



**HM PRISON
SERVICE**

Safer Custody Group

The ACCT Approach

Caring for People at Risk in Prison

Pocket Guide for Staff

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Suicide is Everyone's Concern



Key Aims: To work together to create a safe and caring environment, where distress is minimised and those who are distressed are able to ask for help. To identify individual need and offer individualised care and support before, during and after a crisis.

Key Beliefs: Preventing suicide involves listening to the person at risk, engaging them in planning ways of reducing their problems, helping them to build up their own sources of support and thus helping them to choose life. **Watching and stopping can be important but it only works in the short-term.**

This pocket book has been provided as an easy reference for staff involved in the care of at-risk prisoners/trainees.

Recognising Risk

People who attempt or complete suicide often show distress or intent that can be detected by observing, listening and asking. Be aware that some people may conceal their intent. Consider what the person says and does.

Distress signals – Ask the person about them

Behaviours:

- Crying, emotional outbursts
- Recent suicide attempt*
- Giving away possessions*
- Withdrawal from social contact
- Self neglect (e.g. not eating)
- Not planning for release
- Increase in frequency or lethality of self-harm
- Alcohol/ drug misuse
- Irrational behaviour, out of touch with reality
- Recklessness/fighting
- Hostile rejection of help

Thoughts:

- "There's no point"
- "I can't take it anymore"
- "I wish I were dead"
- "Everyone will be better off without me"
- "I just want it to be over"
- "Nothing will ever get better"
- Planning for suicide*

Caring for Prisoners at Risk

Feelings:

- Desperate*
- Angry
- Sad
- Ashamed
- Hopeless*
- Worthless
- Lonely
- Disconnected
- Powerless

Physical changes:

- Lack of interest/pleasure in everything*
- Lack of physical energy for no apparent reason
- Disturbed sleep
- Change/loss of appetite, weight
- Increase in minor illness

Situations/triggers:

- Relationship problems
- Recent suicide of someone similar to them
- Violence, bullying or fear of these
- Parole refusal or other knock-back
- Longer sentence than expected
- Increase in frequency or lethality of self-harm
- Alcohol/ drug misuse
- Irrational behaviour, out of touch with reality
- Recklessness/fighting
- Hostile rejection of help

Making an Initial Response

- Talk to the person. Ask them about what you are concerned about. Comment on behaviour: (“You’re looking really low. Is anything wrong?”) Ask about events: (“You were in court today, weren’t you. How did it go?”) Give broad openings: (“Tell me about it... You look like you need to talk things over with someone”)
- Take time to listen. Talking about the problem is a strength, not a weakness.
- Do not feel you need to solve the problem – support is delivered by a good team, not just an individual.
- Check out how bad the person is feeling.
- If you suspect they might be thinking of suicide, ask them as directly as possible: ‘Are you thinking of suicide?’ or ‘Is it so bad that you are thinking of killing yourself?’
- If there is risk, don’t leave the person alone. Alert other staff.
- **Open an ACCT Plan.**

Be aware that some people may conceal their intent. Consider both what the person says and also what they do.

How to open an ACCT plan

In the event of any incident of self-harm (where there is no existing CAREMAP), or cause for concern that a prisoner/trainee may be at risk, open an ACCT Plan.

Any member of staff can open an ACCT Plan.

To open an ACCT Plan:

- Complete the top box on the front cover. The other details on the front and inside cover will be completed later in the process.
- Complete page 3 (Concern and Keep Safe form), following the instructions given on the form.
- Follow local procedures for obtaining a log number, informing the ACCT administrative support officer, and updating LIDS.

Pass the ACCT Plan to the prisoner's/trainee's Unit Manager, or to the Night Orderly Officer in person.

- Tell the person at risk you are taking action to keep them safe and what will happen.
- In an emergency, act first and record later.

What happens next?

Immediate Action Plan

The Unit Manager will decide, after consulting with the appropriate staff, how to keep the prisoner/trainee safe until a more detailed assessment can be carried out. These decisions will be recorded in the **Immediate Action Plan** (page 4)

Assessment

The Unit Manager will notify the Assessor Team and arrange for an Assessor to interview the person at risk within 24 hours. The interview will identify the risk and contribute to the first Case Review.

Talking about suicide with someone will give them the opportunity to:

- Express their feelings
- Give them a sense of relief
- Discover a reason to live.

Talking about suicide will not cause someone to do it

Case Review

A Case Review will be held, ideally immediately after the Assessment Interview. This is chaired by the Unit Manager and attended by the prisoner/trainee, Assessor and other appropriate staff. The Case Review must take place within 24 hours of the concern being raised. The Case Review Team agree the level of risk and draw up a care and management plan (**CAREMAP**) with the person at risk (pages 13 and 14 of the ACCT Plan). The CAREMAP sets out how the person at risk is to be managed.

The Case Review Team will update the **Triggers Box** (inside front cover) and the **frequency of conversations and observations** (front cover) and decide when the next Case Review should be held, according to the needs of the prisoner/trainee.

Use of the ACCT Plan

All staff must read the **CAREMAP** of at-risk prisoners/trainees in their care. It contains instructions about the prisoner's/trainee's needs, actions to address them and who is responsible for that action. The frequency of conversations and observations will be specified on the **front cover**.

Staff must also read the **Trigger box** which is on the **inside front cover**. This box highlights any events that may trigger a crisis and increase the risk of suicide or self-harm.

All staff involved in the care of the person at risk must record events, conversations with the individual or observations in the **On-Going Record** at the back of the document. When recording **think** about how what you say can contribute to the care of the individual. In particular record:

- Mood check - Are they happy, sad, withdrawn, excitable etc.
- Conversations - Have you spoken to the person at risk? What have they said about their situation?
- Activities - Are they engaging socially with others, participating in the regime etc

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- Sudden changes - Have they been doing anything out of the ordinary?
- Self-harm - Have they self-harmed?

Poor examples of recording include “correct when checked”, “appears OK” and “handed over correct”. They say nothing about the individual’s condition and do not contribute to quality care and support.

Supervision should be active, reflecting the minimum requirements specified on the front cover, and involving supportive conversations rather than mere observation- except at night when the person is asleep.

Signs of higher risk of suicide?

plans for how/ when to do it? active preparations?
recent suicide attempt?
anything stopping them?

Responsibilities of Managers

Unit Managers and Night Orderly Officers

- Talk with the person at risk and relevant staff about how to keep the person safe and provide extra support in the short term.
- Record decisions on Immediate Action Plan
- Before going off duty (or within 12 hours if at night):
 - make referral for assessment
 - organise first Case Review
 - brief staff and enter in observation book
 - complete F213SH if there is self-harm
 - obtain log number
 - inform ACCT admin support officer
 - if prisoner/trainee is under 18, inform child protection officer as soon as possible.
- Chair the first Case Review and appoint a Case Manager.

Case Managers

- Case manager's responsibilities are as follows:
 - Organise and chair Case Reviews
 - Ensure CAREMAPs are actioned
 - Ensure key people attend and contribute to Case Reviews
 - Involve the prisoner/trainee
 - Where the Healthcare Manager is the Case Manager for an in-patient, ensure that a pre-discharge Case Review takes place before the prisoner/trainee returns to ordinary location.

When a prisoner/trainee on an ACCT moves to another unit, the receiving Unit Manager takes responsibility for appointing a Case Manager.

The CAREMAP (Care and Management Plan)

Involve the person at risk. The way they are cared for should have their agreement.

CAREMAPs must be individual and address the problems that are causing the person pain and leading them to self-harm or attempt suicide. Some individuals require a lot of input. Others require long-term but less intensive support.

Help the person to deal with problems that are causing them emotional pain. Involve other agencies as required. Do not try to solve problems for them. Involve them in considering the options available to them. If the problem can't be solved, help them to cope better.

Link the individual to people who can help and support them. This includes other prisoners/trainees and, where appropriate, their family.

Regime. Something to do and someone to talk to are very important. Even where resources are very tight, options like art materials in the cell may be possible.

Mental health care. Where the assessment reveals probable mental health problems, high risk or actual self-harm, the individual should be referred for a mental health assessment (if not referred, this decision must be explained in the Record Summary of the first Case Review) and,

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if required, mental health care. Those who are acutely ill or at high risk of suicide should be referred urgently.

Prisoners/trainees at risk should be cared for in a **safe environment**. This could be anywhere the person at risk feels safe, comfortable and relaxed. This may mean remaining in his/her cell with access to personal belongings. It may mean a shared cell. It may mean a "safer cell". It is for the Case Review Team to make this decision. Location should increase staff interaction with the individual. Secluded or isolated accommodation must only be used as an absolute last resort, after alternatives have been considered (and documented).

Care of prisoners/trainees at risk must involve **supportive conversations**, not just observation. The frequency of these supportive conversations must be specified on the front cover in accordance with individual need. The level of documented conversations and observations will be gradually reduced by the Case Review Team as the individual is supported through their difficulties.

Further suggestions for supporting at-risk prisoners/trainees can be found in the guidance document, 'Suicide Prevention Strategies'.

Care for those who self-harm

Many prisoners/trainees who self-harm do not intend to die. They may seek distraction from painful feelings or memories, which may be associated with past physical or sexual abuse.

Some prisoners/trainees do use self-harm to get something that they want, often because they have problems asking for what they want in words. For example, "I was too scared to come out from behind my door and I couldn't stand another day being alone so I cut up to get moved out of the wing." By dismissing this as "manipulation", you can miss a real risk of harm or even death.

Further information on this is available in the Self-Harm Guidance on the Prison Service intranet.

For self-harm, CAREMAPS should:

- Address problems behind the self-harm
- Find ways of meeting needs that doesn't involve self-harm
- Negotiate ways of meeting needs that is reasonable
- Provide activities, especially creative ones, as a distraction
- Refer for a mental health assessment to help determine underlying problems
- Provide staff support regularly – not just when the person self-harms
- Identify 'normal' patterns of self-harm
- Monitor for change in frequency and method
- Use and update 'Triggers Box' (inside front cover)

Case Reviews

The Case Review brings together the person at risk and the team involved in their care to review progress – problems, strengths, risk and care now required.

An effective Case Review:

- Involves the person at risk
- Has the same Case Manager present, wherever possible
- Involves the key people who know the person at risk or are involved in his/her care
- Is quiet and calm – no phone interruptions
- Uses first names

The key questions to address include:

- Have the problems that caused the ACCT Plan to be opened now been resolved?
- If not, what needs to be done to resolve them?
- Have any further problems arisen that are now causing distress and more risk?
- If so, what action can be taken to address these?
- Is the person at risk now in contact with friends, family or other support?
- Does the person at risk now have something in their lives that they feel good about?
- If not, how can this be improved?

Estimating risk over time – at Case Reviews

Distress: Has anything changed to make the person at risk more or less desperate?

Resources: Has anything changed that makes the person at risk now feel more or less alone?

Previous Suicidal Behaviour: Has anything changed that makes suicide more familiar or more acceptable to the person at risk? (e.g. has another prisoner/trainee killed themselves?)

Mental Health and/or Drug Misuse: Has anything changed to make you think that referral to a health or drug worker is now advisable?

Suicide intention or plan: Has anything changed to show that the person at risk is more or less prepared to kill themselves?

Pattern of self-harm: Is self-harm becoming more or less frequent? Is it more or less lethal in method than before? Why?

Responsibilities of healthcare staff

The healthcare team are responsible for:

- Providing relevant information about their patients to ACCT Assessors and Case Managers as part of the assessment. Healthcare Managers should ensure this happens.
- Carrying out mental health assessments and providing appropriate care, where the person at risk has mental health problems, is self-harming and/or is at high risk. This involvement does not mean that that person should be located in the healthcare centre.
- Contributing to the Case Reviews of patients they are providing mental health care for, if not in person, then via telephone or letter. Where a person at risk has a serious mental illness, their Case Manager should be a member of healthcare staff, even where they are located on ordinary location.

Where a person on an ACCT Plan becomes in-patient, see guidance on the ACCT Plan.

Confidentiality and Appropriate Disclosure

These guidelines have been agreed by the Prison Service and the Department of Health. They are in line with professional guidelines.

1. There is a professional duty for all healthcare workers to receive patient information and utilise it in a confidential and professional manner at all times.
2. All healthcare workers have a duty to pass on information that involves issues of patient safety, vulnerability or immediate risk to self or others to relevant staff, wherever possible, firstly ascertaining the person's consent to share this information. In situations where the individual's safety is compromised but they are unable or unwilling to give consent then health professionals have a duty of care and the relevant information may be disclosed.
3. Health or social information of a sensitive nature needs to be released in a way that ensures that patient confidentiality is maintained but any issues involving their safety or vulnerability are highlighted to the relevant staff.

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4. Information that is received and identified by any staff as highlighting risk including physical, medical or social risks involving the prisoner/trainee or immediate others needs to be shared in a timely way with the relevant people.

In order to provide safe good quality care, staff involved in the care of the same person must talk to each other.

Prisoners need to be able to trust us. All staff - health and discipline - have a professional duty to use information about a prisoner-at-risk professionally and appropriately. Never discuss this information in front of other prisoners or use it in a derogatory way.

Closing an ACCT Plan

- Prepare for closure over time. Encourage the person at risk to build up their own support networks and coping strategies, over the course of the Case Reviews. Reduce levels of support gradually.
- Close the ACCT Plan at a Case Review, when the Case Review Team judges that the level of risk has dropped and the individual can cope with any remaining difficulties.
- At the Closing Case Review, check that:
 - The problems that caused the ACCT Plan to be opened have been resolved or reduced in intensity
 - The person is now in contact with friends, family or other support
 - The person has now got something in their lives that they feel good about.
- Arrange a follow-up interview with an appropriate member of staff.

Closing an ACCT Plan continued

Consult the inside back cover of the ACCT Plan for further guidance.

- Record the date of closure and the post-closure interview, on the front cover and sign.

The chair of the closing Case Review will:

- Ensure LIDS is updated.
- File the closed ACCT Plan in the prisoner's/trainee's F2052 personal record.

Do not close an ACCT Plan just because a prisoner/trainee is moving.

Post closure care

At the post-closure interview, discuss:

- How they are feeling now
- Are they managing the problems that led to their distress?
- Are they now in contact with friends, family or other support?
- Have they got something in their lives that they feel positive about (e.g. work, art, exercise, education, hobby or something they enjoy or gives them a sense of purpose?)
- Can they see other ways of dealing with a similar problem should it arise in the future?

Record this interview and any actions taken in the F2050A (wing record)/F2052 (personal record).

Impact of suicide or suicide attempts on staff

Stress reactions following a suicide or attempted suicide are common and in fact are normal reactions to an abnormal event.

Common stress reactions following an incident:

- Constant thoughts of the suicide incident
- Reluctance to go back to the place it occurred
- Tension
- A numbness to surroundings
- Inability to eat or sleep
- Constant tiredness
- Apathy, depression
- Irritability, outbursts of anger

What to do to minimise the effects of stress:

- Recognise that stress is a normal reaction
- Accept that taking care of yourself is a strength not a weakness
- Talk about the experience with a colleague, friend or family member
- Take part in debriefing sessions
- Get back into your normal routine as soon as possible. Time-out from work with prisoners/trainees can sometimes be more helpful than time-off work.
- Get enough sleep, food and regular exercise.
- Be more careful when driving or operating machinery. Accidents are more common after severe stress.
- Call Staff Care and Welfare (tel: 0845 6072034) if stress symptoms persist. They can arrange referral to an independent person for counselling or psychological treatment.

Interface with F2052SHs

ARRIVAL

Where a prisoner/trainee arrives on a F2052SH that has been opened in another establishment:

- The health reception screener should keep the F2052SH open, no matter what the result of the health reception screen is
- The prisoner/trainee should be referred to a member of your Assessor Team, following local protocols, for an assessment and Case Review to transfer to an ACCT as soon as possible after reception, if possible within 24 hours.

DEPARTURE

Prisoners/trainees on an ACCT who are transferred to another establishment or who go to court will have their ACCT with them. Sending reception staff should attach to the ACCT a letter with instructions to escort staff and staff at the receiving establishment about maintaining the ACCT during transit and transferring to an F2052SH on arrival at the new establishment.

Safer Custody Group has distributed a standard letter for this purpose to all Reception Managers and Suicide Prevention Co-ordinators.

Special issues for children-at-risk – (Under 18s)

Child Protection

Suicide risk and self-harming behaviour are child protection issues. Therefore any trainee who is thought to be at risk of suicide and placed on an ACCT Plan and/or who discloses abuse must be referred to the Child Protection Co-ordinator. There is a tick-box to record that this has been done on the Immediate Action Plan. The Child Protection Protocols, PSO 4950 and the JASP training contain more information.

Shared cell

Cell sharing is not considered appropriate for juveniles, because it places too heavy an emotional burden on the cell-mate, who is themselves young and vulnerable.

Listeners

The Listener scheme does not exist in juvenile establishments. This is because juveniles are not considered to be emotionally mature enough to take on this responsibility. To access support and advice for the young person at-risk, refer to the Child Protection Co-ordinator who can access support from the Youth Offending Team (YOT), Social Services or advocacy services.

Contacting the family

All contacts with the young person's family should take place through the Child Protection Co-ordinator (CPC) or the Youth Offending Team (YOT).

ACCT Flowchart



