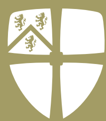


Durham University

School of Applied Social Sciences

Shaped by the past, creating the future

Researching Self-Injury in a Women's Prison via Participatory Action Research

James Ward

SASS Research Briefing no. 10

Self-injury in women's prisons remains disproportionate to that encountered in men's (Short, et al., 2009).

Corston (2007) reported that women consist of just 5% of the prison population yet 56% of all incidents of self-injury occurs in women's prisons. In 2008 there were 815 recorded incidents of self-injury in HMP Low Newton alone. In addition to the impact upon the individual and prison staff, associated financial costs to the Primary Care Trust for the care of self-injury in 2008 were in excess of £350,000 for this one prison.

Despite such disparity in the rates of recorded self-injury between men and women in prison, care and management processes within prisons remain gender neutral. Both men and women at risk of self-injury are cared for under the Assessment Care in Custody and Teamwork (ACCT) process. This is despite the acknowledgment of gender inequalities in mental health services (DH, 2003), women's increased experience of abuse and violence which are more likely to manifest in self-injury (Itzin, 2000) and acknowledgement that for many women the experience of prison is more detrimental to their mental health (Corston, 2007). These considerations would indicate the need for a more gender sensitive approach to the care of women who self-harm in prison.

Another challenge service provider's face however is a lack of a clear evidence base of effective interventions to reduce rates of self-injury (RCP, 2010). The use of an empathic and non-judgemental approach has proven to be the most consistently useful considerations in the care of self-injury. However service user experience of care services following self-injury are often reported to be negative (e.g. Cresswell & Karimova, 2010; also Pembroke, 1994) and previous research has reported suspicion in the motives for self-harm amongst workers in secure settings (Snow, 1997; Kenning et al., 2010).

The Knowledge Transfer Partnership

With these challenges in mind a Knowledge Transfer Partnership (KTP) was established between the North East Offender Health Commissioning Unit, Durham University and HMP Low Newton.

The aim was not only reducing the incidents and associated costs of self-harm within Low Newton but to do this through the development of pathways of care that were sensitive to the needs of the individual. Recognising that cessation of self-harm may not be an immediately achievable goal for all women in the prison the project also sought to improve outcomes for those who continued to self-harm.

Our approach

The project adopted a Participatory Action Research (PAR, Lewin, 1946) approach to engage staff and women in prison (service users) as collaborators in the research process and in order to produce action towards change in the prison. Such service user involvement (SUI) has been supported by government policy since the National Service Framework (1999), and has since become entrenched in mental health policy (Bailey, 2011). However, this has not been realised in the prison sector with the Sainsbury Centre (2008) concluding that "the dearth of research literature on SUI in prison health research reflects its relative infancy" (p.14). The KTP therefore wanted to harness the experiential expertise (Beresford, 2000) of women in prison and prison staff to inform care services as well as proactively respond to their relatively disadvantaged and powerless positions by offering them a stake in improving the care they received or delivered.

The project took three distinct phases in keeping with the PAR cycle:

1. **Research and Planning** – Women and staff were engaged in various ways such as process mapping and interviews to identify gaps in service as well as strengths and weaknesses of current care pathways.

The research process highlighted a number of areas for the potential development of services. These included:

- Additional training for staff around self-harm
- Additional support for staff in the aftermath of traumatic experiences relating to self-harm
- The introduction of a safe place/calming space for women in crisis
- The development of existing in-cell activities available to help women cope with or distract from thoughts of self-harm
- The provision of resources to allow suitably assessed women an element of self-care (e.g. wound dressings) as recommended by the National Institute for Health & Clinical Excellence (NICE)
- A Review of case management in the Assessment Care in Custody and Teamwork (ACCT) process to increase

case review attendance and consistency in case management

- Expansion of the Safer Custody Department to include psychology and/or healthcare staff.

2. **Action for change** - In keeping with the established practice of service user involvement in community based health services, working groups of women in prison were established to develop the initiatives that were agreed by the prison. Groups were involved in the creation of a staff awareness package and/or developing existing in-cell activities. Women in prison have also been integral in the implementation of a number of initiatives such as the co-delivery of staff awareness sessions, distribution of Care Action Planning Packs through their roles as Listeners and Welfare Representatives and production of notebooks in the Creative Industries Workshop.

   Those who chose to become involved were encouraged to consider what they would like to contribute. This resulted in some women contributing art work, others creative writing or factual accounts of their experiences, some women contributed ideas or supported the project through their continued interest and attendance in the groups. Throughout these processes all participants were encouraged to choose when and how they would be engaged with the process. This resulted in just two women participating in all stages from process mapping to focus groups. Some women were just involved in the information gathering stages whilst others were only involved in the later stages of action, sometimes as a result of hearing about the work and asking to become involved.

3. **Evaluation** - The project's initiatives were individually evaluated whilst overall impact has been measured against rates of self-harm. A mixed methodology has been employed to capture both quantitative information relating to rates and costs associated with self-harm, combined with the narrative accounts of the experiences of women in prison and staff who have used the products of the project. We also captured the experience of being involved in a PAR approach - this was important given not only the uniqueness of the approach in a prison setting but also the possible positive benefits that arise for individuals as a result of active involvement (Moores et al., 2011). This qualitative information provides a depth and insight in to the value of what has been developed by those who use the services as well as highlighting areas for continued improvement. It also expands treatment outcomes from the reduction or cessation of self-harm as being the sole desirable outcome to also account for the person's subjective experience of care and their own wellbeing.

What we did

Based upon the areas for development identified above we were able to pilot 5 separate initiatives within the prison.

At Arm's Length – staff awareness sessions
During the research phase of the project 47% of staff who completed questionnaires requested additional training about self-harm and how to respond appropriately. This was also a theme identified during interviews in which a number of staff reported feeling knowledgeable about the prison procedures such as ACCT but less knowledgeable around the mental health issues that may underlie self-harm. However, staff's understanding of reasons for self-harm closely mirrored the reasons women themselves gave, suggesting a lack of confidence in expertise rather than a lack of knowledge. This premise formed the basis of the awareness session which provided the opportunity to learn about self-harm from the perspective of women who have self-harmed. The involvement of women corresponds with SUI in training which is well established in community mental health care (Gregor & Smith, 2009) but to our knowledge has no precedent in the prison environment. Involvement of service users in the development of training for prison staff also forms a key recommendation of the Bradley report (2009).

A working group of women was formed to prepare a 30 minute session for staff. Material was developed which conveyed the women's experiences of good and bad care for self-harm and their suggestions for useful staff responses. The working group agreed three main points to convey:

1. The importance of a firm but fair approach
2. The value of non-judgemental listening in managing self-harm
3. How empathy can help women in distress

The session was co-delivered by a woman with experience of self-harm and has been recognised as an example of best practice of SUI in prisons (CLINKS, 2011)

Care Action Planning Pack – developing in-cell activities
Women reported being most vulnerable to thoughts of self-harm at times when they are confined to their cells. Whilst distraction activities were already available on the wings some women reported finding these unsuitable or not age appropriate whilst 42% of women returning questionnaires stated they would use workbooks and other self-management tools if made available.

This led to the development of therapeutically informed in-cell activities, again through the active involvement of

working groups of women in the prison. Developed from evidence based practice including the Wellness Recovery Action Planning (Copeland, 2004), workbooks to help women identify actions they and others could do to support their mental wellbeing were constructed. It was intended that these could support the ACCT case management process and provide a structure for women to contribute to their case reviews.

The group identified suitable content for the 'packs' including:

- Leaflets written by women and aimed at women new to the prison explaining self-harm, ACCT and available resources in Low Newton.
- Therapeutic Writing Exercises
- Notebooks to record thoughts or keep a diary
- Emotions Stickers from the CARE[1] programme
- A red ballpoint pen to simulate cuts
- Puzzles and Quizzes.

The trauma service pilot

80% of the women who took part in the research phase directly related their use of self-harm to past traumatic experiences. It was therefore relevant that the project aimed to address such a significant underlying factor for self-harm. A new model for mental health in-reach was devised by Dr Ranjit Kini of Tees, Esk & Wear Valley NHS Trust and implemented with the support of the KTP.

The model is a tiered approach to meet the range of trauma needs of women in prison. In addition to supporting the aims of the overall KTP project the trauma pilot sought to restructure mental health services to include more group work elements, consequently reducing the individual clinical caseloads of Registered Mental Nurses (RMN's) and Community Psychiatric Nurses (CPNs) and ensuring efficient referrals to secondary and tertiary mental health services. The model also aims to empower women in their care through self-directed groups and the provision of psycho-educational and 'self-help' material in the prison library.

The sensory room

Through the course of the research phase a number of women reported benefiting from time-out or sensory resources at other establishments. These rooms are available at HMP Eastwood Park and HMP Styal and women who had used these facilities reported them to be beneficial in the management of anger and other emotions commonly associated with self-harm. 50% of women who returned questionnaires stated they would make use of such a respite area if it were made available in Low Newton. NEOHCU subsequently funded an additional £20,000 for the development of a multi-sensory room for the purpose of providing a calming and deescalating environment. The room is also particularly useful in supporting other therapeutic interventions that exist within the prison including counselling, Eye movement desensitisation and reprocessing psychotherapy (EMDR) and offending behaviour work which can cause women to become distressed.

Although the room is located in the healthcare centre it is a shared resource for use by all prison departments and with implications for both safer custody and mental health. All staff are able to make referrals for use of the room whether as part of ad-hoc individual care, ACCT management plans or on-going therapeutic intervention.

Mental Health First Aid

Mental Health First Aid (MHFA) has also been delivered as a part of the project to both staff and key women in the prison who provide peer support. The focus of MHFA is primarily upon early intervention for colleagues and staff who may be experiencing mental health difficulties. This was significant given the need for support identified and the importance and perceived strength of peer support in the prison. Again increased mental health training also forms key recommendations in a number of critical reviews including Corston, Bradley (ibid) and HMCIP reports for Low Newton (2009).

Outcomes and evaluation

In keeping with the principle of not restricting access to services the initiatives described were not discreetly piloted and control groups for comparison were not sought. Instead the project's mixed methodology has sought to ascertain the experiences of women and staff in prison of the initiatives and triangulate (Denzin, 1970) these with the quantitative data to draw conclusions

about the impact of the project. It was decided that such an approach would be the most suitable given that the complexity of self-harm and the social environment it is enacted in would always prevent a linear cause and effect relationship between the project's products and the outcome measures of recorded incidents and associated costs (Byrne, 1998).

Recorded incidents of self-harm

Recorded rates of self-harm were collected from January 2007 until December 2011. Years 2007 and 2008 were collected as baseline comparators with the project running from Feb 2009 – Feb 2012. Figure 1 illustrates the reduction in self-harm during this period. Although rates appear to be declining during the baseline years over the duration of the project recorded incidents of self-harm are, on average, 49% lower during the KTP than pre-KTP. In total there has been an overall reduction of 56% in the recorded number of incidents of self-harm between 2007 and 2011.

Cutting and ligaturing are the most common forms of self-harm in the prison accounting for around 82% of all recorded incidents. Both behaviours are serious and potentially life threatening, however ligaturing represents a greater risk of unintentional self-inflicted death. As can be seen in figure 2 between 2007 and 2011 there has been a reduction of 88% in the number of recorded incidents of ligaturing and a reduction of 46% in the number of women who ligature. Again the greatest reductions are seen in the years when the KTP is active within the prison.

Figure 1 - Annual recorded incidents of self-harm

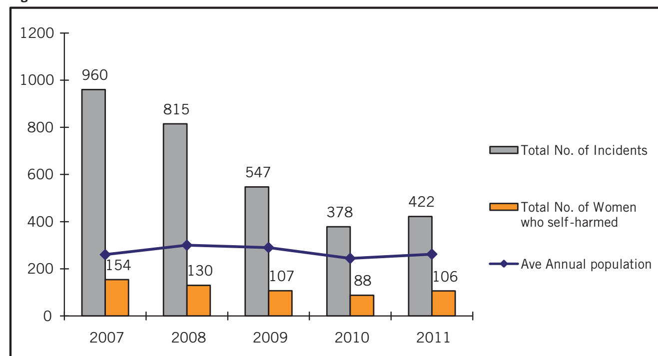
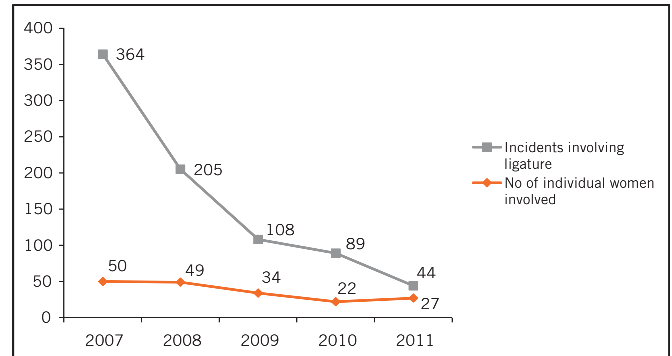


Figure 2 - Recorded incidents involving ligaturing



Associated costs of self-harm

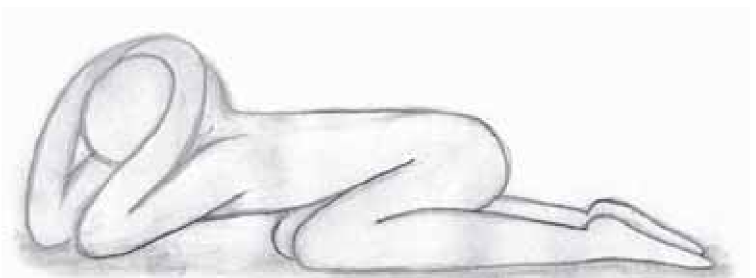
An independent[2] financial analysis was commissioned to determine the financial impact of the project upon the associated costs of care. The analysis focussed upon three areas

1. The cost of constant observations charged to the PCT. This is the continuous observation of a prisoner who is considered to be high risk of suicide or life threatening self-harm. Observations are usually carried out by prison officers.
2. The cost of escorts to hospital and accident and emergency as a result of an incident of self-harm that cannot be adequately treated in the prison healthcare facility. Again the escort of the prisoner is by prison officers and is chargeable to the PCT.
3. Costs of secondary care due to admissions to accident and emergency or planned hospital care as a result of self-harm that cannot be adequately treated in the prison. This is chargeable to the PCT from this admitting hospital

The financial analysis concluded that over the duration of the project cost savings of 50%, 48%, and 58% were realised in relation to the three areas above respectively in comparison to pre-project expenditure. Table 1 illustrates the actual cost savings over financial years 2009/10 to 2011/12 and the projected continued savings.

Table 1 Actual & forecast savings for the next three years

Actual & forecasted savings	Net Savings Before Tax (£)			
	2009/2011	2012/13	2013/14	2014/15
Savings from reduced external escort and bed watch events	123,194	63,000	63,000	63,000
Savings from reduced constant watches	397,778	150,000	150,000	150,000
Emergency Hospital Admissions	48,000	15,000	15,000	15,000
Litigation and compensation fees for the investigation and enquiry of self-harm incidents	0	0	0	0
Savings in costs of treatment	0	0	0	0
Total	568,972	228,000	228,000	228,000



The experiences of those actively involved

As hoped for the project experience proved to be positive for those who chose to become involved. Benefits included the opportunity for reflection and increased self-awareness from taking part in the research

'Taking part helped me in many ways including to channel some pent up anger…[the process] also gave me a insight into things I didn't quite understand about myself'

'It has been a relief to admit to myself that I am a self-harmer in regards to my OCD as I don't beat myself up about it as much as I used to'

For those who chose to be actively involved in the service design and delivery a sense of achievement and ownership in their work was apparent

'I feel really proud of what I and others produced because…it gave me a feeling of belonging and I didn't feel that I was the only one who had ever harmed myself because that's how self harm made me feel, like an outsider.'

'My self-esteem and confidence have grown since getting involved with At 'Arm's Length…The most important thing to me though is that I feel like the presentations are making a difference.'

The individual initiatives have also proven to be useful and have achieved the desired outcomes. Staff were receptive to being 'trained' by a 'prisoner' despite initial concerns about the possible implications of such a reversal of roles. Those attending the awareness sessions felt they benefitted from the experiential expertise that women with first-hand experience brought to the sessions

'…It's especially helpful to hear what women 'themselves' feel is beneficial rather than what we as staff assume is helpful.'

The session also met one of its aims of increasing staff confidence in their own ability to care for women who self-harm developed through their own experience

'I feel more confident that the little I do might be helping'

'Listen more, talk more, don't be afraid to talk in case of saying something wrong'.

Similarly the Care Action Planning Packs were found to be useful by women who felt they were at risk of self-harming:

"It helped me to approach a friend to discuss my feelings"

"It helped me find ways around my problems instead of me ending up hurting myself"

Women who accessed the new Trauma Service again reported the experience to be positive and especially the self-directional elements. In one focus group held women self-reported benefits including improved sleep, increased physical activity and even a reduction of obsessive-compulsive symptoms which they attributed to attending the group. The element of peer support was also important with a number of women reporting a reduced feeling of isolation in their mental health difficulties as a result of the shared experience. Being able to share solutions and resources were also important to women in these groups. This is significant given that feelings of isolation and an unwillingness to discuss self-harm or other issues with peers on the wing was a theme identified during the research phase of the project.

Conclusions & Implications

The KTP at Low Newton provides a successful model for SUI in the prison setting. The active involvement of people in prison in the design and delivery of the services they receive is key to successful and responsive commissioning, as it has been in the community for a period of time. The model described here is not only efficient and sustainable, through the use of resources such as the expertise of prisoners and staff, but also impacts upon the culture within the prison. This is especially important in the current climate of austerity and budget reductions. The eagerness and commitment of women to be involved in action for change, even when they did not personally benefit from it, also demonstrates the sustainability of the approach.

In the case of self-harm, the culture and quality of care for people who self-harm is possibly the most effective intervention. That the KTP has impacted upon the culture in Low Newton is evidenced through staff's observations that women are more open in discussing their self-harm with them (resulting in more proactive care) and the increased use of self-help material and peer support by women in their own care. This impact upon the prison culture as well as the project's close collaborative working relationship with women in prison and with other departments in the prison, particularly the Safer Custody Department were critical to its success.

Acknowledgements

We would like to thank all those who gave their time and support to the project, in particular those women in Low Newton who took the time and had the courage to contribute their experiences. Without their contribution the project would not have been possible. We also owe a special thank you to M who has allowed us to use her artwork throughout the project which is used in this briefing.

About the Author: James Ward was the Chief Investigator on the Knowledge Transfer Partnership project at HMP Low Newton. He is the author of a number of articles upon self-injury, mental health and participatory action research. The project was academically supervised by Di Bailey of Nottingham Trent University and Mark Cresswell of Durham University.

---

[1] Choices, Actions, Relationships and Emotions (CARE) is an offending behaviour programme for women prisoners whose offending is related to difficulties with emotion regulation. One woman in the working group had completed this and found the stickers particularly useful in identifying and labeling emotions

[2] Helen Bell was commissioned to complete the financial analysis. Helen is the Business Manager for two GP surgeries in Durham & Chester le Street and previously worked for Co. Durham PCT as an Assistant Commissioner.

Durham University

School of Applied Social Sciences

References

Bailey, D. (2011) Interdisciplinary Working in Mental Health. London: Palgrave Macmillan.

Bradley, K. (2009) The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system. London: Department of Health

Byrne, D. (1998) Complexity Theory and the Social Sciences. London: Routledge

CLINKS (2011) Best Practice in Service User Involvement in Prisons and Probation Trusts. Available at http://www.clinks.org/assets/files/PDFs/Service%20User%20Best%20Practice%20Sept%2011.pdf Last accessed 9th Feb 2012.

Corston, J (2007) The Corston Report: A report by Baroness Jean Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System. London: Home Office

Copeland, M.E. (2004) Wellness Recovery Action Planning. Peach Press.

Cresswell, M. & Karimova, Z. (2010) Self-Harm and Medicine's Moral Code: a Historical Perspective, 1950-2000. Ethical Human Psychology & Psychiatry, 12(2): 158-175.

Denzin, N. (1970) The Research Act in Sociology. In Silverman, D. (1993) Interpreting Qualitative Data. Methods for Analysing Talk, Text and Interaction. London: Sage

Gregor, C., & Smith, H. (2009) I'm not a performing monkey: Reflections on the emotional experience of developing a collaborative training initiative between service users and lecturer. Journal of Social Work Practice, 23 (1), 21 – 34.

HMCIP (2009) Report on an unannounced short follow-up inspection of HMP & YOI Low Newton. Available at: http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/Low_Newton_2009_rps.pdf. Last accessed 9th Feb 2012.

Itzin, C. (2000) Child Protection and Child Sexual Abuse Prevention: Influencing Policy and Practice. In J. Hanmer, & C. Itzin, (Eds.) Home Truths about Child Sexual Abuse pp. 405–449. London, Routledge.

Kenning C, Cooper J, Short V, Shaw J, Abel K, & Chew-Graham C (2010) Prison staff and women prisoner's views on self-harm; their implications for service delivery and development: A qualitative study. Criminal Behaviour and Mental Health 20(4), 274-284.

Lewin, K. (1946). Action Research and Minority problems. Journal of Social Issues, 2(4), 34-46

Moores, P., Fish, R., & Duperouzel, H. (2011) 'I can try and do my little bit' – training staff about self-injury. Journal of Learning Disabilities and Offending Behaviour, 2(1) 4-7.

Pembroke L (Ed.). (1994) Self-harm: Perspectives from personal experience. London: Survivors Speak Out.

Royal College of Psychiatrists (2008b) Better Services for People who Self-Harm. Wave 3 Baseline Data – Key Finding and Recommendations. London: Author. Available at: www.rcpsych.ac.uk/pdf/Aggregated%20W3%20Report%20Summary.pdf (accessed 22nd June 2011)

Snow L (1997) A pilot study of self-injury amongst women prisoners. In Towl, G. Snow L. & McHugh M. (2000) Suicide in Prions. Plymouth: British Psychological Society.

Contact

Mark Cresswell
School of Applied Social Sciences
32 Old Elvet
DH1 3HN

mark.cresswell@durham.ac.uk

sass.enquiries@durham.ac.uk

Every effort has been made to ensure that all information is accurate at the time of going to press in August 2012. However, changes may occur and Durham University reserves the right to amend or change any information contained in this leaflet at any time.

Copyright © Durham University 2012

Durham University and the Durham University Logo are registered trade marks of the University of Durham trading as Durham University. All rights reserved. ®

Design and Print by **hpmgroup**.

HPM/07/12/024