

TALK TO ME:

**PREVENTION OF
SUICIDE IN PRISON
STRATEGY**

2016-2021



“Every suicide is a tragedy that has a far reaching impact on family, friends and the community long after a person has died.”

Michael Matheson, Minister for Public Health,
Suicide Prevention Strategy 2013-2016

That tragedy is no less significant when the person completes suicide within prison and the impact on the prison community and the numerous people who work and live there is severe.

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Foreword

Every death by suicide in custody is a tragedy which affects the individual's family, others in custody, staff and partner agencies. SPS is never complacent and takes all deaths in custody seriously.

SPS continually reviews procedures and practice and through lessons learned, improves processes. This has led to the introduction of first night in custody suites; national prisoner induction programmes; pre-release programmes; increased access to purposeful activity; improved information sharing protocols; national guidance for the management of offenders at risk due to an illicit substance; and effective throughcare arrangements. These improvements contribute to the prevention of suicide in custody.

The new Prevention of Suicide in Prisons Strategy, Talk to Me is an evidence-based strategy which supports the National Prevention of Suicide Strategy and Scottish Government's priority to reduce suicide rates in Scotland.

This strategy aims to care for those 'at risk' of suicide by providing a person-centred care pathway based on an individual's needs, strengths and assets, and by promoting a supportive environment where people in our custody can ask for help. To be truly effective in this, we cannot work alone. It is only by working together with other providers that we will prevent deaths by suicide in custody.

There is evidence that talking openly about suicide in a responsible manner reduces deaths by suicide. This strategy promotes the creation of an environment where those in distress are encouraged and supported to talk to staff and healthcare professionals. Those working in our prisons will be encouraged to engage with those in distress with compassion, and have a common understanding of what it means to respond in a person-centred and safe way.

Preventing suicide in custody is a multi-agency responsibility and the development of this comprehensive strategy would not have been possible without the expertise and co-operation of our many expert partners, for whose support I am very grateful.

A handwritten signature in black ink that reads 'Colin McConnell'.

COLIN McCONNELL
Chief Executive, SPS
November 2015

A large teal speech bubble with a white border and a tail pointing downwards. It contains white text.

This strategy is supported by the Talk to Me Guidance which should be referred to for further details.

Introduction

Since 2012, the Scottish Government has produced two separate strategies to improve mental health and wellbeing and reduce the number of deaths by suicide in Scotland: Mental Health Strategy for Scotland 2012-2015 and The Suicide Prevention Strategy 2013-2016. Due to the complex needs of those in custody, the Scottish Prison Service (SPS) has acknowledged it is essential to look wider than only those strategies dealing with mental health and suicide. In order to produce a suicide prevention strategy which delivers a holistic approach SPS has incorporated evidence and practice from trauma-based and asset-based approaches to ensure effective care for those in distress in our custody.

In 1996 the United Nations called for countries to develop National Suicide Prevention Strategies to tackle the issues known to contribute to self-harm and suicide such as social isolation, deprivation, unemployment, alcohol and substance abuse.

Experience and research shows that partnership working is essential for providing a comprehensive and coordinated response to suicide prevention. With this in mind, SPS worked in partnership with professionals and interested groups to review the Suicide Risk Management Strategy and has produced this multi-agency Prevention of Suicide in Prison Strategy. NHS Health Boards, Health Scotland, Samaritans, Breathing Space and Families Outside have all worked closely with us in developing the new strategy and the review also incorporated consultation with a wide range of people in our care to take account of their experiences and feedback.

The relationship between suicide and self-harm is complex. Many people who die by suicide will have a history of self-harm but most people who self-harm will not go on to die by suicide. As such, self-harm is a clear risk factor for suicide, but it is also a phenomenon that we need to understand and address in its own right. Many of the activities we will engage in to reduce suicide will have benefits for those who self-harm, however the focus of this strategy is on the **prevention of suicide**. We will work in partnership to develop and improve our responses to people at risk of non-fatal self-harm.

Background

The Scottish Government continues to keep suicide prevention as a national and local priority. The Choose Life strategy and action plan ran from 2003 to 2013. In December 2013 the new Scottish Government: Suicide Prevention Strategy 2013-2016 was launched by the Minister for Public Health. It echoes key messages, learned from practice and research, that suicide is preventable in many cases, that it is everyone's business and that collaborative working is fundamental to successful suicide prevention.

SPS introduced ACT and Care on 22 June 1998 and that strategy was further strengthened in 2005 through development of a multi-disciplinary case conference approach to decision making and renamed ACT 2 Care.

On 1 November 2011 the responsibility and accountability for the provision of health care services to prisoners in Scotland transferred from the SPS to NHS Health Boards. In light of this change, along with recommendations from Fatal Accident Inquiries and findings from SPS Audit and Assurance Services, it was agreed that a national review of the SPS Suicide Risk Strategy, Act 2 Care, would be carried out.

This review, which commenced in January 2014, took account of the newly published Scottish Government's Suicide Prevention Strategy 2013-2016 and adopted a multi-disciplinary and multi-agency approach.



What's Changed?

- The revised strategy will be known as 'Talk to Me', The Prevention of Suicide in Prison Strategy.
- The Local ACT Coordinator will now be known as the Local Suicide Prevention Coordinator.
- The Local ACT Group will now be known as the Local Suicide Prevention Group.
- The National Suicide Risk Management Group will now be known as the National Suicide Prevention Management Group.
- A Concern Form has been introduced to record concerns raised about an individual in custody from either external callers or internal partners which may result in them being supported on the strategy.
- It is no longer an automatic requirement for a doctor to assess every admission within 24 hours as part of the reception process or following the first case conference. This is in line with Healthcare in Prisons (Scotland) Directions 2011.
- A pre-case conference healthcare assessment should be completed by a healthcare professional and the same person should attend the case conference where possible.
- Individuals will no longer be assessed as **High** or **Low** risk; assessment outcomes will either be '**At Risk**' or '**No Apparent Risk**'.
- If an individual is located in a Safer Cell for 72 hours or more, a unit manager must attend the next case conference and all subsequent case conferences until they are accommodated in normal accommodation.
- Anyone who is supported on the strategy within six weeks of any possible release date should have a reintegration case conference to address any concerns relating to that release.
- Single leaf paperwork has been developed to enable scanning and electronic storage.
- Improved governance arrangements have been introduced with an additional audit process. Following closure of the case, all paperwork should be forwarded to the Local Suicide Prevention Coordinator who will ensure a minimum of 20% are audited.

Talk to Me: Strategy & Principles

KEY AIMS: to assume a shared responsibility for the care of those 'At Risk' of suicide; to work together to provide a person centred care pathway based on an individual's needs, strengths and assets and promote a supportive environment where people in our custody can ask for help.

KEY PRINCIPLES OF THE PREVENTION OF TALK TO ME STRATEGY:

1. The prevention of suicide is everyone's business and all members of the prison community must take immediate action when heightened risk is identified.
2. The strategy provides an improved person-centred care approach to prevention of suicide in our prisons and all staff should commit to ensure the best possible care for those in our custody. Care is central to everything we do and can only be achieved through effective multi-disciplinary teamwork.
3. The multi-disciplinary approach enables the whole prison community, including people in prison, to work together to identify vulnerable individuals, share information and encourage those "At Risk" to accept help and support.
4. Through the use of the strategy, SPS will promote and encourage: improved family involvement where the individual has given consent; improved care-planning and communication through the case conference process; less dependence on 'anti-ligature' clothing and accommodation and an improved culture of contact and support.
5. The strategy promotes an asset-based approach which focuses on the strengths of the individual while addressing their needs.
6. We create a positive environment which reduces the stigma and discrimination regarding mental health and encourages those at increased risk to ask for help and talk about suicide issues.
7. The care of people in prison who are 'at risk' should involve supportive relationships and regimes and where possible reflect normal routine while allowing for engagement in therapeutic interventions. The use of Safer Cells should be limited to exceptional circumstances.
8. Post-incident support following a death, attempted suicide or incident of severe self-harm for all staff and people in prison should be of high importance for local management. Use will be made of the appropriate arrangements in place to support families.

Talk to Me will assist staff to identify those at risk of suicide through effective assessment which will lead to appropriate care enabled by teamwork and support.



1. Assessment

Assessment is a dynamic process, where levels of risk often change, sometimes very quickly.

There is common misconception that all suicidal behaviour can be predicted and this can place undue pressure on those involved in the process. Effective assessment should be evidence-based, consistent and should balance protective and risk factors to achieve a high standard of care.

It is important that an assessment includes appropriate information from the individual and other relevant parties who may have been involved in previous care. Assessment leads to an understanding or formulation of the person's problems and may identify factors that indicate additional risk of suicide. This will assist in the development of a care plan aimed at reducing risk and promoting recovery.

All people being admitted into prison will participate in an assessment of their risk of suicide. Thereafter further assessments will be carried out following any transfer to a different establishment and following any appearances at court or parole hearings, even if held within the establishment. Assessments will also be carried out following any concerns noticed or raised throughout their time in custody.

2. Care

Caring for those most at risk should not focus exclusively on crisis. Establishments/Governors will be required to promote an environment which encourages requests for help and allows people at risk to explore their feelings when they are in distress. It is recognised that early support and intervention often averts crisis.

We will engage with those in distress with compassion and have a common understanding of what it means to respond in a person centred and safe way.

2.1. KEY ISSUES IN CARE

Wherever possible, the care of people in prison identified as being "At Risk" should be provided with their agreement.

- The strategy focuses on care and management where multi-disciplinary participation at case conferences is key to the process.
- Care of those "At Risk" should involve interactive supportive contact. Observation, in itself, is not enough. This should include input from community sources, family and key support where appropriate.
- Care plans must be individualised and reflect individual strengths and assets as well as addressing need.
- The strategy ensures those "At Risk" are cared for in a normal environment where they feel safe, comfortable and relaxed.
- The use of Safer Cells should be limited to exceptional circumstances.
- Those "At Risk" should be offered therapeutic interventions with an interactive regime that can be delivered in an appropriate and supportive environment.
- The strategy promotes an asset based approach within the whole prison community where care planning for those "At Risk" identifies the protective factors that support health and wellbeing and promote self-esteem and coping abilities of individuals.

2.2. TALKING ABOUT SUICIDE

There is significant evidence that talking openly about suicide in a responsible manner reduces such deaths. This strategy has adopted the national approach through the Choose Life Suicide Prevention campaigns:

'Suicide: Don't hide it. Talk about it' and **'Read Between the Lines'**.

Many people in prison find it difficult to seek support because of the stigma they expect to face and the self-stigma and shame of feeling that they are a burden on others. They may feel embarrassed or vulnerable if they tell anyone that they experience mental health problems or are having thoughts of suicide. This taboo needs to be broken.

Making it normal to ask for support, instead of seeing it as a weakness, is a key principle of the strategy and is an attitude that should be championed amongst people in prison and staff colleagues.

Talking directly about suicide gives those individuals permission to say how they feel. People who have felt suicidal will often say what a huge relief it is to be able to talk about what they are experiencing. Once someone starts talking, they have a better chance of discovering other options than suicide.

3. Supportive Environment & Regime

The following section was co-written by an operational Governor and a Prison Listener.

It is crucial that when people in prison are being supported through application of the strategy, this does not result in isolation and that social and mental stimulation continues appropriately. Sensitivity to individual needs should be demonstrated through person-centred care plans, offering an environment and activities that are as normal as possible and ensure the maintenance of personal dignity. People in prison benefit from a sense of purpose and usefulness through appropriate work. Individuals should be encouraged to associate with others, for example, during mealtimes and recreation. The increased opportunity for monitoring offered by this approach should be used in full to inform daily care plan reports as part of the strategy.

Examples of good practice include:

- Physical education provision which is inclusive of those with high needs
- Access to therapeutic and support services
- Provision of hobby materials where safe to do so
- Access to learning and leisure activities such as art therapy, yoga, library and hairdressers
- Access to phone contact with relevant people in the community e.g. family, friends, support workers, Samaritans Helpline
- Access to people in prison who they can talk to such as Healthcare staff, Chaplains, Listeners and Personal Officers
- Access to work and education.



3.1. EFFECTIVE COMMUNICATION & ENGAGEMENT

Open communication is vital between all staff and agencies to meet the needs of those identified as vulnerable or at heightened risk. It ensures that all information and any decisions made are appropriately shared and recorded to demonstrate continuity of care involving family and key supports where appropriate. The individual at risk should be involved in decisions about their own care and staff should maximise opportunities to engage with individuals regarding their care during this period.

Effective communication between prison staff, healthcare staff (especially mental health professionals) and partner organisations as well as the individual at risk, is fundamental to ensuring that proportionate care plans are developed and implemented. It is important that there is no punitive element perceived as a result of the care plan and in times of crisis, focus should be placed on the assets that can be identified and deployed through talking with the individual. Discussion at case conferences will identify appropriate interventions and therapies. The aim is to increase the resilience of the person at risk to enable coping strategies in situations that can be extremely challenging.

After a period of crisis the strategy requires that follow up takes place by talking to individuals about their experience. It is important that this element is not overlooked as it ensures that people cared for under the strategy continue to thrive and that any learning is identified through their experience.

3.2. NATIONAL DESIGN BRIEF FOR SAFER CELLS

A national design for Safer Cells across the prison estate is being developed for use in new and refurbished accommodation. The Safer Cell design will provide a safe and therapeutic environment for use in exceptional circumstances when individuals in distress require alternative accommodation. The National Suicide Prevention Management Group (NSPMG) will provide advice on the appropriate number and distribution of Safer Cells within establishments.

The strategy acknowledges the need for Safer Cells however these should only be used in exceptional circumstances and for as short a time as possible. The Safer Cell specification will ensure individuals are accommodated in an appropriate environment. Senior Managers will be required to monitor the use of Safer Cells as part of the strategy.

4. MULTI-AGENCY/MULTI-DISCIPLINARY PARTNERSHIP WORKING

The strategy will ensure that all staff and agencies working or in contact with people in prison provide a consistent, caring and proportionate response to individuals who are at risk of suicide.

4.1. RELATIONSHIPS

The quality of relationships between the individual at risk and prison officers is a key factor in keeping people safe and encouraging positive self-esteem. The contribution of prison staff and partner agency personnel in making a difference is essential. Management focus on these arrangements will maximise their effectiveness. Contact with supportive family and friends should be encouraged and maintained to contribute to the care of the individual as well as the offer of support from prison chaplains. Maintenance of the Listener Scheme will ensure that individuals at risk have access to trained listeners when requested.

4.2. MULTI-AGENCY PARTNERSHIP

The strategy requires agreement from partner agencies to participate in the process and share information to improve the safety of those at risk of death by suicide. The Scottish Accord for the Sharing of Personal Information (SASPI) with NHS Health Boards will enable effective communications essential for the continuity of care for the individual at risk.

The strategy promotes multi-disciplinary and multi-agency working through the case conference process, which is the decision making process that supports and cares for those at risk. This approach is also required to provide the care and interventions necessary to reduce the individual's risk of suicide.

Where appropriate, the family and key supports should be considered as part of the team supporting the individual at risk. Family members provide vital information to inform the assessment of the individual as well as providing support as part of the case conference and care planning process. This information needs to be recorded and kept on file.

5. SUPPORT ON RELEASE & REINTEGRATION

The strategy will ensure that when a person at risk is released from prison, the safety of the individual is paramount. Support arrangements should assist community reintegration and enable access to any specific support services the person may require.

Support arrangements for an "At Risk" individual should include:

- Early engagement by external agencies before the individual returns to the community
- Access to support services including mental health and counselling services
- Effective partnership working and communication between SPS, NHS Health Boards, local authorities, and other Third Sector organisations
- Advice, guidance and assistance to vulnerable individuals and their families prior to release
- Continuation of interventions and treatments commenced in custody
- Provision of 'through the gate' services to ensure safety immediately on release from prison.

6. TRAINING

The strategy will be supported by a Suicide Prevention training programme which will assist in developing a workforce with the capabilities to identify and assess those at risk of suicide and care for them with compassion.

There are 3 main training products to support staff and these will be delivered to new and existing personnel. These products are structured around the needs of the various staff groups and partner agencies working in prisons, as below:

- **Core Training:** for all staff with regular, unescorted contact with prisoners
- **Awareness Training:** for those with only limited prisoner contact
- **Refresher Training:** both e-learning and classroom; for all identified staff.

Governors will identify the appropriate training for their staff groups and partner organisations.

Suicide Prevention training is intended to support staff and build upon already well embedded training practices.



7. POST-DEATH IN CUSTODY

The strategy is underpinned by existing policies regarding procedures to be followed in the event of a death by suicide in prison. These include the preservation of evidence, communication with appropriate parties, and supporting staff and other people in custody. Investigation into a death by apparent suicide in custody will always be carried out by the police with further investigation by the Procurator Fiscal as part of the Fatal Accident Inquiry process.

7.1. CRITICAL INCIDENT RESPONSE & SUPPORT (CIRS)

Following a suicide in prison the CIRS process should be implemented and an operational debrief arranged as soon as possible. This should include both SPS and NHS personnel. The operational debrief focuses on processes and procedures involved during and immediately after the discovery of a death by suicide. The CIRS model is designed to help staff make sense of the reactions they are experiencing following an incident and to assist them to feel more in control of what is happening to them. This also provides an opportunity for early recognition of employees who are experiencing a marked psychological response and allows early access to specialist short-term therapeutic intervention.

7.2. DEATH IN PRISON LEARNING, AUDIT & REVIEW (DIPLAR)

When a death occurs in custody, SPS and NHS Health Boards must analyse the incident in full and identify any learning opportunities to improve services.

DIPLAR is the joint SPS and NHS process for reviewing all deaths in custody and provides a system for recording any learning and identified actions. It ensures openness and transparency of practice and opinion and focuses on establishment self-improvement.

The DIPLAR is designed to consider the circumstances of the incident and the immediate actions taken.

It should examine how the person was being managed in prison and whether shared practice and service integration was in-situ. A further aim is to consider how the incident impacted on staff involved in the incident or known to the person, other people in prison, the person's family, management processes and practice, and the establishment as a whole.

The DIPLAR process allows SPS and NHS to develop an evidence base through a reporting and learning system that analyses all deaths and contributes to improving not only its strategy, but other suicide prevention strategies throughout Scotland.

The Governor-in-Charge should instruct the local Suicide Prevention Coordinator to arrange a DIPLAR meeting which should be attended by all relevant personnel from SPS, NHS and partner agencies.

This may take time due to the range of personnel required to attend however should take place no later than eight weeks after the death to ensure that any actions are dealt with.

7.3. FATAL ACCIDENT INQUIRY (FAI)

All deaths in prison are likely to be subject to a Fatal Accident Inquiry (FAI) under the Fatal Accidents and Sudden Deaths Inquiry (Scotland) Act 1976. However the decision to hold an FAI is a matter for the Lord Advocate/ Procurator Fiscal.

SPS is required to gather and preserve relevant information for the FAI. It is the responsibility of the Governor-in-Charge to ensure all relevant documents and information are collated and shared with SPS Legal Services Branch. The Procurator Fiscal will require the full set of all original paperwork relating to the individual as well as copies of all electronically held information.

Healthcare records belong to the NHS Health Board and will be requested directly by the Procurator Fiscal.

SPS Legal Services, establishment senior managers, SPS solicitors and Human Resource Business Partners should work together to minimise staff concerns and anxieties through existing policies, training and support.

8. BEREAVEMENT

A death in custody is devastating for families and affects the whole prison community. The strategy highlights the importance of providing appropriate support and bereavement care.

8.1. FAMILY

Losing someone to suicide whilst they are in prison can be difficult to understand. Having a relative or friend in prison impacts on personal and family relationships and when a death by suicide happens it is a normal reaction to want to know what happened.

Following a death in custody it is the role of Chaplains to act as the first point of contact with the bereaved family. Chaplains are experienced in the care of the bereaved and are well placed to offer support at a time of acute loss, anguish, distress and confusion. (See Guidance Notes on the Role of the Chaplain.)

Family members may be worried about the funeral, finances, and speaking about their relative's suicide and it may help to offer, or signpost, support to family members through community agencies such as bereavement counselling, Samaritans and chaplaincy contacts.

8.2. STAFF

Staff may have come to know the person who has died and may find themselves grieving, upset and saddened. Officers together with NHS staff are often the first-responders to the death by suicide in custody which can be sudden and unexpected. These factors increase the degree of shock and trauma experienced compared to many other types of bereavement. It is important that staff are supported by managers and through the CIRS policy.

8.3. PEOPLE IN PRISON

Those living beside the person who has died or who knew them well will also be amongst the bereaved and may be upset and saddened although this may not be apparent. Prison culture can make it difficult for people to express their emotions. Those sharing the same accommodation area, or friends of the deceased, should be given the opportunity to talk with a Listener, a Chaplain, or a Mental Health Nurse. Times of quiet may also help and a visit to the Prison Chapel or garden may be valued. A memorial service may be offered to those people in prison and staff.

One loss often links to another and a death in custody may lead to people in prison seeking bereavement care or counselling. Referrals should be made to chaplaincy or the Mental Health Team and if appropriate to a bereavement counselling service.



9. RESEARCH & EVIDENCE

Ensuring that the strategy remains effective requires ongoing analysis and research. This strategy links with SPS internal reporting and review processes and will contribute to the Scottish Suicide Information Database (ScotSID) and the National Confidential Inquiry into Suicide and Homicide which inform national suicide prevention policies.

9.1. DATA COLLECTION & EVIDENCE GATHERING

Local Suicide Prevention Coordinators will be responsible for collecting relevant local data and for contributing to national databases through agreed reporting processes.

9.2. EVALUATION & RESEARCH

As part of the principles of this multi-agency strategy, SPS will work with partner agencies such as Samaritans, Health Scotland, NHS Health Boards, and Families Outside, in reviewing and evaluating the Talk to Me strategy.

The SPS National Suicide Prevention Management Group (NSPMG) will monitor and analyse data relating to death by suicide in prison and provide advice on areas for ongoing research to ensure continual improvement in practice and policy.

10. GOVERNANCE ARRANGEMENTS

Governors-in-Charge provide leadership and retain overall accountability for the strategy in their establishment. They will have a Local Suicide Prevention Group responsible for the delivery of their local plan and monitoring of the application of the strategy locally.

10.1. LOCAL SUICIDE PREVENTION GROUP

The Local Suicide Prevention Group is a multi-disciplinary, multi-agency group including Listener representation that is chaired by an SPS Senior Manager.

The key responsibilities of the group are:

- Monitor and maintain staff and people in prison's suicide prevention awareness
- Identify training needs
- Monitor local application of the procedures through local and Prisons Resource Library (PRL) audits
- Support the application of the strategy through multi-agency and multi-disciplinary team working, liaison and information sharing
- Liaise with the National Suicide Prevention Management Group (NSPMG) on emerging issues and concerns.

Additional responsibilities of the group are detailed in the Talk to Me Guidance document.

10.2. LOCAL SUICIDE PREVENTION COORDINATOR

Each establishment will have a Local Suicide Prevention Coordinator who is a member of the senior management team. Their key responsibilities are to liaise with partner agencies such as Samaritans and coordinate essential strategy activities. They will also network with other establishments, sharing information and local best practices through the Suicide Prevention Coordinators Forum.

Incidents of self-harm and apparent suicide/attempted suicide should be reviewed locally by the Local Suicide Prevention Coordinator to establish any patterns in location or cause and identify common sources of stress. Monthly statistical return of incidents of self-harm and attempted suicide will be sent to the National Suicide Prevention Manager.

Additional responsibilities of the Local Suicide Prevention Coordinator are detailed in the Talk to Me Guidance document.

10.3. NATIONAL SUICIDE PREVENTION MANAGEMENT GROUP (NSPMG)

The NSPMG is the steering group responsible for the governance of the Talk to Me Strategy. It is a multi-disciplinary group and membership includes SPS, NHS Health Boards, Health Scotland, Families Outside, Breathing Space and the Samaritans.

The remit of the group is:

- Monitor and review the national strategy
- Review all self-inflicted deaths in custody and monitor progress against any actions identified through the DIPLAR process
- Review all FAI determinations and monitor any actions identified for SPS
- Monitor local activity and issues and agree any actions or changes to policy that are required
- Monitor compliance with Suicide Prevention of training
- Identify and agree any changes to prison facilities to improve the safety of at risk people in prison
- Communicate any changes to suicide prevention policies within the community and agree actions where there are implications for SPS
- Commission research to provide evidence and inform future review of the strategy.

11. PARTNERS IN PREVENTION OF SUICIDE IN PRISON

This strategy is a multi-agency strategy which acknowledges that partnership working is essential for providing a comprehensive and coordinated response to suicide prevention. The key partners in the strategy are the NHS Health Boards, Health Scotland, Samaritans, Breathing Space and Families Outside who provide support and expertise in the application of the process as well as supporting individuals at risk and their families.

11.1. SAMARITANS/LISTENER SCHEMES

As part of the strategy each establishment should have a Listener Scheme in operation. Listeners are people in prison who are specially selected, trained and supported by Samaritans. They are regarded as an extension of Samaritans and offer absolute confidentiality to those who ask to speak with them. SPS has a Service Level Agreement with Samaritans to support the management and training of Listeners. Samaritans can be of assistance in developing the understanding of staff and people in prison, supporting them and training and supporting Listeners. With the consent of people in prison, Samaritans may be invited to attend case conferences and may attend local Suicide Prevention Groups where they will contribute to discussions on policy and procedures but not on individual cases.

Establishments should ensure that people in prison have free access to the Samaritans Helpline and to their Freepost Correspondence service.



11.2. FAMILIES OUTSIDE

Families Outside is a national organisation that works exclusively on behalf of families affected by imprisonment in Scotland. The imprisonment of a family member can have a negative impact on the social, emotional, financial, and educational development of the remaining family members. Families Outside operates a free, confidential helpline, which aims to enable and empower families providing support and information. Further support is available through Family Support Co-ordinators, involved with families on a one-to-one basis. Friends and family may express concern about the welfare and vulnerability of people in prison, especially where there is a perceived level of risk regarding suicide or self-harm. Families Outside staff can refer families to named officers e.g. Family Contact Officers (FCOs) and will continue to provide support to families concerned about their loved one's welfare and in the event, following a suicide.

11.3. NHS HEALTH BOARDS & NHS HEALTH SCOTLAND

NHS Health Boards are key partners in the success of Talk to Me and managing people in custody who are in distress.

The transfer of responsibility for the delivery of healthcare from SPS to NHS Health Boards in November 2011 was to ensure equity in healthcare and to uphold European and International standards for the healthcare of prisoners.

The key factors to the success of this partnership between SPS and NHS Health Boards are:

- Effective collaboration, communication and trust between both partners
- Demonstrating common outcomes such as reducing inequalities, improving health and reducing reoffending
- Evidence of commitment to continuous improvement by sharing good practice and agreeing joint solutions to challenging issues.

The SPS and NHS Health Boards have a common purpose to:

- To reduce health inequalities
- To preserve life and reduce harm
- To provide a safe, secure environment for the health assessment and treatment of people in custody
- To work with other agencies to maintain this common purpose
- To reflect and learn following a suicide to ensure a culture of continuous improvement.

11.4 BREATHING SPACE

Breathing Space provide a safe and supportive space by listening, offering advice and providing information. They offer a free, confidential, phone service for anyone in Scotland experiencing low mood, depression or anxiety. Their free phone line is available in prisons and the service is promoted through the National Prisoner Induction.

Breathing Space work in partnership with SPS to develop and improve access to listening services for those in custody. This service is essential for those in distress who may find it difficult to have a face-to-face conversation with a member of staff or healthcare professional.

12. Conclusion

SPS and all partner agencies are committed to caring for those in distress and those at risk of suicide. Whilst not every suicide is preventable, enactment of this strategy will assist the identification of those who are vulnerable and ensure that an individualised care plan is provided to maximise support through this difficult time.

We will continue the ethos of the previous ACT 2 Care strategy by encouraging engagement with those at risk and facilitating opportunities for open discussion to reduce the stigma surrounding suicide and ultimately decrease the incidence of suicide in prison.

In addition we thank the following individuals who contributed to the various work streams which supported the development of the strategy.

Scottish Prison Service (SPS)

Kirsty Halliday, Head of Psychology, HMP & YOI Cornton Vale

Jim O'Neill, Senior Legal Services Manager, SPS HQ

Kerry Docherty, Records Retention and Storage Manager, SPS HQ

Evelyn Munro, Training Manager, SPS College

Mandie Craig, Reintegration & Resettlement Manager, HMP & YOI Cornton Vale

Mitch Baillie, Unit Manager, HMYOI Polmont

Linda Dorward, Deputy Governor, HMP Edinburgh

Amanda Jopp, Residential Officer, HMYOI Polmont

Chris Stewart, Fitness & Health Instructor, HMP & YOI Cornton Vale

Scott Kerr, Prisons Information & Assurance Manager, SPS HQ

Paul Davidson, Policy Manager, Strategy & Innovation, SPS HQ

Barbara Frederick, First Line Manager & Suicide Prevention Coordinator, HMP & YOI Cornton Vale

Fiona Johnston, First Line Manager & Suicide Prevention Trainer, HMP Edinburgh

Scott Langlands, Residential Officer, HMP Perth

Kerry Illand, First Line Manager & ACT Trainer, HMP Perth

Helen McRitchie, Residential Officer, HMP & YOI Cornton Vale

Stuart Pomfret, Policy Manager Throughcare, SPS HQ

Private Prisons

Joanne Jones, Custody Officer, HMP Kilmarnock

NHS

Claire McBeath, Practitioner Nurse, HMP & YOI Cornton Vale

Partners

Tony McLaren, National Coordinator, Breathing Space

Fiona Malcolm, Executive Director of Operations, Samaritans

We would also like to acknowledge the expert advice and feedback provided by the National Suicide Risk Management Group (NSRMG) and the SPS Executive Management Team.

Lesley McDowall

Health Strategy & Suicide Prevention Manager

Scottish Prison Service

