The impacts on prison healthcare staff of prisoner suicide and self-harm

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Context for this work

- First year Post-Graduate Researcher (PhD)
- Previously worked with Dr Tomczak as Research Assistant on PPO work Oct 2019- Oct 2020
- Work forms part of literature review for my PhD, based on research question **'What are the implications of prison healthcare staff experiences of prisoner suicide and self-harm for health and safety in prisons and societies?'**
- Work explored through a theoretical framework using the concepts of dignity, agency and hope.

Prison safety – violence, suicide and self-harm

- Prison safety has **deteriorated significantly since 2012**; prisoners and prison staff are now less safe than at any point since records began (Prison Reform Trust, 2019).
- Between 2012 and 2016, **prison suicide rates more than doubled** to around two a week (MoJ 2017), rate has now declined slightly to around 85 a year (MoJ: 2020)
- **Self-harm incidents increased** from 23,158 in December 2012, at a rate of 267 incidents per 1,000 prisoners - to 61,461 incidents in September 2019, about 160 a day (MoJ 2020).
- In the last quarter (to Sept 2020), **self-harm rose** by 5% in male estate and 24% in female estate.

Prison health

Health is 'complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organisation, 2020)

- **Imported vulnerabilities**
- **Then exacerbated by a prison stay** 'The Government is failing in its duty of care towards people detained in England's prisons.' Health Select Committee (2018)
- **Matters because** prisoner health has important implications for prison safety, public health and reoffending rates (Link et al, 2019; McLeod et al, 2020; UNODC and WHO, 2013).
- **Little research** on prison health and very little on healthcare staff.

Prison healthcare staff

Prison healthcare staff are:

- present in every prison
- numerous and reach every area
- often working with those at most risk of death and intimately involved with near misses and fatalities
- under researched.

Prison healthcare staff

- Prison staff have high levels of exposure to traumatic incidents at work (Bell et al, 2019; Kinman et al, 2016; Liebling, 1998)
- Good working relationships with prisoners are key to reducing suicide and self-harm (Kenning et al, 2010; Walker et al, 2016)
- Healthcare staff have a different mandate from custodial staff and (the limited) research indicates tension between care and custody is acute (Kalra et al, 2016; Marzano et al, 2013)
- WEPHREN (Worldwide Prison Health Research and Engagement Network) note that 'there is evidence to show that burnout, a severe consequence of prolonged exposure to stressful work conditions, is an important issue for custodial staff working in prisons. Research on burnout in health care professionals who work in prison, however, is lacking' (2017: 484)
- The implications of burnout include: staff attrition, high sickness rates and impacts on working culture.

Themes – self-harm

Most of this work is concerned with prison officers, with some studies including a smaller sub-sample of healthcare workers (Garbutt and Casey, 2013; Kenning et al, 2010; Marzano et al, 2013; Short et al, 2009; Walker et al, 2016; Walker et al, 2017).

1. Prison staff matter in reducing and preventing suicide and self-harm
2. Importance of occupational environment for prison staff and impact on their attitudes
3. Role conflict and ambiguity
4. Staff perceptions of prisoners self-harm
5. **Impact on staff behaviour due to perceptions of self-harm**
6. **Impact on staff of exposure to self-harm**
7. Staff training and support

Impact on staff behaviour due to perceptions of self harm

- Whether staff deemed self-harm ‘genuine’ or ‘non-genuine’ impacts on their response (Kenning et al, 2010; Smith et al, 2019; Short et al, 2009)
- Negative emotions not just problematic for staff but can result in poorer relationships with prisoners and damaging outcomes (Marzano et al, 2013)
- **With repeated and ongoing exposure to self-harm, these negative attitudes are often more prevalent (Marzano et al, 2013) with staff becoming ‘desensitised’ over time (Kenning et al, 2010; Walker et al, 2017)**
- When staff feel blamed, can lead to preoccupation with protocol and paperwork (Short et al, 2009)
- Also – ‘staff attitudes towards punishment and rehabilitation are a significant influence on work outcomes, so deserve attention/future research’ (Garland and McCarty 2009).

Impact on staff behaviour due to perceptions of self harm

"What remains unclear is the extent to which negative staff attitudes towards self-harm may actually influence staff's willingness and ability to effectively implement suicide and self-harm prevention protocols (see Mackay & Barrowclough, 2005), and the likelihood of prisoners seeking support before or after an incident of self-harm, possibly instead of engaging in further or more severe self-harm.

Negative staff reactions and attitudes may also increase the likelihood of prisoners self-harming by exacerbating their distress and reinforcing feelings of isolation, low self-worth, and loss of control which may have led to their self-harming in the first place (Towl & Forbes, 2002)."

Marzano *et al.*, 2012

Impact on staff of exposure to self harm

- Exposure to high levels on self-harm can have a serious adverse effect on a portion of staff **but not on all staff** (Bell et al, 2019; Kinman et al, 2016)
- Common coping strategies include: staff minimising incidents; labelling incidents as ‘irritants’(Kenning et al, 2010; Marzano et al, 2013; Smith et al, 2019). Staff feel they must present a ‘façade of coping’ (Walker et al, 2017)
- Officers describe flashbacks, nightmares and ‘taking it home’ (Marzano et al, 2013)
- Emotional detachment viewed as a necessity to continue to work somewhere with a high prevalence of self-harm - highly evolved coping mechanism or burnout? ‘ (Marzano et al, 2013; Walker et al, 2017)
- Staff willing to cite others’ (poor) coping strategies but not their own (Smith et al, 2019).

Themes – suicide

1. Staff responses: immediate responses and processing
2. **Impact of prisoner suicide on staff behaviours**
3. **Long-term and profound mental health and wellbeing effects**
4. Support for staff
5. Potential protective factors, including positive staff relationships

Impact of prisoner suicide on staff behaviours

- Many staff exposed to suicide reported impacts on their **workplace confidence and competence** (Slade et al, 2019). Can have longer term impacts
- Issue of **risk aversion** in staff daily practice, always anticipating the worst-case scenario (Liebling, 1998; Read and Noonan, 2018)
- Deaths can result in **less effective future management** of self-inflicted deaths and/or deaths can act as **catalysts for reflection and changes** to practice, making self-inflicted death prevention more effective (Ludlow et al, 2015)
- Staff perceptions of prisoners matter in prevention(and also, self-harm). **Staff stigmatisation of prisoners** may be an 'underreported driver of prison suicide' (Tomczak, 2018). Staff who view self-inflicted death as mental health issue or manipulation = less effective suicide prevention practice (Ludlow et al, 2015).

Long-term and profound mental health and wellbeing effects on staff

- Long-term and profound effects include:
  - ‘ongoing intrusive memories and emotional saliency over many months or years’ (Slade, 2019: p.56)
  - being ‘enduringly connected’ (Barry, 2017; see also Crawley, 2004; Wright et al, 2006)
  - staff ‘hardening’ or being brutalised (Read and Noonan, 2018; Howard League, 2016)
  - feeling hopeless (Read and Noonan, 2018)
  - experiencing flashbacks and being too traumatised by previous exposure to respond effectively to a new death in custody (The Howard League, 2016; Tomczak, 2018)
- Some causal relationship between exposure to suicide and Post-Traumatic Stress Disorder (Cassidy and Bruce, 2019; James and Todak, 2019)
- This can lead to ‘institutional apathy’ (Tomczak, 2018) and staff also adopting the ‘institutionalised loss of hope’ of the prisoners too (Read and Noonan, 2018).

Question

How could uniform and healthcare staff experience be better incorporated into prison oversight (specifically death investigations and inspections)?