

Ability to undertake a collaborative assessment of risk, needs and strengths

The scope and extent of an assessment will vary depending on the context in which the person is being seen and the responsibilities of the assessor.

In non-clinical situations, 'collaborative assessment' should be taken to mean the collaborative development of a common understanding of a person's current distress and the key factors leading them into crisis. However, the principles set out in this document are relevant to all settings.

Knowledge

An ability to draw on knowledge that assessment of risk is:	
	more likely to be helpful (both to the person and the assessor) if it focuses on engaging the individual in a personally meaningful dialogue
	less effective (and useful) if carried out as a 'checklist' that attempts to cover all bases, whether or not they are relevant to the person
An ability to draw on knowledge that because it is difficult to predict future suicide attempts accurately, even comprehensive risk assessments can only yield a poor estimate of risk	
An ability to draw on knowledge that although many factors have been identified as associated with risk:	
	they cannot be relied on to predict risk with any certainty
	they are subject to change, meaning that assessments of risk can only relate to the short-term outlook
An ability to draw on knowledge that talking about suicide does not increase the likelihood of suicide attempts and that it is helpful to maintain an open and frank stance to discussion	
An ability to draw on knowledge that self-harm and suicidal acts reflect high levels of psychological distress	
An ability to draw on knowledge that (by building hope and identifying specific ways forward) a collaborative assessment can be a powerful intervention in its own right	
An ability to draw on knowledge that the aims of a collaborative assessment are to:	
	help a person understand the key factors leading them into crisis
	assess the nature, frequency and severity of self-harm and (if this has changed whether this indicates an imminent risk of suicide
	assess the degree of intent, planning and preparation (as potential signs of imminent risk)
	identify risk and protective factors (to help estimate a person's risk of self-harm and suicide)
	determine the most appropriate course of action
	identify which factors are likely to be modifiable by the actions being taken

Engagement

An ability to conduct an assessment in a compassionate and collaborative manner that aims to:

actively engage a person in the assessment process

help a person identify the factors generating and maintaining crisis

identify courses of action that will help to keep a person safe

An ability to help a person manage the potential distress associated with discussing difficult material by:

ensuring that they understand the rationale for the assessment questions

discussing how they might like to manage distress both during and after the interview (e.g. by taking a break)

helping them to manage distress if this becomes apparent and/or overwhelming

Assessment

An ability to assess potential key factors, including:

severity and methods of self-harm and the motivations behind this behaviour

links between self-harm and suicidal ideation and behaviour

suicidal ideation and behaviours that are linked to suicidal intent

mental health problems (including any psychiatric history and/or recent discharge from inpatient or urgent and emergency mental health services)

psychological vulnerabilities (e.g. hopelessness)

psychosocial vulnerabilities (e.g. recent loss)

physical health vulnerabilities (e.g. chronic pain)

An ability to work with a person to identify behaviours (both current and past) that relate to suicidal intent (e.g. preparing a will, writing a suicide note, saying goodbye to family, carers, significant others and friends, acquiring the means to end life)

An ability to discuss with a person the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, the function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts

An ability to help a person identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living, such as:

attitudes or beliefs (e.g. hopefulness, reasons for living, a wish to live, a belief that suicide goes against the person's moral code)

a sense that it may be possible to manage the problem area associated with the suicidal crisis

a supportive social network

a fear of death, dying or suicide

Assessing thoughts associated with self-harm and/or suicide

An ability to work with a person to identify thoughts that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die)

currently

at their most severe, in the immediate past and previously

Assessing social factors associated with self-harm and/or suicide

An ability to assess a sense of social isolation, for example:	the perceived absence of caring, meaningful connections to others
	the absence of friends or relatives that a person can contact when upset
	recent losses through death or relationship breakdown
	conflict with peers or bullying
An ability to assess a sense of being a burden on family, carers and significant others, for example:	expressing the view that others would be better off if the person was gone
	expressing the view that the person is a burden on other people
	recent stressors that undermine a sense of self-competence (e.g. job loss, exam failure)
An ability to assess 'markers' that indicate the development of a capability to carry out self-harm or suicide (usually experiences that foster a diminished fear of pain and self-inflicted injury), for example:	current markers, such as:
	fearlessness about injury or death
	prolonged ideation or preoccupation about suicide
	highly detailed and concrete plans for suicide
	specified time and place for suicide
	if self-harm has taken place, an intent to die at the time of injury
	current and past experiences, such as:
	previous suicide attempts (especially multiple suicide attempts)
	aborted suicide attempts
	regret at surviving attempts
	self-harming behaviours
	frequent exposure to or participation in violence (including conflict and military service)
	exposure to childhood physical or sexual violence
	participation in painful and provocative activities (e.g. jumping from high places, engaging in physical fights)
	patterns of self-harm associated with substance use, such as:
	previous self-harm attempts that have occurred when drinking and/or taking drugs
	changes in thought patterns associated with drinking or taking drugs that are associated with self-harm
	failure to control excess drinking that is associated with self-harming behaviour or suicide attempts

Developing a risk management plan

An ability to judge the appropriate level of intervention, guided by the presence and strength of risk and protective factors, and to evaluate the need for:

immediate intensive support (e.g. escorting to an emergency department)

additional follow-up meetings to assess and manage ongoing risk

signposting to other agencies

referral to other agencies

signposting to other organisations

obtaining more information from other sources

informing other individuals or agencies of the level of risk

informing family members/significant others of the level of risk

Ability to assess a person's wider circumstances

The scope and extent of an assessment will vary depending on the context in which the person is being seen and the responsibilities of the assessor. However, the principles set out in this document are relevant to all settings.

An ability to gain an overview of a person's present life situation and history, including:

- current presenting problems
- specific stressors relevant to their current distress (e.g. bullying, relationship difficulties)
- any history of mental health problems, the help the person has received to manage these and their experience of this help
- developmental history (including any childhood sexual or physical abuse or neglect, significant losses or separations, exposure to trauma)
- the person's coping mechanisms (e.g. their capacity to tolerate stress) and usual level of functioning
- the person's belief system and the ways in which they construe and interpret their world
- the person's ability to reflect on (and be reasonably objective about) their circumstances

An ability to gain an overview of the person's interpersonal functioning, including:

- family and social history
- current interpersonal functioning, including social support available to them
- the quality of any current or past relationships with significant others
- the impact of current difficulties on their social and personal network

An ability to gain an overview of a person's occupational history (including their perception of any problems in engaging with or sustaining meaningful occupation)

Ability to identify coexisting problems

An ability to identify the presence and significance of coexisting problems that commonly occur in people who self-harm or are suicidal, for example:

- depression
- anxiety
- alcohol and drug misuse
- eating disorders
- trauma
- bullying
- relationship problems
- psychotic features, such as confusion, difficulty thinking, processing information, delusional or paranoid thoughts
- long-term physical health problems that have a significant impact on daily living

Ability to gauge the extent of any coexisting social problems that are causing distress (e.g. financial worries, redundancy, retirement, social isolation)

An ability to gauge the extent of any coexisting mental health problems and their implications, for example:

- whether they will need to be addressed alongside a focus on self-harm and/or suicide

whether concerns about self-harm and suicide need to be addressed directly and as a primary focus for intervention

Ability to assess the person's cultural and social context

Social

An ability to ask about potential protective factors in the person's social environment (e.g. social support, proximity to extended family, access to community resources)

An ability to ask about any potential stresses in a person's physical or social environment (e.g. overcrowding, poor housing, racism, neighbourhood harassment)

An ability to ask about a person's current and historical membership of peer groups

Cultural

An ability to draw on knowledge of a person's cultural, ethnic and religious background and the potential impact of this perspective on their views of the problems they are experiencing

An ability to understand the influence of a person's culture (e.g. on values and attitudes)

Ability to develop a formulation

The term 'formulation' is used here to mean the development of an understanding of a person's feelings, thoughts and behaviours, the contributing and maintaining factors, stressors and protective factors.

The scope and extent to which an individual working with a person at risk of self-harm or suicide is able to understand and make sense of that person's problems will vary depending on the context in which the person is being seen and on the individual's role and responsibilities. However, the principles set out in this document are relevant to all settings.

Knowledge

An ability to draw on knowledge that the aim of a formulation is to explain the development and maintenance of a person's difficulties, and that formulations:

comprise a set of plausible explanations that help to make sense of the information obtained during an assessment

are tailored to a person and where relevant their family or carers

integrate a focus on self-harm and/or suicide into the broader context of a person's life and their circumstances

An ability to draw on knowledge of the factors that are associated with self-harm and suicidal behaviour, and that can help to guide the content of a formulation

An ability to draw on knowledge of factors that are often relevant to a formulation, such as:

risk factors that might predispose to the development of self-harm behaviours and suicidality (e.g. trauma or mental health problems)

precipitating factors that might trigger the onset or exacerbation of difficulties (e.g. acute life stresses, transitions, such as relocation or starting a new job, change in home or family circumstances)

maintaining factors that might perpetuate difficulties once they have developed (e.g. unhelpful coping strategies, inadvertent reinforcement of problematic behaviours)

protective factors that might prevent a problem from becoming worse or that may help a person manage their situation (e.g. good communication with significant others, supportive peer group)

An ability to draw on knowledge that one of the main functions of a formulation is to help guide the development of an intervention plan or course of action

an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of precipitating and maintaining factors and to promote protective factors (and so reduce the risk of self-harm and suicidality)

Ability to construct a formulation

An ability to evaluate and integrate assessment information into an understanding of key factors that significantly influence the development of the presenting problem(s), drawing on sources of information such as:

a person's perception of significant factors and their explanation for the presenting problem(s)

associations between the onset, intensity and frequency of self-harming or suicidal thoughts and behaviours and factors in a person's psychosocial environment (e.g. relationship breakdown, traumatic life events, parental ill health)

An ability to construct a comprehensive account that:

identifies issues relating both to self-harm/suicide and to associated presenting problems

demonstrates an understanding of the way a person views the world

An ability to identify a course of action that accommodates and addresses the issues identified by the assessment and formulation

Ability to collaboratively engage a person with the intervention plan

An ability to engage a person in a collaborative discussion of the options open to them (which may include medical attention), informed by the assessment, the understanding emerging from the assessment, and their aims and goals

An ability to convey information about treatment options in a manner that is tailored to a person's capacities, context and circumstances and that helps them to raise and discuss queries and/or concerns

An ability to provide a person with sufficient information about the intervention options open to them, such that they are:

aware of the range of options available to people in the service

in a position to make an informed choice from the options available to them

An ability to ensure that a person has a clear understanding of the course of action being offered to them (e.g. the broad content of a service offer and the way this usually progresses)

While maintaining a positive stance, an ability to convey a realistic sense of:

the effectiveness and scope of different options

any challenges associated with specific courses of action

An ability to use judgement to determine whether the person's agreement to pursue a particular course of action:

is based on a collaborative choice

appears to be a passive agreement or an agreement which they experience as imposed on them (and if so, an ability to address this)

Ability to signpost/refer to and coordinate with services

Recognising limits and the need for referral

An ability for practitioners/individuals to:
work within the scope of their responsibilities
recognise when they are at risk of working beyond the boundaries of their expertise or professional reach
signpost or refer a person to services and other professionals with the expertise to meet the person's immediate and longer-term needs

Linking with services with whom a person already has contact

An ability to identify and connect with services that are already involved with a person
Where a number of services are involved with a person, an ability to identify their roles and responsibilities in relation to the various domains of a person's life

Referring to services

An ability to draw on knowledge of local referral pathways for both third sector and statutory services (i.e. the protocols and procedures to be followed)
An ability to draw on knowledge of the reach and responsibilities of services in order to identify those most suited to a person's needs
An ability to communicate a current and accurate understanding of a person's difficulties using both verbal and written communication and to be clear about:
the actions that are expected of the service
the specific areas of responsibility for care and support the service is being expected to undertake
An ability to update services if additional information emerges that is relevant to the referral

Signposting to services

An ability to draw on knowledge of the services offered by local third sector and statutory organisations
An ability to draw on knowledge of services offered by national support organisations and helplines
An ability to discuss with a person the reach, responsibilities and limits of services in order to identify those that are both suited to their needs and acceptable to them

Managing obstacles to a successful referral or signposting

An ability to establish that a person is willing and able to access the service
An ability to identify whether there are any issues that might prevent a person accessing the service (e.g. practical, psychological or cultural)
An ability to support access to a service through administrative or practical help (e.g. by accompanying a person to an initial appointment)
An ability to recognise when effective liaison with other services might be compromised and to identify the reasons for this, for example:
institutional/systemic factors (e.g. shortage of appropriately trained staff)
lack of trust between professionals (e.g. where this reflects the 'legacy' of previous contacts)
An ability to detect and manage any problems that arise as a result of differing customs and practice across services, particularly where these differences have implications for the success of the referral
an ability to identify potential barriers to effective communications and, where possible, to develop strategies to overcome them
An ability to identify transitions that have implications for the range of services involved (e.g. a person having no fixed abode) and to plan how these can be managed, to ensure:
continuity of care
the identification and management of any risks
the identification and engagement of relevant services

Sharing information with services

An ability to discuss with a person issues of consent and confidentiality in relation to the sharing of information with other services and to secure and record their consent to share information
An ability to share relevant information with other services (based on the principle of a 'need to know')
an ability to assess when sharing of information is not necessary and when requests for sharing information should be refused
An ability to share assessment information in a manner that helps other services:
understand and recognise areas of risk
the reasons for these concerns
the outcomes which are being sought from any planned response