



Guidance on preventing suicides in and following police custody in England and Wales

This document contains reference to suicide in and following police custody. If you or someone you know is affected, please contact Samaritans on **116 123** or visit [samaritans.org](https://www.samaritans.org) for support.

“Every person who enters police custody deserves to be treated with dignity, compassion, and care. This guidance represents a collective commitment across policing to prevent suicides in and following custody, recognising the profound responsibility we hold for the wellbeing of those in our care. Through proactive engagement, trauma-informed practice, and strong partnerships, we will continue to drive improvements that protect lives and uphold public trust.”

Chief Constable Ivan Balhatchet, NPCC Lead for Custody and Movement of Prisoners

“This guidance offers a vital and wide-ranging framework for preventing suicide in and after police custody. It emphasises the need for person-centred care and stronger collaboration with key stakeholders to ensure vulnerable individuals are supported during and beyond release.”

Lynn Emslie, IAPDC Chair

Chair's Foreword

Ensuring the safety and wellbeing of individuals in police custody is a fundamental responsibility of the criminal justice system. While deaths within custody suites remain rare, the consistently high number of apparent suicides following release is a stark and persistent indicator of the need for better prevention.

Recognising this urgent and complex challenge, this guidance sets out a preventative, evidence-informed approach to the risk of suicide in and following police custody. It draws on best practice and a wide range of evidence to provide a comprehensive framework for identifying and responding to suicide risk throughout the custody journey from arrest to release. It highlights the importance of early intervention, person-centred care, continuity of care and coordinated multi-agency support.

The evidence is clear: the experience of custody can significantly influence a person's risk of suicide, particularly where there are compounding factors such as mental ill health, substance misuse, neurodivergence, or social isolation. Certain groups – including individuals charged with sexual offences, those subject to restrictive bail conditions, veterans, and people in notifiable occupations – may face heightened risk and require targeted support. While this guidance covers the entire custody journey, the Independent Advisory Panel on Deaths in Custody (IAPDC) are especially keen to ensure that individuals at risk of suicide following release receive greater attention and support. The guidance sets out how forces can embed suicide prevention at every stage of the custody process, with a focus on trauma-informed care, robust release planning, and clear referral pathways.

The breadth of this guidance reflects the complexity of the custody environment. In the fast-paced and high-pressure conditions of a custody suite, applying every element may feel challenging. In these circumstances, it is important to feel supported and able to seek advice from a colleague, a healthcare professional, or a lived experience advisor – this can make all the difference. Second, where appropriate, early communication with a family member, friend, or third sector partner can provide vital insight into the detainee's state of mind and offer a crucial layer of support. Seeking to build better links between police and detainees' support networks is an important part of the IAPDC's work in this area.

Finally, I would like to thank the College of Policing (especially Anton Menzies) and the National Police Chiefs' Council (NPCC) for their leadership in producing this guidance, and all those who contributed their expertise and experience. In particular, I want to acknowledge the valuable input of a broad range of stakeholders across policing, justice, health, and the third sector who participated in a series of working groups the IAPDC and NPCC held as part of this work. Their involvement has helped shape a robust and practical framework and collectively strengthened our work in this area. By embedding these principles into everyday practice, we can reduce harm, save lives, and uphold the duty of care owed to every person in custody.



Lynn Emslie

**Chair of the Independent Advisory Panel
on Deaths in Custody**

Introduction

Annual statistics published by the Independent Office for Police Conduct (IOPC) consistently highlight a troubling number of apparent suicides following police custody, most of which happen within two days of release from police custody. This figure typically exceeds 50 and reached 60 in 2024/25. While the number of apparent suicides in police custody suites remains thankfully low – with one incident recorded in 2023/24 and the previous one in 2016/17 – it is important to ensure that suicidal risk is identified and appropriately managed throughout the custody journey. The experience of custody itself can significantly influence a person's risk of suicide after release, making it essential to assess and address support needs from the point of arrest through to release.

This document – produced collaboratively by the College of Policing, the National Police Chiefs' Council (NPCC), and the Independent Advisory Panel on Deaths in Custody (IAPDC) – provides comprehensive guidance on preventing suicides in and following police custody, based on best practice, input from a cross-sector working group, and recommendations from a range of expert sources. These include the Worcestershire County Council suicide prevention guidance, the Mental Health Foundation's guide on self-harm, the NCISH self-audit toolkit, the Association of Police and Crime Commissioners' (APCC) guidance on preventing deaths in and following release from police custody, and the NHS England guidance on staying safe from suicide. This guidance seeks to ensure police force areas adopt a multiagency approach to support – one that moves beyond simple signposting and provides more coordinated and proactive care.

The College of Policing is a professional body for everyone working across policing. As an operationally independent non-departmental public body, it supports professional development, sets standards across key areas of policing, and promotes the sharing of knowledge and best practice. The NPCC brings together police leaders to set strategic direction and drive progress in policing. It coordinates the operational response to national issues, works in partnership across the policing system to improve public safety, and represents the collective expertise and views of UK police chiefs.

The IAPDC is an advisory, non-departmental public body co-sponsored by the Ministry of Justice, the Home Office, and the Department of Health and Social Care. Its purpose is to bring about a continuing and sustained reduction in the number and rate of deaths in all forms of state custody in England and Wales. The IAPDC's 2022 report on preventing deaths in and following police custody found that support for vulnerable detainees is often dependent on proactive engagement or the goodwill of family and friends. You can access the report [here](#).

1. Training and Education

De-escalation Techniques: Officers and staff, particularly those in the custody environment, should be trained in the appropriate de-escalation techniques available from the College of Policing's personal safety training manual. There should be real emphasis on de-escalating conflict without using force on individuals wherever possible. Any force used must be reasonable and proportionate with a full rationale given. It is critical that any force used on a detainee is reported to the custody officer as soon as practicable so that any risk(s) can be reviewed accordingly.

Mental Health Awareness: Forces need to satisfy themselves that mental health training for officers not only emphasises the need to recognise and respond to individuals with mental health issues and self-harming behaviours, but also how to communicate effectively with individuals in a calm and compassionate way.

Specialised Training: Develop specialised training modules for officers and staff on neurodivergence, including attention deficit hyperactivity disorder (ADHD) and autism. This training should cover recognising signs of neurodivergence, effective communication strategies, and appropriate interventions.

Neurodivergence: Custody staff should have a good understanding of neurodivergence, such as ADHD and autism. This will enable them to better support individuals in crisis. Behaviours like defiance or aggression may stem from being overwhelmed rather than deliberate non-compliance.

Self-Harm Myths: Forces need to challenge common misconceptions about self-harm, such as it being attention-seeking or limited to certain demographics, to ensure officers and staff respond respectfully and prioritise accordingly.

Holistic, Person-Centred Approach: Emphasise the importance of a holistic, person-centred approach to mental health and suicide prevention. Encourage officers and staff to understand each individual's situation and manage their safety through relational, therapeutic engagement.

2. Risk Assessment and Monitoring

Structured Risk Assessment: Officers must gather information and intelligence (as per the National Decision Model) from the detainee as early as practicable and ensure that all relevant information is conveyed to the custody officer and staff upon arrival at the custody suite. This will enable the custody officer to complete an effective risk assessment and formulate a care plan to cater for the detainee's needs. This can be gathered prior to any decision to arrest in certain situations and officers should take every opportunity to understand the individual's background and vulnerabilities before making decisions to arrest, particularly when there is a risk of bringing a vulnerable individual into custody.

Where this is impracticable, officers should make every effort to gather key information from the detainee, police systems, or from family, friends or support workers before arriving at the custody suite. Thorough assessments should consider neurodivergent conditions and sensory overload, with officers actively listening and observing beyond standard questions to understand the individual's true needs.

Effective Monitoring: Ensure the continuous monitoring of individuals in custody, especially those identified as high-risk, is conducted robustly and in line with the College of Policing's Detention and Custody Approved Professional Practice (APP). Forces must be satisfied that officers and staff performing monitoring of detainees know why they are performing that role, what signs and symptoms to look out for, and how to respond to changes or triggers.

Officers should use monitoring tasks to engage with detainees in a respectful and positive way where possible. Incarceration can be traumatic and isolating for detainees, so positive interaction can make a substantial difference to their wellbeing and help reduce that trauma. The handover between staff must also be effective to ensure that oncoming staff are fully briefed around the care plan and/or monitoring levels.

Safety Assessment and Management: Incorporate methods based on safety assessment, formulation, management, and planning in the context of relational engagement. Encourage collaborative conversations, exploring suicidal thoughts, and taking immediate action to address urgent safety concerns.

Complementing Risk Stratification: Complement the use of static risk stratification by integrating a more dynamic and responsive approach to risk assessment. Recognise that suicidal ideas and plans are highly changeable and can shift in minutes. Avoid an overreliance on formal risk assessment tools to identify vulnerabilities. Instead, a holistic approach that incorporates professional judgement should be adopted, considering factors such as the nature of the crime and its potential impact on the individual.

3. Support Systems and Safety Plans

Develop Safety (Care) Plans: Create safety plans that are formulated around the individual, especially high-risk detainees. This should include coping strategies, support contacts, and safe environments. There should be proactive engagement with stakeholders in custody such as the Healthcare Professional (HCP) and Liaison and Diversion (L&D) teams. These professionals should have appropriate access to the custody system(s) used in the force and be empowered to input relevant and/or critical information that will enable the custody officer to make the best decision(s) using the National Decision Model. Peer support from individuals with lived experience should be included in safety plans, as peer navigators can provide relatable care and understanding, improving engagement and outcomes.

Consider Depression or Low Mood: Custody staff should consider signs of depression or low mood in detainees with major physical illnesses (and long-term conditions) and ensure they are assessed and monitored for suicide risk as part of their care plan.

Regular Reviews: Any person disclosing or displaying symptoms of depression or anxiety during the risk assessment process that is a cause of concern, should be referred to the HCP to determine whether they are under the supervision of their GP or community mental health teams. The detainee's mental wellbeing should be checked regularly and reviewed by custody staff as part of their care plan.

Managing Self-Harm: L&D professionals should highlight the short-term risk of future suicidal behaviour in detainees who have previously and/or recently self-harmed. The custody officer and/or investigating officer should be fully appraised and can contribute to the post-release care plan when appropriate.

Create a Safe Box: Custody staff should build rapport with detainees and, where appropriate, encourage them to create a 'safe box' with items that help them cope with distressing emotions. Custody can be a traumatic experience for those who pass through it. Custody officers and staff need to remain mindful of this and support detainees throughout where possible.

Distraction Techniques: Custody staff should empower detainees with individual distraction techniques to manage the urge to self-harm, such as writing down thoughts, squeezing playdough, regular fresh air, or speaking to loved ones.

Appropriate Adults: Appropriate Adults (AAs) act as advocates for vulnerable individuals, ensuring their rights and welfare are protected. This advocacy includes ensuring that the individual's mental health needs are addressed and that they receive appropriate care and support. Custody officers should facilitate their access to custody records, supporting transparency and enabling scrutiny of any decisions taken during the period of detention.

AAs play a crucial role in reducing the risk of suicide by providing essential support and safeguarding the welfare of vulnerable individuals. They help to reduce anxiety and stress levels. This support can be particularly important for individuals experiencing mental health crises or those who are neurodivergent. AAs can facilitate communication between the police and the vulnerable individual, ensuring that the individual understands what is happening and why. This improved understanding can help alleviate feelings of confusion and helplessness, which are risk factors for suicidal behaviour.

4. Managing substance misuse

Alcohol and Drugs: Alcohol and drug use is a significant contributor to deaths and serious injury during and following police detention. Custody Officers should ensure that individuals are given support and medical care, with relevant input from the HCP and referrals for further support. They must facilitate contact with local drug and alcohol services so that the HCP and/or L&D can assess and address any coexisting issues.

Observation Levels: Custody staff must ensure that detainees are placed on the correct observation levels in line with the College of Policing Detention and Custody APP and that rouse checks are performed correctly in line with PACE Code C, Annex H. Officers and staff must be mindful of those who may experience withdrawal from alcohol and/or drugs during their time in custody and ensure that the detainee's condition is checked and for any changes to be reported without delay.

Bespoke Training: Forces should consider integrating specific training for custody staff on alcohol and drug misuse assessment into their initial and ongoing training.

5. Safer Prescribing

Duty of care: Police have a legal and ethical duty of care to detainees. This includes ensuring that their medical needs are met. Failure to provide necessary medication can lead to legal consequences and breaches of human rights.

Medication: Arresting officers should take reasonable steps to secure any medication for a detainee and ensure it is taken to custody. There is a recognition that this is not always achievable, particularly when the detainee is arrested away from their home address, but officers should seek to secure medication as soon as practicable. Access to medication is critical to the wellbeing of detainees, and custody officers should take ownership and direct resources to secure medication where appropriate.

This is particularly important for detainees on medication for mental health conditions. Ensuring they continue their medication can help maintain mental health stability and reduce the risk of suicide or self-harm whilst in custody. For individuals taking medications such as antidepressants, antipsychotics, or treatments for chronic conditions, sudden discontinuation can lead to severe withdrawal symptoms or medical emergencies. Ensuring they have their medication can prevent these potentially life-threatening situations.

6. Creating a Safe Environment

Safe Facilities: Ensure that custody environments are designed and decorated in a trauma-informed way and that the suite is safe and free from items that could be used for self-harm. Custody leadership teams must ensure that there is a robust governance structure around the custody estate and for any faults to be reported and actioned without delay. Longer term faults with the custody estate should be brought to the attention of senior officers so that there is appropriate strategic oversight. Adjustments to reduce sensory overload, such as offering quiet spaces, reducing noise, and allowing the use of fidget tools, can prevent unnecessary distress for neurodivergent individuals.

Ligature Points and Prohibited Items: Ensure all areas are checked and free from ligature points. Forces should use skillsets outside of custody such as specialist search officers (POLSA), dogs, and other technology to search all areas of the custody environment on a regular basis to keep it clear of prohibited items or articles that may have been secreted.

Emergency Equipment: Forces should ensure that their facilities are fully equipped with necessary emergency medical equipment and ensure that staff are trained in its use. Staff should also ensure that the equipment is checked in line with local governance arrangements and faulty and/or missing items are replenished without delay. Forces should also consider assessing the use of the equipment in a training simulation of a live emergency so that staff can practice how effective their response is. Getting medical treatment to detainees in crisis is critical.

7. Engagement and Communication

Engage with Families: Custody staff should involve families, friends, and/or support workers in the detention process where appropriate, as early as possible from the point of arrest. They can provide essential information to officers, and this must be captured and conveyed to custody staff to formulate effective care plans. In the absence of family members, consideration should be given to engage with friends, colleagues, or support networks with whom the individual may already be engaged. They can also direct officers to the ongoing resources, medication, and support.

Open Communication: Encourage open communication between officers and individuals in custody, creating an environment where detainees feel safe to express their feelings and concerns without fear of judgement. This approach helps officers better understand individual needs and provide appropriate support. Custody is a very process-driven environment, but custody staff must remember that there is a person at the centre, and they must be treated with courtesy, respect, and kindness. Detainees are far more likely to engage with officers and staff when they are treated with dignity, and this leads to better communication and risk management.

Lived Experience Insights: Integrate insights from lived experience advisors to shape suicide prevention strategies. Lived experience – particularly from custody officers who have been involved in cases of suicide in or following police custody – should be incorporated into training. Their insights can provide valuable perspective, helping to shape more empathetic, informed, and effective practices.

Language: Changing how we talk about suicide can make a significant difference, particularly in the custody environment. Suicide is a very emotive and complex subject. The use of appropriate, non-stigmatising, and compassionate language is crucial. The language that officers and staff use matters because it conveys both hidden and explicit messages. People often respond to language unconsciously, and the words we use can unintentionally reinforce stigma. That stigma can stop someone from talking about how they are feeling or asking for support. Officers and staff cannot always predict what language individuals will find most comfortable, but they can ensure their words are considered and sensitive.

8. Additional Measures for High-Risk Groups:

Targeted Support for Detainees: Evidence shows that individuals charged with certain types of offences – particularly sexual offences – and those subject to certain bail conditions may face a significantly heightened risk of suicide, especially in the early stages of investigation or following release from custody. Forces should ensure that detainees with these risk factors are considered and managed appropriately.

Promoting Open Communication: Promote a culture of open communication about mental health and suicide. Officers and staff should encourage detainees to speak openly about their feelings and seek help without fear of judgment.

Joint Working Protocols: Forces should work collaboratively with local services and stakeholders and establish protocols for joint working with primary care, A&E, and the justice system to support men who may be reluctant to seek help.

Veterans: Detainees who have served with the armed forces can be a high-risk category and organisations such as Operation NOVA provide comprehensive support for veterans who come into contact with the justice system, including those in police custody. They offer tailored support to veterans, addressing issues such as housing, debt, mental health, and substance misuse. This holistic approach aims to stabilise their lives and reduce the risk of reoffending. They also play a key part in safeguarding veterans once they are released. Forces should seek to work collaboratively with these organisations.

Notifiable Occupations: Supporting detainees who have notifiable occupations requires a sensitive and structured approach to ensure their rights are protected while also addressing public safety concerns. Custody officers and staff must be mindful of the additional risks associated with this group, not only in terms of safeguarding the public, but also the potential impact on the detainee's career and livelihood which may trigger suicidal ideation.

Officers should clearly inform detainees about the implications of their notifiable occupation status, including the potential for information to be disclosed to their employer or regulatory body under the Common Law Police Disclosure (CLPD) scheme. Officers should also ensure that detainees have access to legal counsel who can provide advice on their rights and the potential consequences of their notifiable occupation status. Legal advisors can help navigate the complexities of disclosure and its impact on employment. Forces should ensure that personal information is handled with the utmost confidentiality and only disclosed when necessary. This helps protect the detainee's privacy and minimises unnecessary harm to their reputation.

9. Support for Custody Staff

Mental Health Support: Custody is an incredibly challenging environment for the officers and staff that work there. They are exposed to significant challenges and risks, often within confined and high-pressured environments. Prolonged exposure can take its toll on their wellbeing. Good mental health support for staff enables them to develop healthy coping strategies to manage the inherent challenges of this work. This decreases the risk of staff becoming desensitised to the needs of detainees. Forces should therefore prioritise custody staff to ensure that wellbeing is a strategic priority.

Officers and staff should feel confident to discuss their mental wellbeing in a safe environment with their peers and leaders. Forces should ensure that mental health support is available for officers to help them manage the stresses of their role. To create a healthy environment for detainees, the wellbeing of staff in charge of their care must also be prioritised.

10. Release Planning

Comprehensive Release Plan: Custody officers should collaborate with the investigating officer, HCP, and/or L&D in the period leading up to the release of a detainee. This collaboration should focus on ensuring that a supportive and proportionate care plan is in place, with relevant referrals made in advance to facilitate continuity of care and reduce the risk of harm post-release. Where appropriate, detainees should be encouraged to have contact with family to provide emotional comfort and reassurance of their impending return. Custody officers should ensure that all detainees are in a suitable position to be transported safely to their home, place of safety, or bail address.

Out of Force Arrangements: For detainees who reside out of the force area in which they have been detained, custody officers and staff should consider local arrangements for detainees. HCP and L&D staff should proactively monitor and contact organisations in that area to ensure that critical information is passed over. If a detainee is a higher risk to themselves and/or the community where they will reside, contact should be made with the host force to share information and intelligence where relevant.

Post-release: Detainees can be vulnerable to suicidal ideation after release. Investigating officers should follow up with high-risk detainees within 24 hours of release to assess their safety and well-being. They should also monitor how they are coping and report any issues identified to their supervisor. Those released on bail with conditions should be monitored to assess how they are adapting and coping with any changes to their daily lives such as a change of address, loss of technology, and separation from loved ones. Loss is a significant driver for suicide, and officers should be mindful of this impact.

11. Local partnerships and referral pathways

Local partnerships: The period of detention in custody should be viewed as a critical opportunity to engage with detainees in a positive way about their lifestyle and offers a chance to guide them towards pathways for help and support. Police forces should take a leadership role in establishing local arrangements that ensure necessary support is identified and appropriate actions are in place prior to a detainee's release. To strengthen this approach, forces should consider engaging with local community forums to better understand the availability of services for individuals in contact with the criminal justice system and to foster effective partnership working.

Referral Pathways: Referrals to relevant services should be made during the period of detention so that provision can be put in place to support the detainee upon release. In cases where the detainee is assessed as high-risk, these referrals should be proactive (even in the absence of consent) and prioritised to maximise the chances of effective intervention and ensure appropriate support mechanisms are in place upon release. Investigating officers should support detainees assessed as high risk by ensuring that follow-on referrals are actioned, disruption to daily life is minimised, and detainees are able to adjust to the short- to medium-term restrictions to their lives.

Professional Support: The role of the HCP and L&D can provide a critical pathway to onward professional support, and they should be empowered to provide detainees with effective information that they can access, particularly after custody. These teams are also essential in ensuring that the pre-release risk assessment is completed thoroughly. To maximise this impact, HCP and L&D teams should be fully integrated within custody suites, with a standard expectation that all detainees are seen by a practitioner prior to release.

Collaboration Across Mental Health System: There should be collaboration across the entire mental health system, including the NHS, private providers, charities, and independent practitioners. Collective efforts are crucial for success.

Intensive Support: Community mental health teams should include outreach services to provide intensive support to detainees who are difficult to engage or who may lose contact with traditional services. Particular attention should be given to those who experience homelessness, as they are less likely to access traditional services such as GP services or citizens advice.

12. Accountability, Scrutiny, and Learning Lessons

Police and Crime Commissioners: Police and Crime Commissioners (PCCs) should include a commitment to a zero-tolerance approach to deaths in custody within their Police and Crime Plans and ensure that there is regular oversight of custody performance in their respected force areas. PCCs can raise specific questions with chief constables to ensure measures are in place to prevent deaths in custody and following release. The APCC's guidance on preventing deaths, including the role of the Office of the Police and Crime Commissioner in this process, can be found [here](#).

Custody Scrutiny Panels: Everything that occurs in the custody environment takes place behind a closed door to our communities. Therefore, there needs to be absolute transparency and accountability with the community about policies, procedures, and incidents. Forces should provide information and performance updates to their scrutiny panels to reassure the communities they serve and facilitate scrutiny. Scrutiny panels should hold forces to account for how they are implementing this guidance and how they are working towards reducing suicides in and following custody. Panel members should be empowered to provide advice and task senior leaders when appropriate.

Independent Custody Visitors: Independent Custody Visitors (ICVs) play a crucial role in reducing suicides in police custody by monitoring conditions, identifying vulnerabilities, providing reassurance and support, advocating for detainee rights, reporting findings, facilitating communication, and promoting transparency. Their work helps ensure that detainees are treated fairly and receive the necessary support to safeguard their mental health and wellbeing. The independent nature of ICVs promotes transparency and builds trust between the police, detainees, and the community. Improved understanding can help alleviate confusion and distress, which are risk factors for suicidal behaviour. Custody officers and senior leaders should obtain feedback from ICV visits and address any areas for improvement in detainee care.

Performance monitoring: Regular monitoring and reporting of deaths and serious injury helps to promote accountability and transparency within the justice system. It ensures that measures are in place to protect the wellbeing of individuals in custody and that any lapses are addressed promptly. Forces should have appropriate performance monitoring measures, not only to oversee the delivery of safe and effective custody in general but also learn from past incidents. This supports the refinement of suicide prevention strategies and implementation of improved mental health assessments, ensuring timely access to mental health services and creating supportive environments within custodial settings. In addition, authorities can identify other common risk factors such as social isolation and environmental stressors.

13. Links to further information and support

- [Samaritans](#)
- [Zero Suicide Alliance Toolkits](#)
- [NHSE's staying safe from suicide guidance](#)
- [Lucy Faithfull Foundation](#)
- [Forces Employment Charity, Op NOVA](#)
- [Oscar Kilo, the National Police Wellbeing Service](#)



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