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# Strategies for Managing Suicide & Self-harm in Prisons

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*The phenomena of suicide and self-harm have been the subjects of considerable research for more than 100 years. In particular, it is of concern that suicide and deaths in prison have continued to increase over the past decade. These trends have been well documented in various reports emanating from the Australian Institute of Criminology and the latest data covering such trends will be released in a series of reports later this year.*

*While we probably know more about suicide and self-harm than any other social psychological phenomena, we are still unclear about their causes, or how to accurately predict their likely occurrence or manage and treat those people at risk. In an extensive review of the current Australian and international research, carried out by the authors, important questions remain unanswered. This paper provides a summary of current program initiatives and strategies for minimising self-harm.*

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Previous research has consistently shown that suicide is the leading cause of death in Australian prisons. Of the 787 deaths in Australian prisons between 1980 and 1998, 367 (46.6 per cent) were self-inflicted, with the next major cause of death being natural causes (Dalton 1999). In the 1998 calendar year, 34 of the 68 prison deaths in Australia were by suicide, representing 50.0 per cent of deaths (Dalton 1999).

The rate of suicide in prisons is estimated to be between 2.5 and 15 times that of the general population (Temby 1990; Office of Corrections 1985). Differences in the methods used to calculate prison suicide rates, combined with varying figures from year to year and between jurisdictions, make it difficult to produce an accurate picture of Australian prison suicide rates. However, regardless of the counting problems, it is inescapable that suicide is a longstanding, major issue for correctional authorities.

The actual number of deaths in a prison population of 17,000 people, on any day, (Dalton 1998) does indicate the difficulty of developing prevention programs. Deepening the concern is the incidence and rate of self-harm in prison. It has been estimated that for every suicide there are 60 incidents of self-harming behaviour (Eyland et al. 1997). It is evident that inmate self-harm has become endemic in many correctional institutions.

Research shows a higher prevalence of self-harm history among prisoners who suicide than among the general population, as well as higher levels of suicidal ideation amongst self-harmers in prison (Dear et al. 1998; Eyland et al. 1997). Given the prevalence



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of self-harm incidents, more needs to be known about this phenomenon. Further understanding and monitoring of self-harm would also enable the development of effective prevention programs, as well as assist in identifying at-risk prisoners.

However, to date there have been very few Australian studies into self-harm in prisons. A study into self-harm in custody, conducted by the Criminology Unit of the Royal Commission Into Aboriginal Deaths In Custody (RCIADIC) over six months in 1989, represented Australia's first national view of the phenomenon (Flemming et al. 1992). More recently, the authors of a study on self-harm in Western Australian prisons lamented that the small number of such studies published in Australia had provided descriptive data only (Dear et al. 1998).

This study carried out in Western Australia appears to be the first Australian attempt to examine precipitating, psychological and motivating factors for self-harming in prison, while comparing self-harming inmates with those who are not. For the most part, prison administrators have had to rely on overseas research as an empirical base from which to develop policies and practices regarding self-harm (Dear et al. 1998).

Self-harming behaviour is a challenge for prison authorities because it is potentially life threatening—research consistently indicates that self-harm is the best predictor of suicide (see Hassan 1995). Self-harm demonstrates the vulnerability of individual prisoners and is an indicator of prison distress. This paper outlines a number of approaches and programs implemented in Australian prisons. However, evaluation of current programs and the development of further strategies are required to both manage and intervene more effectively, so that the rate of self-harming behaviour can be decreased, or the behaviour prevented.

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### Conceptualising Suicide and Self-harm

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The conceptualisation and definition of what has been termed “self-harm” remains problematic. Terms such as “attempted suicide”, “self-injury”, “self-mutilation”, “suicidal gesture”, “abortive suicide”, “simulated suicide”, “pseudosuicide”, “subintentional suicide” and “parasuicide” are used interchangeably, and there is an argument that these terms may represent different phenomena. The differing terminology used in the literature demonstrates the confusion associated with conceptualising and analysing this phenomenon. Not surprisingly, this has led to debate on how best to develop strategies to minimise the incidence of self-harm.

The literature presents two different ways of conceptualising self-harm and its relationship to suicide. The first is to see self-harm and suicide as quite different phenomena; the second is to see suicidal behaviour as a continuum.

The first conceptualisation, embedded within general discourse, is the notion that it is possible to distinguish between those people who want to die, and those who harm themselves without the intent to die. Research has demonstrated very little relationship between “intent” and the “lethality” of the method used (Albanese 1983).

The major assumption is that the “seriousness” of the attempt is related to how “genuine” the attempt is—the more serious or lethal the attempt, the more it indicates a “real” wish to die. However, the attempt to distinguish between “real” suicide attempts and “manipulative” behaviour may well be illusory.

The second conceptualisation in the literature comes from those researchers who regard suicidal behaviour as a continuum—from ideation, through to gesture, on to at-

tempts, and then finally death. Individuals will start on this continuum, though not necessarily at the same point, but not everyone will progress through to suicide (see Leibling 1995; Farberow & Schneidman 1961).

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### Best Practice: What is Being Done?

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Strategies to prevent self-harm and suicide in prison have been suggested for almost every element of the criminal justice process. Biles (1994) states that there is a range of experts within the system who share the responsibility for the welfare of those in custody. These include

- politicians;
- police and prison administrators;
- representatives of the law;
- psychologists;
- psychiatrists;
- sociologists;
- anthropologists;
- criminologists;
- medical practitioners; and
- researchers

The United Kingdom has focused on various strategies that move away from reliance on identification of “at-risk” prisoners to more proactive and positive strategies for prisoners generally. Self-harming behaviour, it is argued, needs to be seen as an indication of the morale of the institution, rather than an indication of individual and personal troubles (Dooley 1990).

With a few notable exceptions, most prison systems in the United States have not developed comprehensive suicide prevention programs (NIC 1995). American prison researchers appear to identify only two different categories of intervention programs. In the first are those prevention programs that concentrate on screening the background characteristics, or behavioural indicators, of inmates, to identify at-risk individuals (Ivanoff 1989). The

second approach involves a broader suicide prevention program with a written suicide prevention policy.

In Australia, there is no national approach, and various jurisdictions have developed programs based on either of these approaches, or some mixture of the two.

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### Current Trends

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This section provides current examples of programs, and specific strategies directed at self-harm and suicide, that are in operation in Australian prisons. Most jurisdictions in Australia, including Western Australia, New South Wales and the Australian Capital Territory, have introduced comprehensive screening programs to attempt to determine at-risk prisoners. For example, the New South Wales suicide prevention strategy recently updated its suicide screening process to include:

- asking questions about suicide ideation;
- coping skills while in custody;
- feelings of hopelessness;
- having someone close to talk to about personal things; and
- the presence or absence of any suicide plans among other matters (Eyland et al. 1997).

The questions were based on the cognitive variables identified by Weishaar and Beck related to suicide risk and they are included in a standard interview form used by nursing staff for screening upon admission (Eyland et al. 1997).

#### *Response*

Timely and appropriate intervention is crucial to any comprehensive program of intervention. The effectiveness of intervention is dependent on treating each and every incident of self-harm as serious, and not seeing this behaviour as “manipulative” (Leibling 1995). Providing prison-

ers with access to skilled and experienced counselling and therapy staff appears to be the response of some jurisdictions.

The trend in first phase response to prisoners identified as suicide risks is towards the mobilisation of multi-disciplinary management teams. The most recent procedural guidelines for New South Wales require the deployment of a Risk Intervention Team (RIT). If a notification of risk is made, an alert is placed on the inmate’s medical file and case file, while an RIT notification form is also completed (Eyland et al. 1997). The RIT notification form actually incorporates three forms that attempt to differentiate between a threat of self-harm/suicide; a definite risk of self-harm/suicide; and an actual self-harm/suicide (Eyland et al. 1997). Risk intervention teams—comprised of a coordinator, a high ranking custodial officer, a nurse and at least two other team members—meet to discuss the inmate’s management needs once a notification of risk has been made (Eyland et al. 1997).

At Junee, the only private prison in New South Wales, inmates identified as at-risk become the responsibility of a High Risk Alert Team (HRAT), which includes representatives of health services, programs and security. The HRAT is responsible for formulating a risk treatment plan (RTP) for the inmate (Bowery 1994).

The New South Wales Department of Corrective Services requires that all incidents of self-harm be investigated and resolved (Eyland et al. 1997). A number of treatment options are made available for management teams to recommend, including counselling, special placements, peer support, greater access for visitors or special accommodation such as dormitories or shared cells (Bowery 1994; Eyland et al. 1997; Jenkins & Booth 1998).

In most Australian jurisdictions, prisoners who are placed in the most serious category of suicide or self-harm risk become the responsibility of crisis care

units. Such units exist in the New South Wales, Queensland, Victorian and Western Australian prison systems. A recently established crisis unit is part of the Kevin Waller Therapeutic Unit in New South Wales, officially opened in 1997. The crisis unit provides an intervention program for inmates with a history of chronic self-harm and/or suicidal behaviour. Inmates who enter the program are encouraged to modify their behaviour and attitudes, and to leave mainstream jail behind them. The program runs for approximately three months and is coordinated by a senior psychologist. A separate therapeutic unit specifically for women inmates has also been opened at the State’s only women’s prison, Mulawa (Eyland et al. 1997).

#### *Accommodation*

A variety of accommodation strategies are employed within Australian prisons as part of the management of at-risk inmates. Dormitory and shared cell accommodation has been made available in many States in response to findings that suicide and self-harm are more likely to occur when an at-risk prisoner is alone. Reports from the Northern Territory have suggested dormitory accommodation is producing positive results in reducing distress among young Aboriginal inmates.

The traditional method of accommodating suicidal or self-harming inmates in “strip cells” has come into question in recent years. Such cells, where an inmate is stripped of all clothing and possessions in an effort to reduce the chances of harmful behaviour, are still used in Tasmania for the most severe suicide risks (Corrective Services Division Tasmania 1996). In contrast, the safe cell policy in New South Wales instructs that no inmate is to be stripped naked and placed in a cell. If clothing will create a risk, the inmate is to remain appropriately clothed and 24-hour continuous observation is

provided by cameras (Eyland et al. 1997).

The use of cameras as tools of observation has also been introduced in, or proposed for, a number of cells in Western Australia, the Australian Capital Territory and the Northern Territory (ACT Government; Jenkins & Booth 1998; Northern Territory Correctional Services 1998).

Following the release of the report of the RCIADIC, all Australian jurisdictions agreed to provide safe or "Muirhead" cells, to be available to house inmates who were a risk to themselves. Such cells are designed to eliminate potential hanging points, such as exposed bars or rails, light fittings and plumbing, and to maximise observation of prisoners (Department of Human Services and Department of Justice, unpub.; Eyland et al. 1997).

#### *Supports*

A significant part of suicide prevention strategies in prisons involves regular assessments and counselling of at-risk prisoners by members of a prisons medical team. These teams can include

- psychiatrists;
- psychologists;
- psychiatric nurses;
- social workers; or
- other qualified members of staff.

In New South Wales, prison health services remain distinct from the Department of Corrective Services (Eyland et al. 1997; NSW Department of Corrective Services 1993).

Other means of support for prisoners commonly include peer support programs. Such programs rely upon inmates trained in peer support skills and have been identified as important tools in monitoring inmate distress which may occur following reception. In South Australia's Mount Gambier prison, a specially trained and supported group of prisoners are on call 24 hours a day to listen to, and

support, other inmates (Group 4 1998). In Western Australia, regular meetings occur between prison administrators and peer support prisoners (Jenkins & Booth 1998).

Prisoner support schemes specific to Aboriginal inmates have also been developed and include Aboriginal visitor schemes, Aboriginal prisoner support services and psychological staff concerned specifically with Aboriginal inmate welfare (Commonwealth of Australia 1997; Eyland et al. 1997).

A number of jurisdictions have also placed an emphasis upon the importance of visitor supports for prisoners (Commonwealth of Australia 1997; Eyland et al. 1997; Jenkins & Booth, 1998). Attempts have been made to increase interaction between corrections staff and visitors in an effort to facilitate effective communication of prisoner needs and risks, and to provide better support services (Eyland et al. 1997; Jenkins & Booth 1998).

#### *Management*

The concepts of unit management in prisons are not new. However, they are viewed in a number of jurisdictions as integral to the process of monitoring inmates for signs of distress or difficulty (Eyland et al. 1997; Jenkins & Booth 1998). In New South Wales, multi-disciplinary case management teams continually assess each inmate's progress, make individual referrals and develop individual management plans (Eyland et al. 1997). Such programs are designed to heighten positive interaction between corrections staff and inmates.

The Victorian model for unit management aims to normalise the prison environment by dividing prisons into small, manageable units. Staff members are rostered to specific units on a more or less permanent basis. Such models allow for greater personal interaction between prisoners and staff (Department of Human Services and Department of Justice, unpub.).

In New South Wales, when inmates are transferred, case management files must accompany them (Eyland et al. 1997). An understanding has been established between the Australian Federal Police, ACT Corrective Services, ACT Youth Justice and the NSW Department of Corrective Services which has formalised the transfer of relevant information between agencies to allow better monitoring of persons in custody who are considered to be at risk of self-harm.

The effective communication and notification of risk status within and between institutions is a recommendation commonly stressed within the literature. Effective channels of communication and boundaries of responsibility are emphasised within the new Western Australian suicide prevention model, ensuring all staff are aware of inmate risks and their own duty of care to such inmates (Jenkins & Booth 1998).

Staff training is viewed as an integral part of effective suicide prevention. In New South Wales, training in suicide awareness for all custodial staff is run by the department's own training academy, while suicide awareness and risk assessment training is also run by the corrections health service for all multi-disciplinary staff (Eyland et al. 1997). In Western Australia, improved staff training in suicide awareness and regular emergency drills form part of the new suicide prevention strategy (Jenkins & Booth 1998). The Queensland Corrective Services Commission requires that all correctional staff receive comprehensive suicide training (Queensland Corrective Services Commission 1997).

#### *The Prison Environment*

In response to studies into self-harm in Western Australian correctional centres, the Department of Justice has made the reduction of prison stressors a priority within its new suicide prevention framework (Jenkins & Booth 1998). Among measures

being introduced by the Department of Justice are:

- a new emphasis on the role of fellow prisoners and the extension of peer support programs;
- an increase in recreational activities, including greater access to radio and television for prisoners on remand and those identified as being at risk of self-harm; and
- an upgrading of facilities to relieve overcrowding (Jenkins & Booth 1998).

The Western Australian Ministry of Justice has also commissioned a series of research inquiries into stress in prison and how prisoners cope with it (Jenkins & Booth 1998).

In an attempt to avoid unnecessary use of segregation and punishment cells, the Western Australian Government has established ministerial standards for punishments, incorporating a new system for monitoring punishments and adjudicating grievances (Jenkins & Booth 1998).

To ease the transition into the prison environment for remand prisoners, custodial authorities place an emphasis on induction programs. Examples of these programs, which provide inmates with basic information on prison routine, safety issues and support services, exist in New South Wales, Queensland and Western Australia. The Queensland Corrective Services Commission requires that prisoner handbooks are made available to inmates within 24 hours of reception.

It is finally worth noting that several Australian jurisdictions are currently reviewing their approaches to suicide and self-harm. A Victorian review of suicide prevention strategies within public and private prisons in that State was expected to conclude towards the end of 1998. The Northern Territory is also conducting a review of its suicide prevention strategy. Western Australian prisons are in the process of implementing a new

approach to suicide and self-harm, with further reforms still to be finalised.

A formal suicide prevention program within a prison is seen as an appropriate way to manage who are a risk to themselves and to provide a guide for prison staff who deal with such inmates. By establishing a formal set of procedures for screening, treating and managing inmates, prisons are clearly making suicide and self-harm prevention an administrative priority. Dear et al. (1998), the Office of Corrections, Victoria (1985) and Sime and Watson-Munroe (1985) have noted the need for such programs. Most modern penal institutions would be expected to run such programs as part of their responsibilities for the welfare of inmates.

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### Conclusions

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Deaths in custody and suicidal behaviour have been the focus of major government inquiries in Australia and the United Kingdom. The RCIADIC made more than 330 recommendations in its final report. Many of these related to prevention, management and treatment of suicidal behaviour in prisons. The Commonwealth Government set aside \$400 million for the implementation of these recommendations over five years.

We are now at the end of those five years in Australia, yet the rates of suicide and other deaths in custody have not improved. In both 1997 and 1998 a record number (n=34) of people committed suicide in Australian prisons (Dalton 1999). However, there have been some steps forward in recognising that self-harming behaviour is the responsibility of a larger group than simply the prison institution. Some programs have been introduced by jurisdictions that involve the wider community. How effective these programs are in reducing the incidents of self-harm is yet to be fully evaluated.

The focus, as Liebling (1995) argues, should not be on suicide

prevention, but on developing and strengthening protective factors. She acknowledges that the various protective factors mitigating against suicidal feelings are:

- family support and visits;
- constructive activity within the prison system;
- support from other prisoners;
- support from prison staff and probation officers;
- support from prison visitors from other services;
- having hopes and plans for the future;
- being in a system which has excellent inter-departmental communication; and
- staff who are professionally trained and valued by the system.

A comprehensive plan should be developed for each prisoner, in which their needs are adequately ascertained and appropriate programs developed. This would recognise that many prisoners are extremely vulnerable individuals and that prison can offer them the opportunity to break away from their past criminal behaviours. Programs that equip them with skills and capabilities would not only protect them from self-harming behaviour, but would also protect the wider community.

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