

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