

Clinical Toolkit

Clinical Tips: Assessing Risk of Suicide and Self-Harm

Assessment of risk of self-harm and suicidality involves making enquiry into the extent of the young person's thinking, intent and behaviour around self-harm or suicide. Family and friends should be involved in risk assessment and response unless otherwise indicated. When assessing a young person's risk of suicidality and/or self-harm, it is important to consider:

If thinking about self-harm or suicide is present, how **frequent, distressing and persistent** is it?

If the person has a plan, how **detailed and realistic** is it?

What **method** has the person chosen, and **how lethal is it**? It is also important to clarify the young person's **understanding of the lethality** (e.g. they may not understand that a paracetamol overdose may be lethal).

It is important to ask about the young person's **intention** to carry out the plan including their intention to die.


Does the person have the **means** to carry out the method?

Has the person ever planned or attempted suicide or self-harmed? If so:

- What was the context (stressors, planned or impulsive, substance use)?
- What was their intention?
- How were they prevented from acting (did they ask for help, were they discovered acting)?
- How do they feel about that attempt now?
- Has someone close to the person attempted or completed suicide?
- Have they been exposed to a suicide recently (e.g. in school)?
- Family factors – is there a family history of deliberate self-harm, parental mental illness or substance use? Involvement of child protection services?
- Suspected or confirmed child abuse?

If the young person is self-harming

- What function does the self-harm serve (e.g. relieves tension, to feel something)
- Who knows about it?

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- How often do they self-harm?
 - How severe are their injuries after self-harming?
 - Have they ever required medical attention and did they seek it?
 - Have they ever hurt themselves more seriously than they intended?
 - Has there been a change in their pattern of self-harm recently?
 - Do they perceive that the self-harm is not as helpful as it was in the past in terms of short-term alleviation of distress
 - Do they have any concerns about their self-harm?

What are the young person's **protective factors**?

- What has stopped them on acting on suicidality in the past?
- What is helping them to get through when they are feeling very distressed/hopeless/suicidal?
- Can they identify **reasons for living**? Can you support them to identify reasons for living if they are finding this difficult?
- What helps them/has helped them to get through urges to self-harm in the past?
- What supports do they have available to them (e.g. friends, family, teachers)?
- What can you do to work toward increasing the young person's sense of **optimism, hope for the future, connectedness and self-efficacy** in conducting safety planning and in your work with them and their family and friends more broadly.

Resources

- [headspace Mythbuster: Suicidal ideation](#)
- [headspace Mythbuster: Self-harm](#)
- [Orygen Clinical Practice Point: Supporting clinicians to work with parents of young people who self-harm](#)