King's Research Portal

DOI:

[10.1097/JFN.000000000000104](https://doi.org/10.1097/JFN.000000000000104)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Read, M., & McCrae, N. (2016). Preventing suicide in lesbian, gay, bisexual, and transgender prisoners: A critique of U.K. policy. *Journal of Forensic Nursing*, 12(1), 13-18.
<https://doi.org/10.1097/JFN.000000000000104>

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Title: Preventing suicide in homosexual prisoners: a critique of policy

Author 1 (Corresponding):

Max Jervis-Read (Staff Nurse, Barnet, Enfield & Haringey NHS Mental Health Trust)

Address: 237 St John's Road, London E17 4JL

Email: max.jervis-read@kcl.ac.uk

Telephone: 07788283472

Author 2:

Niall McCrae (King's College London)

Address: 1.17 James Clerk Maxwell Building, King's College London, London, WC2R 2LS

Email: n.mccrae@kcl.ac.uk

Telephone: 020 7836 5454

Conflicts of Interest and Source of Funding:

Acknowledgements: none.

Funding/grant-awarding bodies: none.

Conflict of interest: none declared.

Disclosure statement: The authors declare no financial interest or benefit they have arising from the direct applications of their research.

Abstract:

Suicide is a global problem in prisons. As in society generally, homosexual men in prison have a higher risk of attempting suicide compared to their heterosexual peers. The Howard

League for Penal Reform Sex in Prison Commission 2015 reveals a pervasive culture of consensual and coercive sexual relations, with homosexual men more likely to be targeted for unsolicited sex. Research shows an inadequate institutional response to such abuse. Victims of sexual assault in prison have high rates of psychological problems, which can lead self-harm and suicide. The Assessment, Care in Custody and Teamwork (ACCT) procedure to assess and manage risk of suicide in prisoners, however, makes no reference to the needs of the lesbian, gay, bisexual and transgender (LGBT) prison population. This paper argues that the ACCT procedure should be tuned to the requirements of the Equality Act 2010 to ensure that homosexual prisoners are not exposed to the double jeopardy of sexual assault and related suicidal tendencies.

Keywords:

1. 'suicide' 2. 'homosexual' 3. 'prison' 4. 'sexual assault' 5. 'Assessment, Care in Custody, Teamwork' 6. 'ACCT'

Main text:

Prisons worldwide have consistently higher rates of suicide than in the general population. Suicide is the leading cause of death in the prison population in Western countries, with mental health problems known to increase this risk (Humber, Hayes, Senior, Fahy & Shaw, 2011; Barker, Kolves, & De Leo, 2014; Slade & Forrester, 2015). In the UK, where prison suicides reached the highest level for seven years in 2014 (Howard League for Penal Reform, 2015), it is estimated that 90% of prisoners have a diagnosis of mental illness and 70% have more than one psychiatric condition (Edgar & Rickford, 2009; Prison Reform Trust, 2015; Senior, 2015). Just as the rates of mental illness and suicide are elevated in the homosexual population (King et al., 2008), there appears to be a relatively high prevalence of psychiatric disorder, self-harm and attempted suicide in homosexual prisoners (Banbury, 2004; HM Government, 2012; Stevens, 2015). We rely on estimates, however, as sexual orientation is not routinely recorded in the instance of suicide (Haas et al., 2011).

Victims of sexual assault in prison have relatively high rates of psychological problems such as anxiety, panic attacks, self-harm and suicide. Although there is a growing body of evidence in the USA, there remains little research into sexual activity and its psychological impact among prisoners in the UK. To address this knowledge gap, the Howard League for Penal Reform established an Independent Commission on Sex in Prison. Their report, published in March 2015, identified an alarming ‘don’t ask don’t tell’ (Stevens, 2015, p. 11) culture of sex in prisons. Sexual relations may be pursued by men who identify as either homosexual or heterosexual to satisfy their sexual drive, and may be consensual or coercive. Young homosexual prisoners are more likely to be the target of sexual assaults (Banbury,

2004), as well as being susceptible to homophobic physical attack. Their vulnerability to abuse is compounded by an inadequate institutional response (Stevens, 2015).

As each case of suicide is a personal tragedy, which also traumatises the victim's family, the ideal would be to prevent suicide entirely. Realistically, policy is aimed at reducing the rate of suicide. The National Strategy for Suicide Prevention (HM Government, 2012) advocates an individualised approach, while promoting better understanding and management of risk in vulnerable groups. The Assessment, Care in Custody and Teamwork (ACCT) procedure is the care and management plan that must be used to assess and manage the risk of self-harm and suicide in prisoners and reduce their distress (Ministry of Justice, 2012). Introduced nationally in 2005, the procedure is part of the wider National Offender Management Services (NOMS) Safer Custody policy issued by the Ministry of Justice (MoJ). Despite concerns about its effective implementation (Prisons and Probation Ombudsman, 2014), the procedure was retained, with minor modifications in 2012.

The ACCT was developed in partnership between the Prison Service and the Department of Health incorporating elements of the NHS Care Program Approach based on a community model of mental health care (PPO, 2014a). This was subsequent to the 2001 Suicide is Everyone's Concern review by Her Majesty's Inspectorate of Prisons which criticised the previous 'F2052SH' suicide prevention procedure, describing it as predominantly a paperwork exercise that did not translate into effective care (PPO, 2014; PPO, 2014a). The ACCT procedure, implemented in 2005 (PPO, 2014a), answered calls for a more multidisciplinary approach to reducing the risk of suicide (Senior et al., 2007) recognising that mental health services are reliant on prison staff who act as primary carers on a daily basis to refer prisoners to them (Lord Bradley, 2009). As a result any member of staff who

comes into contact with prisoners can open an ACCT (Shaw & Humber, 2007), emphasizing that prisoner welfare is everybody's responsibility. The procedure was considered initially successful with a 14% reduction in self-inflicted deaths in custody reported in 2006 (Shaw & Humber, 2007), and has been credited with continued comparatively low rates despite a 91% increase in the prison population over the past 20 years to 84,372 prisoners in May 2015 (PPO, 2014a; Day, Hewson & Spiropoulos, 2015; PRT, 2015). However triennially-reported government statistics show that self-inflicted deaths in prison have been gradually increasing for some time (Department of Health, 2014). This is corroborated by annually published reports (PPO, 2014; PPOa, 2014; Inquest, 2015; Stevens, 2015), with the Prison and Probation Ombudsmen reporting an approximate 64% increase to 84 prison suicides between September 2013 and September 2014 (PPO, 2015).

The ACCT continues to reflect best practice guidance for working with people with mental health issues in providing a flexible and person centred approach (Manley, Hills & Marriot, 2011). The Safer Custody policy provides accompanying guidance regarding how to manage complex behaviour in order to reduce the risk of harm that vulnerable prisoners pose to themselves. This includes information about mental health conditions, learning disabilities and substance misuse, but makes no reference to the specific and often complex needs of the lesbian, gay, bisexual and transgender (LGBT) population in prison (MoJ, 2012). This is surprising considering that 5-7% of the general population are estimated to be homosexual (Stonewall, 2015), and estimates of the LGBT youth population having considered or attempted suicide are as high as 41% (Stonewall, 2012). Furthermore the limited research available has indicated that consensual and coercive homosexual sex is highly prevalent in prison and possibly placing people at significant risk of harm (Prison Reform Trust & National Aids Trust, 2005; Stevens, 2015). The ACCT makes no reference to the complexity

of prisoners needs in relation to their sexuality and subsequently it is doubtful whether the procedure adequately protects homosexual males at risk of sexual assault and subsequent deterioration in mental health, self-harm and suicide in prison.

The Sex in Prison Commission interviewed 26 former UK prisoners on their perspectives and experiences of this topic, providing qualitative evidence on sexual activity between prisoners and its impact (Stevens, 2015). The personal narratives of former prisoners do not reflect the ACCT procedures' focus on quality engagement and communication, which are based on best-practice evidence and guidelines (NICE, 2011). These accounts reveal a culture of denial, whereby staff are aware of sexual relations among prisoners but do not act; for example not entering cells without warning for risk of catching prisoners having intercourse. As sexual relations are a disciplinary offence, such behaviour remains highly prevalent but is managed discreetly (Banbury, 2004).

In his role as a mental health nurse in a category B male prison, author MJR has recently admitted a prisoner whom is known to sell sex to other prisoners to the Healthcare Wing due to deterioration in their mental health. Whilst available resources within the Prison have been utilised in an attempt to ensure their wellbeing, such as being provided with a single cell and receiving ongoing support from the in-reach mental health team, there appears to be a resigned acceptance of such sexual activities. This has led to a lack of appreciation of the potential psychological impact of such actions, and the absence of appropriate clinical pathways to address this. Consequently, despite the patient-prisoner's significant history of self-harm and suicide attempts, their sexual conduct is not explored within their ACCT. Staff discretion is not accommodated within the ACCT framework; this example reinforces the personal narratives included in the Sex in Prison Commission which indicate that homosexual

relations are not included in holistic ACCT risk assessments and care plans (MoJ, 2012; Stevens, 2015).

Where this diversion in practice from guidance may be most concerning is in understanding the risk of sexual assault posed to homosexual prisoners and the failure to adequately respond to their resulting psychological needs. Both heterosexual and homosexual victims of sexual assault in prison have reported increased rates of depression, anxiety, self-harm and attempted suicide (Banbury, 2004). Homosexual participants in the Commission on Sex in Prison described their experience of being raped on one or more occasions (Stevens, 2015), and it has previously been estimated that 1% of prisoners have been raped during their detention with young homosexual males most likely to be a victim (Banbury, 2004). If this statistic is applied to the current prison population between 850-1650 serving prisoners may have been a victim (Howard League for Penal Reform, 2014). This figure would be larger if we consider former prisoners who have been released, and is over-represented in comparison to the 0.1% average of males in the general population who reported being sexually assaulted during 2009-2012 (HM Government, 2013). Being homosexual, however, is not acknowledged as a static risk factor for young men in prison in the accompanying ACCT guidance. Similarly sexual assault is not considered a dynamic factor likely to increase a person's risk of harm to self within the MoJ (2012) risks and triggers guidance.

Victims of homosexual assault have described feeling shame, guilt, anger and hopelessness (Banbury, 2004; King et al, 2008; Stevens, 2015) which are known potential indicators of suicide (NHS, 2015) and are included as psychological risk factors within the Safer Custody policy. On detecting a self-harm risk an ACCT should be opened and the root cause explored within a positive staff-prisoner relationship (MoJ, 2012), but the discretionary nature of

prison staff in relation to sexual interactions would compromise their ability to address such a concern. A lack of compassion demonstrated by prison officers, along with the complexity of emotional expression within a dominant, masculine environment which interprets this as weakness have been previously shown in research to detract from prisoner's confidence in reporting abuse (Hua-Fu, 2005; Lazzaretto-Green *et al.*, 2010). None of the sexual assaults detailed in the Sex in Prison Commission were reported and subsequently none of these prisoners received support to reduce their distress via the ACCT procedure after being raped. We suggest that parallels can be drawn between this adverse institutional culture and the social hostility, stigma and discrimination that contributes towards higher rates of suicide in homosexual men in the general population (King *et al.*, 2008). It is logical to conclude that incidences of sexual assault in prison are vastly underreported as estimated in the general population (Stevens, 2015).

This warrants a wider public health consideration as aggressive sexual assaults are more likely to result in blood-borne infections, and prisons consistently report higher rates of HIV than the general population. Access to condoms is inconsistent across prisons which is further evidence that the system is failing to develop a robust approach to addressing the risks posed by sex between prisoners (PRT & NAT, 2005; Stevens, 2015). Diagnosis of HIV within the context of trauma, stigma, and lack of trust in the healthcare or government system may have a further detrimental impact on a prisoner's mental health (Whetten K., Reif S., Whetten R. & Murphy-McMillan L., 2008).

Adequate training of prison staff has been highlighted as crucial to delivering effective mental health care (Lord Bradley, 2009). The ACCT procedure was praised for its focus on this upon its implementation (Shaw & Humber, 2007), and the 2012 revised version

continues to reflect this stating that all staff in contact with prisoners must be trained in Introduction to Safer Custody. However prison staff continue to report that they do not feel equipped to manage complex issues related to prisoners mental health needs such as self-harming behaviour (Ramluggun, 2013). Case reviews of prisoners who committed suicide whilst cared for under the ACCT have identified inadequate risk assessment and subsequent insufficient care planning by staff (PPO, 2014). Statistics of prison staff who have undergone mental health awareness training are not collected, however evidence indicates that both provision and attendance is poor (Durcan, Saunders, Gadsby & Hazard, 2014). One participant in the Sex in Prison Commission detailed that a nurse encouraged him to report being raped but a principal officer dissuaded him as he would be at greater risk of further assault from other prisoners. This example indicates a lack of understanding of mental health needs in relation to trauma, and a prevalent culture of fear. Previous evidence has identified a conflicting value-base and approach between prison officers and mental health professionals within multidisciplinary prison healthcare teams (Lazzaretto-Green *et al.*, 2010, Ramluggun, 2013). Worryingly, this appears to undermine ACCT guidance that multiagency working and good information sharing between security and clinical departments is crucial in providing effective preventative support. Criticisms of staff merely going through the motions of the ACCT (PPO, 2014) echo previous criticisms of the F2052SH procedure prior to its replacement (PPO, 2014a).

Failure to include any information or training in relation to the complexity of the risks and needs of homosexual men in prison accompanying the ACCT appears to have resulted in inappropriate and unjust staff coping mechanisms. This may take many forms, the most recent that author MJR has witnessed in practice being a young, effeminate homosexual male allocated to the role of cleaner in a remote part of the prison upon his arrival. This was

informally justified as reducing his risk of being sexually assaulted during times of free movement however there is no policy or procedure in place to provide such protection and subsequently these opportunities are not consistently provided for all prisoners in this position. The use of segregation units to ensure homosexual prisoners safety to avoid or as a result of sexual assault referred to in the Sex in Prison Commission is a particular concern. This is considered a punishment in itself by prisoners (Stevens, 2015) and due to the disproportionately high number of self-inflicted deaths reported in these units guidance clearly states they should only be used only for prisoners who pose a high risk to others (Banbury, 2004; PPO, 2014; Stevens, 2015).

Implications for Practice

Sexual orientation became a protected characteristic under the Equality Act 2010 which states that public services must consider the needs of different groups and tackle the inequality that they experience (Dick, 2010). Due to the risks posed to homosexuals in prison it appears proportionate that the ACCT guidance included in the Safer Custody policy is amended to include specific awareness of the complexities relating to the wider LGBT population as it does for other vulnerable groups, and clear pathways established to manage risks associated with this. Similar action has been taken in response to the heightened risk of suicide risk in the general LGBT youth population (Royal College of Nursing, 2015). This will ensure that the procedure is brought into line with the current Preventing Suicide in England government strategy which advocates a tailored approach to providing effective, preventative support to vulnerable groups including young men, offenders, and LGBT people (HM Government, 2012). In this way LGBT prisoners will be supported to be at no higher risk of harm from others or themselves than heterosexual prisoners (Dick, 2010).

The current Safer Custody Policy expires on 31st January 2016. The National Partnership Agreement, responsible for commissioning prison healthcare from 2015/16, has committed to building upon preventive support measures including the ACCT procedure however specific details have not been provided. Whilst one of the key roles of the Partnership is to reduce health inequality (NOMS & Public Health England, 2013) there are concerns about how this will be achieved as the projected budget is not yet available and reductions to the Ministry of Justice's budget will total £2.4 billion by the end of 2015/2016 (PRT, 2014). These budget reductions, and the rise in prison suicide, have led some to question the Government's commitment to safety and decency standards in prison (PRT, 2014; PRT, 2015). This may have a direct affect upon the homosexual prison population as overcrowding and staff shortages resulting in lack of supervision are considered to heighten the risk of sexual assault (PRT & NAT, 2005). The Director of the Prison Reform Trust (2015a) has acknowledged that this reduction in resources may indicative of an impaired value base to provide respectful, humane treatment for all prisoners.

The ACCT, alongside well-funded and evidence-based structural and related policy developments, has been successful in reducing prisoner suicides. However there is a growing concern that lack of staff training and ineffective implementation may be contributing to an increase in preventable deaths (PPO, 2014; PPO, 2014a). The Sex in Prison Commission demonstrates the additional risks posed to the homosexual population behind bars, supporting an argument that the ACCT procedure should be updated in tune with equality legislation and national suicide-prevention strategy (Stevens, 2015). This is imperative in ensuring vulnerable homosexual prisoners are not exposed to the double jeopardy of sexual assault and related suicidal tendencies.

Reference list

Appleby, L., May, P., Meiklejohn, C., Edgar, K. & Cummins, I. (2010). Prison mental health: vision and reality. Retrieved from

http://www.rcpsych.ac.uk/pdf/prison_mental_health_vision_reality.pdf

Banbury, S. (2004). Coercive Sexual Behaviour in British Prisons as Reported by Adult Ex-Prisoners. *The Howard Journal of Criminal Justice*, 43, 113-130. doi: 10.1111/j.1468-2311.2004.00316.x

Barker, E., Kolves, K. & De Leo, D. (2014). Management of Suicidal and Self-Harming Behaviours in Prisons: Systematic Literature Review of Evidence-Based Activities. *Archives of Suicide Research*, 18, 227-240. doi: 10.1080/13811118.2013.824830

Day, M., Hewson, A. & Spiropoulos, C. (2015). *Strangeways 25 Years On achieving justice and fairness in our prisons*. London: Prison Reform Trust

Department of Health (2005). Offender Mental Health Care Pathway. Retrieved from

<http://www.rcpsych.ac.uk/pdf/OffenderMentalHealthCarePathway2005.pdf>

Department of Health (2014). Statistical update on suicide. Retrieved from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278120/Suicide_update_Jan_2014_FINAL_revised.pdf

Dick, S. (2010). Sexual orientation the Equality Act made simple. Retrieved from

https://www.stonewall.org.uk/documents/equality_act_guide_final_double_page.pdf

Durcan, G., Saunders, A., Gadsby, B. & Hazard, A. (2014). *The Bradley report five years on*. London: Centre for Mental Health

Edgar, K. & Rickford, D. (2009). *Too little too late an independent review of unmet mental health need in prison*. London: Prison Reform Trust

Gerrish, K. & Lacey, A. (2010). *The Research Process in Nursing*. Chichester: Wiley-Blackwell Publishing

Haas A., Eliason M., Mays V., Mathy R., Cochran S., D'Augelli A., Silverman M., Fisher P., Hughes T., Rosario M., Russell S., Malley E., Reed J., Litts D., Haller E., Sell R., Remafedi G., Bradford J., Beautrais A., Brown G., Diamond G., Friedman M., Garofalo R., Turner M., Hollibaugh A. & Clayton P. (2011). Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations. *Journal of Homosexuality*, 58, 10-51. doi: 10.1080/00918369.2011.534038.

HM Government (2012). *Preventing suicide in England A cross-government strategy to save lives*. London: Department of Health

HM Government (2012a). No health without mental health: implementation framework.

Retrieved from http://www.rethink.org/media/513607/No_health_without_mental_health_-_Framework_July_2012.pdf

HM Government (2013). An overview of sexual offending in England and Wales. Retrieved from <https://www.gov.uk/government/statistics/an-overview-of-sexual-offending-in-england-and-wales>

Howard League for Penal Reform (2014). *Commission on Sex in Prison Coercive sex in prison briefing paper 3*. London; Howard League for Penal Reform

Howard League for Penal Reform (2015). Suicide in Prison. Retrieved from <http://www.howardleague.org/suicide-in-prison/>

Hua-Fu, H. (2005). The Patterns of Masculinity in Prison. *Critical Criminology*, 13, 1-16, retrieved from <http://link.springer.com/article/10.1007%2Fs10612-004-6110-x#>

Humber , N., Hayes , A., Senior, J., Fahy, T., & Shaw, J. (2011). Identifying, monitoring and managing prisoners at risk of self-harm/suicide in England and Wales. *The Journal of Forensic Psychiatry & Psychology*, 22, 22-51. doi: 10.1080/14789949.2010.518245

Inquest (2015). Deaths in Prison. Retrieved from <http://www.inquest.org.uk/statistics/deaths-in-prison>

King, M., Semlyen, J., See Tai, S., Killaspy, H., Osborn, D., Popelyuk, D. & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8(70), doi: [10.1186/1471-244X-8-70](https://doi.org/10.1186/1471-244X-8-70)

Lazzaretto-Green, D., Austin, W., Goble, E., Buys, L., Gorman, T. & Rankel, M. (2011). Walking a fine line: Forensic mental health practitioners' experience of working with correctional officers. *Journal of Forensic Nursing*, 7, 109-119, doi: 10.1111/j.1939-3938.2011.01107.x

Lord Bradley (2009). *The Bradley Report*. London: DH Publications Orderline

Manley, K., Hills, V. & Marriot, S. (2011). Person-centred care: Principle of nursing practice D. *Nursing Standard*, 25, 35-37, retrieved from https://www.rcn.org.uk/_data/assets/pdf_file/0004/377365/Nursing_Standard_Principle_D_April11_560KB.pdf

Ministry of Justice (2012). Management of prisoners at risk of harm to self, to others and from others (Safer Custody). Retrieved from <https://www.justice.gov.uk/.../psi.../psi-64-2011-safer-custody.doc>

National Health Service (2015). Suicide – warning signs. Retrieved from

<http://www.nhs.uk/Conditions/Suicide/Pages/warning-signs.aspx>

National Offender Management Service & Public Health England (2013). National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England 2015-2016. Retrieved from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422620/national_partnership_agreement_commissioning-delivery-healthcare-prisons2015.pdf

National Institute for Health and Care Excellence (2015). Common mental health problems: identification and pathways to care. Retrieved from

<https://www.nice.org.uk/guidance/cg123/chapter/guidance>

Prisons and Probation Ombudsman (2014). Annual Report 2013-2014. Retrieved from

http://www.ppo.gov.uk/wp-content/uploads/2014/09/PPO-Annual-Report-2013-14_FINAL_web.pdf

Prisons and Probation Ombudsman (2014a). *Learning from PPO Investigations self-inflicted deaths of prisoners on ACCT*. London: Prisons and Probation Ombudsman

Prison Reform Trust (2014). State of our prisons: figures reveal damaging impact of drastic budget cuts. Retrieved from

<http://www.prisonreformtrust.org.uk/PressPolicy/News/vw/1/ItemID/214>

Prison Reform Trust (2015). Mental health care in prisons. Retrieved from

<http://www.prisonreformtrust.org.uk/projectsresearch/mentalhealth>

Prison Reform Trust (2015a). Deaths in custody. Retrieved from

<http://www.prisonreformtrust.org.uk/PressPolicy/News/Deathsincustody>

Prison Reform Trust & National Aids Trust (2005). HIV and hepatitis in UK Prisons: addressing prisoners healthcare needs. Retrieved from

<http://www.nat.org.uk/Media%20library/Files/PDF%20documents/prisonsreport.pdf>

Ramluggun, P. (2013). A critical exploration of the management of self-harm in a male custodial setting: qualitative findings of a comparative analysis of prison staff views on self-harm. *Journal of Forensic Nursing*, 9, 23-24, doi: 10.1097/JFN.0b013e31827a5984.

Royal College of Nursing (2015). RCN launches toolkit to help prevent suicide in LGBT youth. Retrieved from <https://www.rcn.org.uk/newsevents/news/article/uk/rcn-launches-toolkit-to-help-prevent-suicide-in-lgb-youth>

Senior, J., Hayes, A., Pratt, D., Thomas, S., Fahy, T., Leese, M., Bowen, A., Taylor, G., Lever-Green, G., Graham, T., Pearson, A., Ahmed, M. & Shaw, J. (2007). The identification and management of suicide risk in local prisons. *The Journal of Forensic Psychiatry & Psychology*, 18, 368-380. doi:10.1080/14789940701470218

Senior, J. (2015). Mental health in prisons. *Trends in Urology & Men's Health*, 6, 9–11, retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/tre.433/pdf>

Shaw, J. & Humber, N. (2007). Prison mental health services. *Psychiatry*, 6, 465-469, retrieved from <http://www.sciencedirect.com/science/article/pii/S1476179307001796>

Slade, K. & Forrester, A. (2015). Shifting the paradigm of prison suicide prevention through enhanced multi-agency integration and cultural change. *The Journal of Forensic Psychiatry & Psychology*, 26, 737-758. doi: 10.1080/14789949.2015.1062997

Stevens, A. (2015). Sex in Prison. London: The Howard League for Penal Reform

Stonewall (2012). The School Report. Retrieved from

http://www.stonewall.org.uk/at_school/education_resources/7957.asp

Stonewall (2015). How many lesbian, gay and bisexual people are there? Retrieved from http://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp

Whetten, K., Reif, S., Whetten, R. & Murphy-McMillan L. (2008). Trauma, Mental Health, Distrust, and Stigma Among HIV-Positive Persons: Implications for Effective Care. *Psychosomatic Medicine*, 70, 531-538. doi: 10.1097/PSY.0b013e31817749dc.

Wilson, S. (2003). The principle of equivalence and the future of mental health care in prisons. *The British Journal of Psychiatry*, 184, 5-7. doi: 10.1192/bjp.184.1.5

Word count: 3701