

# 60. SUICIDE PREVENTION AND SELF-HARM MANAGEMENT

Issued: October 2007

TO NOTE: Changes/updates from the last Standard review are underlined.

**STANDARD:** Care and support is provided to all prisoners to reduce the likelihood of suicide or self-harm, and staff identify those prisoners at current risk of suicide or self-harm and implement plans to keep them safe and address the cause of the problem(s).

## PERFORMANCE INDICATORS:

- Audit compliance
- Assessment, Care in Custody and Teamwork (ACCT) CAREMAPs specify how each individual at-risk prisoner will be kept safe and what support they will be provided with.
- Actions specified in the ACCT CAREMAPs are carried out by named members of staff within required timescales.
- Staff are trained and supported to meet the requirements of PSO 2700.
- A F213SH is completed for every incident of self-harm and all required details of are entered onto the Incident Reporting System (IRS).
- Every initial case review is held no later than 24 hours after the ACCT has been opened.
- Local data on suicide and self-harm incidents are analysed monthly and the continuous improvement plan is updated.

## APPLICABILITY:

- Establishments

## REQUIRED OUTCOMES

### LOCAL STRATEGY

Establishments have a suicide prevention and self-harm management strategy complying with PSO 2700, overseen by a Safer Custody Team (SCT) with a multi-disciplinary, multi-agency, whole-prison approach, to safer custody also conforming with PSO 2700.

## KEY AUDIT BASELINES

1. Local suicide prevention and self-harm management strategy complies with national policy as set out in PSO 2700, and reflects the requirements for prisoner care set out in Annex 1B to PSO 2700.
2. Local strategy is reflected in local instructions. These are clearly stated, and available to all staff. The local policy statement and any related information sheets/posters are readily available to staff, prisoners, volunteers and visitors, and also in languages and format appropriate to the population of the establishment. The local strategy, policy statement (with date and signed by Governor/Director) and instructions are reviewed annually, and the continuous improvement plan reviewed monthly.
3. Safer custody roles are filled by suitably trained staff, namely:
  - 3.1 there is a designated Safer Custody Team leader who is a member of the Senior Management Team (SMT).
  - 3.2 there is at least one Suicide Prevention Coordinator (SPC); their hours based on a risk assessment conducted by the SMT in accordance with PSO 2700 and agreed by the Area Manager.

- 3.3 a trained volunteer ACCT Assessor is available 7 days a week. Contact details of each day's named Assessor(s) and at least one reserve are published locally and accessible to all staff.
  - 3.4 all Senior Officers, Principal Officers and Operational Managers (F and above) are trained as ACCT case managers.
  - 3.5 there are staff undertaking safer custody administrative support duties with all or part of their SPDR job description matching that in Annex 1A of PSO 2700.
- 4. There is a multi-disciplinary Safer Custody Team (SCT) with membership drawn from representatives of prison and healthcare staff, prisoners and external agencies as listed in Annex ID to PSO 2700. The SCT has minuted monthly meetings (unless a lesser frequency of not less often than every three months has been agreed by the Area Manager/Operational Director) the minutes of which go to the SMT, Area Safer Custody Adviser and onto the local intranet site.
  - 5. There are functioning ACCT quality control procedures that at a minimum include checks (based on the ACCT Pocket Guide for Managers) of a randomly chosen sample (comprising at least 10%) of recently closed and excerpts from open ACCT Plans at each Safer Custody Team meeting, and of every open ACCT Plan:
    - 5.1 daily by Unit Managers
    - 5.2 weekly by a member of the Senior Management Team or a member of staff reporting directly to the Governor/Director.

## **AWARENESS AND INFORMATION EXCHANGE**

All staff know the risk status of prisoners in their care, know what support and care is to be provided, and share that and any more recent information with those taking over responsibility for those prisoners.

- 6. ACCT Foundation Training is delivered, as part of their induction programme, to all new staff directly employed by the establishment, and the staff employed by partner agencies, who have direct prisoner contact.
- 7. Staff are aware of which prisoners in their care are on an open ACCT Plan, and what the key requirements of that plan are.
- 8. Staff handing over prisoners on an open ACCT Plan to colleagues always brief them. A record is maintained on the unit/wing to show that the receiving staff have received such a briefing and have checked the ACCT Plan.
- 9. There are systems for receiving and recording, and passing to the area of the prison where the prisoner resides, information coming into the establishment from families, agencies, Offender Managers/Supervisors (where in place) and other parties outside the establishment who have a concern for a prisoner who may be at risk of self-harm or suicide.

## **INITIAL RISK ASSESSMENT**

On reception, or change of status, all prisoners are assessed for risk of self-harm/suicidal behaviour, and a system operates ensuring that appropriate action is taken to keep safe and provide required care for prisoners identified as being at-risk, including efficient transfer of documentation to other areas of the establishment, and to escorts and other establishments.

10. Reception staff utilise all information available - including Suicide/Self-Harm Warning Forms, warnings received from outside the prison, or Prisoner Escort Records - and speak to and observe all newly received prisoners to look for potential risk of suicide or self-harm. Where current risk of suicide or self-harm is identified they keep the prisoner safe and open an ACCT Plan and immediately inform the reception healthcare screener.
11. Staff receiving a prisoner on an open ACCT Plan immediately check the frequency of conversations and observations requirements, the Triggers box and the CAREMAP. The Unit Manager or Orderly Officer responsible for the prisoner during the first night at the new establishment ensures arrangements are in place (and evidenced in the ACCT Plan) to keep the prisoner safe pending an ACCT Case Review - which takes place within 24 hours of the prisoners arrival – and (if one has not already been appointed) appoints a case manager.
12. All Suicide/Self-Harm Warning Forms and accompanying Prisoner Escort Records are passed to the reception healthcare screener.
13. Prisoners who are first receptions, recalls, transfers, had a court appeal rejected or a change in immigration status, or have changed status (as defined in chapter 4 of PSO 2700) including as a result of a court video link, are assessed for suicide or self-harm risk by a member of the healthcare team before the evening roll check (or for late arrivals, before they are locked-up for that night) and this is recorded in the clinical record.
14. Young people under 18 and/or those serving a Detention and Training Order (DTO) are interviewed by staff trained in the use of T1V within one hour of their arrival (within 2 hours if there are exceptional circumstances) to assess their needs and level of vulnerability and complete the risk assessment T1V form.
15. Where the cell sharing risk assessment process identifies a risk to others and a risk of self-harm, specific plans are made, reflected in the Cell Sharing Risk Assessment and ACCT Plan, and enacted to manage both risks.

## **NECESSARY ACTIONS**

All staff are alert to signs and symptoms indicating risk of self-harm/suicidal behaviour and, where identified, staff explore the meaning of these with the prisoner and, where appropriate, activate ACCT procedures including an individual CAREMAP.

16. ACCT Plans are opened in all cases of identified risk or actual self-harm and discussed with the prisoner, and within the hour a Concern and Keep Safe Form and an Immediate Action Plan to keep the prisoner safe are completed and acted upon.
17. Assessment interviews take place no later than 24 hours after ACCT Plans are opened, initial case reviews are also held within 24 hours of ACCT Plans been opened, and thereafter as stipulated on the front cover of the ACCT Plan.

18. CAREMAPs are agreed with the prisoner where possible, reflect individual needs and specify actions to address both immediate and underlying concerns. In all cases, consideration is given to the activities, programmes, professional support and family contact required to keep the prisoner supported and safe, and proof of such consideration is recorded in the CAREMAP.
19. The frequency of conversations and observations (day and night if the night requirements set by the case review are different), and the required frequency of recording, are set out in clear, ordinary language on the front of the ACCT Plan; with no use of codes, 'levels' or other jargon.
20. Consideration is given to whether the prisoner will benefit from allocation to a safer cell or other supportive location (e.g. Listener Support Suite), and such consideration is evidenced in the ACCT Plan.
21. An F213SH is completed following every incident of self-harm, and all details are entered correctly and accurately onto the IRS having been reported to NOU where required.
22. ACCT case reviews consider progress against the initial CAREMAP and whether additional actions - including at a minimum the elements of care listed in Annex 8G (re: subsequent case reviews) of PSO 2700 - are possible to address additional problems.
23. ACCT Plans are conveyed discreetly to and from any location at-risk prisoners moves to when they participate in activities, and the receiving member(s) of staff contributes to the ACCT Plan On-Going Record.
24. An ACCT case review takes place within 4 hours of an at-risk prisoner being made subject to constant supervision (or immediately prior to unlock the following morning if constant supervision initiated at night). Subsequent reviews within the first 72 hours of constant supervision take place daily. Subsequent case reviews beyond 72 hours of constant supervision take place at least daily, or - where explained in the ACCT Plan that this is not appropriate - as decided by the case review.
25. CAREMAPs of prisoners on constant supervision reflect the intention that this is only to be for the shortest time possible, and describe how they will be returned to normal location and/or a lesser level of conversations and observation.

26. ACCT Plans are only closed once the Case Review Team has agreed, and recorded in the ACCT Plan, that the problems that caused the ACCT Plan to be opened (and any other CAREMAP issues) have been resolved or reduced so that the prisoner is able to cope with any remaining difficulties, and any other CAREMAP actions have been fulfilled. This includes their at least having a coping strategy and knowing who to contact (and how) should they need support in the future. A copy of the coping strategy, which can be the final CAREMAP, is given to the prisoner and it is evidenced that this has been done.
27. First ACCT post-closure case reviews are held within 7 days of the closure of an ACCT Plan, and thereafter as deemed necessary by the post-closure case review and recorded in the ACCT Plan.

### **SEGREGATION OF AT-RISK PRISONERS**

Prisoners are not punished for self-harming, and those identified as being at risk of suicide or self-harm are only segregated or placed in special cells in exceptional circumstances. Staff caring for such prisoners are familiar with and follow local instructions to ensure such prisoners' safety.

28. Prisoners identified as being at risk of suicide or self-harm are not segregated or placed in special cells, unless, exceptionally, they are additionally identified as violent or refractory, and this has been authorised by the Duty Governor.
29. An ACCT case review involving a number of staff participating in the care of, or identified as potentially helpful to the care of, the prisoner, is held within 24 hours of the segregation of the at-risk prisoner. This can be a combined case review/Segregation Review Board if it is chaired by a trained ACCT case manager.
30. The reasons for the segregation of a prisoner on an open or post-closure phase ACCT Plan are outlined in the ACCT Plan.
31. In addition to the Initial Segregation Safety Screen, a mental health assessment is undertaken by healthcare staff (that same day and certainly within 24 hours of being segregated) of all prisoners on an open or post-closure phase ACCT Plan (no matter how temporary the placement), and the CAREMAP reviewed and implemented.
32. Where a prisoner on an open or post-closure phase ACCT Plan is segregated, he/she is supervised with interactions at least 5 times per hour at irregular intervals, or as stipulated in the ACCT Plan if that is more frequent, until the Initial Segregation Safety Screen and the mental health assessment are both completed.

### **INTERVENTIONS TO HELP PRISONERS WHO OFTEN SELF-HARM**

Prisoner identified as regularly harming themselves are offered interventions to assist them understand and modify their self-harming behaviour.

33. The establishment Safer Custody Continuous Improvement Plan describes what self-harm interventions are available to prisoners, and if no interventions have been put in place, states why.

### **MANAGEMENT OF AT-RISK PRISONERS WHOSE BEHAVIOUR IS PARTICULARLY CHALLENGING**

At-risk prisoners also identified as being particularly challenging (as defined in PSO 2700) receive individualised care with actions planned to manage both their self-harming and violent behaviour. They are managed by measures of last resort (use of special cells, removal of normal clothing, use of body belts, administration of medication without consent) in exceptional circumstances only.

34. Prisoners who display sustained and/or extreme self-harming behaviour or active suicidal intent and are a risk to others, or are disruptive of the regime, or commit multiple offences against discipline, or display repeated and prolonged anti-social behaviour, or are on enhanced levels of unlock, receive the enhanced care set out in Chapter 9 of PSO 2700, as do:
  - 34.1 any prisoner who has been subject to constant supervision for 8 days or more
  - 34.2 any prisoner on an open ACCT Plan who has been placed in a special cell, placed in a body belt, had their clothing removed, or administered medication without consent under common law
  - 34.3 any prisoner whose fire-setting behaviour is a form of self-harm.

### **SUPPORTING STAFF**

Staff assessing and supporting at-risk prisoners are themselves provided with support to cope with the effects of this work.

35. There are formal support mechanisms in place for ACCT Assessors that provide for at least quarterly Assessor team meetings (that Assessors are required to attend at least quarterly) and access to individual support.
36. There are formal support mechanisms in place for ACCT Case Managers, and for staff and their managers who supervise prisoners who self-harm.

### **EMERGENCY AID**

Staff are able to and do provide emergency aid following self-harm or attempted suicide.

37. Emergency response kits containing specified equipment set out in Chapter 11 of PSO 2700 are easily accessible and appropriately marked and maintained. Staff are aware of the location of the kits and know how to use the equipment.
38. Specialist equipment as set out in Chapter 11 of PSO 2700 is available in the health care centre.
39. All unified and uniformed staff in closed and semi-open prisons carry personal issue cut-down tools. All prisons (including fully open prisons) have a local protocol on the procurement, issuing, carrying and use of cut-down tools in line with Chapter 11 of PSO 2700 and the NSF (tools).

### **SAMARITANS, HELPLINES AND PEER SUPPORTERS**

Prisoners are given ready access to Samaritans and peer supporters.

40. Samaritans and other helplines publicity material is displayed by every telephone provided for prisoners' use. Prisoners have the facility to contact Samaritans 24 hours a day by telephone.
41. Information about Samaritans and peer support schemes (Listener, Insiders and other schemes) is provided orally and in writing for all receptions new to that establishment during the reception, first night and induction processes.

42. Where Listener schemes exist, arrangements are in place to ensure 24 hour a day access to Listeners for prisoners in crisis.
43. Where Insiders schemes exist, arrangements are in place to ensure routine access for all prisoners new to that establishment to Insiders on reception and induction.

### **TRANSFER, DISCHARGE AND RESETTLEMENT**

Prison staff act to ensure that at-risk prisoners receive at least comparable support upon transfer or discharge as they receive in the current establishment.

44. Sending prisons inform the receiving prison/immigration removal centre about at-risk prisoners risk level and CAREMAP requirements before they are transferred (retaining a record of having done so), and receiving prisons have in place arrangements to meet those CAREMAP requirements ahead of the prisoners arrival.
45. Staff from other agencies (and others as identified by the prisoner or staff as potentially supportive) that will be involved in the care of an at-risk prisoner post-release (as referred to in Chapter 15 of PSO 2700), are invited to input to ACCT case reviews prior to discharge, and action to reduce risk post-release is included in the CAREMAP.
46. Information regarding the risk-to-self posed by a prisoner on an open ACCT Plan and the care he/she has received in prison is communicated to all relevant government agencies.

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### **REFERENCES:**

#### **NATIONAL INSTRUCTIONS AND STANDARDS**

PSO 0500, Reception  
PSO 0550, Prisoner Induction  
PSO 1025, Prisoner Escort Record  
PSO 1400, Incident Management  
PSO 1600, Use of Force  
PSO 1700, Segregation  
PSO 2700, Suicide Prevention and Self-Harm Management  
PSO 2710, Follow Up To Deaths In Custody  
PSO 2750, Violence Reduction  
PSO 3050, Continuity of Healthcare for Prisoners  
PSO 4950, Care and Management of Young People  
PSO 8150, Post Incident Care for Staff

#### **OTHER**

ACCT Plan – Assessment, Care in Custody and Teamwork  
Making Prisons Safer – Reducing Risk in the Early Days  
User Handbook – Introducing the Suicide/Self-Harm Warning Form  
Guide For Staff – The ACCT Approach  
Guide For Managers – The ACCT Approach  
Safer Custody and linked Guidance (Prison Service Intranet)

#### **FURTHER INFORMATION CAN BE OBTAINED FROM SAFER CUSTODY GROUP:**

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