



## Chapter 9

# Management of Self Harm Risk:

## Evidence-based Practice

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### Introduction

The prevention of self-harm in all correctional settings is of paramount importance because negligence may bring irreversible and tragic consequences for persons-in-custody (PICs). Rates of prison suicide in 24 surveyed countries were found to range between 23 to 180 per 100,000 prisoners (Fazel, 2017). While Hong Kong's average rate of suicide<sup>1</sup> between 2018 and 2020, at 20 per 100,000, lies at the lower end of the scale, **Hong Kong Correctional Services (HKCS) is relentless in its safe custody mission in further enhancing its self-harm prevention work.** By comparing HKCS practice with overseas research and recommendations, this paper aims to highlight the good practices in place, areas for improvement, and the future development of self-harm prevention strategies. Multi-disciplinary collaboration and population-based intervention are specifically discussed.

<sup>1</sup> The suicide rate of PICs refers to the number of suicide deaths per 100,000 persons under CSD custody (including convicts, remands, detainees, and civil prisoners). It is computed as follows: number of suicide deaths of PICs throughout the reference year as a percentage of average daily number of PICs for the year under reference, then multiplied by 100,000.

## Overseas Research and Practice

Many countries have developed guidelines and a framework on suicide prevention in correctional settings. The World Health Organization (World Health Organization, 2007) stated that **suicide prevention policies** should be comprehensive and encompass the following key elements:

### Element 1

#### Screening

Upon admission, every person-in-custody (PIC) should be screened for self-harm risk. To be effective, the screening process needs to be **uncomplicated and includes static and dynamic variables** (World Health Organization, 2007). The screening tools should be able to identify risk factors for potential self-harm acts, such as current suicidal ideation, previous self-harm and depression, and locating in solitary confinement and disciplinary infractions (Favril, et. al., 2020). As self-harm risk may change over the course of a sentence, self-harm screening needs to be conducted throughout incarceration (Office of the Correctional Investigator, Canada, 2014).

### Element 2

#### Management following screening

When a PIC at risk is identified, adequate and appropriate follow-up action and management are needed (World Health Organization, 2007). These include **monitoring of the PIC, communication among staff, providing a suicide-safe environment and mental health treatment, as well as social support and intervention** (World Health Organization, 2007).

## Element 3

**Follow-up procedures**

If a suicide attempt or a suicide occurs, immediate intervention, reporting and review of the incident are necessary (Tripodi & Bender, 2007). In the long run, it is also important to **enhance the psychological resilience** of PICs and their ability to respond to stressful events to prevent future self-harm events (Justice Health, 2015).

## Element 4

**Staff training and culture**

The World Health Organization (2007, p.9) identified that: “The essential component to any suicide prevention programme is **properly trained correctional staff, who form the backbone of any jail, prison and juvenile facility**”. The staff training content includes identification of PICs at risk of committing self-harm (Justice Health, 2015), and basic emergency responses (Office of the Correctional Investigator, Canada, 2014). The quality of the social climate within prisons is also pertinent to suicide prevention (World Health Organization, 2007).

It is emphasised that suicide is not solely a security matter or a medical problem (Office of the Correctional Investigator, Canada, 2014), but a shared responsibility (Justice Health, 2015). Therefore, when implementing the above policies and procedures, a **multi-disciplinary** approach and close cooperation between different parties is essential for the success of preventing self-harm (National Institute for Health and Care Excellence, 2018).

**Overview of Management of Self-harm Risk by HKCS**

HKCS has an array of self-harm prevention strategies that match the four elements above. The following sections discuss these strategies, namely: screening and detection, active management, post-event follow-up, instilling hope as a primary intervention, and the cultivation of a rehabilitative culture.

**Data-driven Self-harm Screening and Detection****Characteristics of PICs who had self-harm behaviours**

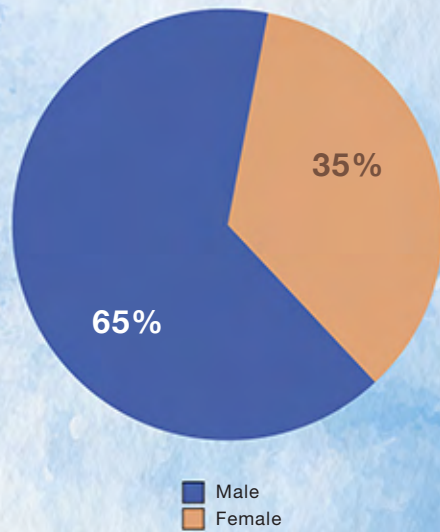
In Hong Kong, the suicide rate in the general community was 12.3 and 13 per 100,000 in 2018 and 2019 respectively (HKJC Centre for Suicide Research and Prevention, HKU, 2020). The suicide rate among PICs is generally higher compared to the general community population. The average daily penal population at correctional facilities was 7,647 persons between 2018 and 2020. In Hong Kong’s correctional institutions there was an average of 52 self-harm incidents, including one to two suicide incidents per year between 2018 and 2020. **Many of these cases were discovered in time and the concerned PICs were successfully rescued by correctional officers.**

The following section is based on the self-harm incidents that took place between 2018 and 2020. There were more male than female PICs who had performed self-harm behaviour and the majority were adults, with 44% aged 35 years or above. Over half were incarcerated in prison for the first time.

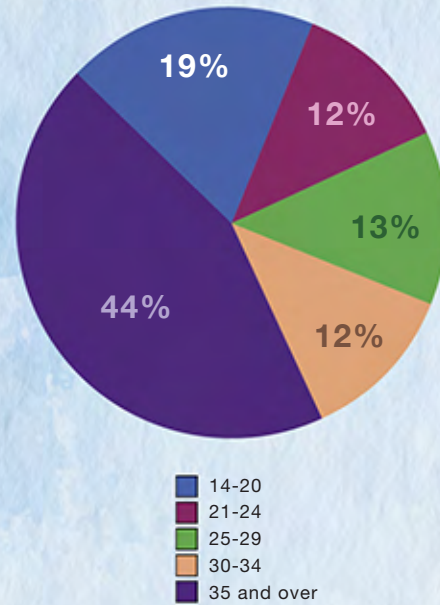


### Characteristics of PICs committed self-harm in 2018-2020

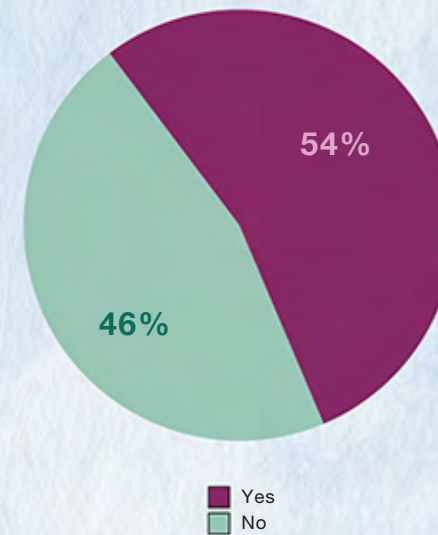
Gender of PICs who had performed self-harm behaviours



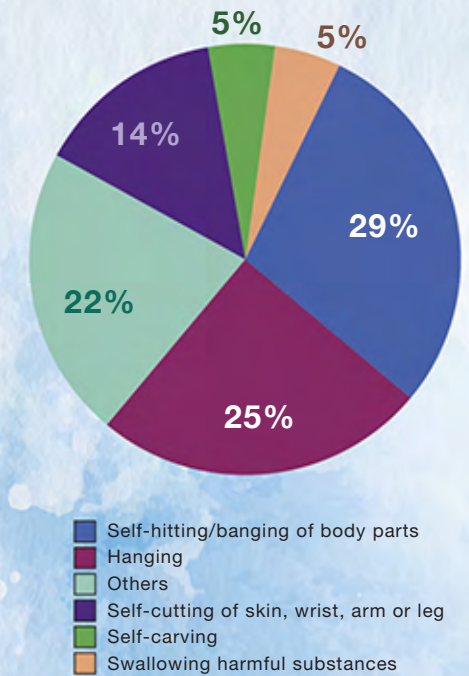
Age



Substance abuse history

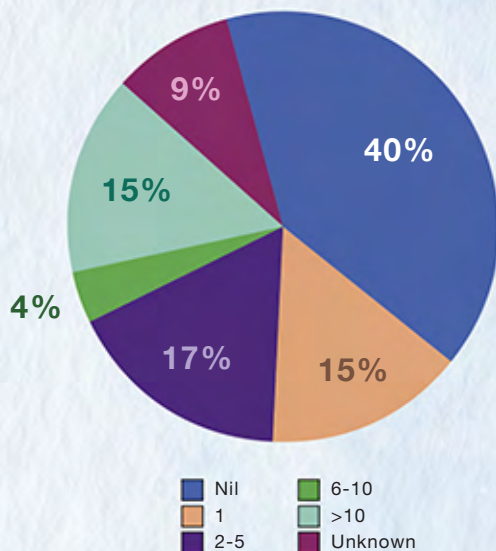


Form of self-harm behaviours

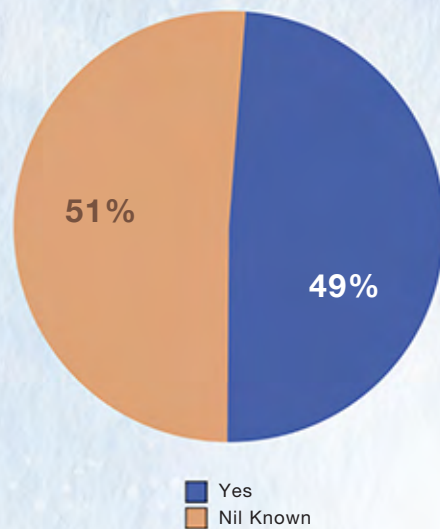


Of the PICs who had performed self-harm, 51% had past self-harm attempt, 49% were suffering from a mental illness at the time, with 54% reporting having previously abused drugs.

No. of previous self-harm incidents

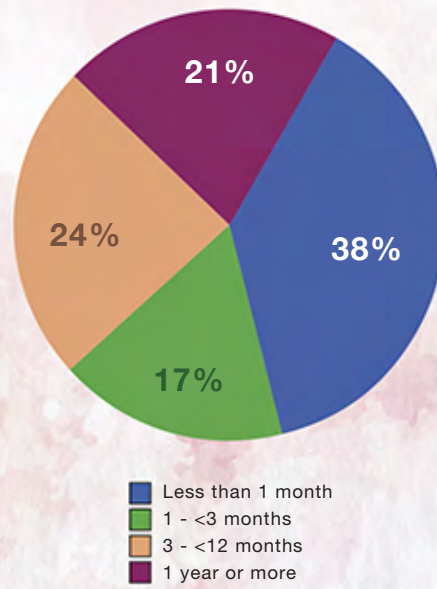


Mental illness at the time of incident

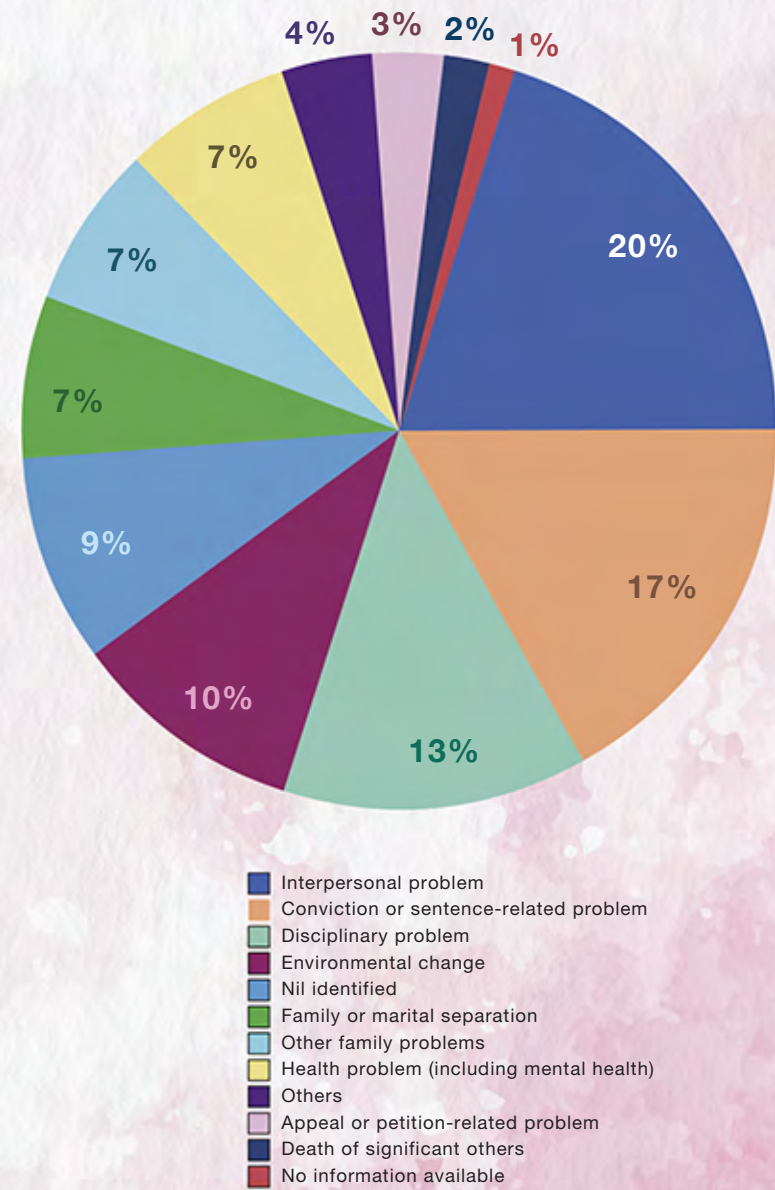


The most common forms of self-harm were self-hitting of body parts and hanging. About half of the self-harm incidents took place within the first two months of detention. The three most observed stressors among PICs who committed self-harm behaviour included: having an “interpersonal problem”, “conviction or sentence-related problem” and “disciplinary problem”.

Length of detention before incidents



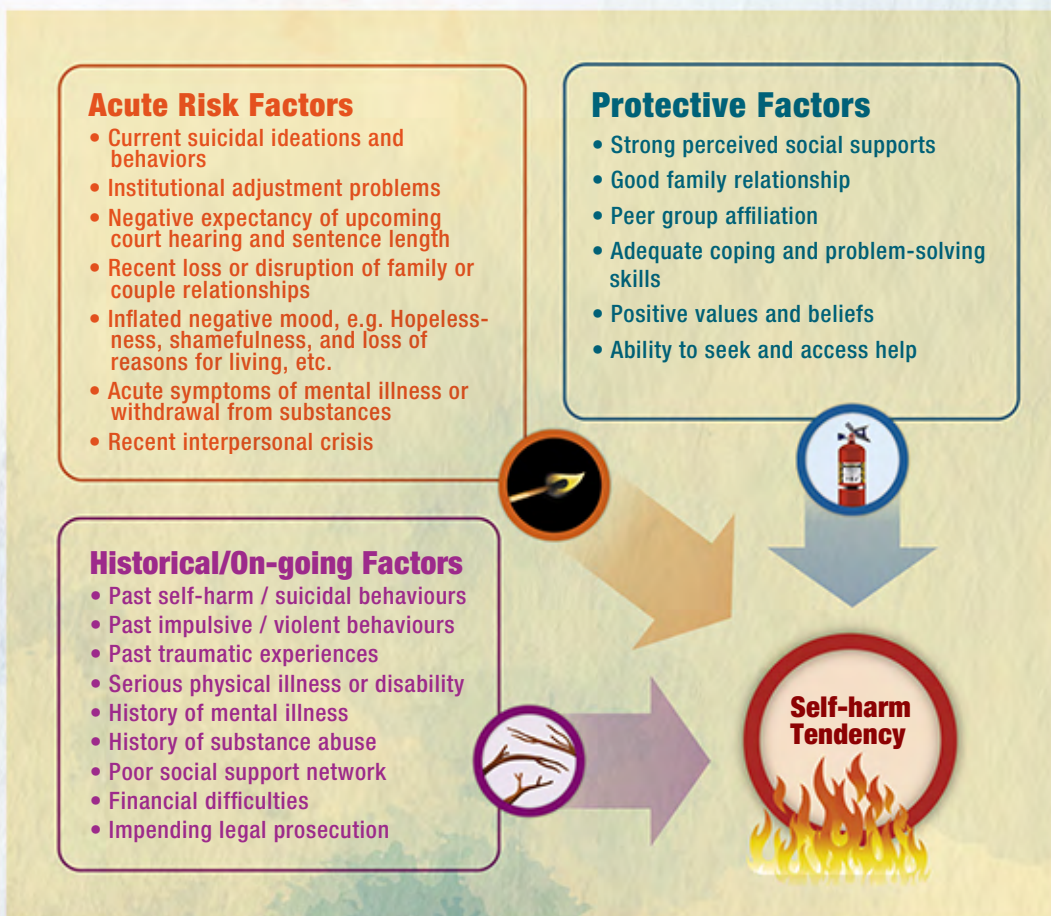
Stressors within 2 weeks before incident



## Screening and Detection of Self-harm Risks

Corresponding to the above data, multiple sources of information are used to enhance the detection of PIC self-harm risk. A **Self-harm Risk Index (SRI)** is a locally developed screening tool to identify self-harm risk and triage service priority for all PICs at admission. Three aspects of personal history are checked and given special attention when screening newly admitted PICs: previous self-harm attempts, presence of mental illness, and history of substance abuse.

Research studies suggest that self-harm behaviour is triggered by complex interactions of chronic risk factors and acute risk factors (Favril, et. al., 2020). These factors are therefore the main focus of psychological assessment and intervention. On the other hand, attention on protective factors can help mitigate the risk of future self-harm acts.



Multi-disciplinary collaboration is vital for effective self-harm prevention in prison (National Institute for Health and Care Excellence, 2018) and frontline correctional staff play an equally crucial role in self-harm prevention and its management. **Frontline staff are responsible for direct daily supervision of PIC activities, and have many opportunities to interact with and are more effective in identifying at-risk PICs.** They are often the first group of people who notice irregularities in PIC behaviour and self-harm warning signs during their day-to-day supervision, including such indicators as depressed mood, mental instability, and self-harm ideation. They may also be aware of PICs' stressors during their informal conversations or when PICs make requests for urgent telephone calls, psychological service, appeal applications, etc. Frontline staff also consider information provided by a PIC's family who may learn about self-harm ideations during social visits or from letters. PICs with a high risk of self-harm are referred to the Psychological Services Section for further assessment and treatment.

## Active management of Self-harm Risk by Case Management

PICs with self-harm risk are put under close supervision by frontline officers. **Special accommodation** is arranged for any PIC at risk to enable timely detection and intervention for self-harm behaviour. **Psychological assessment and intervention by clinical psychologists** addressing individual self-harm risk factors and enhancing protective factors are also provided.

Each correctional institution has a **Multidisciplinary Monitoring Committee on Prevention of Self-harm Behaviour** to facilitate early detection of self-harm risks and to develop effective care plans for PICs. The Committee comprises staff from Penal Operations, Hospital, Rehabilitation and Psychological Services Sections. A multidisciplinary perspective of self-harm prevention work facilitates communication among different parties and enables comprehensive risk monitoring for PICs' health, self-care behaviour, social and occupational functioning. The Committees have developed strategies for prevention of self-harm and devised treatment and management plans for those with self-harm risks.



## Instillation of Hope as a Primary Intervention Strategy for Self-harm Risk

The Instillation of Hope is a recent intervention adopted in our institutions and echoes current international practice of suicide prevention research and policy. Scientific research has long suggested **hopelessness as one of the strongest and most consistent predictors of suicidal intent and of completed suicide** (Beck et al., 1990; Beck et al., 1993). Therefore, it is not surprising that hope correlates with positive attributes, outcomes, and psychological adjustment (Snyder, 2002). It also mediates the impact of resilience and psychological vulnerability on subjective well-being in a positive direction (Satici, 2016).

According to Snyder (2002), hope comprises two cognitive processes: pathways thinking, one's perceived capability to generate realistic pathways to achieve the desired goals; and, agency thinking, one's motivation to utilise those pathways for the desired goals. Pratt & Foster (2020) showed that **higher hope, particularly the component of agency thinking, was associated with less severe suicide ideation**. With higher motivation for the desired goals, the sense of control over the use of the resources available to reach the goals also increases. Hope and hopelessness are measured as two independent variables. While hopelessness, i.e., the presence of negative expectations, was a significant predictor of suicide ideation, hope remained significant in predicting suicide ideation, i.e., higher levels of hope are associated with less suicide ideation. Therefore, apart from the absence of negative expectations, **facilitating positive future thinking** is unequivocally important in reducing suicide ideation. These findings not only have implications in individual-based self-harm prevention work, but also provide a new perspective in formulating primary strategies of self-harm prevention, as hope instillation work can be implemented from a population-based intervention approach (Pratt, 2016).



The concept of a population-based intervention approach to mental health is defined as a way to improve mental health outcomes among a group of individuals with a shared geography or socio-demographic characteristics, or, of a specific population and/or setting by non-clinical interventions and activities (Purtle et al., 2020). The effort is targeted at the entire population within a community or system addressing all possible levels of practice such as social and structural factors through multi-disciplinary collaboration. Under this framework, local efforts were made to **imbue correctional institutions with positivity and hope**. Firstly, this was achieved by renovating the actual physical environment with a painted mural of natural outdoor scene and rooms painted in lighter colours with the aim of reducing stress and aggressive behaviour (Wener, 2012).



*A reduction in behavioural problems was noted after renovation of the PIC day room at Lai Chi Kok Reception Centre.*

**Secondly, a series of videos with the theme of hope were broadcast in various institutions** using short video clips with messages of hope and resilience depicting how people overcome adversity; for example, showing how a person with physical disability becomes a member of the Hong Kong Cycling Team. Before being fully implemented, a trial run was completed at Siu Lam Psychiatric Centre where PICs with unstable emotions or self-harm ideation are located. Generally, their responses were positive, and they found the videos encouraging.

Another initiative is to **publish a book of inspirational hope stories of the PICs serving long sentences and how they adjust to their predicament and cope with stress**. PICs in similar situations would be empowered with a sense of hope by learning of their peers' experiences. Although the effectiveness of this approach on preventing self-harm in prison still needs to be examined, a brighter physical environment and the dissemination of positive and hopeful messages were unquestionably conducive to **promoting positive thinking and a better psychological well-being**.



## Cultivating a Rehabilitative Prison Climate

**Cultivating a rehabilitative climate in prison is also good for instilling hope and preventing self-harm.** While frontline staff are in a prime position to make timely referrals to mental health professionals for further assessment and treatment, their role in self-harm prevention is certainly much more than the detection of risk; they are key players who contribute to what is called the “prison climate” – the physical, social, emotional, and moral aspects of a prison environment perceived by staff and prisoners. The prison climate includes such features as safety and stability within prison, support to the physical/psychological needs of prisoners, an atmosphere of humanity and fairness, good relationships between prisoners and staff, etc. (Auty and Liebling, 2020). There is evidence suggesting that when the prison climate is more positive, prisoners report a higher level of hope and well-being (Gibson, 2021; Van Ginneken, 2019). It is therefore understood that the cultivation of a rehabilitative prison climate is now widely considered to be a self-harm prevention strategy in prisons (World Health Organization, 2007; Slade & Forrester, 2015).

Staff training is an ideal way to cultivate a rehabilitative prison climate. The benefits of such a climate and ways to achieve it should be included at the initial stages of new-recruit training. We believe it is essential for staff to maintain a professional and approachable image, so that PICs would be willing to reveal their problems. Staff should be adequately trained with active listening skills, and be prepared to respond timely to PICs’ requests and problems. Not only does early intervention tend to increase the



likelihood that issues can be resolved, but it can also prevent PICs from resorting to more instrumental or destructive means to achieve their purpose. Many PICs have shared that they find talking to staff who are ready to listen to their problems an emotionally relieving experience. Likewise, many have told us that they feel supported and less stressed when their requests are being handled promptly by staff. It is worthwhile to help frontline staff recognise that they can provide initial support and emotional relief to PICs in distress, and can meaningfully contribute to the prevention of self-harm behaviour.

When PICs commit self-harm, it is understood that correctional staff tend to display more negative attitudes dealing with them when the staff are not sufficiently trained and feel ill-prepared (Ramluggan, 2013; Short et al., 2009). Explaining the different reasons (e.g., hopelessness, ventilation of distress, etc.) behind PICs’ self-harm behaviour during staff training will dispel the myth that PICs engage in self-harm behaviour merely for secondary gains (Sousa et al., 2019). This should motivate staff to adopt a more supportive approach towards PICs with self-harm tendencies or behaviour. Other essential topics to be covered in training include the identification of self-harm warning signs, as well as how to handle PICs who display an intention to self-harm, so that staff feels equipped to fulfill their role in self-harm prevention.

## Conclusion and future directions

Preventing self-harm is always a challenge in correctional institutions. Research points to the importance of multimodal methods in self-harm prevention. While evidence-based risk and protective factors of self-harm behaviour have been incorporated into the assessment of PICs with self-harm risks by clinical psychologists, they are also integrated into the planning of prevention work carried out by different disciplines in prison. Latest research on the prison climate has shed light on the contribution of a stable, positive, and supportive penal environment to preventing self-harm. In future, with the advancement of modern technology, newly invented devices may improve the detection of self-harm risk and behaviour and can also be used to enhance PICs’ penal adjustment and support systems essential for early intervention.

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