7.2. Ability to undertake a collaborative assessment of risk and needs related to suicide and self harm

There are three closely linked areas of assessment: undertaking a collaborative assessment of risk and needs; assessing the child/young person's wider circumstances and assessing their functioning across contexts.

The focus of this section is on working with children/young people who are presenting as suicidal or self-harming in a CAMHS inpatient setting. Descriptions of competences for undertaking comprehensive mental health assessments can be found in the framework for children/young people seen in CAHMS services (www.ucl.ac.uk/core/competence-frameworks).

Practitioners should use their judgment about the scope of a specific session of assessment. If a child/young person is acutely distressed and/or judged to be at high risk of self-harm, this will need to be the focus and a more detailed and/or broader assessment should take place once the child/young person's immediate needs are appropriately contained.

Knowledge

- An ability to draw on knowledge that assessment of risk:
  - is more likely to be helpful (both to the child/young person and the practitioner) if it focuses on engaging the person in a personally meaningful dialogue
  - is less effective (and useful) if carried out as a 'checklist' that tries to cover all bases, whether or not they are relevant to the child/young person

- An ability to draw on knowledge that because it is difficult to accurately predict future suicide attempts, even comprehensive risk assessments can only offer 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 (i.e. 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, and serve different functions for different people (and for the same person, at different times)
- 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 the child/young 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 the child/young person's risk of suicide and self-harm)
  - identify co-occurring psychiatric disorders 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 the child/young person in the assessment process
  - help the child/young person identify the factors generating and maintaining crisis
  - identify interventions that will help to keep them safe
- An ability to help the child/young 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 manage their 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, e.g. where there is evidence that the child/young 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 conduct a risk assessment that explores and understands the specific functions of self-harm for the child/young person and offers personalised risk management and intervention opportunities
- An ability to identify and utilise historical information in a way that mitigates the impact of repeated assessments (e.g. by summarising what is already known), while recognising that information may change and need updating

- An ability to assess potential key factors, including:
  - the severity and method of self-harm, and the motivations behind the behaviour
  - links between self-harm and suicidal ideation and behaviours
  - suicidal ideation and behaviours that are linked to suicidal intent
  - psychiatric conditions (including any psychiatric history and/or recent discharge from in-patient or crisis mental health services)
  - psychological vulnerabilities (e.g. hopelessness)
  - psychosocial vulnerabilities (e.g. recent loss)
- An ability to work with the child/young person to identify behaviours (both currently and in the past) that relate to suicidal intent (e.g. preparing a will, writing a note, saying goodbye to significant others, acquiring the means to end life)

- An ability to discuss with the child/young person the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, 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 child/young person identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living, e.g.:
  - 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 the child/young person 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, e.g.:
■ the perceived absence of caring, meaningful connections to others
■ the absence of friends or relatives the child/young person can call/ contact when upset
■ recent losses through death or relationship breakdown
■ conflict with peers or bullying
■ An ability to assess a sense of the child/young person being a burden on significant others, e.g.:
■ 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-inflicted injury), e.g.:
■ current markers, e.g.:
▪ fearlessness about injury or death
▪ prolonged ideation and/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, e.g.:
▪ previous suicide attempts (especially multiple suicide attempts)
▪ aborted suicide attempts
▪ regret at surviving attempts
▪ self-harming behaviours
▪ 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, e.g.:
■ previous self-harm attempts that have occurred when drinking
■ changes in thought patterns associated with drinking that are associated with self-harm
■ failure to control excess drinking that is associated with self-harming behaviour 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 e.g.:
■ its potential to increase risk by normalising self-harm, and by triggering and competition between users or acting a source of unhelpful peer influence
■ its potential to 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 the child/young person's online life and internet use, e.g.:
  - 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 (e.g. exposure to cyberbullying or being encouraged to self-harm) by helping the child/young person identify ways to mitigate the impact of these experiences

Developing a risk management plan

- An ability to develop a risk management plan that balances the need for safety and the need for autonomy and agency in the child/young person's life
- 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:
  - 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/significant others of the level of risk