



CARE OF AT RISK DETAINEES

ACDT PLAN

(Assessment, Care in Detention and Teamwork)

D/212

Forename(s):

D865

Surname:

DOB:

DPA

Centre: Brook House IRC CID/PORT REF 8725718 / 61295977

Turn to inside front cover to see triggers/warning signs
that should prompt immediate review

Required frequency (day and night) of conversations and observations, plus the
required frequency of recording these in pages 21-22. (see pages 19-20 for guidance)

1. ~~CONSTANT SUPERVISION~~
2. ~~Hourly observations~~
3. ~~Every 2 hours~~
4. One observation every 3 hours.
5. OBS EVERY 4 HOURS DURING DAY + 3 OBS DURING NIGHT-TIME.
6. 1X OBSERVATION EVERY 4 HOURS WITH 1X QUALITY CONVERSATION DURING CORE DAY.

Date of next Case Review:

| | | | |
|-----------------------|------------------------|------------------------|------------------------|
| 1 05-07-17 | 2 06-07-17 | 3 09-07-17 | 4 11-07-17 |
| 5 13-07-17 | 6 15-07-17 | 7 17-07-17 | 8 21-07-17 |
| 9 24-07-17 | 10 26-07-17 | 11 28-07-17 | 12 01-08-17 |
| 13 2/8/17 | 14 | 15 | 16 |

Date opened: 04/07/2017

Date closed: 02/08/17

Date of Post Closure Interview:
(see inside back cover for guidance)

9/8/17

Signed (chair of closing Case Review):

Signature

Image of D865

Triggers/warning signs to prompt immediate review and person/department to be called:
(To be considered as part of each Case Review)

| | |
|---|-------------------------------------|
| 1 | BEING IN DETENTION FOR TWO YEARS. |
| 2 | POSSIBLY SUFFERING FROM DEPRESSION. |
| 3 | |
| 4 | |
| 5 | |

AGREEMENT TO SHARING OF INFORMATION

(Note: This form is to be completed by the Assessor and detainee at the beginning of the Assessment Interview.)

I understand that the Immigration Service has a duty of care to me while I am in detention. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my ACDT Plan will be shared, and that detailed information contained within my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me *may* be shared between staff within the centre and others concerned with my care and welfare in order to think about how best I may be supported.

Person at risk's signature:

Signature

PRINT NAME:

D865

Date:

04-07-2017

Member of staff's signature:

Signature

PRINT NAME:

ANGELA O'CONNOR

Date:

04-07-2017

Where permission is withheld, share only information that relates to the risk and how to reduce the risk.

**ACDT Open Notification Form**

| | | | |
|------------------|---------|------------|-----------|
| Name of Detainee | D865 | | |
| CID Ref: | 8725718 | Log Number | BH 230/17 |

| | |
|---|-----|
| The ACDT plan was opened at Brook House: | Yes |
| The above has arrived on an open ACDT plan from : | |

To be completed by the DCM:

| Tasks | Completed | Comments |
|---|-----------|--|
| Has the detainee self harmed If yes, please state the method of self harm | yes | Tried to kill himself by hanging from the TV cables in his room. |
| Has an Incident Report been completed and passed to the DD | Yes | Awaiting completion by DCM |
| Is the detainee on a food refusal? An ACDT must be opened after 2 days of refusing food | no | |
| Has the detainee been assessed by healthcare? The RMN should also be contact for a mental health assessment. | yes | |
| Has the Central ACDT log been Updated? Incidents of Self Harm should be high lighted in Red Ink | yes | |
| Has the relevant information been entered on to DAT? All information should be entered under the Safer Custody tab on DAT | yes | |
| Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and Home Office | yes | |

Completed By

| | |
|---------------|---------------------|
| Print Name | R Giraldo |
| Time and Date | 13.00 pm 04/07/2017 |

This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Manager
- Healthcare
- Chaplain
- Security Intelligence
- Home Office
- IMB

The original should be placed in to the detainee ACDT plan



.IS.91RA Part C: Supplementary Information to IS.91 RA Part A

| Details of Port/Unit Responsible For Case | | | | | |
|---|--|----------|--|--------|--|
| Port: | | Officer: | | Grade: | |
| Fax: | | Email: | | Tel: | |

| Details of Individual | | | | | |
|-----------------------|------|-------------|---------|-----|---|
| Full Name: | D865 | | | | |
| D.O.B | DPA | Nationality | ALGERIA | Sex | M |

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

ACDT CLOSED.

Please add to the list of "At risk if Removal Directions are Served".

Will this individual comply with removals directions? NO
If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: _____ Print name: James Begg Date: 02/08/2017

For Completion by DEPMU/MODCU

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: Yes/No

Signed: _____ Print name: _____ Date: _____

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case



ACDT Closed Notification Form

| | | | |
|------------------|---------|------------|-----------|
| Name of Detainee | D865 | | |
| CID Ref: | 8725718 | Log Number | BH/230/17 |

| | |
|--|-----|
| The ACDT plan has now been closed at Brook House IRC: | Yes |
| The above has now left Brook House IRC for the following reason: | N/A |

| To be completed by the DCM: | | |
|---|-----------|------------|
| Tasks | Completed | Comments |
| Post Closure review arranged Post Closure Interview to take place within 7 days of the ACDT plan being closed | Yes | 09/08/2017 |
| Has the Central ACDT log been Updated? | Yes | |
| Has the relevant information been entered on to DAT? All information should be entered under the safer custody tab on DAT | Yes | |
| Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and UKBA | Yes | 1523.17 |

| Completed By | |
|---------------|------------------|
| Print Name | James Begg |
| Time and Date | 15:35 02/08/2017 |

This form should be completed when the ACDT closed and distributed without delay to the following

- Duty Director
- Safer Community Coordinator
- Healthcare
- Chaplain
- Security Intelligence
- UKBA
- IMB

The original should be placed in to the detainee ACDT plan

**ACDT Open Notification Form**

| | | | |
|------------------|-------------|------------|-----------|
| Name of Detainee | D865 | | |
| CID Ref: | 8725718 | Log Number | BH 230/17 |

| | |
|---|-----|
| The ACDT plan was opened at Brook House: | Yes |
| The above has arrived on an open ACDT plan from : | |

To be completed by the DCM:

| Tasks | Completed | Comments |
|---|-----------|--|
| Has the detainee self harmed If yes, please state the method of self harm | yes | Tried to kill himself by hanging from the TV cables in his room. |
| Has an Incident Report been completed and passed to the DD | Yes | Awaiting completion by DCM |
| Is the detainee on a food refusal? An ACDT must be opened after 2 days of refusing food | no | |
| Has the detainee been assessed by healthcare? The RMN should also be contact for a mental health assessment. | yes | |
| Has the Central ACDT log been Updated? Incidents of Self Harm should be high lighted in Red Ink | yes | |
| Has the relevant information been entered on to DAT? All information should be entered under the Safer Custody tab on DAT | yes | |
| Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and Home Office | yes | |

Completed By

| | |
|---------------|---------------------|
| Print Name | R Giraldo |
| Time and Date | 13.00 pm 04/07/2017 |

This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Manager
- Healthcare
- Chaplain
- Security Intelligence
- Home Office
- IMB

The original should be placed in to the detainee ACDT plan



Immigration
Enforcement

Port Ref: **B 1295977**
H.O Ref:

CID: 8725718

IS 91 RA Part C
(Revised)

LOG BH
230/17

IS.91RA Part C: Supplementary Information to IS.91 RA Part A

| Details of Port/Unit Responsible For Case | | | | | |
|---|-------|----------|--|--------|--|
| Port: | | Officer: | | Grade: | |
| Fax: | eibmb | Email: | | Tel: | |

| Details of Individual | | | | | |
|------------------------|------------|-------------|----------------|-----|-------------|
| Full Name: D865 | | | | | |
| D.O.B | DPA | Nationality | ALGERIA | Sex | Male |

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

An ACDT was opened today 04/07/2017 as **D865** tried to kill himself by hanging from the TV cables in his room

Will this individual comply with removals directions? Unknown
If no please provide additional information.

... the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: R Giraldo Print name: R Giraldo Date: 04/07/2017

For Completion by DEPMU/MODCU

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: **Yes/No**

Signed

:

Print name:

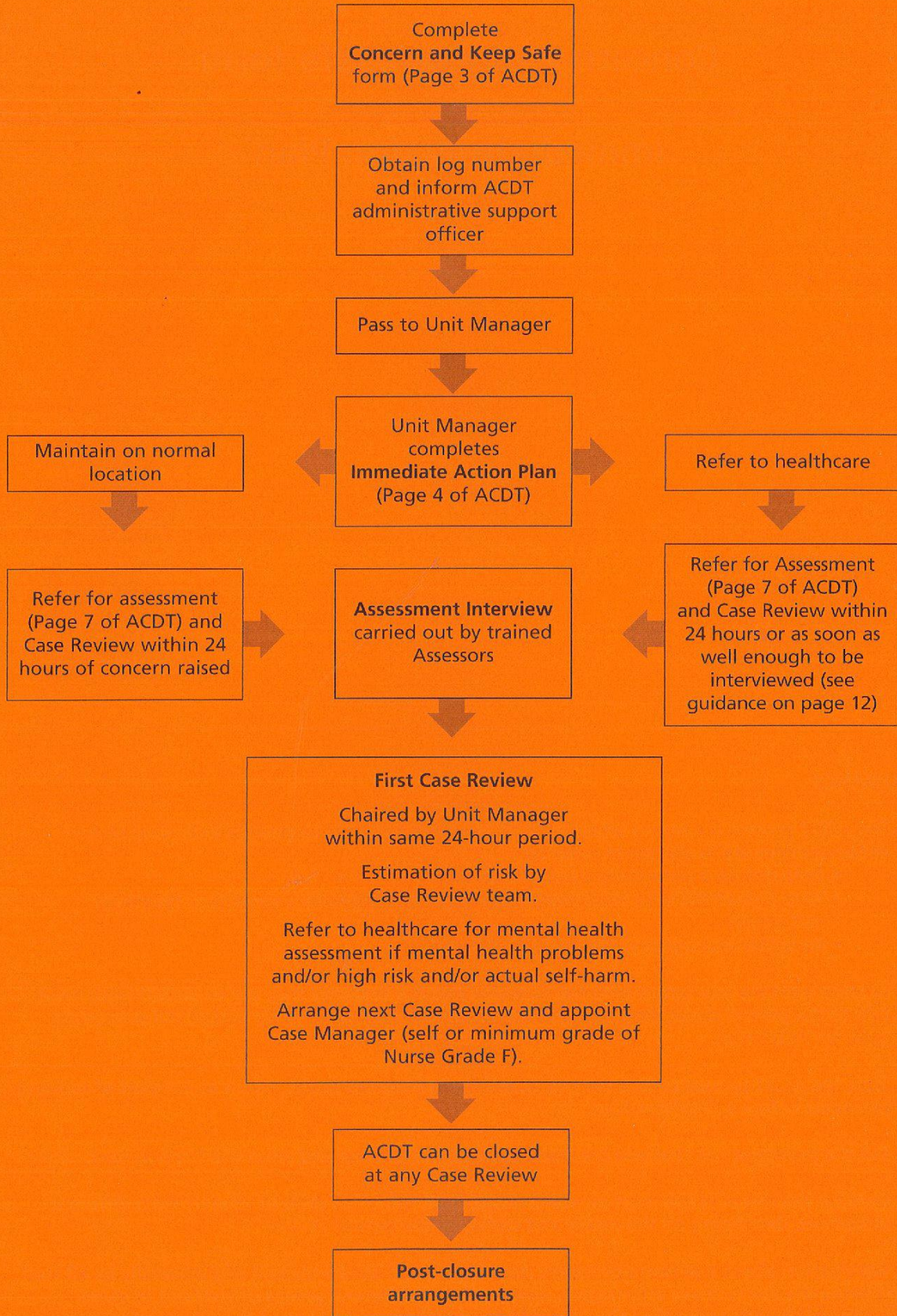
Date:

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case

ACDT Flowchart



SECTION ONE

Concern and Keep Safe form Immediate Action Plan

GUIDANCE

1. The ACDT process is a means whereby staff can work together to provide individual care to detainees who are in distress in order to:
 - help defuse a potentially suicidal crisis or
 - help individuals with long-term needs (such as those with a pattern of repetitive self injury)
 - to better manage and reduce their distress.
2. Anyone working in a centre who has concerns about a detainee they are in contact with must talk to the person about their concern, listen to what they have to say and, if still concerned, open an ACDT Plan.
3. Start the ACDT process **before** the risk of self-harm becomes acute. Use it as a means of tackling problems before a crisis develops.
4. Tell the person at risk that you are starting the ACDT process and what will happen next.
5. Care for detainees at risk must be multi-disciplinary, using the skills of all staff from different disciplines, depending on the needs and wishes of the person at risk.
6. Information about a person's problems must be treated sensitively and professionally by all staff. If detainees are to share information with staff, and different groups of staff are to share information with each other, they need to trust that no one will treat the information inappropriately – for example, discussing things in front of other detainees or using the information in a derogatory way.

CONCERN AND KEEP SAFE FORM

If you consider the risk of a suicide attempt to be imminent, or if the individual is acutely distressed, take action immediately and do not leave the person alone. Continue filling out this form as soon as possible after the emergency has been dealt with.

What are the concerns?

| | |
|---|---|
| Ask the individual open questions to determine what the main problems are. Then tick all relevant boxes and give details in the open box below. | |
| 1. Suicide attempt or statement of intent to kill self | <input checked="" type="checkbox"/> <div> <p>Please describe <i>why</i> you are concerned. Summarise: any recent events, behaviour or information received that gives cause for concern and what the person themselves said about their situation:</p> <p>TODAY AT APPROXIMATELY 12.30 PM D865 TRIED TO HURT HIMSELF BY HANGING HIMSELF FROM THE TV CABLE IN HIS ROOM.</p> </div> |
| 2. Self injury or statement of intent to self harm | <input type="checkbox"/> |
| 3. Unusual behaviour or talk | <input type="checkbox"/> |
| 4. Very low mood (e.g. withdrawn, slowed down) | <input type="checkbox"/> |
| 5. Problems related to drug/alcohol withdrawal | <input type="checkbox"/> |
| 6. Other concerns, including vulnerability due to age or immaturity | <input type="checkbox"/> |

Action required by initiating member of staff:

Now give this report to the person responsible for deciding on the immediate action to be taken to keep the person safe. This will usually be the manager of the unit on which the individual is, or is to be located. Where the ACDT Plan is opened in reception, initial decisions about care might be made by health reception staff, in conjunction with the manager of the receiving unit.

Details of initiating member of staff:

| | |
|------------------------|-----------------------------|
| Print Name: R. Gioslao | Signature: Signature |
| Date: 04.07.2017 | Time: 13.00 pm |

IMMEDIATE ACTION PLAN

The purpose of this Immediate Action Plan is to consider and record the most appropriate environment and regime required to support the person at risk prior to the first Case Review. The Unit Manager will usually be responsible for making these decisions, after consulting with the individual concerned and other staff where appropriate. This action plan should not exceed 24 hours from immediate risk being identified.

| | | | |
|--|---|---|---|
| Concern about cell sharing risk: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | None known <input type="checkbox"/> |
| Immediate action required | Action | | By whom |
| Location: (Discuss with individual where they feel safe. Consider single, double, safer cell, referral to healthcare) | Moved to E001 on Constant Supervision | | GHS 04.07.17 |
| Frequency of staff support: (conversations and/or observations) | Constant Supervision | | GHS 04.07.17 |
| Phone access: (state whether Samaritans or phone call to family or other) | Mobile in possession | | GHS 04.07.17 |
| | | | |
| Other immediate interventions: (including actions in respect of any in-possession medication the detainees, or their cellmate may have): | | | |
| The four tasks below should be completed before going off duty (within 12 hours if concern is raised during the night) | | | |
| Referral made for assessment & case review organised: <input type="checkbox"/> | Staff briefed and entry made in Unit Observation Book: <input type="checkbox"/> | Log Number obtained & entered on ACDT cover: <input type="checkbox"/> | Where act of self-harm has led to opening of form, F213SH completed: <input type="checkbox"/> |
| Where individual is under 18, inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible | | Child Protection Co-ordinator informed: <input type="checkbox"/> | |

Names of people involved in agreeing immediate action (print all names):

| | |
|---------------------------------------|---|
| Name | Job Title / Role |
| C. DONNELLY | DLM |
| R. GIRALDO | DLM |
| S. LOUGHTON | DLM |
| Unit Manager Name: C. DONNELLY | Signature: Signature |
| Date: 04.07.17 | Time: 12.45 |

SECTION TWO

Suicide/Self-Harm Risk Guidance

Assessment Interview and First Case Review

SUICIDE/SELF-HARM RISK GUIDANCE

| | |
|------------------------------|--|
| <p>RISK IS LOW</p> | <p>When</p> <ul style="list-style-type: none"> • Suicidal thoughts are fleeting and soon dismissed • No plan • No/few symptoms of depression • No psychotic mental illness • No self-harming behaviour • Situation experienced as painful but not unbearable <p>Action</p> <ul style="list-style-type: none"> • Ease emotional distress as far as possible (allow expression of emotion) • CAREMAP addressing identified social/ custodial problems • Link to resources (friends, family, listeners) • Review care at agreed intervals |
| <p>RISK IS RAISED</p> | <p>When</p> <ul style="list-style-type: none"> • Suicidal ideas are frequent but generally fleeting • No specific plan / immediate intent • Evidence of mental disorder (e.g. depression, psychosis, panic attacks) acute or ongoing • Significant alcohol or drug abuse • Situation experienced as painful but no impending crisis • Previous, especially recent, suicide attempts • Current, self-harming behaviour <p>Action</p> <ul style="list-style-type: none"> • Ease emotional distress as far as possible (allow expression of emotion) • CAREMAP addressing identified social/custodial problems • Ensure safety – consider location, frequency of conversation and observation and occupation • Link to resources – e.g. friends, family • Refer for mental health assessment if evidence of mental disorder or current self harming behaviour • Review care at agreed intervals (including immediately after any mental health assessment) |
| <p>RISK IS HIGH</p> | <p>When</p> <ul style="list-style-type: none"> • Frequent suicidal ideas not easily dismissed • Specific plan with likely access to lethal methods • Evidence of mental illness, acute or ongoing • Significant alcohol or drug abuse • Situation experienced as causing unbearable pain • Escalating pattern of self-harm – increased frequency and/or lethality of methods <p>Action</p> <ul style="list-style-type: none"> • Ease emotional distress as far as possible (allow expression of emotion) • Ensure safety – consider admission to healthcare centre • Increase levels of support and therapeutic interventions • CAREMAP addressing identified social/custodial problems • Refer urgently for mental health assessment • Review immediately after assessment and at agreed intervals thereafter |

Note: This is a guide only. Decisions will be made on an individual basis by the multi-disciplinary team depending on the combination of risk factors that the individual-at-risk is displaying.

ASSESSMENT INTERVIEW

(Complete within 24 hours of concern being raised, unless circumstances are exceptional, e.g. detainee admitted to outside hospital and too ill to be interviewed)

| | | | |
|--------------|-------------|-----------|-------------|
| Forename(s): | D865 | Surname: | D865 |
| | | Location: | E001 |

Before (or if need be after) the interview, gather risk-pertinent information:

- From the core record/unit file/unit staff (received or expecting a long sentence, violent offence especially murder, victim is a family member, recent knock-back, breach, recall, subject to RFA, limited regime can mean increased risk)
- Ask health staff if they are aware of risk factors (e.g. current or recent psychiatric treatment, drug/alcohol dependence, painful or terminal physical illness)

In the interview, gather risk pertinent information in your own style using general interviewing skills. The questions below are a reminder of areas to be covered only. Explain that the information will be made available to the Case Review team to help plan their care.

1. Individual's perception of the problems related to current distress

Ask person to describe in their own words what they believe their problems to be. Once all problems mentioned have been explored, check the following that have not been mentioned: relationship problems and practical problems outside and inside centre, including isolation, bullying, bereavement, other loss, guilt re offence.

D865 said that he had been in detention for two years and he has had enough as he has finished his prison sentence. He said that he was refused bail as the address he gave was not suitable. He feels that he has run out of resources in his applications to be granted bail.

2. If recent act of self-harm

Ask person to describe events, thoughts and feelings over 48 hours leading to act. What precipitated incident? Was it an attempt at suicide and how nearly lethal was the attempt? Was it planned and what attempts were made to avoid detection? Did person expect to die? How do they feel about being alive now? If no suicidal intent, what was the act related to? How was the act helpful to them?

D865 attempted to take his own life today by hanging himself with a ligature from his television in his room. He said that he was having thoughts previous to the attempt. **D865** said he made a random decision to end his life at that precise moment.

3. Previous acts of self harm/suicide attempts

Ask them 'Have you ever tried to harm yourself before?' Explore what they did, when and in what circumstances - what was the intention. Look for similarities between past and present. Ask if they know others (friends, family) who have tried to kill themselves. If self-injury without suicidal intent, explore how the self-injury was helpful to them. Have they sometimes been able to manage those situations/feelings without harming themselves? What helped them to do that?

D865 said that he tried to end his life approximately 18 years ago by cutting his wrists. He said that was the only attempt he has made. He showed me the scars.

4. Current mental state

Ask an open question e.g. 'And how are you feeling now?' Inquire about depression (persistent low mood, loss of interest in work, association etc, increased fatigue, disturbed sleep, loss of appetite, difficulty in concentrating, loss of confidence, feelings of hopelessness and thoughts of death). Explore symptoms of anxiety (worry and physical symptoms of anxiety, panic, unpleasant thoughts going through mind, recurrent nightmares.) How long? How persistent? Ask about unusual experiences and ideas. Look out for unusual behaviours, manner of speech, evidence of hearing voices or evidence of suffering from addictions.

D865 said that he feels depressed. He said that he has great difficulty sleeping. He said he has feelings of hopelessness.

5. Current suicidal thoughts and intentions

Ask about current thoughts of taking own life and any plans/ preparation, e.g. 'Do you want to be dead?' 'Have you planned how you will do it?'

When asked about current thoughts and intentions of ending his life. **D865** said he was not sure if he would do anything to harm himself.

6. Reasons for living and coping resources

Is there anything that the person feels might prevent them from carrying out plans? How has he or she managed to cope until now? What is it that keeps them going right now? Does he/she have support from friends or family?

D865 is divorced from his wife. They have 2 sons together, aged 18 and 20. He said that he has had one visit from his sons. They are in phone contact with him regularly. He has friends in London.

7. Any other areas of discussion

Note down any other relevant issues that have come up in the discussion, or any points not covered above that you wish to ensure are available to the Case Review team.

No other areas of discussion.

8. Agree what is to happen now with the interviewee

Discuss with the individual what they think might help them now. Note down possible ideas for the CAREMAP and anything else relevant. Explain what is to happen now. **Note:** Where the Case Review is taking place immediately after the interview, discuss this as part of the Case Review and record in the summary of Case Review (next page). Where this is not the case, discuss and record here. (Be aware that expressions of hopelessness are signs of higher risk.)

D865 would like an appointment with the RMN concerning his depression and problems sleeping. He wants to apply for section 4 bail accommodation. Wants to transfer to Harmondsworth IRC so that he can receive more visits from his sons and friends.

Interviewer's details:

| | |
|-----------------------------|----------------------|
| Print Name: ANGELA O'CONNOR | Signature: Signature |
| Date: 04.07.2017 | Time: 16.18 |

ACTION FOLLOWING ASSESSMENT

(Case Review No.1 To be completed within 24 hours of concern being raised)

Details of Case Review:

| | | |
|-------|-------|-----------|
| Date: | Time: | Location: |
|-------|-------|-----------|

Names of people attending Case Review or otherwise consulted following Assessment:

| Name | Designation |
|------|---|
| | Unit Manager |
| | Detainee |
| | Assessor (if not attending, state in record below how they contributed to the review) |
| | Case Manager (if different to Unit Manager) |
| | |

Record summary of Case Review

| | | | |
|---|--|---|---|
| <p><i>(Handwritten summary of the case review goes here)</i></p> | | | |
| Consider if sufficient progress has been made to reduce risk. Current likelihood of further risk behaviours | LOW <input type="checkbox"/> | RAISED <input type="checkbox"/> | HIGH <input type="checkbox"/> |

If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assessment and care

Urgent referral: ☐ Routine referral: ☐ Referral made to:
(Note: person referred to should contribute to next Case Review, in writing if attendance not possible)

Now produce CAREMAP and liaise with appropriate staff and support agencies. Note any known triggers/warning signs on the inside front cover.

| | |
|---|--|
| If ACDT remains open Next review: (also note on front cover) Date: Time: Additionally to invite: | If ACDT closed (see guidance on inside back cover) Post closure interview: Date: Time: (also note on front cover) Member of staff who will conduct this follow-up interview: |
|---|--|

| | |
|--|--------------|
| Unit or Case Manager Signature: | Date: |
|--|--------------|

RECORD OF CASE REVIEW

Case review number: 1

Details of case review

| | | |
|----------------|-------------|-------------------------|
| Date: 05.07.17 | Time: 10.45 | Location: E Wing office |
|----------------|-------------|-------------------------|

Details of those invited

| Name | Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review) | How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made. |
|------------|---|---|
| C Donnelly | DCM – chair | Attended |
| K Bouohut | Detainee | “ |
| J Williams | Duty Director | “ |
| K Churcher | RMN | “ |
| Z Qayum | Chaplaincy manager | “ |
| A Lyden | DCM – Oscar 1 | “ |

At this review

| | | | |
|--|------------------------------|--|--|
| Level of risk reviewed and is now: | Low <input type="checkbox"/> | Raised <input type="checkbox"/> | High <input checked="" type="checkbox"/> |
| Problems identified reviewed | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below, and state frequency on front cover) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| WHERE A DETAINEE IS DUE TO BE REALEASED(including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP(see guidance on inside of back cover) | | | |

Summary of review (if ACDT plan is closed, state why)

D865 was very low in mood, very poor eye contact, almost close to tears. He said he did not remember trying to hang himself yesterday. When asked if he wanted to kill himself, he replied “don’t know”. When asked if he felt like harping himself today, he replied “don’t know”. Chaplaincy manager Z Qayum said he would come and talk to D865 later today, as did RMN Churcher, he nodded. When asked if there was anything we could do for him, he mentioned a transfer to Harmondsworth to be near his sons – he had applied but had no reply. We agreed he should re submit the request.

All present agreed, based on D865's presentation, very low mood and the fact that he claims not to remember his suicide attempt yesterday, he needs to remain on Constant Supervision, with review tomorrow, 06.07.17.

CONSTANT SUPERVISION

CAREMAP update

YES ☐

No, as no new actions ☒

If ACDT remains open

Next review:(also note on front cover)

Date 06.07.17 Time: AM

Additionally to invited:

If ACDT closed (see guidance on inside back cover)

Post closure interview:

Date: Time:

(also note on front cover)

Member of staff who will conduct this

Follow up interview:

Case managers Signature:

Date: 05..07.17

Signature