

SUICIDE IN PRISONS IN ENGLAND AND WALES: ARE THE CURRENT PREVENTION STRATEGIES WORKING?

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Abstract

Suicides in prisons in England and Wales have alarmingly increased in the recent years. This is a matter of national concern and requires immediate actions from the relevant authority. This article is an attempt to address the issue by reviewing official statistics and reports to find out the trajectory of suicide cases and to find out the possible factors responsible for increased suicides in prison. By reviewing the available statistics, relevant researches on suicide, and the current suicide prevention strategies, the article suggests the possible reasons for the failure of the government in preventing suicides. The article also points out reforms in the prison system which could help in preventing suicides in prisons.

Keywords: Suicide, prison, justice, mental disorder, England and Wales.

Introduction

In 2016, a total of 119 inmates committed suicide in prisons in England and Wales. This was the highest number of deaths in prisons ever recorded in England and Wales. At present, the prison population in England and Wales is over 85000 (Ministry of Justice, 2017). Media, Prison Reform Trust, The Howard League for Penal Reform, Inquests, and other such groups have highlighted this issue and asked the government to take action to avoid these unnecessary deaths, which are partly due to the cuts in the number of trained prison staff and overcrowding of prisons (The Howard League for Panel Reform, 2017). These deaths affect families, friends, doctors, nurses, and community at large. This is a matter of national concern and needs a criminological research to find out the causes of people's decisions to take their own lives.

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Prison as an institution is responsible for the safety of the inmates. Any death in prisons will be seen as the failure of prison and justice system. This article aims to find out the possible causes of suicide in prisons and the effectiveness of the current strategies to prevent these suicides in England and Wales. This article is based on review of secondary data collected from the Office of National Statistics, Ministry of Justice, and Home Office Bulletins and Reports. It discusses the relevant research studies on suicide in prisons and evaluates the past and current prevention strategies to eliminate suicide in prisons.

Fact and Figures of Suicide in Prisons in England and Wales in 2016

This section presents the facts and figures of suicide in England and Wales during the year 2016 in order to identify the key areas where the problem may have been worse and therefore to analyze the causes and possible policy responses to this. The article compares suicide figures in prison and in the general population, as well as compares current data with the previous year's suicides. The deaths of male, female and juveniles will be examined and methods of suicide will be looked into and point out the people at more risk of suicide. This will help us understand the groups most at risk of suicide in prison.

Total number of the inmates' deaths in prisons in England and Wales was 354 in the year 2016 of which 119 were suicides. This was the highest suicide rate among prisoners so far (BBC, 2017, The Guardian 2016, Ministry of Justice, 2017). The most common method of suicide was by hanging (90%). The majority of the self-inflicted deaths were of white males. Fourteen inmates who committed suicides were in the age group of 14 to 24.

Table 1

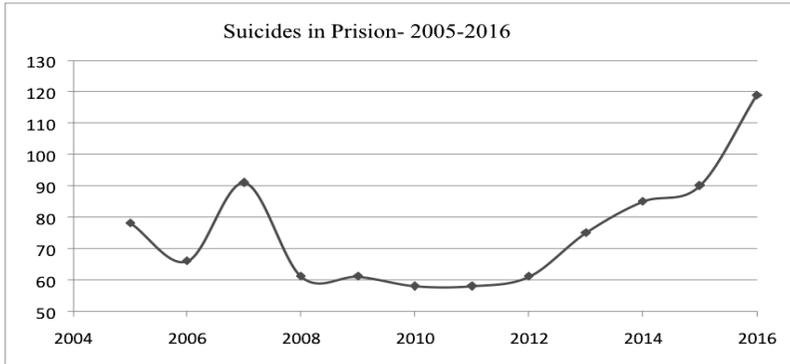
Total Deaths per Year in Prisons in England and Wales - 2005-2016

Causes of Death	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Self-inflicted	78	66	91	61	61	58	58	61	76	89	90	119
Natural Causes	89	83	89	99	104	126	122	123	131	145	147	196
Homicide	3	0	1	3	0	1	2	0	4	3	8	3
Other	5	4	4	3	4	13	10	8	4	6	12	36
Total Death	175	153	185	166	169	198	192	192	215	243	257	354

(Source: Ministry of Justice, 2017)

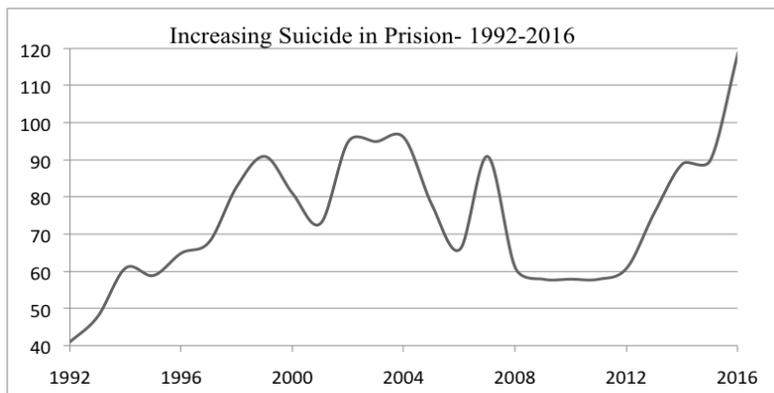
The ups and downs of suicides in prison can be seen in figure 1 which shows that suicide rate is increasing in the recent years.

Fig. 1
Trend of Suicides (Self-inflicted Deaths) in Prison from 2005 till 2016



There has been a significant increase in the number of prisoners in England and Wales since 2004. In 2010 and 2011, suicide in prisons was lower than the previous years though the prison population was higher than 2014. In each year 2010 and 2011, there were 58 self-inflicted deaths in prisons and in each year prison population was 84,725 and 86000, respectively (Ministry of Justice, 2017). In 2012 prisons population went up to 86,737 and number of suicide was 61. Meanwhile in the years 2013 and 2014 the number of inmates had dropped to 84,331 and 84250 but the numbers of inmates' suicide went up to 75 and 84 each year respectively. The total prison population in 2016 was just over 8500, which is not a significant increase over the previous year. However, the number of suicides jumped from 90 to 119 which shows a significant increase in the ratio of suicides per 1000 prison population. The following figure further demonstrates the increasing rate of suicide per year since 1992.

Figure 2
The Rise in Suicides among Prisoners in England and Wales from 1992 to 2016



(Source: Ministry of Justice, 2017)

Timing of Deaths

In 2013, there were 49 suicides within the first 30 days of imprisonment while there were 39 suicides in 2014 in this period (Ministry of Justice, 2017). These trends in the timing of prisoner suicide support the research showing that the risk of suicide is highest at early stages of sentence or whilst on remand (Dooley, 1994). In the year 2014, one third of the inmates who took their own lives were in prisons for more than 1 year. The number of the prisoners who committed suicide whilst transferring prisons during 2014 was 16, and these numbers were 17 during 2013. In 2013, 11 prisoners took their own lives within two days of their arrival in prison or transfer from one prison to other. In 2016, altogether 9 inmates committed suicide within 2 days of their arrival in prison.

During 2013, 47 inmates who committed suicide were sentenced. This number rose to 61 in 2014, which stood equal to 7 in 10. Remand prisoner deaths in 2014 were 20 which rose to 22 in 2015 and 24 in 2016. Prisoners who took their own lives who were awaiting sentencing in 2014 were 6 and 3 in 2013. This figure rose to 9 in 2016. The timing of suicide during 2016 is in consistency with previous trends of suicide.

Prior research on prison suicides gives us a historical picture of trends. Towl and Crighton (1998) suggest that the suicide cases recorded by Prison Service Suicide Awareness Unit from the 5th of February 1988 to the 5th of November 1995 provided an analysis that out of the total sample of 377 self-inflicted deaths in this period, 369 were men and 08 were women. The average age of the group who committed suicide in this whole period was 29 years and 6 months. Shaw et. al. (2004) note in their study that 32% suicide occurred within seven days of reception into prison of which 11% killed themselves within the first 24 hours. Dooley (1994) notes that during the years of 1972- 1987 there were 300 deaths over this entire period of 15 years. This averages about 20 suicides per year. He suggests that trends of suicide during this period have been remaining the same as previous trends of suicide. More than a quarter of the prisoners who committed suicide killed themselves within a month of initial arrival and 50% within three months. Remand prisoners who died with self-inflicted deaths were 50% of the total prison deaths. He finds that most of the deaths were recorded in the months of July and September and suggested the reason that as the days get longer and hotter, inmates find the living conditions unfavorable. He further noted that most of the suicides occurred on Saturdays.

Table 2
Gradual Increase in Annual Rate of Prison Suicide

Period Covered	Annual Rate of Prison Suicide
1958-1971 (Topp, 1979)	12
1972-1987 (Dooley, 1994)	20
1988-1995 (Towl & Crighton, 1998)	54
1996-2016 (MoJ, 2017)	79

The table 2 above indicates that there were gradual increases in the suicide numbers. This might be due to the increase in prison population, more reported cases of suicides, pressure from media, and voluntary organizations to increase awareness about prison conditions and to highlight the issue of suicides in prisons.

Gender

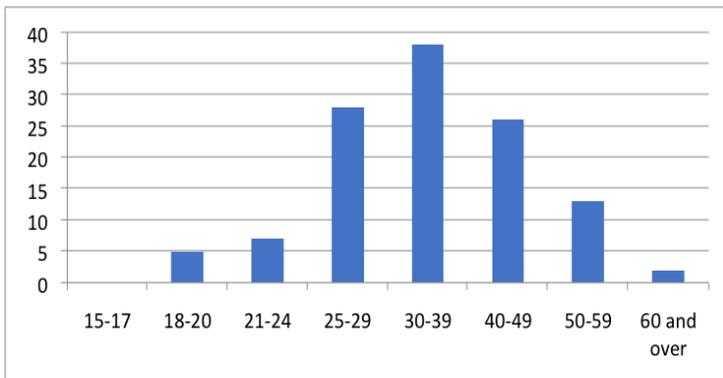
More men commit suicide compared to women in prison (Office of National Statistics, 2015). The majority of the prisons population is always of the men. The statistics of the prisons suicide explain that the despite a huge difference of the percentage of population,

the ratio with their prison population average per 1000 between men and women is not much different. Ministry of Justice’s data (2017) on self-inflicted deaths in prison during the period of 2001 and 2010 shows that the ratio of men and women deaths per 1000 in prisons has not been significantly different. However, after 2001 the women suicide ratio in prisons declined. The overall death ratio was 1.10, but men’s death ratio was 1.07 and women’s death ratio was 1.60 (Office of National Statistics, 2015). In 2013 men’s deaths were recorded 71 and women’s 4; the total number of men’s death was 81 and women’s 3 in 2014. In 2016, 107 male and 12 female prisoner committed suicides (Ministry of Justice, 2017). According to the Office of National Statistics (2015) the trend of suicide amongst male and female has changed. From 1981 to 2011 the rate of suicide amongst men has gone upward and rate of women suicide has declined.

Age Group

During the year 2016 the major age group with self-inflicted deaths was between 30 to 39 years and a total number of 38 deaths were recorded within this group. This figure has doubled since 2015 in which 19 prisoners in the mentioned age group had committed suicides. The following figure displays the distribution of prisoner suicide on the basis of age group of the prisoners.

Figure 3
Suicide in Prison in England and Wales 2016, by Age Groups.



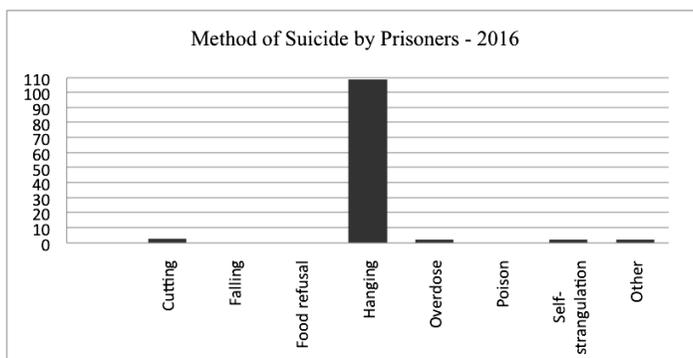
Sentence Type

In 2016, most of the prisoners (i.e., 85) who committed suicides were sentenced more than 4 years. Another 24 person committed suicide while they were waiting for trial. According to the Ministry of Justice (2017a), the number with this group is highest of century. The number of inmates with life sentence who committed suicide was 14 while 8 people who took their lives were on Indeterminate Sentence for Public Protection. The previous studies (e.g. Topp, 1979; Dooley, 1990; Liebling, 1992) and Home Office Statistics (1999) indicate that the people on remands and prisoners with the longer term sentences are always at a high risk of suicide.

Methods of Suicide

In 2016, 109 inmates took their own lives by hanging which is equal to 9 out of 10 (90%) deaths. This method has a consistency with previous years. In 2016 most common item for ligatures was the bedding. 89 prisoners took their lives by using bedding as the ligature item. There were 29 increased number of death by this method compared to the 2014. Dooley (1994) finds that 90% of the prisoners who killed themselves during the period of 1972 to1987 used hanging as a method of suicide. Shaw et. al. (2004) suggest in their study that during 1999-2000 a total of 92% people took their own lives by strangulation. The method of strangulation and suffocation and hanging has been also a common method of suicide amongst the general public during the period of 2002 and 2016.

Figure 4
Method of Suicides in Prison in England and Wales- 2016



Contemporary Research on Suicide in England and Wales

Since 1970s, a number of research studies have been carried out on suicide in prisons in the United Kingdom. Research by Topp (1979) is based on the official data of suicides in prisons in England and Wales from 1880 to 1971. He found the prisoner's psychiatric disorder as a main contributor to their self-inflicted deaths. He pointed that 59% could have been doing this for attention seeking and anticipated for help to save them, 50% died of sudden impulse and 43.3% tried to kill themselves at day time believing that the staff will be present and may come forward to save them. Topp suggests that this was an indication that these people were actually trying to show some kind of *attention seeking behavior* and unfortunately ended in a dangerous situation which took their lives. His study was on the basis of archives and it did not give the full picture of the circumstances of the suicides but it did provide a foundation for the future researchers to look at the medical issues of the prisoners, and helped authorities to plan for the strategies to avoid any future attempts of suicides by prisoners.

Dooley (1990) used the prison archives from 1972 to 1987 to explain suicide in prisons in England and Wales. He analyzed the available suicide notes of prisoners and divided the motivations of suicide in four different categories and suggested that the prison environment, pressures from outside, guilt of the offence, and illness could be the factors for the prisoner's behaviors to commit suicide. His observations were that out of his sample of 295, one third (i.e. 97) had psychiatric problems. 30% had a previous hospital admissions, 29% had alcohol abuse relating problems, 23% drug abuse, and 23% had received a psychotropic medicine in the month of suicide. He also noted the 43% had history of self-injurious behavior and a further 22% had tried to injure themselves in custody. This research has provided some more grounds to enhance the knowledge of prisoners' suicidal behavior and to adopt some measures while considering the possible responses to these behaviors.

Liebling (1992) worked on the hypothesis that 'if suicide is an extreme end of the people's self-injurious behaviors'. In contrast to previous studies, she took a different approach and interviewed 100 people from four different institutions of young offenders. She conducted semi structured interviews with staff members as well in

addition to analyzing the prisoner's medical records. She found that most of the people under study had drug misuse and alcohol related problems before coming to the institutions and noted that the self-injury problem existed before coming into the prisons. She also found that offenders were feeling that the environment of the institution was not good for them. There were some problems with sharing rooms, educational and physical activities and difficulties to cope the circumstances within the prison system. Liebling (1992) did not consider the self-injuries as a primarily psychiatric problem and suggested that prisoners do not primarily require a psychiatric response. Instead she suggested a multi-disciplinary approach to tackle this problem.

Bogue and Power (1995) conducted a study in Scottish prisons covering the period from 1976 to 1993 and found that prisoners on longer sentences, charged with violent and sexual offences and those who were feeling ashamed or guilty were at more risk of suicide. They also noted that psychiatric disorder and previous self-injury behavior had a link with suicide. Towl and Crighton (1998) found in their study that longer period of sentence carries bigger risk of suicide.

Policy, Practice and Prevention Strategies

This section briefly analyses the policies and strategies to prevent suicide in prisons to understand why the result of the current prevention strategies is not promising.

The government of UK has outlined suicide prevention strategies from time to time to tackle the issue of suicide in custodies. In the 1970s, prevention strategies in prisons started with the instructions named as Circular Instruction (CI 39/73). Its purpose was to make staff aware of the factors which could lead to prisoner's suicide. This was an attempt to make sure that there is a communication between staff, prisoners and other agencies. It stressed on the time period of custody as a risk factors i.e. soon after reception, or remand, before sentence, soon after sentence or before release. Medical officer was required to make sure that people at risks are moved to hospitals and only back to prisons when those risks were removed. Some other factors were also deemed as risk factors for suicide i.e. seriousness of crime, first offence, behavioral nature, mental health, history of self-harm attempts, and addiction

to drug or alcohol (McHugh and Snow, 2000). In 1987, a new Circulation Instruction (CI 3/1987) was issued which included staff awareness; all the procedures from reception and referrals; medical assessment and the new formation of SPMGs (Suicide Prevention Management Groups). This was a multidimensional approach which not only looked at the prisoners but at all the prison regime. The new strategies outlined that management implements the coordinated policies to prevent suicide; staff to take more responsibility; early risk assessments are adapted; prisoners with high risk should be referred to medical officers; and that all concerning people understand the prevention strategies. The procedure was further improved in 1987 with a new Circulation Instruction (CI 20/1989) which gave more detailed instructions for the safety of the prisoners.

Home Office Chief Inspectors of Prisons (1990) acknowledged that the present policies to prevent suicides have failed and suggested that to tackle this issue with the involvement of prisoners, staff, families, and visitors. In 1994 Suicide Awareness Support Unit (SASU) was created. The purpose of this unit was to help prison management to work efficiently to combat suicide problem and to train staff to understand prisoner's primary needs. Safety of inmates and others was given priority. But somehow the new strategies could not bring the suicide rate down and prison suicide in 1998 and 1999 was at highest level than ever before. In 1999, the number of suicides in prison reached a total number of 91. The figure was 83 in 1998, 69 in 1997, 65 in 1996 and 59 in each year 1995 and 1994.

Media and voluntary organizations have also highlighted the issue of suicide in prisons. The Guardian (2017) pointed at the rising rate of suicides in prisons and urged the government to tackle this problem. The Howard League for Penal Reform (2017) criticized the government for the cutting of trained staff in prison and overcrowding the prisons. Howard League for Penal Reform and Centre for Mental Health with the help of Monument Trust have initiated a program to work in the prisons to end the problem of suicide in prisons. Inquiries carried out by independent judicial officers (called 'Inquests') on suicide cases in UK have also highlighted the ineffectiveness of the prevailing prevention strategies of the government (Prison Reform Trust, 2014).

Voluntary organizations such as Samaritans and Listeners have been working in prisons in UK. The Samaritans train prisoners who are interested to help others in the prisons to support and help the people who are depressed or at the risk of suicide. They listen to people's stories and encourage them to be positive. The listeners help inmates to overcome their suicidal thoughts by listening to their depressing stories and encourage them for thinking positively.

Conclusions

This article has reviewed the common causes and patterns of suicide in prisons and the effectiveness of the current strategies to prevent the rising number of suicides in prison in England and Wales. It was noted that 90% inmates who killed themselves did so by hanging. First thirty days of imprisonment and remand were highlighted as the time period of high risk for suicide. Age group 30 to 39 was recognized as the group at risk in prisons compared to 45-59 in general public who committed suicide. The findings of this research suggest that the situational and long term factors (internal and external) are the main contributors in prison suicide. Situational factors include prison environment i.e. negligence and lack of trained staff, the conditions of prisons cells, and the availability of the means of suicide which are contributing factors in suicide. The long term factors include the mental health conditions, the family backgrounds and addiction with drug and alcohol problems of the inmates. The environment of prison should be made safer and friendly for the inmates. Any inmate with mental health issues and at risk of suicide should be removed into a safer place without any delay and kept there till risk factors are reduced. To eliminate the risk of suicide a comprehensive policy with the combined efforts made by Prison Service, National Health Services (NHS), Social Services, schools and other concerning departments and communities will be needed.

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