Rising to the Challenge of Suicide Prevention in Prisons: A Clinical Psychology Perspective

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Overview
1. Introducing Prison Suicide
2. Prevention of Suicide in Prisons (PROSPeR) Study
3. Contextual and individual challenges
   - Lessons learnt from the PROSPeR Study

Suicide in Prisons
- Suicide is the leading cause of preventable death in prisons in England & Wales
- In 2010 (most recent data):
  - 26,983 incidents of suicidal behaviour in prisons
  - 58 self-inflicted deaths
  - Suicide rate: 73 per 100,000 prisoners
  - Suicide rate 5-8 times greater than gen. pop.
- Prisoners continue to be identified as a high risk group in national suicide prevention strategies (UK DoH, 2002; US DHHS, 1991)

What can Clinical Psychologists offer?
- Prisoners have often been described as:
  - “Socially excluded”
  - “Hard-to-reach”
- Imprisonment offers us a rare opportunity to engage this group in healthcare interventions

Prevention of Suicide in Prisons (PROSPeR) Study
- Funded by the NIHR RfPB Programme
  - (Feb 2012 – Jan 2014)
- Demonstrate the feasibility of conducting an RCT of CBT for Suicidality in an adult male prison
- Prisoners (n=60) at risk of Suicidality
- Four parts to PROSPeR:
  1. Pilot Trial
  2. Qualitative Process Evaluation
  3. 6 Month Follow-Up
  4. Diary Study

Contents of the PROSPeR ‘Programme’
- Specific focus on treating the underlying psychological mechanisms specific to Suicidality
  1. Attention Broadening
  2. Thought Challenging (Cognitive Restructuring)
  3. Problem Solving Training
  4. Mood Management
  5. Improving Self-Esteem & Resilience
The Challenges...

- **Contextual implications** affecting therapy delivery
- **Individual factors** influencing delivery of therapy

Contextual implications...

- Access to clients:
  - 'Lock downs', Court appearances, Legal visits, etc.
  - Unplanned releases / transfers (Lane et al, 2012)
- Impact of these issues on therapeutic alliance:
  - Prepared for premature termination of therapy?
  - Amend structure, pace, timing of therapy sessions?
- Broader, systemic formulation required
  - Quality of the regime
  - Staff-prisoner relationships

Individual factors...

- Individual impact of imprisonment varies widely
- Prisons can be dangerous places
  - Hypervigilance of indicators of danger becomes adaptive
  - Suppress emotional responses - the 'prison mask' (Haney, 2003)
- Many have no previous experience of therapy
- Completion of homework, especially written tasks
  - Low literacy levels & H/W is a reminder of school
  - Little privacy in shared cell

Conclusions

- Prisoners are a high risk group for suicide
- Prisoners tend to be from marginalised groups with poor access to community healthcare
- Prison offers a rare opportunity for engagement
- Offering psychological intervention for suicidal prisoners requires considerable adaptation
- Benefits:
  - not only to the individual themselves, and their families, partners and friends
  - but also the larger public health arena as well as producing downstream savings in other public services

Any questions or comments?

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