



The cost of prison suicide

Research briefing

the Howard League for Penal Reform

Key points

- The impact of a suicide in prison is profound for the family, for prisoners, for prison staff and for all those who knew the individual who died. The emotional costs include pain, grief and lost quality of life
- The average cost of a suicide in prison is not known but is likely to be substantially higher than the average cost of a suicide in the general population
- There were 95 suicides in prison in the 12 months to September 2015. It is estimated that the cost of these suicides is at least £160m and could be as high as £300m
- The average cost of a suicide in the general population has been estimated as £1.67m per completed suicide
- The financial impact of prison suicide is substantial and will include staffing costs
- A prison suicide impacts on the financial resources of other services including the police, local authorities and the National Health Service
- Investing in suicide prevention has been shown to reduce deaths and bring about substantial cost savings in the long term.

Introduction

“The impact of deaths in custody on the family and friends of prisoners and staff in the establishments involved cannot be over-estimated.”

Her Majesty’s Inspectorate of prisons (2015)

95 people took their own lives in prison in the 12 months to September 2015. This included 13 young adults aged 18–24 and four women. The impact of a self-inflicted death in custody is profound for the family, for prisoners, for prison staff and for all those who knew the individual who died. The human costs of any self-inflicted death are intangible yet far-reaching. This is even more true of a death in custody. The costs include pain, grief and suffering and lost quality of life.

The Howard League and the Centre for Mental Health are working together to investigate suicide prevention in prisons. The work will explore how police, the judiciary, prisons and healthcare providers can work together to prevent people taking their own lives in prison. It will also look at what lessons can be learnt from the wider community. This is the first in a series of briefings. Whilst acknowledging the primacy of emotional costs and trauma when considering a death, this briefing shall – for the reasons outlined below – focus on exploring the monetary costs associated with deaths in custody.

1. Suicides in prison

Figures published by the Ministry of Justice (2015) show that in the 12 months to September 2015, 95 people took their own lives by apparent suicide in prison. In the previous 12 months (2013–2014) there were 91 apparent suicides in prison.

The World Health Organisation and International Association for Suicide Prevention recognise that prisoners are a high risk group for suicide (WHO, 2007). Prisoners have a number of risk factors for suicidal behaviour when they enter prison and the suicide attempt rate is higher, even after release from prison. Remand prisoners have a suicide attempt rate 7.5 times higher than the general population and for sentenced prisoners the rate is 6 times higher.

Arrival in prison is a particularly high risk time (HMIP, 2015). A fifth of prisoners who take their own lives in prison do so within seven days of reception. 39 per cent die within a month of arrival.

This includes prisoners who have moved to a new prison during their time in custody as well as those who have entered prison via the courts.

It is not known how many self-inflicted deaths are prevented each year in prison by the actions of staff or other prisoners. There are around 2,000 prisoners at any one time being monitored under Prison Service suicide and self-harm procedures, known as ACCT (Assessment, Care in Custody and Teamwork) and outlined in Prison Service Instruction 64/2011: Management of prisoners at risk of harm to self, to others and from others (Safer Custody) (Ministry of Justice, 2013).

It cannot be assumed that all self-harm incidents are an indication of attempted suicide, though some may be. In the 12 months to June 2015 there were 28,881 reported incidents of self-harm, up by 4,929 incidents (21%) from the same period in 2014 (Ministry of Justice 2015). Hawton et al (2014) found that self-harm in prisons was associated with subsequent suicide and suggested that the prevention and treatment of self-harm was an essential component of suicide prevention.

2. Why look at the cost of suicide?

‘The economic impacts of suicide are profound, although comparatively few studies have sought to quantify these costs.’

McDaid et al (2014)

Public health researchers have begun to focus on the economic costs of a death, for example from smoking or heart disease, in order to highlight the economic benefits of investing in prevention and health promotion and to show how investment in one area can generate savings in another.

The Department of Health commissioned research, published by Knapp et al (2011), on the economic benefits of mental health prevention and promotion.

Health systems aim to improve health and health-related well-being, but are always constrained by the resources available to them. They also need to be aware of the resources available in adjacent systems which can have such an impact on health, such as housing, employment and education. Careful choices therefore have to be made about how to utilise what is available. One immediate corollary is to ask whether investment in the prevention of mental health needs and the promotion of mental wellbeing might represent a good use of available resources.

Knapp M et al (2011) estimated that the average cost per completed suicide for those of working age only in England was £1.67m (at 2009 prices). This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and funerals.

The New Zealand Ministry of Health (2005) commissioned research on the cost of suicide and attempted suicide as it was concerned about the high rates of suicide in New Zealand. It argued that estimating the cost of suicide was a useful exercise as it indicated where suicide prevention interventions might be focused to give greatest potential gain. The study estimated that the average cost of services used per suicide was NZ\$10,200 (around £4,000 at 2005 prices) and NZ\$3,750 (around £1,468 at 2005 prices) per attempted suicide. The annual economic cost of suicide and attempted suicide for the year 2002 was NZ\$206.2m.

A similar study on the economic cost of suicide in Ireland (Kennelly, 2007) found that the costs amounted to around €900 million a year (2001 prices), equivalent to around 1 per cent of annual GDP in Ireland. The Scottish Executive (2006) found that the cost of suicide in Scotland was just over £1 billion in 2004. The study estimated that a one per cent reduction in suicides would avoid costs of up to £10.7m over the lifetime of an individual.

It appears no one has looked at the financial implications of prison suicide to the state.

3. The benefits of investment in suicide prevention

The Department of Health commissioned research as part of a project to look at the economic case for mental health promotion and prevention. Economists from the LSE, King's College London Institute of Psychiatry and the Centre for Mental Health conducted a detailed analysis of costs and benefits for 15 different interventions, including GP suicide prevention training.

Case study 1: Cost effectiveness of GP suicide prevention education

Knapp et al (2011) looked at the economic cost over 10 years of investing in GP suicide prevention education. The study found that the cost of suicide prevention training for GPs, based on the Applied Suicide Intervention Skills Training (ASIST) course, was £200 which would mean a total cost of around £8m if delivered to all GPs in

England. The report estimated that net savings of £1.27bn would arise over 10 years if intangible costs of suicide were also included. It concluded that investment in GP suicide prevention training was highly cost effective from a health system perspective.

The financial cost of suicide was referred to in No health without mental health (DoH, 2011), a strategy to improve outcomes for people with mental health problems. The Department of Health strategy recognised that investment in suicide prevention would lead to considerable savings for the NHS in the longer term:

Economic modelling work has estimated that suicide-training courses provided to all GPs in England could result in net savings of over £500 million after one year and further considerable savings over the longer term.

Network Rail, the authority responsible for the rail network in the UK, has recently commissioned research by RSSB (2014) on improving suicide prevention measures on the rail network in Great Britain.

Case study 2: Costs of suicides borne by the rail industry

Around 4.5% of suicides in the UK take place on the railway, but the emotional, human and financial costs were seen as disproportionately high as they took place in view of passengers, station staff and drivers and resulted in considerable disruption to rail services. Around 400,000 minutes of delays were attributed to suicides on the railways in 2013–2014. Analysis of the costs of suicide borne by the rail industry was estimated to be between £20m and £40m per year; the largest element being the delay and cancellation costs paid by Network Rail to the affected train operating companies.

Network Rail invested £5m in a suicide prevention programme, in partnership with the Samaritans, which included training for station staff to recognise those at risk of suicide and provide help and support to prevent a death on the railway. The partnership has recently been extended for another 5 years. (Network Rail, 2014)

4. The cost of prison suicide

There has been no published research on the economic costs of prison suicide. The costs resulting from a suicide in prison are likely to be substantially higher than the average cost of suicide due to the impact a death has on the

prison service as well as wider society. If costs for the 95 suicides in prison in the 12 months to September 2015 were equivalent to the costs of a suicide in the community this would amount to around £150m. As we go on to elaborate below, however, additional costs associated with deaths in custody will likely substantially raise these costs. Taking these into account, the costs could be anywhere between £160m and £300m.

Whether a suicide occurs in prison or in the community, costs will include the police investigation, cost of inquests and funeral expenses. However, when a person dies whilst in the care of the state, there will be additional costs. The Prison and Probation Ombudsman has a statutory duty to conduct an investigation into deaths in prison custody. The coroner has a legal duty to investigate and inquest costs are likely to be substantially higher due to the complexities of the investigation and legal costs during the inquest.

The financial cost of a suicide to the prison service is substantial and will include staffing costs for investigations and to cover staff sickness absence due to the impact of a suicide. An increased workload and staff absences will have a knock-on effect on the wider regime in a prison, resulting in further costs.

i) The financial impact on prisons

A death in custody will have an economic impact on prison budgets. Staff have to comply with statutory duties following the death of a prisoner and this will impact on their working day. Resources will also be required to provide additional counselling and support for staff and prisoners affected by the death.

PSI64/2011 *Management of prisoners at risk of harm to self, to others and from others (Safer Custody)* outlines the procedures that must be adhered to following a death in custody:

Staff must co-operate fully with all investigations following a death, including those by the police, the Prisons and Probation Ombudsman (PPO), the Health and Safety Executive (HSE) where applicable and the coroner's inquest.

Prison staff are responsible for: reporting the death to the police; notifying the next of kin, the coroner and NOMS; collating evidence, such as CCTV footage and documents for police and PPO investigations; and ensuring that prisoners and other staff affected by the death are

supported. Prison governors have responsibility for writing to the family and providing support to other prisoners and prison staff who may have been affected by the death.

PSI 64/2011 states that '*prisons must offer to pay a contribution towards reasonable funeral expenses of up to £3,000*', except if the family has a pre-paid funeral plan or is receiving funding from another government department.

The Howard League (2015) revealed that the number of prison officers in public sector prisons has been cut by 30 per cent in three years. A death in custody is likely to impact on staffing levels throughout the prison as wing staff may be required to cover colleagues whilst they attend briefings, collate records, prepare for investigations and attend interviews or inquests.

When someone dies they just become the trigger for a process and lots of paperwork for me. You've just got to get on with it, get the job done. (Safer Custody Staff)

RAND Europe and Prisons Research Centre, University of Cambridge (2015)

Research commissioned by the Harris Review of self-inflicted deaths in custody amongst 18–24 year olds (2015) and conducted by RAND Europe and the Prisons Research Centre at the University of Cambridge (2015) found that 'Being involved with a death in custody has significant impacts upon the emotions and practices of prison staff'.

Studies on the impact of suicide on frontline staff have shown it can lead to increased rates of sickness and absenteeism, undermine a professional's functioning and contribute to burnout (Gaffney et al, 2009 and Gutin et al, 2010). When a prisoner dies by suicide it is likely to impact on staff stress and sickness levels in the immediate aftermath and also in the longer term as staff are required to give evidence at inquests which can take place a year or more after the death.

In 2013–2014 the average number of days lost due to staff sickness was 10.8 per employee. Rates of stress related illness and long term illness had increased in the same period (Prison Service Pay Review Body, 2015). The stress of dealing with high rates of suicide and self-injury was undoubtedly a factor.

Staff absences will impact on a prison's financial resources as other staff will have to cover their duties or use detached duty staff from other prisons. The estimated cost of sickness absence in the public sector Prison Service in 2007–2008 was £78m. This figure was the cost of days lost and did not include additional costs such as staff cover (Hansard, 2008).

ii) Police investigation

The Police investigate all deaths in prison on behalf of the coroner and also to determine whether a criminal investigation is necessary. Initially, the police approach all deaths as a potential homicide and officers will be deployed to collect evidence from the scene of each death and ensure that photographs or videos of the scene are taken. This information will be shared with the PPO at a later date once it has been established that a criminal investigation is not required.

The police were unable to provide a figure for the cost of an investigation into a death in custody and there is no published data on the average length of time spent on sudden death investigations. The study by the New Zealand Ministry of Health (2005) estimated the average police time was 17.9 hours attendance per sudden death. The hourly on-costs for a police sergeant in England and Wales are £36.51 (Hansard, 2015). Police on-costs for investigations into the 95 deaths that occurred in the 12 months prior to September 2015 could range from £3,500 to £62,000 or higher, depending on the number of police hours spent on each investigation.

It is estimated that British Transport Police spend between £4.5m and £11m annually in responding to suicides on the railways (RSSB, 2014). This amounts to between £22,500 and £55,000 per suicide. If similar costs are attributed to responding to suicides in prisons, the annual police costs could be between £2m and £5m.

iii) Prison and Probation Ombudsman's (PPO) investigations

The PPO conducts a fatal incident investigation into all deaths that occur in prisons and young offender institutions. This includes investigations into natural deaths as well as self-inflicted deaths and homicides. Data from the PPO showed that the average cost of a fatal incident investigation into a death in custody in 2014–15 was £10,350.

This figure is an average cost and includes deaths by natural causes as well as self-inflicted deaths. The cost of a fatal incident investigation can vary widely and it is likely that the cost of a PPO investigation into a self-inflicted death will be greater than an investigation into a death by natural causes.

Investigations into self-inflicted deaths and homicides in prison will almost always be more complex and take longer to complete. The average time taken to complete a draft report into a self-inflicted death was 25 weeks, compared to 18 weeks for a death by natural causes (PPO, 2015). It is likely that PPO investigators will complete more interviews during an investigation into a self-inflicted death in order to determine what happened.

Due to the nature of the death, the sensitivity required and the complexities of the investigation, fatal incident investigations into self-inflicted deaths are conducted by senior staff at a higher pay grade. During 2014/15 the PPO (ibid) began 76 investigations into self-inflicted deaths across prisons, approved premises and immigration removal centres.

iv) Coroners' costs

The senior coroner has a legal duty under the Coroners and Justice Act 2009 to investigate a death in custody. There is no longer a mandatory requirement to hold a jury inquest for a death in prison custody but the majority of inquests into deaths in prison continue to be jury inquests. The Chief Coroner (2015) reported there were 397 jury inquests in 2014-2015.

Local authorities appoint and fund the coroner and meet the coroner's costs including inquests costs, mortuary storage and pathology. The police, in most areas, provide Coroner's officers to support the Coroner in all aspects of their statutory responsibilities such as managing the investigation and liaising with bereaved people.

The Office of the Chief Coroner does not hold data on the cost of inquests and there is limited comparative financial information available for the Coroner's service in each local authority. The average net expenditure for reported deaths in 2006-2007 was around £300 per inquest. Local authorities with a high number of long and complex inquests, which included Cornwall, had higher costs of around £500 per inquest (Cornwall County Council, 2008).

Coroner's costs for an inquest into the death of a person in prison vary widely and are likely to be higher than the average costs for a reported death due to the complexities of the case. Costs will depend on the length of time taken to complete the inquest, the number of pre-inquest review meetings and whether the inquest takes place with or without a jury. Jury claims for loss of earnings and travel expenses will vary. Expert witnesses are entitled to claim fees for preparatory work and attendance at inquests and this again will vary depending on the number of witnesses called to give evidence.

Local authorities which have a high number of self-inflicted deaths in custody are likely to incur higher coroner's costs as inquests will take longer and be more complex.

Case study 3: Kent County Council

Kent County Council has financial responsibility for four coroners' offices; Central and South East Kent, Mid Kent and Medway, North East Kent and North West Kent. The LGA (2015) stated that the estimated net expenditure for coroners' court services in Kent in 2013–2014 was £2,911,000 compared to an average net expenditure of £1,085,000 for all English county local authorities.

There are seven prisons in Kent. Between 2012 and 2014 there were 14 suspected self-inflicted deaths in custody in Kent. Emley prison had seen an increase in the number of suicides from three in 2012 to five in 2014, one of the highest number of self-inflicted deaths in a single prison that year.

The Kent and Medway suicide prevention strategy 2015–2020 recognised that there had been an increase nationally and locally in the number of prisoners taking their own lives. The local suicide prevention strategy included actions to address this issue. No prisoners died by suicide in Emley prison in 2015.

	2012	2013	2014	total
Cookham Wood	1	0	0	1
East Sutton Park	0	0	0	0
Elmley	3	2	5	10
Maidstone	0	1	0	1
Rochester	0	0	0	0
Stamford Hill	0	0	0	0
Swaleside	2	0	0	2
Total	6	3	5	14

v) The cost of legal representation at inquests

The National Offender Management Service provides legal representation through the Treasury Solicitor's Office for all prison staff required to give evidence at an inquest.

The Ministry of Justice (MOJ) does not hold details of the annual cost to the whole of Government of legal representation at inquests. Each Department makes their own arrangements. In response to a parliamentary question on 4 July 2013 the Minister for prisons stated:

The MOJ specifically incurs legal costs at inquests following the deaths of serving prisoners. The Treasury Solicitor's Department charges the MOJ for legal advice and representation at inquests. These charges came to £2.7 million in 2009-10; £2.1 million in 2010-11 and £2.1 million in 2011-12. The figures for 2012-13 are not yet published. It is not possible to attribute these charges to completed inquests.

The prisons minister also stated it was not possible to identify separately the amount spent on legal aid for families of the deceased at inquests (Hansard, 2013).

Following the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO), legal aid is available for advice and assistance in the run-up to an inquest involving a member of the individual's family, but legal aid for representation at an inquest is only available through the 'exceptional funding' criteria of the Act.

The inequality in terms of legal representation has been criticised by INQUEST which noted that it was not aware of a single inquest into a death in custody where the state had not been legally represented and that this had led to an inequality of arms between families and the state (House of Commons, 2014). Lawyers representing the state are funded by the taxpayer yet bereaved families who are not granted exceptional funding have to cover the costs of legal representations, which can be thousands of pounds.

5. Investing in suicide prevention

The prisons minister Andrew Selous stated,

All prisons are required to have procedures in place to identify, manage and support people who are at risk of harm to themselves, and the National Offender Management Service (NOMS) has put in place additional resources to undertake this safer custody work.

Hansard, WA12986, 22 October 2015

All staff who work with prisoners should receive basic training in safer custody, according to PSI 64/2011. The National Offender Management Service is currently conducting a review of the ACCT process to assess and monitor those at risk of suicide and self-harm in custody. Samaritans has a £451,000 contract with the Ministry of Justice to train Listeners in prisons to offer confidential peer support to vulnerable prisoners. Prisoners can also access the Samaritans helpline free of charge.

The Secretary of State for Justice commissioned the Harris Review (2015) to conduct an independent inquiry into the self-inflicted deaths in custody of 18–24 year olds and to make recommendations to reduce the risk of future self-inflicted deaths in custody.

Despite additional resources and a focus on reducing self-inflicted deaths in custody, the number of self-inflicted deaths has continued to rise. Her Majesty's Inspectorate of Prisons (2015) stated "It was [-] a matter of the greatest concern that the high number of self-inflicted deaths and incidence of self-harm among adult male prisoners persisted in this year's findings, and many of our previous concerns about the care of those at risk continued to be repeated".

Factors, such as staffing cuts and overcrowding are having a negative effect on suicide prevention measures, including staff training. The IMB annual report on Lewes prison (2015) found that the Safer Custody team had been hit by staffing cuts and over 2,000 designated hours of safer custody work had been lost:

Training in ACCT (Assessment, Care in Custody, Teamwork) management is not able to take place. The ACCT document is opened on any prisoner deemed to be at risk of self-harm. There are a number of new Band 4 Supervising Officers running the wings, and they become the Case Managers for prisoners on open ACCTs. There is no one in the prison who can train them to do this. The national case management training courses have been stopped, as has the training for the trainers themselves. This has left HMP Lewes in a situation where the Case Managers must remain untrained, yet they are responsible for the documents which are designed to keep prisoners safe. The IMB finds this completely unacceptable.

Her Majesty's Inspectorate of Prisons (2015) found that only 58 per cent of staff at Aylesbury prison had completed suicide prevention training,

despite a previous HMIP recommendation in 2013 that all staff should receive a refresher course in safer custody training.

63 per cent of the prisons inspected by HMIP (2014) in 2014–2015 were overcrowded and staff shortages were affecting day to day living arrangements in many. Only 14 per cent of prisoners were unlocked for 10 hours each day and the inspectorate reported that "time out of cell and activity for prisoners had reduced further since last year's already poor picture".

Protective factors which might reduce the risk of suicide, including family contact, meaningful employment, access to leisure activities and hobbies, exercise and time out of doors are all difficult or impossible to access in prison. Changes to the Incentives and Earned Privileges scheme introduced in November 2013 have placed further restrictions on prisoners' access to coping mechanisms, particularly for those on basic or entry level.

There needs to be a holistic approach to improving the mental well-being of all prisoners, not just those identified as at risk. In addition, there must be a reduction in the prison population, which currently stands at 85,884. Too many people are being remanded or sentenced to custody when they do not need to be there.

Research by the Howard League showed that over two thirds of the men, women and children remanded to custody in 2013 were either acquitted or did not receive a custodial sentence. The figures show there is widespread overuse and misuse of remand, despite the fact that the Coalition Government passed the Legal Aid, Sentencing and Punishment of Offenders Act (2012) to end the use of remand when there was no real prospect of the defendant being imprisoned if convicted. Those on remand are disproportionately likely to take their own lives in custody. 36 per cent of those who died due to suicide in 2014 were on remand at the time of their deaths, despite only 15 per cent of the prison population being on remand at any one time.

Prison is not being used as a last resort. Of the 90,333 persons sentenced to immediate custody by the courts between March 2014 and March 2015, a third (29,310) had been convicted of theft offences. Four of the 60 people who have taken their own lives in prison this year had been remanded or sentenced for theft or shoplifting Liaison and diversion services, which refer

people who come into contact with the criminal justice system with mental health needs, learning difficulties or substance misuse or other vulnerabilities to appropriate treatment and support, has led to short term cost savings in the criminal justice system (Centre for Mental Health, 2015).

In January 2014 the Department of Health announced an investment of £25million for liaison and diversion services and a roll out of the service to cover 50 per cent of the population by 2015/16 and the whole population by 2017/18.

6. Conclusions

Just as public health researchers have considered the cost of suicide in society, it would be helpful for policymakers and sentencers to understand the financial costs of prison suicide.

There are major gaps in attempting to provide an estimate of the cost of a death in custody in part due to the lack of available data and the disjuncture between different government departments involved following a death in custody.

A thematic review conducted by the then Chief Inspector of Prisons in 1999 noted that suicide was 'everyone's concern' and that is still the case today. Yet issues such as mental health and suicide prevention in prisons are often not considered in a holistic way.

The Howard League recommends that the Ministry of Justice commission research to identify the average costs of a suicide behind bars. The impact of prison suicide on staff is substantial and will include emotional and financial costs.

Limited estimates obtained by the Howard League suggest that costs could be far greater than the average cost of a suicide

in the community, as estimated by research commissioned by the Department of Health.

The economic impact of suicide is not just borne by the Ministry of Justice and we cannot look at the impact of prison suicide in isolation. It impacts on the resources of local authorities, the police and health services.

The economic benefits of holistic investment in suicide prevention and the promotion of mental wellbeing will produce long term cost savings, not just for the prison service but for other government departments.

A full list of references is available on our website at <http://www.howardleague.org/publications-prisons/>

About the Howard League for Penal Reform

The Howard League is a national charity working for less crime, safer communities and fewer people in prison.

We campaign, research and take legal action on a wide range of issues. We work with parliament, the media, criminal justice professionals, students and members of the public, influencing debate and forcing through meaningful change.

About the Centre for Mental Health

Centre for Mental Health is an independent national mental health charity. We aim to inspire hope, opportunity and a fair chance in life for people of all ages living with or at risk of mental ill health.

We identify effective methods of supporting and diverting people with mental health problems in the criminal justice system.

Centre for
Mental Health 

the Howard League for Penal Reform

1 Ardleigh Road
London
N1 4HS

020 7249 7373
info@howardleague.org
www.howardleague.org
@howardleague

Registered charity
No. 251926
Company limited by
guarantee No. 898514

ISBN 978-1-911114-00-0



9 781911 114000 >
ISBN 978-1-911114-00-0
2016