

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"/>	<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>SAT ON RAILINES FOR 90 MINUTES THREATENING TO JUMP.</p>
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 Very low mood (e.g. withdrawn, slowed down)	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: E. SENEZ	Signature: <div style="border: 1px dashed black; padding: 2px;">Signature</div>
Date: 12/05/2017	Time: 2245

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 checked="" type="checkbox"/>	No <input type="checkbox"/>	None known <input type="checkbox"/>
Immediate action required	Action	By whom	Completed
Location: (Discuss with individual where they feel safe. Consider single, double, safer cell, referral to healthcare)	CSD UNDER RIVE 40	E. JENCH	Signature
Frequency of staff support: (conversations and/or observations)	OBSERVATION EVERY 15 MINUTES UNTIL REVIEW	UNIT STAFF	
Phone access: (state whether Samaritans or phone call to family or other)	HAS PHONE IN CSD IN OFFICE	E. JENCH	
Other immediate interventions: (including actions in respect of any in-possession medication the detainees, or their cell mate may have):	FULL SEARCH CONDUCTED.	E. JENCH	Signature
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 checked="" type="checkbox"/>	Staff briefed and entry made in Unit Observation Book: <input checked="" type="checkbox"/>	Log Number obtained & entered on ACDT cover: <input checked="" 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
E. JENCH	DM
C. PETERS	AN
Unit Manager Name: E. JENCH	
Date: 19/05/2018	Signature: <u>signature</u>
	Time: 2.30

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):	D149	Surname:	D149
		Location:	<i>CSU</i>

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.

MA **D149** *seen in B40 - has now been drug free for several weeks and is much more positive and healthier - Thought process is excellent and is forward thinking —*

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?

Sat at night threatening to jump - is now very content as he will be moving to Norton Hall.

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?

Yor had a history of 'Spice' taking but feels more comfortable at Moton Hill than at Heather Tare

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.

Sleeping and eating well. - is still temperamental when his daughter is mentioned and he is emotionally very close to her. More positive individual since coming off the 'Spice'

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?'

"Do you want to be dead?"
"No"
"Have you planned how you will do it?"
"No I don't want to hurt myself."

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 now? Does he/she have support from friends or family?

Wants to eventually get released and be reunited with daughter. —
Mother lives in Plymouth and will phone on a regular basis. —

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.

If MA **D149** starts taking 'Spice' his character will change rapidly — becomes very emotional. —
To be allowed to do a 'Paid work' if and when allowed to do so. —

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.)

To Transfer to Morton Hall. —
To Remain drug free.
To work on his immigration case with his solicitor —

Interviewer's details:

Print Name: <i>E. Fox</i>	Signature: Signature
Date: <i>22/05/17</i>	Time: <i>09:50</i>