Developing an Evidence Base for Managing Self-harm for Women in Prison

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Self-Harm in Prison

• “Any act where a prisoner deliberately harms themselves irrespective of the method, intent or severity of any injury.” (Ministry of Justice, 2013).
Self-Harm in Prison

- Evidence that non-suicidal self harm differs from suicidal intent
- Overlapping risk factors, risk of suicide increased
- Associated with acute distress
- Association trauma and mental disorder
- Complex behaviour transcends diagnostic categories
- Evidence base focused on suicide
Self-Harm in Prison

• Self-harm in prison continues to increase
• In 12 months to September 2018 52,814 incidents
• 23% increase from previous year
• New record high
Figure 3: Quarterly 12-month rolling rate of self-harm incidents per 1,000 prisoners by gender of establishment, 12 months ending September 2008 to 12 months ending September 2018

- Male establishments
- Female establishments

Rate per 1,000 prisoners

- Sep-08
- Sep-09
- Sep-10
- Sep-11
- Sep-12
- Sep-13
- Sep-14
- Sep-15
- Sep-16
- Sep-17
- Sep-18
Self-harm in women in prison

- 540 incidents per 1000 men in prisons
- **2465** incidents per 1000 women in prison
- Higher rates than community
- 20-24% (Hawton et al 2014)
- 7.8 incidents per year per self-harming woman
- Different characteristics self-harm in men
Current interventions?

• No standardised evidence-based treatments designed to reduce self-harm in prisons
• Most prisons offer CBT or DBT/services for personality disorder
• Various initiatives at individual prisons
• Listeners (Samaritans trained), distraction packs
• None target self-harm directly and none formally evaluated in prison with randomised control trial (RCT)
Interventions required

- Gender-specific

- Informed by women with experience

- Series of projects aim to develop stepped-care model of intervention strategies, HMPPS
Potential Impact

• Each year 9000 women pass through prison

• Evidence-based interventions could benefit thousands of women

• Impact on other women, staff, families
The feasibility and acceptability of medical skin camouflage for recovery of women with self-harm scarring in prison: COVER
Background

• Scarring: long-term psychosocial effects
  reduced social interaction, increased social anxiety and reduced
  quality of life

• Little focus on recovery of women prisoners living with scars
Medical Skin Camouflage (MSC)

- BNF-listed
- covers scarring or disfigurement.
- 6-month community pilot: 95% of young people who used MSC improved confidence and ability to engage in activities (Ranote, 2016)
COVER

• First study to deliver an MSC intervention in a women’s prison

• Feasibility and acceptability pilot randomised control trial (RCT)

• Waiting-list control
• Delivery by women in prison
Assessed for eligibility (n=86)

Randomised and assessed at baseline (n=51)

Excluded (n=35)
- 28 had insufficient time left on their sentence
- 5 had scars that were not the result of self-harm
- 2 were too distressed or unwell to participate

Allocation

Medical Skin Camouflage (n=26)
- 3 women withdrew
- 23 women completed follow-up measures

Wait-List Control (n=25)
- 2 women withdrew
- 22 women completed follow-up measures
- 1 woman was lost to follow-up
Results: Feasibility

• Effectiveness of randomisation
• Attrition & strategies to reduce attrition (11.8%)
• Success of long-term prisoners
• Delivery of medical skin camouflage in prison
• Feasibility of collecting outcome measures
• Feasibility of collecting incidents
• Feasibility of collecting resource use data
Results: Acceptability

• “I’ve got one bad scar, yes, it’s there, and no matter, you know, people will say to me, what’s that hole in your arm, every time, why have you got a hole in your arm? And when I had the makeup on, you could hardly see that, do you know what I mean? It just covered it, it was really good at covering it. So I was dead happy.”
The women said MSC:

- Increased confidence and self-esteem
- Reduced embarrassment
- They could wear shorts/vest tops in hot weather
- They had better relationships with staff
- They felt less judged by others or stigmatised
- They socialised and used the gym more
- They had more days when they felt good about themselves
Women Offenders Repeat Self-harm Intervention Pilot studies

WORSHIP
Psychodynamic interpersonal therapy (PIT)

• Brief, manualised therapy
• Help to learn new ways of managing emotions/relating to others
• Shown promise in reducing depression, suicidal ideation and self-reported self-harm attempts in adult outpatients (Guthrie et al., 1999, 2001; Shapiro et al., 1995)
• PIT may be particularly effective following childhood trauma (Creed et al., 2005).
PIT for women in prison

Why suitable?
WORSHIP Studies

WORSHIP I initial adaptation of PIT for prison
WORSHIP II

• Feasibility/ acceptability RCT
• PIT further adapted for prisons in consultation with women prisoners
• Delivery by psychiatry trainees/AHPs
WORSHIP II- Conclusions

• Feasible and acceptable to randomise to PIT/control in 3 women’s prisons
• Feasible for trainees to deliver PIT
• High rates of attrition (45%) initially
• Developed strategies to reduce this, by study end 25%
  - expectations, transfer holds, re-join study on return to prison, minimum sentence length, follow-up in other prisons
• Feasible to collect outcome measures including self-harm
Women Offenders Repeat Self-Harm Intervention Pragmatic Trial: WORSHIP III
Research Question

• Is PIT an effective and cost-effective intervention in comparison with treatment as usual?
DESIGN

• RCT of PIT v treatment as usual (TAU)
• 7 women’s prisons in England
• Inclusion: experiencing thoughts of self-harm; self-harm in last month; 18 years or older
• Exclusion: Lack capacity to consent; too distressed to participate; sentence less than 8 weeks; risk of harm doesn’t allow individual interviews
Intervention

- 4-8 50 minute sessions of manualised PIT adapted for self-harming women prisoners delivered by supervised clinical psychology/psychiatry trainees
Objectives

• Determine if PIT associated with clinically-significant reduction in self-harm incidents versus TAU

• Effects of PIT on severity of self-harm, thoughts of self-harm, suicidal ideation (BSSI), depression (BDI-II), hopelessness (BHS), HRQoL (EQ-5D-5L/SF-12), self-esteem (RSES) and wellbeing (WEMWS) in comparison with TAU.
Objectives

• Determine if cost-effective: within-trial economic analysis

• Understand experiences of women receiving PIT and TAU, and staff working with them, through follow-up interviews

• Understand issues with PIT implementation
Outcomes

- **Primary**: self-harm incidents at 8 weeks (prison records/self-report)
- **Secondary**: 
  - Self-harm severity eg requires hospitalisation
  - Self-harm thoughts
  - BSS, BDI, BHS, WEMWS, RSES, EQ-5D-5L, SF12
  - Scales at baseline/8 weeks post-baseline/12 weeks post-baseline
Progress

• **Set-up** to 30 April
• **Internal stop-go pilot**: 12 months, 9 months’ recruitment, aim to recruit 54 women
• **Main recruitment**: aim to recruit additional 210 women: 132 per group at baseline
• **90% power** to detect 33% reduction in self-harm incidents with 20% attrition
Research Outputs

• Evidence whether PIT clinically and cost-effective
• Clinical psychology /trainee psychiatrist placements/cases
• Prison-adapted PIT training course and manual
• Qualitative data on successful ways to implement PIT within prisons
Patient Public Involvement

- Women who have self-harmed in prison are involved throughout the research
- Research design, grant/ethics application, research management group, steering group, production of materials, conducting interviews, analysis and dissemination
Future Directions

• Complete WORSHIP III

• COVER RCT

• Cell-soothe

• PrisScope
Research Team

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Publications


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