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**Exploring suicidal behaviours by probation clients—a qualitative near-lethal study**

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## Exploring Suicidal Behaviours by Probation Clients – A Qualitative Near-Lethal Study

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7 **Exploring Suicidal Behaviours by Probation Clients – A Qualitative Near-Lethal Study**  
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## Abstract

**Background:** Existing research emphasises that offenders serving community based sentences are at an increased risk of suicide compared with the general population, however there is little understanding about the causes of this risk. The aim of the current research was to understand how to support probation clients and prevent suicide, by exploring the experiences of probation clients who carried out near-lethal suicide attempts whilst under probation supervision.

**Methods:** In-depth interviews were carried out with seven probation clients who made near-lethal suicide attempts whilst serving a probation sentence. Data were analysed using Interpretative Phenomenological Analysis.

**Results:** Participants recounted negative experiences which they perceived to be linked to their suicidal feelings and behaviours, such as experiencing bereavements, perceived loss of control over their mental state or situation, and difficulties relating to stages of their probation sentence. Participants expressed severe difficulties with trusting authorities, making disclosure of suicidal feelings problematic. However, participants emphasised the role that purposeful and meaningful activity can play in suicide prevention.

**Conclusions:** Suicide prevention strategies must be tailored to the needs of probation clients across the UK. Mandatory training for probation staff is recommended to help reduce suicides, and support from external agencies should be sought where possible.

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9 ~~Suicide is a major public health problem that~~ is estimated ~~to that a suicide~~ occurs every 4  
10 seconds worldwide <sup>1</sup>. Suicide prevention strategies are often tailored to meet the needs of the  
11 most at risk groups <sup>2,3</sup>, including offenders ~~who are particularly at risk of dying by suicide~~ <sup>4</sup>.  
12 Whilst suicides in prisons have gained a considerable amount of attention from researchers  
13 and policy makers <sup>4-7</sup>, offenders serving probation sentences have been neglected, despite  
14 their elevated risk of suicide <sup>8</sup>. The UK probation system has recently undergone dramatic  
15 changes, with the division between ‘low – medium risk’ offenders, including those on licence  
16 from prison, now being supervised by privately run Community Rehabilitation Companies  
17 (CRCs) and ‘high risk’ offenders, including those living in approved premises, being  
18 supervised by the government funded National Probation Service (NPS). Given these changes  
19 it is now unclear how this will effect offender access to mental health support<sup>9</sup>, thus  
20 developing suicide prevention initiatives is imperative.

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27 In terms of research Some focus has been given to the recently released prison population  
28 who are also at an increased risk of suicide <sup>10, 11</sup> ~~and~~ ~~Recent~~ large scale studies in the UK  
29 and Denmark ~~have investigated the association between suicide and contact with the Criminal~~  
30 ~~Justice System (CJS)~~ <sup>12, 13</sup>. ~~Both studies~~ suggest that those who have been in contact with the  
31 Criminal Justice System (CJS), including probation services, have a higher risk of suicide  
32 than the general population <sup>12-14</sup>. However, these studies cannot provide specific suicide risk  
33 information about those serving community sentences. Arguably, more useful are studies  
34 that focus on establishing suicide rates in probation only populations, which indicate that  
35 probation clients are 7-9 times more likely to die from suicide than the general population <sup>15-</sup>  
36 <sup>17</sup>. However, such studies cannot explain the potential causes for this increased risk <sup>18</sup>,  
37 although one study did suggest that psychiatric illness may be associated with suicide risk <sup>17</sup>.

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Research has thus started to focus on the potential risk factors associated with suicide, suicide  
attempts and suicidal ideation by probation clients. These findings suggest an association  
between suicide attempts and a history of self-harm and suicidal behaviour <sup>19</sup>, particularly  
recent self-harm <sup>20</sup>, similar to the general population <sup>21</sup>. More recently, quantitative research  
into self-harm and suicide by probation clients in Iowa, USA <sup>22</sup> found that childhood trauma  
and exposure to accidental traumatic injury increased the chance of suicidal ideation, self-  
harm and attempted suicide. Furthermore, depression was linked to suicidal ideation and

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7 suicide attempts, panic disorder was linked to self-harm, and drug dependence was linked to  
8 increased suicidal ideation<sup>22</sup>.

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12 These studies ~~demonstrate the problem of suicide by probation clients, yet they provide very~~  
13 ~~little insight into what can be done to prevent suicide in this population. contribute towards~~  
14 ~~the understanding of suicide by probation clients, however, these risk factors are also~~  
15 ~~commonly reported in the general population<sup>22-24</sup>; therefore,~~ in order to further tailor suicide  
16 prevention policy, in-depth analysis is needed to understand ~~suicidal behaviour in~~ how the  
17 context of ~~the community supervision process, i.e. to identify which aspects of serving a~~  
18 ~~probation sentence or living in supervised community premise, relates to suicidal behaviour.~~  
19 ~~Of equal importance is the need to identify perceived ways of preventing suicide, yet to be~~  
20 ~~explored by researchers. Therefore~~ using a qualitative approach, the aim of the current  
21 study was to explore the experiences of probation clients who carried out near-lethal self-  
22 injury<sup>23-26</sup> whilst serving a community based sentence. Near-lethal suicides are those that  
23 could have been completed suicides but for some form of intervention, medical or otherwise,  
24 regardless of the individuals' intentions<sup>27-31</sup> and are valuable for understanding how to  
25 reduce and prevent suicide.

### 32 33 **Methods**

34 Ethical approval was gained via the University of Westminster Ethics Committee and London  
35 Probation Trust. Informed consent was gained from all participants, and participants were  
36 aware that they could withdraw from the interview at any time. Each participant was  
37 ascribed a pseudonym and potentially identifying information ~~was~~ removed in order to ensure  
38 the participants' anonymity.

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43 Participants were recruited from London Probation areas, using purposive sampling, prior to  
44 the changes to the current probation system. All participants had carried out a near-lethal act  
45 within 12 months whilst serving a probation sentence. Of ten potential participants, two were  
46 deemed too vulnerable to participate and one declined. Potential participants were identified  
47 and referred by staff acting as gatekeepers. Staff provided potential participants with a study  
48 information sheet and they had an opportunity to meet the researcher and ask questions  
49 before deciding to take part. A visual analogue scale was used to monitor the participant's  
50 emotional state before and after the interview. JM conducted all interviews which lasted 50 -  
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7 90 minutes. The semi-structured interview<sup>32, 33</sup> schedule was developed from previous  
8 interview questions used for near-lethal attempters<sup>25, 26</sup> and in collaboration with the London  
9 Probation Suicide and Self-harm Prevention Forum. Questions were open ended,  
10 encouraging free recall by the participants<sup>34</sup> and focused on understanding how clients  
11 experienced their suicidal state, what meaning this event had for them, and how they  
12 perceived this in relation to their probation process. Interviews were recorded and  
13 transcribed verbatim.  
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18 Data were analysed using interpretative phenomenological analysis (IPA), an idiographic  
19 qualitative methodology concerned with the in-depth examination of the lived experience,  
20 with a focus on sense making and meaning<sup>33, 35, 36</sup>. The objective of the IPA researcher is to  
21 engage with, and explore in detail, a person's reflections, thoughts, and feelings about a  
22 major life event such as a suicide attempt<sup>34</sup>. Thus IPA was deemed an appropriate method  
23 for the current study as it allows participants to provide valuable insights into their own  
24 suicide attempt, how they perceive this attempt, and how they make sense of their experience.

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28 IPA is a iterative process which can be grouped broadly into four main stages<sup>32</sup>: 1) initial  
29 encounter with text and note taking; 2) identification of preliminary themes; 3) collating  
30 and grouping of themes into concepts/clusters, and identification of possible superordinate  
31 themes; 4) producing a summary table of themes. Initial analysis was carried out on a  
32 single case by JM, then subsequent cases to check for similarities and differences, and new  
33 emerging themes, and discussed with the co-authors. Analysis was subsequently carried out  
34 on all cases building on the original case, and emerging t Themes were re-checked against all  
35 interviews, and discussed and checked for consistency with the co-authors.  
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40 {Insert Table I Here}

## 41 42 **Findings**

43 From the qualitative analysis of the participants' interviews four master themes were found:  
44 *Experience of Loss; Difficulties with Trust; Control: Loss and Regain; and Struggles to find a*  
45 *purpose.*  
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## 48 **Experiences of Loss**

49 Many participants spoke of having to deal with on-going turmoil related to loss; for several  
50 participants this was traumatic and burdensome. Loss embodied different forms including  
51 loss of key relationships, support from others and bereavements. Experiences of loss had a  
52 long lasting emotional impact contributing towards feelings of despair during episodes of  
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7 self-harm or suicide attempts. For example, Box 1.1 shows that Josh's experience of losing  
8 his partner after a break up also meant the loss of emotional support.

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10 The most significant form of loss was bereavement. Whilst common, participants found  
11 bereavements particularly difficult to manage especially during their probation process.  
12 Participants' experience of bereavement frequently compounded their current stressful  
13 situations and emotional turmoil. As illustrated in Box 1.2 bereavement meant the removal  
14 of further sources of support, with several participants referring to bereavements as causing  
15 on-going trauma and pain, contributing towards their suicidal feelings.

### 19 **Difficulties with trust**

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21 Participants' reactions to trust and trust building were complex, with many struggling to fully  
22 embrace trusting relationships through fear of rejection and being hurt. Furthermore,  
23 participant's<sup>2</sup> exposure to negative experiences led to a general distrust in authority and the  
24 CJS. Kathy's quote in Box 2.1 illustrates the difficulties participants faced with re-gaining  
25 trust following negative experiences. For Kathy, even the positive relationship with her  
26 probation officer could not change her views on 'the system,' and theher phrase 'I don't have  
27 time for them' suggests she is unwilling to engage with or trust anyone considered to be part  
28 of 'the system.' Thus lack of trust led to difficulties with building relationships with their  
29 probation officers and more significantly made it less likely that participants would disclose  
30 their suicidal feelings to anyone they perceived as 'authority.'

31  
32 However, what stood out as especially important were the times when participants were able  
33 to gain trust in others and how this trust developed. Gaining and re-building trust often  
34 revolved around key sources of support. Development of trust in others was aided by the  
35 participant having a feeling of being cared for, being listened to, being made to feel  
36 important, and not having their concerns dismissed. Overall participants<sup>2</sup> described trust as  
37 fragile but something that could be repaired if broken. For example, Dave's overwhelming  
38 sense of mistrust and feelings of injustice were scattered throughout his account, however,  
39 Dave referred to one example of how his probation officer had restored some of his trust in  
40 'authorities' (Box 2.2). Dave's account demonstrates how the action of his probation officer  
41 restored his trust in others and provided him with a valuable source of support, enabling him  
42 to open up to her about his suicidal feelings. Additionally, experiencing a sense of being  
43 cared for had a powerful effect on other participants<sup>2</sup> in relation to trust building and  
44 disclosure of suicidal feelings.



### **Control: loss and regain**

Prior to their suicide attempts, participants experienced a loss of control throughout many areas of their lives, ranging from their jobs and family life to their mental state. This loss of control was often unexpected and unanticipated. For example, Dave referred to himself as 'running around like a headless chicken' in the days leading up to his suicide attempt. Participants shared similar maladaptive ways of coping with their loss of control such as alcohol use, which commonly resulted in negative outcomes and added to their already chaotic and adverse situations (Box 3.1).

Participants referred to losing control of their life situation prior to their suicide attempt, and often described this in relation to the probation process. Box 3.2 illustrates Dan explaining how his suicidal feelings were triggered by his upcoming court date.

However, some participants were able to identify particular aspects of their lives that they were able to regain control over. For example, Josh acknowledges that he had lost control over his self-harm, but was able to regain control due to a 'thinking skills' programme run by Probation. Josh's account demonstrates how the introspective skills that he developed during the programme enabled him to identify the triggers for his self-harm and prevent it from re-occurring (Box 3.3).

### **Struggles to find a purpose**

Participants frequently referred to their struggles in trying to find a meaningful and purposeful life. Periods when they lacked achievement and felt hopeless about the future were accompanied by suicidal feelings and depression. A continued search for a purpose to live were reflected in all participants' accounts. Some participant<sup>s</sup> spoke of how having a job could provide both purpose and stability (Box 4.1).

Interestingly other participants felt that a purpose could be found through helping others, particularly by helping those in situations similar to their own, even if they were not currently in a position to do this (Box 4.2). For Kathy, taking part in the current research project provided her with purpose. Her use of the term 'people like me' reflects the idea that shared and common experience provides a capability to empathise and understand others going through similar situations. Sharing these experiences with others in similar circumstances was commonly discussed by participants as helpful for those who feel suicidal, and was perceived to combat the isolation and loneliness that many participants experienced when

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feeling suicidal. Searching for meaning and purpose commonly involved trying to find employment and develop social relationships. At times when participants had a perceived purpose, their suicidal feelings lessened. Additionally, feeling needed by their family, pets or friends also lessened suicidal feelings. Furthermore, Box 4.3 illustrates that, for some participants, the process of getting to know themselves and understand their depression also played an important role in their journeys of recovery.

## Discussion

### Main findings of this study

The current findings provide insight into the reasons probation clients might carry out near-lethal behaviour and what can be done to support these clients. Findings indicate that clients' suicidal states were strongly related to the experience of loss, including bereavement. At the time of their attempts, clients experienced a loss of control over their lives and in many cases their mental state. When clients felt suicidal they often struggled to open up to others about their feelings, despite acknowledging the value of talking to others about their problems and concerns. However, clients typically found it difficult to share their feelings with authority figures due to pre-existing difficulties in trusting others and cynicism about the CJS. However, when trusting relationships were established this enabled clients to speak more openly about their concerns which eased their suicidal feelings. Additionally, clients also spoke of the importance of having a meaningful and purposeful life. When clients felt a sense of purpose in their lives, through employment or feeling valued by their family/friends, they were less likely to feel suicidal, whereas near-lethal acts occurred at times when they lacked meaning and purpose.

### What is already known ~~about~~ on this topic

This study adds to a growing body of evidence highlighting the problem of suicide and suicidal behaviours by probation clients<sup>8, 20, 37, 38, 16, 17</sup> something previously neglected in the literature<sup>8, 18</sup>. A handful of researchers have attempted to understand why this group are particularly vulnerable to suicidal behaviours and suggest that mental illness<sup>17, 37</sup>, previous childhood trauma<sup>37</sup> and having a history of suicide attempts and self-harm<sup>19, 20</sup> may contribute towards future suicide attempts and eventual suicide. Some studies have aimed to gain more understanding of this issue by researching probation staff experiences of managing

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7 suicidal probation clients<sup>15, 38, 39</sup>. Yet a gap exists in the literature in relation to what is  
8 known about the causes ~~and, how this relates to the probation process, and~~ what can be done  
9 to prevent suicide in this ~~group of individuals~~ particular context.

### 11 **What this study adds**

12  
13 This is the first qualitative study to be carried out with probation clients who have carried out  
14 near-lethal self-injury. An important finding of this research is that participants struggled to  
15 express and manage their experiences of loss both prior to their probation sentence and whilst  
16 serving their sentence. This was reported as directly contributing towards participants'  
17 suicidal feelings, yet not previously identified within the literature. Loss was experienced in  
18 a number of ways, including loss of social support of friends and family; anticipated loss of  
19 freedom and/or loved ones; and bereavement. ~~Participants struggled to maintain key~~  
20 ~~relationships, thus the loss of a significant relationship was doubly damaging.~~ ~~Significantly~~  
21 ~~these findings draw attention to the lack of support for probation clients who have suffered a~~  
22 ~~loss bereavement~~, and the lack of literature recognising this issue in relation to suicide. More  
23 significantly these findings highlight the need for recognition amongst probation staff that  
24 clients who have recently suffered a bereavement may need extra support, particularly at key  
25 stages of the probation process when further losses may be anticipated by clients.

26  
27 Furthermore, findings demonstrate that probation client's suicidal states possibly relate to a  
28 perceived loss of control over both their mental state and broader life situation. ~~Feeling out~~  
29 ~~of control led to feelings of hopelessness and preoccupation with suicide as the only solution~~  
30 ~~or way out~~<sup>40, 41</sup>. Particularly novel was how this perceived loss of control sometimes related  
31 to the probation process itself, such as awaiting a court sentence. Their struggle to gain  
32 control ~~often appeared to~~ ~~resulted in the~~ use of maladaptive strategies including using alcohol  
33 and self-harm to block out or deal with emotions, ~~often~~ further fuelling ~~their~~ depression and  
34 suicidal feelings. Our previous research with probation staff<sup>38</sup> indicates that untrained staff  
35 may not be aware of these issues in relation to suicidal behaviours, therefore raising  
36 awareness could help to reduce suicide in this population. However, ~~G~~iven the difficulties  
37 this group of participants face with trusting others, their ability to open up to others and talk  
38 through their problems to explore more adaptive ways of coping was limited. Findings from  
39 the current research suggest that a lack of trust could create barriers for probation clients to  
40 share and explore their suicidal feelings therefore potentially making it more difficult for staff

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7 to identify those at risk of suicide. Thus in order to engage clients, suicide training for staff  
8 should help highlight these difficulties.

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10 ~~It is not surprising that the participants' expressed difficulties with trusting others, given that~~  
11 ~~suicide attempters and suicide completers tend to demonstrate a social disconnection from~~  
12 ~~others<sup>44,45</sup>, and offenders in particular face difficulty in trusting authority even if they are in~~  
13 ~~a helping role such as a therapist<sup>46</sup>. However, the current research demonstrates how these~~  
14 ~~difficulties with trust can intensify the suicidal spiral, but at the same time how trust can~~  
15 ~~gradually be gained and re-built.~~ Participants' accounts suggested that building trusting  
16 relationships enabled them to talk through their problems, increased their capacity to reflect  
17 on their feelings and made them better equipped to handle emotional turmoil. Trust in their  
18 offender manager or other key individuals, was viewed by participants as key to feeling able  
19 to disclose their suicidal feelings and behaviours.

20 Surprisingly unexplored in the literature is how suicide by probation clients can be prevented.

21 Using first-hand accounts, the current study ~~was able to provide~~s greater insight into what can  
22 moderate suicidal feelings. For example, having a meaningful and purposeful life affirmed  
23 the participants' self-value and worth, providing them with a reason to live. Meaning was  
24 gained in a number of ways including positive relationships, jobs, family, having a home,  
25 providing the participants with a sense of belonging<sup>21</sup>. In contrast, lack of meaning  
26 ~~contributed~~led to feelings of isolation, worthlessness and depression. Therefore suicide  
27 prevention strategies could encompass information about how purposeful and meaningful  
28 activities can be achieved by clients in these settings.

### 39 **Limitations of this study**

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41 Despite the importance of these findings it is necessary to note several limitations. Given the  
42 participants' difficulties with trust, particularly authority figures, they may not have disclosed  
43 all feelings about their near-lethal behaviour to the interviewer. However, the depth of the  
44 data suggests that participants were open about their suicidal experiences, also reflected in  
45 their positive comments about taking part in the research. As with other qualitative studies  
46 with suicide attempters, participants' accounts were retrospective and may have been subject  
47 to memory bias or interference. Arguably ~~however~~, it would be difficult to capture the  
48 feelings, emotions and intensity of these experiences if a qualitative approach were not  
49 employed. Furthermore due to the difficulties with accessing and recruiting this population<sup>40</sup>,  
50 the sample size was small. Additionally the current research was carried out in and limited to  
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one probation area, ~~thus future~~ research should consider different probation areas such as those in more rural settings, where clients may have different experiences.

### Conclusions and policy recommendations

Training about suicide currently exists for probation staff in some, but not all areas of the UK<sup>38, 41, 42</sup>, however training is often not mandatory and with increasing staff caseloads, staff struggle to complete it<sup>38</sup>. London Probation ~~have used the findings from the current research as part of their currently run~~ mandatory training for all Approved Premises staff, covering issues relating to both bereavements and disclosure<sup>43, 44</sup>. Thus given the increased risk of suicide by probation clients<sup>8</sup>, as well as the dramatic changes to the probation system in the UK<sup>9</sup>, it is vital that suicide prevention strategies be tailored to meet the specific needs of probation clients and ~~for~~ staff training ~~to~~ be applied consistently throughout the UK. The current work suggests that policy interventions should be designed with a focus on how to support these clients at particularly turbulent stages of their probation process, such as awaiting a court sentence. Furthermore ~~both NPS and CRC's all probation~~ staff should be trained to support clients that have the courage and trust to disclose their suicidal feelings. ~~It is recommended that probation prevention initiatives focus on how to provide~~ support ~~should be provided in relation to~~for issues that, on the surface may not appear to relate to suicidal feelings, such as suffering a significant loss or bereavement, or employing maladaptive coping mechanisms like alcohol. ~~to raise awareness amongst staff that these issues could possibly be a risk for suicide.~~ Furthermore ~~initiatives and training could help to highlight the importance probationers may find it difficult to of attain meaning in~~ key areas such as finding employment<sup>45</sup>, permanent housing<sup>46</sup>, and social support systems. The current research demonstrates the contributory role that probation can play in providing a sense of purpose, such as enrolling clients onto relevant courses or helping them to find employment or voluntary work. Finally it would be beneficial for probation to make use of existing external sources of support, such as the Samaritans, who can provide support independently of the CJS, thus potentially eliminating client difficulties with trust. Such partnerships already successfully exist in the UK prison system in the form of the Samaritans Listener Scheme, therefore a similar approach could be adapted for probation settings, such as the use of Samaritans Outreach teams.

1. World Health Organisation. Preventing suicide: A global imperative. World Health Organisation, 2014.
2. The Department of Health. Preventing Suicide in England – A cross-government outcomes strategy to save lives. 2012.
3. Hawton K, van Heeringen K. Suicide. *The Lancet*. 2009;373(9672):1372-81.
4. Fazel S, Benning R, Danesh J. Suicides in male prisoners in England and Wales, 1978–2003. *The Lancet*. 2005;366(9493):1301-2.
5. World Health Organisation. Preventing suicide in jails and prisons. Department of Mental Health and Substance Abuse World Health Organization, 2007.
6. Fazel S, Benning R. Suicides in female prisoners in England and Wales, 1978–2004. *The British Journal of Psychiatry*. 2009;194(2):183-4.
7. Hayes LM. Prison suicide: An overview and a guide to prevention. *The Prison Journal*. 1995;75(4):431-56.
8. Gelsthorpe L, Padfield N, Phillips J. Deaths on probation: An analysis of data regarding people dying under probation supervision The Howard League research, 2012.
9. Brooker C. Healthcare and probation The impact of government reforms. *Probation Journal*. 2015;0264550515587971.
10. Pratt D, Piper M, Appleby L, Webb R, Shaw J. Suicide in recently released prisoners: a population-based cohort study. *The Lancet*. 2006;368(9530):119-23.
11. Pratt D, Appleby L, Piper M, Webb R, Shaw J. Suicide in recently released prisoners: a case-control study. *Psychological Medicine*. 2010;40(05):827-35.
12. Webb RT, Qin P, Stevens H, Mortensen PB, Appleby L, Shaw J. National study of suicide in all people with a criminal justice history. *Archives of General Psychiatry*. 2011;68(6):591-9.
13. King C. A National Study of Suicide and Recent Contact with the Criminal Justice System: The University of Manchester; 2012.
14. Brown R. Avoidable Mortality in Cumbria: A Case File Review of 78 Suicides. Centre for Public Health: Liverpool John Moores University, 2014.
15. Biles D, Harding R, Walker J. The deaths of offenders serving community corrections orders. *Australian Institute of Criminology*, 1999 0642240949.
16. Sattar G. Rates and causes of death among prisoners and offenders under community supervision. London: Home Office Research, Development and Statistics Directorate,, 2001.
17. Pritchard C, Cox M, Dawson A. Suicide and 'violent' death in a six-year cohort of male probationers compared with pattern of mortality in the general population: evidence of

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4  
5  
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7 accumulative socio-psychiatric vulnerability. *The Journal of the Royal Society for the*  
8 *Promotion of Health.* 1997;117(3):180-5.
- 9  
10 18. Mackenzie J-M, Borrill J, Dewart H. Researching Suicide, Attempted Suicide and  
11 Near-Lethal Self-Harm by Offenders in Community Settings: Challenges for Future  
12 Research. *International Journal of Forensic Mental Health.* 2013 2013/01/01;12(1):26-32.
- 13  
14 19. Wessely S, Akhurst R, Brown I, Moss L. Deliberate self harm and the Probation  
15 Service; an overlooked public health problem? *Journal of Public Health.* 1996 June 1,  
16 1996;18(2):129-32.
- 17  
18 20. Pluck G, Brooker C. Epidemiological survey of suicide ideation and acts and other  
19 deliberate self-harm among offenders in the community under supervision of the Probation  
20 Service in England and Wales. *Criminal Behaviour and Mental Health.* 2014;24(4):358-64.
- 21  
22 21. Joiner T. *Why people die by suicide.* Cambridge, Mass. ; London: Harvard University  
23 Press; 2005. 276 p. p.
- 24  
25 22. Gunter TD, Chibnall JT, Antoniak SK, Philibert RA, Hollenbeck N. Predictors of  
26 suicidal ideation, suicide attempts, and self-harm without lethal intent in a community  
27 corrections sample. *Journal of Criminal Justice.* 2011;39(3):238-45.
- 28  
29 23. Borrill J, Snow, L., Medlicott, D., Teers, R., and Paton, J. Learning from 'Near  
30 Misses': Interviews with Women who Survived an Incident of Severe Self-Harm in Prison.  
31 *The Howard Journal.* 2005;44(1):57-69.
- 32  
33 24. Marzano L, Rivlin A, Fazel S, Hawton K. Interviewing survivors of near-lethal self-  
34 harm: A novel approach for investigating suicide amongst prisoners. *Journal of Forensic and*  
35 *Legal Medicine.* 2009;16(3):152-5.
- 36  
37 25. Marzano L, Fazel S, Rivlin A, Hawton K. Near-lethal self-harm in women prisoners:  
38 contributing factors and psychological processes. *Journal of Forensic Psychiatry &*  
39 *Psychology.* 2011;22(6):863-84.
- 40  
41 26. Rivlin A, Fazel S, Marzano L, Hawton K. The suicidal process in male prisoners  
42 making near-lethal suicide attempts. *Psychology, Crime & Law.* 2011 2013/05/01;19(4):305-  
43 27.
- 44  
45 27. Potter LB, Kresnow Mj, Powell KE, O'Carroll PW, Lee RK, Frankowski RF, et al.  
46 Identification of Nearly Fatal Suicide Attempts: Self-Inflicted Injury Severity Form. *Suicide*  
47 *and Life-Threatening Behavior.* 1998;28(2):174-86.
- 48  
49 28. Kresnow M, Ikeda R, Mercy J, Powell K, Potter L, Simon T, et al. An unmatched  
50 case-control study of nearly lethal suicide attempts in Houston, Texas: research methods and  
51 measurements. *Suicide & Life-Threatening Behavior.* 2001;32(1 Suppl):7.
- 52  
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55  
56  
57  
58  
59  
60
29. Biddle L, Donovan J, Owen-Smith A, Potokar J, Longson D, Hawton K, et al. Factors influencing the decision to use hanging as a method of suicide: qualitative study. *The British Journal of Psychiatry*. 2010 October 1, 2010;197(4):320-5.
30. Douglas J, Cooper J, Amos T, Webb R, Guthrie E, Appleby L. "Near-fatal" deliberate self-harm: characteristics, prevention and implications for the prevention of suicide. *Journal of affective disorders*. 2004;79(1):263-8.
31. Hawton K. Studying survivors of nearly lethal suicide attempts: an important strategy in suicide research. *Suicide and Life-Threatening Behavior*. 2002;32(s1):76-84.
32. Biggerstaff D, Thompson AR. Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*. 2008;5(3):214-24.
33. Shaw R. Interpretative Phenomenological Analysis. In: Forrester MA, editor. *Doing qualitative research in psychology: A practical guide*. London: Sage; 2010.
34. Smith JA, Flowers P, Larkin M. *Interpretative Phenomenological Analysis: Theory, Method and Research*: SAGE Publications; 2009.
35. Smith JA. Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*. 2011 2011/03/01;5(1):9-27.
36. Smith J, Jarman M, Osborn M. Doing interpretative phenomenological analysis. In: Murray M, Chamberlain K, editors. *Qualitative health psychology*: London: Sage; 1999. p. 218-39.
37. Gunter TD, Chibnall JT, Antoniak SK, Philibert RA, Black DW. Childhood Trauma, Traumatic Brain Injury, and Mental Health Disorders Associated With Suicidal Ideation and Suicide-Related Behavior in a Community Corrections Sample. *Journal of the American Academy of Psychiatry and the Law Online*. 2013 June 1, 2013;41(2):245-55.
38. Mackenzie J-M, Cartwright T, Beck A, Borrill J. Probation staff experiences of managing suicidal and self-harming service users. *Probation Journal* [Internet]. 2015 March 23, 2015. Available from:  
<http://prb.sagepub.com/content/early/2015/03/23/0264550515571396.abstract>.
39. Cook LC, Borrill J. Identifying suicide risk in a metropolitan probation trust: Risk factors and staff decision making. *Legal and Criminological Psychology* [Internet]. 2013. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/lcrp.12034/full>.
40. Sirdifield C, Owen S, Brooker C. Engaging offenders on probation in health research: lessons from the field. *Nurse Researcher*. 2016;24(2):18-23.

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41. Brooker C, Sirdifield C. An evaluation of mental health awareness training for probation staff. University of Lincoln, 2009.
42. Beck A. Introduction to the Suicide and Vulnerable Offenders Conference Suicide and Vulnerable Offenders Conference 28/08/2014 National Probation Service London 2014.
43. Cook LC. Suicide and Self-harm Training Content: London Probation 2016.
44. Cook LC. London Probation Suicide Prevention Training. 2015.
45. Graffam J, Shinkfield A, Lavelle B, McPherson W. Variables Affecting Successful Reintegration as Perceived by Offenders and Professionals. *Journal of Offender Rehabilitation*. 2004 2004/12/31;40(1-2):147-71.
46. Barton A, Cooper V. 11 Hostels and community justice for women: The semi-penal Paradox. In: Malloch M, McIvor G, editors. *Women, Punishment and Social Justice: Human Rights and Penal Practices*: Routledge; 2012. p. 136.

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Pseudonym	Gender	Age	Ethnicity	Method of Near-lethal Act	Past self-harm and/or Suicide Attempts	Offence Type
Dave	M	35	White British	Cutting	Y	Shoplifting
Kathy	F	37	White British	Cutting	Y	Assault on a police officer
Freddie	M	32	White Irish	Jumping from a Height	Y	Common Assault
Dan	M	24	White British	Attempting to Jump in Front of Train	N	Common assault
Roy	M	60	White British	Overdose	Y	Attempted murder
Mike	M	32	White British	Fire Setting	Y	Shop lifting
Josh	M	20	White British	Cutting	Y	Burglar, Non-dwelling

Table I. Participant Demographics

**Box 1 Experiences of Loss**

1.1

Interviewer: ...when you felt suicidal or depressed have you ever been able to talk to anyone about it?

Josh: I'd say the only person I could open up to was my ex-girlfriend because I was with her for a few years so she saw me at my best and my worse and it was just easier for me to talk than allow it to get to the worse... But since me and her broke up not really. (Josh)

1.2

I'm closer to my dad in death than I was ever close to him in life, you know. Completely I feel, I feel that he is always part of me. Erm, I never stopped speaking to him, I'm always speaking to him. I feel haunted by him, and I just, just the way it ended and yeah, yeah just haunted by him. I feel he is angry at me. I feel he is lost. (Freddie)

**Box 2 Difficulties with Trust**

## 2.1

I've got no time for the system I'm sorry. Do you know what I mean. I'm not saying XXX (Probation Officer) is like that, because she is fair to me but the old bill. I don't have time for them. (Kathy)

## 2.2

You know when she (probation officer) first mentioned it 'we will see if we can get you some money for clothes' and I thought yeah right, okay mate what do you think that I was born yesterday, and then it happened and I thought no way it's someone who actually, you are as good as their word, they mean what they say, they stick to it and they really really want to help me, there was nothing in it for her, she didn't have to do that. But she did just to help me and I was like what! (Dave)

For Peer Review

**Box 3 Control: loss and regain**

3.1

I was self-medicating by drinking to lift myself as if like it's a bottle of anti-depressants... To be fair for a couple of hours it is, but long term it's a depressant. Although I'm trying to lift myself with this short term miracle, long term it was doing me more damage because it was pushing me lower and lower. (Dave)

3.2

I was worried about going to prison basically. Leaving my kids, that's the hard thing, that's what I was worried about... It was more worry that made me want to escape." (Dan)

3.3

It's helped me control my emotions, work out how I can stop certain things from happening, like in the case of the self-harming work out the triggers so... I can nip it in the bud before it gets that bad that I have no control over what's going on. (Josh)

**Box 4 Struggles to find a purpose**

4.1

If I say I've been doing a plumbing course, that would be, I'd be doing that course but that would be the future to work in as well. (Dan)

4.2

...if I could do this, get off the drink and go and work with people like me. And then I could give it back to society... why do you think that I don't mind helping you out... I feel better because I am helping someone out there. (Kathy)

4.3

...mixing my work and my poetry, my meditation. And that's its and my family... Once you do get into something like CBT, Buddhism or whatever, finding a way through the talking therapies, through your issues, is remarkably successful. As soon as we abandon our obsession of feeding people with chemicals... that's been an appalling waste of time in my life. (Roy)