

For discussion
on 4 June 2013

Legislative Council Panel on Security

Managing the Self-harm Behaviour of Persons in Custody by Correctional Services Department

Purpose

This paper briefs Members on the measures taken by the Correctional Services Department (CSD) in managing the self-harm behaviour of persons in custody.

Managing the self-harm behaviour of persons in custody

2. CSD is committed to providing a secure, safe, humane, decent and healthy environment for persons in custody. Correctional services staff attach great importance to ensuring their safety, which include taking all practicable measures to prevent those persons from harming themselves.

3. Persons in custody, who inflict harm on themselves, vary in background, offences committed and sentence. Reasons causing their self-harm behaviour are usually very complicated. In general, the major causes include family problems, emotional problems, health issues as well as the residual effects of drug abuse, etc. To manage the self-harm behaviour of persons in custody, CSD takes preventive and follow up measures as set out briefly below.

Assisting persons in custody to adapt and providing counselling

4. On admission to penal institutions, persons in custody will undergo an induction programme arranged by CSD. They will be provided general information about the institutions, thereby helping them adapt to the institutional life. Newly admitted persons will normally be accommodated together with other inmates in the first month of custody, with a view to helping them adapt to the penal environment as soon as possible.

5. All institutions have Rehabilitation Officers who are responsible for looking after the welfare of persons in custody and assisting them to handle problems and difficulties arising from their detention or imprisonment (including assisting them to adapt to institutional life and handle their family problems etc). In addition, CSD provides psychological counselling services and organises rehabilitation activities (such as group activities or talks) for persons in custody, and promotes messages of suicide prevention and proper handling of stress through publicity materials such as posters and pamphlets etc.

Early identification of persons in custody with self-harm risk

6. CSD staff stay highly vigilant while on duty and closely monitor the behaviour of persons in custody, particularly those who have recently been admitted to penal institutions, so as to detect whether they have any self-harm propensity as early as possible. The institutional management will make initial assessment on every newly admitted person on remand and newly convicted inmate by using an identification tool known as “Self-harm Risk Index”.¹ The staff will ask the inmates questions like whether they have self-harm history, and observe whether they are emotionally unstable (e.g. weeping or looking dull and sluggish) to assess their propensity of self-harm.

7. When there are persons in custody who have been assessed to have relatively higher self-harm risk, the correctional services staff will refer them to Medical Officers and clinical psychologists for further evaluation. Those assessed by Medical Officers or clinical psychologists to be emotionally unstable, depressed, have self-harm or suicidal tendency will be included in the Medical Observation List. The correctional services staff responsible for supervision have to visit those persons on the List at intervals not exceeding 15 minutes, and maintain detailed record of the specific conditions of those persons, e.g. whether they show symptoms of depression, alienation of themselves from others or muttering to themselves, so that the management can take follow-up action accordingly. There is a Prevention of Self-harm Behaviour Monitoring Committee in every institution responsible for devising detailed arrangements to prevent and manage self-harm cases according to the circumstances of their institution. The Committee also monitors and reviews those cases with self-harm risk and placed on the Medical Observation List.

¹ The tool was designed and devised by clinical psychologists. The indicators of the Risk Index are adopted by a number of penal institutions in other countries/cities.

Design of institutional facilities

8. Many facilities in penal cells in the institutions are specially designed. Toilets, mirrors and washing basins are made with non-fragile materials so as to prevent persons in custody from using any broken parts of such facilities to harm themselves. For facilities such as fire service sprinklers, they will be designed in a way such that persons in custody will find it difficult to use those as anchor points to hang themselves, thereby reducing the possibility of inflicting harm on themselves. Each cell is equipped with a call bell such that when a person in custody find other inmates inflicting self-harm, he can press the call bell to inform correctional services staff. Besides, the Department also plans to replace old-style locks by electric locks for inmate cells by phase. That is to reduce the time spent on unlocking the cells and to facilitate a more speedy rescue.

Formulation and implementation of rescue measures

9. Basing on circumstances of individual institutions, Heads of penal institutions formulate contingency plans for their own institutions to handle emergencies such as self-harm case or suicide of persons in custody. If a person in custody is found to have self-harm behaviour, duty officers will make every effort to stop it immediately. When necessary, they will activate the internal alarm to seek additional assistance. Hospital staff in the institution will rush to the scene for rescue with the first aid kit. All penal institutions have on-premise hospitals. Hospital staff of the institution (including medical officers and correctional services staff with nursing qualifications) can conduct examination and perform first aid in a prompt manner. To ensure sufficient manpower support in cases of emergency, there is a team of staff performing standby duties in the Sleep-in Standby room in every institution every night. When necessary, staff will be deployed to escort the person in custody concerned in ambulance to receive medical treatment in an outside hospital immediately.

Provision of relevant training for staff

10. When new recruits receive their basic training, they will be trained on the procedures of handling self-harm cases by persons in custody. All frontline staff will be provided the “CSD Staff Information Booklet”, which contains information on the symptoms of self-harm behaviour and guidelines on handling suicide/attempted suicide. Moreover, the Department regularly provides in-service training for frontline officers on how to prevent persons in custody from inflicting self-harm. Drills are also

conducted from time to time to ensure that officers can act promptly and appropriately to save those persons who harm themselves.

Follow-up actions for self-harm cases of persons in custody

11. Although CSD has been taking all practicable measures mentioned above to prevent inmates from harming themselves, such acts are still not totally avoidable. CSD is very concerned about all such self-harm cases. After every self-harm case, correctional services staff and clinical psychologists will follow up the case and try to understand the causes for such behaviour. They will provide appropriate counselling and assistance to those persons in custody. All fatal cases will be reported to the Police. The Coroner's Court will normally conduct an inquest into the cause of death for every fatal case. CSD would study the judgement and recommendations of the Coroner's Court and follow up as appropriate.

Publicity efforts

12. Support from relatives, friends and the community is of paramount importance in determining whether inmates can face the reality and start their lives anew. CSD has been conducting publicity and public education campaigns in conjunction with non-government organisations to encourage relatives and friends of persons in custody and the community to show their care and support, with a view to preventing inmates from inflicting harm on themselves.

Statistics and analysis of self-harm cases by persons in custody

13. From 2010 to April 2013, the numbers of self-harm cases and suicidal death of persons in custody are listed by type as follows:

Year	Number of cases		Total
	Self-harm (Successfully stopped or rescued)	Self-harm (Fatal)	
2010	86	4	90
2011	95	0	95
2012	86	2	88
2013 (Up to end- April)	23	0	23

Year	Number of cases#			Total
	Types of self-harm behaviour			
	Hanging	Swallowing foreign objects	Using objects to inflict self-harm*	
2010	19(4)	3	68	90
2011	12	4	79	95
2012	18(2)	8	62	88
2013 (Up to end-April)	9	0	14	23
() Figures in brackets denote the number of suicidal death cases				
# Only a small number of cases were assessed by clinical psychologists after the incidents that the inmates concerned had real intention to commit suicide				
* For example, hitting against hard objects and using sharp objects (such as pens, plastic daily necessities, etc) to injure their body (for example, hands)				

14. CSD has been carrying out analysis on the self-harm cases that occurred during the period from 2011 to the present. According to the findings, the proportion of female persons in custody inflicting self-harm is higher than that of their male counterparts. Around 40% of the cases took place in the first month of the custody of the person concerned. In most of the cases, the persons in custody acted on impulse or there had not been obvious symptoms before inflicting self-harm. CSD will continue to analyse the self-harm cases of persons in custody with a view to improving the relevant preventive and management strategy of the Department.

Conclusion

15. CSD will continue to spare no efforts to take all practicable measures to prevent the self-harm behaviour of persons in custody.

Security Bureau
Correctional Services Department
May 2013