

National Study of Self-Inflicted Death by Prisoners 2008-2010

A collaborative study between The National Confidential Inquiry and the Offender Health Research Network at the University of Manchester, National Offender Management Service at the Ministry of Justice and Offender Health at the Department of Health.

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INTRODUCTION

This report presents findings for all self-inflicted deaths¹ in prisons in England and Wales in 2008- 2010, key longitudinal trends for the full study period (1999-2010), and features of self-inflicted deaths by those under the age of 21.

The study is notified of all self-inflicted deaths in prisons by the Offender Safety Rights and Responsibilities Group and questionnaires are sent out to the Governor and Healthcare manager at the prison involved. A detailed description of the study's data collection method is available in a previous report which reports on all self-inflicted deaths in 1999- 2007; 'The National Study of Self-Inflicted Deaths in Prison Custody in England and Wales from 1999-2007' (April 2011).

Data completeness for the figures presented for 2008-2010 is 94% overall. The statistical analysis package SPSS v.20 was used to analyse the data.

¹ A self-inflicted death in this report refers to any death of a person who has apparently taken their own life irrespective of intent.

KEY CONCLUSIONS FROM THIS REPORT

- There has been a downward trend in the number of self-inflicted deaths in prisons in England and Wales over the last decade, however prisoners remain a high risk group with the number of self-inflicted deaths in the prison population remaining high in comparison to the general population.
- There has been a fall in self-inflicted deaths by those within a British Minority Ethnic (BME) group, younger prisoners (aged under 21 years old), and female prisoners.
- Since data collection began, there has been a reduction in the number of self-inflicted deaths occurring within the first month of custody.
- The majority of self-inflicted deaths were not formally assessed as 'at risk' and were not on ACCT at their time of death.
- Prevention should continue to highlight the importance of safer cells, and the identification and treatment of mental disorder.

FEATURES OF SELF-INFLICTED DEATHS 2008-2010

There were a total of 180 self-inflicted deaths amongst prisoners in 2008- 2010. The self-inflicted deaths in this period occurred across 70 prisons. One self-inflicted death occurred in the Prison Escort Custody Service (PECS). Twenty-nine (41%) prisons had 1 self-inflicted death, 37 (53%) prisons had between 2 and 5 self-inflicted deaths, and 4 (6%) prisons had between 6 and 8 self-inflicted deaths. More than half (102; 57%) of these self-inflicted deaths occurred in Category B Local prisons.

Age and Gender

The mean age of the self-inflicted deaths in 2008- 2010 was 36 years, and ranged between 18 and 83.

There were 175 (97%) self-inflicted deaths amongst male prisoners and 5 (3%) self-inflicted deaths amongst female prisoners. The females were all aged between 30 and 49.

Ethnicity

In 2008- 2010 there were 23 (13%) self-inflicted deaths from a Black and Minority Ethnic group (BME), of these 65% (n=15) were Asian.

Offence and prison status

The most common offence was for violence against the person (80; 44%), followed by sexual offences (22; 12%) and robbery (20; 11%).

Ninety-two (51%) were sentenced prisoners with 74 (41%) on remand. Of those who were sentenced, the most common sentence length was 'life' (20; 22%), followed by those sentenced to 'more than 18 months but less than 3 years' (16; 17%) and 'Indeterminate Sentences for Public Protection' (10; 11%).

Prison experience

For 27 (15%) prisoners this was their first time in prison. Of all self-inflicted deaths, 39 (22%) prisoners had received no visits in the 3 months prior to their death with a further 25 (14%) prisoners not being in prison long enough to receive visits.

Ten (6%) prisoners had been in prison for less than 24 hours before their self-inflicted death and 19 (11%) had been in the prison system for less than 7 days. Altogether, 39 (22%) prisoners had been in the prison system for less than 28 days before their self-inflicted death and 79 (44%) had been in the prison system for less than a year.

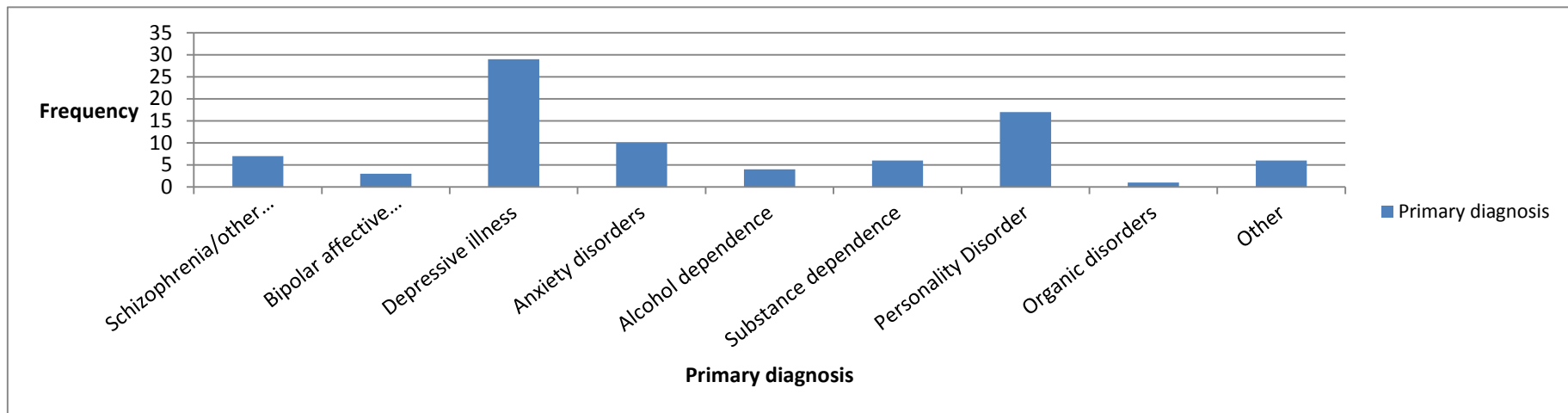
Psychiatric history

Eighty-three (46%) self-inflicted deaths had a primary diagnosis documented in their case notes. Of these, the most common diagnosis was for depressive illness (29; 35%), followed by Personality Disorder (17; 20%) and anxiety disorder (10; 12%).

Eighty-three prisoners (46%) had a secondary diagnosis recorded in their case notes, the most common was for alcohol dependence (53; 64%).

Sixty-three (35%) had a history of deliberate self-harm recorded in their case notes, 47 (26%) had a history of drug use, and 42 (23%) had a history of problem drinking.

Figure 1: Figure showing the frequency of primary diagnoses, as documented in the case notes, for self-inflicted deaths in 2008- 2010



Method of self-inflicted death

The method of hanging was the most common form of self-inflicted death (162; 91%). Bedclothes (111; 69%) were the most common ligature used with window bars the most used ligature point (76; 47%).

Assessment, Care in Custody and Teamwork (ACCT)²

Thirty-five (19%) self-inflicted deaths in 2008- 2010 were on an ACCT at their time of death. Of these, 18 (51%) had a primary diagnosis recorded in the case notes, the commonest being personality disorder (9; 50%).

One hundred and forty- four (80%) self-inflicted deaths in 2008- 2010 were not on an ACCT at their time of death, however, 44 (31%) had been on ACCT at some point during their current term. Of those not on ACCT at their time of death, 63 (44%) had a primary diagnosis recorded in their case notes, the commonest being for depressive illness (26; 41%).

² The Assessment, Care in Custody and Teamwork (ACCT) form is the suicide and self-harm document used to manage and assess 'at-risk' prisoners; it can be opened by anyone who recognises a prisoner as being at risk. The ACCT document replaced the F2052SH form that was previously used in prisons in 2007 in all establishments in England and Wales (www.justice.gov.uk).

LONGITUDINAL TRENDS

The number of deaths per year is shown in the table below alongside the three year death rate average per 100,000 prisoners as reported by the Ministry of Justice.

Table 1: Table showing the number of self-inflicted deaths and three year rolling average per 100,000 prisoners by year

Year of death	Number of deaths	Three year death rate average per 100,000 prisoners
1999	91	141
2000	81	124
2001	73	110
2002	95	133
2003	95	128
2004	96	128
2005	78	102
2006	67	86
2007	92	114
2008	61	74
2009	61	73
2010	58	68

There has been a downward trend in the number and rate of self-inflicted deaths in prison establishments in England and Wales over the last decade, but the figures have only fallen slightly in 2008- 2010.

The number of self-inflicted deaths by year and the three year death rate average per 100,000 prison population is also shown graphically in the figure below. Table 2 shows the Standardised Mortality Ratio (SMR) by year which was calculated to compare the prison population to the population of England and Wales. As can be seen, there were consistently more deaths in the prison population than expected.

Figure 2: Figure showing the number of self-inflicted deaths and the three year average death rate per 100,000 prisoners in 1999- 2010

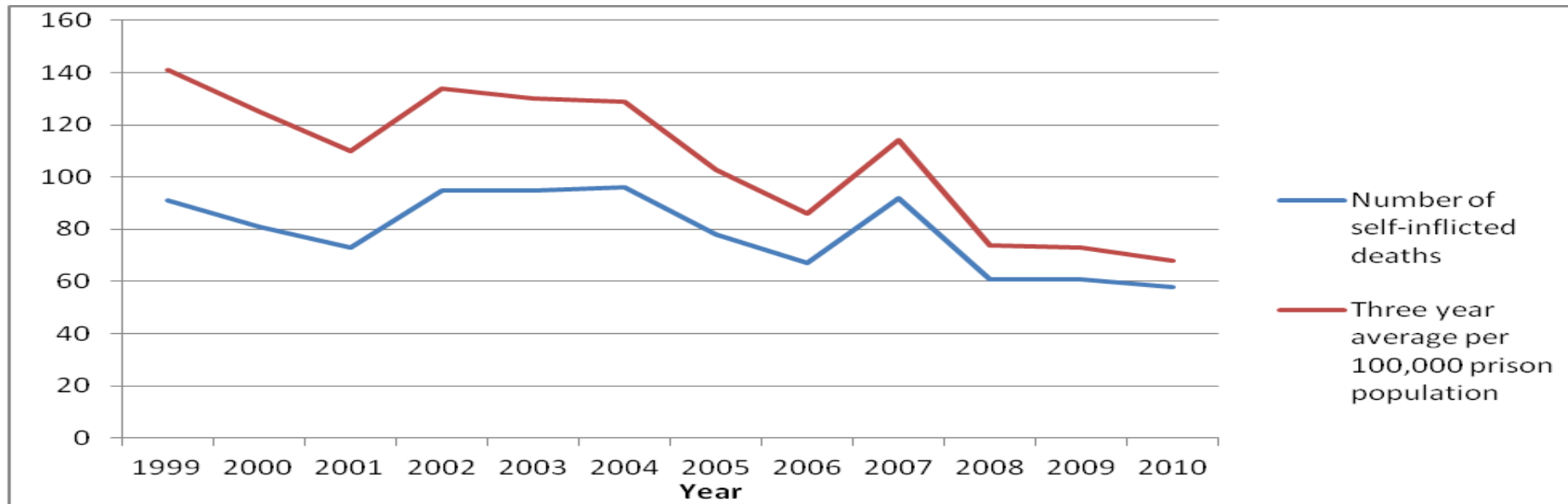


Table 2: Table showing the Standardised Mortality Ratio (SMR) for self-inflicted deaths in 1999- 2010³

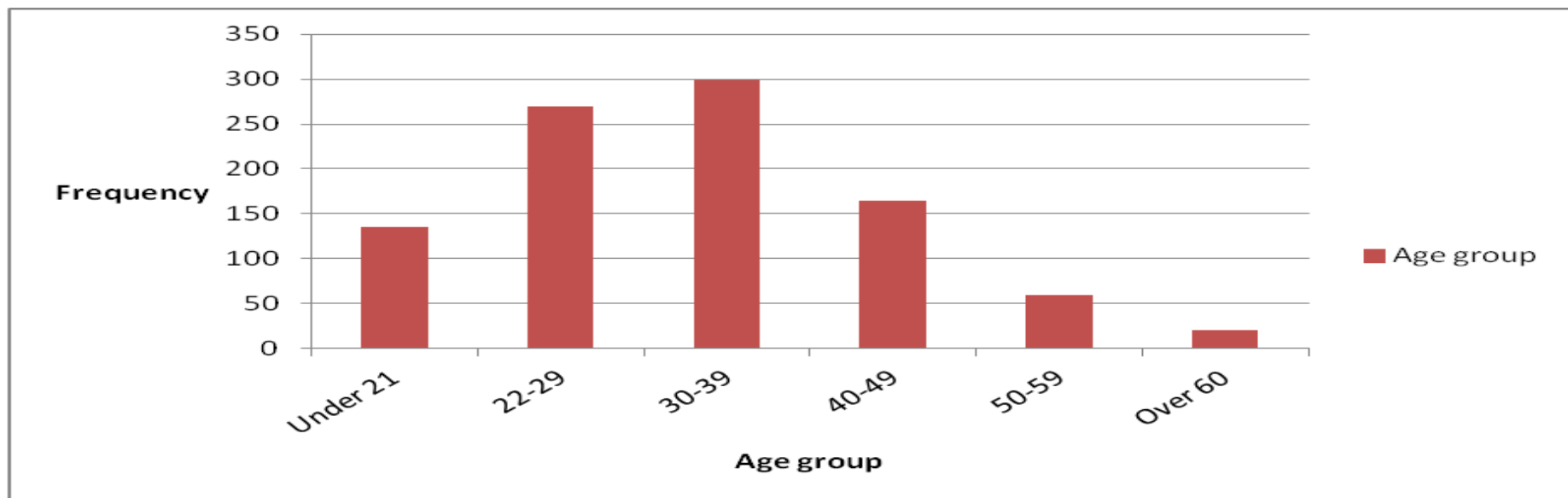
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
SMR	12.9	11.7	13.9	13.6	13.8	12.2	9.6	8.7	14.7	8.7	8.6	8.5

³ The SMR was calculated using the Office for National statistics (ONS) population figures for England and Wales and prison population figures via the National Offender Management Service (NOMS) and combining the age groups across the sets of population figures (15-29, 30-39, 40-49, 50-59 and Over 60). To obtain the number of deaths for England and Wales the International Classification of Diseases was used. Due to the period of time being looked at ICD-9 (*'suicide and self-inflicted injury'* and *'injury undetermined whether accidentally or purposely inflicted'*) was used for the 1999-2001 and ICD-10 (*'intentional self-harm'* and *'event of undetermined intent'*) was used for the years 2001-2010.

Age

The graph below demonstrates all self-inflicted deaths by age groups for the full data collection period 1999-2010. Features of under 21 deaths are presented at the end of this section (page 16).

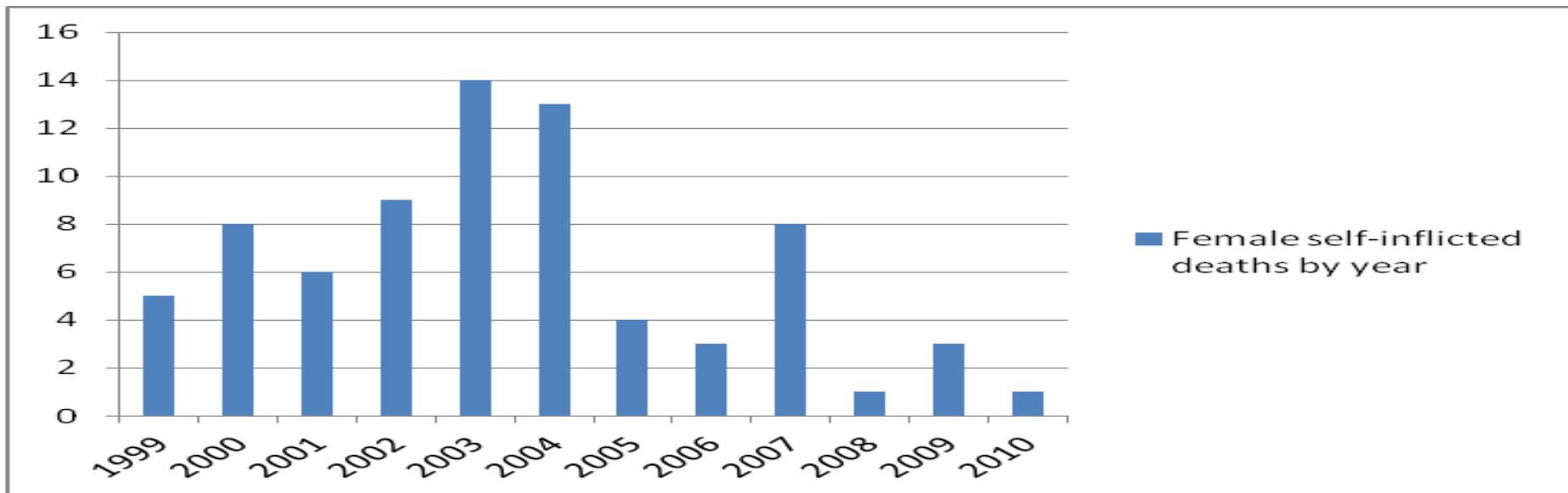
Figure 3: Figure showing the number of self-inflicted deaths by age group in 1999- 2010



Gender

There has been a fall in female self-inflicted deaths over time (despite a peak in 2007 in line with the peak of self-inflicted deaths in the overall population). The graph below shows all self-inflicted deaths for female prisoners by year.

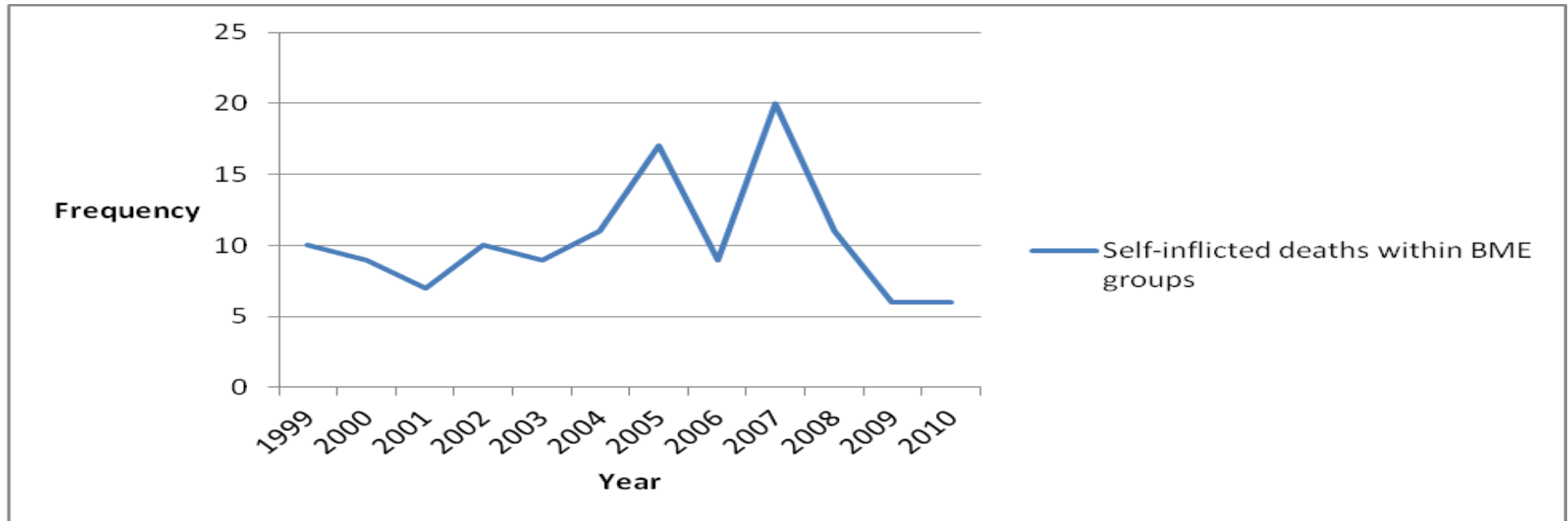
Figure 4: Figure showing the number of female self-inflicted deaths by year



Ethnicity

There has been a reduction in the number of self-inflicted deaths within BME groups over time.

Figure 5: Figure showing the number of self-inflicted deaths within a BME group in 1999- 2010



Remand and Sentenced Prisoner Status

The prison status of all self-inflicted deaths over time is shown in the graph below.

Figure 6: Figure showing the prison status of all self-inflicted deaths in 1999- 2010

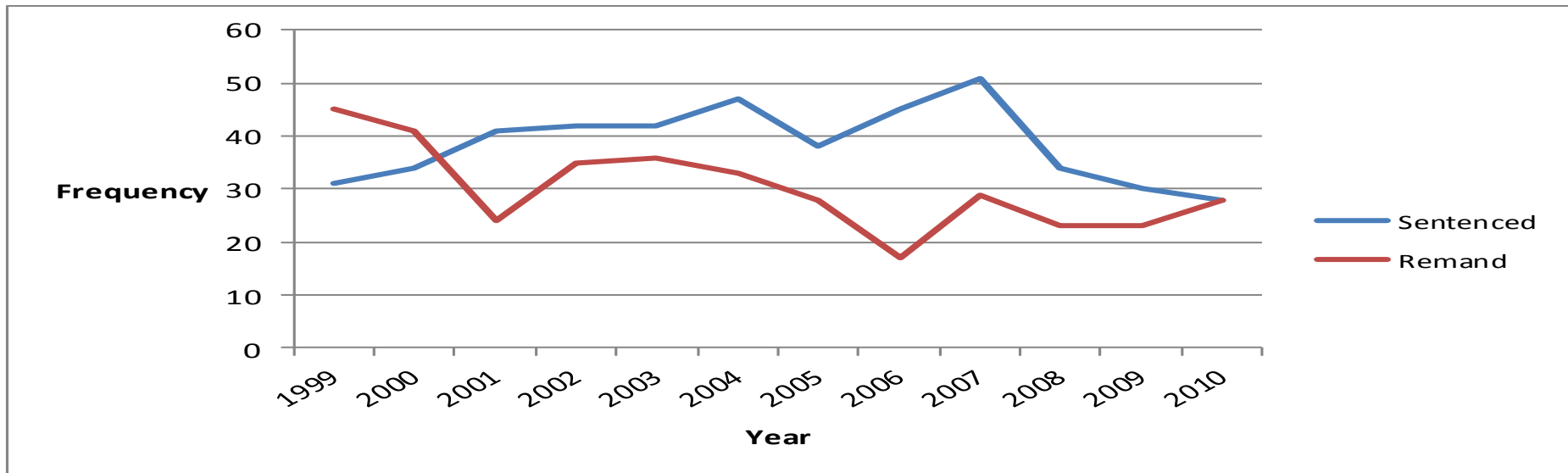
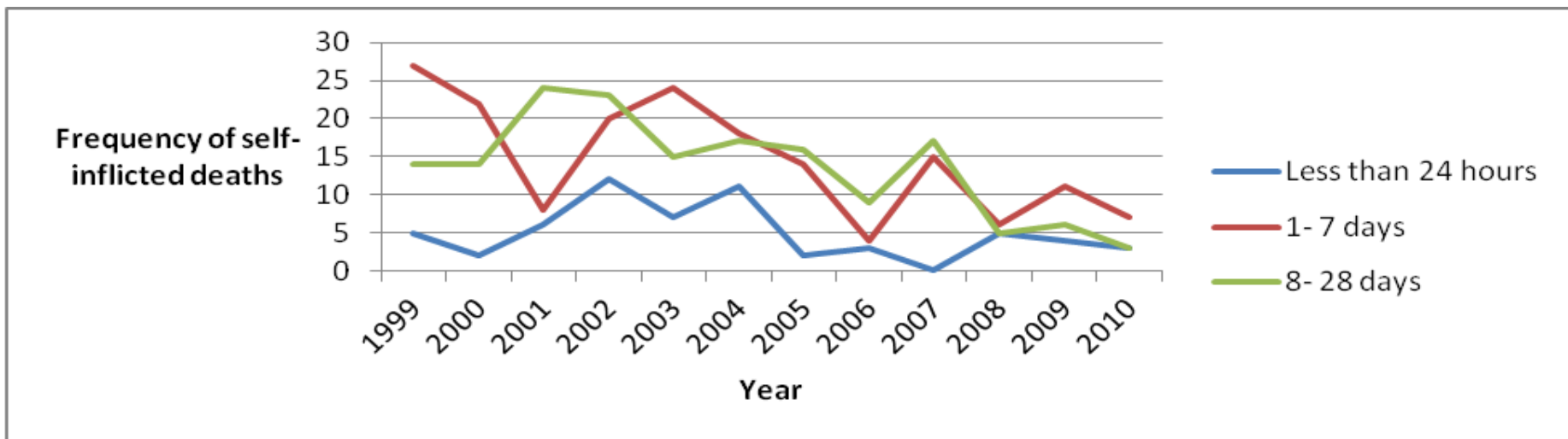


Figure 6 shows a change over time of the number of self-inflicted deaths by remand and sentenced prisoners. When data collection began the number of self-inflicted deaths was higher amongst remand prisoners. In 2000- 2009 this changed to reflect more self-inflicted deaths by sentenced prisoners and fewer remand deaths. From 2007 the numbers converged because of a fall in the number of deaths by sentenced prisoners.

Prison experience

Over time there has been a reduction in the number of self-inflicted deaths that have occurred within the first 28 days of custody (399 out of 948; 42%). Of the 948 deaths for the full data collection period to date, 60 (6%) of self-inflicted deaths occurred in less than 24 hours from reception into the current prison, 176 (19%) occurred within 1- 7 days, and 163 (17%) occurred within 8- 28 days. The figure below shows, by year, the number of deaths occurring in less than 24 hours, in 1- 7 days, and 8- 28 days.

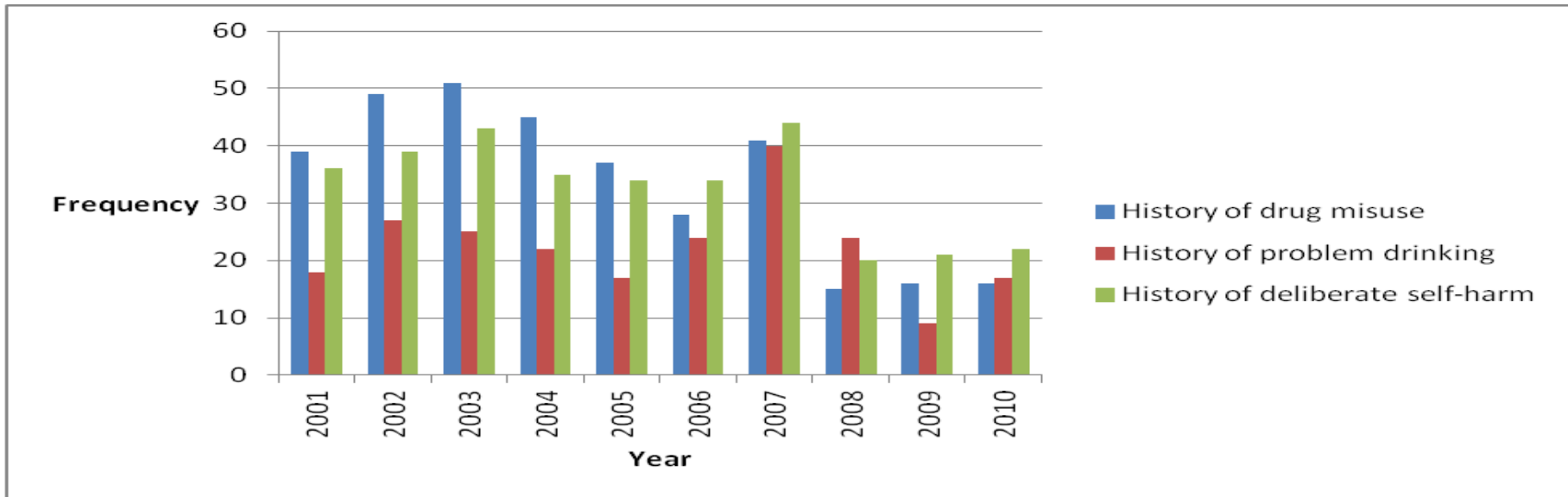
Figure 7: Figure showing the frequency of self-inflicted deaths in 1999- 2010 that occurred within 28 days of custody



Psychiatric history

The graph below shows a downward trend in histories of drug misuse, problem drinking and deliberate self-harm over time⁴.

Figure 8: Figure showing the frequency of self-inflicted deaths with histories of drug misuse, problem drinking and deliberate self-harm by year



Method of self-inflicted death

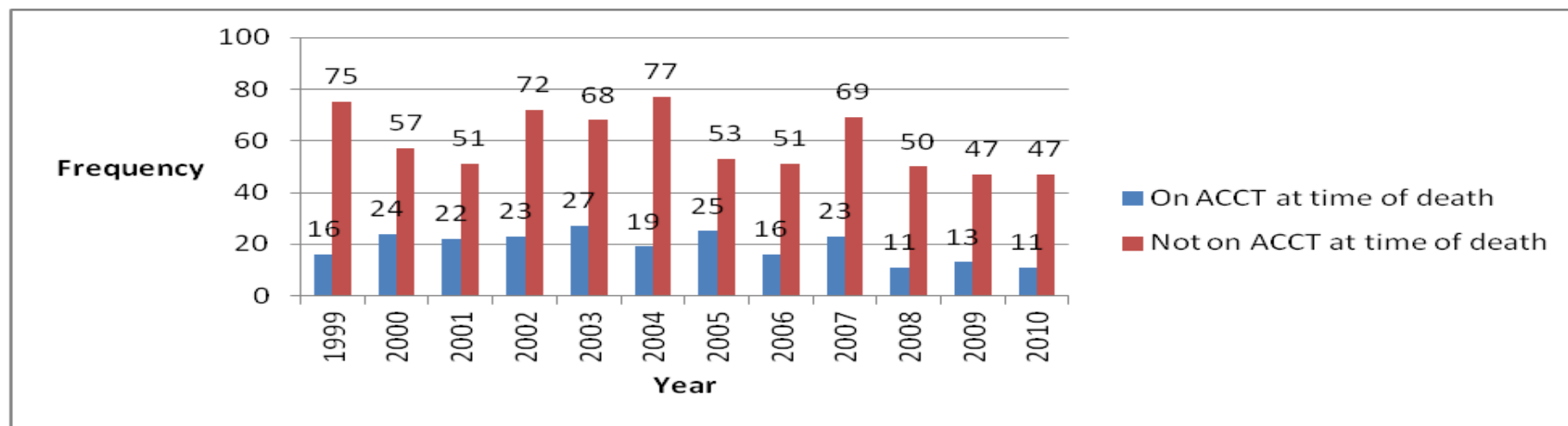
There have been no changes over time regarding the method of self-inflicted death. The most common method used continues to be hanging, with bedclothes as the ligature and window bars the most used ligature point.

⁴ These data were only collected from 2001 onwards, therefore there are no data to present for 1999- 2000.

ACCT⁵

The graph below shows, by year, the frequencies of self-inflicted deaths that were or were not on an ACCT at their time of death.

Figure 9: Figure showing the frequency of self-inflicted deaths on an ACCT at time of death by year



Of the 948 self-inflicted deaths in 1999- 2010, 230 (24%) were on an ACCT at their time of death. Of these, 131 (57%) had a primary diagnosis recorded in their case notes and this was most commonly for Personality Disorder (41; 31%).

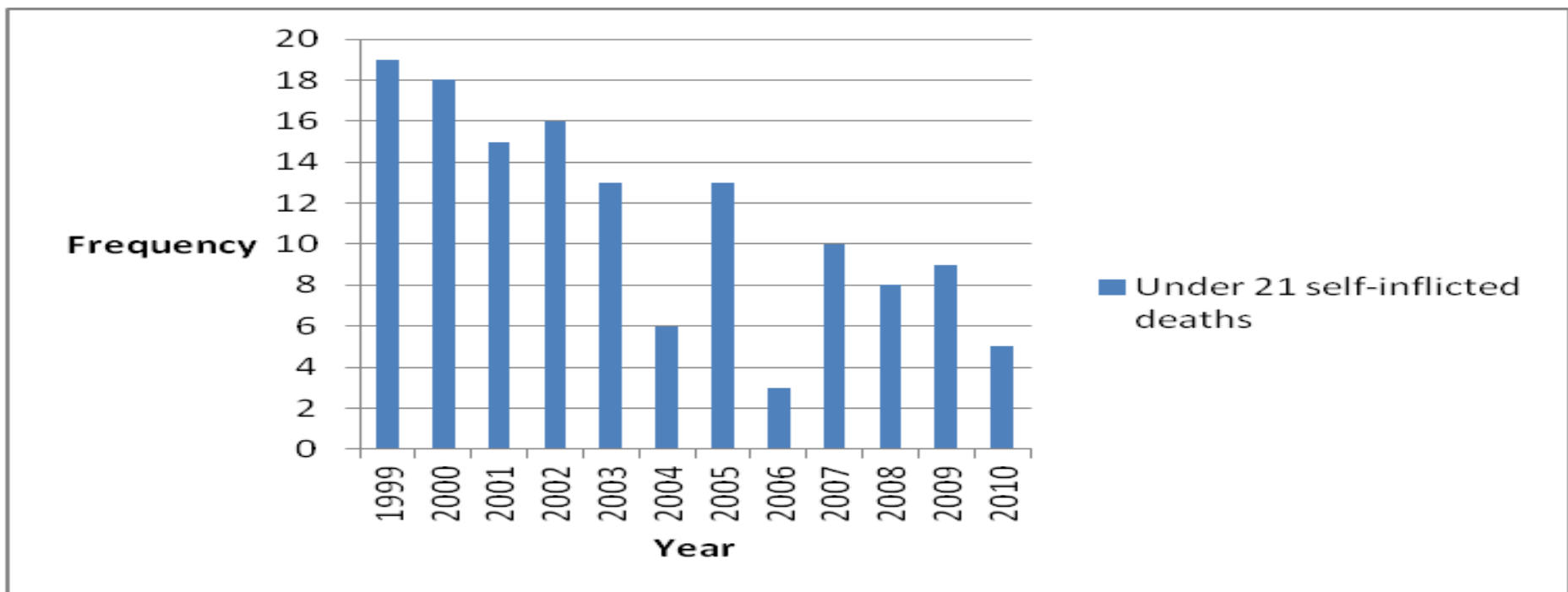
Seventy- six per cent (n= 717) of the 948 deaths in 1999- 2010 were not on ACCT at their time of death. Of these, 183 (26%) had been on ACCT at some point during their term with the majority having had their ACCTs closed between 1 and 6 months prior to their death (64; 35%). In 53 (7%) cases, they had been on an ACCT in a previous term but not their current one. Of those not on ACCT at their time of death, 313 (44%) had a primary diagnosis recorded in their case notes, predominantly for depressive illness (87; 28%), followed by substance dependence (81; 26%), and schizophrenia/other delusional disorder (39; 12%).

⁵ Prior to 2007 (when replaced by ACCT) the F2052SH form was the suicide and self-harm document used to manage and assess 'at-risk' prisoners.

FEATURES OF SELF-INFLICTED DEATHS BY UNDER 21'S

In 1999- 2010 there were 135 (14%) self-inflicted deaths in those under 21. Over time, there has been a reduction in the number of under 21 deaths as shown in the graph below.

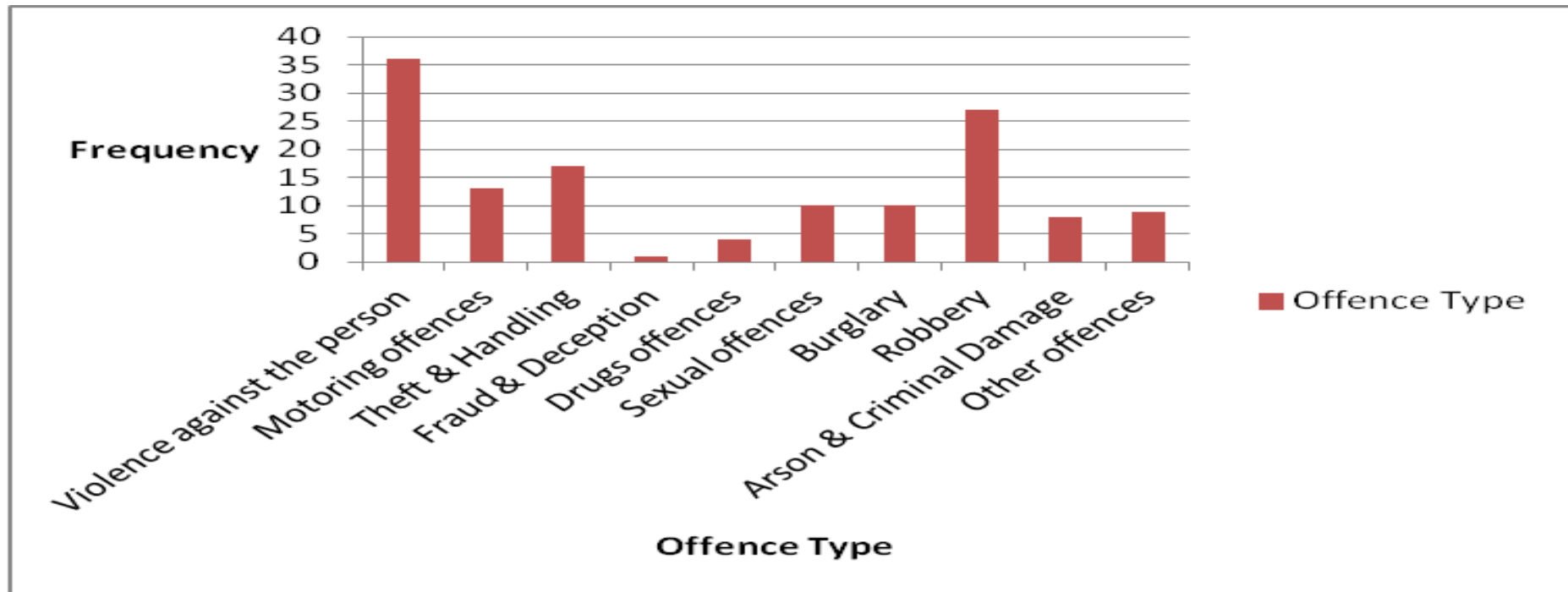
Figure 10: Figure showing the number of self-inflicted deaths by year of under 21's



The majority of these deaths were male (119; 88%) and of white British ethnicity (119; 88%); this has remained stable over time.

In line with the self-inflicted deaths of over 21's, the most common offence type amongst the under 21's was for violence against the person (36; 27%), followed by robbery (27; 20%) and theft and handling (17; 13%) and were predominantly amongst sentenced prisoners (71; 53%). These categories have remained stable over time.

Figure 11: Figure showing frequency of offence type for self-inflicted deaths of under 21's in 1999- 2010



As with the self-inflicted deaths of over 21's, the majority of deaths occurred by hanging (133; 99%) and were not on ACCT at their time of death (101; 75%).

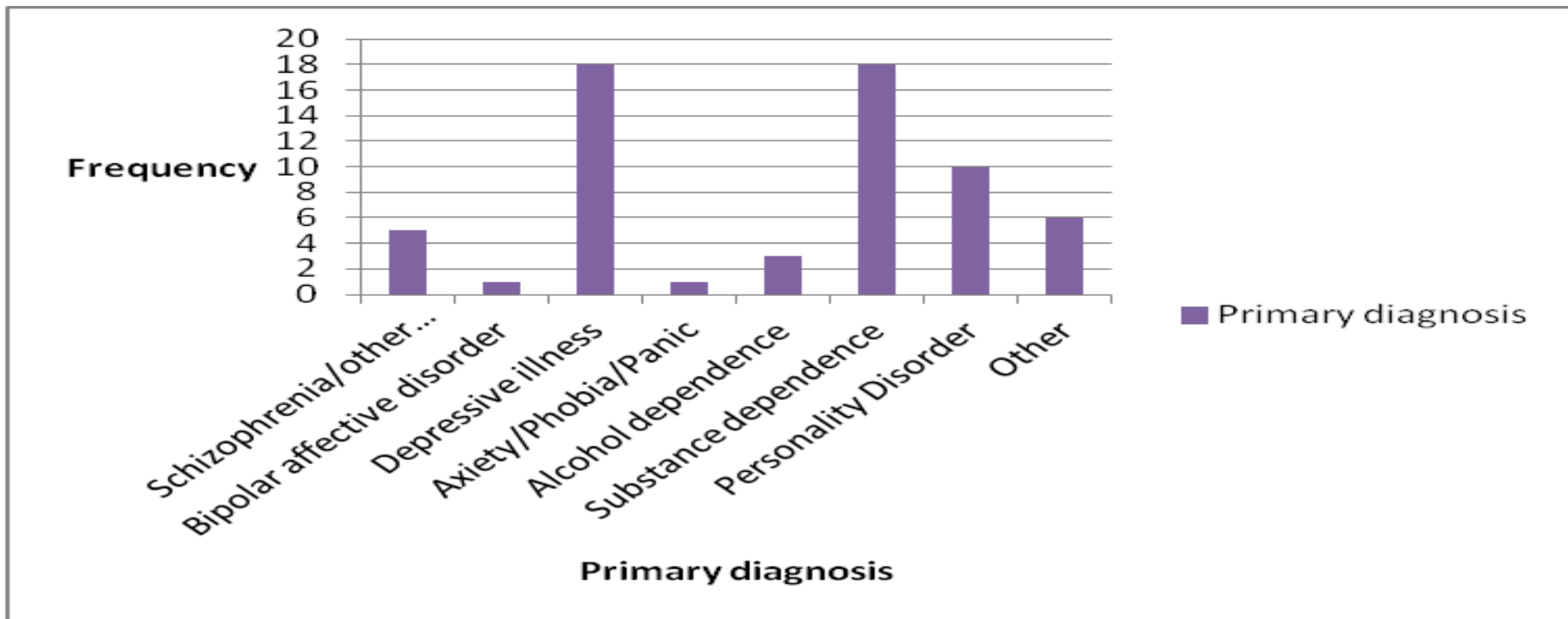
A number of these deaths had not received any visits (legal, professional or social) during their current term in prison prior to their death (38; 28%) and 33 (24%) had made a report of being bullied during their term. Eighteen (13%) of these deaths had a known history of local authority care.

Psychiatric diagnosis

Of the under 21 self-inflicted deaths in 1999- 2010, 79 (59%) had a history of drug misuse, 42 (31%) had a history of deliberate self-harm and 40 (30%) had a history of problem drinking recorded in their case notes.

Sixty-two (46%) had a primary diagnosis recorded in their case notes, most commonly for depressive illness (18; 29%) and substance dependence (18; 29%), followed by Personality Disorder (10; 16%). No trend was observed over time in the presentation of these diagnoses although they are consistent with the diagnoses for the over 21 self-inflicted deaths. Twenty-nine (21%) also had a secondary diagnosis recorded in the case notes, most commonly for alcohol dependence (12; 41%).

Figure 12: Figure showing the frequency of primary diagnoses for self-inflicted deaths of under 21's in 1999- 2010



CONCLUSIONS

- There were 180 self-inflicted deaths in 2008- 2010. Over the last decade there has been a downward trend in the number of self-inflicted deaths in prisons in England and Wales, however the number of self-inflicted deaths in the prison population remain high in comparison to the general population of England and Wales.
- There continues to be a downward trend in the number of self-inflicted deaths in younger prisoners (aged under 21 years old).
- There has been a fall in the number of self-inflicted deaths by female prisoners.
- The majority of deaths were male, white British, and predominantly aged between 30 and 39 years old.
- Over the last few years there has been a reduction in the number of self-inflicted deaths within BME groups. Of the self-inflicted deaths within a BME group in 2008- 2010, the group most represented was Asian.
- The deaths occurred across 70 prisons and the majority occurred in Category B Local prisons.
- The majority of self-inflicted deaths were amongst sentenced prisoners, most commonly convicted of violence against the person. Over time there has been a change from a higher number of self-inflicted deaths by remand prisoners to sentenced prisoners with this converging from 2007.
- Since data collection began there has been a reduction in the number of self-inflicted deaths that have occurred within the first 28 days of custody.
- Nearly half of the self-inflicted deaths in 2008- 2010 had a primary diagnosis recorded in the case notes, most commonly for depressive illness.
- Over time the most common primary diagnosis recorded in the case notes was depressive illness.
- Downward trends were found for those with histories of drug misuse, problem drinking and deliberate self-harm.
- Hanging remains the most commonly used method of self-inflicted death, using bedclothes as the ligature and window bars as the ligature point.
- The majority of self-inflicted deaths were not formally assessed as 'at risk' and were not on an ACCT at their time of death.

KEY RECOMMENDATIONS FOR PREVENTION

Prisoners continue to be a group at high risk of suicide in the Government's suicide prevention strategy- "Preventing suicide in England; a cross-government outcomes strategy to save lives" (2012). Based on the main findings of this report, we make recommendations for prevention below. These recommendations are echoed elsewhere in policy documents and publications and this report serves to highlight these measures further.

- Hanging remains the most common method of self-inflicted death and attention should continue to be paid to safety in cells.
- With 372 (39%) of self-inflicted deaths during the data collection period having a primary diagnosis (excluding those with Personality Disorder), it is essential that service development for mental health care in prisons continues and prisoners with a mental health problem are recognised as being particularly vulnerable.
- Whilst there has been a downward trend in the number of self-inflicted deaths by younger prisoners (aged 21 years or younger), prevention strategies and policy in prisons need to continue to make sure systems are in place to address bullying and isolation caused by lack of visits.
- Prisoners at risk of suicide or self-harm should be on an open ACCT and prisoners should be regularly assessed as to their level of risk. Staff need to be aware of particular risk factors for prisoners and when closing an ACCT a risk assessment should be conducted that takes into account future risk.

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