

Independent Advisory Panel on Deaths in Custody (IAP)

Keeping safe - preventing suicide and self-harm in custody.

Prisoners' views collated by the IAP

December 2017

About the Independent Advisory Panel on Deaths in Custody (IAP)

The Ministerial Council on Deaths in Custody formally commenced operation in April 2009 and is jointly sponsored by the Ministry of Justice, the Department of Health and the Home Office. The Council consists of three tiers:

- Ministerial Board on Deaths in Custody
- Independent Advisory Panel (IAP)
- Practitioner and Stakeholder Group

The IAP forms the second tier of the Ministerial Council. The ambit of the Council (and IAP) covers deaths which occur in prisons, in or following police custody, immigration detention, the deaths of residents of approved premises and the deaths of those detained under the Mental Health Act (MHA) in hospital. The principles and lessons learned as part of this work also apply to the deaths of those detained under the Mental Capacity Act in hospital.

The role of the IAP, an arms-length body, is to provide independent advice and expertise to the Ministerial Board. It provides guidance on policy and best practice across sectors and makes recommendations to Ministers and operational services. The IAP's aim is to bring about a continuing and sustained reduction in the number and rate of deaths in all forms of state custody in England and Wales.

Juliet Lyon CBE was appointed Chair of the IAP in 2016. Further information on the IAP can be found on the website: <http://iapdeathsincustody.independent.gov.uk/>

For more information on this report – or on the IAP more generally - please contact:

Andrew Fraser

Head of Secretariat – Ministerial Council on Deaths in Custody

Andrew.fraser1@justice.gov.uk

Acknowledgements

The IAP wishes to thank all those prisoners who submitted their views on how best to prevent suicide and self-harm in prison. We note the trouble people took to make detailed submissions drawing attention to what needs to change as well as describing good practice. We are grateful to family members who sent in their views via the charity Nepacs. We are most grateful to Inside Time, the prisoners' newspaper; Prison Radio Association; the Samaritan Listeners and Kathy Baker for working with us to keep people safe.

Foreword

No one wants anyone to suffer the pain of suicide in prison and the impact such a bleak death has on family, friends, other prisoners and prison staff. Yet last year 107 men and 12 women took their own lives in custody in England and Wales

Latest figures show that, in the year to September 2017 there were 77 self-inflicted deaths in prison (72 men and 5 women). These figures indicate a small – but nonetheless encouraging – improvement on the previous year's figures. However, they remain among the highest levels since 2004. The level of self-harm is catastrophic with 41,103 recorded incidents in the year to June 2017, up 12% on the previous year and up approximately 50% since 2010. Soaring rates of self-injury attest to increased distress, unmet mental health need and desperate and risky attempts to effect a change of circumstance. Efforts to stem and ultimately reverse this terrible flow of tragedy are underway, but it is clear that significant change is required right across the system for there to be success. And, importantly, for that success to be sustained over time.

Early in 2017, the Independent Advisory Panel on Deaths in Custody (IAP) undertook a collaboration with Inside Time, Prison Radio and the Samaritans to reach out and listen to those in custody and seek their ideas for keeping people safe. The support and efforts of all of these organisations and – particularly of Kathy Baker, founder of the Samaritan Listeners – has been invaluable.

The IAP set out to hear directly from prisoners for several reasons. Firstly, people in prison are experts by experience. They see and hear and know things about life behind bars that others don't. Secondly it is becoming increasingly evident across a range of public policy areas that policy design works best when it is informed by those who use the services or live in them, as with prisons. Listening to a range of opinions can help challenge prejudice, and adds credibility when consistent messages are given. Lastly, we cannot escape the fact that prisons are not often places of hope. And they are under particular pressure. Too many prisoners and too few staff in volatile prison facilities with drugs, debt and unmet mental health need means that it is easy for those living in them to feel that they are alone and that no-one is listening to them. By offering prisoners an opportunity to write or telephone the IAP and receive a reply, we affirmed that there are people interested in what they have to say, who appreciate their shared determination to keep people safe and will ensure that their views reach those who can effect policy and practice change. It is our fervent hope, that the 'thread of hope' woven by this initiative helps enable prisoners to see that they can make a significant contribution to suicide prevention.

The reaction to the IAP's call for ideas and solutions was robust. We received over 100 detailed letters and 50 transcribed telephone calls from prisoners across 60 prisons that demonstrated the determination to prevent needless deaths felt by those witnessing – and sometimes engaging in – self-injury and suicide attempts. We received a notably consistent set of thoughts on both the problems and solutions required. The briefing goes into greater depth on this but a brief summary of the problems identified by contributors included:

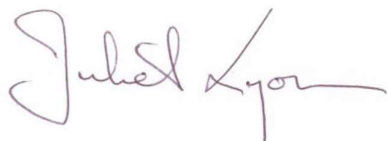
- A marked reduction in staffing levels combined with the loss of experienced, trusted staff, and the accompanying reduction in activities, time out of cell and time to listen and talk;
- The contempt with which some officers behaved towards prisoners in contrast to the compassion shown by others;
- Unmet mental health, drug and alcohol treatment needs;
- An increase in illicit drug use, intimidation, violence and debt in custody;
- The high numbers of recalls, and the feelings of hopelessness in those past tariff on IPP sentences.

The solutions offered by prisoners were often the positive mirror image of the above, such as:

- Staff with the time and professionalism to support and encourage the prisoners in their custody;
- Tackling debt and bullying in prisons;
- Greater time out of cell and more meaningful activities such as work, exercise and education and an increase in contact with family;
- And coming to grips with, amongst others, the enduring impact of the abolished IPP sentence; an incentives scheme (IEP) that has become unduly punitive; an assessment and care system (ACCT) that in some instances has been reduced to a box-ticking exercise; and overuse of recalls to custody for administrative reasons.

The focus of this exercise is to draw together these ideas and solutions and present them – both to those in prison – and also to those who can make the meaningful changes required to improve conditions and treatment and increase hope in our prisons. A four page ‘Keeping Safe’ supplement has been published in the September issue of Inside Time setting out the ten main themes and proposals for reform. In addition, this briefing has been prepared for Ministers, senior officials at the Ministry of Justice, Department of Health, Home Office, HM Prisons and Probation Service, NHS England, governors and directors of individual prisons and interested parties. Where possible the IAP has referred to recent research and recommendations made by regulatory and investigative bodies which underpin solutions put forward by prisoners.

The government has a duty to hold people safely in custody and to take active steps to protect life. Self-inflicted deaths are avoidable not inevitable. We would urge all with responsibility for this sector to take the time to consider what people in prison know must change.



Juliet Lyon CBE
Chair, Independent Advisory Panel

Contents

Executive summary.....	6
Introduction	8
The context	8
Methodology of the collaboration.....	11
• Prison staff and the need for humane treatment.....	12
• Meeting mental health needs and improving wellbeing	12
• Improving regimes	12
• Meeting basic needs	12
• Increasing family contact	12
• Making greater use of peer support	12
• Making better use of Assessment, Care in Custody and Teamwork (ACCT).....	12
• Dealing with drugs, violence and debt	12
• Revising the Incentives and Earned Privileges scheme (IEP)	12
• Preventing suicide and self-harm in the community.....	12
Main findings	14
What do you think are the best ways to prevent suicide and self-harm in prison and respond to people’s needs?	14
• Meeting mental health needs and improving wellbeing	19
• Improving regimes	23
• Achieving justice and fairness.....	26
• Meeting basic needs	28
• Increasing family contact	32
• Making greater use of peer support	35
• Making better use of Assessment, Care in Custody and Teamwork (ACCT).....	38
• Dealing with drugs, violence and debt	40
• Revising the Incentives and Earned Privileges scheme (IEP)	43
• Preventing suicide and self-harm in the community.....	45
Appendix A – Respondents to the IAP’s call for ideas.....	48
Appendix B – IAP members	50

Executive summary

Points to note on the briefing:

The ideas and solutions offered here are those of the people who responded to the IAP via Inside Time and Prison Radio. Over 150 prisoners across 60 prisons contributed including Samaritan Listener groups and a response facilitated by the family support charity, Nepacs. This extended briefing has been developed to include, where possible, reference to recent research, reports and recommendations made by, amongst others, the Joint Committee on Human Rights, the National Audit Office (NAO), HM Chief Inspector of Prisons, the Prisons and Probation Ombudsman and the Chief Coroner.

Main points

Prisoners said that:

Prisoner/staff relations could be improved by:

- Establishing and maintaining safe staff/prisoner ratios/staffing levels in all prisons
- Selecting, recruiting and retaining good, decent people who will treat prisoners with humanity, respect and common sense
- Supporting, training and supervising staff to meet national and international human rights standards

Mental health treatment and wellbeing could be improved by:

- Focussing on preventative work and diversion into treatment
- Ensuring a timely response by trained mental health teams, including counsellors and keyworkers, and introducing mental health awareness and emergency response training for all staff
- Tailoring drug treatment, maintenance and detox to needs of individuals

Regimes could be improved by:

- Increasing time out of cell
- Developing a consistent programme of purposeful activity, opportunities for work and release on temporary license (ROTL)
- Ensuring proper first night/induction procedures and thorough-going preparation for release

Justice and fairness could be achieved by:

- Reviewing everyone still serving an IPP sentence with a view to release
- Engaging with people maintaining their innocence
- Making sense of sentence planning and progression

Basic needs could be met by:

- Maintaining a decent, safe, clean environment
- Ensuring access to sanitation, showers, exercise, fresh air, daylight, nourishing food at sensible times and a decent night's sleep

- Developing a culture where people can maintain their identity, dignity and hope

Family contact could be improved by:

- Introducing and rolling out across the prison estate in-cell telephones at reduced cost and access to IT
- Holding people as close to home as possible and reducing number of transfers
- Setting up an emergency contact line for families and friends

Greater use of peer support could be achieved by:

- Building up and supporting Samaritan Listeners
- Making volunteering and taking personal responsibility a central part of the regime in partnership with voluntary organisations
- Increasing support for transgender prisoners and other vulnerable groups

Better use could be made of ACCT by:

- Examining if ACCT has become a box-ticking exercise and focusing on making it more meaningful and effective
- Increasing the involvement of prisoners, mental health professionals and family members in the ACCT process
- Ensuring care maps are established, regularly reviewed and followed through

The best way to deal with violence, drugs and debt is by:

- Tackling/not tolerating bullying and threats
- Improving testing for NPS and offering an amnesty/treatment
- Allowing for safe disclosure and increasing support for prisoners who want to serve their sentence responsibly

Better use of incentives could be made by:

- Increasing scope for earned privileges
- Making the IEP scheme fairer, more motivating and less punitive
- Reviewing and improving prisoners' work opportunities and pay

The way to prevent suicide and self-harm in the community is by:

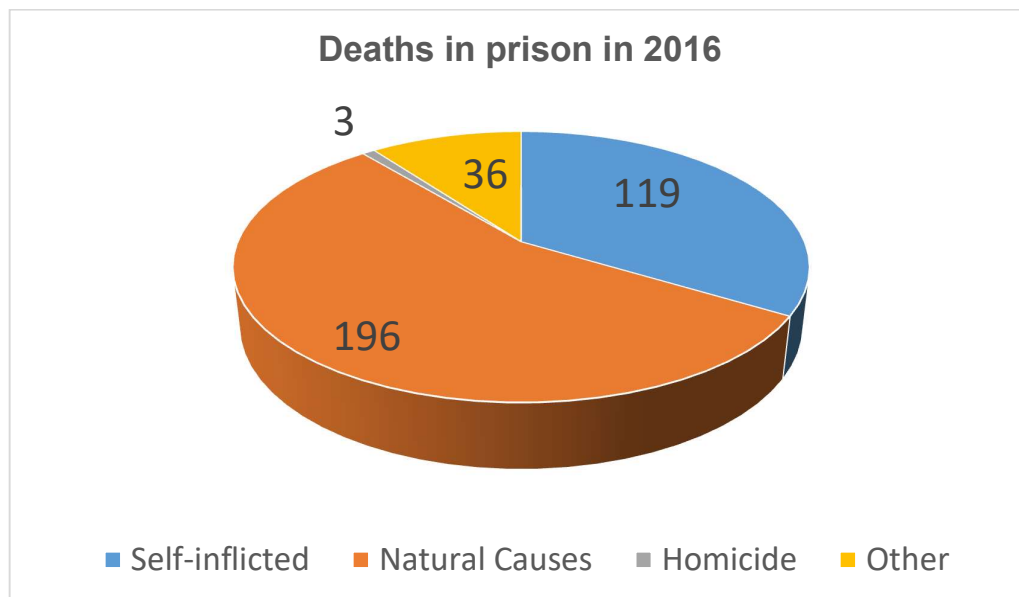
- Improving community mental health and liaison and diversion services
- Increasing information and support for sex offenders pre-custody and post-release
- Improving resettlement into safe housing, work, support and supervision by probation services and reviewing the threshold for, and reducing, recalls to custody.

Introduction

The context

1. In 2016, there were **354** deaths in prison custody, up from 257 the previous year. Three of these were homicides, down from eight. There were 119 self-inflicted deaths, up 29 overall. Included in this figure are twelve women who died by suicide. These figures led the IAP first to undertake a consultation with women prisoners and health and justice professionals and to produce a report¹ on preventing the deaths of women in custody. Then to initiate a collaboration with Inside Time, the Samaritans and the Prison Radio Association and to produce this Keeping Safe report.

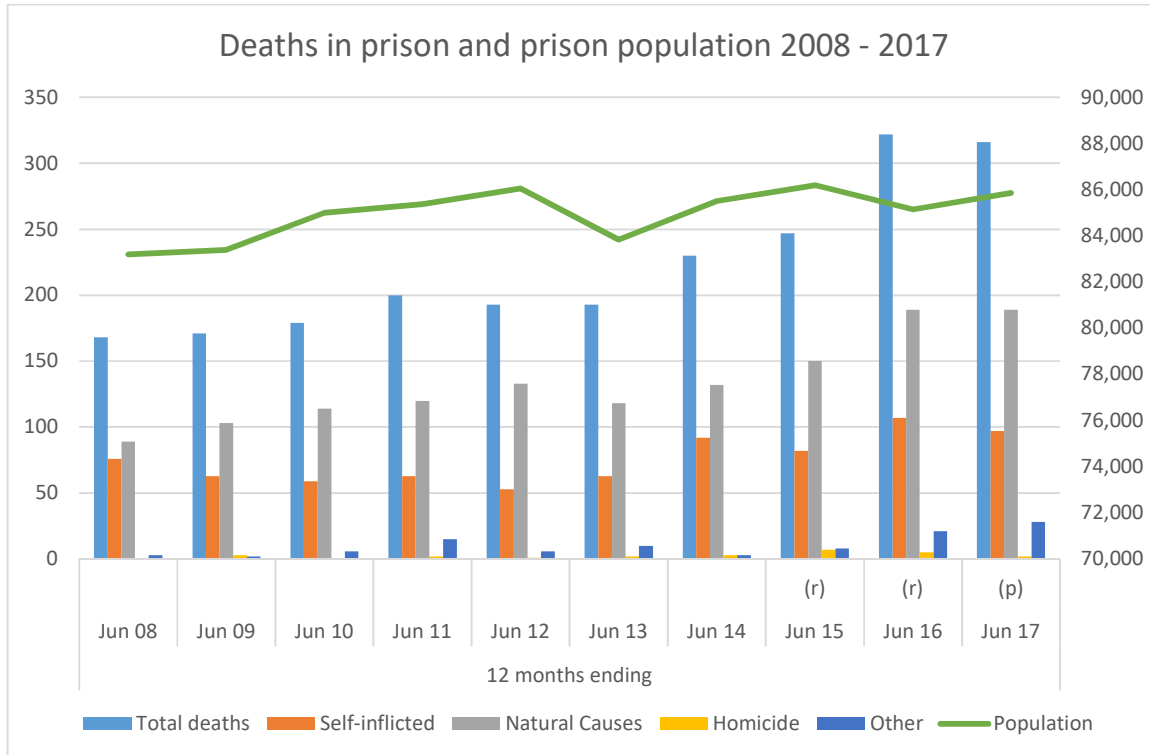
Figure 1: Breakdown of deaths in 2016



2. The increase in the number and rate of deaths since 2010 is, and should be, a source of real concern. The almost doubling of self-inflicted deaths since 2008 in a prison system where the overall population has risen comparatively slightly, in numerical terms, indicates that many of the fundamental supporting mechanisms vital for safeguarding lives have either disappeared or diminished since then.

¹ <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2017/09/IAP-rapid-evidence-collection-v0.3-preventing-the-death-of-women.pdf>

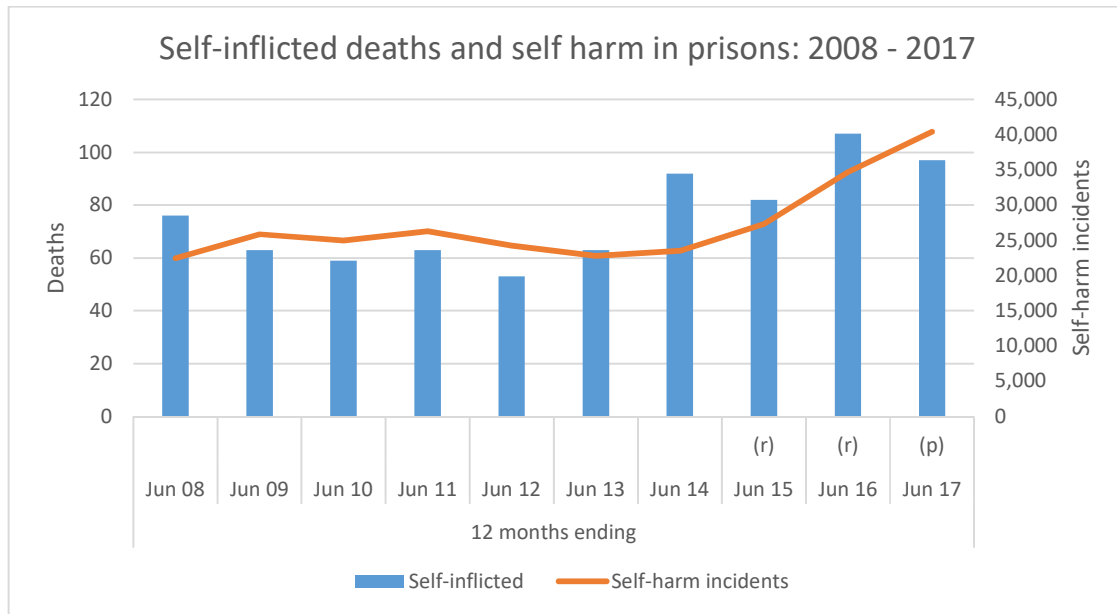
Figure 2: Deaths in prison and prison population 2008 - 2017



3. The impact of these deaths goes beyond those most directly affected – the bereaved families and friends. The impact of deaths in a prison is far-reaching, affecting the whole institution, staff and other prisoners as well. They show that government is not fulfilling its duty to hold people in custody safely and securely and they are an indictment on a civilised society.

4. In the 12 months to June 2017, there were **41,103** reported incidents of self-harm (a rate of **482** per 1,000 prisoners), up 12% on the previous year. The number of self-harm incidents requiring hospital attendance increased by 9% on the previous year to **2,833** while the proportion of incidents that required hospital attendance remains broadly similar at 6.9%. The number of prisoners who harmed themselves in the 12 months to June 2017 was 10,994, up 4% from the previous year.

Figure 3: Rate of self-harm incidents per 1,000 prisoners



5. There has been significant scrutiny of the prison estate and the mental health of those within it in recent years with reports from, amongst others, HM Chief Inspector of Prisons, the Joint Committee on Human Rights and the National Audit Office and thematic reviews by the Prisons and Probation Ombudsman. This has coincided with a renewed effort by the Government to drive down deaths in state custody with the announcement of extra prison officers being one visible element of this renewed focus. The small drop in the number of self-inflicted deaths in the year ending September 2017 point towards the impact that can occur when efforts and resources are focussed on a clear objective. It is the hope of the IAP that this collection of insights and solutions from prisoners adds to these efforts and helps to result in a continuing fall in the number of deaths in prison custody.

6. While it is clear that reducing deaths in custody is currently a matter of high priority for Ministers and officials alike, a question that remains to be addressed is how to sustain that focus over time. The Prisons and Courts Bill (2016-17), now dropped from the legislative programme, offered scope to extend Ministerial accountability for prisoner safety. A legal or administrative mechanism would help to maintain a consistent level of priority for preventing deaths in custody, strengthen accountability and reduce the risk of fluctuation and neglect.

Methodology of the collaboration

7. In early 2017, the IAP, Inside Time, Prison Radio and the Samaritans agreed to work together on a coordinated initiative to contact prisoners and ask them directly for their ideas on keeping people in custody safe. A small planning group was convened to steer the project. Articles were placed in Inside Time on a regular basis, and a 'Keeping Safe' page established, describing the project and how people could get involved, accompanied by an article or advert from the Samaritans explaining how to access immediate emotional support. The specific questions asked were:
 - What do you think are the best ways to prevent self-harm in prison and respond to people's needs?
 - What do you think are the best ways to prevent suicide in prison and keep people safe?
 - What do you think can be done outside prison in the community that would help reduce the risk of self-harm or suicide - either before imprisonment or on release?

8. The editions featuring such articles were:
 - February 2017 – the IAP wrote the first Keeping Safe article in Inside Time and calls for response from prisoners
 - March 2017 – the IAP and Samaritans wrote Keeping Safe articles in Inside Time
 - April 2017 – the IAP and HMPPS wrote Keeping Safe articles in Inside Time
 - June 2017 – the IAP, Phil Copple² and Kathy Baker³ wrote Keeping Safe articles in Inside Time
 - July 2017 – Inside Time publishes Inquest article on the effect of self-inflicted deaths on families
 - August 2017 – the IAP wrote initial Keeping Safe feedback article in Inside Time
 - September – the IAP produced a 4-page supplement in Inside Time outlining the contributions from those in prison
 - October – the IAP provided initial feedback in response to Keeping Safe proposals.

9. The IAP arranged for a Freepost address to be established, removing the disincentive of the cost of sending in letters from those in prison who might otherwise get in touch. However, this was insufficient for some potential respondents who were concerned about writing in without a guarantee that the letter would not be opened before it reached the IAP. This was expressed by one prisoner who did write in: *"I am frightened and scared of my letter falling into the wrong hands."*

² Executive Director Prisons, HMPPS

³ Founder of the Samaritan Listeners

10. To address these concerns, it was subsequently agreed with HMPPS that such letters could be written under the 'confidential access' arrangement, meaning that the letters would not be opened before they reached the IAP. Many prisoners were concerned about the confidentiality of what they were writing, and we are grateful to HMPPS for appreciating this concern and putting in place a system to facilitate contact.
11. Letters came directly to the IAP Secretariat who screened each letter for any signs of immediate crisis. Letters of concern were passed to the Samaritans to raise concerns with the prison and put in place supportive mechanisms. All letters were read, recorded and responded to – with every prisoner receiving an individual reply. The IAP is particularly grateful to Kathy Baker for her work with Juliet Lyon on responding to prisoners.
12. The IAP simultaneously arranged a series of broadcasts with Prison Radio which would explain the project to prisoners and encourage them to telephone in with their ideas. The calls were all transcribed by Prison Radio and the IAP received approximately 50 detailed accounts in this manner.
13. Emerging findings were shared with officials and prison staff and presented at a HMPPS safer custody conference in March.
14. The letters and telephone calls were analysed by panel members and the secretariat with ten themes in prison emerging and one in the community that will be discussed in greater detail later in the report:

Prison themes

- Prison staff and the need for humane treatment
- Meeting mental health needs and improving wellbeing
- Improving regimes
- Achieving justice and fairness
- Meeting basic needs
- Increasing family contact
- Making greater use of peer support
- Making better use of Assessment, Care in Custody and Teamwork (ACCT)
- Dealing with drugs, violence and debt
- Revising the Incentives and Earned Privileges scheme (IEP)

Community theme

- Preventing suicide and self-harm in the community

15. Most respondents grouped their answers to the first two questions (prevention of self-harm and suicide) in their responses; we have therefore structured the report in the same manner.

Dissemination

16. Draft findings were discussed in July with a group of Samaritan Listeners at HMP Bristol.

17. From the start of this initiative, the IAP made it clear to respondents that, while it could not make changes in policy and practice, it could ensure that prisoners' views and advice reached Ministers, policy makers and operational leaders with the authority to effect reform.
18. In September, the IAP's Keeping Safe supplement in Inside Time was distributed to all prisons in England and Wales. Copies of it were sent with a letter from Phil Copple, Executive Director Prisons, to all governors, regional directors and safer custody leads. Ministers and senior officials in the Ministry of Justice, Home Office and Department of Health discussed main findings in October. It was outlined at the Ministerial Board on Deaths in Custody in November and will be submitted to the next Board meeting in early 2018. Main messages have been profiled on Radio 4's Today Programme and the Huffington Post.

Objectives of the report

19. This report aims to reflect the voices of the people who wrote and telephoned the IAP. Much of the space in the report is given over to their views and their solutions. What is striking in the letters and transcribed telephone messages received by the IAP is firstly, the proportionality of the ideas and secondly, how consistently they mesh with the findings in the official reports that we refer to in most sections.
20. The IAP hopes that this report helps Ministers, policy teams, governors and staff in prisons gain an overview of suicide prevention from the perspectives of people in custody. The IAP believes that taking into account the views of prisoners and enlisting their help is important in ensuring that the Government's current efforts to reduce deaths and self-harm in prison succeed.

Main findings

What do you think are the best ways to prevent suicide and self-harm in prison and respond to people's needs?

21. The IAP received over 150 substantive responses (letters and transcribed telephone calls from prisoners) across 60 prisons by the time of this report, including collective letter from the charity Nepacs which runs a number of prison visitor centres in the North East of England, and two from Listeners groups in two separate prisons. Many other letters and calls were also received relating to specific issues or providing permission for messages to be quoted in this report. The ten prison themes that comprise the substantive element of this report are ordered by the frequency they were mentioned in the letters and calls received. The post-release section in the community is included last to reflect that it was the subject of a separate question.
22. The comments and solutions received via letters and telephone calls from those in custody cover a wide range of issues, and make a number of suggestions on how best to reduce the risk of people harming themselves both in custody and once they leave it. The IAP has been struck by how modest and realistic many of the suggestions have been – there have been very few calls for huge systemic changes; most have simply appealed for the system to run more efficiently, responsively and for individual staff to behave with humanity and compassion. The belief that the consistent focus should be on getting the basics right was summed up by this respondent:

“The problem is that people are trying to work out what NEW processes need to be in place but they are forgetting the basics, if prison services can't keep to the basics then what's the point of implementing new rules or procedures?”

23. From the letters and messages received, it is clear that there is a willingness, certainly amongst those who responded, to draw on personal experience and to do as much as possible to prevent deaths in custody. A number of letters closed with further offers of help:

“PPS- Happy to discuss and help further as I listen to prisoners every day and regularly assist them, particularly those who suffer from anxiety/depression.”

“I am a 100% serious, I will come and work with Governors and Prisons to help you help us.”

“I hope what I've written helps you in your aims to stop deaths in prison and if I can help more if it has I am here willing.”

“It would be really nice for me to know that I have helped and contribute to the solutions, as opposed to complaining about things and getting down.”

Prison staff and the need for humane treatment

“There is one particular officer who can tell just by talking to me how my mood is. He notices if I am down, if I don't eat, if I don't socialise. I rarely see my offender supervisor but if each officer adopted one side of one landing, got to know his or her prisoners and kept casual watch, warning signs could easily and quickly be detected.”

24. The adequacy of prison staff numbers has been the subject of recent public and Parliamentary debate. This focus was reflected in the messages from those in custody. At least half of all communications concerned prison staff, their availability, attitudes and their actions, and, while many were critical, approximately 20% made positive comments about staff.
25. The Joint Committee on Human Rights' interim report on mental health and death in prisons⁴ recommended: “A statutory duty on the Secretary of State to specify and maintain a minimum ratio of prison officers to prisoners at each establishment.” While this specific point was not made by respondents, the most consistent message during the whole exercise was a call for sufficient, decent staff who would know, support and respect the prisoners in their care.
26. There was a general feeling that there is simply not enough staff for them to adequately fulfil their roles at the moment: *“From what I have seen staff rush around, giving little time to anything or anyone.”* One respondent called for there to be enough staff for them to be out on the wings engaging with prisoners:

“More officers in each shift so that the officers can understand each prisoner more intimately, enabling officers to gain inmates trust.”
27. This sentiment was echoed by another who noted:

“It should not come as a pleasant surprise when an officer says ‘hello’ and asks you how you are!”
28. Some of the letters received noted that the reduction in staff has meant that much of the limited staff time is spent dealing with those who are most visible – generally in terms of obvious vulnerability or indiscipline. One respondent argued that those who do not cause trouble are liable to be forgotten: *“I continue to feel unheard and out of sight out of mind.”*

⁴ <https://publications.parliament.uk/pa/jt201617/jtselect/jtrights/893/893.pdf>

29. The IAP received many letters and calls suggesting that everyday displays of respect and support are currently missing from many establishments. One respondent called for prisoners:

“Not to be treated like nothing treat them with dignity and respect they are son, father, brother or grandfather of a human being.”

30. Another made a similar point requesting: “... just a few officers that would help rather than laugh at you.” One noted that:

“A mantra for all prison staff, old and new, should be put in place and hammered home once and for all; people are sent prison AS punishment and not TO BE punished.”

31. One letter writer made the link between the actions of staff and the potential impact it can have on those in their custody:

“Too many staff ... do not project a positive attitude. The attitude is absorbed by prisoners and can prevent them from asking for help or cause them to stop taking part in treatments.”

32. This was repeated by another respondent who pointed to a specific example of an officer reacting negatively to a prisoner in crisis:

“I wanted to talk to a Listener late in the evening during lock-up. I rang the cell bell and was asked “What’s the emergency?” in an aggressive way. The officer showed no empathy or compassion for me and made what was, for me, a bad situation far worse.”

33. This type of response was repeated by another prisoner:

“I’ve been a self-harmer since the age of 13. All my life just got the better of me. I have family problems but no one understands they all judge me straight away because I self-harm. They all thought it was attention seeking but really I just need help and it was just my cry for help. I’ve tried stringing up numerous times but they don’t seem to care. They just do the paperwork in front of the governor and they don’t seem to care all I am to them is another number; it’s what it feels like. It gets me very depressed.”

34. Some letters and telephone calls described the behaviour of some staff which, they felt, crossed into bullying and abuse of power. Some wrote of staff having a flippant attitude to the death of prisoners, with others referred to staff laughing at prisoners and goading them to commit suicide. One prisoner instanced an officer who had said: “We had 2 suicides this yr, if you carry on with your shit you will be the third suicide this year.” And another wrote: “One More Thing officers shouldnt encourage suaside and get away wid it witch I have seen 3 tyms.”

35. Positive comments about prison staff were received in both the telephone calls and letters. One respondent simply stated: *“The only reason I am still alive is due to some staff and tutors who go above and beyond the call of duty.”* Another noted: *“There are good staff but not enough of them.”* While pointed to the needs of staff as well: *“I hope this letter shows the frustration I feel, the prison officers need help too.”* One respondent provided a detailed and appreciative account of the interventions of a member of the mental health team with a prisoner he was helping to support. Another described the positive impact one member of staff had on him, simply by talking to him in a personal, one-to-one manner:

“I have been in prison now for over 30 years during this time I have attempted suicide twice both times came close to death the second time was in outside hospital 9 days. - These attempts came about because of the death of my 16 year old son. At this time I was in the segregation units of the high security prisons and I can say that there has been little help for me. It was only when I thought of attempting suicide for the third time that I met this senior officer in Wakefield segregation unit. This man had been present when the life support was switched off as his daughter passed away. This man took the time to sit and talk to me not as a prison officer and prisoner but two human beings. This man turned the tide for me and I never got the chance to thank him.”

36. The IAP received one letter which noted: *“Some staff do a decent job, others undo all the good work with nasty attitudes and personal axes to grind.”* This description of the different attitudes of staff was repeated in the following letter:

“... you get the odd officer who really takes care and really wants to do something but there should be an officer on every landing who spends at least ten to twenty minutes with one prisoner at a time through the time he is there and understand him and get to know him rather than him being just a number and him just open the cells and unlocking it and then it might be easier for the prisoner to approach him and the officer can see if the prisoner’s down or not by getting to know him.”

37. These passages demonstrate the pivotal role played by staff, and the far-reaching impact they can have on some of the most vulnerable people in society. One respondent summed it up:

“The answer, I’m afraid, lies in the relationship between Prison Officers and inmates... A regular interview with each prisoner would ...help to establish any specific issues or needs and identify coping strategies.”

Respondents said that prisoner/staff relations could be improved by:

- **Establishing and maintaining safe staff/prisoner ratios/staffing levels in all prisons**
- **Selecting, recruiting and retaining good, decent people who will treat prisoners with humanity, respect and common sense**
- **Supporting, training and supervising staff to meet national and international human rights standards**

Meeting mental health needs and improving wellbeing

"I'm a prisoner that has attempted suicide and self-harm. I can only talk from my experience. I find that being behind my door too much, working in places I don't like and being provoked to self-harm by staff a serious issue. Officers are not qualified but seem to like to psychoanalyse prisoners that self-harm. They say things like your manipulating the system, your paranoid etc. When a prisoner presses the call bell first thing staff ask is what's the emergency. That in itself is provoking."

38. Prisons do not hold a representative section of the wider population – those in custody have significantly higher rates of mental health need, drug and alcohol addictions and rates of suicide and self-harm. For many people in prison, mental health conditions have played a significant part in their offending history, yet the support they receive, both before, during and after prison continues to be variable. According to MoJ figures 46% of women and 21% of men in prison have attempted suicide at some point in their lives prior to custody compared with 6% of the general population.⁵ Between 20-30% of those in prison have some form of learning difficulty or disability – and these people are known to be more likely to be victimised and depressed. With regard to mental illness, 16% of prisoners in England and Wales have symptoms indicative of psychosis (compared to 2% in the general UK population).
39. The recent NAO report – Mental Health in Prisons⁶ noted that 31,328 people (37% of the average monthly prison population) in prison report having mental health or well-being issues at any one time, based on HM Inspectorate of Prisons surveys. Furthermore, 7,917 people were recorded by NHS England as receiving treatment for mental illness in prison in England in March 2017. Of particular concern to the IAP is the influence the prevalence of mental health need has on the number of people dying in prisons in England and Wales. The Prisons and Probation Ombudsman noted in 2016⁷ that, in over 500 cases investigated between 2012 and 2014, 70% of those who died by suicide had mental health needs at the time of their death.
40. In terms of physical health, the 12 months to March 2017, 199 prisoners in England and Wales died from natural causes – an increase of 21% from the previous year. The combination of underlying poor health among many prisoners, limited opportunities to exercise, poor dietary choices and a continued increase in the number of older prisoners has resulted in a situation where a growing number of prisoners require support from health and social care services. HM Chief Inspector of Prisons made the following assessment in his 2016-17 annual report:

⁵ The statistics in this paragraph are taken from the Bromley Briefing from the Prison Reform Trust:
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202016%20Factfile.pdf>

⁶ <https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf>

⁷ <http://www.ppo.gov.uk/wp-content/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf#view=FitH>

“ ... we found that the efficient delivery of health services in prisons was repeatedly impeded by the unavailability of prison officers and restrictive regimes. These had serious detrimental effects in over half the services we inspected.”

41. Given the scale of the problem outlined in the paragraphs above, it is unsurprising that many (almost 45%) of the messages received from those in prison concerned mental health, and the need for adequate treatment. The extent and impact of mental health need in prison led one prisoner to note:

“Jail is not a mental hospital. Well, it shouldn't be. But it is at present.”

42. One prisoner pointed to the fact that – for many people in prison – the causes of mental ill-health may be from events years earlier:

“As a Listener but also as a Peer Mentor for Mental Health Wellbeing I see many men who struggle daily to retain a semblance of their humanity within a system that fails and who for most come from a society that has failed them from early childhood.”

43. Several letters pointed to the practical difficulties in actually getting assessed and treated by prison and healthcare staff. Respondents wrote that prison staff frequently viewed prisoners struggling with mental health issues as *'attention seekers', 'time wasters' or 'trouble makers'*, rather than people requiring medical or therapeutic interventions. One respondent noted that, even if it is agreed that mental health support is needed, it can take up to three months to be assessed by the mental health team.
44. A number of prisoners wrote to say that some people were too ill to be in a prison environment. Yet, according to the NAO, last year only 34% of people awaiting an NHS bed were transferred within the recommended 14 days and 7% (76 people) had been forced to wait for more than 140 days for their move into mental healthcare.
45. Many respondents said that staffing levels need to be improved to ensure prisoners' access to NHS services inside and outside prison were appropriately facilitated. There were several calls for medication prescriptions to be clarified and agreed upon a person's entrance to prison. One prisoner wrote: *“The removal of my HIV treatment led to all manner of arguments.”* This issue was repeated in the following phone message received by the IAP: *“Me personally, I think its to do with medications. People's medications getting tampered with. People getting stopped on meds, not getting given right meds. Coming in the first night not being able to see a doctor.”* Another noted the different drug treatment received inside prison, compared to that in the community:

“I am supposed to get the same treatment as I would outside. My doctor would never detox me, methadone keeps me stable and safe.”

46. There were those whose physical health, and specifically a lack of response to the need for treatment and pain reduction, led to desperation. One prisoner wrote:

“I cracked one of my teeth on 5th January 2017 I put in a dental application. By 1st February this tooth had collapsed and fallen out leaving me in a lot of pain and with a gaping hole in my gum (which will not heal as the root is still in place). I still had received no dental appointment so I used a Healthcare ‘CCC’ form (concern-compliment-complaint) expressing my concern and explaining the deterioration in my condition. The ‘CCC’ form states that concerns ‘will receive a response in 2-7 days (or sooner if we can)’. On 12th February, having received neither a reply nor appointment I put in a complaint via the same system. I have spoken to landing staff on multiple occasions, I have spoken to the nurse at the medication hatch who checked on the system which shows no appointment ever booked for me. I am not writing this as an appeal for anyone to intervene, I am simply explaining how incredibly frustrating, inhumane and uncaring this environment is. I have been in so much pain at times, I have given serious consideration to attempting suicide. I have, at times, felt completely invisible. No-one here among the staff or healthcare cares enough to help me.”

The IAP received several comments about cell bells and the length of time taken by staff to answer them. This was deemed to be both unresponsive in a general sense, but also added to the risk of people dying if they were not answered quickly enough. The importance of improving emergency response is a recurring recommendation in Prison and Probation Ombudsman and individual coroners’ reports. One prisoner stated:

“ ... if it is night time and staff look through the door and see you hanging they are not allowed to just open cell doors without other staff present. Therefore by the time help comes it is too late. Also if nurses’ resuscitation is needed the nurses are in health care so far away, locked gates etc that by the time they arrive it is too late. At night it may be a good idea to have a nurse and resus equipment on hand in their own office on the wing (s).”

47. Some letters offered solutions to unmet mental health need. . One noted that those suffering simply wanted a system where staff would *“listen to prisoners’ medical and psychological issues and provide counselling.”* Another suggested: *“Access to counsellors to talk about difficult issues – childhood etc.”*. In its interim report, the Joint Committee on Human Rights recommended assigning keyworkers to all young prisoners and adult prisoners with mental health needs. This was similar to one of the recommendations in Lord Harris’ review⁸ regarding a new personal officer scheme, and this recommendation was reflected in the Government’s plan for a new model of offender management.

⁸ <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/07/Harris-Review-Report2.pdf>

48. The call for more talking therapies was repeated in the following message:

'Since coming to prison my paperwork says I'm a risk of self harm/suicide. Until I asked for help after 5 years in prison no one had spoken to me about this. Now I've been offered some counselling from mental health. This is a really good idea for people and should be used more as a lot of time just been able to speak to someone is enough to get you through that day.'

49. Others presented ideas such as: “*Something akin to social care assistants for those who want to talk but don't want to use a listener*”. This idea of using peers as part of the solution was also mentioned in a telephone call to Prison Radio: “*Usk has actually said yes to a mental health rep and I'm working with the governors here and the staff to make this a better place.*”

50. There were some further positive messages regarding the treatment of mental health in prisons. One respondent wrote to the IAP to say:

“I've had cause to applaud the Government's recognition of mental health wellbeing issues, none more so than the recognition of PTSD [post-traumatic stress disorder] in ex-service personnel...

51. One negative consequence of coming forward to staff and disclosing personal information was highlighted:

“I eventually did ask for help and got put on anti-depressants. They have been good for me but the parole dossier makes it out that I can't cope without tablets and so am a risk. I would have been better not to tell anyone.”

52. One writer commented that prisoners with a dual diagnosis of, for example, drug addiction and mental health issues are not well managed:

“... many individuals are forced to detox when they are clearly not ready and when others struggle with their addiction, they are offered no help or support. I feel that individually tailored treatment and care is a luxury that can no longer be afforded in these times of austerity. Many more will lose their lives as prisons are being used as human warehouses and these drug infested environments are not conducive to rehabilitation.”

Respondents said that mental health treatment and wellbeing could be improved by:

- **Focussing on preventative work and diversion into treatment**
- **Ensuring a timely response by trained mental health teams, including counsellors and keyworkers, and introducing mental health awareness and emergency response training for all staff**
- **Tailoring drug treatment, maintenance and detox to needs of individuals**

Improving regimes

“Time behind the door is a joke. It’s basically 22 hours per day. There is no purposeful activity to keep people’s minds active.”

53. The prison regime, or timetable, sets the amount of time prisoners can spend out of cells in education, exercise, work or association. This varies among prisons for a range of reasons including the facilities a prison has, the number of staff on duty and security or safety concerns. Almost a third of letters and calls received by the IAP related to the fundamental issue of when – and for how long – prisoners are allowed out of their cells, and what they can do when they are out.
54. The importance of this issue can be partly explained by the established body of evidence showing that purposeful activity can have a direct positive and protective impact on the mental health and wellbeing of those who are held in the prison system, such as in the Harris Review⁹. A 2006 article¹⁰ looking at self-inflicted deaths in prisons in England and Wales between 2000 and 2002 found that:

“ ... it is clear that, after controlling for prison type, purposeful activity remains highly significant as a protective effect ... the current study suggests that increasing purposeful activity may be particularly important for reducing one of the most pressing mental health problems in prison, namely self-inflicted death.”

55. The IAP received a telephone message from a respondent which summarised many of the comments from their fellow prisoners:

“... people need to have more time out of their cells and less shut downs with short notice.”

56. There was a desire from several respondents not to have time out of their cells just for its own sake, but to enable them to use the time positively:

“The engagement in any form of constructive activity should be actively and enthusiastically encouraged. The time out of cell combined with mental stimulation and active addressing of offending behaviours and attitudes can only be of benefit to inmates and I believe good practice of this philosophy would help to reduce incidents of self-harm and suicide attempts.”

⁹ <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/07/Harris-Review-Report2.pdf>

¹⁰ Leese M, Thomas S and Snow L, An ecological study of factors associated with rates of self-inflicted death in prisons in England and Wales, *International Journal of Law and Psychiatry*, 29 (2006) p355-360

"I see that custody should be a time of learning to get people back into the community."

"let me work let me feel human again let me help people understand that the majority of prisoners want to work they don't want to lay in bed all day."

"... the sentence plan should consider each prisoner's needs and aspirations for the future. Doing this would enable prison staff to consider what activities would be most appropriate."

57. The IAP received comments on the impact of moving vulnerable people to segregation units and the potentially negative effects on their wellbeing:

"Radios available in the seg – never enough"

"People moved to the seg for their own protection but then they have to suffer the same restrictive regime which makes their life worse."

58. A substantial amount of research¹¹ has been undertaken on the relationship between the early period in a prison (whether as a new entrant or a transfer from another prison) and the risk of self-inflicted death. The significance of this period of time emphasises the importance of the interactions and support the prisoner experiences during this time. Induction – the formal prison process which introduces the individual to the institution and the services offered within it – is crucial in this regard, as it is the mandatory system for the prison to engage with each prisoner. One prisoner described the areas they think it should cover:

"The first few days of induction, whilst providing the basics of prison life, should have emphasis placed on the new arrivals well being and mental health."

59. Despite this, the messages received from prisoners indicate that the experience provided by establishments is decidedly mixed. The first quote demonstrates how well prisons can undertake this task:

"And so here I am, at HMP Stafford. In fairness, upon arrival, it was a breath of fresh air. The reception was warm, clean, comfortable and the staff were friendly. I was given a cup of tea by a Listener and he explained the scheme. I then moved to the Induction Wing which was clean, airy and welcoming. The first week was structured and my mood improved significantly."

60. Another letter writer juxtaposed his induction experience in two different establishments. At first, he described it working well:

"Within my first week at HMP High Down I was given a thorough induction from a very amiable and approachable peer, I was further

¹¹ Towl, G.J. and Crighton, D.A. (2017) *Suicide in Prisons; Prisoners' Lives Matter*, Waterside Press, Hook

interviewed by staff to establish my wants or needs for education, work, rehabilitation, housing and bank account on release and was generally put at ease.”

61. However, the same respondent contrasted this positive experience with his induction at another establishment:

“The first night in HMP Wandsworth is spent on E wing, or the ‘induction wing’ as it is rather optimistically called ... New arrivals are placed in a filthy, cold cell with an in-cell lavatory which is caked in what I can only imagine is something I really do not want to imagine! In my case I waited until 10.30 on my first night, despite multiple requests, before I was given any bedding. When this arrived, begrudgingly, it appeared to have suffered the same fate as the toilet – needless to say, I made do without ... The following morning, leaving the induction wing having received no induction (in fact I still have received no induction), I was taken to a wing and deposited outside a cell ... the following twenty-two or so hours are spent locked away to stew and contemplate the next considerable chunk of life – inevitably thoughts do not err towards the optimistic ... the first night at HMP Wandsworth for many is disgusting, degrading and inhumane ... this treatment of new inmates serves as a perfect catalyst to a spiral into negative thinking and depression.”

Respondents said that regimes could be improved by:

- **Increasing time out of cell**
- **Developing a consistent programme of purposeful activity, opportunities for work and release on temporary license (ROTL)**
- **Ensuring proper first night/induction procedures and thorough-going preparation for release**

Achieving justice and fairness

"I have seen so many IPP prisoners harming themselves unreported and taking any drugs just to end the suffering quickly because this is nothing but torture of the highest order...I myself [am an] IPP prisoner with tariff of 2 ½ years, I have now served 11 years in total and still no end. My 3 young children all have suffered anxiety because I am unable to give them a date ... I have been saying 'soon' since they were babies."

62. Approximately a quarter of letters and telephone calls focussed on the sentence or status of the respondent. Many of these specifically related to Imprisonment for Public Protection (IPP) sentences¹², given that those serving them do not know when they will be released. The JCHR report on mental health and deaths in prison noted that: *"Prisoners serving IPP (imprisonment for public protection) sentences are at particularly high risk of mental ill health."*
63. As described, the experience of some individuals demonstrates the damaging impact this lingering sentence is having on the well-being of many prisoners. One noted how he had now served over 12 years despite receiving an IPP sentence of 18 months. Another commented on the link between his sentence and his feelings of suicide:

"I've been in prison now nearly 7 years, it's my first time in. I got a 3 year IPP in 2010 and from day one suicide is something I've considered. Everyday I think about it but I made a promise to a very good officer that I would not while I was in prison and would ask for help when I need it. That officer has now gone and now officers don't care."

64. One caller to Prison Radio noted how: *"These guys [IPP prisoners] are clogging up the system. I don't see any light at the end of the tunnel."* This theme was repeated by others who wrote about the importance of hope:

"However, the biggest way I think suicide can be reduced in prison is to reduce the feeling of powerlessness that many of us feel about our lives. We need to feel like we have some power to determine our futures, power to effect some change in our lives that would give us hope that there is a future there for us."

65. This advice came from family members in the North East:

¹² This sentence was abolished in 2012 but around 3,500 people are left still serving it. Offenders sentenced to an IPP were set a minimum term (tariff) which they must spend in prison. After they have completed their tariff they can apply to the Parole Board for release. The Parole Board will release an offender only if it is satisfied that it is no longer necessary for the protection of the public for the offender to be confined. Recently the Chair of the Parole Board proposed reversing this burden of proof: <https://www.gov.uk/government/news/statement-on-ipp-prisoners-from-parole-board-chairman>

“IPP prisoners – not knowing a release date can increase feelings of stress/depression and create a mental health crisis. Need a resolution to this cruel and unjust limbo situation.”

66. Some of the prisoners who responded wrote about their efforts to appeal against wrongful conviction and the impact this has on their mental health. One said:

“I would kill myself today if I could. I don’t see a future outside any more if I don’t get chance to clear my name.”

67. A number of people wrote in about the value of personal officers and sentence planning, consistent with the findings of the Harris Review:

“Done well this could help make prison an ongoing positive experience with a realistic achievable goal at the end of the sentence. It would give hope to those who arrive in prison feeling that it is a life ending experience.”

“Prison is MEANT to be about rehabilitation but its not. It’s about punishment and protecting the public. Yes, these are important, but as a prisoner, I need to see progress. I NEED to see light at the end of the tunnel. All I see right now is darkness. And THAT is why I am still a potential suicide risk.”

Respondents said that justice and fairness could be achieved by:

- **Reviewing everyone still serving an IPP sentence with a view to release**
- **Engaging with people maintaining their innocence**
- **Making sense of sentence planning and progression**

Meeting basic needs

"I'll be honest unless I request or instigate help, I don't have a conversation with anyone save for my peers from one month to the next. It's just taken for granted that I'll cope, swept along in the surf like everyone else - if I'm walking, talking and breathing, I must be ok mustn't I?"

"I long for a proper conversation. I go to bed at 8pm and I cry. I cry for myself. I cry for wasted lives. I cry for relief."

68. We have included a section called 'basic needs' which encompasses the simple, everyday parts of prison life such as food, exercise, light, as well as things that are important but harder to define such as contact, meaning and matters that do not necessarily fit easily into the other categories in this report. These are things that people not in custody may take for granted. However, one respondent made clear the impact they have on those in prison: *"in prison what may seem trivial to others seem very important in a prisoner's eyes."* This was repeated by another: *"These ideas confirm the point made by one respondent: "... little things could make [a] big difference."* One respondent to Prison Radio highlighted just how restricted the daily life is for many people in custody: *"We only get one shower a week, one phone call a week. One session of exercise a week."*
69. Many respondents suggested quite basic ideas to try to improve the mood and morale of those in prison:
- *"More time outside at weekends – what harm is it to open the wing doors into [the] exercise yard during summer so you can walk freely in and out and feel the sun on your face.*
 - *More library. We get 10 mins once a week to find a book.*
 - *A chance to do a course where you work hard to achieve good marks ... and a reward for achieving it maybe an extra visit once a month."*
70. This type of comment was repeated many times by others who made suggestions such as: *"Offer more groups for ways to relax and if there is a library make it more accessible"* and *"... more sports education as most prisons got prisoners sat in cells watching TV instead of being physically active which stops boredom and drug taking"* and:
- "... better outside exercise yards with the focus actually being on exercise instead of just a square concrete blank space with little/no sunlight. Flowers, plantation and general greenery plus comfortable seating available to those with mental illness/depression. Perhaps even some stray pets like they have in America for lifer prisoners. Or a place/space where animals are brought in weekly for depressed prisoners to feed and look after. Studies show this can work with young offenders as well as old."*

71. Emphasis was placed on a prompt response to people in need. One prisoner wrote:

“Cut the redtape within prison... anything that could and can be done should be the same day and not the next or next day when we have the staff ... available to see you. As that is one of the biggest knockdowns a person hears when he/she is in need and feeling very low about themselves.”

72. Several prisoners wrote to us with concerns about the way they are allocated to cells, and the implications this has for their ability to sleep and feel safe in a new environment. One writer suggested giving prisoners more of a choice in whether they share a cell or not, rather than it being decided for them. Another took this idea a step forward and considered that new prisoners:

“.. should be provided with a single cell initially ... instead of sharing cells with someone you do not get on with which can cause anxiety or lead to suicide or self-harm.”

73. However, another prisoner warned against this for vulnerable people:

“I would say that the vast majority of suicides and self harm occurs when the prisoner is alone in their cell, frustrated in despair and with no one to talk to, and I think being alone is a major contributing factor.”

74. Some prisoners advocated deprivation of the means to injure yourself but others advised against this approach:

“In prison when someone is seen to be self-harming one of the first things the authorities do is to take away everything the individual could use to harm themselves. This is a dangerous, unconsidered act. The only thing that could be stopping a self-harmer from a suicide attempt is the ability to be able to harm themselves, by removing this ability the consequences could be dire!”

75. A respondent raised the importance of having someone understanding to talk to:

“Sometimes people need compassion, but prison offers none, even to a well behaved prisoner like me who has a mother near the end of her life.”

76. One specific area where more support was felt to be needed was following a death in custody. Research suggests that subsequent self-inflicted deaths are more likely after an initial one¹³, so such support is necessary to prevent a cluster of deaths happening. There is also the basic human need to support

¹³ Journal of Epidemiology and Community Health 1993; 47: 69-72 Contagious suicide in prisons and police cells
Brian Cox, Keren Skegg

¹³ Niedzwiedz, C., Haw, C., Hawton, K. and Platt, S. (2014), The Definition and Epidemiology of Clusters of Suicidal Behavior: A Systematic Review. Suicide and Life-Threat Behaviour. doi: 10.1111/sltb.12091

people when trying to cope with a death which has happened close to them. One prisoner wrote:

“When I was in a local Cat B prison whilst I was on remand on this sentence one of my room mates hung himself in the cell we were sharing this was the first time I actually saw someone hanging when I came back for gym and I had to call for help which stays with you for a long time and I still can’t forget what I saw. I never got no support with dealing with what I saw and I did not know if any support was available I just had to get on with it.”

77. There were a number of letters and phone messages that moved beyond calling for specific change to the prison environment, and commented on the broader impact custody has on individuals, and how a focus on future opportunities is necessary to avoid hopelessness:

“...the loss or feelings of loss of ones own humanity can lead to despair that for some may lead to self harm and suicide is not helped by a Prison system that seems set on ones past needs as opposed to the here and now and the future most all strive for.”

78. Some respondents raised the matter of the use of self-injury as a way of negotiating or effecting change. One wrote:

“Prison governors are able to change our circumstances instantly, but, unless you’re in the segregation Unit, its usually nigh on impossible to see one. If you’re desperate for a transfer, wing change, need access to OBP’s for Parole then rightly or wrongly an act of self harm can get you a conversation with a governor so as you can get your point across to someone who can do something about it.”

79. One prisoner, a former paramedic, raised thoughtful questions in this regard:

“Self harm is a deeply complicated issue that requires special handling. Worryingly, I have seen instances of prisoners using self harm including cutting themselves and hunger strikes to manipulate staff and circumstances to get what they want. This raises two questions: 1) do these prisoners need more specialist mental health interventions (many I see exhibiting this behaviour have complex needs including personality disorders)? 2) Are things so badly wrong with our current system that people are driven to hurt themselves out of frustration with their situation? As I’ve experienced prison can be a frustrating place where even simple tasks can be long drawn out affairs or even impossible.”

Respondents said that basic needs could be met by:

- **Maintaining a decent, safe, clean environment**
- **Ensuring access to sanitation, showers, exercise, fresh air, daylight, nourishing food at sensible times and a decent night's sleep**
- **Developing a culture where people can maintain their identity, dignity and hope**

Increasing family contact

“At this prison telephones are in cell and can be used 6.30am – 11pm. So if your feeling low you can contact family or friends for help, a chat or to offload. I feel this should be considered for every prison as this will help everyone.”

80. Deprivation of liberty also means the removal of people from their families and – for many – this is often one of the hardest parts of being in custody. Lord Farmer, in his recent report¹⁴ on the importance of family in reducing reoffending, acknowledges the central role familial relationships have to almost everything that happens in prisons:

“... the overarching conclusion of my Review is that good family relationships are indispensable for delivering the Government's far-reaching plans across all the areas outlined in their white paper on Prison Safety and Reform, published in November 2016.”

81. Lord Farmer goes on to note the negative impact a lack of family contact can have on those in custody:

“Lack of contact with families was similarly viewed by respondents to my Review as a key factor in violence, self-harm, suicide and the deterioration of mental health.”

82. The IAP is conscious of the difficulties some prisoners and families have contacting and supporting each other. Some prisoners – particularly women¹⁵ and foreign national prisoners – are more likely to be sent to prisons a long way from their homes, making visits problematic or impossible and telephone calls expensive and unpredictable. The IAP, in The Harris Review – Changing Prison, Saving Lives¹⁶, has previously recommended that:

“NOMS should invest in new technology, such as in-cell telephony and video call facilities, (for example Skype), similar to those used successfully in other jurisdictions in order to facilitate better contact with family.”

83. The IAP welcomes the Government's ambitions in this area and looks forward to the introduction of new technology and easier contact with families. The Joint Committee on Human Rights made a similar call in the following recommendation in their interim report:

¹⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/636619/farmer-review-report.pdf

¹⁵ The Prison Reform Trust has noted that women are held, on average, 60 miles from their home or court committal address:
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/why%20focus%20on%20reducing%20women's%20imprisonment%20BL.pdf>

¹⁶ <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/07/Harris-Review-Report2.pdf>

“To deal with the problem that young people, and prisoners with mental health conditions which place them at risk of suicide, have a particular need to be able to contact their families but, from the evidence we received, were often unable to do so, provision should be made in the Prison Rules to enable them to make free phone calls to a designated family member or friend.”

84. More than one in five letters and telephone calls to the IAP mentioned family contact, and the importance of maintaining and developing relationships – both for their own sake, and to stave off feelings of isolation and depression. One caller to Prison Radio summarised the general view of how significant it can be in safeguarding lives when people are at their most vulnerable:

“if people are in certain positions where they feel like to end their life would like to talk to a close friend who's also in custody then it should be allowed.”

85. Several respondents pointed to the perceived disparity between HMPPS's stated objective of prioritising contact with families, and the practical difficulties in doing so such as the high cost of telephone calls, infrequent visits and the location of prisons. The cost of using prison telephones was repeated by a number of prisoners who made the following points:

“Allowing basic access to family and friends would be an improvement. It is key to prisoners to maintain contact, how can they do this with the rising and very high costs in phone calls, an average call lasting 15 mins costs around £1.50 to £2...”

“There is minimal contact with family, you rarely get a job here so people who have no visits have no contact as the money they get is not enough for credit for the phone.”

86. A number of respondents welcomed HMPPS's move toward better technology and advocated greater rollout of such services: *“I believe phones in cell will help a lot of people ring loved ones.”*, *“having a phone in cell could give a direct line 24 hrs to someone without anyone knowing or being able to mock them for doing so”*. Another sought more use of technology and call for: *“the blanket ban on internet access removed so prisoners can contact their families more.”*

87. Family members from Nepacs in the North East advised, amongst other things:

*“Prompt follow up from phone calls/messages from concerned family and friends – do not dismiss them as worriers, worse still, nuisances. Sometimes self-harm is a release/coping mechanism and ‘don't do it’ attitude is not helpful.
Need to reduce the length of time it takes to arrange telephone PIN/visits to sustain contact with family members – process should start at court.”*

Respondents said that family contact could be improved by:

- **Introducing and rolling out across the prison estate in-cell telephones at reduced cost and access to IT**
- **Holding people as close to home as possible and reducing number of transfers**
- **Setting up an emergency contact line for families and friends**

Making greater use of peer support

"In my opinion, and no doubt that of many others, the inception of the listeners' scheme in Swansea prison in 1992 is probably the best thing to have ever happened in prison. I would suggest that thousands of lives have been saved in that time."

88. Peer support plays a central role in most, if not all, prisons in England and Wales. At the end of 2015 there were 1,803 active Listeners in place. Samaritans records show that Listeners were contacted more than 89,752 times during that year alone. A 2016 findings paper from the HM Inspectorate of Prisons provides some background on this feature of prison life:

"Peer support refers to a wide range of activities where prisoners assist other prisoners. Examples of activities include: emotional support, mentoring, advising, facilitating self-help or learning, providing practical assistance and representation."

89. An interesting feature of the letters and telephone calls received by the IAP mentioning peer support was that, while prisoners were broadly in favour, there were a number of caveats. One respondent pointed out the potentially conflicted motives of those involved in such schemes:

"The Listener system is potentially good but here is linked with the IEP system so may attract prisoners without the correct motivation to be Listeners."

90. Another noted that the successful use of peer supporters relies on the staff in the prison:

"Governor must ensure that staff do go to call out when inmates ask for Listeners as sometimes staff will say there are no Listeners available, which I know is not true, especially at night."

91. However, others pointed to a need for: *"Stronger use and presence of Listeners and Peer Mentor roles."* Another noted: *"I don't think prisons make enough use of talent in the prison population with regard to peer support."* The Samaritans Listeners scheme was mentioned many times by respondents to the IAP with one writer summing up the impact it has had on many prisoners over the years:

"As a listener I feel the role we play within the Prison Estate is that of a vital one for our peers."

92. This view was supported by another respondent who pointed to the benefit of speaking to someone with shared experiences:

“A project to do during the day with an inmate who has gone through similar struggles.”

93. Some respondents drew attention to the importance of empathy and welcomed support from current or former prisoners who understood their situation. A number of transgender prisoners wrote to the IAP pointing out their need for greater support from the prison system. One said:

“I have been taunted and threatened and assaulted by other prisoners while at Long Lartin and have no support from anyone who understands, who is going through all this and who knows what it is like growing up with all this. It would help to be moved somewhere I can connect.”

94. Other prisoners noted that there are substantial positive effects that can be accrued by the peer supporter, as well as the people they are working with:

“More volunteer work to keep people occupied and feel they have a purpose to get up each morning.”

“Firstly I wanted to tell you a little about me. I am 19 years old and have been sentenced to 12 years in prison. I have been in prison since October 2015 and spent most of my time on Houseblock Six which is the Vulnerable Prisoners Unit. During my first six months in prison I took three overdoses which required hospital admittance and one of which saw me remain in hospital for three days. I was fighting the system, the more I fought the worse I was treated, the worse I was treated the more I had suicidal thoughts. It genuinely felt to me like nobody cared. Fast forward to the past six month and I feel better in myself. I have a job in prison that puts a lot of trust in me, and I help other prisoners going through the kinds of things I faced.”

95. One prisoner gave a detailed and specific explanation of a particular type of peer support scheme – that of the MIND-trained befrienders:

“the Befriender scheme is relatively new, set up in January 2016 and to my knowledge is unique to our prison (HMP Hull)... it is run by our Safer Prisons department and its aim is to look after new and vulnerable prisoners, but can be accessed by all. We bridge the ‘gap’ between insiders’ initial contact and listeners ... we are there in the initial weeks in prison as a friendly face that new prisoners can come to for advice or just a chat. Since starting we have seen a reduction in the number of listener callouts ... we also try to promote a community feel within the wing and encourage people to engage in purposeful activities or employment. ... building the community spirit (so people look out for each other) and watching for behavioural changes or proactively visiting prisoners to just see how they are from time to time.”

96. And another wrote:

“I hope that with our Befriender Scheme, other peer supporters and officers, we can try to intervene if someone is reaching crisis point.”

97. One respondent used the specific resource pressures on the mental health services, to indicate where prisoners could help alleviate some of the burden, and offer support to those that need it:

“The Mental Health Team sent out a questionnaire about how they could do their job better. I replied that they are like an A+E trauma team. Once somebody’s behaviour has got really really really bad, mental health will swoop in and deal with it. But there’s no provision for all the hundreds of low level mental illness/distress/sadness/low IQ stuff going on on the wing. It’s like the NHS that is only A+E, fabulous at trauma and car smash-ups but no GPs, no cancer care, no school nurses, no ENT clinics etc etc. I suggested Mental Health needed to train up suitable prisoners that could run friendship groups and low mood groups continuously on every wing in every prison every week.”

Respondents said that greater use of peer support could be achieved by:

- **Building up and supporting Samaritan Listeners**
- **Making volunteering and taking personal responsibility a central part of the regime in partnership with voluntary organisations**
- **Increasing support for transgender prisoners and other vulnerable groups**

Making better use of Assessment, Care in Custody and Teamwork (ACCT)

"I have been on quite a few ACCTs. Some have been useful, others haven't. And I have been in 5 different prisons where they do things very differently to each other. In the past 5 months I have been on 3 ACCTs, self-harmed on numerous occasions and overdosed/attempted suicide on at least 2 occasions."

98. ACCT is the care planning system the Prison Service uses to support prisoners at risk of suicide or self-harm. The purpose of the ACCT is to try to determine the level of risk posed, the steps that staff might take to reduce this and the extent to which staff need to monitor and supervise the prisoner. Checks should be at irregular intervals to prevent the prisoner anticipating when they will occur. Part of the ACCT process involves assessing immediate needs and drawing up a caremap to identify the prisoner's most urgent issues and how they will be met. Staff should hold regular multidisciplinary reviews and should not close the ACCT plan until all the actions of the caremap are completed. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011.

99. A fifth of letters and telephone calls commented on the ACCT system, with the majority focussing on negative aspects of the process. Many of the respondents noted that – although the intention of ACCT is to safeguard prisoners – the way it is being used reduces it to a bureaucratic exercise. This sense of the system operating to the detriment of prisoners was repeated by several prisoners:

"ACCT regime clearly being used as a means of defensive observations tool rather than to provide team working and care"

"I do not feel that the ACCT system necessarily works that well. It can become a paper exercise of ticking boxes and just deciding how frequent observations should be."

100. Some of the comments regarding ACCT spoke of how those using the system need to move beyond the process elements to engage with those needing help:

"ACCT needs to address the reasons behind mental health, not just monitor those on suicide watch."

"I've been inside for 25 years, I've been a self-harmer, I've tried to commit suicide a number of times. And I think the way they should deal with it is by giving us the right treatment, the right therapy and actually having some respect for people who've self-harmed. Instead of saying that you're a pain in the arse and you're going on an ACCT. Give us some support. Try and help us through the hard times that we're going through."

“Basically [what’s needed is] less paperwork for the staff to do and a bit more time for them to give to people with issues”

“Staff with special training that can be approached without fear of being put on an ACCT would help. Often it is that fear that stops people coming forward.”

“You’re put straight on the ACCT, you’re observed. To me that’s OK but it’s not working. Sort of like putting anti-grappling bars on the windows or things to hold ropes up with – they find other ways. So I think it’s worth talking, I think everything begins with talking. All recovery begins with talking rather than just observing. It is about people being in the position to be around other people who are going through the same experiences, the same feelings the same tendencies.”

101. Some comments focussed on specific aspects of the process, such as the caller to Prison Radio who noted that “... all too often [ACCT] documents are closed by assessors who have done little to seek the views of the prisoner.”, and “Having a torch shone in his face every hour at night prevents sleep.” and: “This led to massively increased sleep deprivation, which only makes your desperation worse.”

102. The view that ACCT operates more for the benefit of prison staff and less for prisoners was felt so strongly by some respondents that they described people deliberately dissembling their feelings to avoid ACCT procedures being started. One prisoner noted that daily life for those subject to ACCT procedures is such that it currently runs counter to its aims of assessment and care:

“The effect of an ACTT is two fold. Firstly inmates avoid saying how low they are feeling in an attempt NOT to be put on one, in short, you’re encouraged via the ACTT system to bottle your troubles up, something we all know is one of the worst things you need to do. Secondly, once on one, you soon realise that to get any degree of comfort/peace you need to get OFF the ACCT ASAP. In order to do this once again you need to NOT talk about that which is bothering/troubling you.”

Respondents said that better use could be made of ACCT by:

- **Examining if ACCT has become a box-ticking exercise and focusing on making it more meaningful and effective**
- **Increasing the involvement of prisoners, mental health professionals and family members in the ACCT process**
- **Ensuring care maps are established, regularly reviewed and followed through**

Dealing with drugs, violence and debt

“My suggestion is, obviously they need to stop the use of spice in prisons 'cause that's why a lot of people deteriorate that happened to me. I am very lucky to be here this day. I was actually cut down from hanging but mine was purely down to spice use. So if we can get a grip on that in custody then I feel like that could be one thing that could stop it ... ”

103. HM Chief Inspector of Prisons noted in his 2016-17 annual report that:

“ ... in most of our surveys significantly more prisoners than previously told us that they felt unsafe ... Much of the violence could be attributed to drugs and associated debt ... ”

104. It should not be underestimated the impact the fear and violence stemming from drugs and debt can have on individuals in custody. There has been extensive coverage in both the media and official reports of the increase in New Psychoactive Substances (NPS), or ‘Spice’ as it is more commonly known, in prisons across England and Wales in recent years. The Prisons and Probation Ombudsman wrote in his 2015 learning lessons bulletin on NPS:

“Combined with the limited resources of many prisoners, frequent use of NPS often results in prisoners getting into debt with the prisoners who supply the drugs.”

105. The Joint Committee on Human Rights’ interim report on mental health and death in prisons noted:

“The proliferation of New Psychoactive Substances has had a marked effect on prison safety and the mental health of prisoners.”

106. The damaging impact of NPS was frequently mentioned by respondents writing and calling the IAP. In total, 20% of letters and telephones calls to the IAP mentioned the impact this can have on establishments. One respondent described the prison system as *“in the midst of an epidemic that’s called Spice”*. This impression that the prison estate has been fundamentally changed by the rise in NPS was shared by other prisoners who noted: *“Spice and debt are without doubt the prison’s nemesis.”*

107. Several prisoners sought to explain the specific relationship between drugs, debt and suicide and prisons. One explained that: *“ ... debt causes bullying and bullying causes stress and stress causes irrational thinking which causes self-harm”*. Another writer explained that the: *“the effects of drug-related debt can lead to prisoners self-harming”*.

“Prison right now is a very dangerous place, it’s unsafe for staff and us inmates and it’s all to do with shortage of staff and the legal high called ‘spice’ as it’s ruined the prison system.”

108. The understanding of this potentially close connection between drugs, debt and suicide lead many respondents to argue for less acceptance of bullying in prisons. Several pleaded for prisons to “Stop the bullying” and for “bullying to be taken more seriously to prevent suicides”

109. One respondent described the impact on family and friends:

“I have no power! I can’t take away all the phones that keep the drug trade going inside here giving everyone concerned problems which include family, friend etc who are sent text demanding money for Spice that there loved ones have built up to pay so they don’t get a beating. So when the visits come and your sat on the visit trying to explain why your in debt and leaving the visit with so much guilt you can’t cope anymore and if by chance you get out without to many problems, you are then faced with the addiction you got while in prison.”

110. This subject also led to some of the most specific suggestions for solutions among the ten areas in prison and one in the community discussed in this report. In addition to the general plea for a greater focus on tackling bullying, several writers suggested greater testing for NPS. Another proposed solution was to increase prisoner wages but for a different reason to the writers who suggested it to increase prisoners’ self-worth and to make it easier for prisoners to afford telephone calls to their families. In this context, the rationale was to lessen the chances of prisoners being captured by debts they will struggle to repay. A different idea was proposed by one writer who said:

“I believe there should be an amnesty for all users of spice along with treatment and counselling, like it was when heroin was rife and you were given methadone to help with withdrawal etc..”

111. Another writer spoke of his frustration with the amount of drugs in prison and expressed a wish to live in a drug-free environment:

“Prisoners that don’t take drugs and hold a perfect enhanced record like myself to have a chance to serve their sentence on a wing free of drugs etc. I’m tired of druggies begging at my cell door it screws my head up. I shouldn’t have to serve a sentence with these idiots and trying to use the prison regime of rehabilitation yet I’m stuck in hell where its impossible to be a better man. I’m surrounded by drugs.”

Respondents said that the best way to deal with violence, drugs and debt is by:

- **Tackling/not tolerating bullying and threats**
- **Improving testing for NPS and offering an amnesty/treatment**
- **Allowing for safe disclosure and increasing support for prisoners who want to serve their sentence responsibly**

Revising the Incentives and Earned Privileges scheme (IEP)

“Prison officers must be discouraged from bullying prisoners but instead treat them as fellow human beings. Often prisoners are treated with contempt and bullied with IEP warnings for the most trivial reasons, and often end up on a Basic Regime for 30 days or more. This causes depression and can often lead to suicide.”

112. Prison/YOI rules require every establishment to administer a system of privileges which can be granted to prisoners providing they reach and maintain specified standards of conduct and performance. The fundamental aims of such a scheme are described in the HMPPS documentation as:

- *“to encourage responsible behaviour by prisoners;*
- *to encourage effort and achievement in work and other constructive activity by prisoners;*
- *to encourage sentenced prisoners to engage in sentence planning and benefit from activities designed to reduce re-offending; and*
- *to create a more disciplined, better-controlled and safer environment for prisoners and staff.”¹⁷*

113. The privileges available are varied and include:

- extra and improved visits
- the eligibility to earn higher rates of pay
- access to in-cell television
- the opportunity to wear own clothes
- access to private cash
- time out of cell for association

114. Poor behaviour can result in the removal of such privileges. The way that prisons apply such powers was described by HM Chief Inspector of Prisons in his 2016-17 annual report:

“However, in too many establishments staff and prisoners were often unclear about how the scheme operated, and it was applied inconsistently with little focus on the underlying causes of poor behaviour. In our survey, only 42% of prisoners felt they had been treated fairly under the IEP scheme, and only 40% said that it had encouraged them to change their behaviour.

Most prisons viewed IEP as a vehicle to punish bad behaviour rather than motivate good behaviour, and in some establishments the punishments were harsh. Prisoners were also sometimes routinely

¹⁷ <https://intranet.noms.gsi.gov.uk/policies-and-subjects/prisons/residential-services/incentives-and-earned-privileges-iep/psi-302013>

placed on the basic level of the IEP scheme for a single violent or antisocial act, rather than for a pattern of poor behaviour. As a result, there was often a high number of prisoners on the basic level.”

115. Unsurprisingly given the comments by HM Chief Inspector, while only approximately 15% of correspondence mentioned IEP schemes, over 90% of such references were negative. A frequent message was the reported arbitrary and unjust application of the system by members of staff: *“Reduce mis-management of IEP scheme and reward good behaviour.”*

116. One respondent was frustrated by the inability of prisoners to progress through the system:

“Prisoners who have earned enhanced status are being denied it and the rewards that go with it.”

“All it takes is a screw 2 dislike you and your on Basic.”

“ This IEP system is not good. Prisoners are receiving negative entries for self-harming. Keep in mind 3 negatives is a downgrade. Not in all circumstances but staff can chose when. Prisoners with mental problems are put on basic with no tv. Its discretionary for a gov to give a tv. But 90% of the time they don't. All these things need to change and I know it would make a difference.”

117. Such frustrations provide an insight into both how little is in the control of prisoners, and how important seemingly small improvements to their day-to-day life can be to those in custody. As real as these frustrations are, the more significant impact was considered by respondents to be caused by the downgrading of prisoners to a lower rung of the IEP ladder. One noted the consequences of an IEP downgrade:

“IEP downgrades to IEP to Basic level that means 23 hours behind one's door, no TV and a pay level of £2.50 per week, no private cash a drop in entitlement of visits.”

118. In comments that were also reflected in the family contact section, many prisoners spoke of their frustration that their weekly pay had remained low while many of the items they need to buy had steadily increased in cost at the same time as opportunities for paid work in prison, and on temporary release, have decreased. One prisoner put it quite simply that the: *“weekly pay that prisoners receive needs to be reviewed”*. Another *“if we was paid a ‘proper wage’ rather than pay that means that unless you have regular money sent in you can't afford anything ... Proper pay would mean less debt. So less violence.”*

Respondents said that better use of incentives could be made by:

- **Increasing scope for earned privileges**
- **Making the IEP scheme fairer, more motivating and less punitive**
- **Reviewing and improving prisoners' work opportunities and pay.**

Preventing suicide and self-harm in the community

“Spending money on our mental health services could prevent so many people resorting to crime in the first place.”

119. Many respondents found it harder to isolate specific problems and propose tangible solutions for reducing the risk of self-harm and suicide in the community before or after custody. However, a wide range of points were still made by respondents covering time from before offences have even happened through to support following release from prison.
120. In terms of early intervention, several prisoners wrote of the need to provide sufficient support to those at risk of committing crimes earlier in their lives. A number of references were made to the particular vulnerability of children in care and care leavers. Lord Laming’s recent review calls for more support for vulnerable families and closer liaison between police and children’s services.¹⁸
121. One prisoner emphasised the need for greater support when they first interact with the criminal justice system. A caller to Prison Radio suggested: “... *more community support from the police.*” and another noted that: “*Before imprisonment the approach of the police to mental health needs to be radically improved.*” Dame Elish Angiolini’s recent report on Deaths and Serious Incidents in Police Custody¹⁹ made many references to the need for the police to divert mentally ill people from police custody.
122. Numerous reports including Lord Bradley’s review²⁰ and, more recently the interim report by the Joint Committee on Human Rights have raised concerns about the misuse of prison as a ‘place of safety’:

“Too often people who are acutely mentally unwell, such as Dean Saunders, are inappropriately being sent to prison as a ‘place of safety’; there is an urgent need to resource and make better use of community alternatives to prison for offenders with mental health conditions...”

123. The request for specific support and earlier intervention was repeated by some respondents in relation to sex offenders. One writer called for more support for offenders before [sex] offences happen, and another noted the need for better information from police following arrest. These points link to the findings in the

¹⁸ <http://www.prisonreformtrust.org.uk/ProjectsResearch/CareReview>

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf

²⁰ <http://www.rcpsych.ac.uk/pdf/Bradley%20Report11.pdf>

Equality and Human Rights Commission's recent report on the deaths of people following arrest and on release from prison and police custody²¹.

124. One respondent suggested that offenders should be able to stay in the community in a safe, controlled environment, but different to that of a prison:

“Use halfway houses that have curfews, tags, therapeutic community principles that allow people to remain in the community.”

125. There were also a number of points made about the need for support following release from prison. The Joint Committee on Human Rights, in their interim report, noted that this is particularly important for the many prisoners released with mental health problems:

“Prisoners with mental health problems need continuity of care and access to safe housing on release from prison: the prospect that these will not be available increases the risk of self-harm and self-inflicted death at the end of their sentence as well as reoffending.”

126. A number of respondents pointed to the inability of probation services to fully undertake this role:

“People who are released then tell probation they are suicidal – probation then send them back as they a risk to themselves.”

“Probation I know are over-worked but that area needs to be looked into”

127. The July 2017 report from HM Inspectorate of Probation noted:

“Hostels are staffed 24 hours a day and balance care with control. They impose various constraints on residents' freedom. These include curfews and check-in times during the day, regular drug and alcohol testing, welfare checks and room searches. Serious breaches of a hostel's rules or any licence requirements, or increased concerns about risk of harm to others, will lead to residents being quickly recalled to custody.”

128. One prisoner said that he broke the rules while in an approved premise in order to be recalled to prison as his housing situation was so uncomfortable and inappropriate for him (as a victim of child abuse, he was unable to share lodgings with those convicted of such offences). One person who telephoned Prison Radio addressed the specific issue of recall and suggested that it should be reformed to:

“remove the power from probation offices to recall people, it should all go through a judge.”

²¹ <https://www.equalityhumanrights.com/sites/default/files/research-report-106-non-natural-deaths-following-prison-and-police-custody.pdf>

129. In terms of particular solutions, there were frequent requests for greater face-to-face support for those struggling to re-engage with society. One prisoner called for:

“Better equipped and funded community centres which provide exercise/gym, interaction and fun activities for those feeling alone, as well as qualified and trained staff to talk to on a daily/weekly basis.”

130. Another respondent called for a specific scheme similar to some of the peer support networks used in prisons. This was felt to offer a more personalised and empathetic approach. This was echoed by one prisoner who suggested: *“Greater use of ex-offenders in the rehabilitative process both inside the prison estate and outside in society.”*

131. Another noted that those who were released would need to take responsibility for some of their actions, particularly “... to recognise when they need to seek help or speak to someone”. This was reinforced by another respondent who called for greater investment and support for the Circles of Support network.

Respondents said that the way to prevent suicide and self-harm in the community is by:

- **Improving community mental health and liaison and diversion services**
- **Increasing information and support for sex offenders pre-custody and post-release**
- **Improving resettlement into safe housing, work, support and supervision by probation services and revising the threshold for, and reducing, recalls to custody.**

Appendix A – Respondents to the IAP’s call for ideas

The respondents and contributors to this report include people from the following prisons and organisations:

- HMP/YOI Altcourse
- HMP Ashfield
- Ashworth Hospital
- HMP Birmingham
- HMP Bristol
- HMP Brixton
- HMP/YOI Bullingdon
- HMP/YOI Cardiff
- HMP Channings Wood
- HMP Chelmsford
- HMP Dovegate
- HMP/YOI Downview
- HMP Durham
- HMP Edinburgh
- HMP/YOI Elmley
- HMP Featherstone
- HMYOI Feltham
- HMP/YOIForest Bank
- HMP Frankland
- HMP Full Sutton
- HMP Garth
- HMP Gartree
- HMP Grampian
- HMP Greenock
- HMP Gredon/Spring Hill
- HMP Guys Marsh
- HMP/YOI Haverigg
- HMP Hewell
- HMP High Down
- HMP Highpoint
- HMP Holme House
- HMP/YOI Hull
- HMP Humber
- HMP/YOI Isis
- HMP Isle of Wight
- HMP/YOI Lincoln
- HMP Long Lartin
- HMP/YOI Manchester
- HMP Northumberland
- HMP/YOI Norwich

- HMP/YOI Nottingham
- HMP Only
- HMP/YOI Parc
- HMP/YOI Pentonville
- HMP Polmont
- HMP/YOI Portland
- HMP Ranby
- HMP Ryehill
- HMP Stafford
- HMP/YOI Stoke Heath
- HMP Swaleside
- HMP/YOI Swansea
- HMP/YOI Swinfen Hall
- HMP The Mount
- HMP Usk and HMP/YOI Prescoed
- HMP Wakefield
- HMP Wandsworth
- HMP Wayland
- HMP Wealstun
- HMP Whatton
- HMP Whitemoor
- HMP Winchester
- HMP/YOI Woodhill
- HMP/YOI Wormwood Scrubs
- HMP/YOI Wymott

- Nepacs²²

²² <http://www.nepacs.co.uk/>

Appendix B – IAP members

Chair

Juliet Lyon CBE

Juliet Lyon took up her post as chair of the Panel in September 2016. Previously, Juliet was the director of the Prison Reform Trust and secretary general of Penal Reform International. She is a visiting professor in the School of Law at Birkbeck, University of London.

Panel Members

Stephen Cragg QC

Stephen Cragg is a barrister specialising in public law, and human rights and sits as a part-time judge for the mental health review tribunal. Stephen has been a member of the Independent Advisory Panel on Deaths in Custody since 2014.

Dr Dinesh Maganty

Dinesh Maganty is currently Lead Consultant for intensive care for Birmingham and Solihull Mental Health NHS Foundation Trust Secure Care Services and a member of the National Clinical reference group for Health and Justice for NHS England. Dinesh has been a member of the Independent Advisory Panel on Deaths in Custody since 2014.

Dr Meng Aw-Yong

Dr Meng Aw-Yong is a Forensic Medical Examiner and Medical Director for the Metropolitan Police, and currently works in emergency medicine at Hillingdon Hospital. Meng has been a member of the Independent Advisory Panel on Deaths in Custody since 2014.

Prof Graham Towl

Professor Graham Towl is Professor of Forensic Psychology at Durham University, a visiting clinical professor at Newcastle University and a leading expert on suicide. He has previously worked as Pro Vice Chancellor at Durham University, Chief Psychologist at the Ministry of Justice and has been a member of the Independent Advisory Panel on Deaths in Custody since 2014.

Appendix C – A selection of letters and submissions

FREEPOST IAP

MONDAY 6TH FEBRUARY 2017

Dear Sir/Madam,

I am writing in response to your invitation in the February 2017 issue of Inside Time for views concerning the reduction of self-harm in UK prisons. I very much hope that some of what follows proves to be useful;

1) What do you think are the best ways to prevent self-harm in prison and respond to people's needs?

I can speak openly and honestly about this because I've been suicidal and can now identify the root cause of these feelings. This is my first (and last) custodial sentence and it came after forty years of being an upstanding, law-abiding citizen. I can tell you that being remanded at a police station, transported to court in a tiny box cell, left in a cell alone for hours and then, following my hearing, conveyed to the imposing, run-down Wormwood Scrubs...I'd lost everything. My career, my home, my family, my savings, my freedom, my prospects and my dignity. I was in a prison for the first time ever and I couldn't have been any more desolate. Luckily, when asked if I felt suicidal or like harming myself, I was honest. As a result I was put on constant watch. I wish now that I'd lied (as anyone with half a brain cell would) as I could have ended my life that night. I spent one night at 'The Scrubs' and was then transferred to Wandsworth. I can't praise the staff there highly enough. I was very well cared for.

And so here I am, at HMP Stafford. In fairness, upon arrival it was a breath of fresh air. The reception was warm, clean, comfortable and the staff were friendly. I was given a cup of tea by a Listener and he explained the scheme. I then moved to the Induction wing which was clean, airy and welcoming. The first week was structured and my mood improved significantly.

However...

Eight months later, I'm on E wing. I've been struggling to come to terms with the realisation (in August) that I was sexually abused as a child and since August have been begging for counselling. It's not available as the local NHS Trust don't provide it. I punched a wall in my sleep in December and fractured my wrist. I had an x-ray on Thursday 26th January and have still not been given the result. I'm in pain, I'm not sleeping. When I DO sleep, I suffer horrific nightmares and wake up screaming and/or crying. I go through periods where I have no appetite

1

and do not eat. And, worst of all, cigarettes (which have always been my emotional crutch and which have, once before, prevented me ending my own life) are now banned here.

I've gone from being valued, respected, loved to being the lowest of the low. Scum. An oxygen thief. I live in a prison. My home is a cell. But I have no rights. I'm not allowed to smoke. I get fobbed off left, right and centre. If I tell staff that I feel suicidal, I'll be put on an ACCT; observed twice hourly but nothing will be done to address the source of my distress. An ACCT serves one purpose and one purpose only - to exonerate the Ministry of Justice should I do the unthinkable.

So, to answer your first question following much digression;

- Respect the basic human rights of prisoners. Allow us to smoke if we so wish, allow us exercise and nourishing food and books to keep us entertained.
- LISTEN to our medical and psychological needs. If a prisoner needs counselling (and it's not contested that I do), PROVIDE it. It shouldn't matter what the local NHS Trust do and don't provide. I could get help on the outside, I should be able to get help in prison too.
- Make the first night in custody a more pleasant, less daunting experience. The denial of liberty is our punishment. Nothing within a prison should serve as an additional punishment.

2) Suicide IS preventable but it relies wholly on management of the individual. I could, very easily, commit suicide. I need no belt, no knife, no tablets. If I chose to, I could end my life within minutes and nobody, not even my padmate, would realise until it was too late. A Prison Officer asking me if I feel suicidal is pointless. If I did, I might not admit it.

The answer, I'm afraid lies in the relationship between Prison Officers and inmates. There is one particular officer who can tell just by talking to me how my mood is. He notices if I'm down, if I don't eat, if I don't socialise. I rarely see my offender supervisor. But if each officer adopted one side of one landing, got to know his or her prisoners and kept casual watch, warning signs could be easily and quickly detected. A regular interview with each prisoner would also help to establish any specific issues or needs and identify coping strategies. One Governor, one Psychiatrist, an IMB member, the offender supervisor - like a G.O.O.D review perhaps every couple of months. Because I'll be honest, unless I REQUEST or INSTIGATE help, I don't have a conversation with anyone save for my peers from one month to the next. It's just taken for granted that I'll cope, swept along in the surf like everyone else. If I'm walking, talking and breathing I MUST be okay. Mustn't I?

3) For me personally, I need concrete answers about a variety of things. Right now, I don't know if I'll get help with housing upon release, whether I'll be forced (against my will) to move back to my native South West, whether my life will be curtailed and impeded, whether I'll be considered for 'D cat' or a hostel and whether I'll get the counselling I so desperately need.

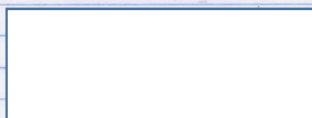
The local authority, Social Services, charities, housing trusts, Probation Service, police - they should all meet to discuss each prisoner so that some clue as to the future can be conveyed to him/her.

Most prisoners will probably say this but I honestly believe that prison is NOT the place for me. I'm not a danger to anybody, I can cope alone and I'd get all the help I can't get inside prison more easily outside of it. The judiciary treat prison as a default. A 'go to'. And yes, there are many offenders for which prison is the only option. But when I look around HMP Stafford, there are so many people who don't deserve to be here. Old men, wheel chair bound, disabled. IPP prisoners with no indication of if and when they might be released. Innocent people, reliant on the CCRC to lodge appeals when all else has failed. I would happily serve the sentences of such people for them. I don't believe prison is the best place for me but I did SOME of that which I was accused of and deserve to be here for more than others.

Prison is MEANT to be about rehabilitation but it's not. It's about punishment and protecting the public. Yes, these are important, but as a prisoner, I need to see progress. I NEED to see light at the end of the tunnel. All I see right now is darkness. And THAT is why I am still a potential suicide risk.

Prison should be a last resort. Everyone deserves a second chance unless they pose so much risk to the public that incarceration is the only option. I'm here because I did wrong. I did wrong because I have issues that I need professional psychiatric help to resolve. That help is not forthcoming; I've been fobbed off with leaflets and sleeping tablets.

I so hope this helps in some way and, on behalf of my peers, thank you for doing something to address the issues.



PS - I WAS KNOCKED BACK THIS WEEK FOR D-CAT DESPITE MY POSITIVE EFFORTS. I DON'T SEE MY WONDERFUL SON AS A RESULT. IT HAS BEEN 8 MTHS SO FAR (9 COUNTING). THIS IS TOUGH GOING. 1.

1.) "WHAT DO YOU THINK ARE THE BEST WAYS TO PREVENT SELF-HARM IN PRISON & RESPOND TO PEOPLE'S NEEDS?"

i.) BETTER TRAINED OFFICERS. MOST APPEAR YOUNG & LACKING EXPERIENCE & PATIENCE TO HANDLE PRISONERS. PERHAPS SOME OFFICERS COULD BE MADE LIAISON OFFICERS WHO BETTER INTERACT WITH THE IN REACH TEAM, PROVIDING BETTER COMMUNICATION BETWEEN BOTH PARTIES SO BOTH ARE WORKING MORE INTRINSICALLY TOGETHER RE. KEY VULNERABLE INMATES. FROM WHAT I HAVE SEEN, OFFICERS RUSH AROUND, GIVING LITTLE TIME TO ANYTHING & ANYONE. THOSE WHO OPT TO BECOME BETTER TRAINED LIAISON OFFICERS COULD ALSO RECEIVE PERHAPS A PAY INCREASE OR SOME SORT OF PAID INCENTIVE FOR GOING THE EXTRA MILE.

ii.) ACTIVELY INCENTIVISE PRISONERS IN A SIMILAR WAY TO OFFICERS BY SIMPLY REWARDING PRISONERS WITH REALLY DECENT PERKS FOR WORKING HARD & FOR LOOKING OUT FOR ONE ANOTHER. I APPRECIATE IT'S A PRISON, HOWEVER, THE GENERAL MOOD IS REALLY POOR AMONGST BOTH STAFF & PRISONERS. MORE VARIED SCHEMES TO MOTIVATE & LIFT THE SPIRITS OF EVERYONE, PARTICULARLY THOSE SUFFERING FROM DEPRESSION, BY GIVING THEM SOMETHING THEY WOULD OTHERWISE NOT USUALLY HAVE ACCESS TO. FOR EXAMPLE, COULD BE BETTER OUTSIDE EXERCISE YARDS WITH THE FOCUS ACTUALLY BEING ON EXERCISE INSTEAD OF JUST A SQUARE CONCRETE BLANK SPACE, WITH LITTLE/NO SUNLIGHT. FLOWERS, PLANTATION & GENERAL GREENERY AVAILABLE PLUS COMFORTABLE SEATING AVAILABLE TO THOSE WITH MENTAL ILLNESS/DEPRESSION. PERHAPS EVEN SOME STRAY PETS LIKE THEY HAVE IN AMERICA FOR LIFE PRISONS OR A PLACE/SPACE WHERE ANIMALS ARE BROUGHT IN WEEKLY FOR DEPRESSED PRISONERS TO FEED & LOOK AFTER. STUDIES SHOW THIS CAN WORK WITH YOUNG OFFENDERS AS WELL AS OLD.

2.) "WHAT DO YOU THINK ARE THE BEST WAYS TO PREVENT SUICIDE & KEEP PEOPLE SAFE?"

PTO →

②
PPS - HAPPY TO DISCUSS & HELP FURTHER AS I LISTEN TO PRISONERS EVERY DAY & REGULARLY ASSIST THEM, PARTICULARLY THOSE WHO SUFFER FROM ANXIETY/DEPRESSION.

- i.) See (ii.) FOR AN ANSWER TO THIS QUESTION WHERE I MENTIONED PETS & MONEY & OTHER PERKS AS AN INCENTIVE TO HELP PROVIDE A WELCOME DISTRACTION TO WANTING TO COMMIT SUICIDE.
- ii.) IN ADDITION, PROVIDE BETTER AND MORE FREQUENT ACCESS TO FAMILY MEMBERS ON THE OUTSIDE WITH MORE ONE ON ONE TIME & CONTACT WITH FAMILY & FRIENDS. BEING LOCKED UP FOR LONG PERIODS, AWAY FROM HOME & FAMILY IS COUNTERPRODUCTIVE.

3.) "WHAT DO YOU THINK CAN BE DONE OUTSIDE PRISON IN THE COMMUNITY"

- i.) BETTER EQUIPPED & FUNDED COMMUNITY CENTRES WHICH PROVIDE EXERCISE/GYM, INTERACTION & FUN ACTIVITIES FOR THOSE FEELING ALONE, AS WELL AS QUALIFIED & TRAINED STAFF TO TALK TO ON A DAILY/WEEKLY BASIS. INCLUDES HOME VISITS. MUCH LIKE REHAB CENTRES FOR SOLDIERS WHO ARE INJURED, LOST A LIMB OR NEED COUNSELLING. A PRISONER OR SOMEONE PRONE TO SELF HARM SHOULD NOT BE TREATED ANY LESS THAN THE NEXT PERSON, BUT THIS DOES TAKE PLACE - PARTICULARLY IN PRISON - AND IT IS VERY SERIOUSLY WRONG.

I AM A 'RED BAND' WHO WORKS HARD WITH NATIONAL CAREERS SERVICE. I GO ROUND THE PRISON WRITING MOST OF THE CV'S FOR PRISONERS ARE FOR RELEASE. I ALSO HELP ORGANISE REGULAR JOB FAIRS WITH EMPLOYERS COMING IN TO PRISONS TO INTERVIEW & OFFER POSITIONS OF EMPLOYMENT TO THESE PRISONERS. FOR EXAMPLE, I WROTE OUT 35 CV'S (PLUS A DISCLOSURE LETTER) OUT OF 50 INMATES WHO ATTENDED THE LAST JOB FAIR IN JANUARY. OF THOSE 50, APPROX HALF+ WERE OFFERED A JOB UPON RELEASE/D-CAT. A FANTASTIC INCENTIVE/PROGRAMME HELPING TO REDUCE RE-OFFENDING & GIVING SOME A SENSE OF PURPOSE FOR THE FIRST TIME IN A LONG WHILE. YET MY CONTRIBUTION IS NOT REALLY RECOGNISED, VALUED OR FULLY APPRECIATED. DESPITE BEING EDUCATED & QUALIFIED, AM STILL TREATED AS JUST ANOTHER NUMBER, WHICH SAYS A LOT FOR WHAT IS WRONG WITH THE

Free Post IAP

Dear Sir/Madam,

In regards to your article in February 2017 edition of Inside Times regarding deaths in custody. I'm a prisoner that has attempted suicide and self harm. I can only talk from my own experience. I find being behind my door too much, working in places that I don't like and being provoked to self harm by staff is a serious issue. Officers are not qualified but seem to like to psycho analyze prisoners that self harm. They say things like your manipulating the system, your paranoid etc. When a prisoner presses their cell bell first thing staff ask's what's the Emergency. That in its self is provoking. This IEP system is not good. Prisoners are receiving negative entries for self harming. Keep in mind 3 negatives is a downgrade. Not in all circumstances but staff can choose when. Prisoners with mental problems are put on basic with no tv. It's discretionary for a gov to give a tv. But 90% of the time they don't. All these things need to change and I know it would make a difference. Also family connections is very important. Being far from home doesn't help.

Sincerely

When writing to Members of Parliament please give your previous home address in order to avoid delays in your case being taken up by the M.P.

In replying to this letter, please write on the envelope:

NumberName [redacted].....

Wing A 8-16.....

[redacted] 16/2/17

Dear Sir / Madam

I'm writing in response to the article in the inside time regarding suicide in prison. I've been in prison now nearly 7 years it's my first time in. I got a 3 year IPP in 2010 and from day one suicide is something I've considered. Every day I think about it but I made a promise to a very good officer that I would not write in prison and would ask for help when I need it. That officer has now gone and officers now don't care. If I did go see one I'd be put on an ACCT this is a terrible thing you get followed around all day by a folder so stuff know to keep an eye on you and hourly checks over night. If I had this done to me I probably would end it. Instead officers on the wing and work place should just be made aware and the prisoner told who they can speak to. Ideally just a few officers that would help rather than laugh at you.

You hear alot that family is important and prisons try to help with this. This is the biggest lie I've

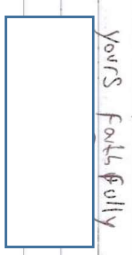
Sean. I've no contact with family except for letters coming back.

from my mum. when I came in I was told no contact with my son till I get released. He is now 8 year old were was the prison help to maintain contact. Now I have no reason to get out or continue. If I do get released I've to go back to where my offence took place. The amount of prisoners that have to go through this is huge. where is the point in going back to where an offence happened. Fear of this is a big reason why loads would rather and it than get out. No one is told what help is available once released to get on with life so the unknown effects us alot. We know getting somewhere to live and a job will be hard and when the people there to help us would rather recall us, then why not save everyone the hassle and just commit suicide.

I eventually did ask for help and got put on to anti-depressants they have been good for me but the parole officer makes it out that I can't cope without tablets and so am a risk. I would have been better not to have told anyone.

Staff with special training that can be approached without fear of been put on an Act would help often it's that fear that stops people coming forward.

I've seen people recalled for telling probation they are suicidal as this makes them a risk they are sent back to prison. Prisoners who released should be given details of support groups they can contact rather than

Yours Faithfully


1) NOT To be treated like nothing
Treat Them with dignity and respect
They ~~are~~ are son father brother or grandfather
of a human being.

2) don't lock them up 24 hours like
Animals and give them their medication
on right time STOP staff bullying them
they been looked down because of the way they are.

3) The Court should have mercy on them
as they don't understand punishment
Probation should have mercy on them
and check them before they make
mercyless report to the court.

On their release give them roof
don't leave them on the street

As unpleasable what I witness
the way staff treat these people
it make me feel sick.

These vulnerable people are been left
in the cell most of time by them self
and been over punished like basic
not been given their medication the
nurses shout at them because they
complain abt.

the only people been treated respect
are drug dealers and trouble makers
not the ill people unfortunately.

Response to Article in Feb 2017 issue - IAP - ^{I lost address}

Recd
4/4/17

When writing to Members of Parliament please give your previous home address in order to avoid delay in your case being taken up by the M.P.

Please forward.
Kind regards
Thank you

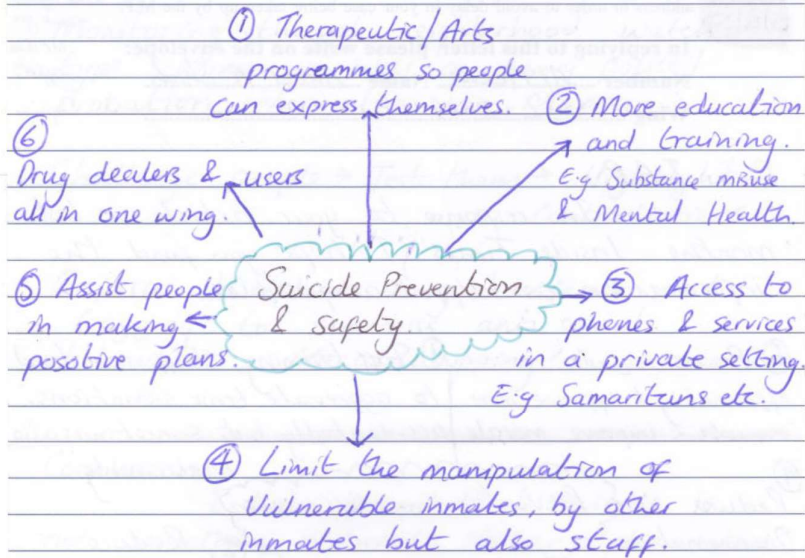
In replying to this letter, please write on the envelope:

Number Name
Wing L-2-14

Dear IAP,

In response to your article in last months 'Inside Times' I hope you find the information as helpful as possible.

- ⑤ Process requests efficiently & approve more requests - improve morale
 - ④ Reduce Discrimination - some lose the will to live.
 - ③ Challenge drug users & dealers to minimize availability.
 - ⑥ Calming and progressive environments; Therapeutic communities, less noise and less quarrelsome residents.
- ① Staff training; staff can tend to aggravate tense situations, accidentally but sometimes also maliciously
- ② Reduce Mis-management of IEP scheme & reward good behaviour
↳ Exercise staff discretion
- Prevention of self-harm in prisons



⑥ cont... We have a good drug free wing and how it works (limiting mixing with other wings well) but I find that half of the wing is used for over 50's, the rest are made up of; people who want the extra gym & a single cell or drug dealers, refining techniques of how to maximise an addicts drug use for maximum profit.

Before Prison

- Identify problematic/risky individuals
- Help those who need it by pointing them in the right direction and providing relevant information.
- Community Schemes
 - Community centre meetings
 - Restorative justice type programmes
 - Arts & Crafts schemes.
- Relocation; Appropriate accommodation with reference to diversity in community and amenities, jobs, schools etc.
- Employment; More apprenticeships and guaranteed work programmes.
- Information; Enable people by helping them to have relevant information. Invite people to events in the community, raising awareness of health issues like mental health. Other advice about how to access finance, communicate effectively and maintain healthy relationships may be useful.

After Prison

Monitoring through neighborhood watch type schemes as well as heavy police/probation intervention via Mappa.

Challenge people → Test them → Highlight Contradictions.

Enforce discipline using curfews and tagging to minimise anti-social behaviour. Micro-chipping?

Conclusion,

I have found that suicide is not something natural, rather a phenomenon sweeping our society by bullies, as well as legitimate organisations that make individuals want to hurt/kill themselves. In the most disturbing cases I've observed suicide used as a tool to silence individuals who have disturbing accounts to share, of horrid mistreatment. It must be stopped.

Rec'd 201317

When writing to Members of Parliament please give your previous home address in order to avoid delay in your case being taken up by the M.P.

In replying to this letter, please write on the envelope:

Number

Name

Wing

Dear IAP

12-3-17

I'm a 'Befriender' here on [redacted] at HMP Hull. We are trained by the charity MIND. The Befriender scheme is relatively new, set up in January 2016 and to my knowledge is unique to our prison, although other prisons have shown an interest in the scheme. It is run by our Safer Prisons department and its aim is to look after new and vulnerable prisoners, but can be accessed by all. We bridge the 'gap' between insiders initial contact and listeners (our scheme is called Supporters as its not run by Samaritans). We are there in the initial weeks in prison as a friendly face that new prisoners can come to for advice or just a chat. We can also help signpost to or refer to other agencies such as mental health, supporters, healthcare etc. It doesnt just apply to new prisoners though, we also make it one

VF004 (No. 243) 420 0 Printed at HMP Manchester

of our duties to make ourselves available to all and keep an eye out for prisoners whom are exhibiting worrying signs such as isolating themselves or being withdrawn. We can then try to find out what's wrong and get them the help they need before it escalates.

Since starting we have seen a reduction in the number of listener callouts, which although can't be scientifically proven, could be due to the work the Befrienders put into de-escalating events before they hit crisis point?

We also try to promote a community feel within the wing and encourage people to engage in purposeful activities or employment!

MIND run a similar Befriender scheme on the out. Maybe it would be good if vulnerable people could be supported by them upon release? or at least have more resources for those released to be supported. Circles do a good job, but are a limited resource. The government maybe

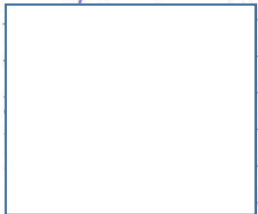
need to look into supporting prisoners upon release more with a friendly, encouraging organisation that has time for them.

You ask what I think could help to reduce suicide rates. Sadly, in my experience both in prison and my previous career as a paramedic; if someone really wants to commit suicide there may be little or no signs beforehand. The first you know is when they are found dead. However, I hope that with our Befriender scheme and other peer support and officers we can try to intervene if someone is reaching crisis point. It's about having people trained appropriately, building the community spirit (so people look out for each other) and watching for behavioural changes or proactively visiting prisoners to just see how they are from time to time, which can uncover people's issues as they have the opportunity to offload them.

As for suicide, I believe having trained personnel can also help to reduce issues before they get overwhelming and manifest as self harm. However, self harm is a

deeply complicated issue that requires special handling. Worryingly, I have seen instances of prisoners using self harm including cutting themselves and hunger strikes to manipulate staff and circumstances to get what they want. This raises two questions: 1) Do these prisoners need more specialist mental health intervention (many I see exhibiting this behavior have complex needs including personality disorders) 2) Are things so badly wrong with our current system that people are driven to hurt themselves out of frustration with their situation?! As I've experienced, prison can be a frustrating place where even simple tasks can be long drawn out affairs or even impossible.

I hope this helps. Write if you need more.



Received
17/2/17

When writing to Members of Parliament
please give your previous home address
in order to avoid delay in your case being
taken up by the MP.

In replying to this letter, please write on the
envelope:

NAME:

NUMBER:

WING:

February 11th 20

Dear Juliet,

In Inside Time
February Issue you have asked
three, very important, questions. I
am happy to offer my opinion.

Your first question: what do you think
are the best ways to prevent self-harm and
in prison and respond to people's needs.

I think that being one thing can
be effective there has to be a major
change in the attitude of those people
who work in prison. Too many staff,
Civilian, Prison officers and health care,
do not project a positive attitude. The attitude
is absorbed by prisoners and can prevent them
from asking for help or cause them to stop
taking part in treatments. It should go

without saying that if the first person
you have to approach is not helpful, you
stop asking. I think that this problem is
the first thing that should be dealt with.
As an aside to this, a personal experience
was when I wanted to talk with a listener
late in the evening during lock up. I rang
the call bell and was asked "what's the
emergency" in an aggressive way. The officer
showed no empathy or compassion for me
and made what was, for me, a bad situation
for worse.

My next suggestion for the first
question is this: Before being sentenced
I understand that everyone is assessed
in a pre sentence report, this is
undertaken by a probation worker and
presented in court. It would be a good
idea if those people who make such
reports consider the mental state of
the person to be sentenced. By doing this it
may be possible to assess if that person
is going to benefit from being in prison,
or what type of prison would be best,
and balance this against the risk that person
poses to the public. The judge could then
make an informed decision about sentence.
By doing this it may be possible to avoid
elderly people with dementia or similar
conditions being put in prison, not understanding
where they are and harming themselves as a

a result. an example of this was a gentleman who thought he had been locked in "his office" and beat his hands and head against the cell door most of the night. This resulted in both physical and, I believe, mental harm to that person. It is also not uncommon to see people here who are mentally ill who need treatment, and those who have mental disabilities who need specialist care, neither group benefit from being in prison, and I do not feel that the public get value for money in these cases.

The second question that you pose is covered, in part, by what I have said in reply to the first question, but I do have one thought which I feel would help reduce self harm and suicide.

When arriving at/in prison the system strips away any hope or aspirations you may have. You are told about the things you can not do. The only goal you have is the date you will be released. Even that may not appear to be a positive goal as all that means is homelessness or destitution.

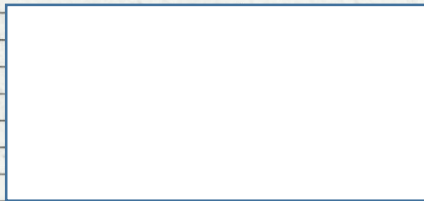
The offender supervisor appointed to you is required to develop a "sentence plan" with you. In reality this amounts to saying that a prisoner will go to work or education and list any offending behaviour or work that needs to be done. The meeting never seems to last more than 15 mins and sets no real aims or objectives.

I feel that this could be a positive element of a prisoners rehabilitation if it was used more effectively. It could also be used as a bridge between prisons and the community. To do this I feel that the sentence plan should consider each prisoners needs and aspirations for their future. Done this would enable the prison staff to identify what activities would be most appropriate or even which prison would be most suited to a prisoners needs.

Done well this could help make prison an ongoing positive experience with a realistic achievable goal at the end of the sentence. It would give hope to those who arrive in prison feeling that it is a life ending experience.

While I hope that you are able to effect change ~~at~~ within prisons, I suspect that Government will take a short term view and say that such action would be too costly.

Thank you for the work you do



Received 2012/17

Dear Sir, Madam, IAP, Inside time, Probation and the Home office, Doctors etc.

I have spent most of my life behind bars and feel I might have an idea or two how to stop the rotten demise of the routine of our prisons.

I would say that the first part is that we recognize we are in the midst of a epidemic that's called Spice weather, using it to escape or to make a profit it's right it's taken over the prisons, until we, that's all of us inmates + staff are given the funding, expertise and willingness to face up to the problem, there will be no end to what lays ahead and probably no fix from it.

Inmates who like myself come into prison with at least one problem and if on entry your first contact is your wing dealer offering you something to take away your pain and promises of how things will be better, unless you are strong willed! It's as easy to get high and become another casualty in a conflict of judgement you make. and with it come debts, bullying and worse mental health problems and the upper hand given to the dealers.

I have spoken to many inmates who say "I wish I could get off Spice" But because of pressure, debts +

mental health problems are either frightened have doubts or find it gets them through each day and without it can't cope without it because there is nothing to turn to, to stop.

I believe there should be an amnesty for all users of Spice along with treatment and counselling, like it was when heroin was rife and you were given methadone to help with withdrawal etc

one of my last friends who took his life was 10 years into his 10 year sentence, he took Spice tried to stop by moving wings and when he came back onto the wing was called a grass and that night took his life. If there had maybe been some support to help him other than the listeners, who had the means to give him meds or support he may well be with us now, but he was alone.

I watched the BBC undercover program on the 15th Feb 17 and everyone unless blind must see what it's doing to morale + confidence in the system at the moment.

I know it won't be fixed over night but unless something is done soon the problems will only get bigger and every prisoner is put behind their door hooked

on Spice with no way out once
the mind is taken over and
another Inmate is hanging or
cut + dead, and it doesn't stop
there Staff will be Sucked Into
a deeper hole with anger, fear,
mental + physical breakdowns,
a vicious circle until someone
takes up or stands up to be counted
and demands that something be
done to halt what is happening
sooner rather than later.

I have no power! I
can't take away all the phones
that keep the drug trade going
inside here giving everyone concerned
problems which include family,
friend etc who are sent text
demanding money for Spice that
their loved ones have built up to
pay so they don't get a beating, &
when the visits come and your
sat on the visit trying to explain
why your in debt and leaving
the visit with so much guilt,
you can't cope any more, and if
by chance you get out without
too many problems, you are then
faced with the addiction you got
while in prison who's to blame
time will tell, let's hope we do
the right things to help every-

Person working or living in a
prison can I get help before
it is too late and the cause
for concern isn't only in prison
but outside in the streets
which isn't far from truth with
every man who gets out with no
help.

I hope what I've written
helps you in your aims to stop
deaths inside prison and if
I can help more if it has I
am here willing.

