

UNLOCKING HOPE:  
EMBRACING INNOVATION TO ADDRESS SUICIDE  
PREVENTION AND OTHER HARMS IN THE CRIMINAL  
JUSTICE SYSTEM.

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# PROFESSOR KAREN SLADE



Professor of applied forensic psychology at Nottingham Trent University & up to 2024 HMPPS Strategic Lead for Deaths Under Probation Supervision

Chartered and Registered Practitioner Forensic Psychologist

Senior Leadership roles in suicide prevention within clinical, operational and policy roles

Worked closely for over 30 years with police, prison, probation, emergency and health services plus 3<sup>rd</sup> sector on suicide prevention and self-harm management.

salt; 2 tablesp. butter or margarine; dash cinnamon. Add 1 1/2 lb. 2-oz. can vacuum-packed sweet potatoes. Turn heat low; cook, uncovered, turning occasionally, 15 to 20 min., or until potatoes are well glazed. Or place potatoes in greased shallow baking pan; add syrup. Bake, uncovered, turning now and then, at 400°F. 40 to 25 min. Makes 5 or 6 servings.

#### CANDIED SWEET POTATOES

4 medium sweet potatoes	1/2 cup dark corn syrup
1/4 cup butter or margarine	2 tablesp. water
	1/4 cup brown sugar, packed

Cook unpared scrubbed sweet potatoes in boiling water 15 min. Cool; peel; halve lengthwise.

In skillet,\* place butter, corn syrup, water, brown sugar. Arrange potatoes on top, with cut sides down. Cook over very low heat, uncovered, basting occasionally, about 1 hr., or until potatoes are tender and well glazed. Makes 6 servings.

\* If preferred, use shallow baking dish instead of skillet. Then bake, uncovered, basting occasionally, at 375°F. 1 hr., or until well glazed.

#### SPECIAL CANDIED SWEET POTATOES

2 lb. peeled, cooked sweet potatoes	margarine
1 cup drained, cooked dried apricots	1/4 cup liquid drained from cooked apricots
1 cup brown sugar, packed	1 tablesp. grated orange rind
1/4 cup melted butter or	1/4 cup chopped walnuts

Start heating oven to 375°F. Cut sweet potatoes into thick slices; arrange layers of some of potatoes in greased 10" x 6" x 2" baking dish. Cover with layer of some of apricots; sprinkle with some of brown sugar. Repeat layers. Combine butter, apricot liquid, orange rind. Pour over layers. Bake, uncovered, 45 min., basting once or twice with liquid in bottom of dish. Top with nuts last 5 min. Makes 8 servings.

**Baked Sweet Potatoes and Apples:** Substitute 2 cups thinly sliced, pared cooking apples for apricots and their liquid.

**Quickie Sweets:** Substitute 1 No. 2 can vacuum-packed sweet potatoes for fresh potatoes, 1 No. 2 can applesauce for apricots and their liquid.

#### ORANGE CANDIED SWEET POTATOES

8 pound medium sweet potatoes	packed
1/4 cup butter or margarine	2 tablesp. honey
1 cup brown sugar,	1 tablesp. grated orange rind
	1/4 cup orange juice

Start heating oven to 400°F. Halve sweet potatoes lengthwise; peel; cut out 1/2" slices (do not cut too close to skin). In skillet, melt butter, brown sugar, orange rind and juice. Cook potatoes in skillet, basting often, 20 min., or until potatoes are tender and golden brown. Makes 8 servings.

**To Do Ahead:** Assemble casserole early in day; refrigerate. To serve, bake at 400°F. 45 min.; then uncover and bake 20 min.

**Pineapple Sweets:** Substitute 1 buffet-size can crushed pineapple, undrained, for honey, orange rind, and juice.

#### PAN-ROASTED SWEET POTATOES

Substitute sweet potatoes for white potatoes in Franconia, or Pan-Roasted, Potatoes, p. 267.

#### FRIED SWEET POTATOES

Make Susan's Hashed Brown Potatoes, p. 268, using cold cooked sweet potatoes cut into 1/2" cubes and stirring cubes often so they will brown on all sides.

#### WHITE POTATOES

**To Buy, to Prepare:** See chart, p. 264.

#### BAKED POTATOES

Start heating oven to 450°F. Wash, then dry, medium or large unpared potatoes as nearly the same size as possible, so they will bake in same time. Rub each with salad oil. Arrange on small baking sheet or oven rack. Bake 45 to 60 min., or till tender when tested with fork.

**To serve:** Remove potatoes from oven at once; with fork, prick to let out steam. Immediately cut 1 1/2" cross in top of each. Then, holding potato with clean towel, press from bottom until snowy white interior partially bursts through cross. Break up lightly with fork. Top with salt,

butter or margarine, and paprika. Serve at once, to avoid sogginess.

**For Oven Meats:** If oven is set for another dish at temperature lower than 400°F., bake potatoes along with it until tender.

**Stuffed Baked Potatoes:** 1. 2 unpared medium-sized potatoes; 2. 7 unpared medium-sized potatoes. Peel; cut into 1/2" slices (do not cut too close to skin). In skillet, melt butter, brown sugar, orange rind and juice. Cook potatoes in skillet, basting often, 20 min., or until potatoes are tender and golden brown. Makes 8 servings.

**To Do Ahead:** Assemble casserole early in day; refrigerate. To serve, bake at 400°F. 45 min.; then uncover and bake 20 min.

**Cheese-Stuffed Baked Potatoes:** Prepare Stuffed Baked Potatoes, above, adding to mashed potatoes 2 to 4 tablesp. crumbled blue cheese.

#### REBAKED POTATOES

Start heating oven to 350°F. With fork, mash 1 minced clove garlic to pulp with 1/4 tablesp. salt (or use garlic press); blend with 3 tablesp. salt butter or margarine, 2 tablesp. ground Parmesan cheese, 1/4 tablesp. paprika, dash pepper. (Or substitute 1/4 cup cheese spread—sharp, blue, or pimento—for this mixture.)

Slash 4 unpeeled, cold baked medium potatoes into 1/2" slices almost all the way through. Spread garlic mixture between slices. Bake 20 min. Makes 4 servings.

#### CASSEROLE-ROASTED POTATOES

Start heating oven to 350°F. Wash, and pare 4 medium potatoes; roll in 2 tablesp. melted butter or margarine, then in combined 1/4 tablesp. salt and 1/4 cup packaged dried bread crumbs. Place in 2-qt. casserole. Bake, covered, 45 to 60 min., or until tender. Makes 4 servings.

► **For 2:** Halve ingredients; use 1-qt. casserole.

#### FRANCONIA, OR PAN-ROASTED, POTATOES

About 1 1/4 hr., before roast meat is done, boil 8 pared medium potatoes 10 min. Drain; arrange

around meat in roasting pan. Bake 45 to 60 min., or until tender, turning occasionally and basting with fat in pan. Plan so meat and potatoes are done at same time.

When meat is done, remove to heated platter. If potatoes are not brown enough, place in pan under broiler; turn as they brown.

**To serve:** Sprinkle potatoes with paprika, snipped parsley, or dried thyme. Arrange around meat. Makes 5 or 6 servings.

**To Vary:** If no meat is available, after draining boiled potatoes, arrange in shallow pan, in 1 tablesp. butter, margarine, or salad oil for each potato. Bake at 400°F., turning often, 40 min., or until tender and brown.

#### BOILED MATURE POTATOES

Prepare, then cook potatoes, unpared or pared very thinly as on p. 264. Drain; then hold each potato on fork and peel if necessary. Return to steamer; heat, uncovered, over very low heat, shaking pan gently, 2 min., or until potatoes become mealy. Sprinkle with salt, pepper; pour on melted butter or margarine. If desired, to butter, add snipped parsley and a little lemon juice.

**Creamed Potatoes:** After potatoes are drained and peeled, dice. Pour on Vegetable Sauce, p. 265 or Quick Cream Sauce, p. 274. (Allow 1 1/2 cups sauce per 3 to 3 1/2 cups diced potatoes.) Sprinkle with snipped parsley or chives.

#### BOILED NEW POTATOES

Prepare, then cook, new potatoes as on p. 264 (leave skins on and scrape lightly; or pare off narrow strip from center of each). Drain. Peel off skins if desired. Season with salt, pepper; pour melted butter or margarine over all. Sprinkle with snipped parsley or paprika. Or add sautéed minced onion, basil, or snipped chives or mint.

**Creamed New Potatoes:** After draining cooked potatoes, heat in thin cream; season to taste. Or pour on one of these sauces; then sprinkle with paprika or snipped parsley. Allow 1 cup sauce for every 8 hot small new potatoes.

Quick Cream, p. 274    Sour Cream, p. 273  
Quick Mushroom, p.    Vegetable, p. 276



snipped parsley, or dried thyme. Arrange around

Mango Jam

Just turning mangues.

4 cups peeled & sliced

2 1/2 " Sugar

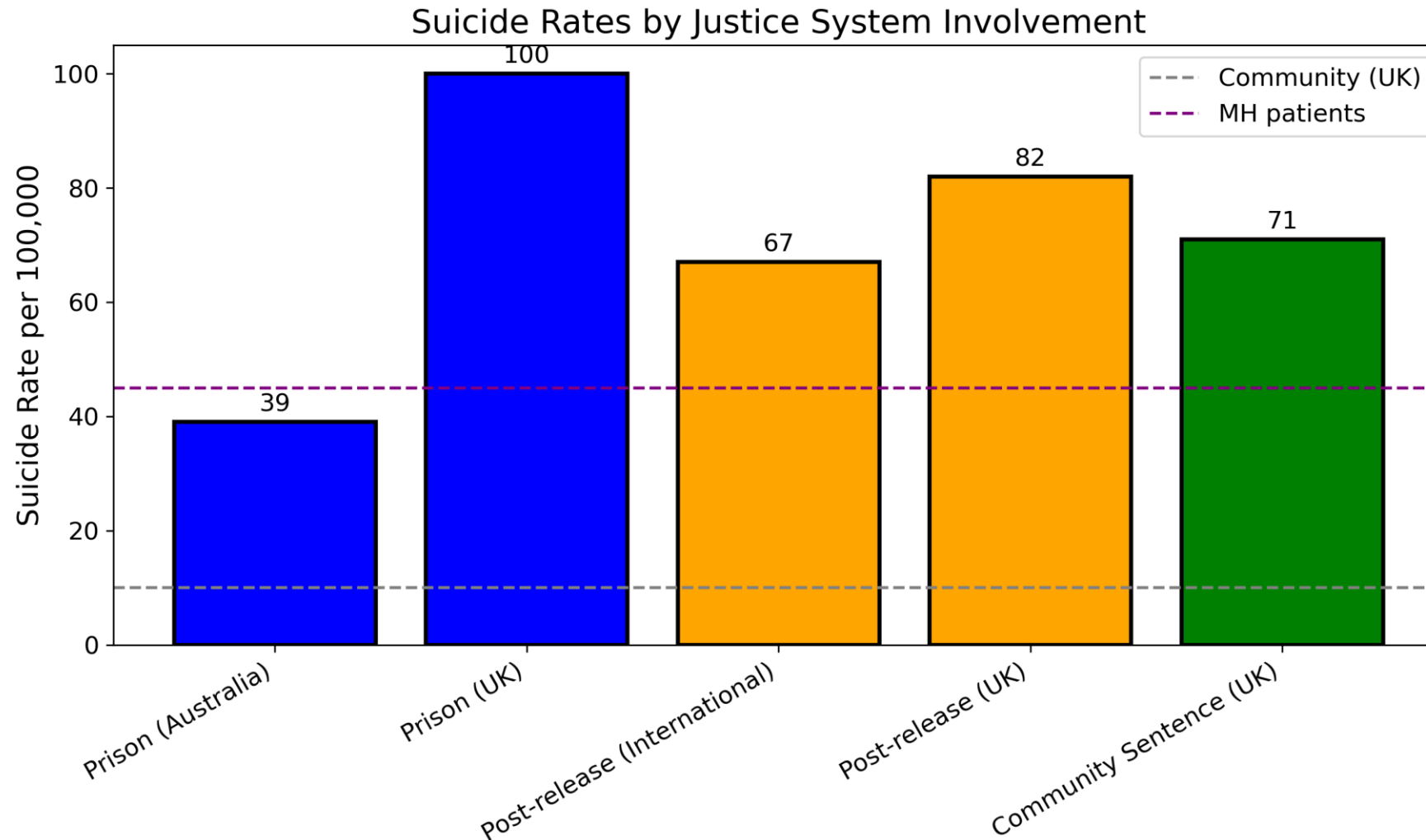
1 tsp lime or lemon juice

1/2 cup water -

Cook fruit & water gently for a few minutes, then add sugar and cook rapidly until thick stirring constantly. Seal in jars if desired.

# MAKING IT PERSONAL

# SUICIDE RATES ACROSS THE CJS



# Making Change in Suicide Prevention

20 years • Makes many servings

## INGREDIENTS (WHO, 2007)

- I. Staff training
- II. Written procedures
- III. System to manage/respond after identifying someone at increased risk
- IV. Intake and post-intake screening
- V. Prison Climate and Culture
- VI. Communication around high-risk people in prison
- VII. Mental health treatment and communication
- VIII. Debriefing staff and learning from incidents

## METHOD





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# Intake and post-intake screening

Archives of Suicide Research, 22:345–364, 2018  
Copyright © International Academy for Suicide Research  
ISSN: 1381-1118 print/1543-6136 online  
DOI: 10.1080/13811118.2017.1334611



## Suicide Screening Tools for use in Incarcerated Offenders: A Systematic Review

Charlotte Gould, Tristan McGeorge, and Karen Slade

*Self-inflicted deaths in prisons in England and Wales, recently reported as the highest in over a decade, are a significant cause of mortality. A lack of guidelines surrounding the screening and identification of suicide risk of new prisoners along with a dearth of effective screening tools indicate the need for review. Our aims are to examine findings on the effectiveness of prison specific suicide screening tools used with adult prisoners. Papers were identified via systematic searches of databases, scanning grey literature, and reference checking. Included studies were published over the period between 2000–2016. PRISMA guidelines were followed. Studies were selected based on population – adult imprisoned offenders; intervention – suicide screening tool; comparators – participants screened vs. not screened outcome – suicide or attempted suicide. Data was extracted manually. A narrative synthesis presented the findings between different screening tools. Eight screening tools were critically appraised. Evidence suggested that the VISCI and Dutch screening tools are most effective in identifying those at risk and reducing suicide and/or self-harm behavior. Variance in methodological quality and associated factors indicate the need for further development of prospective studies to develop robust screening tools. This study is registered with PROSPERO (CRD42016035471).*

**Keywords** adult offenders, prison, screening, self-inflicted deaths, suicide

### BACKGROUND

Self-inflicted deaths (SIDs) in the English and Welsh prison estate<sup>1</sup> have recently been declared as the highest in over a decade; current data demonstrate that 119

<sup>1</sup>In this paper the term “prison estate” refers to all institutes used to incarcerate both remand and sentenced offenders.

Color versions of one or more of the figures in the article can be found online at [www.tandfonline.com/uaui](http://www.tandfonline.com/uaui).

SIDs occurred in England and Wales in 2016; representing an increase of 329% from the previous year (Ministry of Justice, 2017). England and Wales are not unique in this respect and epidemiological studies show that suicide rates in the prison population are greater than that of the general population (Fazel, Grann, Kling, & Hawton, 2011). In European countries, the prison suicide rate is approximately

Suicidal ideation (thinking) during the current period in prison

A history of attempted suicide

Living in a cell on their own

Current psychiatric diagnosis

On Remand (awaiting trial)

Convicted of a violent offence, in particular homicide

Serving a life sentence

Having no social visits

= Risk assessment  
& prediction



Systematic review by Zhong et al., (2021) In order of OR



# Intake and post-intake screening

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up to 95% missed

There are NO tools able to predict who will act



Prevention is not prediction

[NICE \(2024\)](#) & CMO

*Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm*

*Do not use global risk stratification into low, medium or high risk to predict future suicide*



Bring in the  
research for  
risks and  
triggers

## Individual Needs Assessment



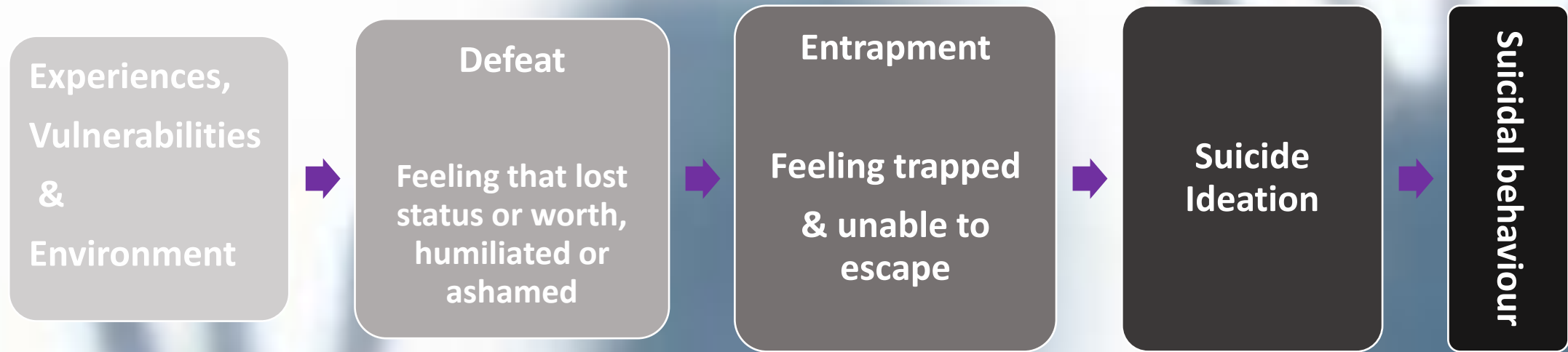
But why? –  
what does  
the person  
experience?

## **Individual Needs Assessment**





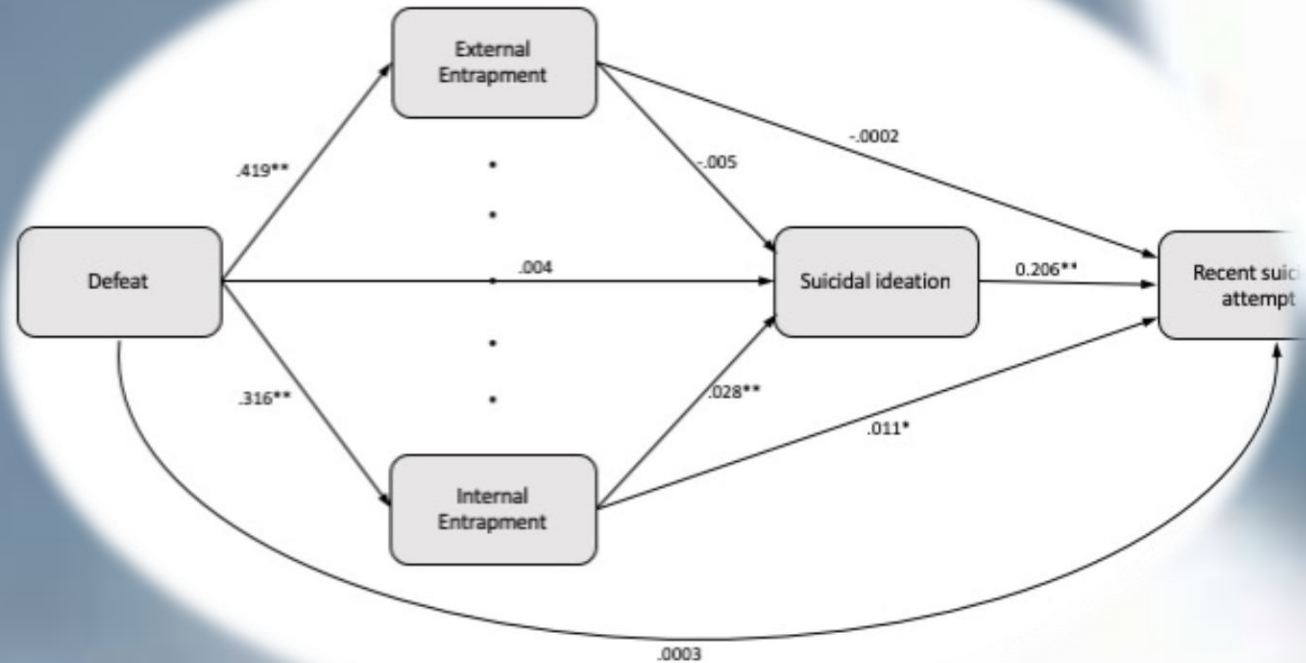
# Integrated Motivation-Volitional (IMV) Theory



# Pathway of the IMV model

A study of 10 prisons found that feelings of defeat lead to internal entrapment (feeling trapped by one's own thoughts/emotions), which then leads to suicidal thoughts, and finally to suicide attempts within the past two years.

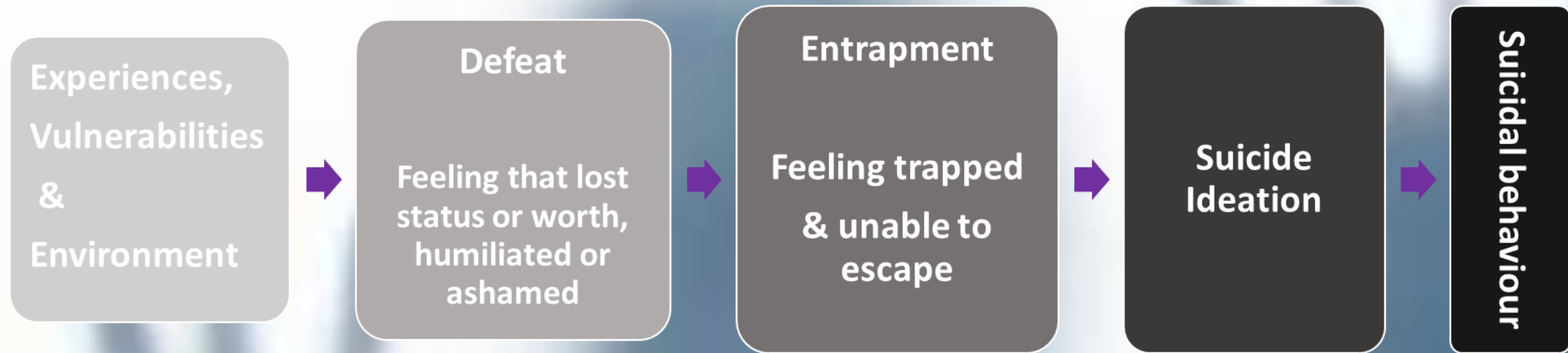
This pathway operated independently of hopelessness levels and was driven by internal rather than external feelings of entrapment.



Scowcroft et al. (2020) [\(PDF\) Exploring the effectiveness of Samaritans' Listener Scheme and prisoner suicide through the lens of the IMV model of suicidal behaviour](#)

# Theory in practice

Based on Cry of Pain (Williams, 2001) & IMV model O'Connor & Kirtley (2018)



Comparing how many people had been identified BEFORE they self-harmed (Slade et al., 2014):

- Current prison system: 39% identified
- Using theory: 83% identified

Add in approaches based on tested theory of why and how the person experiences the suicidal process



# Making Change in Suicide Prevention

20 years • Makes many servings

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~~Intake and post-intake screening~~
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## METHOD

1. Before starting, ensure you have staff training, written procedures and a system of management for people at increased risk in place.
2. To make it effective:
  - ✓ Use research to shape
  - ✓ Enhance approach by integrating good theory
  - ✓ Understand their perspective



# ENGAGING WITH THE COMPLEX

We know that self-harm is the strongest risk factor for suicide

Study was looking at people with repeated self-harm or violence compared with people with only one episode - nice clean study groups.

The discarded pile was huge and so had a look at who was in this 'discarded' pile

## Dual harm: an exploration of the presence and characteristics for dual violence and self-harm behaviour in prison

Karen Slade

### Abstract

**Purpose** – The purpose of this paper is to quantify the characteristics of dual-harm behaviour in prison in comparison with sole self-harm or assault behaviour in prison, with an analysis of the distinguishing features. **Design/methodology/approach** – Official data on in-prison incidents, demographic and offending information was analysed for 328 prisoners in two prisons in England.

**Findings** – Proportions of up to 42 per cent of offenders who assault others in prison will also engage in self-harm and vice versa. Dual-harm prisoners will engage in a broader and greater frequency of prison incidents than either sole group; with dual-harm prisoners reflecting greater proportions of damage to property and fire-setting. There were no differences in their time in prison or presence of serious violent current conviction; however, an index offence of drug supply was less likely in the dual-harm group, with minor violence slightly more likely in longer sentence prisoners. There was no difference for the dual-harm prisoners whether the first incident was self-harm or violence, with mean duration from sole to dual harm of less than three months.

**Practical implications** – In-prison behaviour can assist in the identification of prisoners at dual risk of harm. Greater inclusion of in-prison behaviour and awareness of dual harm in research methodologies may assist in improving risk management. A wider use of joint risk assessment and single case management approach is suggested for prisoners with dual-harm profile.

**Originality/value** – This is the first study on dual-harm behaviour in UK prisons and to evaluate their wider prison behaviour and offending characteristics.

**Keywords** Self-harm, Prison, Violence, Assault, Dual harm, Single case management

**Paper type** Research paper

Karen Slade is an Associate Professor of Applied Forensic Psychology at the Department of Psychology, Nottingham Trent University, Nottingham, UK.

### Introduction

Interpersonal violence and self-harm in prisons are not new phenomena, but remain two of the most frequently reported adverse events. Rates of physical violence and self-harm in prisons are considerably higher than those reported in the general population: National Statistics from England and Wales provide evidence of rising rates of assault amongst male prisoners of up to 307 per 1,000 prisoners (Ministry of Justice, 2017) with rising rates reported in other jurisdictions – in some cases up to 18 times the rate for the general population (e.g. Wolff *et al.*, 2007; NY Board of Correction, 2015a). Similarly, self-harm rates are high in male prisons, with current rates in England and Wales reported at 399 per 1,000 prisoners (Ministry of Justice, 2017) with similarly rising rates in Canada over recent years (The Correctional Investigator Canada, 2015). A related concern is the risk of fatal violence and suicide, with evidence that homicide in prison is a significant problem in some countries in the Americas, and suicide, the leading non-natural cause of prison deaths in Europe (Prison Reform International, 2014).

There is, however, growing evidence that self-destructive behaviour may contribute to general violence risk and indeed, it is already considered within some risk assessment frameworks (e.g. HCR20 version 3; Douglas *et al.*, 2012). Furthermore, previous community violent offending

Received 23 March 2017  
Revised 1 August 2017  
Accepted 15 August 2017



# DEFINING DUAL HARM

“Persons displaying both  
harm to self and harm to  
others”

(Slade, 2018)

*Violence = physical assault*

*Self-harm = self-harm behaviour  
irrespective of intent*





# THE DUAL HARM CONUNDRUM



# PREVALENCE

Adults who dual harm in prison = **11-16%** of the prison population [E&W] and **20%** in Northern Ireland.

## **Self-harm > violence (UK & US)**

Percentage of those who self-harm in prison who engaged in physical violence in prison

**60%** of adult men

**72%** of 18-21 young men

**40%** of adult women

## **Violence > self-harm (UK & US)**

Percentage of those who use physical violence in prison who engage in self-harm in prison

**33%** of adult men and women

**23%** of young men

# What about in prison?

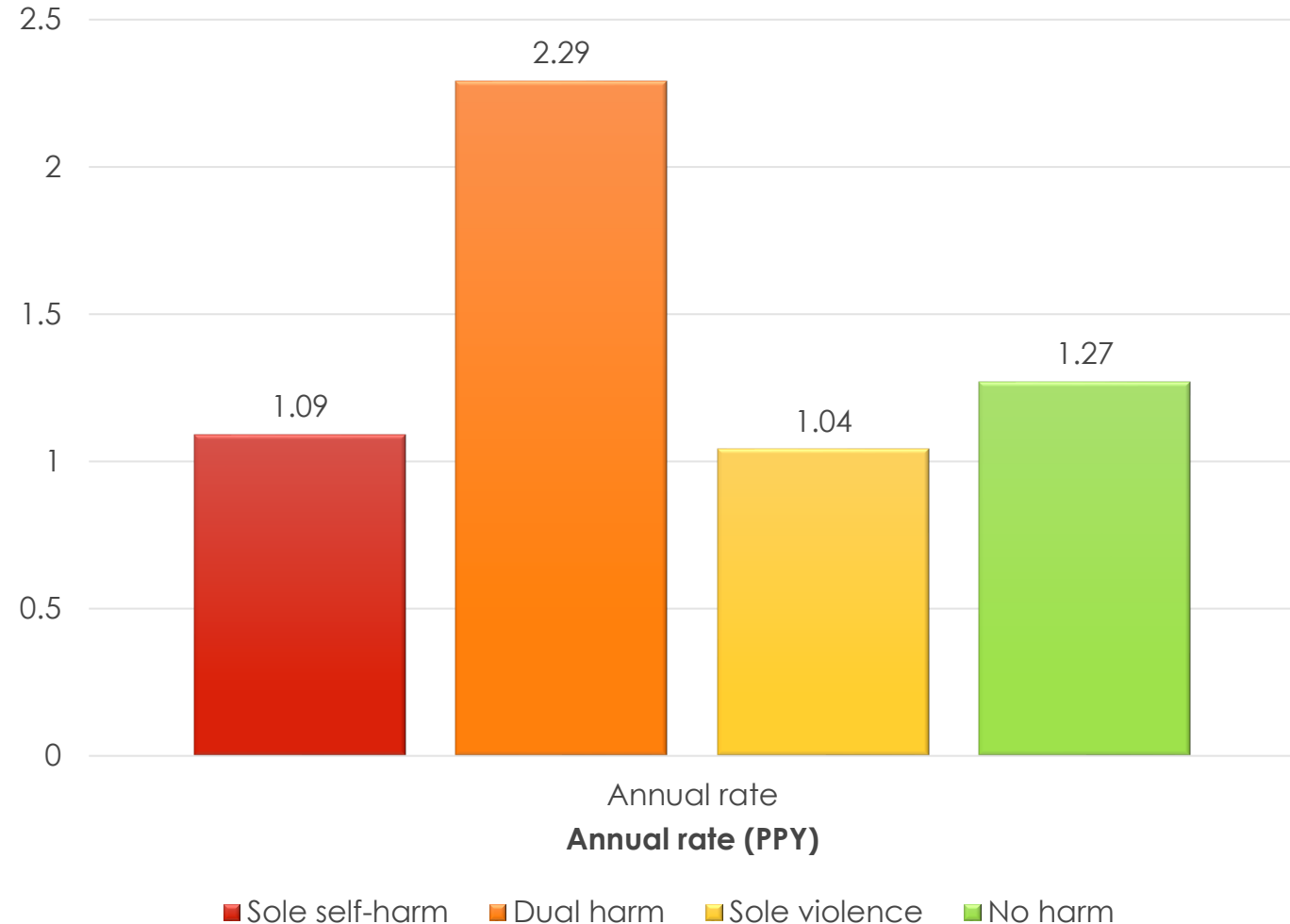
## Prevalence

Disproportionate impact on non-violent misconduct.

NI: 20.3% of men who engaged in dual harmed accounted for 72% of non-violent misconduct

England: 16% of men who dual-harmed accounted for 56% of reported prison incidents

## Rate of other types of prison incidents





# PROPERTY DAMAGE & DISORDER

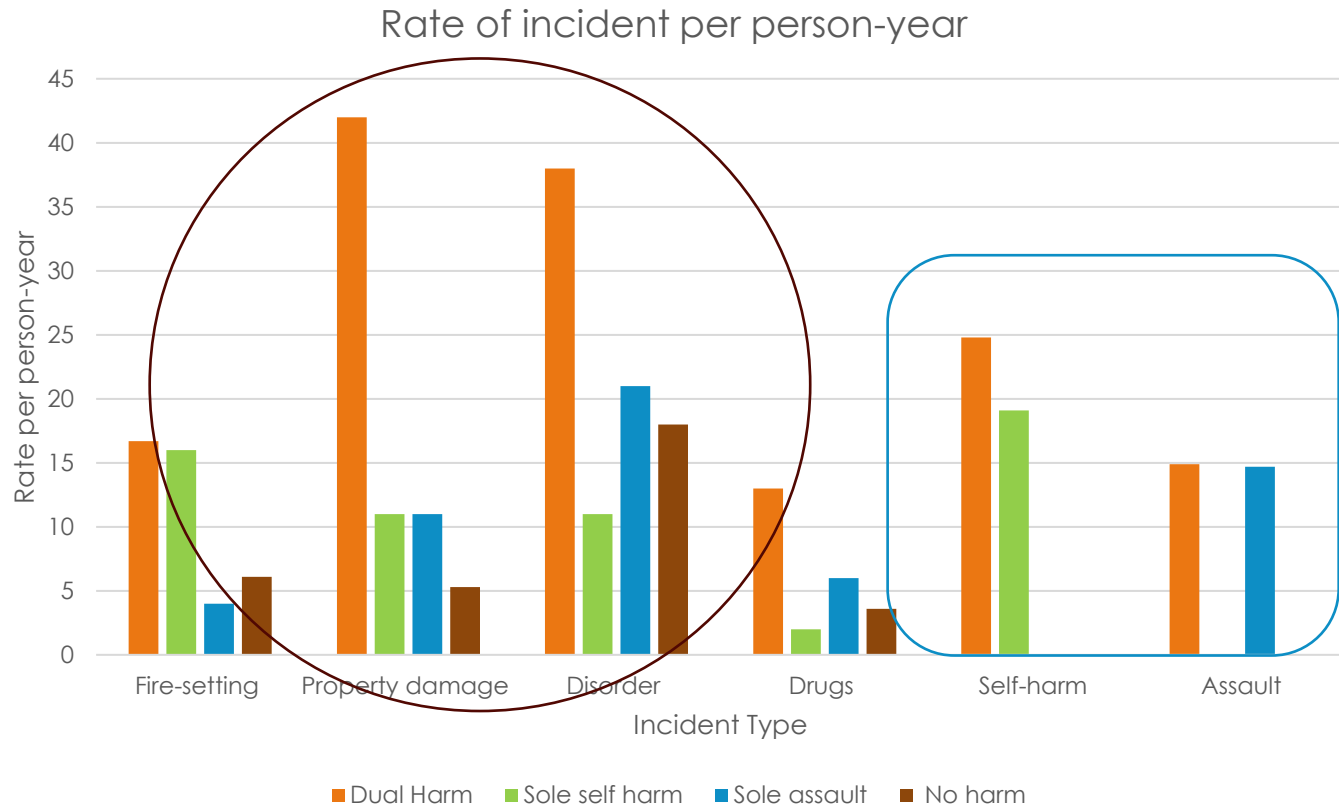
All 6 studies now completed in prisons including in the USA and NI have found the same patterns.

Self-harm and assault at the same rate

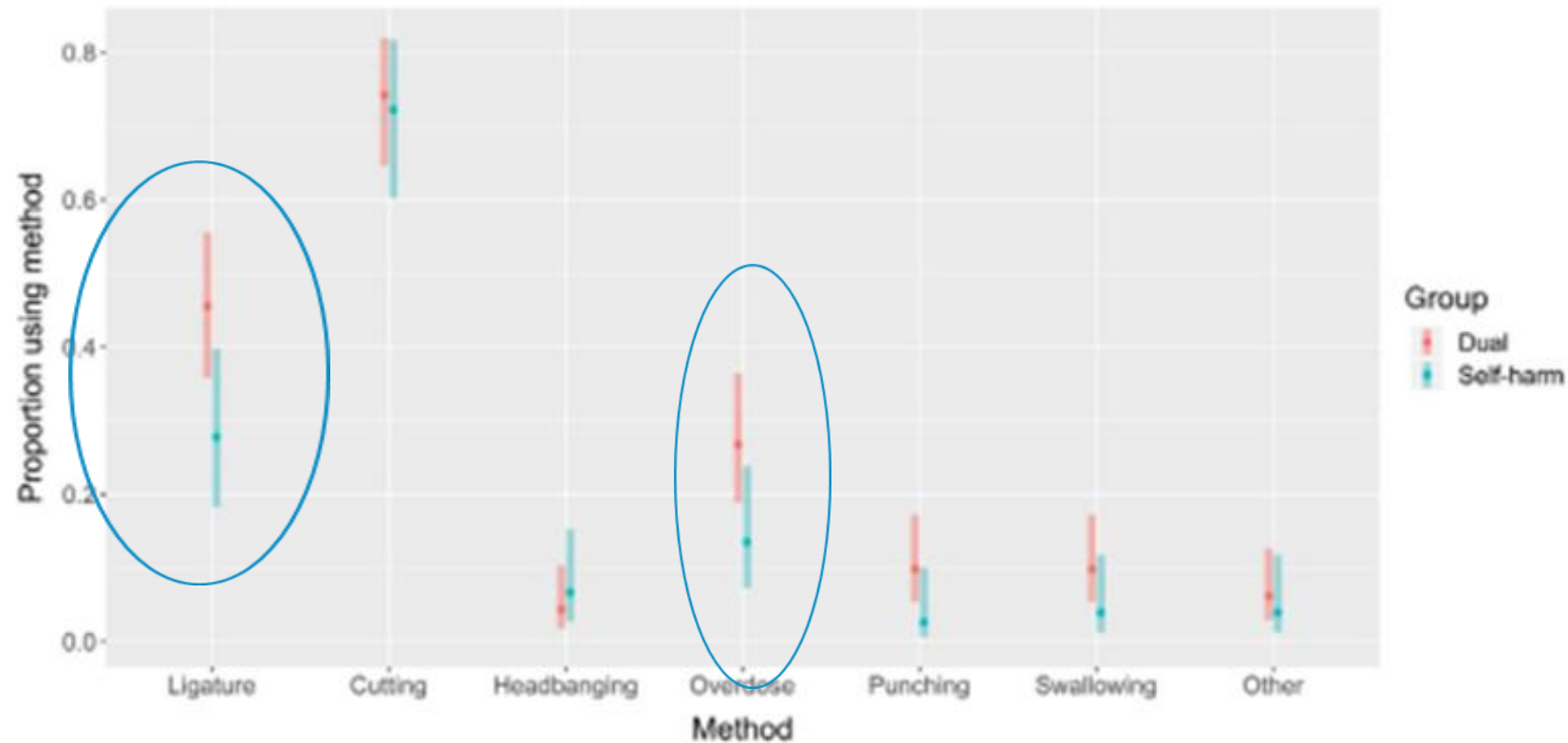
Property Damage & Disorder significantly much higher

Drug-related incidents are mixed: some studies indicate higher, while others do not.

No difference in drug supply/phones – so not driving the narratives about organised crime & violence?



# LETHAL SELF-HARM METHODS



**Figure 2.** Proportion of individuals in the self-harm and dual groups using each type of method of self-harming with 95% confidence intervals for the proportion.



Exploring the developmental trajectory of dual harm exhibited by young adult men in prison

Lindsay Victoria Thurston

A thesis submitted in partial fulfilment of the requirements of Nottingham Trent University for the degree of Doctor of Philosophy.




August 2023

PSYCHOLOGY, CRIME & LAW  
2023, VOL. 29, NO. 8, 825–848  
<https://doi.org/10.1080/1068316X.2022.2037593>

Routledge  
Taylor & Francis Group

OPEN ACCESS Check for updates

**‘You can have a bit of my pain, see how it feels’ – understanding male prisoners who engage in dual harm behaviours**

Amanda Pickering , Nicholas Blagden  and Karen Slade 

<sup>a</sup>Psychology Department, HMP Rye Hill, Rugby, UK; <sup>b</sup>Sexual Offences Crime and Misconduct Research Unit, NTU Psychology, Nottingham Trent University, Nottingham, UK; <sup>c</sup>NTU Psychology, School of Social Sciences, Nottingham Trent University, Nottingham, UK

#### ABSTRACT

Prison-based violence and self-harm are continuing to rise. Recent research is increasingly showing that for some prisoners, self-harm and violence co-occur, i.e. they engage in dual harm. This study contributes to the developing research and literature focusing on dual harm by presenting an analysis of the dual harm experiences of six men residing in a Category B English prison. Participants were interviewed and their narratives analysed using interpretative phenomenological analysis. Superordinate and subordinate themes were identified, and they shed further light on why men in prison dual harm and what influences their decision to engage in one type of harm over the other at any given time. The findings indicate that co-occurrence is not coincidental. Participants experienced a combination of interlinking factors and complex temporal and experiential relationships underpinning the two behaviours: experiencing difficult and unpredictable environments, an incoherence of sense of self and identity, painful psychological and emotional states, and connections to early adverse experiences. The findings are discussed in line with the growing dual harm research and wider psychological literature. Limitations of the study and future research directions are provided, and implications for policy and practice are suggested.

#### ARTICLE HISTORY

Received 19 March 2021  
Accepted 27 January 2022

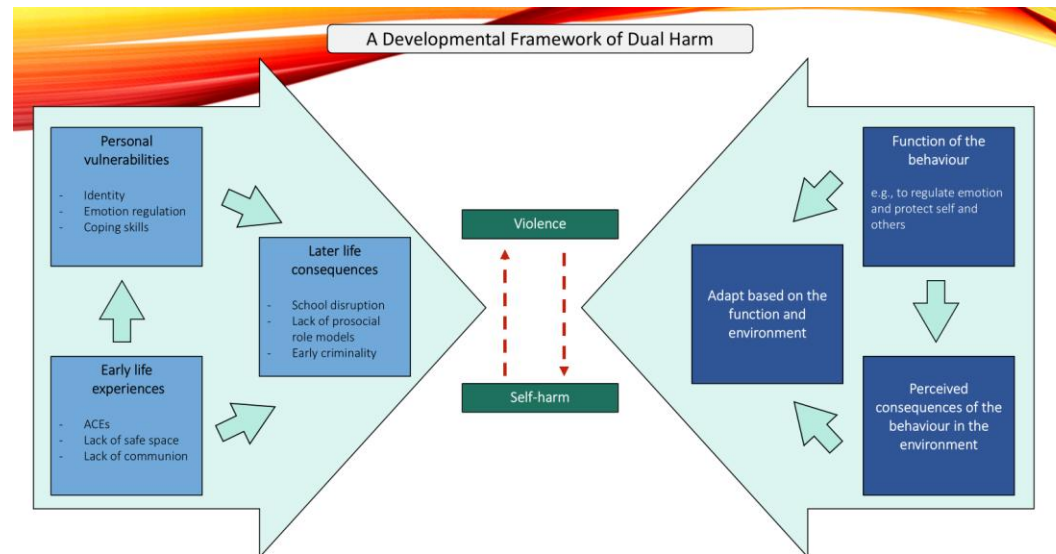
#### KEYWORDS

Dual harm; prisoners; prison; violence; self-harm

# HOW DOES IT DEVELOP?

The behaviours emerge during particularly violent and dysfunctional childhood environments to manage emotional, relational and trauma-based distress.

Self- and other protective – emotional regulation – relational/connection - identity - adaptive





# DSM-5 [community]

Note a broader definition  
of violence included  
mugging & fights

Lifetime DSM-5 disorders	None 81.9%	Self- directed 4.4%	Other- directed 10.9%	Dual 2.8%
Alcohol use disorder	23.6	43.5	54.0	70.3
Tobacco use disorder	22.4	45.1	51.7	68.0
Cannabis use disorder	3.7	12.6	17.7	26.3
Opioid/heroin use disorder	1.1	6.0	6.1	15.8
Other drug use disorders	2.3	9.3	12.2	26.9
Persistent depressive disorder	3.7	24.4	7.2	24.0
Major depressive disorder	16.7	58.8	25.8	53.2
Bipolar 1 disorder	1.0	5.9	4.8	16.3
Panic disorder	3.7	16.9	7.3	24.3
Agoraphobia	1.2	8.1	2.7	11.5
Specific phobia	5.5	14.1	7.7	16.4
Social phobia	2.6	13.0	4.9	14.9
Generalized anxiety disorder	5.7	22.3	11.5	27.0
Posttraumatic stress disorder	3.5	22.6	11.5	35.1
Schizotypal personality disorder	3.3	20.2	14.7	40.4
Antisocial personality disorder	1.0	5.1	21.0	35.1
Borderline personality disorder	5.7	40.2	27.0	71.8

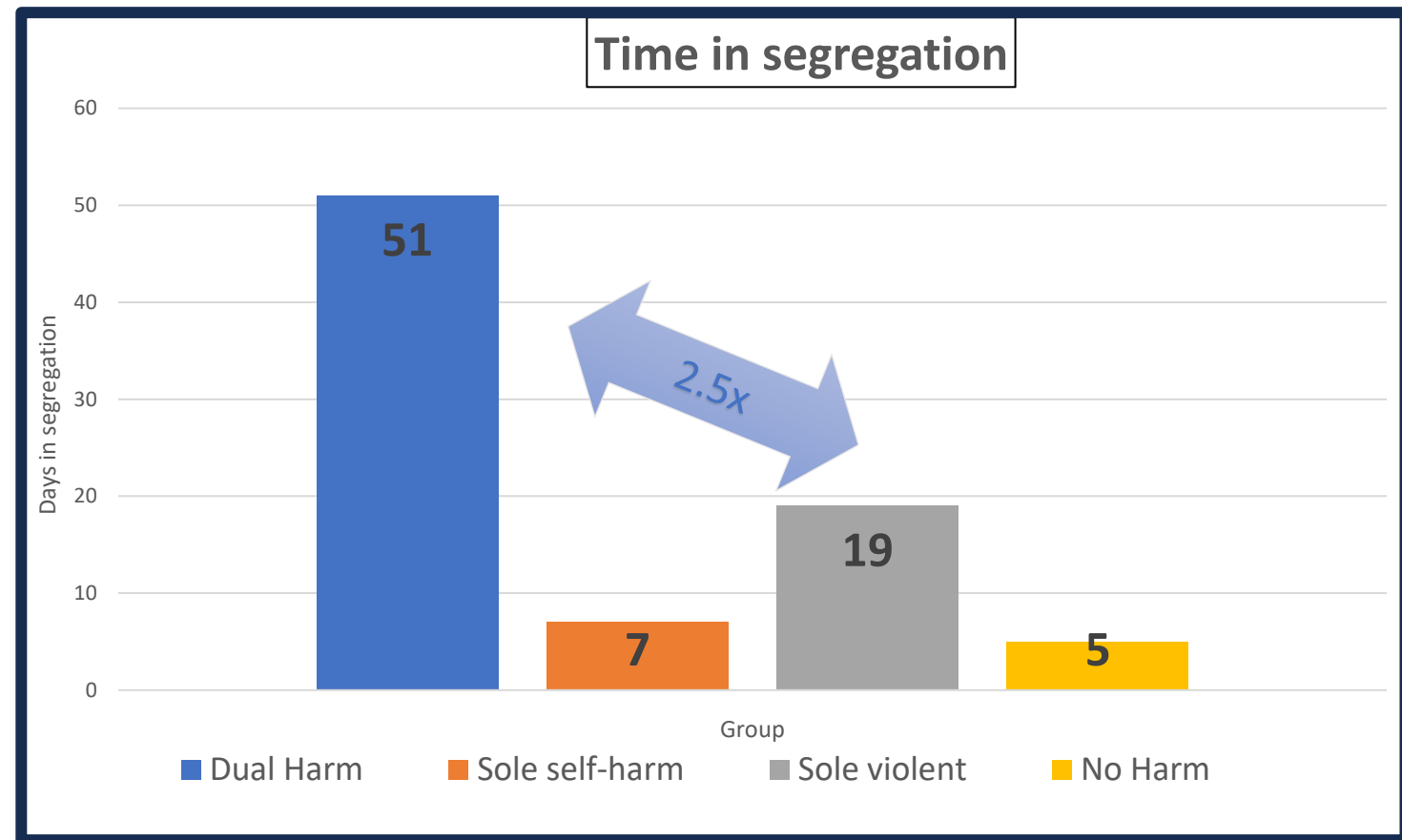
Are we monitoring the  
consequences of the co-  
occurrence?

# OUTCOMES

## Childhood e.g.

- More often expelled from school
- Less likely to access MH services even though have greater MH need.
- Early contact with CJS

## Prison e.g.



# THE DUAL HARM CONUNDRUM



Knowing who they are  
Single case management  
Combined/shared assessments  
Monitoring disproportionate outcomes  
Trauma-informed



# Making Change in Suicide Prevention

20 years • Makes many servings

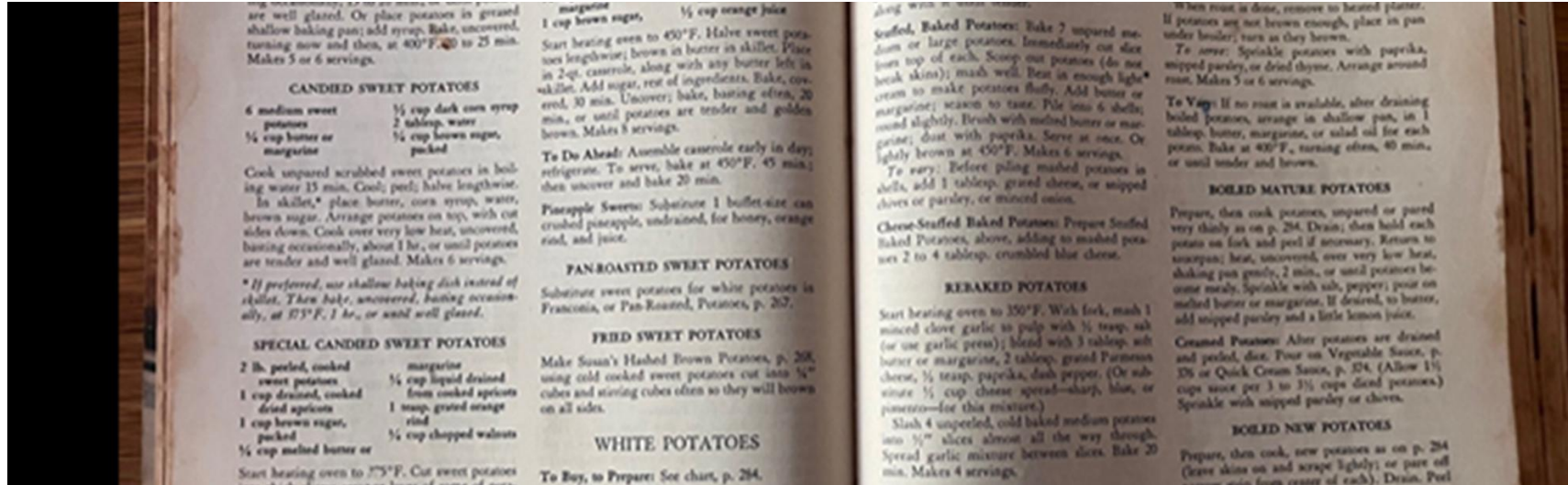
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2. **To make it effective:**
  - ✓ Use research to shape
  - ✓ Enhance approach by integrating good theory
  - ✓ Understand their perspective
  - ✓ Be trauma-informed
  - ✓ Engage with the complex
  - ✓ Cross-professional collaborative working
  - ✓ Monitor for disproportionate outcomes





# BAKING WITH THE RECIPE

Probation - Parole



### III. System to manage/respond after identifying someone at increased risk

### VI. Communication around high-risk people in prison



**Response = pulling from the river**

**Prevention = stopping people entering the water!**

## SUPPORT AND SAFETY PLAN (SASP)

#### 10 New directions for suicide prevention in Approved Premises

*Karen Slade*

##### Prevalence of suicide within AP, prison leavers and those under probation supervision

Men and women on probation are at considerably higher risk of suicide than the general population with relative rates of suicide reported as being nine times that of the general population (Sattar 2003; Phillips et al., 2018). Furthermore, people who leave prison exhibit a significantly higher rate of suicide, with a systematic review indicating this to be seven times the general population (Jones & Maynard, 2013) especially with the very early post-release stage, with just over 20% of suicides among prison leavers occurring within 28 days of release. Official figures published by the Ministry of Justice (2020a) indicate that in England and Wales (E&W) for prison leavers who die (by any cause) within 12 months of release, 20% occur within the first 28 days of release, including up to 21 deaths (1–2 apparent suicides) per year occurring in AP, emphasising the need for the provision of additional support through this transitional phase (Ministry of Justice, 2020a).

##### Approved Premises

Approved Premises (AP) are premises approved under Section 13 of the Offender Management Act 2007. APs are a public protection measure and provide intensive supervision and curfew in the community for those who are assessed as presenting with a high or very high risk of serious harm on release from prison; with some women included who are assessed as medium risk with additional complex needs (NOMS, 2014). APs provide a programme of purposeful activity to manage and reduce the risk of re-offending and practical support towards reintegration into society. Every person resident in an AP will have an allocated Keyworker to support them throughout their residency. In 2021, across England and Wales, there were 101 APs which provide accommodation to over 2,000 people on post-release supervision, i.e., prison leavers who remain under probation supervision (HMPPS, 2021). There are a small number who are directed by the courts to live in an AP as a condition of a court order. Further details on the current policies for APs including suicide and self-harm management and post-incident response are provided in PI 32/2014 Approved Premises and its



# Key principles

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Prevention [not only  
response]

NOT a risk predictor

Trauma-informed

Theory-informed

Individual

Accessible for non-  
health or registered  
probation/psychology  
staff

Rapport-building and  
relational

Ongoing and flexible  
support

# Structure of SaSP and CARE approaches

These make up a two-stage approach to suicide prevention and self-harm management within every Approved Premises (n =104 covering approx. 17000 per annum) in England and Wales.

The Support and Safety Plan (SaSP)

**= Prevention**

**Every resident receives welfare assessment and support plan interview within 48 hours of arrival**

**Triangulated with prison and probation records (prior to arrival)**



Collaborative Assessment of Risk and Emotion (CARE)

**= Response**

**For those considered at current/ imminent risk of suicide or serious SH**

- Similar to ACCT in prisons
- Immediate information sharing
- Immediate safety action plan
- More specialised suicide assessment
- Care plan with MDT care planning reviews



# SASP step 1: Guided welfare Assessment

A semi-structured conversation with AP staff with 48 hours of arrival

- ✓ wellbeing
- ✓ difficulties now and anticipated
- ✓ coping approaches
- ✓ support needs
- ✓ indicators of distress
- ✓ risks, triggers and protective factors/strengths
- ✓ specific questions regarding suicide and self-harm thoughts and behaviour (current and previous)

If you do start to struggle, what changes in you or your behaviour might staff notice?	<i>Does the person know their own warning signs? What are they? Will they become withdrawn? Relapse into substance use? Abscond?</i>
What are you looking forward to doing over the next few days or weeks?  How will you cope if your plans don't work out?	<i>Explore how the person will react to any setbacks they may face</i>



# SaSP step 2: Support plan

A collaborative, one-page guide that provides AP staff with personalised information on identifying distress and supporting the resident. Developed through the triangulation of prison/probation records and resident input within 48 hours of arrival and updated throughout their residency.

<b>What support does the person feel they need?</b>	<i>Consider if/how they accessed support in custody, what is helpful to them?</i>
<b>What do they think would be unhelpful to them?</b>	

# SASP step 3: Safety Plan



This page outlines the pack contents and associated page numbers.

First, you should read Section A and then complete Section B: safety plan. All other sections can be completed in any order.

Section	Page
A What is in this pack?	1
B Safety plan	3
C People who can support me	6
D Important contact details	7
E Noticing and coping with my triggers	10
F What helps me feel better	14
G Grounding techniques	16
H Looking after myself	18
I Exercise suggestions	21
J Creative exercises	25
K Mood diary	28
L Positive progress log	35
M Who can I ask for help?	38

A suicide Safety Plan is a key tool for anyone who might ever have thoughts of suicide or self-harm to respond & self-manage in a crisis.

Developed with lived experience and experts to be more accessible for neurodiversity.

This version also has exercises to improve understanding of themselves, skills to help prevent a crisis.

Embedded into SaSP but now available for all people under probation supervision

# SaSP in action

## Death investigations & reports – Prisons and Probation Ombudsman

### Prior to SaSP

*“The residential worker completed a wellbeing assessment and noted that Mr L denied any thoughts of suicide and self-harm and said he felt optimistic for the future. He was assessed as a low risk of suicide and self-harm”.*

### SaSP reported

*“A residential worker completed a second stage induction with Mr G, which included discussing GP registration and a Support and Safety Plan (SaSP, to identify risks including that of suicide and self-harm) assessment. During the SaSP assessment, Mr G reported that he had previously had suicidal thoughts when feeling depressed but said that this wasn’t something that he acted on. He did not raise any concerns and said that he was keen to get back to work and to fix his house.*

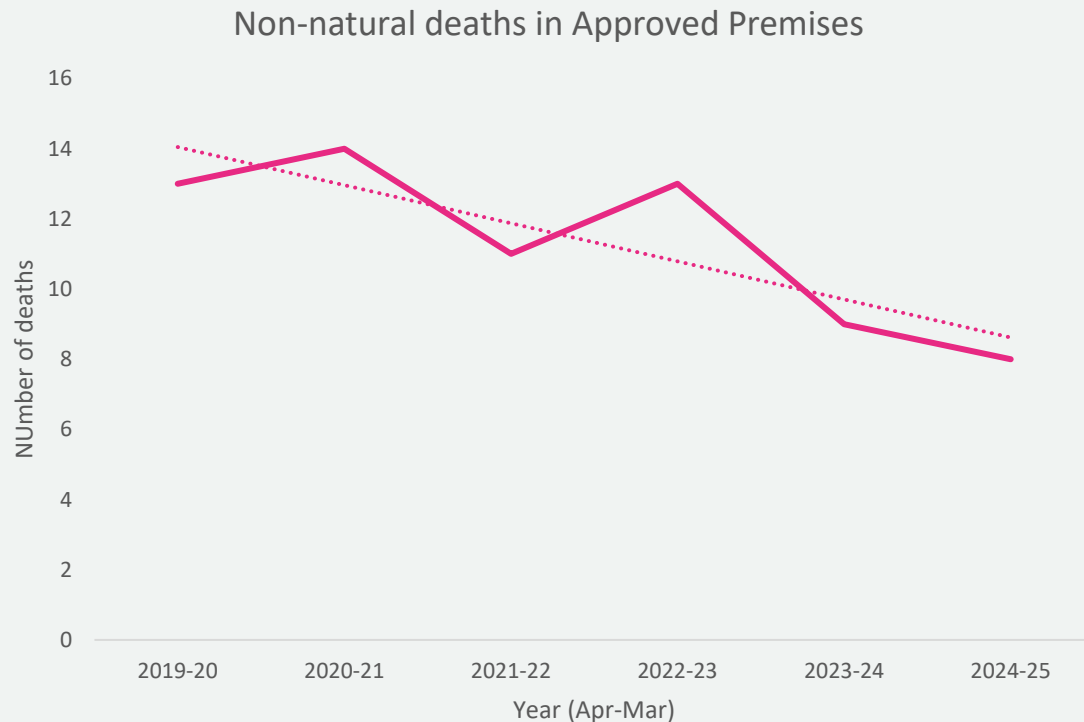
*The residential worker recorded Mr G’s previous suicide attempt in early 2023 and Mr G stated that this was because of a “bad come down” from cocaine. During this, staff recorded emotional triggers which included his children, and warning signs such as bottling things up and spending more time in his room. Mr G said that he felt better since taking sertraline regularly and was motivated to do well. ...*

*...9 days later the keyworker completed a SaSP review with Mr G. He reported no issues and expressed that he was confident that he would never try to harm himself in the future.*

*Later the keyworker completed a Support Plan with Mr G (a document that records risk and need information to enable staff to understand the resident). This highlighted risk triggers such as negative feelings due to anxiety and depression; warning signs such as spending more time in his room, looking angry and bottling things up; harmful behaviours such as drinking or taking drugs, which Mr stated he would not do due to going through the family courts to seek access to his children”.*



# Outcomes



Preliminary indications of a reduction in deaths

Extensive additional detail about individual risk and support needs

Staff feedback is positive about staff confidence in talking about suicide and self-harm, in the quality of information and in 'getting ahead' of distress.

# Unlocking Hope

Innovation

Evidence

Theory

Dual Harm

Prevention

The End.

Contact me:

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This talk is dedicated to all the people lost to suicide that I have known, known about or still hope to help.



# ACCESS TO SLIDES AND RESOURCES

This QR code and link provides free access to all presentations, research, references and resources mentioned in this presentation.

## To access

1. You will need to log into a Windows account (work or create a personal one)
2. Ask for permission for access and I will let you in!

If you'd like to collaborate or know more, then please contact me: [Karen.slade@ntu.ac.uk](mailto:Karen.slade@ntu.ac.uk)

