the previous Baseline 2 said that the local policy document should include the Service definition of violence, expected standards of behaviour and procedures for reporting unacceptable behaviour. This is not contained in the revised baselines and therefore does not need to be audited. But the requirement for the policy statement to contain those issues is still there. The really important point is that staff are being trusted to comply with national policy without auditors checking up and audit resources are being freed up to work elsewhere.

By Ron Elder, Head of Violence Reduction, SCOP. Email: Ron.Elder@noms.gsi.gov.uk or tel: 020 7217 5551
SELF-HARM EXPERT STEERING GROUP

The Self Harm Expert Steering Group is - as its name suggests - a network of experts in the area of self-harm and women offenders. It was set up following a self-harm stakeholder consultation event held at Offender Health at the Department of Health in June 2008. The Group had its first meeting in June 2009. Here are some brief Q&As explaining more…..

Q: Why was the Self-Harm Expert Steering Group set up?  
A: The Group was set up as part of the governance arrangements for taking forward a recommendation made in the Corston report around self-harm.

Q: Remind me about the Corston report.  
A: The Corston Report - a report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system. Published in 2007, the Corston report outlined the need for a distinct radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach.

Q: So what did Corston say about self-harm?  
A: Recommendation 43 of the Corston Report said that the management and care of self-harming women should be led by the NHS, either in an NHS resource or shared multi-disciplinary care approach in prison.

Q: Did the Government agree?  
A: Recommendation 43 was partially accepted. The Government agreed that women in custody who self-injure was a significant and complex area that needed much more work and attention. But it said that this work could not be solely led by the NHS or the Prison Service - it had to be a true partnership approach.

Q: So what is the Steering Group’s remit?  
A: The Self-Harm Expert Steering Group has a broad remit, with the overall aim of ensuring the most effective help is provided to women who self harm both within the Criminal Justice System and in the community. Specific issues it is addressing include:

- Providing expert advice and guidance on treatment approaches and possible pathways for self-injuring women who offend or who are at risk of offending;
- Identifying gaps in current care pathways/systems and recommending improvements;
- Making specific recommendations around partnership working in order to deliver holistic care to women and their families. This may be achieved through joint commissioning and health needs assessments;
- Identifying and sharing good practice within current mainstream services.

Q: Who chairs the group?  
A: The Chair is Suzie Marriott, who as well as being Director of Nursing for the Partnerships in Care South East Region Women’s Service, is also part-time Suicide & Self-injury Project Lead for the Criminal Justice Women’s Strategy and Third Sector Teams (based in the MOJ).

Q: How often does the Group meet, and who are members?  
A: It meets quarterly. The Group aims to have a wide representation reflecting clinical expertise in this area and operational and strategic responsibility for managing women offenders – in custody and in the community. Members include:

- Clinical psychologists
- Nurse consultants
- Durham PCT Director of Commissioning
- NOMS Safer Custody & Offender Policy
- NOMS Women’s Group
- Offender Health, Department of Health
- Royal College of Nursing
- Service provider
- Service user representation
- University researchers

Q: Are any events planned?  
A: Yes, there are plans to hold a national learning event about self-harm, aimed at women’s services.

Contact: Suzie Marriott.
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or: smarriott@partnershipsincare.co.uk

FACT FILE: WOMEN IN CUSTODY

- Women recently released from custody are 36 times more likely than the general population to die as a result of suicide.
- Men are only eight times more likely.
- Women in custody are more than five times more likely to have mental health problems than women in the general population.
- 78% of women in custody show some level of psychological disturbance, compared with 15% of the general population.

Source: MOJ Evidence Digest June 2009“Impact Through Insight”
LOW NEWTON TO PILOT SELF-HARM CARE PATHWAY

A partnership project is looking to reduce the numbers of women who self-injure within HMP/YOI Low Newton, by introducing a ‘stepped pathway’ of care. The work includes developing a model which will be piloted with women prisoners who repetitively self-injure. Project lead James Ward explains more.

The research at Low Newton is being undertaken through the Knowledge Transfer Partnership (KTP) initiative between Durham University, County Durham Primary Care Trust, and HMP/YOI Low Newton. It is aiming to introduce an innovative pathway of care for female offenders who self-injure or are at risk of doing so. As well as the three main stakeholders, the project is being supported by a national steering group made up of experts in the area of self-injury and safer custody.

The specific objectives we are working towards are:

- Reduce the number of incidents and severity of self-injury in the prison;
- Introduce risk assessment tools to inform decision making by multi-disciplinary staff;
- Additional training and support for staff managing self-injury;
- Improve the welfare and care for offenders and staff;
- Reduce costs associated with self-injury;
- Develop knowledge and understanding around the issues and risk factors for self-injury in the prison environment.

The project is not designed to audit or replace existing methods of work such as the Assessment Care in Custody and Teamwork (ACCT) approach but to inform additional service provision and assist staff in decision making relating to self-injury.

The research and information collection is designed to be as collaborative as possible. This will involve process mapping the ACCT system in Low Newton and involvement of all prison functions in this. Staff will also be surveyed to get their perspective on risk assessment, the current systems and provisions and also the training they feel would be beneficial for them in relation to working with women who self-injure.

Work with the offenders themselves intends to ensure that the women are empowered at every stage of the project. This will include interviews and surveys to determine common themes and issues around self-injury. Focus groups will be held to discuss possible treatment options and the women themselves will be able to have an input into this decision making process. We will also look at what the women can add to staff training.

Finally the new pathway will be piloted in the prison and effectiveness will be assessed against baseline information relating to self-injury incidence rates and severity, cost of hospital escorts and constant supervision and the experiences of the new system from the women’s and the staff’s perspectives.

The project is scheduled to last for three years and began in February 2009. More information and updates can be found at: http://www.countydurham.nhs.uk/3860.html Or contact James Ward. Email: j.ward1@nhs.net or tel: 07920278471.

PPO PRAISES IMPROVED STAFF SUPPORT

Stephen Shaw, Prisons and Probation Ombudsman (PPO), has praised improvements over the past five years in the emotional support provided to prison officers following deaths in custody.

The PPO has responsibility for investigating all deaths, and some near deaths, in custody in England and Wales. As part of the investigation, frontline staff are routinely asked whether they have received sufficient care and support.

His comments are quoted in the House of Commons Justice Committee’s 2009 report, titled: ‘Role of the Prison Office’. He told the Committee:

“We did not know about this”, and occasionally, of course, somebody slips through the net or a mistake is made, but in general what our reports show in investigation after investigation is that the staff who are most affected by responding to a traumatic incident say that they have been offered appropriate support.”

The Committee also praised the Care Team at HMP Swaleside, who they met during a visit to the Sheppey cluster. The Care Team can be contacted by individual officers on their own behalf or take referrals from other staff. Members of the team said that they frequently contact officers informally.

Care Teams were established in 1991, following the Lord Justice Woolfe report, to provide on-the-spot peer support to staff who had been involved in incidents on duty. Employee Support is a national service for staff, part of the Shared Service Field-Based Team. Their role is to provide specialist support, e.g. critical incident debriefing; access to professional therapy e.g. Cognitive Behavioural Therapy (CBT); and longer-term support for individuals where required.
A ROLE FOR PSYCHOLOGY WITHIN SAFER CUSTODY

This article summarises the main findings from interviews carried out by the psychology team at HMP Acklington with nearly 70 prisoners who were managed under the ACCT care-planning system between 2007-2009.

Since 2007 the Psychology team at HMP Acklington has played a key role in assisting the Safer Custody Team with research focused on prisoners who have been placed on ACCT documents. To contribute to the aims of HMP Acklington’s suicide and self-harm prevention policy, the psychology team conducted a series of interviews with a small number of prisoners placed on ACCT documents between 2007 and 2009, in order to:

- Provide more qualitative information as to why prisoners had threatened to, or had, self-harmed;
- Identify any prisoner needs not met through ACCT;
- Review prisoner’s perceptions of the support they receive from staff throughout the ACCT process;
- Recommend any further interventions to support at-risk prisoners.

The Psychology team summarised feedback from prisoners in monthly reports, which were presented at Safer Custody Team meetings, with the aim of influencing policy and good practice. A seven-month review of the research had been written, summarising feedback received from prisoners between December 2007 and June 2008. Research collected from June 2008 into 2009 was reflective of the findings within the seven-month review.

KEY FINDINGS

The graphs presented summarise the main findings from interviews with 68 prisoners in 2007 and 2009. 75% of those interviewed had been placed on ACCT documents due to attempted suicide or actual acts of self-harm.

The chart below left shows that the most common reason for self-harming behaviour at HMP Acklington was to relieve feelings of anger. This was closely followed by subjective reports of feelings of depression.

![Figure 1. A graph to show the reasons prisoners gave as to why they self-harmed.](image)

![Figure 2. A graph summarising the level of support prisoners felt whilst on ACCT.](image)

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![Figure 2. A graph summarising the level of support prisoners felt whilst on ACCT.](image)

SUMMARY OF RECOMMENDATIONS

A number of recommendations have been made to assist in maintaining and developing good practice. Under the ‘intervention’ heading, these include:

- Develop a stand-alone coping strategies package, to equip prisoners with skills to manage emotions such as depression and anger.
- Increase the role of prisoner’s personal officer.

Proposals made around staff development and awareness are:

- All staff to be aware of and understand the anti-bullying procedures.
- Consideration to be given to the location of prisoners on ACCT.
CONCLUSIONS
The ACCT process was introduced to support prisoners who are at risk of self-harm and suicide attempts. Through the research conducted by the Psychology team and a multi-disciplinary approach to Safer Custody, HMP Acklington has gained a detailed insight into the personal experiences of prisoners in terms of reasons for self-harming behaviour. Such insight is vital in terms of influencing policy and practice, in improving the support offered to prisoners, and in working towards the overall aim of reducing the number of prisoners who are at risk of self-harm and suicide.

By Laura Ramsay, Forensic Psychologist in Training, HMP Acklington. Email: Laura.Ramsey@hmps.gsi.gov.uk

IDENTIFYING ISSUES RELEVANT TO SUICIDE/SELF-HARM RISK – ACCT STUDY FINDINGS

Results of a small-scale review of the support offered to at-risk prisoners suggest that prison staff relied heavily on intra-prison agencies, especially health professionals.

The study by Chartered Forensic Psychologist Rachel Monaghan was based on a literature review and a detailed study of 40 closed ACCT (Assessment, Care in Custody and Teamwork) forms from a single YOI establishment. ACCT is the current individualised case-management system for prisoners identified as at-risk of suicide and/or self-harm.

The research used a coding system to establish those issues most frequently identified as relevant to risk. Out of nine possible categories, issues relating to custody and the prison environment were most frequently identified (30%), followed by ‘other’ issues (20%) and issues relating to emotional behaviour (19%). The ‘other’ category included issues which were either specified as other, or were unclear. The emotional behaviour category included issues such as controlling anger or stress.

The author suggests that the large number of issues in the ‘other’ category may indicate that staff find it difficult to identify the issues that are relevant to risk - or that prisoners do not disclose clear reasons - and staff may therefore benefit from additional training.

The action/support offered to prisoners as part of the ACCT process was then grouped into five possible categories:

- Involvement and support from other agencies (e.g. healthcare or external agencies such as Samaritans);
- Contributing factors, such as a focus on addressing drugs/alcohol/family problems;
- Advice and support, such as increased personal officer contact;
- Information gathering and monitoring;
- Integrate into regime e.g. encouraging attendance at education or engagement in wing activities.

These categories are based on research by Carr, Ireland, Worrall and Monaghan (2000), who reviewed the support offered to at-risk prisoners through the F2052SH system - the predecessor to ACCT.

Results showed that involvement/support from other agencies was the most utilised area of support for at-risk prisoners - used 44 (35%) times – followed by ‘contributing factors’ (used 28 times or 23%). This was most frequently used in relation to issues around the prisoner’s family. Integrating into the prison regime was used 23 times (19%).

Given that difficulties in coping with the prison environment emerged as the most frequently identified issue related to risk, the report argued that it may be more appropriate to assist staff in establishing ways to support at-risk individuals, instead of relying on other agencies to provide support.

Although the ACCT process emphasises an individualised approach, information-gathering was rarely used (just six times) to help manage at-risk prisoners. The report found that gathering information from files or from external agencies (such as their external probation or youth offending team officer) rarely took place. This is an important finding, and supports feedback from PPO reports into deaths in custody. It is always worth checking all sources of documentation for risk factors.

Following this research, a training course was designed to be delivered to ACCT case managers. In particular, the training aimed to equip staff with the skills needed to identify areas of concern and manage them appropriately. Initial reactions from the training were extremely positive. An evaluation also suggested that learning had been transferred to the workplace, with more instances of gathering additional information about at-risk prisoners, following completion of the training.

For more information about this research, you can contact: Rachel.Monaghan@hmps.gsi.gov.uk
INTERVIEWING SURVIVORS OF NEAR-LETHAL SUICIDE ATTEMPTS

Oxford researchers hope that a study of near-lethal suicide attempts will provide important information about motives and needs of suicidal prisoners, despite a previously low or unidentified suicide risk. The study is also exploring the role of environmental factors, which is often missing from medical notes.

The three-year project to examine risk factors for suicide in male and female prisoners began in 2007 and is led by Oxford University’s Centre for Suicide Research.

Using case-control methodology, researchers have interviewed 60 male and 60 female prisoners over the age of 18 who carried out near-lethal suicide attempts. They were interviewed within a month of the act and assessed on psychiatric, psychological and social measures. Similar interviews were carried out with 120 matched controls. The final report is expected next year.

A short report outlining the potential benefits of this research into ‘near-lethal’ attempts was published in the Journal of Forensic and Legal Medicine in April 2009. The report explains: “…the main advantage of investigating near-lethal attempts is the ability to interview living individuals who have come as close as possible to dying by suicide.”

It also details three short case vignettes to illustrate the potential benefits of this approach. One case highlights the environmental factors which precipitated an attempted overdose. These included disappointment over the negative outcome of a parole board interview (the board did not approve a transfer to open conditions). Two days later, this feeling was worsened by a methadone relapse, after a long drug-free period. Such information would often not appear on a prisoner’s case notes, and might therefore be unavailable when considering possible motivations behind a self-inflicted death, the authors argue.


PREDICTING VIOLENCE IN CUSTODY

Previous acts of violence in prison are a good indicator of violence in an institutional setting, a US research study has found.

The study reviewed a large sample (24,514) of the 2003 disciplinary records of male high-security prisoners in the Florida Department of Corrections.

It found that those who had a prior record of committing violent acts in prison were more than twice as likely to commit a violent act in the institution during 2003. This finding is consistent with previous research, which has generally found that the best predictor of violence is previous violent behaviour, but in a similar context or environment.

Another key finding was that prisoners with a violent index offence were less likely to be sanctioned for violent acts in prison than those jailed for non-violent offences. The study noted that this was in accord with previous findings, for example, that property offenders have higher rates of prison disciplinary breaches than those convicted of homicide.

Prisoner age was the strongest predictor of violence overall. Under-21s were 3.5 times as likely to commit violent acts than 31-35 year olds. Those older than 40 were half as likely to commit violent acts as those aged 31-35. Sentence length was also inversely related to violence in prison.

The author argues that identification of factors associated with prison violence has an “immediate practical application” in the targeting of security resources and programming – but cautions that serious violence in prison is also a function of other variables such as structural, institutional and environmental factors.

The sample was limited to a single custody classification (close custody) to ensure that prisoners were serving their sentence under generally similar conditions of confinement, and only included those who served the entire 2003 calendar year.

Some revealing insights into young women’s views about self-harm in the secure estate were contained in a 2006 study to identify health needs and determine appropriate models of healthcare provision.

The YJB commissioned Oxford University to carry out a health needs assessment for 17-year-old young women being held in the secure estate. The study, by Nicola Douglas and Emma Plugge, included a section about young women’s perceptions and reported experiences.

Young women were asked to identify what they would see as key issues of concern for young women in YOIs. The subject of self-harm came up repeatedly as a fact of YOI life that they had to negotiate, either as self-harmers or as witnesses to. One woman was quoted as saying: “Well, I’ve never tried but I always thought of it. I just try to occupy myself rather than, you know like, think about what I don’t want to think about sometimes. But I’ve been to a lot of prisons and self-harm is a massive, massive issue.”

Young women who had been in YOIs longer displayed a range of reactions. Some were dismissive and thought it was ‘stupid’ or said they ‘just ignored it’.

When asked what would help to prevent her self-harming, one young woman wanted more emotional comfort and support from YOI staff. Another young woman who did not report self-harming thought that opportunities to keep occupied might also help: “For the staff to have a little time a day just to sit down and talk. Like, when we get locked in after lunch and dinner time. They should come round and just sit in people’s rooms who want to talk for a couple of minutes, just to talk to them.” Another young woman said: “To make it [the self-harm situation] better, have more activities and stuff.”

You can download the full study, titled ‘A Health Needs Assessment for Young Women in Young Offender Institutions’, online at: www.yjb.gov.uk/

A qualitative study, based on in-depth interviews with prisoners before and after release, has helped to uncover factors that influence offenders to seek help for mental distress.

It’s known that men who are, or have been imprisoned have higher rates of mental illness and suicide risk than the general population, and lower rates of use of mental health services. But there has been limited information on the perceptions and beliefs that influence help seeking amongst this group.

The study involved interviews with 35 male offenders aged 18-52, a quarter of whom who had been flagged as being at risk of self-harm, from one category B local prison in southern England.

The results showed that many participants were hesitant to seek help because they feared being given a formal diagnosis of mental illness. Some of these men feared the stigma that such a diagnosis would bring, whereas others feared that a diagnosis would mean having to confront the problem.

Lack of trust emerged as the most prominent theme in prisoners’ discourse about not seeking help from health professionals. The report said: “Distrust is a major barrier to accessing health care among offenders. Like most people, the respondents in this study wanted to feel listened to, acknowledged, and treated as individuals by health professionals.”

The authors suggested some ways in which healthcare professionals, within and outside prison, might encourage help-seeking:

- More information specifically designed for prisoners and distributed within the prison may help to de-stigmatise mental illness among this group.
- Pre-release preparation might include group discussions about recognition of mental health problems, responses to distress, and the potential value of accessing health services.
- For offenders with an identified history of mental illness, individualised crisis plans and links with community based services could be developed.
- Awareness training for health professionals is recommended: trust might be fostered in this population by seemingly trivial gestures that indicate respect.

These findings about reluctance amongst male prisoners to seek help are consistent with prisoner feedback obtained through the 2008/09 national review of the ACCT care-planning system. Prisoners were consulted through focus groups, structured questionnaires and a Listener survey. The focus groups were asked, amongst others, how those on ACCT were viewed by other prisoners. The majority of views expressed were negative perceptions e.g. “they get harassed by others” or “it shows a weakness/vulnerability”. Most of these comments came from male prisoners of all ages. Women prisoners, in contrast, made few negative comments; and only women prisoners said that being on an ACCT was “nothing to be ashamed of”. Listeners also recognised that there was a stigma associated with being on an ACCT document.

BOOK REVIEW


Ridge’s book on Depression is written for doctors, complementary therapists and mental health professionals. Damien Ridge, the author, is a senior academic with a special interest in people’s stories and narratives about mental illness; and he is a psychotherapist in training.

Depression is the second most common cause of disability in the world. In essence, Narrative Theory highlights that each person’s story about their ‘depression’ experience is unique and no single ‘version’ or ‘account’ of depression holds a universal truth-value. This is a core principle, that each human being experiencing depression both deserves and needs to be understood and treated as a unique person. Making assumptions based on a diagnosis, a label, or a stereotype can be anti-therapeutic and may not support personal ‘recovery’. Overall, Ridge seemed to see ‘recovery’ as a process of change in which the person themselves (rather than their treatment or outside intervention) is the central principle and locus of control and meaning-making in the process. Professionals are simply ‘allies’ in this work. Such Person-Centred principles originate early in the history of psychotherapy. Ridge’s book succeeds in describing some variety and complexity of lived experiences in depression and treatment. However, it doesn’t offer a comprehensive analysis of the field.

This book describes aspects of existing mental health practice in narrative terms and then concludes that narratives are vital for recovery. I was not persuaded. I would have liked the book to state clearly what a narrative approach would add to existing mental health approaches and work being done, in a unique or new way. This would help professionals like me to grasp Ridge’s addition to the existing big picture. Ridge does not mention when to validate a person’s story and when to question it, an important dilemma in the process. Professionals are simply ‘allies’ in this work. Such Person-Centred principles originate early in the history of psychotherapy. Ridge’s book succeeds in describing some variety and complexity of lived experiences in depression and treatment. However, it doesn’t offer a comprehensive analysis of the field.

Ridge draws upon some of the spoken words of 38 individuals with depression who were interviewed. These offer rich, highly personal glimpses into the experiences of a few service users with respect to specific areas of their illness, treatment, and life changes. These small, revealing windows on their time ‘in recovery’ with depression would be enlightening for readers who are new to the area of depression. There is an impartial and brief overview of medical treatments for depression, but the chapter on talking therapies is short and only CBT (Cognitive-Behaviour Therapy) is described. Talking therapies are recommended for depression, and an individualised approach is crucial. An impression that CBT is the only or main talk approach for depression is a controversial one in psychological science.

The book is stimulating and detailed, but neglects some key practice issues. It emphasises the importance of listening carefully, quite rightly. But the work being done in teams depends on using many approaches, not reducible to one perspective about stories. ‘Narratives’ are crucial, but there’s a bigger picture.

Review by Dr Philip Hayton AFBPsS, Chartered Clinical Psychologist, St Paul’s CMHT & HMP The Mount.

COPING STRATEGIES AND TIME IN PRISON

A study to explore the type of coping strategies that prisoners used in stressful situations, looking at strategy type and sentence length, has found that shorter-term prisoners employed problem-focused strategies more than longer-term prisoners. Emotion-focused strategies were used more by longer-term than shorter-term prisoners.

Emotion-focused coping is usually taken to refer to controlling the emotions generated by situations which are regarded as difficult or impossible to change, whilst problem-focused coping refers to acting directly to deal with the situation.

The questionnaire-based research, carried out by academics from Swansea University, was based on a sample of 100 prisoners from a low security open prison and 130 from a high security prison. Longer-term prisoners were classed as those serving two years or more.

Across the whole sample, seeking social support was chosen significantly more often than any other category of problem-solving. The next most frequently-chosen strategy was distancing, followed by problem-focused strategies more than longer-term prisons. Emotion-focussed strategies were used more by longer-term than shorter-term prisoners.

LEARNING FROM DEATHS IN CUSTODY

In line with our ongoing commitment to learning, this issue we detail the jury’s verdict in three recent inquests into deaths in prison custody. In each case, brief check-points and key learning lessons for establishments are highlighted. Also included is a reminder about payment of funeral expenses.

NARRATIVE VERDICT: CASE ONE

A jury returned a narrative verdict in the case of 34 year old young women (Miss C) who hanged herself in June 2007, just over one month after her reception into custody. Miss C had a history of mental illness. She had previously attempted to hang herself in 2006. The jury termed the medical assessment undertaken on her reception into prison “inadequate”, as it had failed to take into account her history of self-harm and attempted suicide.

At the time of her reception into custody, Miss C was receiving treatment for her mental health condition. This included injections at three weekly intervals of Zuclopenthixol (an anti-psychotic drug). Both computerised patient records network, known as EMIS, and prescription records confirmed that this medication was correctly administered a few days after Miss C’s reception. However, there were no EMIS records to prove that a further injection was given to Miss C three weeks later, as should have happened. Furthermore, the post-mortem found no trace of the drug.

The jury identified a number of factors likely to have had a negative affect on Miss C’s mental health, and to have increased the risk of her self-harming, in the period shortly before her death. These included:

- The increased likelihood of a custodial sentence being given;
- The cancellation of her accommodation in the community;
- Her witnessing another prisoner self-harming;
- Anxiety about a relationship.

However there was no evidence that prison staff considered that Miss C was at increased risk of self-harm or attempting suicide, and no special measures were put in place.

INQUEST VERDICT: CASE TWO

The jury at an inquest into the death of a 68 year old man (Mr E) who died suddenly in his cell from ischemic heart disease found that he had died from natural causes contributed to by neglect. Mr E had been diagnosed and was awaiting a triple coronary artery bypass graft. The jury found that:

- There were opportunities on more than one occasion for his medical care and attention to have been improved and altered sufficiently in line with the deterioration in his health.
- Following a consultation there was a need to review his case over the increased usage of tablets.
- There was inadequate evaluation and response to the results of ECG, chest X-ray and blood tests. Referral to a specialist was needed following an ECG test on another occasion.
- There was a slow response to the discovery of him having been removed from the hospital waiting list and no indication of the urgency of the re-allocation.
- Insufficient questioning of Mr E after a complaint of chest pain.
- Underestimation of the severe worsening of his condition and the failure to hospitalise him after these two events. This was compounded by inefficient prison health care systems.
- There was no means of acquiring detailed previous medical history and no system to follow up a relevant letter. There was inadequate record keeping and dissemination of information within the health care unit and the prison as a whole.

Does your establishment have effective systems in place to ensure that relevant information is shared between healthcare and discipline staff?

Are staff at your establishment aware of what information can and should be shared and what is ‘medical in confidence’?

INQUEST VERDICT: CASE THREE

An inquest into the death of a 39 year-old man (Mr K) who died in June 2006 has found that the death was caused by lobar pneumonia and poorly controlled asthma.

The coroner returned a narrative verdict. This stated that Mr K was arrested for failure to attend court. He was examined by doctors and moved to a local prison. On reception, he saw another doctor. He was kept in prison and received medication in the form of methadone to help with his heroin addiction, and an inhaler for his asthma.

A week later, he spent the day in his cell after receiving his medication. In the early hours of the night, he was found by his cell mate. He had stopped breathing. Staff attended and he was pronounced dead.
The conclusion of the coroner was that there were a number of shortcomings in the system that meant that Mr K never received a physical examination. He did see a number of medical professionals on a regular basis, and had booked a doctor’s appointment, which he did not attend. He had not, at any time, mentioned any further health problems.

Does your establishment recognise the importance of having appropriate processes in place to follow up missed medical appointments?

The management of medication remains a crucial issue in prisoner/patient care. Chronic asthma - and the importance of appropriate medical management of this condition - was a factor in this death and has been in a number of other deaths investigated by the Prison & Probation Ombudsman. What chronic disease management is in place within your establishment?

PAYMENT OF FUNERAL EXPENSES

Recent Prison and Probation Ombudsman investigation reports have raised concerns about the payment of funeral expenses following a death in custody.

Local Operating Policies should reflect the fact that under PSO 2710 - Follow up to Deaths in Custody - it is mandatory for Governors to offer to pay reasonable funeral expenses. Three thousand pounds is normally considered a reasonable figure. This offer should be made irrespective of whether the family is entitled to claim a grant from the Social Fund.

TALKING ABOUT SELF-HARM - NEW DVD OUT

Harmless - a user-led organisation that provides a range of services about self-harm - has produced a DVD about self-harm. The resource is designed to promote recovery and self belief, or as a tool to enhance professional development.

The DVD features seven short documentaries exploring the meaning of self harm and the factors which lead to recovery. Four people who have personal experience of self harm talk about some of the issues they faced, including treatment by medical staff, disability, alcohol use and culture. Three professionals talk about working with people who self-harm. Included is a section where resources - such as poetry, leaflets, posters and a workbook to promote awareness and intervention for self harm - can be downloaded from.

Jez Spencer, Interventions Advisor for Vulnerable Prisoners and former Area Safer Custody Adviser, commented: “I have briefed establishments [about the DVD] and some have taken it on board to buy the DVD for use with staff and in training. I think this is where its uses lies and not with prisoners. It provides insights into those who self-harm and their experiences - male and female - as well as information from professionals in some extremely honest and thought provoking interviews. It should be shown as part of a managed programme of training. For establishments experiencing high levels of self-harm, it could be useful to help people see beyond the daily self-harm and remind them of some of the pain experienced behind the acts.”

Whilst the DVD is not intended for delivery to a custodial setting, establishments might want to consider using elements of it to generate increased awareness about self-harm. Establishments are advised that if the DVD is shown to staff, arrangements should be made for appropriate support to be at hand (such as Samaritans and/or mental health in-reach staff).

The DVD costs £25. An order form is available from: www.harmless.org.uk. You can find a nine-minute trailer for the DVD online, at: http://www.youtube.com/user/harmlessUK.
SAFER CUSTODY PLANNING CALENDAR 2010

How do you promote and publicise safer custody at your establishment, whilst avoiding ‘information overload’? One important finding from prisoner focus groups, held at three establishments as part of the national review of ACCT 2008-09, was that prisoners commented that there was lots of information on display - which meant that they stopped taking notice of it. Comments included: “each pillar has some sort of information, so much so that you become blind to it” and: “you see information everywhere, you stop taking notice of it”.

Ways of getting round this problem could include: rotating information; making displays interactive; and hosting themed weeks/months to encourage prisoners to take notice of changing information. With this in mind, the calendar below details some dates which you could use to plan themed events at your establishment during 2010, for example around health and well-being or peer support and volunteering. But do remember that all recreational activities (especially those associated with national holidays and religious festivals) and events must be appropriate, purposeful and meet the public acceptability test (see PSI 50/2008 titled: “Acceptable Activities in Prisons”).

For a more detailed version of this calendar with external website links, or to share your suggestions for activities, please email: Anna.Sedenu2@noms.gsi.gov.uk