

The development and implementation of a national reporting system for self-harm in Irish prisons

SADA project

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LEPH International Conference
21-23 October 2019 Edinburgh, Scotland.

Background

- Large-scale studies of self-harm in prisons are rare.
- Small studies estimate prevalence rates between 5-24%.
 - National study of prisoners in England and Wales over a five-year period, reported 6% of prisoners self-harmed each year (Hawton et al, 2014)
 - Previous recording of self-harm in Irish prisons reported approximately 170 incident in 2004, representing 3.8% of all prisoners (NSRF, 2005)
- Risk factors for self-harm among prisoners include white ethnic origin, previous self-harm and presence of mental disorder.
 - Complex interactions between individual-level and ecological factors, and that suicide prevention should address both individual and system-level risk factors.
- Moderate/ high lethality and repeated self-harm are associated with risk of suicide.

Rationale

- IPS committed to leading suicide prevention efforts in custodial settings – part of national strategy.
- Lack of timely, accurate data on self-harm in prisons.
- Connecting for Life Goal &: Better Data and Research.

Project benefits:

- **Provide usable actionable data for the IPS and individual prisons** to inform and drive change in policy & practice;
- Introduces analysis of **severity of harm** v **level of intent**
- Build **support for research within the prison system**;
- Monitor and publish trends in suicide and self-harm.



Connecting for Life
7 Goals 69 Actions

5

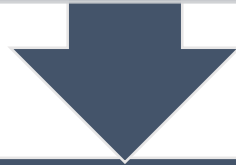


High Quality
Services

Methodology

Data collection

Episodes of self-harm recorded in each prison by multi-disciplinary teams



Data collation/ verification

Compiled/ reviewed by internal IPS staff



Data analysis

Data collated/analysed/ reported by NSRF

Data items

Appendix 1: Incident, Suicide & Harm Reduction Analysis Form

Prison: _____ Initials: _____ PRIS No: _____ Age: _____ Quarter: _____
 Date of incident: _____ Time of incident: _____ Method: Cutting Drug Overdose Alcohol
 Hanging, strangulation, suffocation Drowning Blunt objects Fire/Flames Steam, vapour and hot objects
 Petroleum products, solvents, vapour Chemical/hazardous substances Firearm
 Description of incident: _____

Table 1: Severity v Intent Matrix:

Severity	No response required	Review/Intervention/Case Review	Local award/Investigation	Investigation/Review	External Review Case	Level of care
Intent	A	B	C	D	E	F
Deliberate/Attempted - Evidence of thought, intent and planning of self-harm or suicide	A1	B1	C1	D1	E1	F1
Semi-deliberate/Attempted - Some level of thought, intent and planning	A2	B2	C2	D2	E2	F2
Spontaneous - No thought, no plan or consideration	A3	B3	C3	D3	E3	F3

Table 2: Typology of Prisoner:

Please circle:	Gender	Accommodation	Cell sharing	Legal Status	Sentence length	Trimester	Regime level
Male	General Population	Protection (please circle) Rule 62 Rule 63 Special Observation	Single	Remand	Remand	N/A	Enhanced
	< 3 mths to < 1yr				1 st	Standard	
	1yr < 2yrs 2yr < 3yr 3yr < 5yr 5yr < 10yr 10+ yrs Life				2 nd	Basic	
Female	CSC SOC RSU VSP	Triple or more	Sentenced	3 rd			

Table 3: Contributory Factors:

	Code		Primary Contributory Factors (Please tick)	Other Contributory Factors (Please tick)	Please describe:	
ENVIRONMENTAL (E)	E1	Level of accommodation e.g. overcrowding, cell size				
	E2	Security level				
	E3	Shared cell accommodation				
	E4	Cells not allocated to you previously				
	E5	Warden/RSU allocation				
	E6	Warden allocation				
	E7	Food area in cell				
	E8	Unpleasant environmental noise				
	E9	Warden took PR leaving unattended/unsupervised				
	E10	Other (Please specify)				
RELATIONAL (R)	R1	Relationship difficulties				
	R2	Prison staff/management issues				
	R3	Prison staff/management issues				
	R4	Warden allocation				
	R5	Prison staff/management issues/transfer of accommodation				
	R6	Other (Please specify)				
	PROCEDURAL (P)	P1	Warden/RSU allocation, cell, SOC			
		P2	Prison staff/management issues			
		P3	Warden allocation			
		P4	Prison staff/management issues			
P5		Warden/RSU allocation, cell, SOC, transfer				
P6		Warden took PR unattended				
P7		Other (Please specify)				
P8		Prison staff/management issues				
P9		Prison staff/management issues				
P10		Other (Please specify)				
PERSONAL (P)	P11	Friendship				
	P12	Friendship				
	P13	Local relationships/visits				
	P14	Prison staff/management issues				
	P15	Prison staff/management issues				
	P16	Prison staff/management issues				
	P17	Prison staff/management issues				
	P18	Prison staff/management issues				
	P19	Prison staff/management issues				
	P20	Other (Please specify)				
MENTAL HEALTH/ MEDICAL (M)	M1	Admission - drug, alcohol, mental				
	M2	Current mental/physical/psychiatric				
	M3	Prison staff/management issues				
	M4	Prison staff/management issues				
	M5	Prison staff/management issues				
	M6	Prison staff/management issues				
	M7	Prison staff/management issues				
	M8	Prison staff/management issues				
	M9	Prison staff/management issues				
	M10	Other (Please specify)				

Demographics	Age, Sex, Prison Remand status, Sentence length Accommodation, regime level
Method of self-harm	ICD-10 codes X60-X84 Severity Intent
Contributory factors	Environmental Relational Procedural Personal Mental health/ medical

Inclusion criteria

All methods where self-harm was intentional

Food and/or fluid refusal

Overdose of prescription or illicit substances

Alcohol overdose

Exclusion criteria

Behaviour where there is no intent to self-harm

Accidental overdoses without any intention to self-harm

Recreational drug use

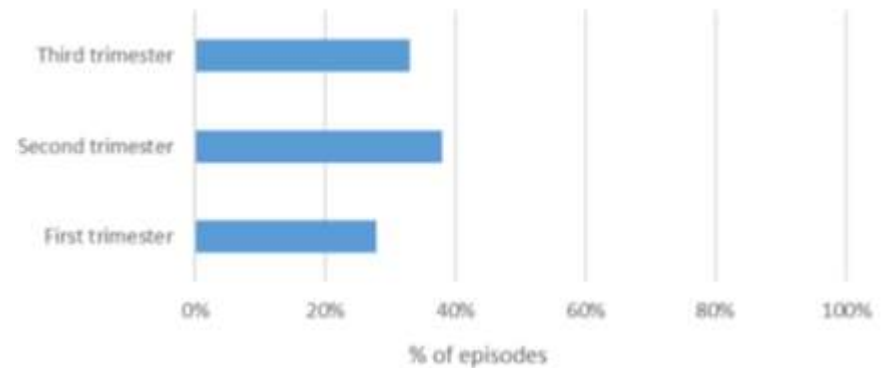
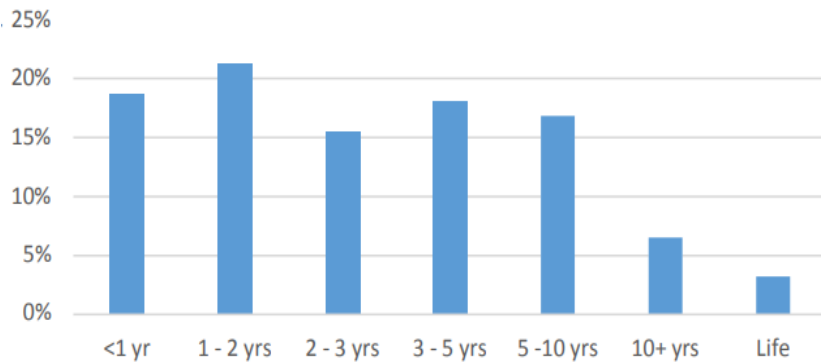
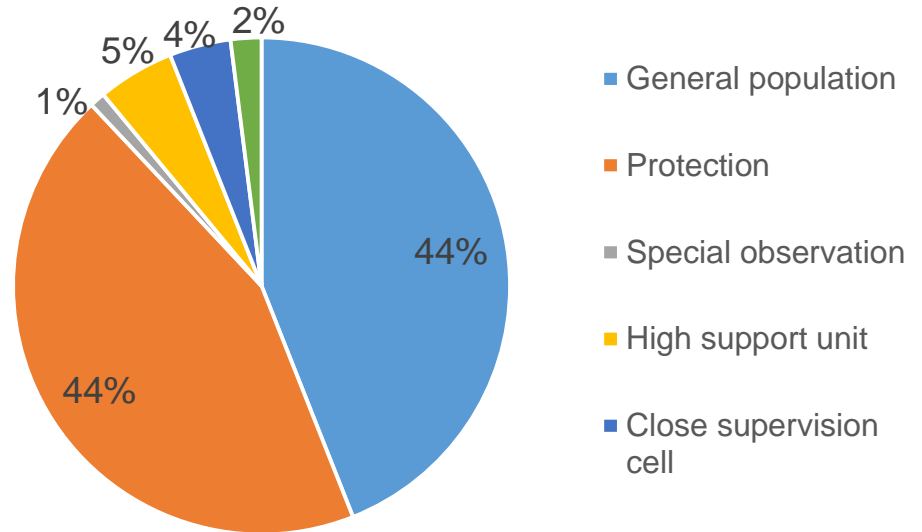
Alcohol overdose without intent

Rate of self-harm among prisoners

	Individuals	Episodes	Rate per 100 (95% CI)
Total	138	223	4.0 (3.4 - 4.8)
Male	119	178	3.6 (3.0 - 4.3)
Female	19	45	16.0 (9.6 - 24.9)
Sentenced	94	156	3.1 (2.5 - 3.8)
On remand	43	66	7.4 (5.3 - 9.9)

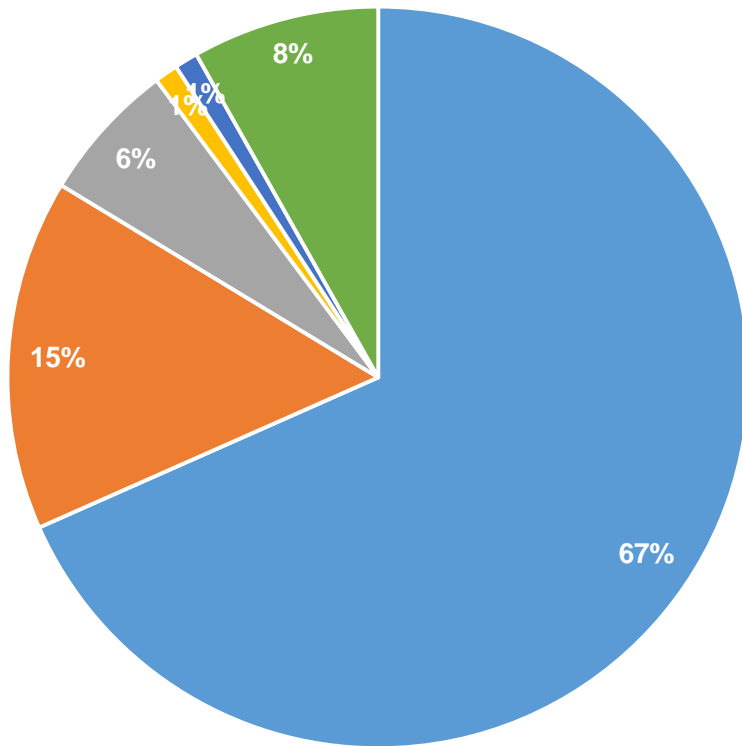
Accommodation/ cell-type and sentencing

- 77% (n=172) were in single cell accommodation at the time of self-harm act (note most of IPS accommodation is now single cell accommodation)

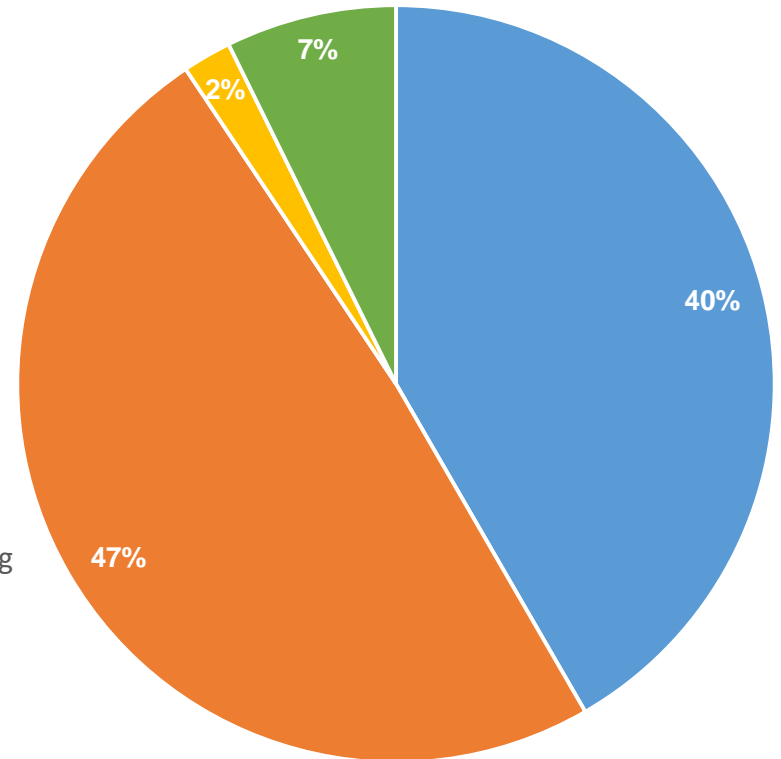


Method of self-harm

Male



Female

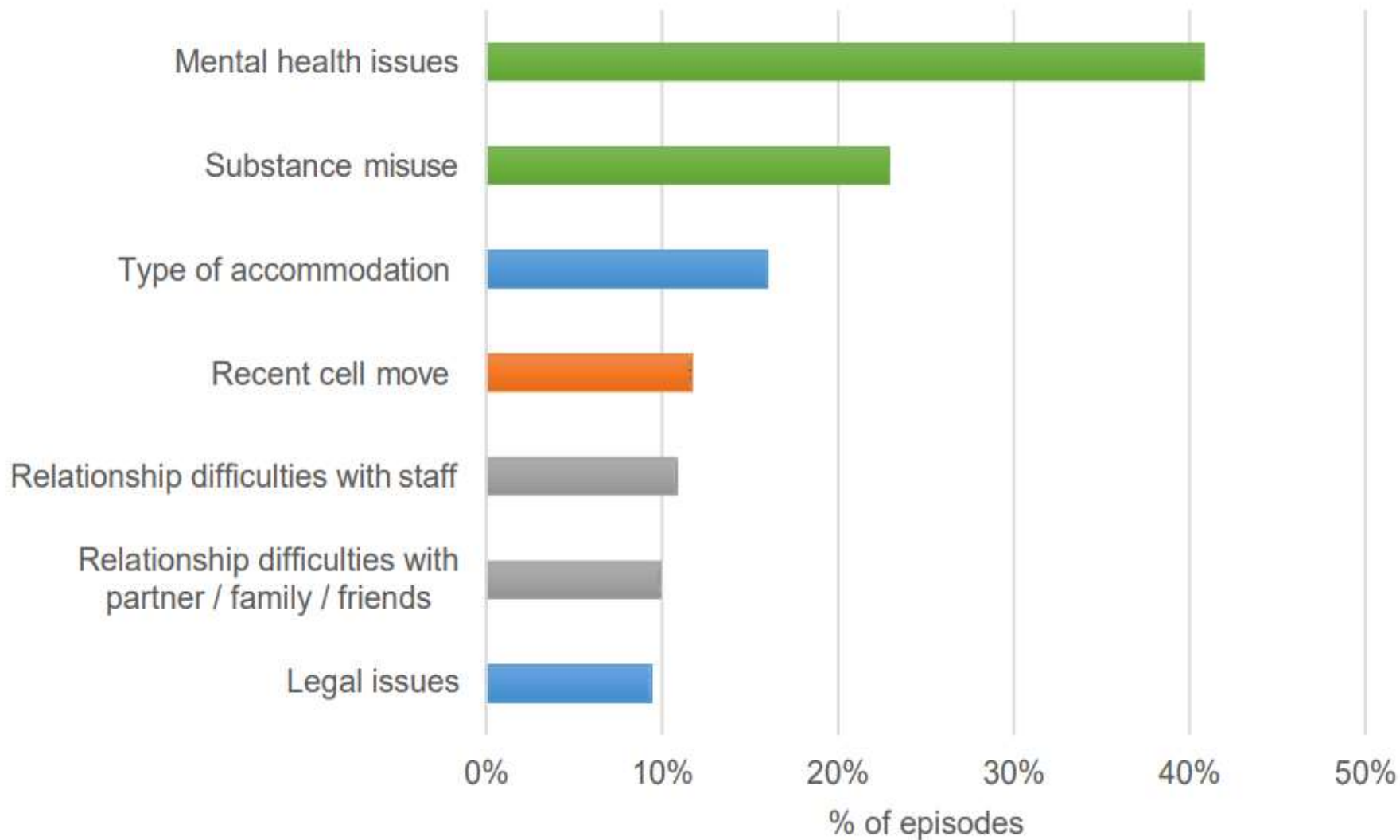


- Cutting
- Attempted hanging
- Blunt objects
- Fire/Flames
- Drug overdose
- Other

Severity and intent

	No treatment needed	Minimal intervention/ minor dressings	Local wound management	Outpatient /A&E treatment	Hospitalisation/ intensive care unit	Loss of life
No/low intent	43 (19.3%)	44 (19.7%)	19 (8.5%)	13 (5.8%)	1 (0.4%)	2 (0.9%)
Medium level of intent	25 (11.2%)	9 (4.0%)	16 (7.2%)	10 (4.5%)	3 (1.3%)	1 (0.4%)
High level of intent	19 (8.5%)	2 (0.9%)	12 (5.4%)	3 (1.3%)	0 (0%)	1 (0.4%)

Contributory factors



In Irish prisons in 2017...

223
episodes

of self-harm were recorded, involving **138 individuals**

Rate
4 per 100
prisoners



Female rate
Female rate was 4 times higher

x4



62% involved self-harm by **sharp objects** (2 in every 3)



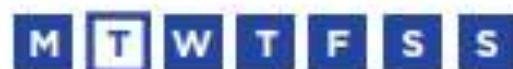
21% involved **attempted hanging** (1 in every 5)

1 in 8
hospitalised



1 in 6

high suicidal intent



One in five episodes occurred on **Tuesdays**



Half of episodes occurred between **2pm and 8pm**



1 in 4

repeated self-harm in 2017

Contributory factors



Mental health



Environmental



Relational



Procedural



Medical

Value and impact of project

Generating knowledge and awareness

Data integrity, leading to trust and buy-in

Responses within system

5 Nations Collaborative Benefits

- Inter-professional and International.
- Opportunity to collaborate and extend understanding across “same but different services”.
- Benefit in improved patient outcomes, fewer preventable errors, reduced healthcare costs, and improved relationships with other disciplines.
- Minimizing duplicated effort and increasing knowledge.
- Leads to better understanding of a seldom recognised speciality of healthcare provision.