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?
• How often do they self-harm?
• How severe are their injuries after self-harming?
• Have they ever required medical intention 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](#)