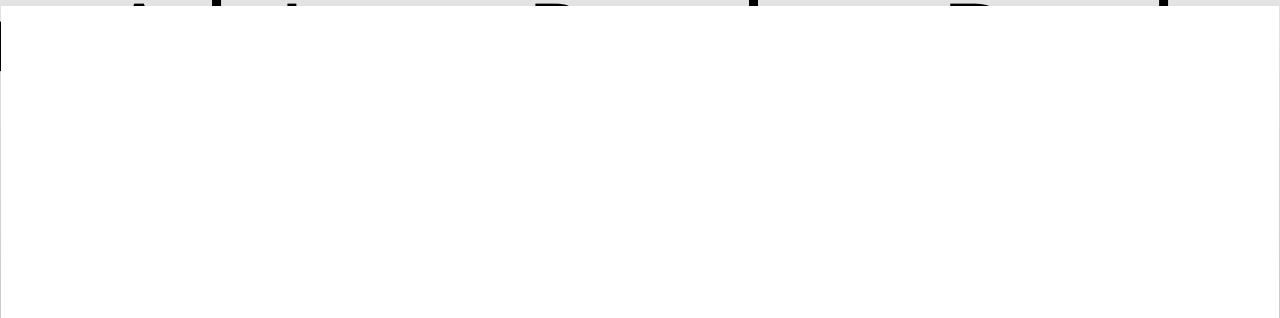


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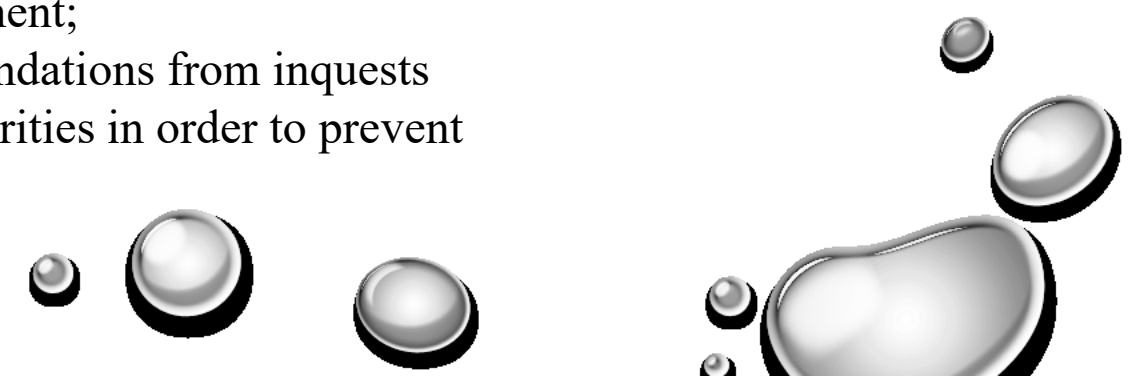




LEARNING FROM REPORTS AND RECOMMENDATIONS TO PREVENT FUTURE DEATH

HHJ ALEXIA DURRAN
DEPUTY CHIEF CORONER




The Chief Coroner has a number of roles but his main responsibilities will be to:

- Provide support, leadership and guidance for coroners in England and Wales;
 - Set national standards for all coroners, including new inquest rules;
 - Oversee the implementation of the new provisions of the Coroners and Justice Act 2009;
 - Put in place suitable training arrangements for coroners and their staff;
 - Approve coroner appointments;
 - Keep a register of coroner investigations lasting more than 12 months and take steps to reduce unnecessary delays;
 - Monitor investigations into the deaths of service personnel;
 - Oversee transfers of cases between coroners and direct coroners to conduct investigations;
 - Provide an annual report on the coroner system to the Lord Chancellor, to be laid before Parliament;
 - Monitor the system where recommendations from inquests are reported to the appropriate authorities in order to prevent further deaths.
- 




These reports are important. Coroners have a duty not just to decide how somebody came by their death but also, where appropriate, to report about that death with a view to preventing future deaths. A bereaved family wants to be able to say: 'His death was tragic and terrible, but at least it shouldn't happen to somebody else.'



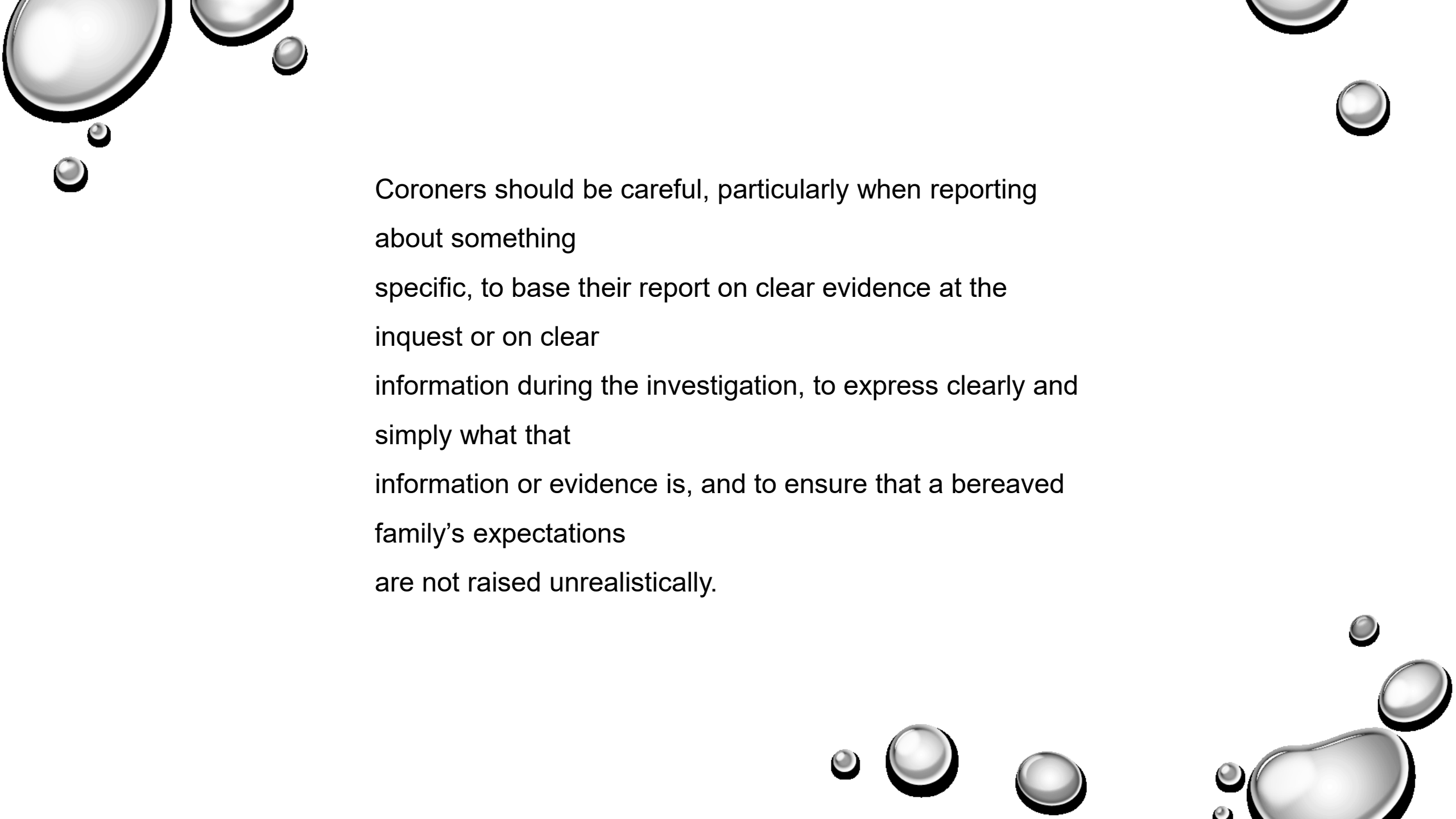
(3) The concern is that circumstances creating a risk of further deaths will occur, or will continue to exist, in the future. It is concern of a risk to life caused by present or future circumstances.

(4) In the coroner's opinion, action should be taken to prevent those circumstances happening again or to reduce the risk of death created by them.





The image features a white background with several clusters of realistic, 3D-rendered bubbles. These bubbles are located in the top-left, top-right, and bottom-right corners. Each bubble has a bright highlight on its upper-left side and a dark shadow on its lower-right side, giving them a spherical, metallic appearance. The central text is positioned in the middle of the page.



An inquest is an inquest, not a public inquiry.

The page features several decorative bubbles of varying sizes and shades of gray, positioned in the corners. The top-left corner has a large bubble and several smaller ones. The top-right corner has a medium-sized bubble and a small one. The bottom-right corner has a large bubble and several smaller ones. The bottom-center has a medium-sized bubble and a small one.


Coroners should be careful, particularly when reporting about something specific, to base their report on clear evidence at the inquest or on clear information during the investigation, to express clearly and simply what that information or evidence is, and to ensure that a bereaved family's expectations are not raised unrealistically.

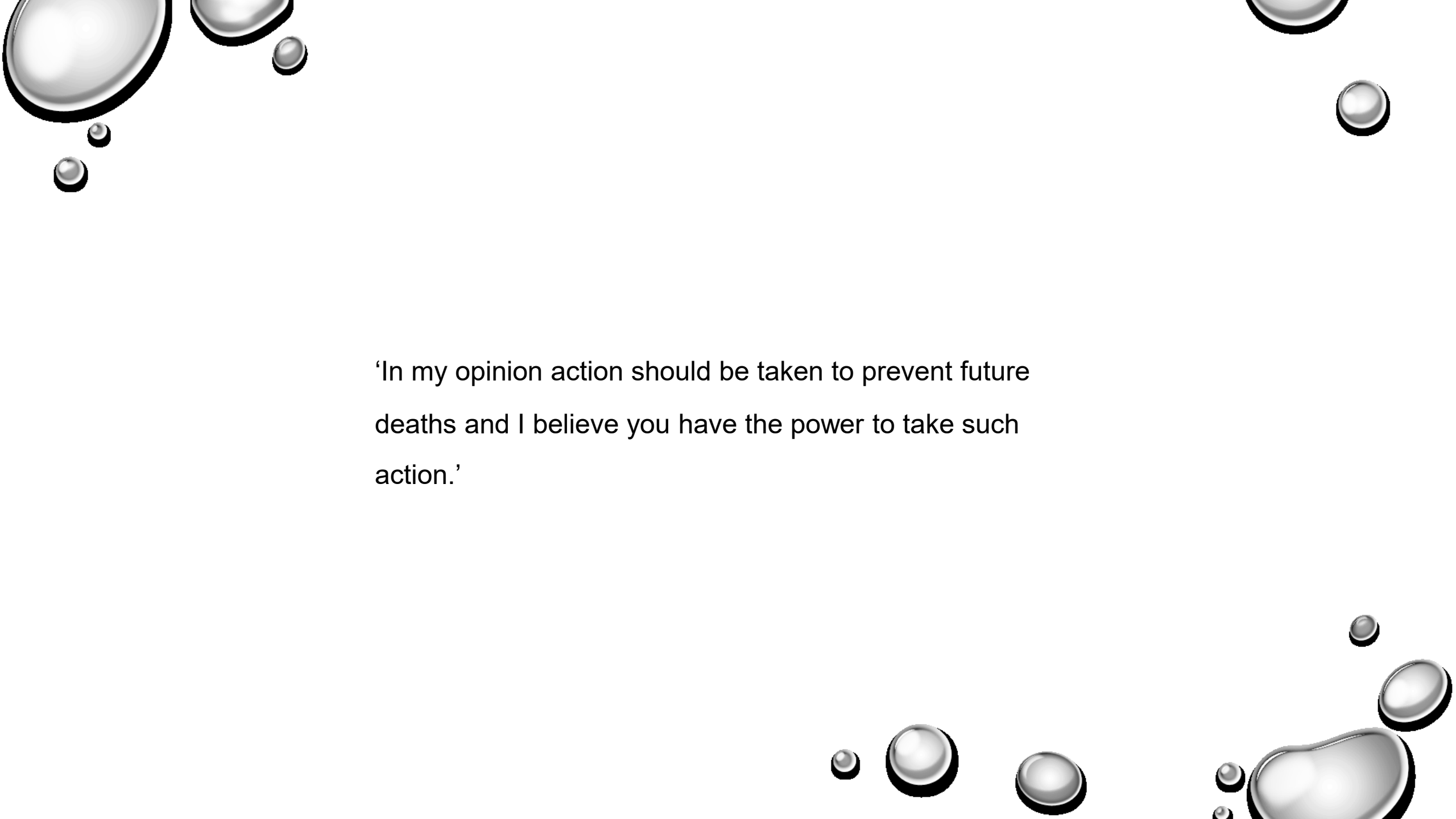


Reports should not apportion blame, be defamatory, prejudice law enforcement action or the administration of justice, affect national security, put anyone's safety at risk, or breach data protection for example by naming children or breaching medical confidentiality.



In the past some coroners have from time to time expressed themselves in public with forceful language. Phrases such as 'I am appalled' or 'I am disgusted' or 'shame on you' have been used. They should not be used. Coroners should at all times use moderate, neutral, well-tempered language, befitting the holder of a judicial office. This applies to public hearings as well as correspondence and reports.



The image features a white background with several realistic, 3D-rendered bubbles of various sizes. These bubbles are positioned in the corners: top-left, top-right, and bottom-right. Each bubble has a bright highlight and a dark shadow, giving them a spherical, reflective appearance. The text is centered in the middle of the page.

'In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.'



Reports about deaths in custody

All reports and responses about deaths in prisons and other detention centres

should as a matter of good practice be sent to HM

Inspectorate of Prisons in all

cases. The present Inspector has indicated that he would welcome this practice.

They should also be sent to the National Offender

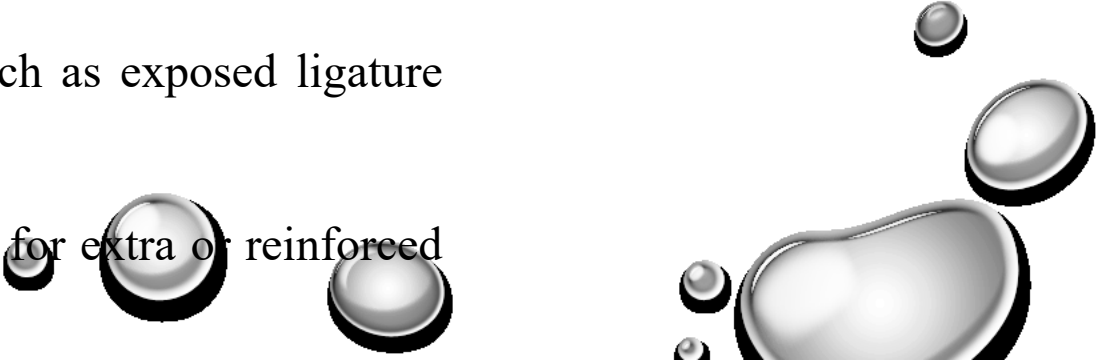
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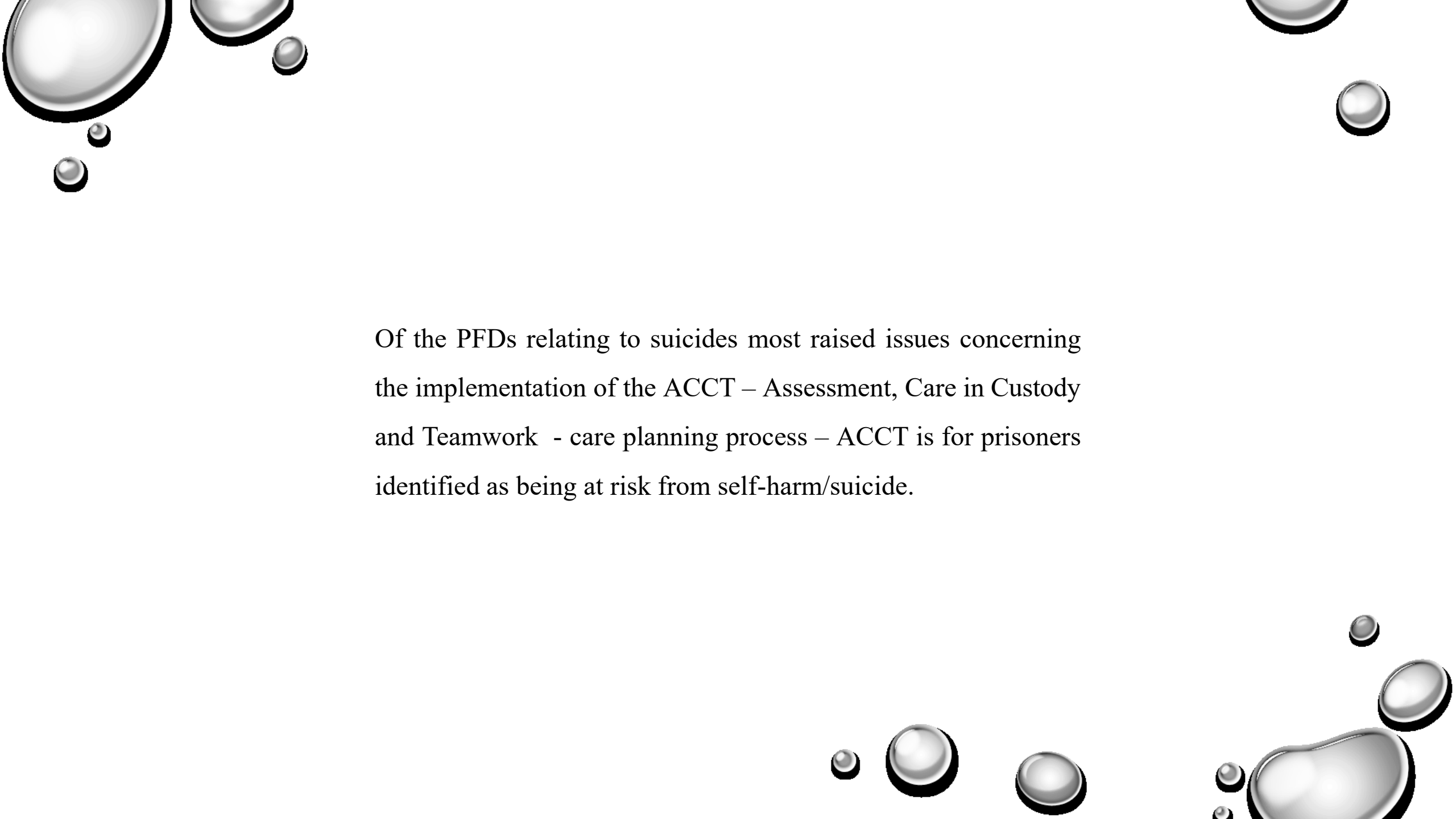
Independent Advisory Panel on Deaths in Custody.





These themes include:

- Evidence of a lack of awareness amongst some staff about procedures (for example one PFD Report highlighted the lack of awareness amongst staff of the different procedures in day and night working).
 - Lack of clarity amongst staff about how to trigger an emergency medical response.
 - The inconsistent application of procedures (this is a common observation in reports; for example, in one report it referred to the inconsistent or incorrect application of established procedures such as for cell observation checks).
 - Failure to pass on information between agencies and within institutions.
 - Issues around buildings and estate (such as exposed ligature points in cells).
 - Several reports also identified the need for extra or reinforced training for staff.
- 

The page features several clusters of realistic, 3D-rendered bubbles. One cluster is in the top-left corner, another in the top-right, and a larger group is in the bottom-right corner. The bubbles vary in size and are rendered with highlights and shadows to give them a metallic or glass-like appearance.

Of the PFDs relating to suicides most raised issues concerning the implementation of the ACCT – Assessment, Care in Custody and Teamwork - care planning process – ACCT is for prisoners identified as being at risk from self-harm/suicide.



Drugs

Systematic failure in systems to prevent drugs entering the prison

Lack of training in recognising and responding to opiate overdose

No dedicated night officers overseeing drug detox facility





Failure in health care

Prescription error

Problem with prescription systems and accessibility

Delay in administration of CPR by healthcare team

Number of staff had never received basic life support training

Problems with ambulance crew and prison emergency response
radios and failure to notify need for paramedic

No medical history available

External hospital appointments cancelled due to staff shortages

Healthcare had 3 separate data bases

No protocols to deal with unresponsive body



The image features a white background with several realistic, 3D-rendered bubbles of various sizes. These bubbles are positioned in the corners: a cluster in the top-left, a single bubble in the top-right, and a group in the bottom-right. The bubbles have a metallic or glass-like sheen, with highlights and shadows that give them a three-dimensional appearance. In the center of the page, the text "THE FUTURE?" is written in a clean, black, sans-serif font.

THE FUTURE?

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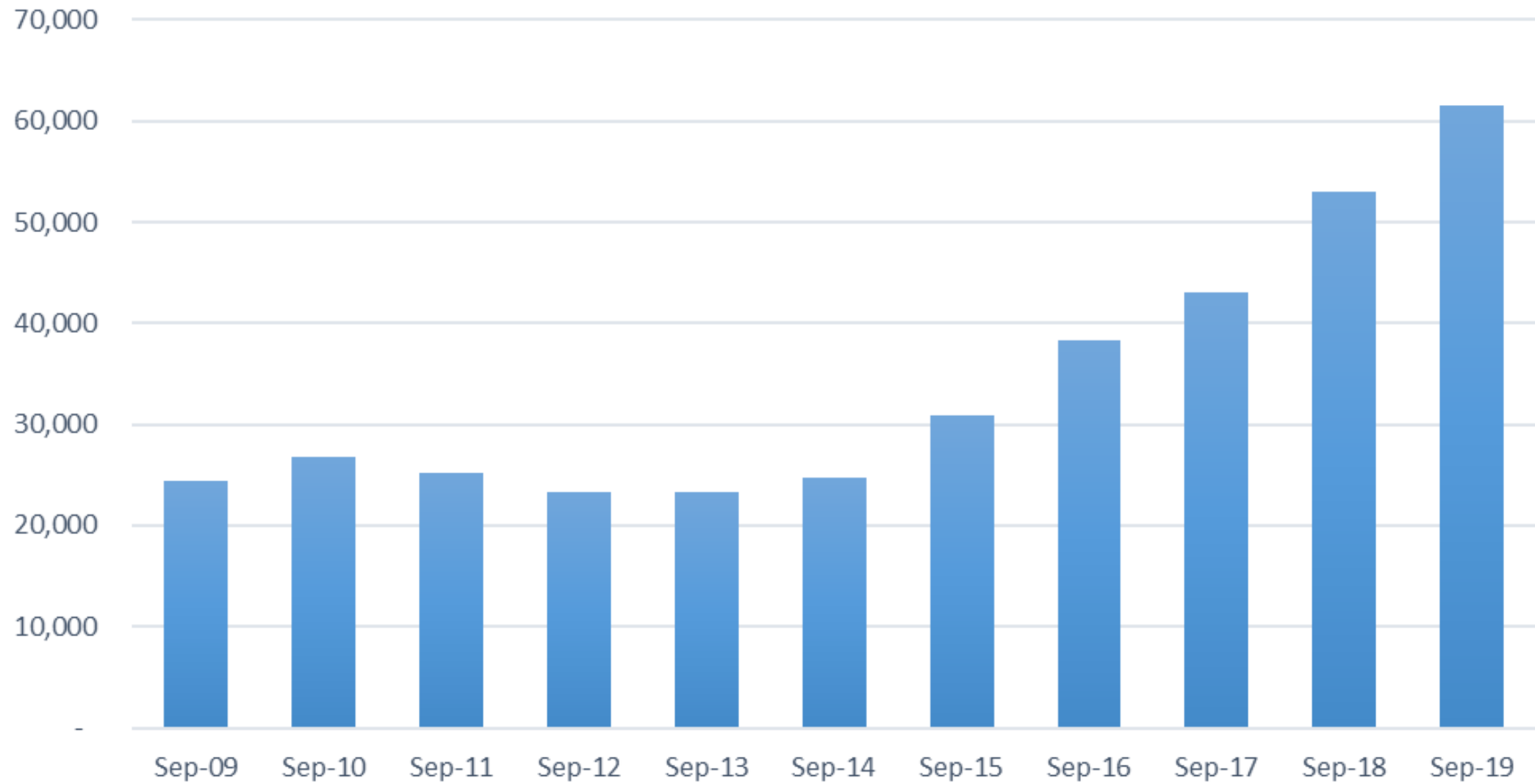


KEEPING SAFE CONFERENCE

25TH FEBRUARY

JONATHAN TICKNER – INSPECTOR, HMI PRISONS

Annual number of self-harm incidents in all establishments in England and Wales 2009-2019



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Prisoners · Families · Communities · A Fresh Start Together

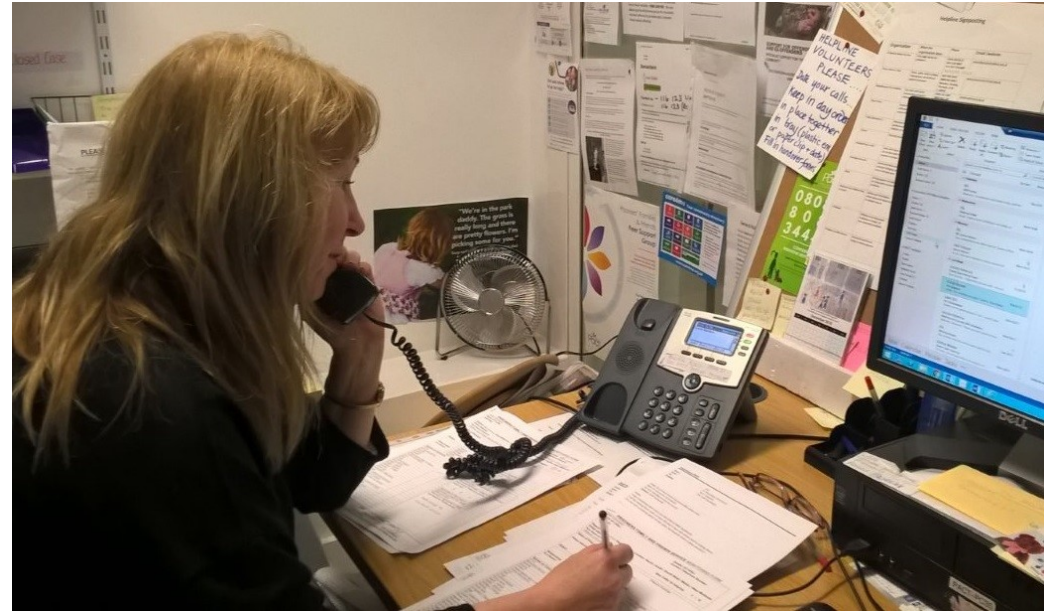
LISTENING TO PRISONERS' FAMILIES TO KEEP PRISONERS SAFE

KEEPING SAFE CONFERENCE

25.02.20

CLEO METCALF, PACT AMBASSADOR

ANDY KEEN-DOWNS, CEO



PRISON ADVICE AND CARE TRUST (PACT)

www.prisonadvice.org.uk



We are Pact

We provide support to people in prison, people with convictions in the community, children and families.

We do four things:

- **We build stronger families and safer communities.**
- **We reduce risk of harm.**
- **We pioneer and test new ideas.**
- **We inform and act as a 'Critical Friend'.**

Vision



Our vision is of a society in which justice is understood as a process of **restoration and healing**, in which prisons are used sparingly and as places of **learning and rehabilitation** and in which the innate **dignity and worth** of every human being is valued.

Mission



Our mission is to **support prisoners and their families** to make a **fresh start**, and to **minimise the harm** that can be caused by imprisonment on people who have committed offences, on families and on communities.

‘Not About Us, Without Us’



- We support, encourage and **empower**.
- We facilitate **self-advocacy**.
- We are humble, and respect the expertise of **lived experience**.

Implementation of responsive gateway communication systems for families: joint recommendations from PRT and Pact

LORD FARMER REPORT RECOMMENDATION:

'EACH PRISON SHOULD ESTABLISH A CLEAR, AUDITABLE AND RESPONSIVE 'GATEWAY' COMMUNICATION SYSTEM FOR FAMILIES' WHO HAVE CONCERNS ABOUT THE SAFETY OR WELL-BEING OF A PERSON IN PRISON.



The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime

by Lord Farmer

August 2017

Mr H

MR. H WAS IN PRISON IN THE MIDLANDS. HIS OLDER BROTHER LIVES IN SOUTH EAST ENGLAND AND IS HIS ONLY FAMILY. HE CALLED US. HE ISN'T ABLE TO VISIT DUE TO HEALTH AND FINANCIAL ISSUES BUT HE SPEAKS TO HIS BROTHER ON THE PHONE AND THEY WRITE TO ONE ANOTHER. HE SAYS THAT HIS BROTHER, MR H, IS IN PAIN AND NO ONE IS DOING ANYTHING – AND THAT HIS HAS MISSED THREE HOSPITAL APPOINTMENTS EACH OF WHICH WERE CANCELLED AT THE LAST MINUTE. HE SAYS THAT HIS BROTHER IS GETTING PARACETAMOL FROM HEALTHCARE BUT THAT HE IS IN TERRIBLE PAIN ALL THE TIME, CAN'T SLEEP AND HAS SAID HE JUST WANTS TO MAKE IT ALL STOP. HE SAYS THAT ONE TIME HE RANG, HE SPOKE TO THE SAFER CUSTODY TEAM, WHO TOLD HIM HE COULDN'T SPEAK TO HIS BROTHER BECAUSE OF GDPR AND SECURITY. ANOTHER TIME HE RANG HE WAS TOLD IT WAS A HEALTHCARE ISSUE. ANOTHER TIME, SOMEONE IN HEALTHCARE SPOKE TO HIM AND TOLD HIM THAT DUE TO PATIENT CONFIDENTIALITY SHE COULD NOT DISCUSS THE MATTER WITH HIM. ANOTHER TIME THE PERSON WHO ANSWERED THE PHONE SAID THEY COULDN'T EVEN CONFIRM IF MR H WAS IN THE PRISON OR NOT, DUE TO SECURITY, EVEN THOUGH HE HAD SPOKEN TO HIS BR

Implementation of responsive gateway communication systems for families: joint recommendations from PRT and Pact

- FARMER REPORT APPROVED BY GOVERNMENT AUGUST 2017
- PHIL COPPLE DIRECTIVE TO GOVERNORS TO DEVELOP FAMILY STRATEGY BASED ON LORD FARMER RECOMMENDATIONS (INCLUDING COMMUNICATION GATEWAYS)
- STRENGTHENING PRISONERS' FAMILY TIES POLICY FRAMEWORK

WWW.GOV.UK/GOVERNMENT/PUBLICATIONS

[/STRENGTHENING-PRISONERS-FAMILY-TIES-POLICY-FRAMEWORK](#)

- NEW 'FAMILIES MEASURE' (SEE www.prisonadvice.org.uk)



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Bristol Prison: 'Lack of care' highlighted by chief inspector

🕒 13 June 2019

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HMP Bristol can hold 614 prisoners, mainly adult men and some young offenders

The "lack of care" shown to "the many vulnerable" inmates at Bristol Prison has been highlighted in a report by the chief inspector of prisons.

Peter Clarke from HM Inspectorate of Prisons (HMIP) said levels of self-harm had "risen quite dramatically" and a crisis hotline had not been monitored.

Top Stories

Javid promises 'significant response' to no deal

The chancellor holds out the prospect of tax cuts, as the PM faces more questions about his conduct.

🕒 5 minutes ago

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🕒 20 minutes ago

Thomas Cook refunds to take up to two months

🕒 2 hours ago

Features



The secret tapes of Khashoggi's murder



Bristol Prison: 'Lack of care' highlighted by chief inspector

- THE "LACK OF CARE" SHOWN TO "THE MANY VULNERABLE" INMATES AT BRISTOL PRISON HAS BEEN HIGHLIGHTED IN A REPORT BY THE CHIEF INSPECTOR OF PRISONS.
- PETER CLARKE FROM HM INSPECTORATE OF PRISONS (HMIP) SAID LEVELS OF SELF-HARM HAD "RISEN QUITE DRAMATICALLY" AND **A CRISIS HOTLINE HAD NOT BEEN MONITORED.**
- INSPECTORS VISITED THE JAIL LAST WEEK AND **GAVE IT THE LOWEST GRADING POSSIBLE FOR SAFETY AND PURPOSEFUL ACTIVITY.**
- THE MINISTRY OF JUSTICE SAID THE FINDINGS MADE "VERY DIFFICULT READING".
- INSPECTORS IDENTIFIED "NUMEROUS SIGNIFICANT CONCERNS ABOUT THE TREATMENT AND CONDITIONS OF PRISONERS", RESULTING IN AN "URGENT NOTIFICATION" BEING ISSUED TO JUSTICE SECRETARY DAVID GAUKE.
- IT WILL BE THE FIFTH JAIL TO BE SUBJECT TO THE NOTIFICATION PROCESS SINCE IT WAS INTRODUCED IN NOVEMBER 2017.
- **'UNANSWERED VOICEMAILS'**
- MR CLARKE SAID: "THINGS SUCH AS THE CRISIS HOTLINE, WHERE RELATIVES AND FRIENDS OF PRISONERS CAN RING IN WITH CONCERNS IF THEY HAVE THEM, THAT SIMPLY WASN'T BEING MONITORED BY THE PRISON.
- "WHEN THE INSPECTORS ASKED WHAT WAS ON IT, THEY FOUND THAT THERE WERE 21 UNANSWERED VOICEMAILS. SO THAT SORT OF LACK OF CONCERNING INDEED."

Implementation of responsive gateway communication systems for families: joint recommendations from PRT and Pact

WHAT IS IT LIKE FOR FAMILIES NOW?

VOICEMAIL MESSAGES FROM FAMILIES OF PRISONERS



KEEPING

PEOPLE

SAFE IN PRISON

RECOMMENDATIONS

- PRISONERS FAMILIES CALL FOR IMPROVED SYSTEMS WHICH:
 - ENSURE **CLEAR, EFFECTIVE COMMUNICATION ABOUT SAFER CUSTODY SYSTEMS:**
 - ANSWER MACHINE MESSAGES THAT INFORM CALLERS HOW OFTEN THEY ARE CHECKED, WHEN THEY WILL RECEIVE A RETURN CALL AND ALTERNATIVE WAYS TO MAKE CONTACT IF THERE IS AN URGENT CONCERN/RISK TO LIFE.
 - THE DUTY OF CARE OFFERED BY SAFER CUSTODY.
 - AND HOW FAMILIES MIGHT BE ABLE TO ENGAGE AND INFORM THEIR LOVED-ONE'S CARE – SUCH AS ACCT PROCESSES.
- ENABLE **CONCERNED FAMILIES TO SPEAK TO A MEMBER OF STAFF IN THE PRISON**, AND PARTICULARLY IN CASES WHERE THERE IS AN URGENT THREAT TO LIFE CONCERN.
- **ACKNOWLEDGE CONTACT** – EVEN IF VIA TEXT, TO REASSURE FAMILIES THAT MESSAGES HAVE BEEN RECEIVED AND ARE BEING INVESTIGATED.
- **PROACTIVELY PROMOTE SAFER CUSTODY LINES** – PARTICULARLY WHEN PRISONERS HAVE BEEN IDENTIFIED AS VULNERABLE – SO THAT THEIR FAMILIES ARE AWARE OF HOW TO SHARE CONCERNS FROM THE POINT AT WHICH THEIR LOVED ONE ARRIVES IN CUSTODY.
- **OFFER ALTERNATIVE METHODS TO SHARE CONCERNS** – SUCH AS SAFER CUSTODY EMAILS (WE ONLY FOUND SAFER CUSTODY EMAIL ADDRESSES FOR 24 ESTABLISHMENTS) OR FAMILY FORUMS
- **ENSURE THAT CALL HANDLERS HAVE THE TRAINING, KNOWLEDGE AND AWARENESS TO BE ABLE TO SPEAK TO CALLERS WITH COMPASSION, HONESTY AND PROFESSIONALISM.**

RECOMMENDATIONS

- THERE IS CURRENTLY A SYSTEM-WIDE LACK OF ACCOUNTABILITY AND TRANSPARENCY.
- DIRECTIONS ARE ISSUED TO GOVERNORS TO HAVE COMMUNICATION GATEWAYS (SAFER CUSTODY LINES) IN PLACE, BUT WITH NO PRACTICAL GUIDANCE, TRAINING, OR RING-FENCED RESOURCE TO SET UP AND MANAGE SERVICES EFFECTIVELY. EVERY PRISON IS TRYING TO MAKE UP THEIR OWN SOLUTION – WITH NO NATIONAL STANDARDS OR BENCHMARK IN PLACE.
- LINES MUST BE CHECKED AND MONITORED AGAINST AGREED STANDARDS.
- RECORDS SHOULD BE LOGGED OF CALLS AND CORRESPONDENCE FROM WORRIED FAMILY MEMBERS USING NOMIS, WITH ACTIONS CLEARLY LOGGED FOR AUDIT AND CONTROL.
- CLEAR GUIDANCE IS NEEDED FOR HMPPS AND HEALTHCARE PROVIDERS TO ENSURE THAT NO ONE CAN HIDE FROM THEIR FUNDAMENTAL SAFEGUARDING DUTIES TO KEEP PRISONERS' SAFE OR TO ENGAGE APPROPRIATELY WITH WORRIED FAMILIES BEHIND GDPR, PATIENT CONFIDENTIALITY, SECURITY, OR OTHER COMPLIANCE CONCERNS.

KEEPING SAFE

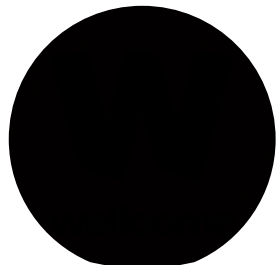
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Suicide and self harm in prison – rates and risk factors

Seena Fazel,
Department of Psychiatry,
University of Oxford

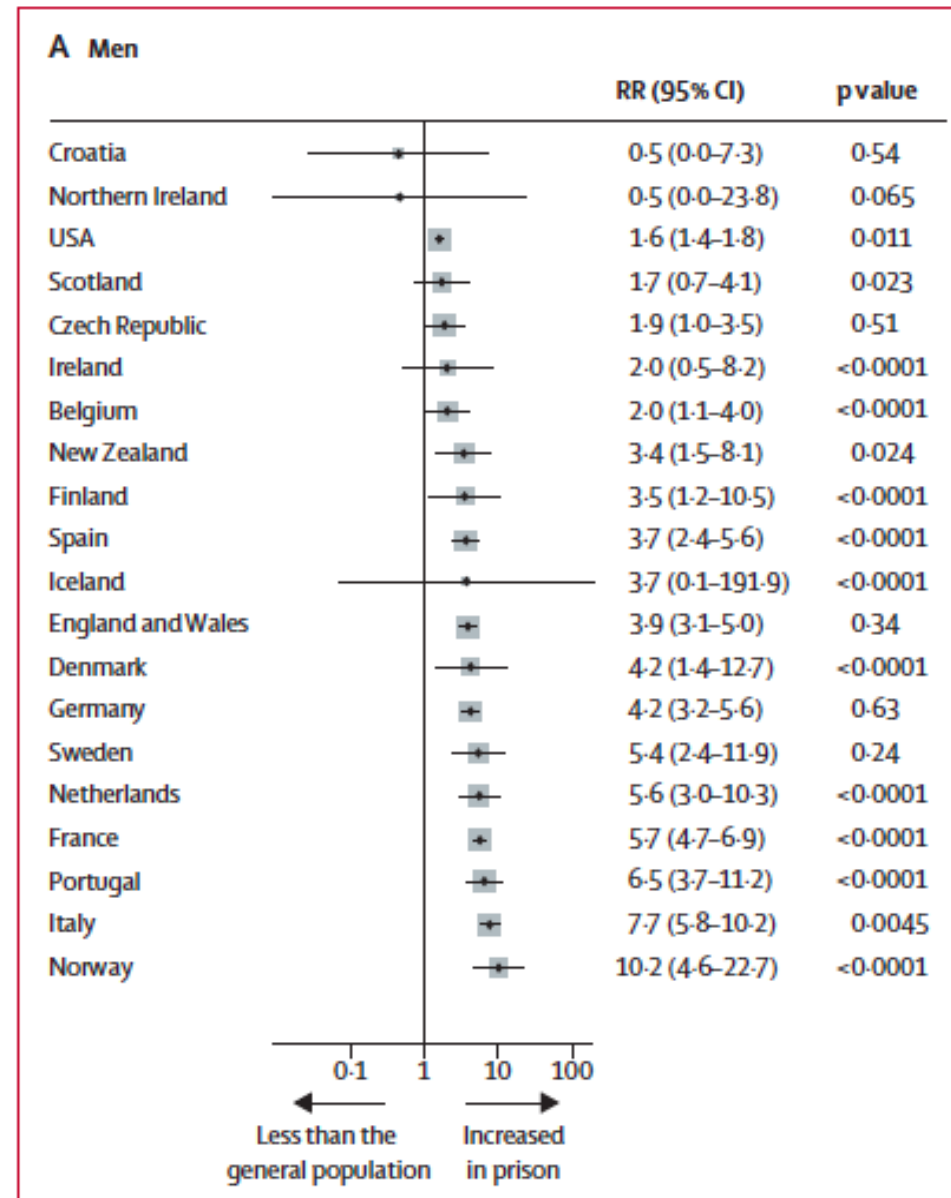


- Suicide rates – how they compare with other countries and why
- Risk factors for suicide in general population
- Risk factors in prison for suicide/near-lethal attempts/self-harm
- Population and targeted approaches

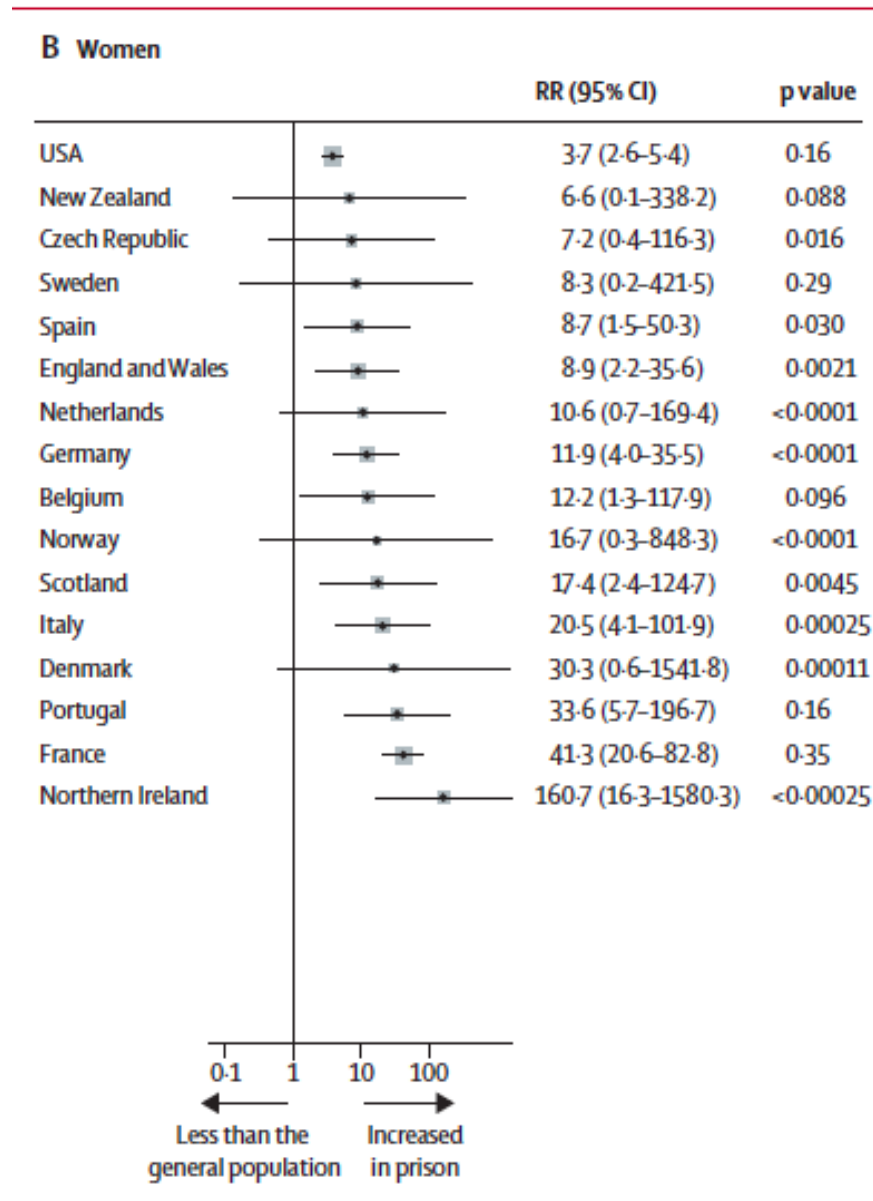
Suicide risk

- What is the rate of prison suicide compared to general population?
- Does it differ compared to other countries?

Suicide in male prisoners



Suicide in female prisoners



Suicide rates

- Highest in Norway and France
- Lowest in the US
- The UK around the middle

Associations

- Not general population suicide rate
- Not overcrowding
- Not ratio prisoners to prison staff
- Not how much spent on prisons

Incarceration rates

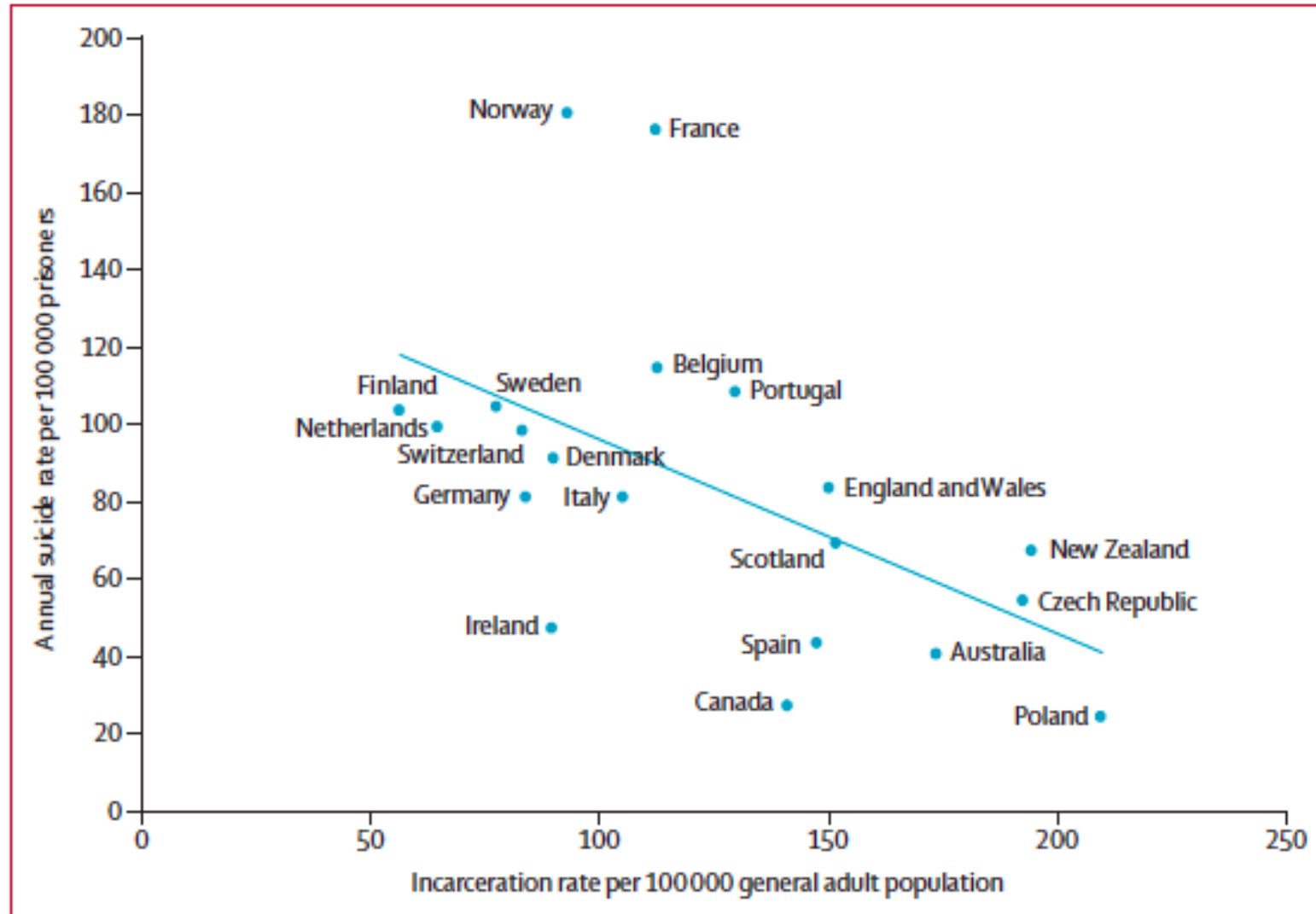
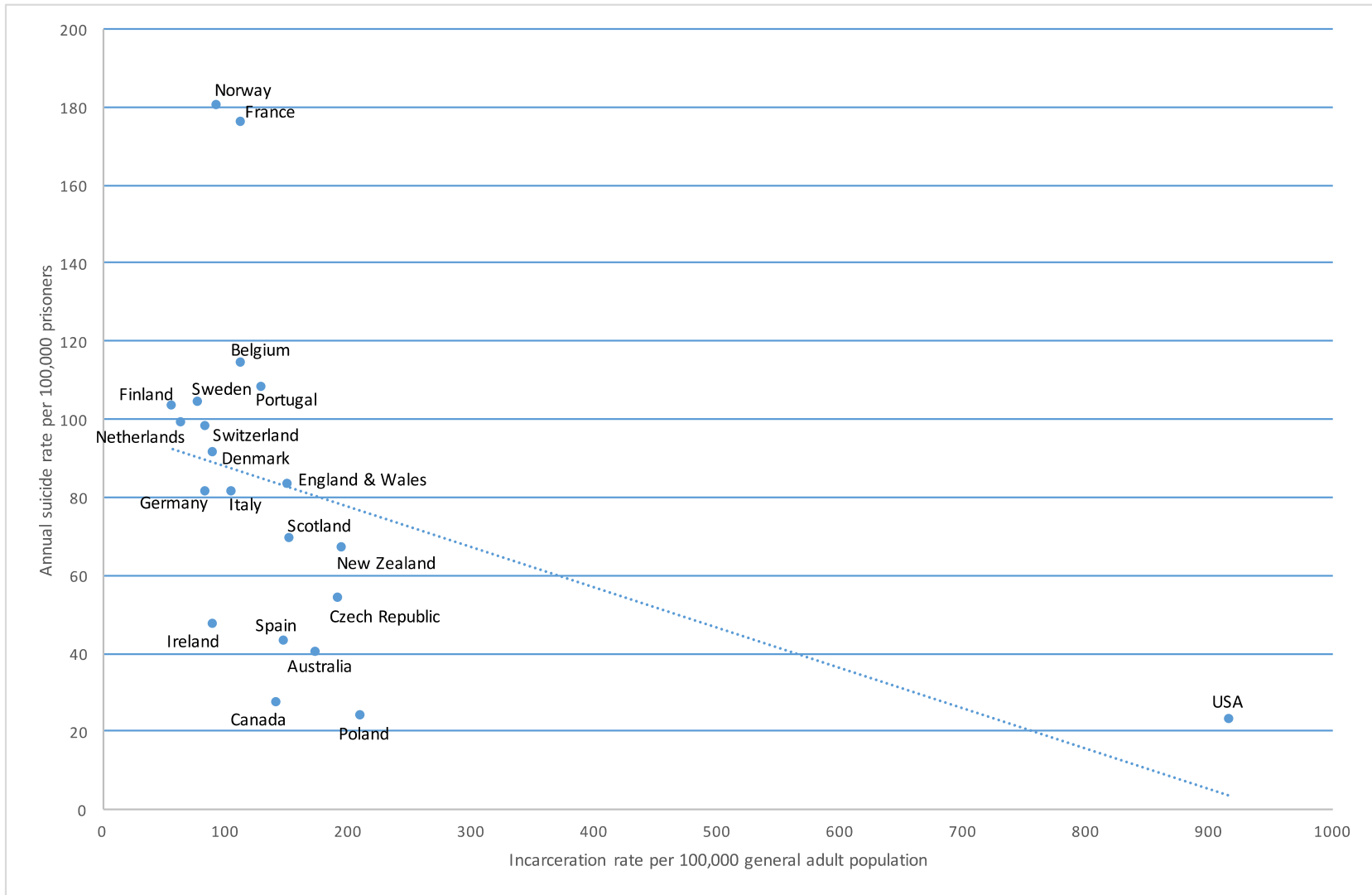


Figure 2: Rates of prison suicide compared with rates of incarceration



Risk factors

- Accumulation of predisposing and precipitating factors
- Need to compare prisoners who have died with other prisoners (case-control studies)
- Strength of association is important – not just whether there is one

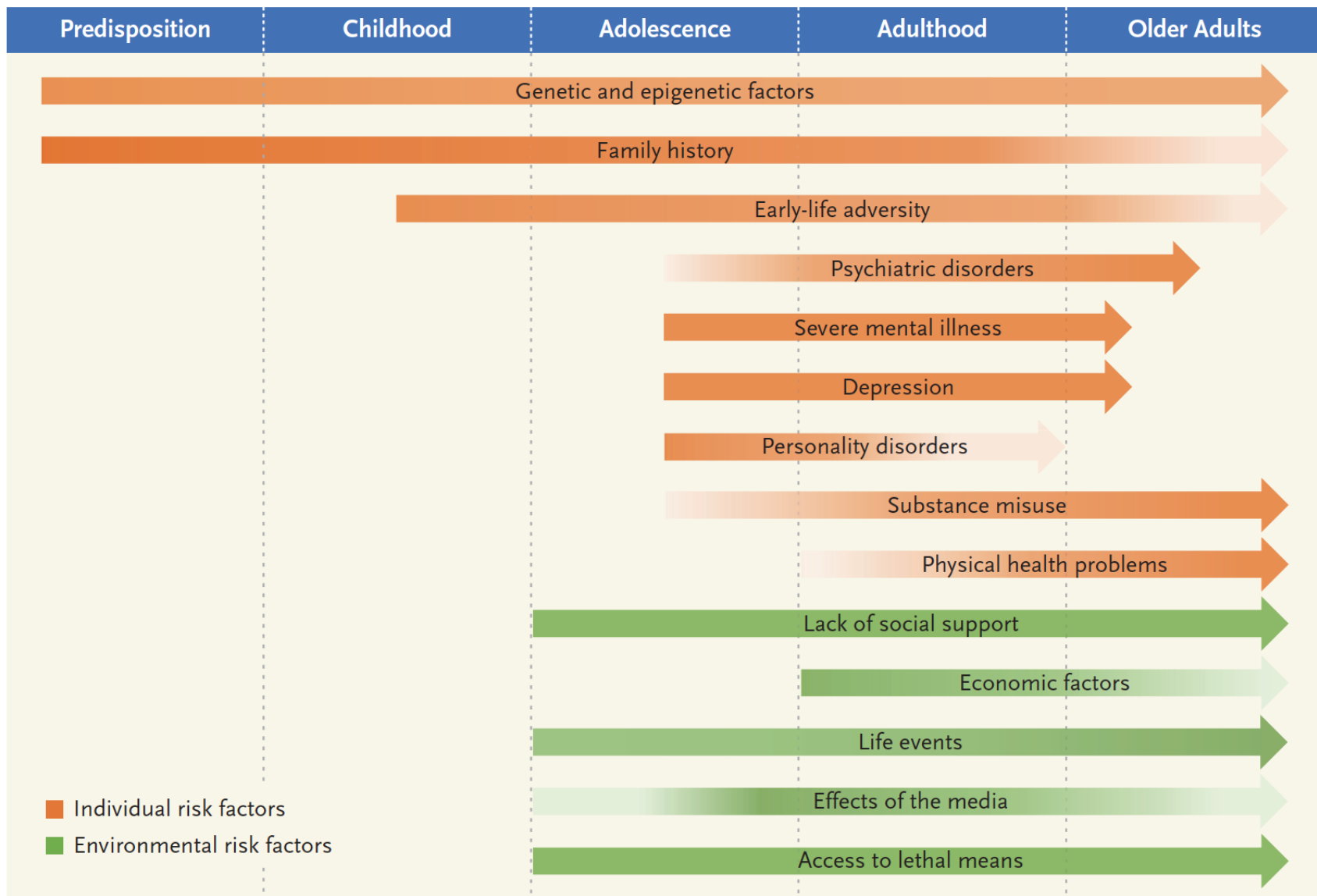


Figure 1. Risk Factors for Suicide and the Strength of the Association throughout Life.

The strength of the association between each risk factor and suicide is indicated by the shading (darker shading indicates a stronger association).

Prison suicide

- Strongest risk factors are mostly modifiable: single cell (9x), previous attempt (8x), psychiatric diagnosis (6x), alcohol problems (3x)
- Being black and short sentence inversely associated

Near-lethal studies

- Co-occurrence of psychiatric disorders and multiple psychosocial problems
- Past abuse and recent bereavement in women
- Social support

Self harm in prisoners

- Common and associated with suicide mortality
- Repetition is frequent – men, 2x yr; women, 8x yr

Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide



Keith Hawton, Louise Linsell, Tunde Adeniji, Amir Sariaslan, Seena Fazel

Summary

Background Self-harm and suicide are common in prisoners, yet robust information on the full extent and characteristics of people at risk of self-harm is scant. Furthermore, understanding how frequently self-harm is followed by suicide, and in which prisoners this progression is most likely to happen, is important. We did a case-control study of all prisoners in England and Wales to ascertain the prevalence of self-harm in this population, associated risk factors, clustering effects, and risk of subsequent suicide after self-harm.

Methods Records of self-harm incidents in all prisons in England and Wales were gathered routinely between January, 2004, and December, 2009. We did a case-control comparison of prisoners who self-harmed and those who did not between January, 2006, and December, 2009. We also used a Bayesian approach to look at clustering of people who self-harmed. Prisoners who self-harmed and subsequently died by suicide in prison were compared with other inmates who self-harmed.

Findings 139 195 self-harm incidents were recorded in 26 510 individual prisoners between 2004 and 2009; 5–6% of male prisoners and 20–24% of female inmates self-harmed every year. Self-harm rates were more than ten times higher in female prisoners than in male inmates. Repetition of self-harm was common, particularly in women and teenage girls, in whom a subgroup of 102 prisoners accounted for 17 307 episodes. In both sexes, self-harm was associated with younger age, white ethnic origin, prison type, and a life sentence or being unsentenced; in female inmates, committing a violent offence against an individual was also a factor. Substantial evidence was noted of



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See Online/Comment
[http://dx.doi.org/10.1016/S0140-6736\(13\)62571-4](http://dx.doi.org/10.1016/S0140-6736(13)62571-4)

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Clinical Trials Unit, National
Perinatal Epidemiology Unit,
University of Oxford, Oxford,
UK (L Linsell MSc); Equality,
Rights and Decency Group,
National Offender
Management Service, Ministry

Risk factors in Eng & Wales

- Younger age
- White ethnicity
- Life sentence
- Being unsentenced
- Locals vs. Cat B/C
- Violent index offence (women)

Table 4. Strongest risk factors (in terms of z score) for each domain.

| | <i>k</i> | <i>N</i> | OR (95% CI) | <i>z</i> score | <i>p</i> value | <i>I</i> ² |
|----------------------------|----------|----------|----------------|----------------|----------------|-----------------------|
| Any psychiatric diagnosis | 4 | 134 954 | 8.1 (7.0–9.4) | 27.6 | < 0.001 | 0% |
| Any childhood abuse | 6 | 9481 | 2.1 (1.8–2.5) | 8.9 | < 0.001 | 0% |
| Sentence length (5+ years) | 4 | 5093 | 2.3 (1.9–2.7) | 8.6 | < 0.001 | 0% |
| Threatened with violence | 5 | 5794 | 2.6 (2.0–3.3) | 7.0 | < 0.001 | 44% |
| Homelessness | 4 | 9315 | 2.5 (1.8–3.3) | 6.0 | < 0.001 | 13% |

k = number of studies analysed; *N* = total number of participants included in pooled analyses; OR = pooled odds ratio and its 95% confidence interval (CI); *I*² = percentage of variability in effect size estimates that is attributable to between-study variation (heterogeneity).

Population approaches

- Reducing access to means of self-harm and suicide
- Prisons should become more research-friendly environments (evidence needs updating)

Targeted approaches

- Repetitive self-harmers (especially women)
- Ensuring mental health input into high risk prisoners
- Improving detection and treatment of mental illness (especially depression, PTSD, comorbidity)

Targeted approaches

- How to identify repetitive self-harmers?
- Need improved risk assessment that is scalable, simple, evidence-based and linked to interventions
- RAPPS project starting this year

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Interventions for Self-Harm in the Criminal Justice System

Professor Jenny Shaw

Self-harm in women in prison

- 626 incidents per 1000 men in prisons E and W
- **2,940** incidents per 1000 women in prison
- Higher rates than community

Current interventions?

- No standardised evidence-based treatments designed to reduce self-harm in prisons
- Most prisons offer CBT or DBT/services for personality disorder
- Various initiatives at individual prisons
- Listeners (Samaritans trained), distraction packs
- None target self-harm directly and none formally evaluated in prison with randomised control trial (RCT)

The feasibility and acceptability of medical skin camouflage for recovery of women with self-harm scarring in prison: COVER

Background

- Scarring: long-term psychosocial effects:

reduced social interaction, increased social anxiety and reduced quality of life
- Little focus on recovery of women prisoners living with scars

Medical Skin Camouflage (MSC)

- BNF-listed
- covers scarring or disfigurement.
- 6-month community pilot: 95% of young people who used MSC improved confidence and ability to engage in activities (Ranote, 2016)

COVER

- First study to deliver an MSC intervention in a women's prison
- Feasibility and acceptability pilot randomised control trial (RCT)
- Delivery by women in prison

Results: Acceptability

- “I’ve got one bad scar, yes, it’s there, and no matter, you know, people will say to me, what’s that hole in your arm, every time, why have you got a hole in your arm? And **when I had the makeup on, you could hardly see that**, do you know what I mean? It just covered it, It was really good at covering it. So **I was dead happy.**”

The women said MSC:

- Increased confidence and self-esteem, used gym more
- Reduced embarrassment
- They could wear shorts/vest tops in hot weather
- They had better relationships with staff
- They felt less judged by others or stigmatised

Next steps: RCT

Women Offenders Repeat Self-harm Intervention Pilot studies

WORSHIP

Psychodynamic interpersonal therapy (PIT)

- Brief, manualised therapy
- Help to learn new ways of managing emotions/relating to others
- Shown promise in reducing depression, suicidal ideation and self-reported self-harm in adult outpatients (Guthrie et al., 1999, 2001; Shapiro et al., 1995)
- May be particularly effective following childhood trauma (Creed et al., 2005).

PIT for women in prison

- High rates past victimisation/ trauma
- 70% self-harm incidents attributed to inter-personal conflict (Guthrie 2001) – inter-personal intervention
- Short sentences- need brief therapy

Research Question

- Is PIT an effective and cost-effective intervention in comparison with treatment as usual?

DESIGN

- RCT of PIT v treatment as usual (TAU)
- 7 women's prisons in England
- Inclusion: experiencing thoughts of self-harm; self-harm in last month; 18 years or older

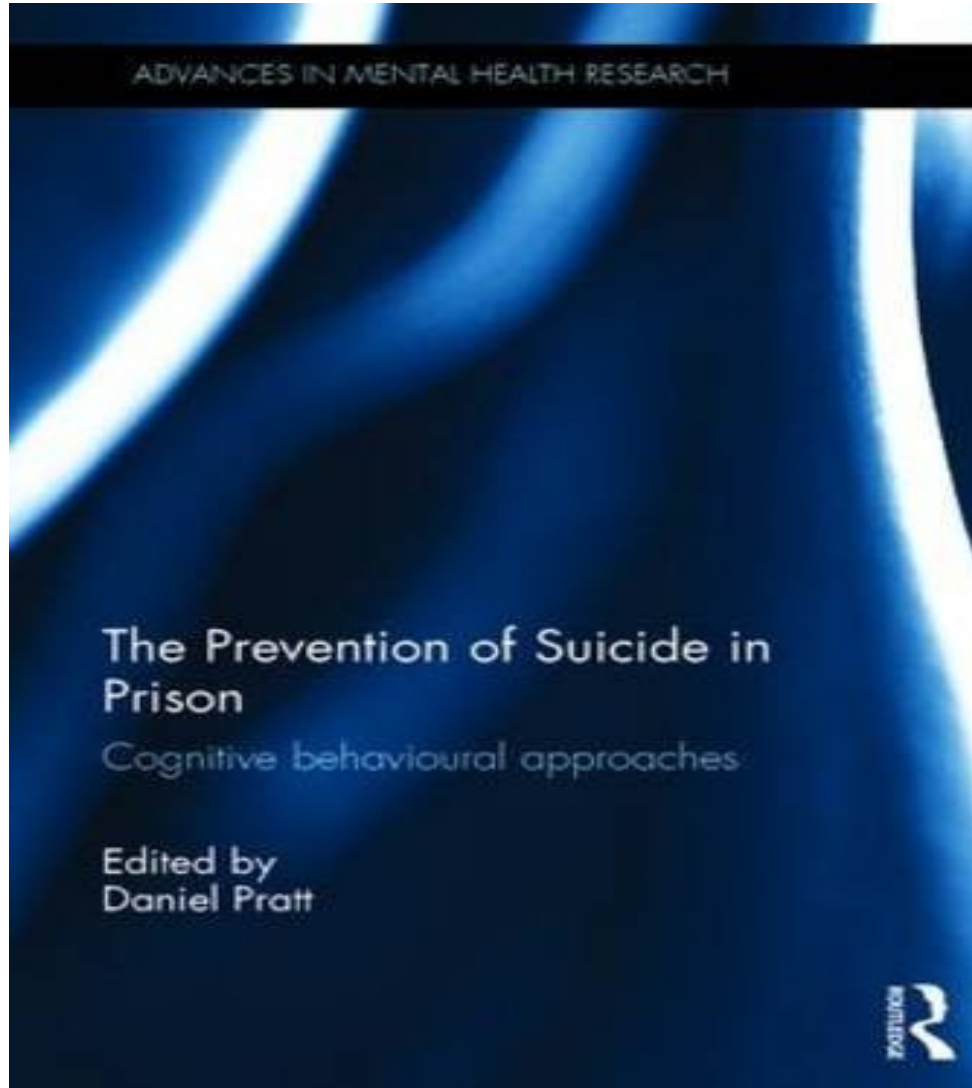
Intervention

- 4-8 50-minute sessions of manualised PIT adapted for self-harming women prisoners
- Delivered by supervised clinical and forensic psychology/psychiatry trainees
- **132 PIT:132 TAU**

p

Randomised controlled trial of Cognitive Behavioural suicide prevention therapy in male prisoners

What is CBSP therapy?



Specific focus on treating the underlying psychological mechanisms specific to suicidality:

1. Attention Broadening
2. Thought Challenging
3. Problem Solving Training
4. Mood Management
5. Improving Self-Esteem & Resilience (Positive Schema)

Pratt, D. (ed.) (2015). *The Prevention of Suicide in Prison*. London: Routledge.

Conclusions from PROSPeR PILOT

- Cognitive Behavioural Suicide Prevention (CBSP) therapy can be feasibly delivered within a prison setting
- The format of the therapy programme appears acceptable to therapy recipients
- Many prisoners were motivated to take advantage of a rare opportunity to learn new ways of coping with suicidal distress
- Preliminary analysis of outcomes indicated a promising effect worthy of further investigation in a sufficiently powered RCT

Introducing PROSPECT

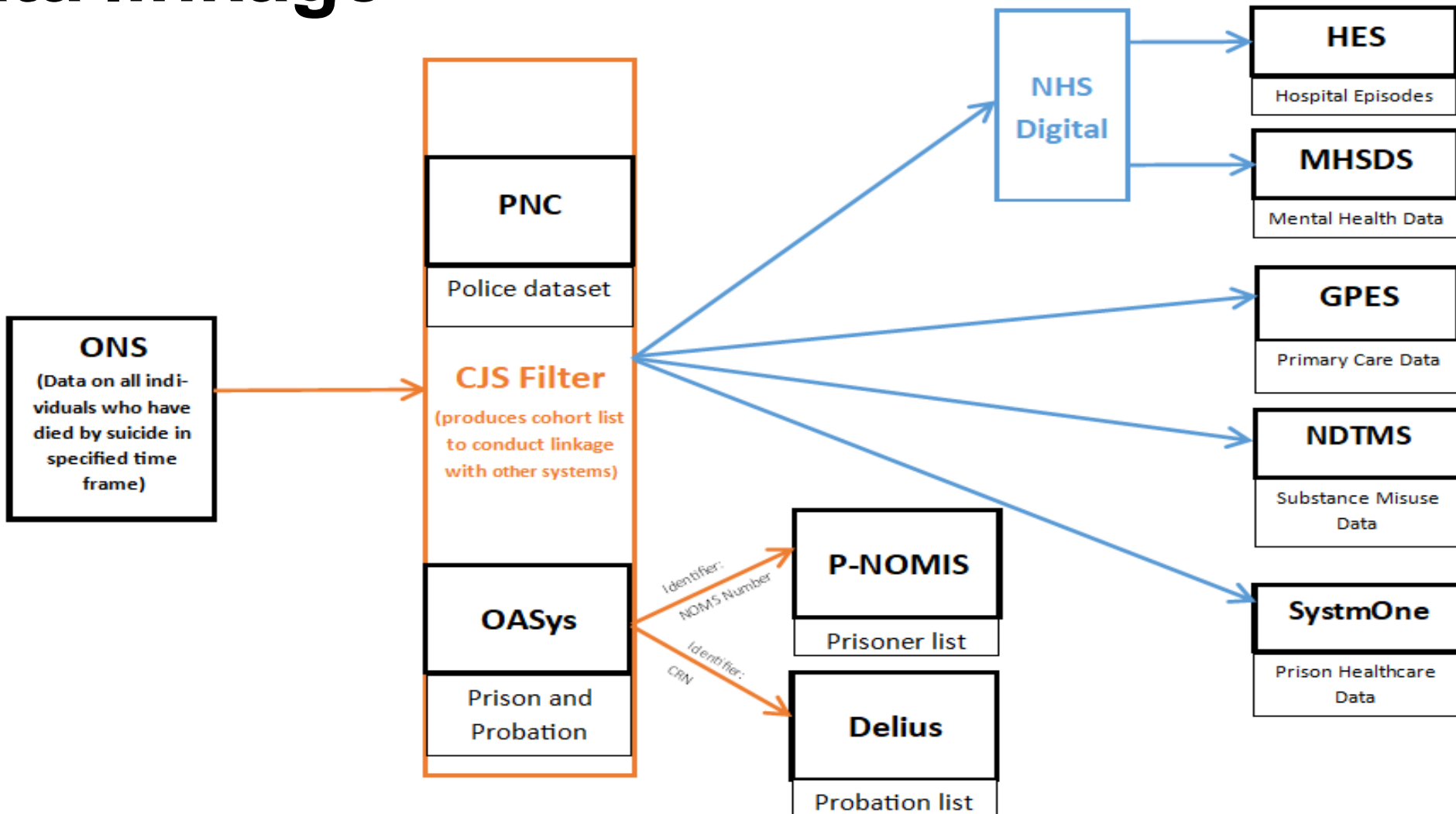
- 4 year large-scale study (2019 – 2022)
- NIHR PGfAR funded
- The overall aim of the PROSPECT project is to increase access to an evidence –based psychological therapy for suicidal prisoners.

The management and prevention of suicide risk across the criminal justice pathway

Interviews with professionals

- 30 interviews with police, court and probation staff
- Perspectives on the identification and management of self-harm and suicide
- Three main themes identified:
 - The need for improved awareness of suicide and self-harm
 - Environment effects on risk management
 - The need for joined-up working

Data linkage



Any questions or comments?



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KEEPING SAFE

Independent  in Custody

insidetime
the National Newspaper for Prisoners & Detainees

SAMARITANS