Reducing suicides in people arrested for crimes involving children

People arrested for certain offences – in particular those involving children – are at risk of suicide as stated last year by the College of Policing. It has noted several factors that increased the risk of suicide and stipulates that suicide risk assessment should be carried out at the earliest opportunity – and ideally before the suspect knows they are being investigated (College of Policing, 2019).

Liaison and diversion (L&D) services are part of a national roll-out, launched in England in 2014 and due to be completed by 2020, to ensure vulnerable people who come into contact with the criminal justice system (CJS) have the opportunity to receive (among other things) a mental health assessment after their arrest. This ensures people receive appropriate health and social care, and are diverted away from the CJS if this is considered necessary.

Cleveland’s All Age Liaison and Diversion Team joined the pilot programme in 2015 and is co-located with the local police to help ensure a quick response can be given to people in custody. In 2016, we were made aware of an interim report from the National Police Chief’s Council that highlighted the high risk of suicide of individuals who police arrested for possession of indecent images. It indicated the need for a suicide risk assessment for people being investigated for these crimes. In response to this, we looked at how people were feeling and coping, and considerably changed our practice.

We created a process to make sure that those people who were arrested received thorough risk assessments and assertive follow-up support. We visited people suspected of offences that involved children within 72 hours of arrest, as the interim report suggested this was the period when suspects were at greatest risk of suicide. However, a number of local incidents occurred in which people took their lives within 24 hours of leaving custody so we further reviewed our practice. The College of Policing (2019) suggests risk of suicide is highest within 48 hours of the suspect becoming aware of the investigation.
Clinical Practice
Innovation

Aims of the initiative
L&D services exist to help to achieve better health and social outcomes for people in the CJS. They aim to identify not just mental health needs, but many vulnerabilities, including substance misuse. Assessments are shared with relevant bodies/organisations, where appropriate, to enhance decision making in the CJS.

We aimed to:
- Reduce suicide rates;
- Provide thorough risk assessment and support post arrest;
- Ensure we were practising safely and effectively.

Implementing change
To reduce the number of people taking their own lives, we formed closer partnerships and developed processes jointly with Cleveland’s police force, specifically their paedophile online investigation team (POLIT). Initially, we provided a:
- Thorough risk assessment;
- Follow-up visit within 72 hours of a person’s arrest.

The purpose of the follow-up was to review risk of suicide and levels of coping post arrest. The visit can result in further appointments, signposting and help to engage with other support services.

We changed risk assessments to incorporate the risk factors identified in the interim report, including demographics, previous suicide attempts, and paid special attention to protective factors cited by the individuals involved, such as family and children – following an arrest contact with these people can be removed immediately.

We knew local people had taken their own lives within 24 hours of leaving custody; they had not disclosed feeling suicidal and had no history of attempted suicide. As a result, we amended our processes and risk assessments to reflect both national and local factors to prevent the suicide of people who were at a serious crisis point: we decided to conduct risk assessments within 24 hours of arrest for everyone arrested for offences that involved children who agreed to see us and followed this up 24 hours after release from custody.

Suspected perpetrators and family members could experience high levels of distress, so we developed ways to support them – for example, by:
- Providing supportive dialogue;
- Instilling hope for the future where appropriate;
- Demonstrating unconditional positive regard by being non-judgemental about the offence they are suspected of committing;
- Recognising or addressing the impact on staff members’ resilience when faced with these emotional and distressing situations was also a challenge. We set up:
  - Specialist reflective supervision groups facilitated by a psychologist from our trust;
  - Resilience training;
  - An annual stress assessment with the team manager.

We are currently completing wellness action plans with each member of staff to enhance wellbeing and ensure compassion among the team, and each staff member receives Applied Suicide Intervention Skills Training (ASIST) to enhance their skills. ASIST is a two-day interactive workshop that helps participants recognise when someone may have suicidal thoughts and creates an immediate plan to ensure their immediate safety.

What have we achieved?
Anecdotally, there has been a reduction in people taking their own lives since we established the changes in process. In 2017, nine suicides were recorded; this reduced to one in 2018. We have also revised our support for families of suspects and built excellent partnerships with the police to improve outcomes to reduce suicides, increase resilience in people arrested for the crimes in question, and improve their experience at a time when they are extremely vulnerable. Informal feedback from staff suggests they feel better able to cope since the resilience strategies were put into place, and they express a compassion for this cohort.

We hosted a conference in the north-east of England in 2018, followed with another in 2019, to share our knowledge and practice with partner agencies, including social services, police, crisis teams and local suicide-prevention strategy groups.

Next steps
In 2018, we contacted Louis Appleby from the University of Manchester, who is director of the National Confidential Inquiry into Suicide and Safety in Mental Health, to establish whether he was aware of any initiatives nationally from which we could learn more about this particular area. He felt our work was “leading the way” in this field and was unaware of any similar work at a national level. Our work and the associated processes are potentially unique in terms of L&D teams and could contribute to changing practice nationally.

As we want to facilitate evidence-based practice around this cohort, we have applied to the University of York for research into our processes to be conducted; results could then be disseminated nationally. We plan to continue to share our work and are hoping to publish more details of it if the research is approved.

References

Box 1. Advice for setting up similar projects
- Try to establish a close working partnership with the local police force
- Examine staff wellbeing closely to ensure people feel compassion for a very challenging group, in which the suicide rate is high
- Keep comprehensive records on each case, both to enable future study and to gain some qualitative experiential feedback about how the service helped individuals when they felt desperate and desolate

To contact Debra Bashford, designation team manager, about this project, please email: d.bashford@nhs.net

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