



SAMARITANS

Unlocking the evidence:

Understanding Suicide in Prisons

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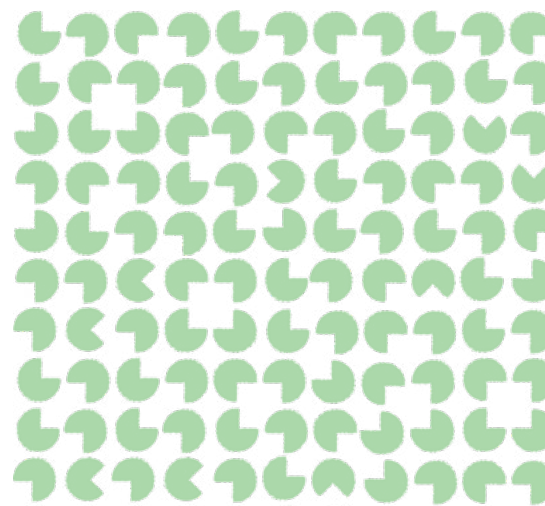
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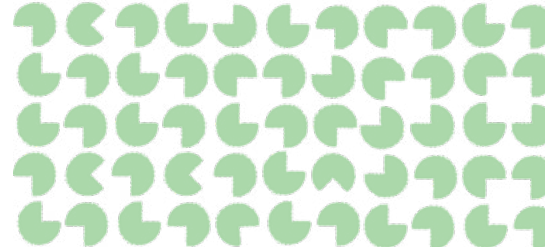
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Summary



People in prison in England and Wales are significantly more likely to take their own lives than those in the general population^{1,2}. Over the last decade the rate of self-inflicted deaths* in prison in England and Wales has risen by over a third¹. Suicide is now the second leading cause of death in prisons¹.

This report looks at key trends in prison suicide rates and presents what we know about why some people in prison take their own lives. The reasons, as with all suicides, are complex. It is suggested that the increased risk of suicide in prisoners stems from a unique combination of pre-existing vulnerability and the prison environment itself.^{3,4,5}

- **Life before imprisonment.** Major risk factors for suicide are disproportionately common among the prison population. This includes being more likely to come from a disadvantaged community⁶, to have a history of mental health problems⁶, history of self-harm⁷, or to have experienced traumatic life events⁸. These factors put prisoners at higher risk of suicide, even before they have entered prison^{3,4}.
- **Pains of prison life.** Some aspects of prison life can increase suicide risk. These include being physically or socially isolated⁴, adjusting to prison life when new⁹, uncertainty about sentencing⁹, poor prison conditions and inconsistent regimes¹⁰, and a greater likelihood of being exposed to suicide¹¹.

“Being a Listener is very important to me, and it’s given me another way of thinking and putting other people first.” **Listener**

Samaritans supported people in prison **332,974** times in 2018. This report explores what this tells us about the concerns of people in prison. Our data, gathered through Samaritans helpline and our face-to-face prison Listener scheme**, offers a unique insight to the needs of some of the most vulnerable individuals in our society. In particular we explore:

- the types of concerns that people in prison talk to us about including health, social support, practical and identity concerns, and concerns related to prison life;
- the needs of people in prison who are experiencing suicidal thoughts or struggling with self-harm.

We know that suicide is not inevitable, it is preventable. At Samaritans we believe that key to reducing the high suicide rate in prisons is understanding what puts people in prison at increased risk of suicidal thoughts and behaviours. This report aims not only to improve our understanding of suicide in prison, but also to inform strategies to tackle this growing problem.

“I know without a doubt we save lives unintentionally and intentionally just by listening.” **Listener**

* Self-inflicted death is a term used by Her Majesty's Prison and Probation Service to describe any death of a person who has apparently taken his or her own life irrespective of intent. We discuss the implications of this definition for comparisons with suicide rates in the community in Appendix 3.

** To find out more about the Listener scheme and our work in prisons, please visit: <https://www.samaritans.org/how-we-can-help/prisons/our-work-prisons/>

About the Listener scheme

The Listener scheme is our peer support service, established in 1991, and now operating in prisons across England and Wales, Northern Ireland, Scotland and the Republic of Ireland. It aims to reduce suicidal thoughts and suicide in prisons.

Twenty-eight years after the first Listener scheme was established, there are now Listener schemes in 111 prisons in England and Wales.

Samaritans receives a grant from Her Majesty's Prison and Probation Service (HMPPS) to run the Listener scheme. Day-to-day, the Listener scheme is run through strong relationships between prison staff, Samaritans branch volunteers and prisoners who support others as Listeners.

Additional funding in 2017–2018 enabled Samaritans to develop a data collection system to capture the numbers of contacts and concerns of people in prison who use Samaritans services. The data used in this report was gathered via this system with the aim of driving improvement to the Listener scheme and advising HMPPS on ways in which wider Safer Custody policy and practice could be improved.

Acknowledgements

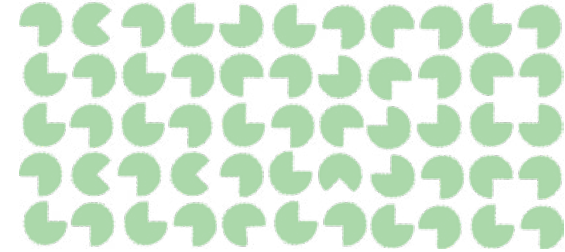
We are grateful to Listeners and volunteers who collected the data and, most importantly, provide the services this report is based on. Particular thanks are extended to the Listeners who shared their views in consultations. We also thank Branch Prison Support Officers who helped organise Listener consultations.

This report was improved thanks to generous comments on earlier drafts provided to us by Peter Dawson and Mia Harris from Prison Reform Trust, Anne Fox from Clinks and Chris Barnett-Page from HMPPS.

The data we collect retains the anonymity of our callers. We record some statistical information on each contact, but never collect or record personal data*.

* More information about how we collect our data can be found in Appendix 1.





Key trends in suicide in prisons

In 2018, there were 92 self-inflicted deaths in prisons in England and Wales¹.

People in prison are at increased risk of suicide than the general population. This is true internationally, for both men and women^{12,13}.

- According to the latest figures published by the Office for National Statistics, male prisoners are 3.7 times more likely to take their own lives compared to men in the community¹⁴.
- As women account for just under 5% of prison population, it is difficult to estimate the risk of suicide in women's prisons reliably¹⁴. However, there is evidence to suggest that women in prison in England and Wales are up to 20 times more likely to take their own lives than women in the community¹⁵.



This risk remains high even after release from prison – 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 prison¹⁶.

People in prison are also more likely to have suicidal thoughts.

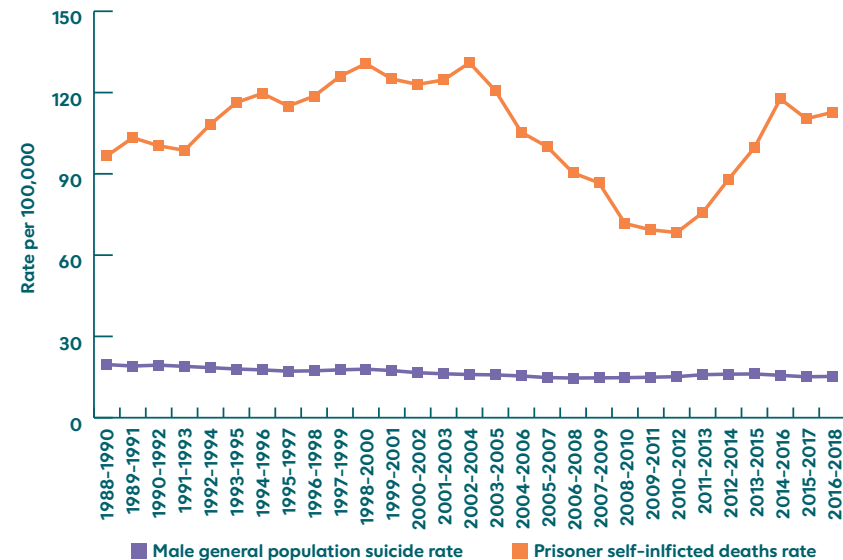
While data on suicidal thoughts is not systematically collected in prisons or the general population, one study found that, in their lifetime:



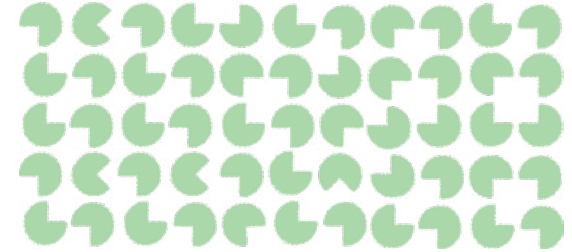
- male prisoners are 2.9 times more likely to have experienced suicidal thoughts than men in the community¹⁷;
- female prisoners are more than 13 times more likely to have experienced suicidal thoughts than women in the community¹⁷.

The gap between rates of suicide in prisons and the general population is widening. Through much of the 2000s, the rate of self-inflicted deaths in prison fell, partially closing the gap between rates in prison and the general population. However, since 2012 the rate of self-inflicted deaths in prison has increased significantly. It is concerning that the gap between prison and general population suicide rates appears to have worsened over the past decade.

Figure 1: Comparison of male general population and prisoner population suicide rates 1988–2018 (3 year rolling averages)



We know that the nature and pattern of suicide in prison differs from the general population. Specific factors affect prisoners – before, during and after their time in prison – that need to be addressed to reverse this trend.



Why are prisoners at an increased risk of suicide?

In this section we discuss some of the main reasons that people in prison are at an increased risk of suicide, highlighting specific challenges they face.

As with all suicides, the reasons that people take their own life are complex, but the increased risk of suicide in prisons is suggested to be due to a unique combination of pre-existing vulnerability and features of prison life³⁻⁵.

Life before imprisonment

Background and experiences that lead to vulnerability before entering prison

- Past self-harm or suicide attempts
- Mental health problems
- Deprivation
- Traumatic life events



Pains of prison life

Experiences in prison that might increase vulnerability

- Regime and prison conditions
- Social and physical isolation
- Uncertainty about sentence
- Exposure to suicide
- Adjustment to the prison environment



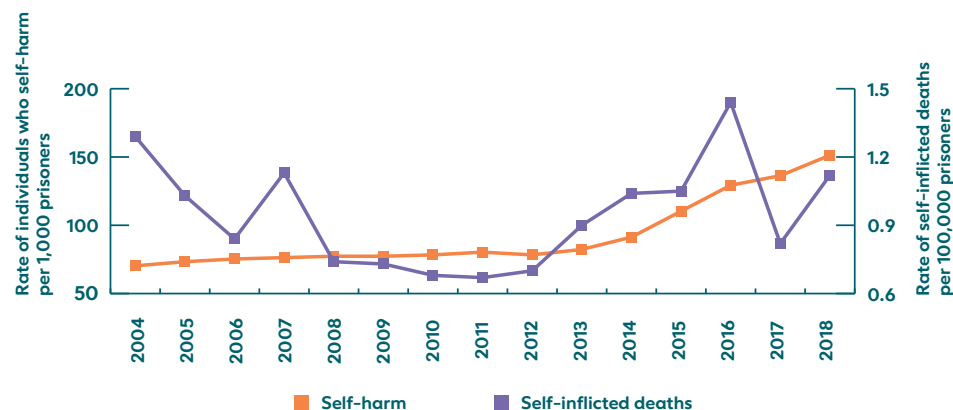
Life before imprisonment

Many people in prison have faced difficult life experiences before imprisonment that can increase their suicide risk. These experiences are far more common among prisoners than people in the community.

Self-harm and suicide attempts

Self-harm is linked with the development of suicidal thoughts and suicidal behaviours, particularly over the longer term¹⁸. Past self-harm/suicide attempts are also the strongest predictors of suicide in prisons¹⁹. Trends of self-harm and suicides in prison tend to follow each other closely (Figure 2):

Figure 2: Rates of self-harm and self-inflicted deaths among prisoners 2004-2018



One study suggests that just over a third of prisoners have self-harmed (34.8%) at some point in their lives²⁰. This is nearly 6 times greater than in the general population (6.4%)²¹.

* Data on mental health needs of prisoners at the point of reception into prison and throughout their imprisonment are not routinely published by the Ministry of Justice.

Mental health problems

People with a diagnosed mental health disorder are 5-15 times more likely to die by suicide²² and a third of people who die by suicide are in contact with mental health services in the year before their death²³. According to the National Audit Office (2017), 23% of prisoners report that they have had contact with mental health services before being imprisoned, although this figure is likely an underestimate²⁴. The Prisons and Probation Ombudsman found that 70% of prisoners who died by suicide between 2012 and 2014 had been identified as having mental health needs²⁵.

Deprivation

There is strong evidence to show that coming from a disadvantaged background increases suicide risk, as we demonstrated in our report, [Dying from Inequality](#). Ministry of Justice data shows that nearly two thirds of prisoners were unemployed prior to their imprisonment, and 15% of prisoners were homeless directly before entering prison^{26,27}. Nearly 3 in 10 men and 1 in 2 women report needing help with a drug problem on entry to prison²⁸.

Traumatic life events

Traumatic life events, including childhood abuse, are significantly associated with future suicidal behaviour²⁹. Prisoners are more likely to have experienced childhood trauma or more recent adverse events, and therefore are more likely to think about or attempt suicide^{8,30}. Trauma-focused therapy appears to be one of the strongest ways to protect those who experience suicidal thoughts in prison³¹.

The pains of prison life

On top of these life experiences that occur before imprisonment, aspects of prison life can also increase a person's suicide risk.

Adjustment to the prison environment

Suicide risk is not static over the time a person spends in prison. Suicide risk in England and Wales is significantly higher during 2 major periods of adjustment:

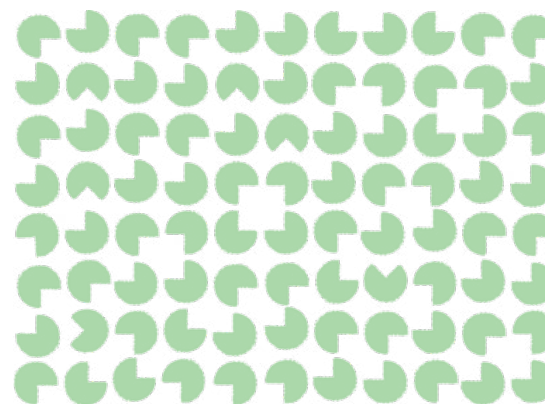
- **Early days in prison** – in 2018 almost a quarter (23%) of all self-inflicted deaths occurred in the first 30 days in prison¹. The highest suicide rates in prisons in England and Wales are found in male local establishments³⁸ – prisons which receive prisoners directly from courts, and house them during the early days in prison. 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 withdrawal³⁴.
- **Transfers to a new prison** – 30% of self-inflicted deaths in 2018 occurred within 30 days of the transfer to a different prison¹.

Adjusting to prison life is especially difficult for those who have never been in prison before. A third of prisoners in England and Wales who took their own lives between 2007–2013 were in prison for the first time⁹. Being in prison for the first time is strongly associated with increased risk of suicidal thoughts, with risk often higher during their first few days or weeks in prison⁹.

Uncertainty about prison sentence

Uncertainty is related to increased suicide risk and is especially relevant to two groups of prisoners– those on remand (prisoners pending trial/sentencing) and those serving indeterminate sentences:

- Prisoners on remand frequently report feelings of uncertainty⁹. This group have the highest rate of self-inflicted deaths of all sentence types at nearly 3 per 1,000 prisoners¹;
- Almost 1 in 5 (18%) prisoners who took their own lives between 2007–2013 were serving an indeterminate sentence⁹. Feelings of hopelessness and entrapment associated with suicidal thoughts are common among people serving indeterminate sentences, especially following an unfavourable sentence review³⁵.



The pains of prison life

Regime and prison conditions

The nature of the prison regime has a significant impact on suicide risk in prisons. Lacking control over simple activities, or a lack of purposeful activity, has been associated with suicidal thoughts in prisoners both in England and Wales and internationally³². Prisoner/staff relationships and a consistent regime are especially important in managing suicide risk in prisons and can act as key protective factors¹⁰.

Social and physical isolation

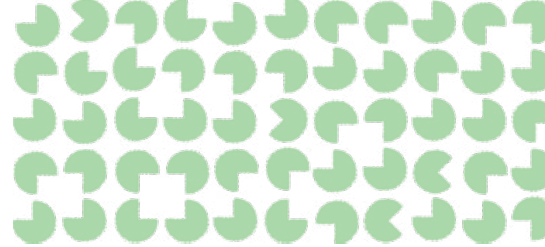
Isolation has been found to directly contribute to increased suicide risk in prisons³⁴. This is the case for both being locked up in a cell for extended periods of time³⁴, as well as feeling socially isolated from other people⁴. However, evidence suggests that a supportive social community in prison can protect against suicide, for instance by encouraging access to trained "buddies"³⁵ and facilitating family contact³⁵.

Exposure to suicidal behaviour

Seeing or hearing about a suicide in the prison can significantly increase prisoners' suicide risk¹¹. This phenomenon, known as 'contagion', has been observed in approximately 6% of suicides in prison¹¹ and 15% of self-harm incidents in prison³⁷. Closed environments, such as prisons, are particularly prone to contagion, partly due to the greater chance of prisoners identifying with the deceased³⁷. This phenomenon is not unique to the prison environment and is also observed in the general population in different settings - often related to the effect of media reporting of suicide.

This year Samaritans is piloting a new type of intervention to support prisoners after a suicide. As part of this, we are providing additional training for Listeners and extra emotional support for both staff and prisoners in 15 pilot prisons in London and the South East of England. The aim of this service is to minimise the impact of suicide on other prisoners and staff, and in turn to reduce the risk of further suicides. If effective, this support will be available in all prisons in England and Wales.

Samaritans' work in prisons



Samaritans has been running the Listener scheme in prisons for over 25 years, in partnership with HMPPS.

We train people in prison to be peer-support volunteers – known as Listeners – for their fellow prisoners. Listeners offer emotional support to people in their prison.

In addition, people in prison can access Samaritans' helpline. The helpline is run by trained listening volunteers.



Free:

Prisoners can access both Listeners or our helpline free of charge.



24/7:

Where possible, both services are available to prisoners, 24/7.



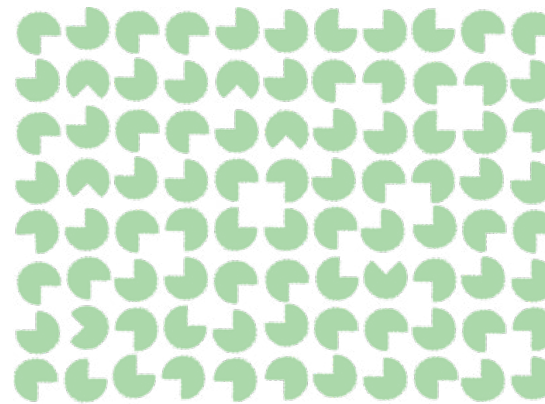
Accessible:

The Listener scheme runs in 111 prisons in England and Wales. Our helpline is currently available in all prisons in England and Wales.



Our values:

Both services are based on our values of listening, human contact, confidentiality, being non-judgmental and helping people to make their own decisions.



What does Samaritans' data tell us about suicide in prisons?

To prevent suicide in prisons, we need to understand the challenges prisoners face. In this section, we present our own data on when and why prisoners contact us for emotional support and explore what this means for suicide prevention in prisons.*

Samaritans supported people in prison 332,974 times in 2018 across the UK and Republic of Ireland. This included:

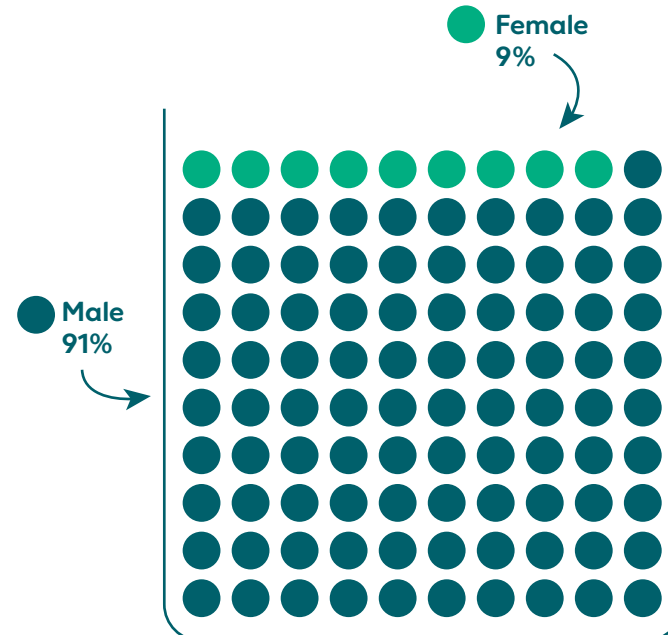


In this report we analyse a subset of 120,000 of these contacts – a combination of Listener contacts and helpline contacts in England and Wales.

* You can read more about our data collection methods in Appendix 1.
** 'Contact' and 'Caller' refer to each time Samaritans was contacted by a prisoner for emotional support, whether talking to a Listener or a volunteer on the helpline. The terms are used interchangeably throughout this report.

What is the gender breakdown of the contacts we receive?

95% of the prison population is male, so it is unsurprising that 9 out of every 10 Samaritans contacts were from men. However, relative to the prison population, we received a higher number of contacts from female prisons.





What does Samaritans' data tell us about suicide in prisons?

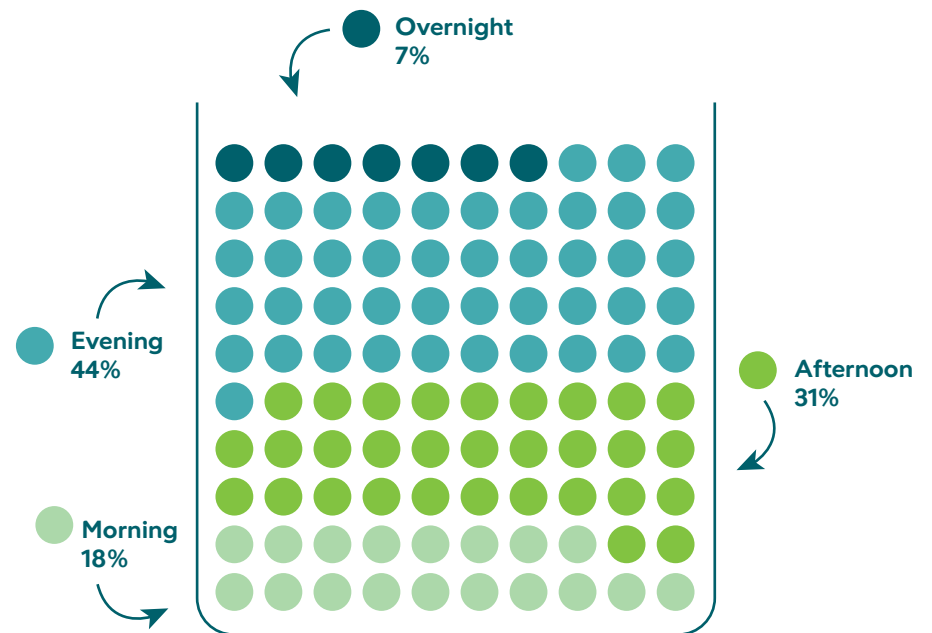
Breakdown of contact volume by prison type (adult male)

Prisons are categorised depending on the level of security that is required. These range from Category A, which are the highest security prisons, to Category D, which are the lowest security prisons. Some prisons serve specific roles: 'local' prisons are for people on short sentences or who are awaiting trial or sentencing, while 'trainer' prisons hold prisoners over the longer term.



When do people in prison talk to us?

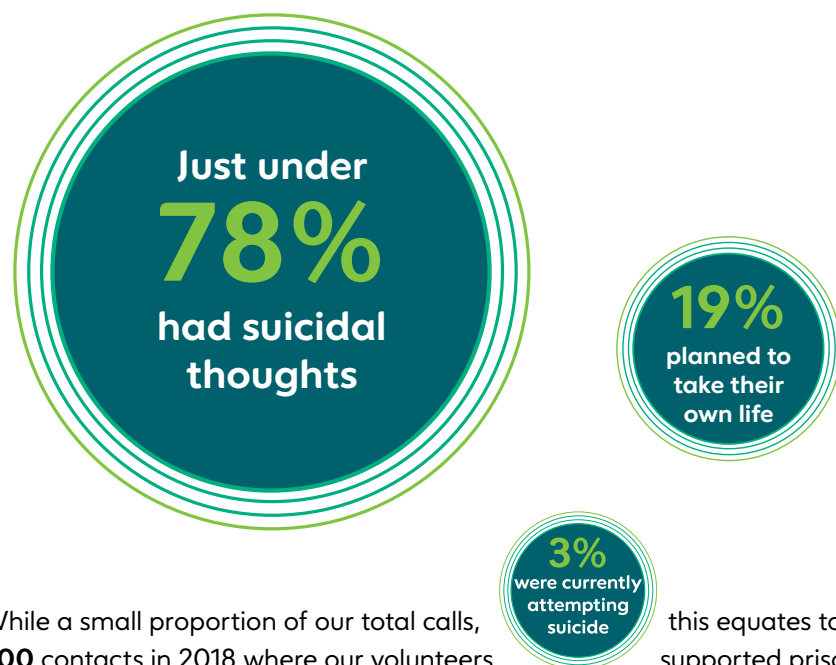
Listeners were most likely to be called out during the afternoons (44% of all Listener contacts), whereas helpline usage peaks in the evening (54% of all helpline contacts). This partly reflects when the prison regime allows prisoners time and space to access the prison helpline and when prison staff can arrange Listener contacts.



Features of contacts about suicide

Not everyone who calls Samaritans or speaks to a Listener is actively suicidal. Not every person will feel comfortable speaking openly about their suicidal thoughts or behaviours. Overall, prisoners actively discussed suicidal thoughts and behaviours in 1 in 7 contacts (14%). Prisoners are twice as likely to talk about this on the helpline than with Listeners.

On the helpline - of the contacts where suicide was discussed by a prisoner:



While a small proportion of our total calls, **900** contacts in 2018 where our volunteers who were currently attempting suicide. When a caller expresses an intention to take their own life, our volunteers are trained to help the caller explore options and to encourage them to seek help. In rare circumstances where a caller is actively attempting suicide and not capable of seeking help independently, Samaritans volunteers will alert prison staff immediately.

There are some specific features to contacts where suicide is discussed:

The gender paradox

Suicidal thoughts and behaviours came up more frequently in female prison contacts. However, research suggests that suicide rates are similar for male and female prisoners^{39,40}. In the general population, women have higher rates of suicidal thoughts and suicide attempts than men, but are less likely to die by suicide than men³⁹. This phenomenon is known as the 'gender paradox'.

The reasons behind this are complex. For instance, men may choose more 'final' or 'obvious' methods of suicide, meaning it may be more likely to be recorded as a suicide. Men may also be less open to talking about their suicidal thoughts – our data shows that contacts from male prisons are more than twice as likely to not want to answer questions about suicide, when asked by a volunteer. Our report on [Men, Suicide and Society](#) shows that that men – whether in prison or not – can be less comfortable speaking openly about their feelings due to stigma and gender norms. This, as one male Listener pointed out, may lead to less openness, even when speaking to Samaritans:

"A lot of Listeners' work is about building trust. Small issues are like a vehicle for people to test you out, to see if they can tell you the real stuff that's bothering them." **Male Listener**

Features of contacts about suicide

Self-harm

Compared to contacts where suicide is not discussed, those who discuss suicide were more than 3 times more likely to mention self-harm too. Prior self-harm is a strong risk factor for future suicide and is more common among the prison population^{19,41}.

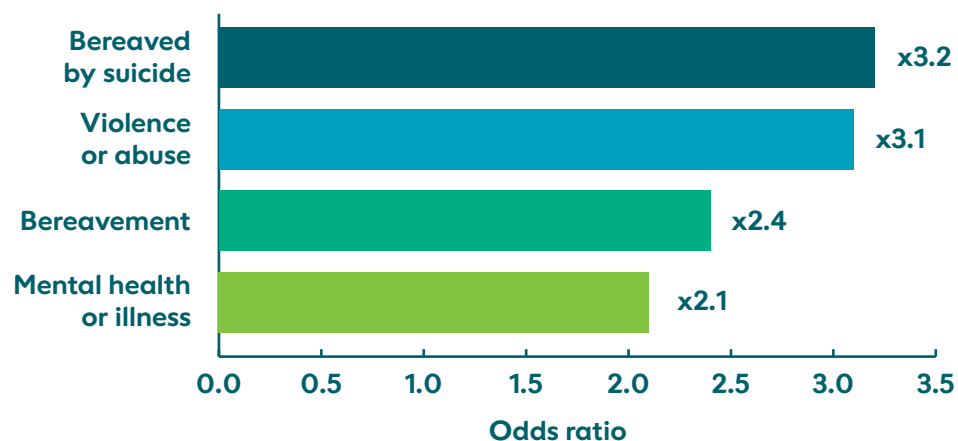
Self-harm was discussed in:



Concerns

Prisoners who discuss suicide often have different concerns than others. The following concerns were more frequently discussed alongside expressions of suicidal thoughts or behaviours, compared to contacts where suicide is not discussed:

Figure 3: Callers who discuss suicide are many times more likely to discuss these concerns



More than a quarter of conversations involving the concerns in Figure 3 included discussion of suicidal thoughts or behaviours. As such, they represent the risk factors that we most frequently find alongside expressions of suicidal thoughts or behaviours in prisons.

Features of contacts about suicide

Multiple and complex needs

People who speak to Samaritans tend to raise a broad variety of concerns, from bereavement by suicide to bullying. People in prison who discuss suicidal thoughts or behaviours with Samaritans tend to have a greater number of concerns. This multitude of concerns highlights the complex needs of people who are feeling suicidal.

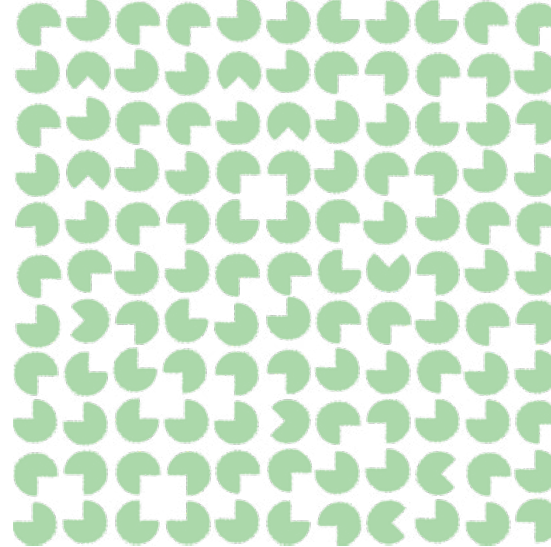
Concerns about prison life:

Compared to contacts where suicide was not discussed, those who expressed suicidal thoughts or behaviours to a Listener were much more likely to raise multiple prison-related concerns.

This included problems with staff or fellow prisoners, as well as dealing with procedural features of prison life such as sentencing. See page 18 for more discussion about the prison-related concerns that people in prison talked to us about.



Almost 3 in 4 (74%) of those who discuss suicide raised multiple prison-related concerns, compared to 23% of contacts where suicide was not raised as a concern.



Concerns about health problems:

Similarly, a complex mix of health problems was also more prevalent among those who expressed suicidal thoughts or behaviours. Mental health problems, physical health problems, drug and/or alcohol misuse are significantly more common among those who discuss suicide.

This highlights the complexity and co-occurrence of physical health, mental health and suicidality. See page 14 for more discussion about the health concerns that people in prison talked to us about.



In total, 10% of suicidal contacts involved discussion of 2 or more health concerns – compared to only 3.5% of those where suicide was not discussed.



Health concerns

Concerns related to health were discussed in 32% of all Samaritans prisons contacts in 2018. These concerns include problems related to mental health, physical health and substance misuse.

The most frequently discussed concern in face-to-face contacts from prisoners was mental health/illness:



Far fewer people in open prisons (11%) expressed concerns about their mental health than prisoners housed in closed conditions. In closed conditions, mental health was the most commonly discussed concern, and was discussed in, on average 1 in 4 contacts. This reflects multiple studies that have found that mental health problems are associated with increased distress and suicide in prisons⁷.

Women in prisons were over 1.6 times more likely to discuss mental health problems and 1.8 times more likely to discuss physical health problems than men. Previous research has found that women enter prison with higher levels of mental health problems³⁹. This includes an increased likelihood of having received in-patient psychiatric care⁷.

Mental health problems often co-exist with other concerns. Prisoners who discuss mental health problems are 1.6 times more likely to have



homelessness concerns. The link between physical and mental health problems is well known⁴². Related to this, those prisoners with a physical health concern are 1.6 times more likely to discuss financial problems. Previous research has highlighted the extra financial burden that having a health problem brings, and this will be no different for those in prison⁴³.

Prisoners who have drug/alcohol concerns raised a wide range of other concerns. This included being 3 times more likely to raise benefits and homelessness concerns. They were also twice as likely to discuss problems with family, as well as with bereavement, both by suicide and other causes of death. Drug and alcohol abuse are particularly concerning from a suicide prevention perspective as they can inhibit people's sense of risk. This means people who are drug or alcohol dependent are at particularly high risk of suicide^{7,44}.

Worryingly, drug and alcohol problems were most commonly raised in Young Offenders Institutions (YOI); it was a concern in more than 1 in 5 contacts from within YOI. This frequency is even more concerning when considered alongside other regime types, where on average drug/alcohol problems were 3 times less likely to be discussed.

Figure 4: Percentage of Samaritans prisons contacts in 2018 where drug/alcohol problems were discussed, by regime

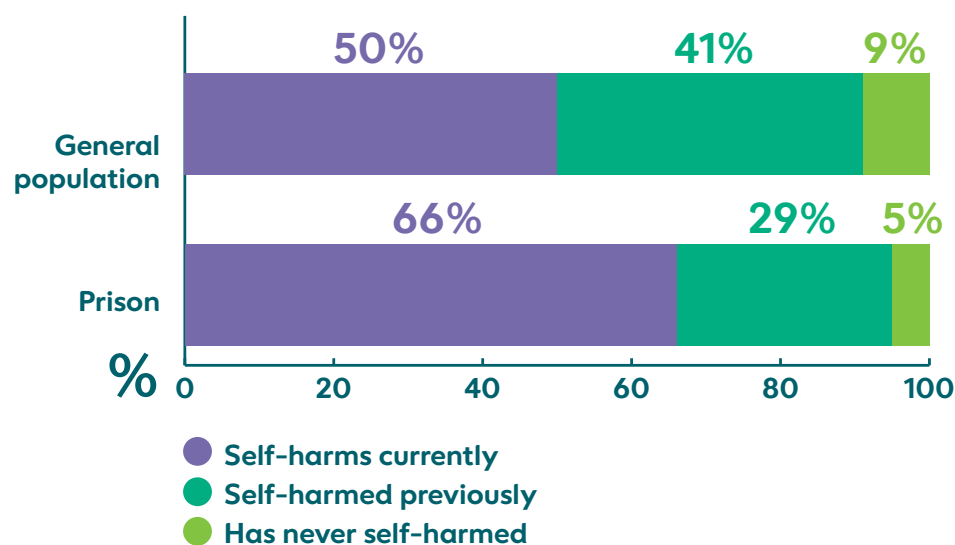
Category A (High Security)	Category B (Local)	Category B (Trainer)	Category C (Trainer)	Category D (Open)	YOI
5%	8%	6%	8%	3%	23%

Health concerns

Self-harm

1 in 7 (14%) of prison contacts included discussion of self-harm. Some people will discuss their current self-harming behaviours while others will discuss previous self-harm or thoughts of self-harm. As Figure 5 shows, people in prison were more likely to discuss current self-harm compared to callers from the general population.

Figure 5: Proportion of Samaritans' contacts where self-harm is discussed, from prison vs the general population



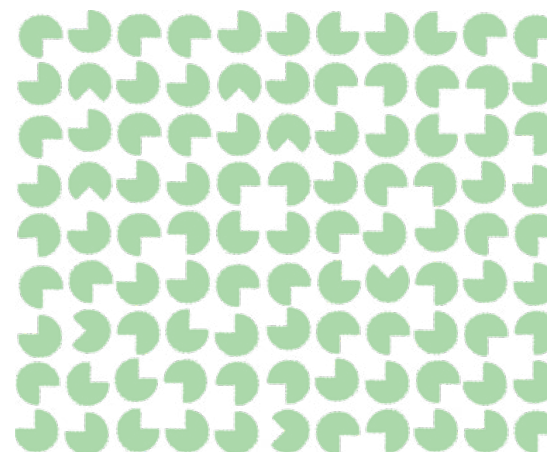
Within prison, self-harm was discussed significantly more frequently by women than by men. A quarter of women talked about self-harm in their contacts with Samaritans – almost twice as frequently as men. This corroborates findings of previous research, which highlights higher levels of self-harm among women both in prisons and in the community⁴⁵.



People in prison who talked to Samaritans about self-harm usually also discussed other concerns. In fact, more than 99% of people in prison who mentioned self-harm had at least one other concern, compared to 93% of callers who do not mention self-harm.

People who told us that they self-harm were, compared to prisoners who did not discuss self-harm,

- 2.5 times more likely to discuss mental health as a concern;
- Twice as likely to discuss violence/abuse as a concern;
- Twice as likely to discuss bereavement as a concern;
- 1.7 times more likely to be bereaved by suicide;
- 1.7 times more likely to discuss drug and alcohol problems.



Social support concerns

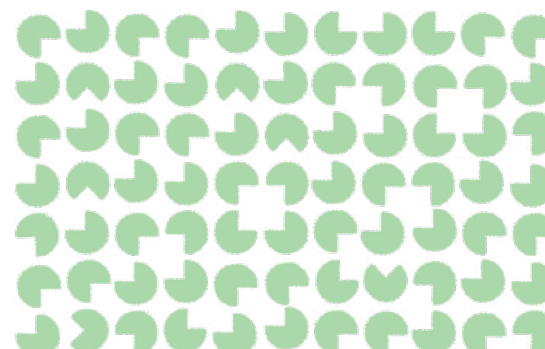
Concerns related to social support are among the most frequently discussed by prisoners, both in contacts with Listeners and on the helpline. These concerns include feeling isolated or lonely, facing issues with family, relationship problems, violence or abuse, and bereavement (including bereavement by suicide).



Social support problems were discussed in half of all Samaritans prison contacts in 2018. Isolation and loneliness, as well as family issues, were among the most common concerns for prisoners, raised in 1 in 5 contacts.

Social support concerns are most common among people in YOIs– overall, they are 1.45 times more likely to discuss these problems compared with adult prisoners. Specifically, more than a third (36%) of contacts with young offenders included a discussion of family problems. 21% included discussion of violence or abuse. 15% included discussion of bereavement.

Prisoners frequently raised multiple social support concerns. More than a quarter (27%) of people in YOIs had 2 or more social support concerns – again, twice the rate of adult prisoners. There was also a clear link between those who raise concerns relating to social support, and a higher frequency of drug and alcohol misuse problems.



Social support concerns

Overall, social support concerns were raised with similar frequency in male and female prisons. However, in female prisons, family concerns were raised more frequently. These came up in 3 in 10 contacts (32%) in female prisons, compared to less than 1 in 5 contacts (19%) in male prisons. Female prisoners are more often the primary carers of dependent children, and there is some evidence that separation from children is linked to suicide risk^{39,45}. Discussion of bereavement was also a much more common concern in female prisons, arising in 11% of contacts, compared to 5% in male prisons. In contrast, 1 in 5 male prisoner contacts (22%) were concerned about isolation – 1.6 times higher than female prisoners.

Some social support concerns seemed to be easier for prisoners to discuss on the phone than during a face-to-face contact with a Listener. This might be due to stigma or worries about how fellow prisoners might react. As one Listener put it:

"Sometimes you just want to speak to someone who is anonymous"

For men, the difference in what was discussed on the phone or with Listeners was greatest for concerns about relationships or loneliness/isolation. For women, concerns about violence or abuse showed the greatest difference.

Our data also shows that lack of a secure social support network was often linked with practical problems.

In comparison to other callers, prisoners who discussed family problems were:



Concerns about prison life

Concerns related to prison life were discussed in two-thirds of Samaritans face-to-face contacts in 2018. These concerns include a wide range of problems which might be formal elements of prison life like release, sentencing, transfers and visits. It also included more informal elements of prison life: problems with staff, other prisoners, bullying or being in prison for the first time.



- Concerns about staff were particularly common in Category C and High Security prisons.
- Concerns about relationships with staff were reported somewhat less frequently in Open prisons, making up around 14% of contacts with Listeners.

Research shows that negative staff-prisoner relationships can increase the risk of distress and suicide in prisoners^{34, 12}.

- Findings from consultations with Samaritans Listeners also highlighted the importance of consistency and structure within prison regimes, which can prevent frustration.

“in Category A prisons [High Security] you have a regime and this gives you comfort, a sense of certainty, you know what you can expect. In here [Category B prison] you ask a million times, people get depressed and frustrated, and we pick up the pieces”. **Listener**

Prisoners who reported problems with fellow prisoners were more likely to feel isolated and to be concerned about abuse. Bullying was also a much more significant problem for this group, with nearly 5 times more people discussing this concern. This group also reported concerns with staff in more than a quarter of cases (26%), again pointing to frustration with the prison response.

Being in prison for the first time was a concern raised in 9% of all contacts*, and was almost twice as high (15%) in local prisons, which house a higher proportion of prisoners at the beginning of their sentence. People who were concerned about being in prison for the first time primarily reported issues relating to contact with friends and family. They were:



Unsurprisingly, problems with family, relationships, and prison visits often coincided. Half of those concerned about prison visits also discussed family problems. 1 in 5 of this group also discussed relationship problems – 2.5 times more frequently than those not concerned about prison visits.

* This number refers to the percentage of contacts in which the caller discussed 'first time in prison' as a concern. This does not mean that 9% of prisoners who contacted us for support in 2018 were in prison for the first time.

Practical concerns

Concerns related to practical problems were discussed in 12% of all Samaritans prisons contacts in 2018. These concerns include problems related to work or study, legal issues, homelessness, finances, unemployment or access to benefits.

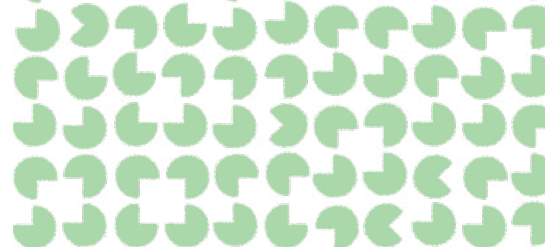
Most practical problems were discussed significantly less frequently by prisoners than those in the general population, perhaps suggesting that some practical concerns may be put 'on hold' while a person is in prison. This is not true in all instances – people in prison were equally as likely as the general population to be concerned about homelessness and twice as likely to discuss legal problems.

When talking to Samaritans, people in prison who discussed practical problems often reported more than one type of practical problem at the same time. For example, those who raised concerns about their finances were:

- 10 times more likely to discuss benefits concerns;
- 7 times more likely to discuss concerns about homelessness;
- 2 times more likely to have legal concerns, or work or study problems.

Male Listeners told us that practical concerns can be a 'gateway' to discussion of suicidal thoughts or emotional concerns:

"[They] throw a practical issue at the Listener and then they trust the Listener and talk emotions... you ask the right questions and it turns out it's not about [practical things], it's really deeper." **Listener**



Compared to other prisoners, those concerned about release were

x2

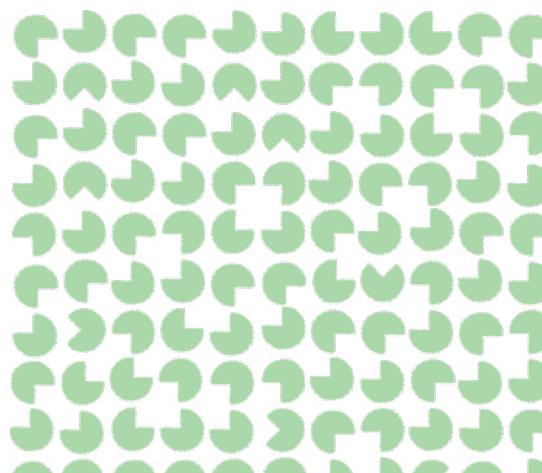
more likely to discuss benefits

x7

more likely to be concerned about homelessness



Those who discussed concerns about their release from prison were particularly likely to raise practical concerns. This group were more than twice as likely to discuss benefits, and 7 times more likely to discuss homelessness. Having shelter when leaving prison is vital for prisoner wellbeing, however 1 in 7 people who left prison in the year to March 2018 were homeless⁴⁶. Recently released prisoners are 7 times more likely to die by suicide than people in the community, and an effective transition could help reduce this risk⁴⁷.

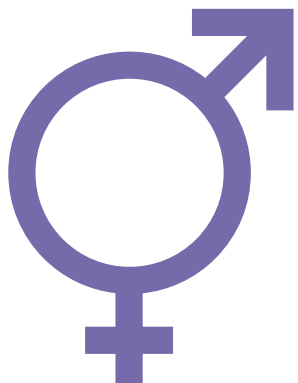


Identity concerns

Concerns related to identity were discussed in only 3% of Samaritans prisons contacts in 2018. These concerns include problems related to sexuality and gender.

x2

Those with gender or sexuality concerns were more than twice as likely to report bullying as a problem



x15

Those concerned about gender were 15 times more likely to raise sexuality as a concern too

Gender identity and sexuality concerns were the least frequently raised concerns – equivalent to more than 8,600 contacts during the course of the year. They were however reported particularly frequently alongside concerns about prison life.

Gender and sexuality concerns often overlapped. Prisoners who discussed gender were 15 times more likely to also have concerns about sexuality than other prisoners. Those with gender or sexuality concerns were more than twice as likely to discuss bullying and were significantly more likely to discuss problems with fellow prisoners (1.6 times for those discussing gender concerns, over twice as more likely for those discussing sexuality concerns). Our Listener consultations highlighted that concerns with other prisoners discussed alongside gender and sexuality concerns often reflect a sense of stigma and fear of judgement from others:

"... it's sad really, she just sits in her cell all the time, doesn't come out. It's like being in segregation all the time. There is a stigma, people don't talk about these things and jokes, banter – all of that is normal" **Listener**

In addition, prisoners who discussed concerns about gender identity also discussed problems with staff in 3 in 10 cases, 1.7 times more frequently than other prisoners.

Conclusions

The disproportionate number of suicides in prison is of great concern. At Samaritans, we see the enormous scale of emotional distress in prisons – last year alone we provided emotional support to people in prison more than 300,000 times. We also see the wide range of concerns that underpin their distress.

Many of these concerns people in prison talk to us about will be familiar to those working in the prison sector. Some changes to day-to-day practice in prisons have already happened to address these issues. We hope that a better understanding of the concerns of prisoners who contact Samaritans can shape and drive positive changes in future.

In prisons, suicide risk is a combination of life experiences before imprisonment and the pains of prison life^{3,4,5}. Many risk factors for suicide are reflected in the conversations we have with prisoners through the emotional support we provide.

Mental health problems are significantly higher among the prison population and often develop before people enter the prison system^{23,24}. Mental health was one of the most common concerns in our contacts with prisoners in 2018 and was discussed twice as often by those who express suicidal thoughts or behaviours.

Self-harm rates are at a historic high in prisons and we know that serious self-harm/suicide attempts are the strongest predictors of future suicide risk^{19,20}. People in prison who expressed suicidal thoughts and behaviours to Samaritans were 3 times more likely to discuss non-suicidal self-harm too.

Access to social support has an important impact on wellbeing – both within and outside of the prison gates³⁵. Our data highlights that family problems particularly affect people in Young Offender Institutions and isolation/loneliness is a key concern for those in closed prisons.

Levels of deprivation and disadvantage are high among those who enter prison, including higher levels of unemployment, homelessness and financial struggles prior to entering prison^{26,27}. Our data also shows how often these practical concerns can overlap when people talk to Samaritans, which demonstrates the complexity of people's circumstances.

Exposure to suicide the shock and distress of a death by suicide can be particularly strong in closed environments like prisons³⁷. Bereavement by suicide was discussed 3 times more frequently in Samaritans contacts by those who discuss suicide, than those who didn't. This year Samaritans is piloting a 'postvention in prisons' service which provides support to prisoners following a suicide in prison.

Regime and staffing can have a major impact on wellbeing in prisons, with our data showing problems with staff and regime are the most frequently discussed concerns related to prison life. This reflects the wider evidence that a consistent regime with purposeful activity can reduce people in prison's suicide risk¹⁰.

Being new to prison can increase suicide risk, whether due to a transfer, being in prison for the first time or having recently returned to prison³⁸. Our data shows that this is often related to concerns about contact with family and friends, such as relationship issues and visits to the prison.



Appendices

Appendix 1: Methodology

This report draws on data from numerous sources, including published statistics, academic and third sector publications as well as data gathered by Samaritans. This analysis focused on 4 areas: gender, regime type, clustering of concerns, and comparison of Samaritans' prison Listener scheme and national helpline data.

We ensure anonymity of our callers by only recording the information that is voluntarily disclosed to our volunteers. For instance, while we record age and gender when it arises, there are a number of contacts where even this basic demographic data remains unknown. There is no requirement for callers to reveal any information about themselves and we never publish data on individual callers.

Listener data

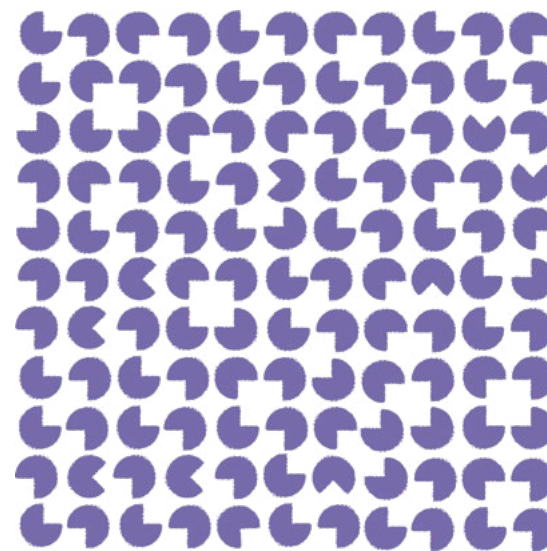
Listeners use a Listener Contact Sheet to capture non-personal information about their contacts. This information is then passed to Samaritans volunteers who digitally record this information on our electronic logging system. Data on Listener contacts used in this report is based on this reporting system.

Helpline data

Listener Scheme data was supplemented with data gathered from contacts made by prisoners to Samaritans' national helpline. Phone calls to the helpline are taken by Samaritans volunteers, and data are collected centrally.

Listener consultation data

Qualitative data was gathered from 22 Listeners during consultations at two prisons in the South East of England. The consultations were used to clarify and add context to some of the findings from Samaritans' helpline and Listener scheme data, from the perspective of current Listeners. The consultations took place in August and September 2019.



Appendices

Appendix 2: A note on suicide statistics

Data about suicides in prison represent a record of the deaths which *occurred* in a given year, while national suicide data for the general population from the Office for National Statistics (ONS) is a record of deaths registered within a given year. This means that routine suicide data for the general and prison populations in England and Wales may be in many cases not directly comparable.

In England and Wales, HMPPS regularly monitors and reports on the number of suicides in prison (termed 'self-inflicted deaths in custody'). When a death occurs, a provisional classification of cause of death is given. This is then finalised through an inquest and data produced by the Ministry of Justice (MoJ) are subsequently revised and finalised. Provisional classification allows HMPPS and individual establishments to operationally respond to probable suicides before an inquest is concluded, which can take considerable time⁴⁸. This means however that rates of suicide in prisons may be underreported.

National suicide rates are reported as deaths per 100,000, while rates from MoJ are calculated per 1,000 people. Rates in the general population are adjusted to the European standard population to produce standardised rates to allow comparability with other populations. Such adjustments are not made by the MoJ, which instead produces crude rates – these are standard calculations of deaths by average year-end prison population estimates. Importantly however, the prison population is not static, and such estimates at the end of the year will underestimate the number of prisoners in that year, particularly in local prisons where population turnover is high, as is the suicide risk^{1,49}. This means that data from the ONS and MoJ are records of different events, and are derived via different statistical methods.

Appendix 3: Definitions of suicide and implications for reporting

The current operational definition of suicide adopted by the Ministry of Justice is referred to as 'self-inflicted death in custody' (SIDC), which applies to 'any death of a person who has apparently taken his or her own life irrespective of intent'. This is similar to the ONS statistical definition, where suicide is defined as all deaths from intentional self-harm². As we highlight elsewhere⁴⁸, including deaths of undetermined intent, not in line with a legal definition of suicide, accounts for the known underreporting of suicides due to the risk of misclassification.

The MoJ operational definition also includes accidental deaths as a result of the person's own actions. This classification is used because it is not always known whether a person intended to die by suicide¹. This is different to the ONS, in that it includes deaths classed as accidental. Importantly, MoJ's broad definition of self-inflicted death, which includes but is not limited to suicides, may give an impression of a higher than real suicide rate. This in turn means that it is difficult to know how many self-inflicted deaths were intentional, which is key in the definition adopted by ONS.



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