

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

There are three closely linked areas of assessment: (1) undertaking a collaborative assessment of risk and needs; (2) assessing a person's wider circumstances; and (3) assessing a person's functioning across contexts.

The focus of these assessment sections is on working with people who are presenting as suicidal or with self-harm.

Judgment will be needed about the scope of a specific session of assessment. Where an individual is acutely distressed and/or judged to be at high risk of self-harm then this will need to be the focus, with a more detailed and/or broader assessment taking place once the individual's immediate safety needs are appropriately contained.

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
	is less effective (and useful) if it is carried out as a 'checklist' that attempts to cover all bases, regardless of whether 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 people understand the key factors that can lead to a crisis
	assess the nature, frequency and severity of a person's 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 the person's risk of suicide and self-harm)
	identify co-occurring mental health problems that may contribute to self-harming and suicidal behaviour
	determine the most appropriate level and type of intervention
	identify which risk factors are likely to be modifiable through the intervention
	develop a management plan

Engagement

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

- actively engage people in the assessment process
- help people identify the factors generating and maintaining crisis
- identify interventions that will help to keep people safe

An ability to help people manage the potential distress associated with discussing difficult topics 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

An ability to draw on knowledge that the process of assessment needs to be responsive to any interpersonal issues that threaten the integrity of the assessment, for example where there is evidence that a person:

- has negative expectations based on prior adverse and/or traumatising experiences with the health or social care system
- perceives the assessor as an authority figure who is judging them
- expects the assessor to fail them

Assessment

An ability to assess potential key factors, including:

- severity and method 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 crisis mental health services)
- psychological vulnerabilities (e.g. hopelessness)
- psychosocial vulnerabilities (e.g. recent loss, sexual or domestic abuse)
- physical health vulnerabilities (e.g. chronic pain)

An ability to work with people to identify behaviours (both current and in the past) that relate to suicidal intent (such as preparing a will, writing a note, saying goodbye to families, carers and significant others, acquiring the means to end life)

An ability to discuss with people 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 the person identify protective factors that may be associated with decreased thoughts of suicide or feelings that life is not worth living, such as:

- attitudes or beliefs (e.g. hopefulness, reasons for living, a wish to live, a belief that suicide goes against their 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 cognitive factors associated with self-harm and/or suicide

An ability to work with people to identify cognitions 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 interpersonal 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 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 significant others, for example:

expressing the view that others would be better off if they were gone

expressing the view that they are 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 suicide or self-harm (usually experiences that foster a diminished fear of pain and self-injury), for example:

current markers, such as:

fearlessness about injury or death

Prolonged suicidal ideation and/or preoccupation with 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 (and 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 and/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 and/or taking drugs that are associated with self-harm

failure to control excess drinking that is associated with self-harm or suicide attempts

Assessing internet use and online life

An ability to draw on knowledge of the potential risks as well as the potential benefits of internet use in relation to suicidal behaviour and self-harm, such as its potential to:

increase risk by 'normalising' self-harm, triggering and competition between users, or acting a source of contagion

decrease risk by creating a sense of community, offering crisis support and reducing social isolation

An ability to draw on knowledge that increased use of the internet to view suicide-related material is a potential marker of suicide risk

An ability to ask directly about a person's online life and internet use, for example:

the sites or applications that they access regularly and the purpose or intention of use

the frequency with which they access sites or applications

the impact on their mood, suicidal ideation, daily life and functioning

An ability to respond to disclosure of potentially adverse experiences (such as exposure to cyberbullying or being encouraged to self-harm) by helping a person to identify ways in which the impact of these experiences can be mitigated

Developing a risk management plan

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

inpatient, outpatient or community-based crisis or intensive support

additional follow-up meetings to assess and manage ongoing risk

referral to other agencies

signposting to other organisations

obtaining more information from other sources

informing other clinicians or agencies of the level of risk

informing family members, carers and significant others of the level of risk

Ability to assess a person's wider circumstances

There are three closely linked areas of assessment: undertaking a collaborative assessment of risk and needs; assessing the person's wider circumstances; and assessing the person's functioning across contexts. The focus of these assessment sections is on working with people who are presenting as self-harming or suicidal. Descriptions of competences for undertaking comprehensive mental health assessments can be found in another section of the framework.

Judgement will be needed about the scope of a specific session of assessment. Where a person is acutely distressed and/or judged to be at high risk of self-harm or suicide then this will need to be the focus, with a more detailed and/or broader assessment taking place once their immediate safety needs are appropriately contained.

Knowledge of the assessment process

An ability to draw on knowledge that the assessment process should be collaborative and so help both the assessor and the person to:

understand the past and current circumstances that are contributing to a person's difficulties and distress

identify historical and current thoughts or plans relating to self-harm and/or suicide

arrive at a shared formulation and a 'collaborative' management plan to develop alternatives to suicide and self-harm and ameliorate the immediate triggering issues

Engaging a person in the assessment process

An ability to conduct a collaborative assessment, for example by:

ensuring that the structure of the interview is appropriately flexible, and is responsive to emerging content and concerns

actively sharing a developing sense of understanding with a person, and inviting their reaction and comment

An ability to draw on knowledge that the process of assessment needs to be responsive to any interpersonal issues that threaten the integrity of the assessment, for example where there is evidence that a person:

has negative expectations based on prior adverse and/or traumatising experiences with the health or social care system

perceives the assessor as an authority figure who is judging them

expects the assessor to fail them

An ability to monitor and address any interpersonal issues that have the potential to inhibit participation in the assessment (e.g. discussing feelings of suspicion about the assessment process)

Ability to assess a person's wider circumstances

An ability to draw on knowledge that an assessment should usually employ a range of methods (which can include interviews, standardised instruments and review of relevant records) in order to gain a clear picture of the nature and history of the person's problems
an ability to draw on knowledge of standardised measures that can contribute to the assessment process
an ability to draw on knowledge of the importance of attending to the person's history as well as their current presentation
An ability to draw on knowledge that the process of an interview will often be a helpful guide to the interpersonal issues with which the person is contending (and that the process of an assessment may be as informative as its content, especially where this is conducted over an extended period)
An ability to gain an overview of a person's history and present life situation, including:
current presenting problems
specific stressors relevant to their presentation
any history of mental health difficulties, 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)
coping mechanisms (e.g. their capacity to tolerate stress) and usual level of functioning
belief system and the ways in which the person construes and interprets their world
ability to reflect on (and be reasonably objective about) their circumstances
An ability to gain an overview of a person's interpersonal functioning, including:
family and social history
current interpersonal functioning, including social support available to them
any indications of domestic or sexual violence or abuse
the quality of any current or past relationships with current and past 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 assess risk of harm*

An ability to convey that assessment of risk of harm to self (and others) is a central part of the assessment
An ability to gain an understanding of the nature, frequency and severity of current and historical self-harm
An ability to gain an understanding of any suicidal ideation and the degree of planning around this
An ability to gain an understanding of a person's motivations behind self-harming/suicidal behaviours (e.g. in relation to self-reported feeling of relief)

*More detailed competences relating to the assessment of risk and needs can be found in the relevant section of this competence framework.

Ability to identify coexisting difficulties

An ability to identify the presence and significance of psychological problems that commonly co-occur in individuals who have self-harmed and/or are suicidal, such as:

depression

anxiety

alcohol and substance misuse

eating disorders

trauma

psychotic features, such as confusion, difficulty thinking, processing information or delusional and/or paranoid thoughts

long-term physical health problems that have a significant impact on daily living

An ability to gauge the prominence of any coexisting psychological problems and their implications for treatment planning, for example:

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

whether concerns about suicide and self-harm need to be addressed directly and as a primary focus for intervention (rather than being integrated with treatment for coexisting psychological problems)

Assessing a person's cultural and social context

Social

An ability to ask about potential protective factors in a 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, 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 problems

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

Ability to discuss the outcome of the assessment

An ability to summarise and discuss the assessment with a person in a manner which engenders hope (through indicating the possibility of change) and which, by linking the formulation to examples from a person's life:

demonstrates an understanding of the subjective distress experienced by them and their perspective on the issues

brings a coherence to their experience

helps them to reflect on their experience

An ability to assess and respond to a person's attitude about, and motivation, for any proposed interventions

An ability to refer a person for adjunctive or alternative interventions that may be appropriate (e.g. crisis teams, specialist mental health services)

Ability to assess a person's functioning across contexts

There are three closely linked areas of assessment: undertaking a collaborative assessment of risk and needs; assessing a person's wider circumstances; and assessing a person's functioning across contexts (or 'systems').

The focus of these assessment sections is on working with individuals who are presenting as suicidal or self-harming. Descriptions of competences for undertaking comprehensive mental health assessments can be found in the frameworks for working with adult populations presenting with mental health problems (www.ucl.ac.uk/core/competence-frameworks).

Judgement will be needed about the scope of a specific session of assessment. Where a person is acutely distressed and/or judged to be at high risk of self-harm then this will need to be the focus, with a more detailed and/or broader assessment taking place once the person's immediate safety needs are appropriately contained.

Knowledge of the relevance of the contexts in which a person is located

An ability to draw on knowledge that it is important to take account of the 'systems' in which a person is located in order to aid understanding of their psychological problems and emotional distress

An ability to draw on knowledge that the patterns of relationships within systems may play a significant role in shaping and maintaining psychological problems

An ability to draw on knowledge of the basic principles of social constructionism:

that people understand themselves and the world around them through a process of social construction

that meaning is generated through social interactions and the language used in different social interactions

that power relationships (e.g. an individual's position in a system) and different cultural contexts (such as gender, religion, age, ethnicity) have an important influence on the development of meaning, relationships, feelings and behaviour

Assessment

An ability to draw on knowledge that the multiple contexts in which a person is located need to be considered in any assessment, and that these could include their:	
	significant relationships (e.g. partner, family or carers, close friends and peer group)
	educational contexts such as college
	place of employment
	social and community settings
	professional network(s)
	cultural setting
	sociopolitical environment
	an ability to draw on knowledge that these different contexts are connected and are likely to interact
An ability to draw on knowledge of the contexts/environments of which a person is a part and which may be relevant to their presentation (e.g. the beliefs and practices of their family, or the beliefs associated with their faith community)	
An ability to engage with, and gather information from, significant members of the systems relevant to a person, such as:	
	their partner and family
	non-professionals who have an active role in caring for them
	other professionals (including other team members, referring agencies and services)
An ability (in conjunction with a person and members of relevant 'systems') to identify:	
	perceived problem areas and the beliefs concerning them
	the potential strengths of a person (and the wider system) that may support therapeutic change
	the solutions that have been tried or have been considered
	the achievements in a person's life
An ability to draw on knowledge that different members of the system may describe a person differently because:	
	there are always multiple perspectives and descriptions of any interaction/relationship
	a person's behaviour is influenced by the different set of contextual factors present in each setting

Ability to develop a formulation

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 hypotheses or plausible explanations which draw on biological, psychological and social theories to help to make sense of the information obtained by an assessment
are tailored to the person and where relevant their family or carers
integrate a focus on self-harm and/or suicide into the overall formulation
An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges (e.g. through ongoing contact with a person and others involved in their care and support)
An ability to draw on knowledge of models of suicidality and of self-harm that can help to guide the content of a formulation
An ability to draw on knowledge of generic factors 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 or care arrangements)
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 be enlisted to ameliorate the presenting problems (e.g. good communication with family members, carers or 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
an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified precipitating and maintaining factors, and to promote protective factors (and so reduce a person's 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)
theory and research that identifies biological, developmental, psychological and social factors associated with an increased risk of self-harm and suicide behaviours and mental health difficulties
theory and research that identifies biological, psychological and social factors associated with mental wellbeing (e.g. good social support network)
associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in a person's psychosocial environment (e.g. relationship breakdown, traumatic life events or ill health)
the results of a functional/chain analysis which records the antecedents and consequences of a particular behaviour

An ability to construct a comprehensive account that:	
	identifies issues relating both to self-harm/suicide and to associated presenting problems
	addresses any apparently contradictory reports of a problem (e.g. where a person's account differs from that of family members or carers)
	demonstrates an understanding of a person's inner world and affective and interpersonal experiences
An ability to identify an intervention plan that accommodates and addresses the issues identified by the assessment and formulation	

Ability to feedback the results of the assessment and formulation and agree an intervention plan

Ability to provide information on the assessment and formulation

An ability to discuss with people and where relevant their families or carers how they would like information about the assessment and the formulation to be conveyed, for example:
whether they would like information to be conveyed to the family as a whole, or to families/carers and the person separately
how they would like the information conveyed (e.g. verbally or as a written summary)
An ability to outline the presenting problem(s)
An ability to maintain an empathic, neutral, non-blaming and non-judgmental stance when talking about the presenting problems
An ability to describe predisposing, precipitating and maintaining factors for self-harm and associated presenting problem(s), explicitly linking this description to information gathered during the assessment
An ability to discuss information from the assessment and formulation relevant to risks to the individual
An ability to discuss the relevance of any coexisting diagnoses
An ability to discuss protective factors and strengths shown by a person and (if relevant) their family or carers

Ability to identify when further assessment is appropriate

An ability to recognise when a person requires more specialist assessment (e.g. in relation to coexisting mental and/or physical health conditions) and to include this in the intervention plan
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Ability to adapt feedback

An ability to adapt the pace, amount of information and level of complexity to a person's cognitive capacity and their emotional readiness to accept the information
An ability to match feedback to a person's level of understanding (e.g. by simplifying the way in which concepts are expressed, and/or by explicitly and frequently checking that the person understands them)

Ability to seek the views of people and their families and carers

An ability to check regularly that people (and if relevant their families and carers) understand what is being said to them, and whether they agree with the information being conveyed
An ability to ensure that sessions are flexible so as to allow time for questions or comments
An ability to encourage people and their families and carers to ask questions when they are uncertain or confused (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions)

An ability to provide answers to questions in an honest and straightforward manner:
an ability by the practitioner to recognise when they need more information to answer questions, and to seek this information from an appropriate authority or source

Ability to work towards and negotiate an agreed formulation

An ability to consider the reasons for any significant differences between a person's and the clinician's view of the formulation, considering whether:
information has been clearly explained in a sensitive non-blaming manner that highlights a person's strengths as well as difficulties
an understanding of a person's self-harming behaviour or suicidality has been made clear
a person's reaction to a diagnosis or aspect of a formulation is a normal adjustment reaction to difficult news
there are factors in a person's presentation and history that may make it hard for them to accept difficult news or specific aspects of the formulation
the assessment fully explored their concerns and/or beliefs
the assessment and formulation have taken into account the social and cultural context and its influence on a person's belief system

Ability to plan an intervention that draws on the agreed formulation

An ability to draw on the formulation developed with a person and their family or carers (which includes plans for helping reduce self-harm or suicidal behaviour)
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Ability to promote informed choice and agree an intervention plan

An ability to provide a person and their family or carers with information on the various options for intervention, including information on their likely efficacy
An ability to seek a person's views on each intervention option
An ability to discuss any negative effects of the intervention(s)
An ability to gauge motivation and preference for particular intervention options, considering the impact of any interventions that have already been tried
An ability to discuss any differences in the intervention preferences of a person and their family or carers
An ability to discuss any predictable difficulties with engagement
An ability to reach agreement on an appropriate intervention plan
An ability to help a person and their family or carers identify aims for the intervention(s)
An ability to agree on the sequencing, intensity and timing of intervention(s)
Where an external agency is involved in the intervention plan, an ability to:
obtain consent to refer to (and share information with) external agencies (where a person has capacity)
draw on knowledge of consent and confidentiality procedures, and to identify when a person's safeguarding needs take precedence over obtaining consent and maintaining confidentiality

Ability to coordinate casework across different agencies and/or individuals

General principles

An ability to draw on knowledge that a focus on people's welfare should be the overarching focus of all intra- and interagency work
An ability to ensure that communication with professionals is effective both within and across agencies by ensuring:
that their perspectives and concerns are listened to
that there is explicit acknowledgement of any areas where perspectives and concerns are held in common and where there are differences
where differences in perspective or concern are identified, an ability to identify and act on any implications for the delivery of an effective intervention
When working with other agencies, ensuring that the perspectives and concerns of the person coordinating care are listened to

Case management

Receiving referrals from other professionals/agencies

An ability to recognise when the referral contains sufficient information to make an informed decision about how to proceed (including response to risk and identification of care pathways)
where there is insufficient information to make an allocation decision, an ability to identify the information required and to request this from the referrer and/or partner agencies
An ability to draw on knowledge of local policy and procedure to select the appropriate "pathway" to ensure the case is allocated at an appropriate risk/response level
Where a decision is taken to place a person on a waiting list, an ability to regularly monitor risk levels of those on the list

Initial contact phase (initiating cross-agency casework)

An ability to establish which partner agencies are also involved with a person and their family or carers
An ability to establish/clarify the roles/responsibilities of other agencies in relation to the various domains of a person's life
An ability to discuss with a person and their family or carers issues of consent and confidentiality in relation to the sharing of information across agencies and to secure and record their consent to share information
An ability to identify and record which service, and which individuals within that service, will act as lead professionals for the overall plan
An ability to gather relevant information from involved agencies and to enter this into a person's record
An ability to share relevant information with the appropriate agencies (based on the principle of a "need to know")
an ability to assess when sharing of information is not necessary and/or when requests for sharing information should be refused

An ability to share assessment information in a manner which supports partner agencies in:
understanding and recognising areas of risk
sharing the risk plan
understanding the implications of information held by the referrer's service and the work in which they are engaged
understanding the potential impact of current interventions on a person's functioning, and the ways in which this may manifest in other settings
understanding what it means for a person to be involved with multiple agencies
Where there are indications that agencies may employ different language and definitions from those used in the referrer's service, an ability to clarify this in order to identify:
the person over whom there are concerns
the reasons for these concerns
the professionals and agencies who are best placed to respond to these concerns
the outcomes which are being sought from any planned response
An ability to draw on knowledge of custom and practice in each agency in order to ensure that there is a clear understanding of the ways in which each agency will respond to events (e.g. their procedures for following-up concerns, or for escalating their response where there is evidence of risk)
An ability to coordinate with other agencies using both verbal and written communication, and to agree with them:
the tasks assigned to each agency
the specific areas of responsibility for care and support assumed by each agency, and by individuals within each agency
An ability for individuals within the referring service to recognise when they are at risk of working beyond the boundaries of their clinical expertise and/or professional reach
Where a common assessment framework is used across agencies, an ability to:
record relevant information in the shared record
make active use of the shared record (to reduce redundancy in the assessment process)
maintain a shared record of current plans, goals and functioning

Involving people and their families and carers

An ability to ensure that (when appropriate) a person and/or their family or carers are informed of any interagency discussions and the associated outcomes
When deemed appropriate, an ability to include a person and/or their family or carers in any interagency meetings
An ability to support a person and their family or carers in making choices about how they use or engage with the partner agencies involved

Referring on for parallel work

An ability to draw on knowledge of local referral pathways (i.e. the individuals to approach and the protocols and procedures to follow)	
In relation to any agency to whom a person is referred, an ability to draw on knowledge of:	
	the agency's reach and responsibilities
	the agency's culture and practice
	the extent to which the agency shares a common language and definitions with those applied in the referrer's services
An ability to communicate the current intervention plan, and update other agencies with any changes as the intervention proceeds (including any implications of these changes for the work of other agencies)	
An ability to communicate a current understanding of a person's difficulties, and to ensure that this is updated when additional information emerges	
An ability to maintain a proactive approach to monitoring the activity of other agencies and to challenge them if they do not meet agreed responsibilities	
Where appropriate, an ability to act as a conduit for information exchange between agencies	
An ability to recognise when effective interagency working is compromised and to identify the reasons for this, for example:	
	institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)
	conflicts of interest
	lack of trust between professionals (e.g. where this reflects the 'legacy' of previous contacts)
An ability to detect and to manage any problems that arise as a result of differing custom and practice across agencies, particularly where these differences have implications for the management of the case	
	an ability to identify potential barriers to effective communication, and where possible, to develop strategies to overcome them
An ability to identify transitions that have implications for the range of agencies involved (e.g. moving out of area) 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

Discharge and monitoring phase

An ability to inform all agencies involved with a person of the intention to discharge them from the referrer's service	
An ability to ensure all partner agencies are aware of current risk levels and have appropriate safety plans and monitoring in place	
	an ability to ensure that partner agencies receive updated safety plans (e.g. if plans are revised in response to further episodes of self-harm or suicidal behavior)
An ability to inform partner agencies of the circumstances under which links with the referrer should be reinstated	
An ability to take a proactive stance in relation to monitoring the functioning of a person and their family or carers after discharge (either directly or via the services with whom they are in contact) and to reconnect with them if functioning deteriorates	
An ability to ensure that partner agencies have plans for monitoring a person's wellbeing	

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 medication), informed by the assessment, the formulation emerging from the assessment, and a person's aims and goals

An ability to convey information about treatment options in a manner that is tailored to the capacities, context and circumstances of a person 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 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 interventions being offered to them (e.g. their broad content and the way they usually progress)

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

the effectiveness and scope of each intervention

any challenges associated with each intervention

An ability to use clinical judgement to determine whether a person's agreement to pursue an intervention:

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)