

USER VOICE

ONLY OFFENDERS CAN STOP RE-OFFENDING

Prisoners Views of Self-Inflicted deaths and Self-Harming in Prison

“Every day you get suicide and self-harm...everyday it happens”



Ministry of
JUSTICE

National Offender
Management Service

SUMMARY.

The prisoners who participated in focus groups provided feedback on their experiences of suicide and self-harm prevention in prison, including the causes of emotional distress, Suicidal ideation and self-harming behaviour, and the type of support and information which is and should be available. User voice conducted research with **31** prisoners in **5** prisons, including an anonymous questionnaire and **6** focus groups.

Prisoners reported that prison processes can have a negative effect on levels of emotional distress, increasing the risk of suicidal ideation and self-harm behaviour. Prisoners identified the following as factors contributing to emotional distress:

- Prison activities being cancelled without any warning to prisoners
- Feelings of not being listened to by staff
- Lack of understanding of why the prison officers do not follow through with their actions despite informing prisoners that they will

The prison environment and prison regime were also identified as contributors to increasing levels of emotional distress by half of participants. Moreover, it was acknowledged that crucial mental health appointments were being missed due to either staff not accompanying prisoners to appointments or taking them over late, resulting in most of the appointment being missed. Furthermore, lack of activities and information was reported to contribute to a build-up of stress and pressure amongst many prisoners, including:

- Lack of employment opportunities
- Lack of suitable healthcare, specifically mental health support and care
- Lack of activities such as gym access
- Lack of understanding of prison regime when first placed in prison custody

Furthermore, it was suggested by some prisoners that the negative effect of prison increases feelings of isolation, helplessness and loneliness due to not being told what to expect. Half of the prisoners involved had experienced high levels of emotional distress when in custody, particularly in the first night in prison, including:

- Poor mental health assessment when first in prison custody, particularly surrounding self-harming behaviour
- Fear of punishment if admitting to having self-harming thoughts
- Lack of trust by prisoners towards prison staff, based on not feeling confident enough to be open or to be taken seriously

Being separated from families and loved ones was also identified by some prisoners as a contributor to emotional distress, particularly worrying about families' ability to cope, including:

- Increased levels of worrying about how families will cope on their own financially and emotionally
- Increased feelings of loneliness due to missing families and loved ones

The effect of transferring from prison to prison was also identified by one focus group as having a negative effect on prisoners' levels of emotional distress and mental health, including:

- Prisoners not having their belongings transferred with them between prisons
- Lack of consideration from prison staff towards prisoners with mental health issues when being transferred and the impact this can have on their mental health.

Almost all prisoners agreed that the first week in prison was when a prisoner was at their most vulnerable and when support and information should be provided, including:

- Lack of support during the first week in prison custody
- Increased levels of fear as to what to expect from prison in the first week
- Lack of support and information to encourage prisoners to open up and talk about their feelings

Half of prisoners perceived suicide levels to be high in their serving prisons and were aware of suicide attempts by other prisoners. Almost half of the prisoners confirmed that they had experienced suicidal thoughts due to:

- Length of their sentences
- Concern and worry about how they would cope in prison

All 31 prisoners completed a question relating to accessing support in prison, from this **16%** of respondents (5) received no support, while **35%** (11) had received support from the following:

- **54%** (6) from prison staff,
- **45%** (5) from external organisations such as Samaritans
- **36%** (4) from medical staff
- **36%** (4) from peers
- **27%** (3) from listeners

- **18%** (2) from family

The questionnaire survey of 31 prisoners found that **61%** (19) reported having had suicidal thoughts. Of these:

- **10.5%** (2) had suicidal thoughts all the time
- **37%** (7) had them often
- **42%** (8) had them sometimes
- **10.5%** (2) had them rarely

Furthermore, 12 of the prisoners (**39%**) involved in the groups admitted to having made previous suicide attempts, of which **75%** (9) were in prison.

In relation to self-harming, half of the prisoners who completed the questionnaire stated they were unable to control their self-harming due either to guilt over their crime or not being able to cope with prison. Overall, **35%** of prisoners (11) spoke about actively self-harming in prison, of these:

- **45%** (5) rarely self-harmed
- **36%** (4) sometimes
- **9%** (1) often
- **9%** (1) all the time

Fewer than half the prisoners suggested that the only way self-harming could be controlled would be to allow them to talk about it. In addition, providing coping strategies was also identified as being important when it came to controlling self-harming behaviour.

Cutting (**55%**) was the most popular method of self-harming with 6 of the 11 prisoners engaging in this behaviour, followed by 4 prisoners engaging in burning (**36%**) and 1 prisoner had engaged in starving himself, overdosing and the use of ligatures (**9%**).

Prisoners also reported that:

- Healthcare was perceived as a punishment rather than an intervention
- Prisoners would self-harm out of sight of the officers to prevent being sent to healthcare
- At times the threat of self-harming was used as a manipulation tool to get preferential treatment
- There was a lack of understanding from prison staff concerning self-harming behaviour

- There was a fear of being punished if prisoners admitted to having self-harming thoughts
- There was very little support available to prisoners who self-harm

Lastly, prisoners offered the following suggestions as ways to improve the support and information available for suicide and self-harming behaviour:

- Regular counselling
- Peer to peer support
- More group discussions and more preventative discussions
- More and improved communication
- More training for staff in dealing with self-harming behaviour
- Ensuring personal files and belongings go with prisoners who are transferred
- Easier access to help, more use of leaflets, booklets to include coping strategies
- Introducing a mentor scheme
- Introducing helpers with a similar shared experience
- Increasing the number of people that can be approached to ask for help

ABOUT USER VOICE.

User Voice believes the fundamental issue that causes the stubbornly high rates of re-offending and all the other associated problems is the 'us vs. them' culture.

Society feels frustrated with those who re-offend repeating cycles of behaviour and not engaging with rehabilitation services. Yet people with convictions feel marginalised by society, with rehabilitation services which are often inaccessible and unhelpful and a system that doesn't value their input.

Whatever the truth, we won't reduce crime unless we deal with this division. User Voice's core belief is that rehabilitation only happens when everyone in the criminal justice system shares responsibility for transforming the 'us vs. them' division into real collaboration.

Our role is to improve rehabilitation through collaboration.

At User Voice, we know that the criminal justice system needs to be improved. It is not delivering what it can deliver. We are optimistic that change is possible and we know that we

have the experience and insight to contribute to making it better. We know that rehabilitation is possible and people with convictions can turn their lives into an active force for good in society. Rehabilitation is the goal of all our work, a process which goes deeper than reducing offending, although that is an outcome.

User Voice builds the structures that enable productive collaboration between service users and service providers. We are able to do this because our work is led and delivered by ex-offenders. This gives us the special ability to gain the trust of, access to, and insight from people within the criminal justice system.

The entrenched exclusion of some of the people we work with can be a huge obstacle to service providers. The involvement of ex-offenders has many benefits, not least of which is the power of a narrative of success; working with ex-offenders can be a powerful way of motivating people who often have little self-belief that they can overcome the barriers they face. User Voice understands that offenders want to talk to people who have ‘walked in their shoes’ and experienced similar life events.

PRINCIPLES.

Owing to the sensitivity of the topic, User Voice routinely applies a robust set of principles adopted from previous consultation projects with service users. These principles – set out below – complement our work and commitment to safeguarding and include making it clear to service users they can withdraw from the consultation at any point, without reason or recourse.

- **Ethics:** An ethical approach to all work is one of our defining traits. Integrity as well as the safety of those with whom we work is paramount in the design and implementation of our engagement and interviewing processes.
- **Participant Choice:** User Voice facilitators only engaged with service users who had chosen to participate in the consultation and they were supported to disclose what and how they disclosed. Informed consent is essential and as such we take pains to explain to all those with whom we engage the purpose and reasoning for the work we do. It is explained to participants that they can disengage from the consultation at any time, without reason or recourse.
- **User and peer-led:** service users volunteered to participate and all interviewers were ex-offenders trained in research and group facilitation.

- **Respect for the individual:** service users have a right to be heard and respected, and everything they said was considered as a valid and valuable form of evidence.
- **Equality of Opportunity:** we endeavoured to ensure that those from diverse or marginal communities were represented and heard.
- **Commitment to change:** we believe one of the key reasons for undertaking consultation is that the insights gained from the lived experiences of participants can be used to inform future service planning, implementation and evaluation.
- **Transparency and accountability:** being open, clear and accountable to all stakeholders (staff, service users and commissioners) created the ground for trust building and solution-focussed outcomes.
- **Confidentiality:** we assured those who chose to participate that they would not be personally identified in the report, unless they chose to be.

INTRODUCTION.

User Voice was commissioned by National Offender Management Service (NOMS) to carry out a peer-led consultation by collecting the views of current serving prisoners. This was done to assist NOMS in their understanding of suicide and self-harm prevention in prisons. Above all, NOMS recognised the importance of hearing from serving prisoners and gain understanding about their experiences emotional distress, suicidal ideation and self-harming, and the support that is and should be available in prisons.

User Voice conducted 6 focus groups in 5 prisons across England, gaining information from a total of 31 prisoners. Each focus group centred on a different population including foreign nationals (5), males, (5), young males (5), older males (6), vulnerable prisoners (6) and females (4).

In addition, all 31 service users anonymously completed a questionnaire on their experiences of suicide and self-harming behaviour, the types of support and information they had received, how they rated the support they received, what support and information they would like to receive and how the information should be distributed.

The general indicators of the proportions of prisoners expressing views will be indicated using verbal quantifiers. In addition to **none**, **half** and **all**, these include **few** (a small minority), **some** (a large minority), **most** (a clear majority), and **almost all** (the clear

majority). These qualifiers can be operationally defined in precise terms – for instance: none (zero), few (1-20%), some (21%-40%), about half (41-60%), most (61-90%), almost all (90-99%), and all (100%).

FINDINGS: SUICIDE AND SELF-HARMING.

Factors contributing to increased levels of emotional distress

A few prisoners across the focus groups identified a key cause of stress as prison processes. This was deemed more of an issue with the younger males, with some prisoners stating that when certain activities were cancelled without any warning it contributed to increased levels of distress. Furthermore, some of them suggested that not being listened to by staff also impacted and increased emotional distress.

“Being banged up, like if we are meant to have association one day but then all of a sudden they will cancel it and come up with some pathetic reason as to why they are cancelling it. They will say it’s because they are short of staff but then I will see 3 or 4 members of staff just walking around” (Young male)

“The Govs telling you that they will do one thing and then they do another. Seriously though it drives some people crazy, you know telling you yeah, we will do that just so they can walk off from the conversation. Then you sit there waiting for them to get back to you and it never happens, drives you nuts” (Young male)

*“When the officers say they will do something and they don’t do it, they don’t give a f*** so why should I care and as a self-harmer it puts me into the mood where I want to self-harm because I can’t cope” (Young male)*

Indeed, in one focus group almost half the prisoners agreed distress can be increased by the prison environment and regime. This was apparent in the foreign national focus group more than the others. For instance, one prisoner stated that not having employment and limited access to gym facilities can also contribute to emotional distress as they are unable to release any built-up stress and pressure.

“Trying to get your head down and be good but you’re not getting anything for it if you know what I am saying. So, like an incentive kind of thing, if you know that you are being good but you get nothing for it then it can get you down” (Young male)

“When a prisoner comes to this prison, you do not get a job within the first month, so you're banged up all the time and if you're unemployed, you get one gym session for the whole week... so imagine when you come to this prison you're already in a state of shock; you don't know what's going to happen to you; you're depressed and you're banged up all the time... and you're not getting enough gym sessions... you know that's a recipe for disaster in itself...” (Foreign national)

“The causes are regime, the causes are lack of healthcare facilities... even someone to listen to you... it's so many things that contribute to self-harm, and it needs to be addressed quickly you know...” (Foreign national)

Furthermore, half of the prisoners involved in the focus groups also agreed that the first time an individual comes into prison custody they get a ‘shock to the system’, and emotional distress is increased by the regimental regime of prison life as processes are not explained to them. This was identified more of an issue with the vulnerable prisoners than the other groups.

“You're coming into an establishment for the very first time and it's the biggest shock to the system. Being found guilty of a crime is nothing compared to your first time walking through the prison gates, but you are told nothing.” (Vulnerable prisoner)

“The routine is completely different to what you're used to outside. Everything is regimented that the system has got hold of you and you're gonna comply to everything and it's like everybody's saying at the minute it's the unknown.” (Vulnerable prisoner)

“If you've sort of been in a circle where they're not really ex-offenders and you're coming into a system for the very first time it is a hell of a shock to the system, you don't know what to expect, nothing is explained.” (Vulnerable prisoner)

Few prisoners spoke about times when they missed healthcare appointments, particularly mental health appointments and how missing them can heighten their emotional state. More specifically it was stated by a few of the prisoners that either officers failed to accompany them for their appointments or they had to wait long periods of time to be taken. Therefore, it was often perceived as pointless going to the appointment because the prisoners were not receiving the full benefit of the appointments.

“If you have like mental health issues and that, usually you have certain appointments, you might have to see healthcare and sometimes you end up skipping

appointments and that you may have supposed to have gone there but you haven't been for about a month because no one takes you, so no one is seeing you or know what's going, I need that support but it is there so why aren't they doing it" (Young male)

"I do suffer from mental health and sometimes they say yeah we will come and pick you up or we will take you over. Then they take us over sort of about 11am or 11.10am and it takes you about 20 minutes and they have been told that you have an appointment yet they wait such a long time before they take you over, and then by the time you get there it is actually pointless. If you go deep into mental health, you are going to leave and still going to be thinking of this because you're not getting the help so it's not enough" (Male)

Almost half of prisoners spoke about the negative effect of prison, stating that it increases feelings of isolation and helplessness due to prisoners feeling alone.

*"Negative massively, it makes you feel isolated and that no one gives a f***" (Young male)*

"I think it has a negative effect, I was like you and was doing drugs so in that way it was helpful cause I stopped doing drugs but then obviously, the mental side of it, if there is shit going on" (Young male)

"I don't think there's anything positive about this. As soon as you come into prison, especially a foreign national prison, first of all you don't realise the huge difference between a normal British prison versus a foreign national prison. So, as soon as you come, you get this shock and I believe some people stay in that shock for months, some people stay in that shock until they get released." (Foreign national)

"There's absolutely no resettlement, this prison doesn't offer any sort of courses; education is happening maybe once or twice a week and then most of the time it is cancelled... you know, the food situation is appalling... the mentoring situation is appalling, health... you know you're waiting for a doctor's appointment anywhere between one week up to a month... a dentist appointment up to five to six months... it's absolutely ridiculous." (Foreign national)

"It's negative. It affects you in so many different ways - emotionally, every physical possible way it's affecting you because there's nothing you can do, your hands are tied." (Vulnerable prisoner)

Effect of prison on mental health

More than half the prisoners involved in the focus groups spoke about the negative effect prison has on mental health, increasing the risk of self-harming behaviour, particularly on the first night in prison.

"I think it sort of hits you straight at once, you come in. I mean you're stripped, you're searched; no one knows anything about you. Obviously, you are asked at front desk "Have you self-harmed? Have you been in prison before?" but you go to the first night centre, it can be quite overwhelming and for someone with mental health and a previous self-harmer it can impact a lot of and to approach the guards to say hang on a minute, I don't feel right, I don't feel comfortable, I do feel like self-harming, I have self-harmed in the past. I do feel the staff do shrug it off, they think hang on a minute, young face; they think that you play on it when actually you don't. Some people just want to offload because they've got a lot going on and you're boxed up, you're behind bars. You are either a single cell or a double cell, if you're a double cell that would be even worse because you're banged up with someone you don't know, you're trapped you can't go nowhere, what do I do" (Male)

"So, if I've got a whole year to go, I've got whole to stress about 'could I be that person?' and that causes loads of stress to everyone." (Foreign national)

A few prisoners stated that being separated from families and loved ones, and worrying about how they coped on their own, also added to high levels of emotional distress and stress. This was more obvious in the vulnerable prisoners and female focus groups than the others.

"Loss of family, what's your family gonna think? Your first thoughts as you're going in the gates coming in on the bus from the courts, you're looking at the surroundings and it's dreary and it's absolutely, you know, draconian towns, you know." (Vulnerable prisoner)

"You're in that little bus and you're thinking grand-kids, my kids and you think what's going to happen, you know, you think easy way out here, just wait till I get in your cell that night, you know, if they leave me alone for just two minutes just wait and see what I'm gonna do." (Vulnerable prisoner)

“I think it’s the whole experience of being in prison, being removed from society, being locked away from your loved ones, your life being controlled by someone else and bullying, a whole range of issues. (Female)

*“Loneliness, family issues, worrying about them all out there and you are in here”
(Female)*

Transferring between prisons

In one focus group, almost all prisoners agreed that transferring between prisons can have an impact on an individual’s levels of emotional distress. Furthermore, it was suggested by a few prisoners in other groups that the prison did not take into consideration the effect of moving and how not having any belongings in the prison could impact upon the prisoner.

“I struggled day to day; it’s been quite hard because, before when I first come here in June my bank cards and wallet all got left in the last prison. I put an application in and put things in to find out but all they said was they were just investigating it and that’s it, I haven’t heard nothing” (Male)

“I think that is important because as he just said his property hasn’t come and I think coming from one jail to another we were all told that everything that is in your old jail will come, so if he’s saying that important things like his bank card and his wallet hasn’t come, that then falls on that other prison because that other prison is now making a mistake going well this is his bank, I’ll take it personally because it’s your personal stuff” (Male)

“I’m autistic and I find change very bad for me so when I left [prison] it was kind of sprung on me like a surprise. I got pulled down to the office in the morning and I walked in and it was a blank office and the officer looked me in the eye and went we’re moving you” (Young male)

“You’re always apprehensive because you’ve just got settled in a place.” (Vulnerable prisoner)

“If you’ve lost your possessions and you’ve been told that you’ve got to ring the other prison. If someone didn’t know what to do then how the hell are they supposed to, some with mental health like myself” (Older male)

Vulnerability

Almost all the focus group participants felt that prisoners were most vulnerable when they first came into custody, notably the first week in prison. It was suggested that it was the fear of not knowing what to expect that had the greatest impact on emotional distress.

“I think the first week, definitely” (Older male)

*“I’m still vulnerable, except of S**** I’m still vulnerable. I keep bringing it up and no one helps” (Male)*

“Yeah, I do, as soon as you come away from the safety of being in with insiders and stuff, you’re stuck, you are at your most vulnerable then, you don’t know the routine and you don’t know anyone” (Vulnerable prisoner)

“When they first close your cell door and the reality hits home, that’s when you are at your lowest and most vulnerable” (Female)

“You don’t know how long you are going to be here for, will you get shipped home after a week, a month, a year? In that first week, it’s the hardest ‘cause you have no one” (Foreign national)

“I will say during induction you’re the most vulnerable because the induction system here on paper it says... is it two weeks the induction period... But then you, you then finish the induction, and then you stay on the induction wing for further two more weeks... or even sometimes by the time they move you would have stayed there for about six weeks...” (Foreign national)

“In some ways the first couple of weeks is probably the worst environment you will be in more than likely and it’s at the time when you’re most vulnerable and I think the prison has to identify and reach out more, appreciate that in reception jails, whatever, it is a big processing issue but they have to do more to reach out and you know as you said not just bang you up and say that’s your cell tough.” (Older male)

“There were sort of registered low points you go through in your sentence your first night is obviously a big one.” (Young male)

In addition, most prisoners felt that this was the best time to provide information relating to the type of support available. Moreover, a few prisoners suggested the support needed should include counselling as it would provide prisoners with the opportunity to talk about

their current feelings, as well as coping strategies which would benefit those with self-harming impulses.

“Counselling definitely, because some people they just want to rant” (Male)

“Giving us someone to talk to when we first come in so that we can say what we want to say and get things off our chests would help” (Foreign national)

“Over on B spur are designing an induction pack for everyone we know what it’s like pretty much, I think that’s needed because it doesn’t exist” (Male)

“In terms of self-harm, coping strategies. I think there needs to be more on coping strategies; it’s hard in the cell. Like a leaflet or something about coping because obviously then they can just do that” (Vulnerable prisoner)

LEVELS OF SELF-INFLICTED DEATHS AND SELF-HARM.

Suicidal ideation

It was perceived by half of prisoners who took part in the focus groups that self-inflicted death levels were high within their prisons. Furthermore, a few prisoners stated they were aware of suicides happening and spoke about how committing suicide was thought to be straightforward and easy to do in prison.

“Yeah there is, since I’ve come here” (Male)

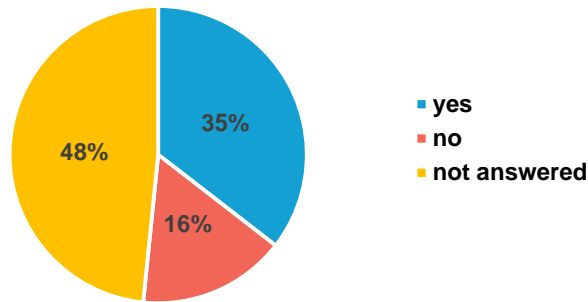
“Suicide is one of the easiest things to do in prison.” (Vulnerable prisoner)

“Every day you get suicidal and self-harm... every day.” (Foreign national)

“It’s the availability isn’t it, if it’s easy to commit suicide, the more people will do it.” (Older male)

In terms of discussing or receiving support for emotional distress, out of the 31 prisoners completed the questionnaire, **16%** of respondents (5) received no support, while **35%** (11) had received support, see chart below:

Received support



During the focus groups, prisoners spoke about how often they have suicidal thoughts. Less than half of the prisoners who participated stated they had frequent thoughts about ending their life, a selection of quotes is shown below.

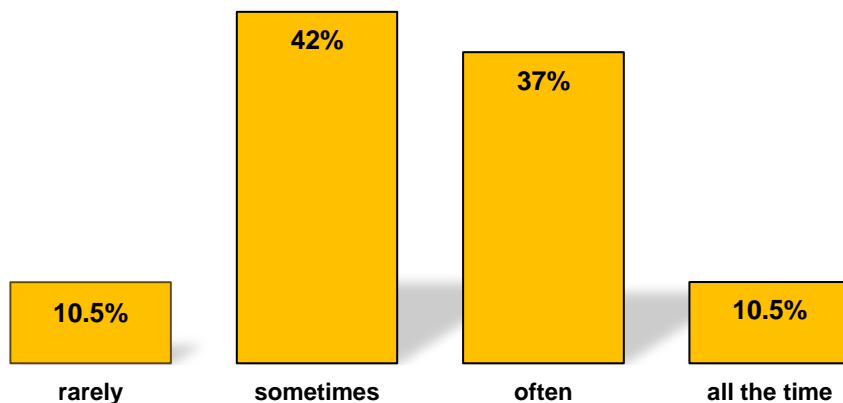
“All the time since the age of 13” (Male)

“I just think I wish I would just die in my sleep, get it all over and done with” (Male)

“I thought the biggest shock was sentencing. When I got a life sentence I wanted to die - I wanted to kill myself.” (Vulnerable prisoner)

Results from the questionnaire showed more than half of prisoners (19) who completed the questionnaires have had suicidal thoughts. Of those 61%, **10.5%** (2) think about suicide all the time, **37%** (7) often have suicidal thoughts, **42%** (8) stated they sometimes think about suicide and **10.5%** (2) rarely think about suicide

Frequency of suicidal thoughts



Suicide Attempts

Almost half the prisoners from the focus groups stated they had made previous attempts to take their own life, with several of them disclosing that the attempts had taken place in other prisons.

“I’ve hung myself before and been cut down, I was lucky. It’s not sore or anything, it’s just an instant blackout as soon as you feel yourself drop you black out, the next thing I can remember sitting up and that was it. I don’t even know how long it was I even took an overdose of heroin” (Male)

“I was in psychiatric, I’ve had a few. I’ve cut this artery twice now and this one once and the hanging. But these ones up here, these are more cries for help” (Older male)

“I had an unfortunate trip a couple of months ago, I tried to overdose. I wasn’t happy. The only reason they actually noticed is because I couldn’t walk to go and get my meds. I wasn’t functioning anymore” (Male)

“It was 4 months in healthcare that I’ve just come out of, I tried to hang myself in front of an officer, I wanted to be successful” (Male)

“Well some overdoses in here and outside as well” (Young Male)

“When I overdosed, I was happy to die so I went for 8hrs before I threw up” (Male)

The questionnaire survey found that **39%** of prisoners (12) who completed the questionnaires had previously attempted suicide. Of these, **75%** of attempts (9) had occurred in prison:

“Wanted to end my life”

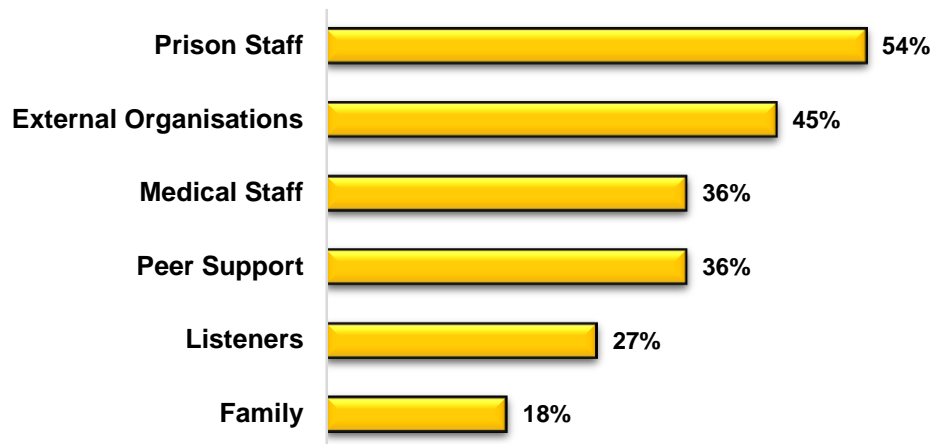
“Mental health problems and I couldn’t cope”

“Abused as a child”

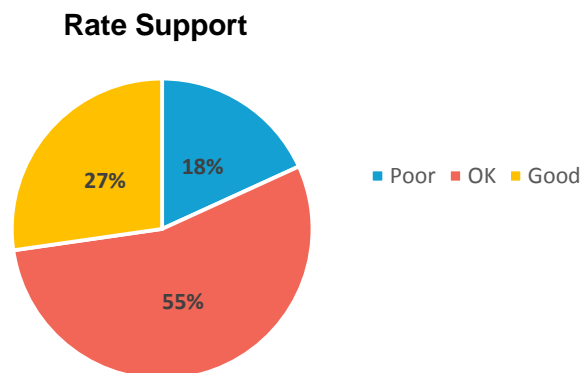
“History of domestic violence”

“Bereavement, lost my best friend”

Survey participants were asked to identify the services or other sources that they had sought support from or discussed their suicide attempts with. Prison staff was identified by more than half, and families were the least mentioned source (one in six):



From the 11 prisoners who had received support, **18%** (2) rated it as poor, **55%** (6) said it was OK and **27%** (3) agreed it was good:



Survey participants were also asked to provide reasons to explain their ratings and some illustrative quotes included:

“I started to get more support after speaking to more people, all the advice was helpful”

“Some staff don’t care about us, others do, just depends on the staff member”

“They just asked me a couple of quick questions”

“Safer custody are the best people to talk to”

Self-harm behaviour

More than half of prisoners in the focus groups admitted that they had no control over their need to self-harm and felt the only way to stop the urge was to engage in self-harming behaviour:

“My last one was two weeks ago, and I've done it for about 4 weeks in a row” (Male)

“It just comes over you, you can't say if you're going to self-harm or not, you can't say today I am going to self-harm, it does not work like that. It comes over you in a split second and then you just do it” (Young male)

“Little things I come across. I do an English class and there's a topic and I've experienced a bit of something like that on the outside and that touches me in a really bad way then in that split-second I will possibly walk out of class and try and calm down or I will self-harm. I can't tell you when the build-up is, it is just like that, it is so very quick and there are no signs, no nothing, you just go and do it” (Vulnerable prisoner)

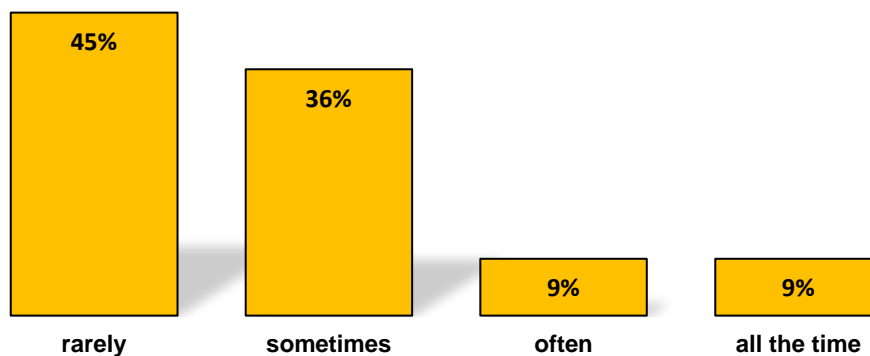
Furthermore, almost half of the prisoners stated that they did not feel that there is any cure for self-harming, but suggested that through talking about it and opening up about feelings and previous experiences they can make life better for self-harmers- hopefully helping them to cope better with their spontaneous urges to self-harm:

“I don't know anyone else's views on it but there is no cure for self-harming. You can only make it better so to speak, being able to talk about it. Some past experiences in people's lives have been quite horrific and some worse than mine but in my case anything, you could just walk down for dinner and someone says something to you, bang, that's it” (Male)

“If we can have more opportunity to talk about things and talk things through the it would help a lot, I know it would help me” (Female)

The survey found that 11 prisoners (**35%**) stated that they had engaged in self-harming behaviour during their time in prison, with **45%** of prisoners (6) stating they rarely self-harmed, **36%** (4) sometimes, one prisoner (**9%**) often and one prisoner (**9%**) stated they self-harmed all the time:

Frequency of self-harm behaviour



Survey participants were asked to provide reasons for their self-harming behaviour- for instance:

“Personal grief”

“My guilt over my crime”

“I was depressed and hearing voices in my head and wanted to end my life”

“Not being able to cope with prison”

“When I feel things are getting on top of me, everything goes wrong and depression sets in”

Regarding types of self-harming behaviour, from the 11 prisoners, **55%** (6) disclosed that they engaged in cutting, **36%** (4) burning and **9%** (1) referred to such methods as starving, overdosing and using ligatures.

During the focus groups, prisoners involved stated that they had engaged in self-harming such as cutting and burning:

“I’m a burner. That is how I do things, I burn. I have cut over my body, out the way. I think it’s just a coping mechanism” (Male)

“That’s a burn and then I slash through with my razor. I cut my artery twice on that side all the way round; that’s why that one is so small because I found where the artery was, and all these ones all the way down there, and up there” (Male)

“What I’ve been trying to do is rather than making fresh cuts I’ve been trying to cut over the cuts that I’ve got. That’s where I burnt myself, I burned the back of my hands and just hold it there until you throw up and then you do the same again and then once they blister rather than just leave them, I pick them until they bleed” (Older male)

“I cut myself” (Young male)

“Do it on my legs where it’s covered with jeans. I do it on my feet where it’s covered with socks” (Male)

“I cut myself; I’ve been cut down by the officers” (Male)

“Start cutting with razors or start swallowing razors” (Foreign national)

However, almost half the prisoners in one focus group felt that if staff were aware they were self-harming, it would result in them being admitted to healthcare. The consequences of this would include the prisoners being stripped of their belongings and placed in a room for their own safety. However, the prisoners considered this more of a punishment than an intervention due to them feeling that everything was being taken away from them - resulting in even more distress and lack of control.

“If I do it now, I will not do it in any visible place I know I will be stuck in healthcare a deterrent, its punishment that’s the deterrent” (Male)

“With my overdose, staff weren’t best pleased and they seemed more intent in punishing me than anything else” (Male)

“I will do it in a way where the staffs don’t know about it. I will do it where no one will know about it now because I’ve been told they will take my line; you know its pure punishment. Why should we be punished for something that you’ve been doing for years” (Male).

Conversely, most prisoners from one group spoke about how they observed prisoners threatening to self-harm as they saw this as a way to receive the treatment, attention and items they wanted. However, several prisoners felt that this often resulted in officers ignoring genuine pleas for help by those prisoners who were at risk of self-harming. This was more of an issue in the young person's focus group than any of the others.

“There is also another reason for people to self-harm, that's when people get put on basic, and they do it to get their own way. Yeah and that takes the seriousness away from someone who does self-harm and needs help” (Young male)

“Most people do play on it, but the people that don't play on it and are the ones that are either left by himself or the ones that have help and we have help the officers picks and choose who they want to talk to” (Young male)

“People use it as a manipulation tool? I'm sorry you might disagree with me but he's one of them, you use it to get what you want” (Young male)

“That's the thing is with people doing it for the wrong reason. This is what I don't get yeah, I will admit yeah that I lost my TV and I said I am going to string myself up yeah if you don't give me my TV back. But then they didn't give me back my TV so it didn't work then. But then I was thinking this, there are people on the wing, alright they do self-harm and then as they are self-harming they are saying I want my TV, they give it to them. So, what if I did actually string up you know what I mean, even though I didn't and I was doing it just to get my TV back” (Young male)

Support and Information available

In addition, during the focus groups, prisoners were asked about the types of information and support available for self-harming behaviour. This resulted in some prisoners stating that officers have a lack of understanding about the needs of prisoners who self-harm. Prisoners were also asked if they had any thoughts of self-harming when they first arrived in prison custody. One prisoner stated that after he admitted to having suicidal thoughts, he was stripped of his belongings. Although he was told this was for his own safety, the prisoner felt that it made his situation worse.

“They did ask are you thinking about doing anything or any thoughts of self-harming or stuff like that and obviously I said yes because at that point I'm being honest, I want them to understand me, they don't understand each and every prisoner, each

and every prisoner is different. When I said yes, they took all my stuff off me, that did not help because where I am at the minute I have nothing, I'm worse than what I did when I come in. They put me in there where I didn't have a line or I didn't have nothing, that can affect people different, but they are doing their job. You've always got to put yourself in their shoes as well; they've got a job to do nonetheless. But there is nothing there; not a lot of counselling there, there's not a lot there for prisoners to actually go to. Some people do it because they're not getting that attention, no one is listening to them and the only way to self-harm and some people do it in silence because they actually do want to end their life and I've experience all of that" (Male)

When prisoners were asked about the different types of support or information available for self-harming, several of them stated that there was very little support available even though they were identified as being at risk of self-harming.

"Some people think that there is more help inside but there's not, there is so much more help on the outside. Some people, are just oblivious to the help, they just don't know that it is there but it is there, they just don't know where it is" (Young male)

"I just don't think the support is there, there is some support there but nowhere near what there should be" (Young male)

"I didn't get no support at all, I told them that I've got a history of self-harming outside, they said to me that it's not really a big concern, you get no support" (Male)

However, a few prisoners' experiences from the male and older prisoners had been more positive than other groups in relation to the support they received which had been beneficial in making them feel listened to and understood.

"In prison, I think people don't understand. I've been very fortunate because I've had a lot invested in me and the mental health team here are very good I know in contrast but I've been exceptionally lucky I think. I don't think the support was there until things have gone too far" (Male)

"I've been fortunate while I'm here so I've got a psychotherapist every week. I think that is needed for everyone at least to understand it themselves. For me it's taken a good few months" (Older male)

“I’ve now got my own psychologist and I’ve also found out that the psychiatrist that has to assess you in healthcare is actually involved with people in prison so he’s actually asked me to go under his wing so at the moment with in- reach. In-reach have come up to me as well and are now working with someone independent and they’ve asked me to sign up to mental health groups which I think would be good for the other people” (Male)

Support from Prison staff

Several prisoners from one focus group spoke about how they felt officers had a perception that everything was alright with them because they kept themselves to themselves and caused no problems.

“They see me getting on with it, they see me, they think I’m absolutely fine, well I’m not, because officers, their job is basically close the door, open the door (Male)

“I don’t venture far from the cell. I’ve had no dramas; the guards are not paying attention to you because you don’t cause trouble. If they think that then they are far from the truth” (Male)

“It just seems to me that the officers’ priorities are all wrong - they’re too focused on their own little power trip and not focused on really resolving the problems of the prisoners.” (Vulnerable prisoner)

“You need to be able to feel comfortable about opening up to staff about feelings and stuff without fear of ‘retribution’, if we can have that then a lot more prisoners that would come forward” (Male)

However, a few other prisoners stated that officers were supportive towards them and recognised when certain prisoners have been at risk of self-harming, allowing immediate action to be carried out to ensure their physical and emotional well-being.

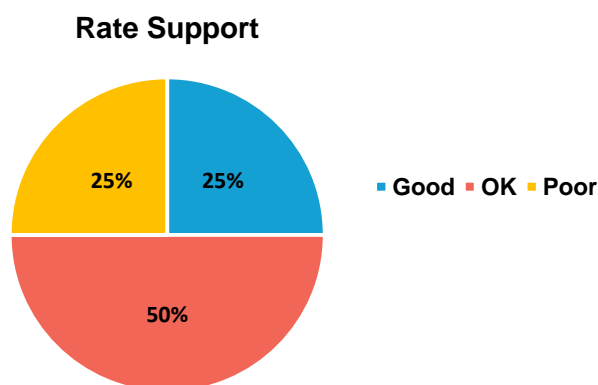
“I’ve been quite fortunate with it, when the officers have asked me and I’ve been at that very dangerous stage where I was up on the landing, they immediately took action, they restrained me, they put me in handcuffs they put me to the floor, they picked me up and the governor explained the reason why I have done that is

because I'm protecting you from putting a weapon around your body and using it"
(Male)

"The same wing officers would come over and watch me. So, that builds up quite a rapport with them and I know them and actually talk, and go this is happening. It's knowing that they will come up and ask me, because they know I won't say it to them. I think some understand that you can have a bad day without infringing on their life. You're not saying I'm having a shit day and what can you do for me" (Male)

"They come into my laundry, have a smoke, have a chat so they kind of know, they can see past my bullshit. I think its pure interaction" (Male)

Prisoners were asked in the survey if they had had discussed their self-harming behaviour with anyone or received support for it. Out of those prisoners who had self-harmed **73%** of them (8) stated that they had either discussed their behaviour with someone or received support for it. When asked to rate the support, they received, **25 %** (2) stated it was poor, **50%** (4) said it was OK and **25%** (2) agreed it was good.



In addition, survey participants were asked to provide reasons to explain their ratings:

"Resources are limited, so it's understood they can't cater for everyone"

"Sometimes when you ask to see chapel, they don't ring up for you"

"Certain people didn't help, kept letting me down"

"It could be better in prison but I have had worse"

SUPPORT AVAILABLE FROM PRISON.

Lack of training for staff

Through the course of the focus groups, several prisoners spoke about the lack of training, specifically when dealing with prisoners with mental health issues such as self-harming. Such prisoners felt that more training was needed to ensure that staff were equipped with the skills and knowledge to deal with prisoners suffering from mental health issues.

“Some officers on the wing are young, this is their first job, they’ve never had the education of mental health, they know exactly what to say to you if you say I’m thinking things because when you come to the wing and say I’m thinking things they’re just going to shrug you off” (Male)

“I don’t know how much training the officers have done- specifically to deal with these foreign national side of it... do you get what I’m saying? ‘Cause as we’re here, what we’re experiencing is... I think the officers need much better training; they have to operate a bit different from a normal prison system, yeah? At the moment what we’re getting with officers not wanting to do things because they don’t know where to go basically... when you approach officers about immigration issues, they direct you to the immigration guy, who is just a middle man... sometimes he doesn’t know the ins and outs of what the officers don’t know... It’s like someone mentioned passing the buck or whatever... So, I think they need to put more money into this, this is a foreign national jail and just bring up to a standard you know.” (Foreign national)

“They can’t do anything because they’re not professionally qualified to give you the support that you really need, it’s just...you’re a name and a number, they’ll give you a little bit of information that they can, a little bit of empathy, but the minute their backs turned they’re laughing.” (Vulnerable prisoner)

Support available from the prison

Focus groups participants spoke about the different types of support available in prison for prisoners who felt suicidal or wanted to self-harm. Almost all referred to the Listening service run by the Samaritans, with several stating that their experiences using the Listening service had been positive and beneficial for them.

*“I have used the service and it really helped me a lot to get things off my chest”
(Female)*

“I have used them, it really helped me, I felt as if I wanted to do something to harm myself as I just felt so low but speaking to the listener really helped me and I didn't harm myself” (Male)

However, several prisoners spoke about the difficulties in applying to become a Listener due to the length of time involved in the recruitment process, particularly the length of time it takes for the application to be processed. In addition, it was identified by one prisoner that in order to qualify as a Listener, there needs to be a specific length of time left on your sentence, the minimum being 12 months:

“Actually, we have also problem of recruiting listeners that is the first step when you want some help and that is very short... the number of listeners in this prison... and it's also difficult to recruit at the moment...” (Foreign national)

“Yeah, yeah, it's these certain things and some don't have a single listener... I think in our wing here we don't have any... in this wing here... many people have applied and then their application didn't get anywhere.” (Foreign national)

“Yeah, there's two active listeners and then there's three in training, but I'm one of them and then there's two other people... but even we won't be fully trained...” (Foreign national)

“They refused my application because I didn't have a year left to serve... so... even if I'm already a listener somewhere else but you need to have a year left.” (Older male)

Furthermore, it was suggested by less than half of the participants that not all prisoners find confiding in Listeners beneficial. For some prisoners, keeping things to themselves was preferred to using the Listening service. Moreover, one prisoner in the group was employed as a Listener and agreed that Listeners were no real help as they were limited in the support they could offer.

“Have someone to talk to, I used to use them in the past but since I've come here I don't really use them, I tend to bottle stuff up and keep it to myself” (Male)

“There's no real help to deal with those problems, like practical help, so you people will come and sit and listen, 'I'm a listener', but that only takes you so far.” (Vulnerable prisoner)

“Yes, but there’s certain things, you know personal stuff that you don’t want to be talking to a complete and total stranger about.” (VP)

“There are times when you need to and there needs to be this set of people who are trained to do that and maybe not the listeners because I know going into this can be stigmatised sometimes but just having a chat with someone who is a wing mentor or whatever and can understand that it’s an outlet.” (Female)

Moreover, several other prisoners stated that the Listening service was not a 24-hour service even though it was known amongst the prisoners that a person is most at risk of self-harming in the evening. There was also a perceived fear of being called a ‘snitch’ from other prisoners due to the interaction between the Listener and the prisoner.

“Another thing about the listeners, they say they are 24/7 but if you ask for one after 6pm, they say yeah but then they never come back to you. I can almost guarantee you that is when the person will self-harm, it is at night” (Young male)

“I’ve been offered that. It’s difficult, the way staff makes you feel, it makes you feel like you don’t want to do it. They make it sound like effort for them” (Male)

“I think over the years of listeners, other prisoners see you speaking to a listener, it makes you feel like they may believe that you’re a snitch. That person may know everything about you; it makes you not want to talk” (Male)

In addition, several prisoners spoke about the support they had received from fellow prisoners and cell mates around their self-harming. It was suggested that their cell mates played a fundamental part in preventing self-harming incidents by allowing the ‘at-risk’ prisoners to confide in them about their feelings and emotions. Moreover, several prisoners also stated that their cell mates helped to keep them safe when they felt at risk of self-harming by ensuring there was nothing in the cell that could be used as a tool to self-harm.

“Sometimes you need to watch who you bang up with as well. It’s a double edge sword, if you’ve got a friend the he stops you, if you haven’t then he don’t stop you and your self-harm” (Female)

“Talking to other prisoners, that’s what helps me” (Male)

“You gradually get used to it and with the support of other prisoners - I mean [name] doesn't know it, but I knew him, in Durham and he was a massive influence on a lot of people, to be honest, to keep people's heads up and keep them together and he was...his effect on other people.” (Vulnerable prisoner)

“The first port of call is your fellow inmates and then possibly staff.” (Young male)

“Mine will help me when I feel like I want to self-harm, he will hide things or items that he thinks could harm me, so he makes our cell safe” (Male)

The findings from both the questionnaire and focus groups demonstrated that all the prisoners felt that the best ways for the support to be promoted were by leaflets, posters, and leaflets delivered to their cells; and by peer support, induction support, discussion groups, one to one support sessions and professional staff.

SUGGESTIONS.

Prisoners were asked to provide suggestions about how to improve suicide and self-harm support in prison. A few suggested that there should be more access to talking therapies and more opportunities to open up and discuss their feelings.

“I would like counselling 2 or 3 times a week, psycho sort of therapy which I was having with [name] and she was coming twice a week. The psychiatrist was coming every 3 weeks and the in-reach were coming every week” (Male)

“Another thing that might be useful to other people is that at certain times I'm allowed to, I won't mention a name, it's a prisoner I here, I can go anytime and go into his cell, it's a single and I can sit in there until a certain time and then I can come back out again I get a lot out of it, with the listeners I feel they beat about the bush you know. Try to make you feel better sort of thing. Whereas the person I talk to tells me straight, not talking shit. Just a kick up the arse and basically gives me a different way to think about” (Male)

“While we are down here we should have groups like this more often and just hear everybody's voice. I don't see how if it's one voice then it's working” (Older males)

Suggestions were also made about how communication could be improved, particularly concerning when prisoners are being transferred to other prisons and ensuring that their files are transferred with them.

“More communication would actually help because every individual is different and you need to know that person, if you don’t know that person and you’re basically unnoticed like myself” (Young male)

“You’ve come over from another prison to this prison but nothing got transferred over so obviously that prison that he was in knows him quite well, they know he gets moved into another prison, they don’t know him and obviously, it’s all new and I think the information from the other prison should be transferred with the actual prisoner” (Older male)

“The records are obviously if there’s previous self-harm... be that from the establishment they are coming from; the prison they’re coming from will migrate that information... In addition, the officer, the reception officer does ask that question, of course... No, no, they pass that information that is not the systemic failure, the systemic failure is of course time... If you really want to know if somebody has a high level of anxiety, unless it’s physically visible, you need time to speak to that person face to face... You cannot do it standing between three other prisoners in a language which is not your own when time is extremely short... That’s my point.” (Foreign national)

“You have: resources i.e. number of staff... so that’s resources, you have competence, right and that’s what we talked about with training specifically for foreign nationals... and you obviously have information, I mean so the problem is that all three... all three deliverables lack depth and breadth in this prison and that is leading to people being very, very vulnerable...” (Foreign national)

Prisoners also recommended that more could be done to promote services such as Listeners by using Listeners to advertise the service.

“Posters, leaflets you know some somebody on the listeners’ scheme advertising the fact of what they do, that would be more than enough even so much as a t shirt. Oh, that fellas a listener I’ll go speak to him.” (Older male)

“Going back to [prison] in there we used to have what we call a PID meeting which was every Tuesday of every week so in that meeting there would be a governor and there would be a member of wing staff from each wing attending that on a Tuesday and basically what we would do is give them our ledgers of what we’d been doing that week, what we engaged in what we need just discussing everything and what we would do was once a month we’d have an SMT which was senior management team and we’d have one from OMU , SO’s, PO’s everybody with three or four governors there which would be carried across and I found that that did wonders for the prison and I will say now I’ve not seen it in here but I know that they’ve got PIDs in here but PIDs in here just doesn’t seem to work as well.” (Vulnerable prisoner)

“They need to have an integrated approach at doing it; it’s not just coming up with some model that’s been picked off the shelf it’s actually talking to the User Voice the other people. People with a bit of knowhow in jail, and say what do you think we need to do to overcome this? Not imposing some grandiose model but actually listening around of what’s what in other places most people in this place have been to other places for whatever duration they can bring their experience.” (Female)

Almost all of the prisoners’ in the focus groups agreed that having someone who has shared a similar experience relating to self-harming would be beneficial as they would have a better understanding of how the prisoner is feeling and could be empathetic towards them.

Furthermore, better communication amongst staff when identifying vulnerable prisoners was also suggested by several prisoners.

“Definitely someone who has been through the same sort of stuff because you don’t want someone nodding, going yeah I understand when actually they don’t. Not everything is out of a textbook, so having someone that has had that experience and got that understanding, it does make it that bit easier and obviously if it was male then I don’t see how it would be any different because they will go I’ve been through this, I’ll put it on the line, this is what it is and it could help people with mental health definitely” (Male)

“So, this prison should have adequate staff to deal with everyone... and we keep on hearing from the Governors that immigration is lacking staff, we all are lacking staff... since four or five months, we do not have an all new peer worker. Nobody seems to be bothered... as we said, communication is key. But if you don't even have a peer worker to deal with day to day issues, think about all the stress levels it is causing to each and every prisoner. Everybody thinks by the time my release comes, I'm never,

ever going to go on that specific day... and in fact the peer workers are literally trained to talk about; telling other prisoners 'please understand the release doesn't mean you're going on that date.' But why not? What is so difficult about going on that specific date? It's absolutely achievable, you guys just need to have more staff because if you putting everyone in a foreign national prison, then put all the staff in here as well to deal with everything.” (Foreign national)

“I think the mentor scheme needs to be brought back in, it's not active because even for the induction pack just says the mentor's there for mental health people” (Older male)

“I think that's all-in training and I think they need to go in with the understanding that not their view is the only view in the world, like they see the bigger picture” (Young male)

“There is a very good group of peer workers that are working in silence about this and from induction to resettlement...” (Female)

“Reception passing on information to the officers on the wing and the rest of it... If there's a better communication system within the prison where a person comes in and 'OK this is a vulnerable prisoner' make sure that everyone on his wing is aware, especially the management team; healthcare is aware and the rest of it... I think that will kind of help a big deal.” (Foreign national)

“People stop listening! People stop listening! Just listening is a big resource!” (Vulnerable prisoner)

For more information please contact:

User Voice
20 Newburn Street
London SE11 5PJ
Tel: 020 3137 7471

Email: info@uservice.org

Website: www.uservice.org

© User Voice 2016