Criminal Sanctions for Self-harm and Suicidality in the United Kingdom: Autoethnography and Protocol for a Scoping Review

Alex B Thomson[1], Sarah Eales[2,3], Emma McAllister[4], Andrew Molodynski[5,6]

1. Central and North West London NHS Foundation Trust; 2. University Hospital Southampton NHS Foundation Trust; 3. Bournemouth University; 4. Lived Experience Advisor, UK; 5. Oxford Health NHS Foundation Trust; 6. Oxford University

Aims and hypothesis

1. Evaluate current literature on criminal sanctions for suicidality in terms of number of reports, quality, and strength of evidence;
2. Identify the reported benefits and harms of criminal sanctions for suicidality.

Background

In the UK, over 6,000 people die by suicide every year. Many more receive medical attention for self-harm and suicidal thoughts. In some cases, people are still prosecuted and imprisoned for alleged offences related to suicidality where there is no public danger.

The intervention

Antisocial behaviour orders, community protection notices, criminal behaviour orders, prosecution and bail conditions are used to threaten imprisonment following suicide attempts. The apparent rationale is to try and deter suicidality or help-seeking.

Protocol methods

Published and unpublished reports relating to criminal sanctions for self-harm or suicidality in non-violent adults in the UK since 2000 will be included. Data will be synthesised using narrative scoping review methods. The scoping review will be carried out over 2021-23.

Main finding: There are **serious safety concerns** associated with the use of criminal sanctions for self-harm and suicidality.

Lived experience

On the night I was arrested I was told to call the crisis house. They said I couldn't go there because I was at too much risk. They hung up on me. I called the hospital. They told me if I wanted help I should call the police. Shortly after, I was arrested, taken to a police cell overnight and brought to court the next day.

I was charged with breach of the peace and wasting police time, even though there was no one else in danger and no disruption to the public. The court said they were minded to remand to prison me as I seemed so at risk and had no help.

I was so confused and unwell I didn't know what was happening. I hadn't seen a solicitor at the police station and didn't know I had a right to. One of my bail conditions was that I go to hospital whenever police asked. This was being misused as a proxy for the Mental Health (Care and Treatment) Act 2003. It was also being used as a threat: to remand me to prison if I didn't go to hospital on request. My obsessive-compulsive disorder (OCD) causes me to worry that I have unintentionally killed people and should be in prison, and it's fair to say this didn't help.

The police had decided to arrest and charge me to stop the calls about me. But it wasn't me making the calls. It was mental health services, the crisis house, the hospital. I didn't have the right mental health treatment and rather than fix that, it was getting shifted to police.

There were intermediate hearings during the prosecution, so I was called to court five times. I was getting more and more unwell and my solicitor didn't want me to appear, so he asked for them to be heard in my absence, but each time I had to go to wait near the court in case.

I came to believe it would be safer for others if I were dead. I was treated in resus and intensive care more than a dozen times. My GP and an ITU doctor wrote to the court saying they thought I would die if the prosecution continued. I have obsessions about contamination and wasn't receiving treatment. I believed that I had to remove my skin on my arms and torso to make others safe, using corrosives to cause full thickness burns. The prosecution continued.

My solicitor requested my recent mental health records. He asked the psychiatrist and psychologist to write confirming my diagnosis. They refused to assist him at all. He said one commented that, "Consequences like prison might be good for her".

It's since been established that the behaviour of local mental health services over the years before and since amounts to contemporary institutional abuse in the form of vexatious exclusion: emotional abuse and wilful neglect as a reprisal for having had prior complaints upheld about staff misconduct. Nobody addressed the problems in services. Instead, I was treated as the problem.

I saw a forensic psychiatrist acting for the Crown Office. He could not have been kinder. Because my own psychiatrist refused to report I had to pay for a defence report by another psychiatrist. The fee would have been around £5,000. I was prepared to get a loan but after reading what had been done to me, the psychiatrist acted pro bono.

One intermediate diet hearing was heard by a High Court judge covering the Sheriff Court that day. He called everyone into chambers, expressed concern and dismay at what was being done, and told the prosecution that he would personally be hearing the rest of the case. The judge agreed with the psychiatrist that I was unfit for trial because of my health. The prosecution were invited to drop the case, but didn't. Instead they progressed it as a 'hearing of the facts'. On the morning of the hearing, my solicitor called me. He said two words to me: "It's over"

The prosecution presented no evidence and so had deserted the case.

Being prosecuted meant disciplinary proceedings against me by my professional regulator, despite never having had a complaint at work. I had lost my job, lost my income, and it looked like I was losing my career too. My OCD got worse. I tried to kill myself several more times. This lasted 14 months before being dropped.

Without the kindness of friends and the professionals who supported me, I would have died. The injuries mean I can no longer operate. The loss is immense.

Benefits and Harms

We have summarised the benefits and harms of prosecution for suicidality in this case below. These raise serious safety concerns.

Outcome	Benefits	Harms
Psychological and mental health	None	Deterioration in obsessions and compulsions; increased suicidal ideation and frequency of suicide attempts
Physical health and disability	None	Increased chemical burning as decontamination compulsion; permanent physical disability; increased risk of death
Occupational functioning	None	Loss of career; Risk of losing professional registration
Interpersonal and social functioning	None	Increased risk of community violence; shame; stress on friendships
Safeguarding and access to justice	None	Failure of protection from contemporary institutional abuse; inability to seek help from police
Access to and experience of treatment	None	Withdrawal of mental health treatment; exclusion from both community and crisis treatment