People in prison and who have recently left prison

This paper provides an overview of suicides among people in prison and people who have recently left prison in England and Wales. It discusses the prevalence of suicide among people in prison and those who have left prison; some of the risk factors affecting these groups; what Samaritans is currently doing to support people in prisons; an overview of government policy; and our recommendations to help save lives.

The prevalence of suicide among people in prison and people who have recently left prison

International evidence shows that people in prison are significantly more likely to take their own lives than the general population.[i] [ii] In England and Wales, male prisoners are 3.7 times more likely to take their own lives compared to men in the community.[iii] Females generally make up relatively small numbers of overall prison populations, so it is difficult to estimate the risk of suicide in the women's estate reliably. However, there is evidence to suggest that females in prison are up to 20 times more likely to take their own lives than females in the community.[iv]

Self-harm is prevalent across the prison estate, with a rate of 684 self-harm incidents per 1,000 people in the 12 months to March 2022. Self-harm is much more common in female prisons than on the male estate, with 3,846 self-harm incidents per 1,000 people for the same period.[v] These patterns reflect wider trends in the community, where self-harm rates are generally higher among females while suicide rates tend to be higher among males.[vi]

For people who have been in prison, their risk of suicide remains higher than other people even once they are back in the community. This is particularly the case in the days and months after their release. In England and Wales, men have been shown to be 8 times and women 36 times more likely to die by suicide than others in the community, in the first year after their release from prison.[vii]

Why are people in prison and people who have recently left prison at increased risk of suicide?

Suicide is always complex and rarely caused by one factor alone. International evidence shows that the increased risk of suicide in people in prison is due to a unique combination of pre-existing factors and the prison environment itself.[viii] [ix] Samaritans research has explored this combination in-depth previously.[x] This section covers some of the key reasons why people in prison and leaving prison may be more likely to die by suicide.

Pre-existing factors

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Many people in prison have faced difficult life experiences before imprisonment that can increase their suicide risk. For example, many people entering prison have a history of self-harm or mental health needs, both of which are risk factors for suicide.[xi] [xii] One study conducted by Samaritans suggests that just over a third of people in prison have self-harmed at some point in their lives.[xiii]

Some of these factors are associated with both higher rates of suicide and of imprisonment. For instance, economic deprivation and specific experiences of financial insecurity, like unemployment, are known risk factors for suicide.[xiv] People in prison are more likely to have experienced unemployment and financial struggles compared to the general population.[xv] Research with people in prison has found a disproportionately high number of them were previously homeless.[xvi] People who become homeless when leaving prison are also more likely to reoffend and therefore end up in a 'self-perpetuating negative cycle of moving between homelessness and prison'.[xvii]

Substance use is another risk factor for suicide,[xviii] and people entering prison have been found to be more likely to report needing help with drug use than people in the general population.[xix]

Traumatic life events, including childhood abuse, are significantly associated with future suicidal behaviour.[xx] People in prison are more likely to have experienced childhood trauma or more recent adverse events, and this contributes to making them more likely to think about or attempt suicide.[xxi] [xxii]

Some demographic groups that evidence suggests are at higher risk of suicide are overrepresented among some prison populations. For example, members of the Traveller community are heavily overrepresented in prisons in England and Wales,[xxiii] and evidence has also shown them to be much more likely to die by suicide compared to other demographic groups.[xxiv]

Prison life

The prison environment itself plays a significant role in suicides in prison. One independent report on self-inflicted deaths among younger adults in prison concluded: '*No-one should be under any illusions: prisons… are grim environments, bleak and demoralising to the spirit'*.[xxv] Lacking control over simple activities, or a lack of purposeful activity, has been associated with suicidal thoughts among serving prisoners internationally.[xxvi] Conversely, positive relationships between staff and prisoners and a consistent regime can act as key protective factors.[xxvii]

However, prisons in some areas struggle to recruit and retain staff and this can harm their ability to maintain a consistent regime and positive relationships. The percentage of prison officers leaving their jobs has been rising for years and rose steeply in 2021/2022 – half of prison officers that quit in 2021 had been in the role for less than three years, a quarter had been working for less than 12 months.[xxviii] High levels of turnover mean more staff have

limited experience, reduced capacity and fewer long-standing relationships with people in prison.

Isolation has also been found to directly contribute to increased suicide risk in for people in prison.[xxix] This is associated with both extended periods of confinement in a cell, as well as feeling socially isolated from other people.[xxx] Throughout most of 2020 and 2021, movement in prisons was severely restricted to limit the spread of Coronavirus, with some people spending up to 23 hours a day in cells, while others were confined to their landing or wing 'bubbles'. Samaritans heard from people in prison about the impact this had on them through our helpline. People found their opportunities to exercise, take part in meaningful activity or socialise with others were all greatly reduced. On top of regime restrictions, many worried about their loved ones outside of prison and missed out on wider social support, with bans on family and social visits in place.[xxxi]

Research also shows a link between people's experiences of victimisation or bullying and suicidality in prison.[xxxii] Focus groups have highlighted the sense of feeling unsafe and vulnerable, especially for those who had previously been assaulted in prison, and the way that this can feed into a sense of entrapment and suicidal thoughts; people in prison and people who had left prison in the last 12 months identified a culture where it does not feel safe to show vulnerability or 'weakness', impacting their ability to seek help.[xxxiii] There may be some groups within prison populations that are more likely to experience victimisation. For example, research indicates that LGBTQ+ people in prison appear more likely to experience sexual assault and subsequent suicidality, though evidence around this is limited.[xxxiv]

Despite the well-recognised overrepresentation of mental health care needs among people in prison, it can be difficult for them to get specialist support. People living in prison are entitled to the same range and quality of healthcare as people living in the community, and prisoners with mental health needs are sometimes referred to hospitals for care. However, Freedom of Information requests submitted to 22 NHS Trusts revealed that just over half of prisoners who were assessed by prison-based psychiatrists to need hospitalisation were not transferred between 2016 and 2021. Delays and failures to transfer prisoners for care are often related to the secure hospitals operating above capacity, leading to higher thresholds for admission which leave prisoners without the support they need.[xxxv]

Suicide 'contagion' – an effect which occurs when a suicide or attempted suicide serves as a 'model' or example for subsequent suicidal behaviour – can significantly increase suicide risk of people in prison.[xxxvi] Closed environments like prisons may be particularly prone to clusters of suicides and contagion, partly due to the greater chance of people identifying with one another.[xxxvii]

Suicide risk does not appear to be consistent across someone's time in prison; suicides are more common during two major periods of adjustment. The first is the early days in prison, with suicides more likely to occur during the first 30 days in prison and among people who

are in prison for the first time.[xxxviii][xxxix] Alcohol and drug dependence play a particularly large role in suicides that occur within the first 7 days of entering prison, which can be a difficult

period of withdrawal.[xl] The second period of higher risk is around transfer to a new prison. Some people may lose support they had previously been accessing when moving to a new prison or receive visits from family or friends less often.[xli][xlii]

Finally, uncertainty about the future is related to increased suicide risk and is especially relevant to two groups of people in prison – those on remand (pending trial/sentencing), who have the highest rate of suicide of all sentence types,[xliii] and those serving indeterminate sentences.[xliv] Feelings of hopelessness and entrapment associated with suicidal thoughts are common among people serving indeterminate sentences, especially following an unfavourable sentence review.[xlv]

Policy context

The Prisons Strategy White Paper (2021) is a 10-year plan for prisons in England and Wales. It lays out plans to create more prison places, with £4 billion committed to the expansion and refurbishment of existing sites and the building of new prisons to grow the total prison population to record levels.[xlvi] England and Wales already rank among the highest rates of incarceration in western Europe in 2021, second only to Scotland.[xlvii] The Ministry of Justice estimates 20,000 more people will be in prison in England and Wales by 2026 under the current plans.[xlviii] To support this higher prison population, the strategy aims to recruit 5,000 new prison officers by the mid-2020s. The Ministry of Justice also established a Women's Estate Self-Harm taskforce in 2021 to address the factors driving higher rates of self-harm in women's prisons.[xlix]

The White Paper also expresses an aim to develop a single digital prisoner date record in England and Wales to centralise information about people in prison's needs. Currently, failures to collect or communicate data about prisoner's mental health needs also contribute to lack of intervention. One study of files on prisoners who ultimately died by suicide found that 70% of them had previously been identified as having mental health needs, but these concerns were only noted upon entry to prison for around half.[l] The Offender Health Research Network have noted issues in screening upon entry or transfer too; their research shows that two thirds of prisoners who went on to die by suicide had their reception screening done by a nurse without mental health qualifications and over half of them did not receive second stage mental health assessment in the days after arriving in prison.[li]

Both national suicide prevention strategies for England and Wales identify people in contact with the criminal justice system as a priority group for suicide prevention.[lii][liii] The Welsh strategy identifies prisons as a 'priority place' where suicide prevention efforts should be focused and was accompanied by policy implementation guidance which highlights measures like reception screening for mental health needs and subsequent follow up. The 2021 progress report on England's national strategy covers a range of actions to reduce suicide among people in prison and leaving prison. For example, it includes a commitment

to rolling out RECONNECT, a continuity of care service which works pre- and post-release to help people in prison to connect to community-based health services.[liv]

Samaritans' work on suicide in prisons

The Samaritans Listener scheme is a peer-support scheme within prisons, which aims to reduce suicide and self-harm. The first Listener scheme was introduced at HMP Swansea in 1991. Now there are Listeners in almost every prison in the UK and the Republic of Ireland. Listeners are prisoners who provide confidential emotional support to their peers who are struggling to cope or feeling suicidal. They are specially selected and trained for the role by our volunteers. In 2021, over 1,300 people in prison volunteered as trained Listeners, responding to calls for help 25,000 times and spending over 14,000 hours supporting people.

Anyone in the UK and Ireland can call Samaritans for free at any time. In 2021, our volunteers in branches answered more than 410,000 calls from prisons, and the number of calls our helpline receives from people in prison is increasing year on year. The sharp increases in the number of people calling Samaritans from prison in recent years may indicate rising levels of emotional distress and may also be due to the spread of in-cell technology in some areas which has allowed access to support services outside of prison.[lv]

In England and Wales, Samaritans sits on the Ministerial Board on Deaths in Custody, which aims to bring about a continuing and sustained reduction in the number and rate of deaths in all forms of state custody.[lvi]

After piloting a postvention programme in prisons in London and the Southeast throughout 2019, we are currently rolling out postvention support across the male estate in England and Wales. The aim of this service is to provide support to people in prison and staff following a suicide, and in turn to reduce the risk of further suicides. We have also recently undertaken a review of policy and processes within prisons in the London region and are working to support the development of a new suicide prevention strategy for London prisons.

What is Samaritans calling for?

It is unacceptable that anyone dies by suicide while under the care of the state. Preventing and reducing suicides should be a top priority of prison policy. This requires a whole prison approach which includes:

- A shift in culture in prisons away from viewing suicide prevention as primarily about crisis management. Prisons should focus on a more holistic and compassionate approach to managing the wellbeing of people in prison, based on building effective relationships and meaningful routines.

- Adequate staffing levels and retention of experienced staff. Training and support for all prison staff should effectively equip them with the tools and confidence to build relationships with people in prison, talk about mental health, and intervene to support and signpost people experiencing suicidality.

- A physically safer environment. In some areas, this needs to be supported by the decommissioning and/or refurbishing of older institutions. All cells should be 'ligature-free', with prisons supported with funding to remove ligature points where necessary.

- A supportive social community. Having someone to talk to can protect against suicide risk, and efforts to provide this, such as access to other people in prison that are trained to offer support and regular family contact, have been shown to protect against suicide.[lvii]

- A commitment to reducing the number of people in prison. This would allow for greater resource and time to be spent supporting people for whom a custodial sentence is unavoidable.

The support provided for people in prison must appropriately address the mix of prior experiences and prison life which contributes to suicidality for people in prison and who have recently left. Given the complex and interrelated risk factors people in prison are more likely to have experienced, trauma-informed care appears to be one of the strongest ways to protect those who experience suicidal thoughts in prison.[lviii] Providing this sort of care requires:

- Effective assessment of mental health needs. Everyone should be screened for their mental health needs upon arrival in prison and those who are identified as needing support should always receive a follow up assessment.

- Tailored mental health support, based on each person's needs. This includes making sure that plans are in place to support people who are new or recently transferred to a prison. This is especially important for those who are already recognised as having mental health needs, those on specific sentences which are connected to higher suicide risk, and those who may be more likely to experience risk factors for suicide while in prison such as bullying.

- Consistent support for other people in prison and staff following a death. Support should be made available to everyone in prison following a suicide (postvention), with the aim of ultimately offering this kind of support following any death. Prisons need sufficient resources and staffing levels to introduce and embed postvention programmes.

- Continuity programmes to make sure support doesn't fall away on release. Programmes should be in place targeting people with mental health needs when they leave prison, to help them to reintegrate into their community and to access support. Re-entering the community is a particularly difficult time for many people and a period in which risk of suicide is known to be higher. Programmes like RECONNECT provide a model of how people can be supported.[lix]

Governments must be able to understand the scale and causes of suicide among people in prisons and people leaving prison. Suicide is preventable and any ambition to reduce the number of suicides in custody must be based on reliable, consistent data and learning from previous incidents. There should be clear processes in place for sharing learnings and accountability for putting recommendations from reports into deaths in custody into action.

References

[i] Favril, L. (2021). 'Epidemiology, Risk Factors, and Prevention of Suicidal Thoughts and Behaviour in Prisons: A Literature Review', *Psychologica Belgica*, 61(1), 341–55.

[ii] Fazel S, Ramesh T, Hawton K. (2017). 'Suicide in prisons: an international study of prevalence and contributory factors', *The Lancet Psychiatry*, 4(12), 946–52.

[iii] Office for National Statistics. (2019). *Male prisoners are 3.7 times more likely to die from suicide than the public* [Internet].

[iv] Fazel S, Benning R. (2009). 'Suicides in female prisoners in England and Wales, 1978–2004', *British Journal of Psychiatry*, 194(02), 183–4.

[v] Ministry of Justice. (2022). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to June 2022 Assaults and Self-harm to March 2022* [Web].

[vi] Samaritans. (2021). *Research briefing: gender and suicide*.

[vii] Pratt D, Appleby L, Piper M, Webb R, Shaw J. (2006). 'Suicide in recently released prisoners: a population-based cohort study', *Lancet*, 368, 119-123.

[viii] Zhong S, Senior M, Yu R, Perry A, Hawton K, Shaw J, *et al*. (2021). 'Risk factors for suicide in prisons: a systematic review and meta-analysis', *Lancet Public Health*, 6(3), e164–74.

[ix] Favril L. (2021). 'Epidemiology, Risk Factors, and Prevention of Suicidal Thoughts and Behaviour in Prisons: A Literature Review', *Psychologica Belgica*, 61(1), 341–55.

[x] Samaritans. (2019). *Unlocking the evidence: Understanding Suicide in Prisons*.

[xi] Towl G, Crighton D. (2017). *Suicide in Prisons: Prisoner's Lives Matter*.

[xii] Humber N, Webb R, Piper M, Appleby L, Shaw J. (2013). 'A national case–control study of risk factors among prisoners in England and Wales', *Social Psychiatry and Psychiatric Epidemiology*, 48(7), 1177–85.

[xiii] Scowcroft E, Slade K, Winder B, Oldfield B. (2018). *Evaluation of the impact of Samaritans prison Listener Scheme: an unpublished research report*.

[xiv] Samaritans. (2017). *Dying from Inequality: Socioeconomic disadvantage and suicidal behaviour*.

[xv] Hopkins, K. (2012). *The pre-custody employment, training and education status of newly sentenced prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. Ministry of Justice.

[xvi] Centre for Mental Health and the Howard League for Penal Reform. (2016). *Preventing prison suicide: Perspectives from the inside*.

[xvii] Shelter Scotland. (2015). *Preventing Homelessness and Reducing Reoffending – Insights from service users of the Supporting Prisoners; Advice Network, Scotland*.

[xviii] Madrigal de León, Eduardo A., Claudia I. Astudillo-García, and Sol Durand-Arias. 2019. 'Depression, Substance Abuse, and Suicide Risk: A Rising Problem'. Addictive Disorders & Their Treatment 18 (2): 99–104.

[xix] Light M, Grant E, Hopkins K. (2013). *Gender differences in substance misuse and mental health amongst prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. Ministry of Justice.

[xx] Stein DJ, Chiu WT, Hwang I, Kessler RC, Sampson N, Alonso J, *et al*. (2010). 'Cross-National Analysis of the Associations between Traumatic Events and Suicidal Behavior: Findings from the WHO World Mental Health Surveys', *PLOS ONE*, 5(5), e10574.

[xxi] Blaauw E, Arensman E, Kraaij V, Winkel FW, Bout R. (2002). 'Traumatic life events and suicide risk among jail inmates: The influence of types of events, time period and significant others', *Journal of Traumatic Stress*, 15(1), 9–16.

[xxii] Ford K, Barton E, Newbury A, Hughes K, Bezeczky Z, Roderick J, Bellis M. (2019). *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey*.

[xxiii] The Traveller Movement. (2021). *A profile of prisoners in the Adult Prison Estate*.

[xxiv] All Ireland Traveller Health Study. (2010). *All Ireland Traveller Health Study: Our Geels*.

xxv The Harris Review. (2015). *Changing Prisons, Saving Lives Report of the Independent Review into Self-inflicted Deaths in Custody of 18-24 year olds*.

xxvi Favril L, Vander Laenen F, Vandeviver C, Audenaert K. (2017). 'Suicidal ideation while incarcerated: Prevalence and correlates in a large sample of male prisoners in Flanders, Belgium', *International Journal of Law and Psychiatry*, 55, 19–28.

xxvii Ludlow A, Schmidt B, Akoensi T, Liebling A, Giacomantonio C, Sutherland A. (2015). *Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Year Olds*.

xxviii Ministry of Justice. (2022). *Her Majesty's Prison and Probation Service workforce quarterly: March 2022*.

xxix Felthous AR. (2011). 'Suicide Behind Bars: Trends, Inconsistencies, and Practical Implications', *Journal of Forensic Sciences*, 56(6), 1541–55.

xxx Fazel S, Cartwright J, Norman-Nott A, Hawton K. (2008). 'Suicide in prisoners: a systematic review of risk factors', *The Journal of Clinical Psychiatry*, 69(11), 1721–31.

xxxi Samaritans. (2021). *One year on: how the coronavirus pandemic has affected wellbeing and suicidality*.

xxxii Blaauw E, Winkel FW, Kerkhof AJFM. (2001). 'Bullying and suicidal behaviors in jails', *Criminal Justice and Behaviour*, 28(3), 279–99.

xxxiii Centre for Mental Health and the Howard League for Penal Reform. (2016). *Preventing prison suicide: Perspectives from the inside*.

xxxiv Read, M., & Mccrae, N. (2016). 'Preventing suicide in lesbian, gay, bisexual, and transgender prisoners: A critique of U.K. policy', *Journal of Forensic Nursing*, 12(1), 13-18.

xxxv The Guardian. (2022). *Hundreds of mentally ill prisoners denied urgent treatment in England*.

xxxvi McKenzie, N. and Keane, M. (2007). 'Contribution of Imitative Suicide to the Suicide Rate in Prisons', *Suicide and Life-Threatening Behavior*, 37, 538-542.

xxxvii Niedzwiedz C, Haw C, Hawton K, Platt S. (2014). 'The definition and epidemiology of clusters of suicidal behavior: a systematic review', Suicide and Life-Threatening Behavior, 44(5), 569–81.

xxxviii Prison and Probation Ombudsman. (2014). *Risk factors in self-inflicted deaths: Learning from PPO investigations*.

xxxix Ministry of Justice. (2022). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2021, Assaults and Self-harm to September 2021*.

xl Felthous AR. (2011). 'Suicide Behind Bars: Trends, Inconsistencies, and Practical Implications', *Journal of Forensic Sciences*, 56(6), 1541–55.

xli Prison and Probation Ombudsman. (2014). *Learning from PPO Investigations: Risk factors in self-inflicted deaths in prisons*.

xlii Samaritans. (2019). *Unlocking the evidence: Understanding suicide in prisons*.

xliii Ministry of Justice. (2022). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2021, Assaults and Self-harm to September 2021*.

xliv Prison and Probation Ombudsman. (2014). *Risk factors in self-inflicted deaths: Learning from PPO investigations*.

xlv Marzano L, Hawton K, Rivlin A, Smith EN, Piper M, Fazel S. (2016). 'Prevention of Suicidal Behavior in Prisons: An Overview of Initiatives Based on a Systematic Review of Research on Near-Lethal Suicide Attempts', *Crisis*, 37(5), 323–34.

xlvi Ministry of Justice. (2021). *Prisons Strategy White Paper*.

xlvii House of Commons Library. (2021). *UK Prison Population Statistics*; Aebi, M. *et al.* (2022). *SPACE I - 2021 – Council of Europe Annual Penal Statistics: Prison populations*. Council of Europe.

xlviii Ministry of Justice. (2021). *Prison Population Projections 2021 to 2026, England and Wales*.

xlix Wolfson, D. (2021). Prisoners: Females. *UK Parliament: Written question*, 2 November, HL3646.

l Prisons and Probation Ombudsman. (2016). *Learning from PPO investigations: Prisoner mental health*.

li Centre for Mental Health and the Howard League for Penal Reform. (2016). *Preventing prison suicide: Perspectives from the inside*.

lii HM Government. (2012). *Preventing suicide in England: A cross-government outcomes strategy to save lives*.

liii Welsh Government. (2015). *Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015-2020*.

[liv] HM Government. (2021). *Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives*.

[lv] The Centre for Social Justice. (2021). *Digital Technology in Prisons: Unlocking relationships, learning and skills in UK prisons*.

[lvi] HM Government. (2021). *Ministerial Board on Deaths in Custody: Terms of Reference*.

[lvii] Marzano L, Hawton K, Rivlin A, Smith EN, Piper M, Fazel S. (2016). 'Prevention of Suicidal Behavior in Prisons: An Overview of Initiatives Based on a Systematic Review of Research on Near-Lethal Suicide Attempts', *Crisis*, 37(5), 323–34.

[lviii] Pratt D, Tarrier N, Dunn G, Awenat Y, Shaw J, Ulph F, *et al*. (2015). 'Cognitive–behavioural suicide prevention for male prisoners: a pilot randomized controlled trial', *Psychological Medicine*, 45(16), 3441–51.

[lix] Morrissey, K. (2021). *RECONNECT: care after custody*. Clinks.