Self-harm and suicide in prisons

A case–control study reports that self-harm is common in the prison population in England and Wales, in particular among women prisoners, and is associated with a raised risk of suicide.

**Overview:** Self-harm is any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation (NICE 2011). This commonly involves self-poisoning with medication or self-injury by cutting. A household survey conducted in 2007 suggested that 4.9% of people in England have self-harmed at some point in their life (Health and Social Care Information Centre 2009).

In 2012, the suicide rate in the UK was 11.6 deaths per 100,000 people (Office for National Statistics 2014). The suicide rate in English and Welsh prisons is more than 8 times higher: the rate in 2013–14 was 100 deaths per 100,000 prison population (Ministry of Justice 2014).

Self-harm increases the likelihood that the person will eventually die by suicide in a 12-month period (Owens et al. 2002). Around 50% of prison inmates who die by suicide have a history of self-harm, which is associated with a risk of suicide in custody 8 times higher than in prisoners who do not self-harm (Fazel et al. 2008).

**Current advice:** NICE has guidance on both the short-term and the long-term management of people aged 8 years and older who self-harm. The guidance on short-term management makes recommendations for the physical, psychological and social assessment and treatment of people in primary and secondary care in the first 48 hours after having self-harmed.

The guideline on long-term management covers the longer-term psychological treatment and management of both single and recurrent episodes of self-harm. This guideline recommends that healthcare professionals undertake an assessment of the risk that the person who has self-harmed may self-harm again or commit suicide. This assessment should take into account a variety of factors, including methods and frequency of current and past self-harm and current and past suicidal intent. Risk assessment tools and scales should not be used to predict future suicide or repetition of self-harm. The key areas of needs and risks identified in the assessment should be used to develop a care plan and a risk management plan in conjunction with the person who self-harms and their family, carers or significant others, if this is agreed with the person.

NICE is currently preparing a guideline on the mental health of people in prison.

The NICE Pathway on self-harm brings together all related NICE guidance and associated products on the condition in a set of interactive topic-based diagrams.

**New evidence:** Hawton et al. (2014) conducted a case–control study to measure the prevalence of self-harm among prisoners in England and Wales and the risk of subsequent suicide. Data on all incidents of self-harm between 2004 and 2009 in prisoners aged 15 years or older were collected from a mandatory reporting system for the 2 countries. The characteristics of prisoners who self-harmed were compared with those of the rest of the prison population to identify risk factors associated with self-harm. Suicides among prisoners who self-harmed were also analysed.
A total of 139,195 incidents of self-harm in 26,510 prisoners were reported in England and Wales during the 6 year study period. The annual rate of self-harm ranged from 200 to 249 incidents per 1000 prisoners. An estimated 20–24% of female prisoners self-harmed each year, compared with 5–6% of male prisoners. On average, women who self-harmed did so 8 times a year, whereas men who self-harmed did so twice a year. In both sexes, self-harm was associated with age younger than 20 years, white ethnic origin, and a life sentence or being unsentenced (p<0.0001 for all). In female inmates, committing a violent offence against another person was also a factor (p<0.0001). An adjusted Bayesian estimation indicated that 15% of the variation in self-harm behaviours could be attributed to the time and location of prisoners who self-harmed, suggesting clustering of self-harm episodes by time and by prison.

Among the prisoners who self-harmed during the study period, 109 committed suicide (95 males and 14 females). The mean annual rate of suicide among male prisoners was more than double that among female prisoners (334 per 100,000 prison population versus 149 per 100,000 prison population). The rates of suicide in prisoners who did not self-harm were 79 per 100,000 prison population for men and 98 per 100,000 prison population for women. More than half (53%) of suicides in prisoners who self-harmed took place within 1 month of a self-harm incident. In multivariate analysis, older age (in particular age 30–49 years) and a previous self-harm episode that required resuscitation, life support, or admission to hospital were associated with suicide in male prisoners who self-harmed. A life sentence and more than 5 self-harm episodes a year were associated with suicide in female prisoners.

The authors warned that the factors associated with self-harm in their analyses were mostly non-specific and non-modifiable. In addition, the low absolute number of suicides in prisoners who self-harmed, in particular in women, limited the power of the variables identified to predict suicide. Differences in the length of prison stay of prisoners and in the quality of data entered by prisons might have affected the findings.

Commentary: “This study included all reported self-harm episodes in prisons in England and Wales over a 6 year period, so has much larger numbers than previous studies. The authors found a significant association between self-harm episodes and subsequent suicide. It is also the first study to address clustering in location and time of self-harm incidents. Significant clustering was found that could include an element of copycat behaviour or other prison-related factors.

“This study did not take account of whether prisoners who self-harmed had an existing psychiatric disorder or were receiving ongoing treatment with medication. The authors suggest this will be important for future studies to improve prevention of self-harm and suicide in prisoners.

“Previous research has found a high prevalence of mental health problems among prisoners, with around 80% of female prisoners and 70% of male prisoners needing treatment for a psychiatric condition. Often these needs were not identified when the person entered prison or later. About 40% of prisoners were found to need treatment for mental illness but were not receiving any appropriate care.

“As the authors of this study point out, ensuring additional mental health input into the case management process for prisoners who self-harm and that the proportion of the prison healthcare budget allocated to mental health is at least equivalent to that in the community are issues that need to be addressed.” – Dr Nigel McKenzie, former Lead Consultant of Prison Mental Health Inreach Teams, Her Majesty’s Prison Pentonville and Her Majesty’s Prison Holloway

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