Research Report

Prisoners on prisons: peer suicide prevention

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Introduction

Prison suicide is an international public health crisis and there is an urgent need to find solutions to prison (health) crises. In the UK, 70% of prisoners experience mental disorders (Ismail, 2019) and suicide is often the most common cause of death in correctional settings. Rates of prisoner suicide are several times higher than the general population (Tomczak, 2018). Too often people who were very mentally unwell at the time of their alleged offense are remanded to prison, despite this being an acceptable or safe pathway into healthcare (Tomczak, 2022). The UK policy response to prisoner mental health includes funding for a peer support scheme called 'Listeners'. The Samaritans charity trains prisoners as listeners to provide confidential emotional support to other prisoners, aiming to reduce feelings of distress which might lead to thoughts of self-harm and suicide (Samaritans, 2020b). With listeners in 112 prisons across the UK and Ireland (Samaritans, 2020a), Samaritans facilitate one of the largest and most established prison peer support schemes, but there are at least 29 other prison peer supporters in England and Wales (HMIP, 2016).

This innovative study piloted a collaborative model of co-authoring *with* people who have previously undertaken suicide prevention whilst imprisoned. Governments around the world are emphasising the importance of lived experience involvement in the development and delivery of public services (Weaver, Lightowler & Moodie, 2019). Yet, academic prisons knowledge is rarely produced with those who have the greatest amount of it (Young, 2004) — effectively silencing some forms of knowledge (Aresti et al., 2016). This study amplifies perspectives from former prisoners and advances knowledge of lived experience involvement – addressing a key priority for Social Work England (2022).

We (re-) theorise peer led suicide prevention, including recommendations from those with experiential expertise. Our findings highlight a serious mental health crisis in prisons, which can have negative impacts on peer supporters, along with prisoners, their families and prison staff. Themes from data include the riskiness of peer support, the importance of (supported) peer provision, and proposals for safer service development, including ways that providers can work *with* prisoners to improve policy and practice. Our findings will be useful to practitioners across Cheshire and Merseyside, the wider UK and internationally, who are looking for inclusive mental health strategies and ways to meaningfully include lived experience.

Participatory research methods

Our research question came from a former prisoner co-author, who felt that too little literature accurately represented people's lived experiences of imprisonment. She argued that writing *by* people who had been imprisoned could lead to new forms of knowledge and suggested a study bringing together academics and (former) prisoners to explore the lived experience of prison peer support. Co-authors were identified via the Prison Reform Trust *Prisoner Policy Network* (PPN), a network of (ex-) prisoners and allies working to include prisoners' experiences in policy development. Five former prisoner peer supporters volunteered to take part and joined three academic researchers to undertake the research.

Our methods included focus groups and 'collaborative autoethnography', which uses personal experiences as data and involves sharing accounts to examine sociocultural experiences (Gant et al., 2019). Our initial focus group was attended by all authors, via an online video meeting. The lead author prompted discussion, asking former prisoners *what motivated them to volunteer in suicide prevention*. The discussion was audio-recorded, and quotations used to illustrate themes identified by the group. Co-authors were also invited to write reflections and return a month later to discuss writings. Given that recalling experiences of imprisonment can be traumatic, we set up four (voluntary) online drop-in groups to acknowledge any distress that was provoked.

The academic researchers analysed data thematically, which involved looking for connected messages across different spoken and written accounts. These interpretations were emailed to all co-authors, who made further suggestions. Decisions about author anonymity were informed by the 'hands-off our stories' principles (Costa et al., 2012), which invite people to consider risks of self-disclosure given that experiences may be appropriated to serve organisational interests:

- Participation is voluntary. You can always say no.
- Ask yourself, who profits from you telling your story?
- What purpose does personal story sharing serve?
- How do large organizations use stories to make material change?
- Storytelling as an exercise of labour/ work. Do you get paid?
- The internet lasts forever. Because of the technology available today, your interview or story will likely be accessible to the public for a very long time. That includes future employers and landlords (Costa et al., 2012, p. 93).

These principles were integrated into information materials and discussed in meetings. All authors were paid as co-researchers to improve equity and acknowledge their contributions to knowledge production. Seven authors decided to use their real names and one person remains anonymous. Quotations in the analysis are not attributed to individuals, to offer some confidentiality whilst simultaneously enabling authors to be recognised for their contribution to knowledge.

Findings

Reflections were dominated by the prison mental health crisis and unreasonably high levels of distress and self-harm that volunteers faced, with very little support. The themes drawn from writings and discussions included: ***the riskiness of peer support; inconsistencies in training and working conditions; and the value of peer support***. We explore these themes, then propose co-created recommendations for safer service provision.

Riskiness of peer support

Co-authors highlighted risks of volunteering in prison including overly high expectations and a lack of care. For example, one former prisoner reflected how volunteering took a physical and emotional toll:

> [Officers] would come and get you out of your cell at any time, three, four AM [to listen to prisoners], but expected you still to go to work at half-past seven to eight AM… Even though I was doing something for the prison as a Samaritan until six o'clock that morning, I had to go to work or they wouldn't pay me… [The officer asks]: "Are you okay?" That's it! And then bang you back up…there was no aftercare for nobody, everyone was being used…
>
> *Former-volunteer response: If you got a minute, you were loved more than I was! I was asked if the caller was not in a good place, as that might cause [the prison] a problem, but no-one asked me.*

Ideally, prison Listeners are offered regular offload sessions by their the Samaritans charity, but the regularity of these meetings varies (Foster and Magee, 2011). These quotations indicate that, at least in some prisons, volunteers undertake acute face-to-face suicide prevention work, in the middle of the night, in the absence of supervision or support. Another former volunteer explained how the work often stayed with her the next day:

> I remember going out to the girls who say they're going to kill themselves and then waiting for breakfast the next morning… searching for them the next day to check they're alive and the anxiety is stressing me.
>
> *Academic co-author: That makes me feel so much empathy with you because working in a psychology department I felt that too. I used to go home and worry about that person that I'd seen at the end of that shift... [but I had] a supervisor… training…. secure networks, and a home to go to and safe surroundings. It just really dawned on me that I found it hard, and I had all of that. What must that be like for somebody who isn't with their family, who doesn't have a supervisor, who has got their own trauma…every single day?*

Suicidality is recognised as one of the most anxiety-provoking scenarios for helping practitioners (Rudd et al., 2008). In professional settings such as psychology, workers are supervised by someone with clinical and supervision expertise (Rudd et al., 2008), yet this safeguard is often absent for prisoner peer supporters.

Inconsistencies in training, working conditions and support

Peer supporters often navigated overly high expectations with minimal structural supports. One former prisoner reflected:

> [The simplicity of volunteer training] was a disgrace when you think about the turmoil that's going on in remand prisons, I mean, *absolute turmoil*. I've never seen self-harm in my life to that extent, I saw girls with plasters down their faces where they cut themselves open with razors… So, I did the training. And then I said I didn't want to volunteer…

Another author, who did go on to volunteer added:

> I concur with what others are saying… I internalised a lot of things. I very much compartmentalised it… The people that are really on the edge, *just cut themselves*, you go in there and you're not equipped… And I think it's unfair. We're not being equipped by the people that are asking us to help… so, it was

really difficult for me, I felt like I was taking it all on board… People study academically for years to ensure they are ready to do work such as this, with concentration on self-care, something that seems missing in peer support.

There is clear potential here for secondary or 'vicarious' trauma:

> Secondary trauma refers to a set of symptoms that parallel those of post-traumatic stress disorder (PTSD)… Vicarious trauma focuses on the core beliefs of the therapist and the way in which these may change as a result of empathic engagement with… traumatic imagery presented by clients. This may cause a disruption in the therapist's view of self, others, and the world in general (Bober and Regehr, 2006: 1).

Anyone engaging empathically with traumatized individuals can be at risk of distress and impairment and significantly higher levels of psychiatric morbidity and suicide-related behaviours have been found amongst those who witness a peer's suicide-related behaviour (Hales et al., 2015). Whilst researchers have started to recognise vicarious trauma amongst social workers (Newell and MacNeil, 2010), little attention has been paid to prisoner volunteers. However, with appropriate support, posttraumatic growth may be promoted (Whisenhunt et al., 2017).

The importance of peer support and listening

Because our reflections became critical of how prison peer support is operationalised, we were anxious that our findings could result in reduced provision. Peer supporters face very high levels of distress and self-harm, and peer support is often essential:

> Those girls that I used to go out to, they used to slash their faces all the time, it really upset me, I used to say to them *'you've got your whole life ahead of you, don't slash your beautiful face'*… the thought of removing this one thing (Listening), this one person that they have to talk to and that they feel safe with… I don't know...

We do not wish to see peer support withdrawn but the risks many peer supporters face, often with insufficient training and support, pose a dilemma. We reflected on whether peer supporters should be doing this work at all, given it often creates additional distress for prisoners and places a sticking plaster over the need for structural reforms. At the same time, peer supporters offer vital support within environments which can feel unsafe, uncaring, and devoid of trust:

> Former volunteer: They just needed someone to talk to, and to show a bit of empathy… It's really needed. There is no way that anyone in prison is going to go and speak to an officer. Sadly, no-one trusts officers and so you need that peer aspect, but then you have to support that.

We concluded that peer support offers isolated people in prison someone to talk to and alleviates distress. However, it is concerning that peer workers are increasingly the *only* service offered to prisoners experiencing mental ill-health, self-harm and/or suicidal intention, often with inadequate support themselves. To address these gaps,

there is an urgent need to find alternatives to imprisonment and increase the availability of specialist services to meet prisoner needs. Organisations that offer peer support must consider their tacit acceptance of these conditions if they provide services without acknowledging the need for and/ or campaigning for structural reforms (Tomczak and Bennett, 2019).

Recommendations

This section draws on former prisoner reflections to offer strategies for service development.

1. Our first recommendation is that opportunities for distressed prisoners to be listened to should not be provided at the expense of peer supporters' wellbeing. Organisations should recognise the unique challenges of volunteering whilst imprisoned and learn from people with lived experiences to shape services. Imprisoned volunteers cannot seek comfort or take a break at the end of a difficult 'shift' as their 'home' and 'work' spaces are not separate. Prisoner volunteers require safe working conditions and therapeutic support, as a minimum, to offer their essential peer support services.
2. Our second recommendation is for providers to reduce the potential for secondary and vicarious trauma within peer support. Volunteer training could cover these concepts so that prisoners can make informed decisions. Supervision sessions could follow up and check wellbeing. This is especially important given the prevalence of trauma histories amongst prisoners (Facer-Irwin et al., 2021). Prison officers should also be trained in trauma-informed principles. Finally, all volunteers should have a line manager who is responsible for ensuring safe limitations on working hours.
3. Our third recommendation is for organisations to regularly review the experiences of volunteers to stimulate changes in and beyond prisons. Prison peer supporters could catalogue anonymous callout types with their employing organisation (e.g., self-harm/ severe mental health episode), who could feed these insights into multi-agency / commissioning and policy forums locally and nationally.

Conclusion

This participatory research study invited former prisoner volunteers to reflect on prison peer support work, including the acute mental health crisis in prisons, overly high expectations on peer supporters and limited support. The analysis illustrated inconsistencies in training and working conditions, which can leave people ill-equipped for the levels of distress they encounter and vulnerable to secondary trauma. It also generated optimism that volunteers and organisations could work together to improve training and support and steer health and justice policymakers toward more comprehensive and responsive mental health provision and diversion into healthcare. To influence and lobby for change, we reflected on the need for providers to notice and communicate gaps in provision and avoid perpetuating problematic practices through sticking plaster solutions.

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