person who is speaking about ideation, may very often find themselves being pushed back to the general practitioner or the community mental health service.⁶⁴

79. We welcome the Government's expansion of the Improving Access to Psychological Therapies (IAPT) programme. However we urge the Government to ensure that it is properly integrated into mental health teams supporting people with complex mental health conditions, to ensure that patients being supported by the IAPT programme who experience suicidal ideation can be supported effectively and quickly.

Other at risk groups

80. We also note with concern the levels of perinatal suicide and the rising levels of suicides in prisons. The latest Confidential Enquiry into Maternal Deaths, published in December 2016, reveals that between 2009 and 2014 111 women in the UK died by suicide during or up to a year after pregnancy. This is a matter of great concern and we will be following up on this issue as part of our regular reviews of the progress following the publication of the National Maternity Review report Better Births in February 2016.

81. In January 2017, the Ministry of Justice published statistics on deaths in prison custody for 2016. These statistics demonstrated that there was a record high of 119 self-inflicted deaths in custody in England and Wale As the bulletin reported,

The rate of self-inflicted deaths has doubled since 2012. The likelihood of death in custody is 1.7 times higher than in the general population, while self-inflicted death is 8.6 times more likely.⁶⁶

82. The Royal College of Psychiatrists set out their views on how this issue was addressed in the Government's strategy:

The report is right to flag concerns that there have been sharp increases over recent years in reported deaths by suicide following police custody and increases in the number of self-inflicted deaths in prisons.

The report however then goes on to suggest that these rates are rising because of a number of external reasons including that "Prisons contain a high proportion of vulnerable individuals, many of whom have experienced negative life events that increase the likelihood of self-harm or suicide". It does not however explain why these rates are rising, as it has always been true that people in prisons are especially vulnerable, nor identify/ recommend action for supporting this group.

⁶⁴ Q422 [Dr Peter Aitken]

Maternal, Newborn and Infant Clinical Outcome Review Programme, Saving Lives, Improving Mothers' Care: surveillance of maternal deaths in the UK 2012–14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009–14

Ministry of Justice, Safety in Custody Statistics Bulletin, England and Wales, Deaths in prison custody to December 2016, Assaults and Self-Harm to September 2016

Instead it would have been better if the strategy had acknowledged the impact of The National Offender Management Service having to make cuts of almost 25% in real terms in 2014-15 and the number of prison officers falling by around 2,500 since 2013.67

We note that a significantly greater number of prison officers have been lost since 2010.⁶⁸

ae Justic amising, and amising, and are further than the published in full of the published in f 83. We agree that this is a hugely concerning issue and we are pleased that the Justice Committee and the Joint Committee on Human Rights have been scrutinising, and continue to scrutinise the Covernment's all the Cover

Royal College of Psychiatrists (SPR0174)

Sixth Report of the Justice Committee, Session 2015–16, Prison safety, HC 625, paragraph 35

Sixth Report of the Justice Committee, Session 2015–16, Prison safety, HC 625; Joint Committee on Human Rights, Mental health and deaths in prisons