Dear Sir

We wanted to let you know about the research we have undertaken and the follow-up study we have planned which could provide information for the following section: Management of ACCT.

The project: Assessing the risk of self-harm in an adult offender population, was funded by the National Institute for Health Research (NIHR) and completed January 2013.

Results – created two new risk assessment tools (one male, one female) which appear to demonstrate ability to 'screen out' those on an ACCT at low risk of repeat self-harm.

Summary attached.

A follow-up study to test the predictive value of the two new tools is currently being developed (PI, Dr Nat Wright, Leeds Community Healthcare NHS Trust), which will include testing the tools at a number of different prisons, including HM YOIs.

Please let us know if you require any further information.

Best wishes

Wendy

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Assessing the risk of self-harm in an adult offender population.

Horton M, Wright N, Dyer W, Wright-Hughes A, Mohammed Z, Smith J, Heyes T, Gilbody S, Tennant A.

Summary:

Objective – to identify or develop a screening tool to predict risk of self-harm among adult prisoners.

PI – Professor Alan Tennant, Leeds University

Duration – 2 years.

Setting – HMP Durham (male), HMP Leeds (male) and HMP Low Newton (female).

Tools tested – selected following pilot study:

- PriSnQuest – self-harming behaviour and suicidal ideation
- Borderline Symptom List-23 (BSL-23) – Borderline Personality Disorder
- Self-Harm Inventory (SHI) – self-harm behaviour
- Patient Health Questionnaire (PHQ-9) – depression
- Clinical Outcomes in Routine Evaluation System (CORE-OM) – psychological distress

Population – anyone who had an ACCT opened during recruitment period.

Design – prospective cohort study:

- Researchers approached everyone with ACCT opened during April 2011-May 2012 (14 months).
- Administered 5 tools + sociodemographic + sentencing data.
- 6 months after initial recruitment individuals were followed-up:
  - Had they self-harmed during the follow-up period?
  - How soon after the initial recruitment episode?
  - How often?
  - How severely?

Results:

- 590 prisoners eligible for inclusion – 450 consented (76%)
- 26% (115) female; 74% (335) male
- Follow-up data for 433 prisoners (96%)
- Average 29% self-harmed in the follow-up period
- Females were more likely to self-harm – 33% during follow-up.
- All 5 tools failed to be predictive of self-harm.
- However identified individual items/questions within each tool which are potential indicators of risk.
- Combined items into 2 new tools – different items for male and female (with minimal overlap).
- Each item has different scoring weight, based on the unadjusted odds-ratios of their predictive power.
- An Area Under the Curve (AUC) analysis was carried out on the simple summation of the scoring weights to identify appropriate cut points.
- This allowed for the allocation of three levels of risk – low, medium and high.
- Better at screening out risk, than screening in risk:
  - Low risk = both genders have low frequency of subsequent self-harm
  - High risk = males 56.8% chance of self-harm; compared 90% for females

Clinical and Wider Prison Management Implications:

- 20% of prisoners will have an ACCT opened – 25% of whom will go on to commit a future act of self-harm
- negative predictive value of proposed screening tool = screen out those identified as 'low risk' & focus management and treatment resources on 'moderate' and 'high' risk (the 25% who will self-harm again)

A follow-up study to test the predictive value of the two new tools is currently being developed (PI, Dr Nat Wright, Leeds Community Healthcare NHS Trust), which will include testing the tools at a number of different prisons, including HM YOIs.