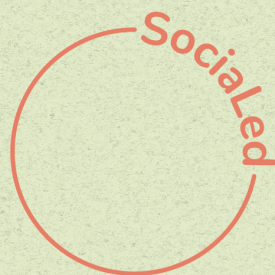


Working with suicidality in domestic abuse

Tools & Resources



Cheshire East
Integrated Care
Partnership



Launched May 2024
(live document)

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Foreword



Deaths by suicide are devastating and, importantly, can be prevented.

This toolkit has been developed with support from our experts with lived experiences, to help Cheshire East staff members to support residents as comprehensively as possible giving them the confidence to explore this important health issue.

We know that those that have experienced domestic abuse can be at greater risk of death by suicide. We also know that asking the question about suicidal thoughts does not increase risk of suicide, but in fact can guide people to much needed support.

Dr Matt Tyrer & Dr Susie Roberts
Chairs of the Self-harm &
Suicide Prevention Board



This toolkit has been developed by a Cheshire East multi-agency group to provide awareness and practical resources for any professional that may suspect either domestic abuse or suicidality.

Contributors:
Cheshire East Council
Social Led
MyCWA
Cheshire & Merseyside NHS



Voices of lived experience

This toolkit has been developed with clients' voices at its core.

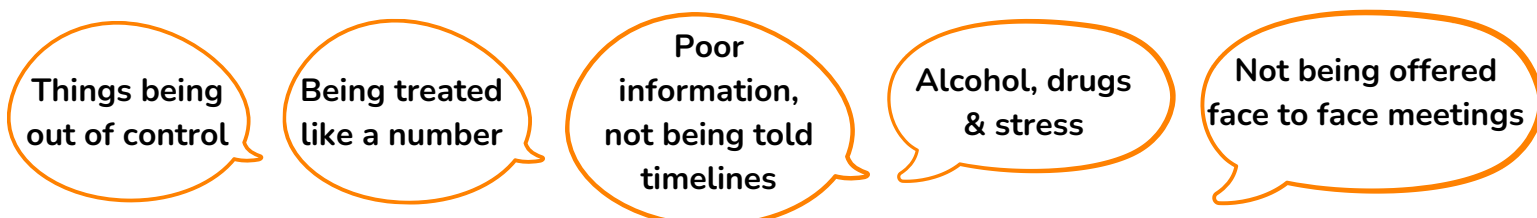
As part of our research process, we engaged in meaningful conversations with domestic abuse survivors and perpetrators to gain insights into the intersectionality of mental health, domestic abuse and suicide.

Their voices are invaluable, offering first-hand experiences of what helps and hinders mental health recovery in the context of domestic abuse.

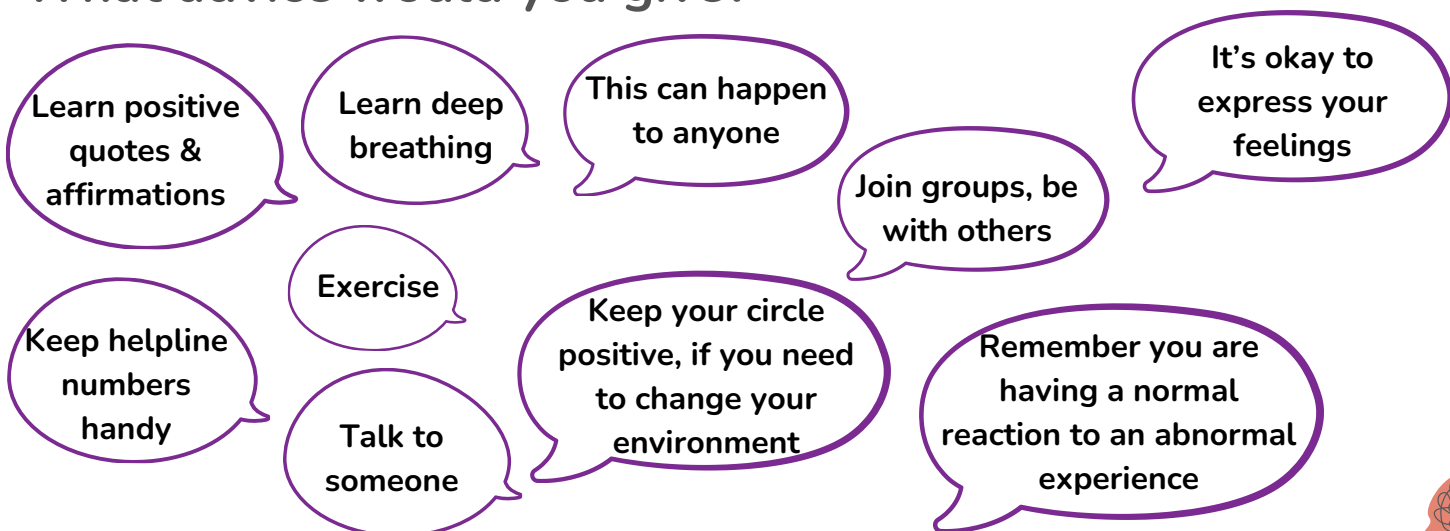
What helps?



What hinders?



What advice would you give?



Introduction

Living with suicidal thoughts and feelings is a challenge for many people in our society, and as we have seen in the launch of the Government's latest Suicide Prevention Strategy there are many risk groups and factors that we can and should take into consideration in this serious issue.

Research tells us that adult victims, child victims and perpetrators of domestic abuse are all at risk of self-harming/ suicidal behaviours. This understanding led to Domestic Homicide Reviews including deaths by suicide where the victimised person had taken their lives in the context of domestic abuse. This was an incredibly important acknowledgement of the impact of this issue on people's lives.

This resource has been developed with the understanding of **the importance of the intersection of domestic abuse and suicidal thoughts and feelings**.

The aim is for professionals to gain insight into the intersections and to expand their ability to think about the risk of suicidality where domestic abuse is present.

It works both ways - perhaps we are faced with someone who is presenting hopelessness and isolation and we are concerned about the risk of suicide in their lives. In these instances, we aim for professionals to aim to understand the context of those feelings – perhaps domestic abuse is the driver of this despair?

We are grateful to those that have forged a pathway in the understanding of this issue - with special thanks to the Kent & Medway Suicide Prevention team for driving awareness of the links between domestic abuse and suicidality. There is still much to learn, and this resource is very much a 'live document', which we welcome thoughts, ideas and contributions to.

Definitions:

Domestic abuse: Any incident or pattern of abusive behaviour between two people that are personally connected to each other. Behaviour is abusive if it consists of any of the following: Physical or sexual abuse; Violent or threatening behaviour; Controlling or coercive behaviour; Economic abuse; Psychological, emotional or other abuse.

(Domestic Abuse Act 2021)

Suicidality means thoughts and feelings of taking one's life and self-harm behaviour with the intent to die by suicide.



START



Research Overview

In 2023 the Department for Health & Social Care published a new Suicide Prevention Strategy. This noted that within the last 10 years, we observed one of the lowest ever rates of registered suicides (a rate of 9.2 registered suicides per 100,000 people, in 2017).

However, in 2018, there was an increase in the suicide rate following several years of steady decline. Although this was partly due to a change in the 'standard of proof' required for coroners to record a death as suicide, we know that other factors have played a part too. In 2022, 2 years on from the COVID-19 pandemic, provisional data suggested there were 5,275 deaths by suicide registered, a rate of 10.6 per 100,000 people.

The strategy identifies key groups who are at higher risk:

- **Children & young people**
- **Middle-aged men**
- **People who have self-harmed**
- **People in contact with mental health services**
- **People in contact with the justice system**
- **Autistic people**
- **Pregnant women & new mothers**

It also identifies common risk factors linked to suicide:

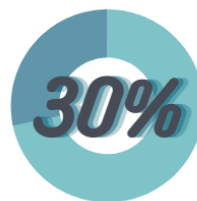
- **Domestic abuse**
- **Physical illness**
- **Financial difficulty & Economic adversity**
- **Gambling**
- **Alcohol & drug misuse**
- **Social isolation & loneliness**

National research

The Kent and Medway Suicide Prevention team have been conducting nationally unique research into the links between domestic abuse and suicide since 2019.

Using Real Time Suicide Surveillance data supplied by Kent Police, research by the Kent & Medway Suicide Prevention Team has shown that approximately 30% of all suspected suicides

in Kent and Medway between Jan 2019 and Jan 2022 have been impacted by domestic abuse (either as a victim, perpetrator or as a young person experiencing the abuse)



of suspected suicides in Kent and Medway had domestic abuse as a factor (114 out of 379 cases)

The surveillance data also showed the types of abuse of those who died of suspected suicide (**see graph opposite**).

To note: this data reflects 84 cases from the study, as not every record of suspected suicides contain types of abuse.

Type of abuse of those who died of suspected suicides:



Localised data - Cheshire East

In Cheshire East multi-agency risk assessment conference (MARAC) it was recognised of the 43 cases (2022) suicide ideation was a risk factor in 25% of the adult victims and 40% of the person causing harm.

902 DASH risk assessments have been completed by Cheshire East support staff (Domestic Hub & DAFSU) 2022. Over half of the individuals have suicidality as a risk factor.

Are you feeling depressed or having suicidal thoughts?

Yes = 58%

**No/'don't know'
= 42%**

Has the person causing you harm threatened or attempted suicide?

Yes = 44%

**No/'don't know'
= 56%**

During COVID-19 (2020-21) MyCWA saw a 35% increase in suicidality and suicidal ideation from adult victims and perpetrators.

Between July 2020 and 31st March 2021 almost 20% of 900 adult clients were affected by depression featuring suicidal ideation with 19 attempted suicides and two deaths by suicide during this period.

In the year 2021 to April 2022 there were 25 attempted suicides with, 212 people expressing suicidal ideation and, 89 people expressing clear suicidality. (This data is a retrospective count)

MyCWA offer a range of behaviour change interventions for those who harm. In December 2022 in a review of 25 men attending behaviour change programme Lifeline, 5 men were experiencing suicidal ideation, and 16 men stated that they were struggling with their mental wellbeing.



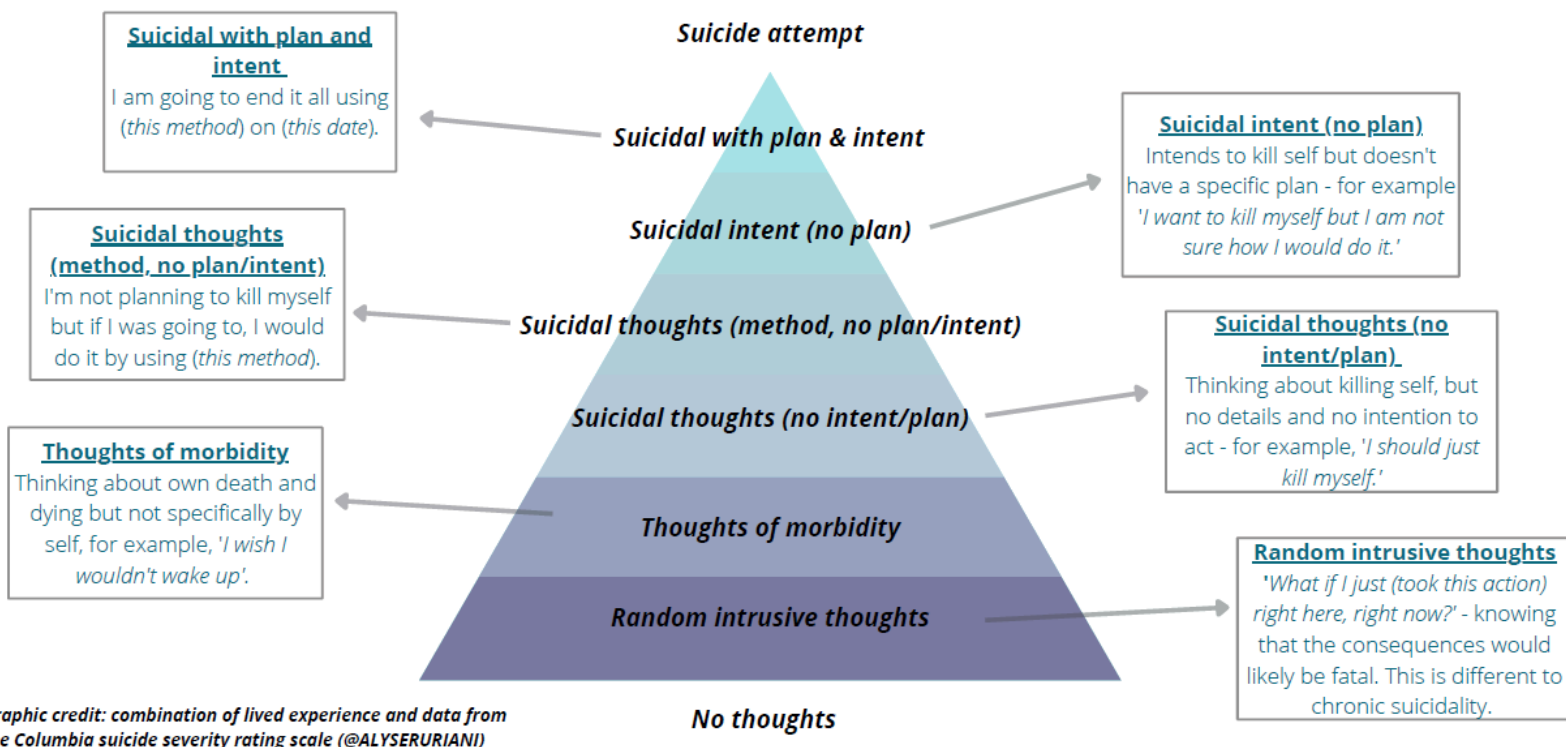
Suicidality

The phrase “feeling suicidal” can mean different things. Suicide is the act of intentionally taking your own life. Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life.

Important to note:

All types and levels in the below graphic are valid. They do not dictate the level of pain, intensity or distress someone may be feeling. Much like with other mental health problems, suicidal ideation presents itself different in different people. This means that this diagram doesn't always move in a linear fashion.

Someone could be at the bottom of the scale on one day, and at the top of the scale the next.

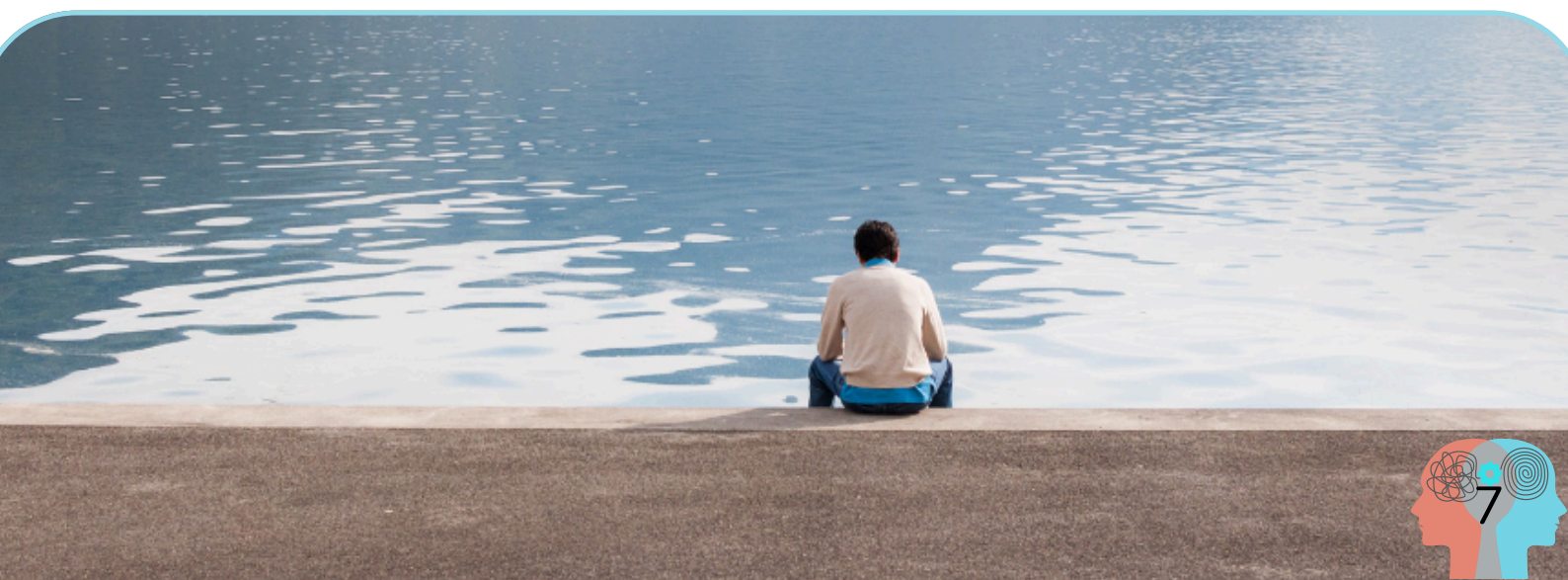


Taken from: Highlighting the link between domestic abuse and suicide
Resource from Kent and Medway Suicide Prevention Team.



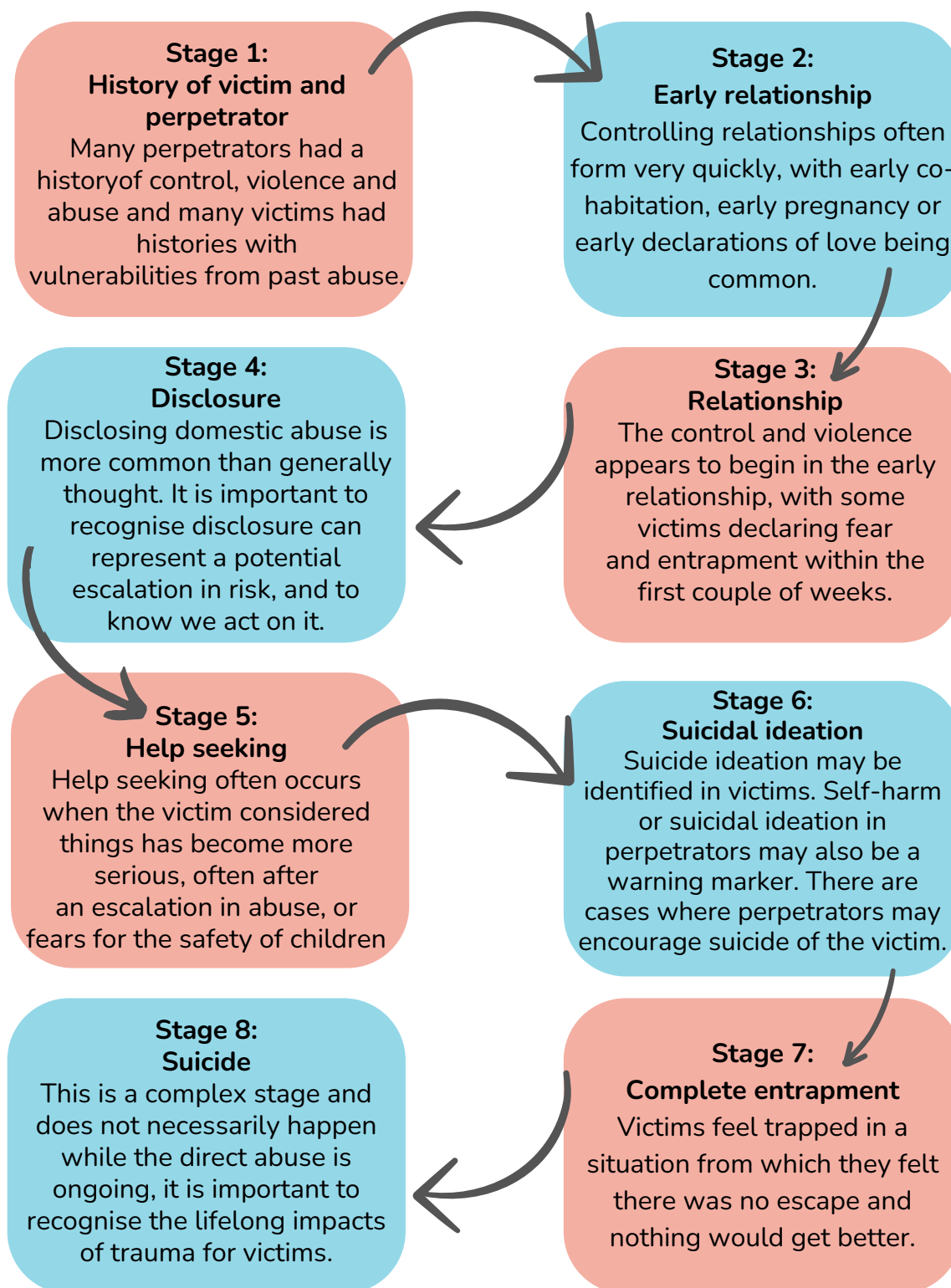
Domestic Abuse & Suicidality

- Domestic abuse is a **cross-cutting risk in the lives of all of the risk groups for suicide**.
- **Domestic Abuse can leave someone in a high-risk situation for suicidality - lonely and isolated.** This is regardless of whether the relationship has ended or not, as control tactics erode social and family relationships leaving someone without the networks that are crucial to reduce suicidal isolation.
- **Many survivors of domestic abuse are left with post-traumatic stress** meaning that they are left with suicide and self-harm risks long after the relationship has ended.
- Consideration should be given to the **additional barriers** that systems create which can exacerbate isolation. For example, if someone has limited English this can compound isolation.
- Domestic abuse **impacts the psychological 'space for action'** of the person being victimised - it becomes very difficult to think, make decisions and take action. This exacerbates suicide risks as someone comes to feel increasingly trapped.
- **Breaches to the parental relationship are also key risk points**, whether the perpetrator of the abuse has damaged those relationships or there has been a legal intervention, it is important to remain aware that this causes great distress to non-abusing parents.
- **Risk does not end with a relationship ending**, and victims know this, this can increase their feelings of there being no way out. Risk assessment does not predict outcomes, know the risk factors but don't try to grade risk levels.
- Those who have experienced **complex stress in childhood** may be at higher risk of suicide in adulthood.
- **Risk is highly dynamic** when someone is feeling suicidal. It is important to make a safety plan that covers a wide range of variables for decreasing someone's isolation when they are destabilised and at risk.



The suicide timeline

Professor Jane Monckton-Smith from the University of Gloucestershire has created an eight-stage timeline that shows a potential and incremental escalation in the risk of suicide. Each stage should be considered separately in discussion to show how and why risk may be escalating.



To read the research in full, please use the link below:

<https://eprints.glos.ac.uk/10579/>



Understanding risk

The DASH Risk Assessment (see Safelives resource [here](#)) is a comprehensive and validated primary assessment tool designed to assess the risk and safety concerns with domestic abuse. Question 5 of the DASH Risk Assessment asks: 'Are you feeling depressed or having suicidal thoughts?' The prompts in the tool below will help explore this question if someone answers 'yes' during the DASH assessment.

NICE guidance states that risk assessment is not a predictor of future suicide or repetition of self-harm. The tool below is to assist you in keeping risk factors in mind which in turn will support with safety planning - it does not tell you whether someone will act based on the risk.

Timeframe				
Risk		At any point in your life?	During your current relationship?	Within the last three months?
	Have you self-harmed?			
	Have you felt suicidal?			
	Do you currently or have a history of using drugs or alcohol?			
	Have you used mental health services?			
	Have you made a plan to end your life?			
	Have you made a suicide attempt?			

RISK: Self-harming, having suicidal thoughts and making a suicide attempt are all very different things and all need addressing in different ways as each poses a different level of risk.

TIME: Providing a timeframe allows us to get more understanding around the individuals historical risk and also present risk, and can therefore inform next steps and whether escalation in risk is required.



Safety planning: Reducing risks

Safety planning can help someone with suicidality identify their protective factors (skills, strengths, or resources that help people deal more effectively with stressful events) and risk factors (characteristics of a person or his or her environment that increase the likelihood of harm) to equip them with an empowering tool for their mental wellbeing.

In emotional crisis our rational mind goes offline so having something that we can pick up and focus on can be helpful.

Protective factors	
Reasons for living... <ul style="list-style-type: none">• Why do I want to stay safe?• Are there people or animals that make me want to stay safe?• Do I have hope that things might change?• Am I afraid of dying?• Do I want to stay alive just for right now?	Lifting my mood.. <ul style="list-style-type: none">• What are the things that do this?• What has worked in the past?• What things could I try? (e.g. walking)
Making my situation safer... <ul style="list-style-type: none">• How can I make it harder to act on any plans I might have for suicide?• Where can I put things I could use to harm myself so they are harder to get to if I feel overwhelmed?	Informal support... <p>Which people would I list from my network that help me to feel better - this could be a chat with the local shopkeeper in the morning, to a friend who understands or joining a support programme (e.g. 12 step programmes)</p>
Mood stability... <ul style="list-style-type: none">• Do I use any drugs, alcohol or medication to cope?• These can make it harder to stay safe if they make me more impulsive or lower my mood. What can I do to make these safe?	Strengths... <ul style="list-style-type: none">• What strengths do I have?• What would others say about this?• Do I have faith or a positive statement I can use?• Can I be kind and gentle with myself?
Mental health stability... <ul style="list-style-type: none">• Do I have mental health concerns/symptoms that make it harder?• How can I help these?	Distractions... <ul style="list-style-type: none">• How can I distract myself?• If I feel frozen, what unfreezes me?• If I feel too high, what calms me?• Does reading, walking, TV help me to distract?
Relationships... <ul style="list-style-type: none">• Are there relationships in my network/personal life that make me feel unstable?• How can I plan to avoid people that cause me to feel bad?	Professional help... <ul style="list-style-type: none">• If I can't stay safe, who is available to help me?• Who has helped me in the past?• What helplines or emergency contacts can I use?



Conversation prompt sheet

If you are working with someone experiencing domestic abuse who has self-harm or suicidal thoughts you can use this model: **Connect; Understand; Assist**

Connect

- Build rapport
- Make time to allow them to share their story
- Practice active listening
- Pay attention to non-verbal cues
- Talk about non-threatening things
- Be aware of invitations to understand - for example, 'I can't carry on like this' 'Nothing is worth it anymore' 'I can't see a way out' 'Everyone would be better off without me'

Understand

- Do you have thoughts of suicide? Have you had these in the past too?
- Have you thought about ending your life?
- Let's focus this call on making you safe, have you made any plans?
- You have had a hard time and I don't want to deepen your upset.
- Listen for turning points: 'I just don't know...' 'I suppose so,,,'
- Make sure you have a shared understanding: Okay, so are we agreed that we are talking about your thoughts and feelings about suicide and what we can do about them?

Assist

- Create a plan for different eventualities (see link below and next page)
- Tell me about the people around you, who can you turn to?
- Are there things that make you feel better? Activities, distractions?
- Identify if the person needs to go and be with someone no, or go to A&E. Encourage, don't push. Make a Safe for Now plan.
- I hear how hard this all is, shall we talk and see if it becomes clearer?
- Do you want to speak to another service, if so - can I help you to do that?



Help & support



In an emergency dial 999



Mental health & Suicide (national)



Samaritans

A safe place for you to talk any time you like
116 123
samaritans.org



Shout 85258

A free, confidential, 24/7 text support service for anyone in the UK who is struggling to cope. To start a conversation, text the word 'Shout' to 85258.



SOS (Silence of Suicide)

Suicide prevention and emotional wellbeing helpline
0808 115 1505
sossilenceofsuicide.org



CALM

Campaign Against Living Miserably
0800 58 58 58 + webchat
thecalmzone.net



Amparo

Emotional and practical support to people affected by suicide
0330 088 9255
amparo.org.uk



SOBS

Survivors of Bereavement by Suicide
0300 111 5065
uk.sobs.org

Mental health & Suicide (Cheshire & Wirral)



Cheshire and Wirral Partnership
NHS Foundation Trust

Urgent 24/7 support for people in Cheshire East, Cheshire West and Chester, and Wirral.
0800 145 6485

Children & Young people (national)



ONLINE, ON THE PHONE, ANYTIME
childline.org.uk | 0800 1111

Childline

Counselling service for children and young people aged up to 18
0800 1111



PAPYRUS
PREVENTION OF YOUNG SUICIDE

Papyrus

Prevention of Young Suicide (under 35)
0800 068 41 41
www.papyrus-uk.org

Domestic Abuse & Sexual Assault (national)



Freephone, 24-hour National Domestic Abuse Helpline
refuge.org.uk
0808 2000 247



Rape Crisis

24/7 Rape & Sexual Abuse Support Line (freephone)
rapecrisis.org.uk
0808 500 2222



Savera UK

Support for people experiencing so called 'honour based abuse' and other harmful practices
Helpline 0800 107 0726 (open weekdays 10am-4pm)



Mankind

Male Victims of Domestic Abuse – helpline (Monday–Friday 10am–4pm): 0808 800 1170

Domestic Abuse & Sexual Assault (Cheshire East)



Cheshire East Domestic Abuse Hub

Open weekdays 9am–4.30pm
telephone: 0300 123 5101
text: 07771 941 464
email: cedah@cheshireeast.gov.uk



RASASC Cheshire & Merseyside: Providing support to adults, young people and children affected by sexual violence
01260 697900
rapecentre.org.uk

Other

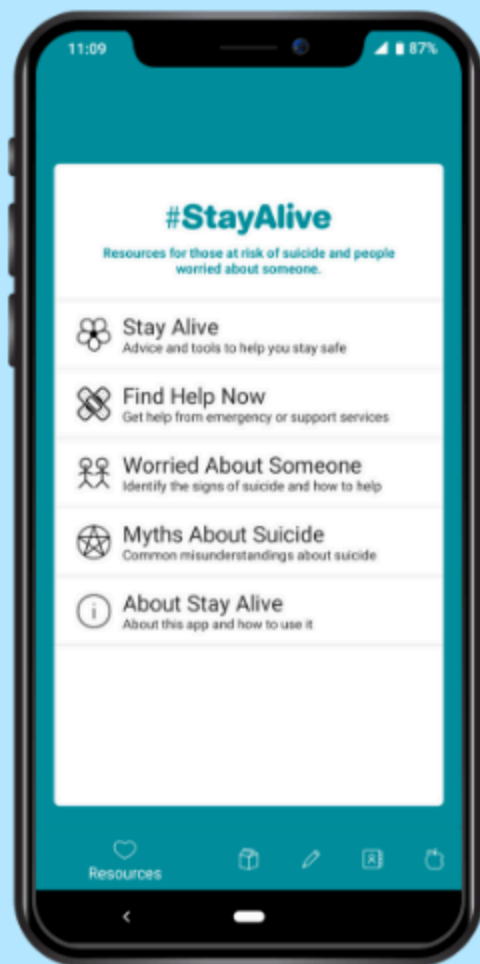
NHS (medical advice) call 111

Police (non-emergency) call 101



Thinking about suicide? Worried about someone?

STAYALIVE



Download the award-winning #StayAlive app.

It's free and can help you and others stay safe from suicide.



Crisis Support

Quick access to UK national and local crisis support



Safety Plan

A mini-safety plan that can be filled out by anyone thinking about suicide



Staying Safe From Suicide

Steps to take when you are feeling suicidal, or you are concerned about someone else



LifeBox

A place to store life-affirming photos

"I have used Stay Alive with volunteers and service users across the UK and the feedback is consistently positive. People have used it when in crisis and say it is literally life-saving."

Population groups & suicide risk

The Cheshire and Merseyside Suicide Prevention strategy highlights a number of population groups and risk factors across the life-course.



The national and local guidance are to focus on the areas where we will make the biggest difference, which are:

Men	Self-harm	Children and young people	Addressing inequalities
Are more at risk of suicide in younger people, working age population and older people.	In all age groups repeated self-harm increases the risk of suicide.	Events in childhood significantly impact on adult health and wellbeing.	In areas of poverty and social and health inequality there are generally higher rates of suicide.

Table above: Cheshire and Merseyside Suicide Prevention Strategy 2022 -2027

Men

Men are 3 times more likely to die by suicide than women, with middle-aged men having the highest rates of suicide of any other group (based on age and sex) since 2010. A study published in 2021 of men aged 40 to 54 who died by suicide in the UK found that two thirds had been in contact with frontline agencies or services in the 3 months before their death. Most had been in contact with primary care services (43%), and contact had also been made with mental health services and the justice system, among others.

The prevalence of mental illness is high amongst domestic abuse (DA) perpetrator populations (Oram et al., 2022). These individuals are also significantly more likely to have been exposed to childhood trauma than the general population (Fulu et al., 2017). Limited UK data is available but the Drive project has identified a possible rate of 0.3% of high-harm perpetrators of domestic abuse being at risk of suicide, with all being middle-aged.

Supporting middle-aged men

Being attentive to contact with middle-aged men who may have the above indicators of risk is essential.

All interactions provide an opportunity for intervention. Be aware of the services and support groups that you can help them to engage with. Identifying men experiencing or enacting domestic abuse is crucial.

The below note shows key risk indicators and given these we can see that men who are experiencing domestic abuse, especially in middle age, are at risk of suicidality.

Risk indicators:

- Financial adversity
- Childhood trauma
- A history of addiction
- Contact with the criminal justice system
- Family or relationship difficulties
- Social isolation or loneliness
- Middle-age
- Undiagnosed Autism



Women

Women are significantly more likely to experience intimate partner violence, and Research on intimate partner violence, suicidality and self-harm showed that past-year suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims.

Risk indicators:

- Domestic Abuse
- Childhood Trauma
- Criminal justice contact
- Pregnancy/ new motherhood
- Financial adversity
- A history of addiction

Identifying women experiencing domestic abuse is essential. Women and men may present to services, especially health services with health issues that could be caused by domestic abuse and exploring the contexts for health (both physical and mental) are essential.

Supporting women

Be attentive to contact with women who may be experiencing abuse but are not ready or able to disclose it. Ensure that abuse experience is not hidden behind mental health diagnoses that cause further isolation and risk. Commit to looking beneath behaviours for causal factors.

Engage women, where possible with specialist services, but be mindful not to offer signposting without supporting the referral or following up with the woman.



Children & Young People

Children who experience domestic abuse are at risk of both short and long-term physical and mental health problems. Every child will be affected differently by the trauma of domestic abuse.

Children's sense of self and belonging may be further affected if they are struggling with identity issues.

Addressing the trauma of domestic abuse is important because this can increase the risks of self-harm/ suicide in childhood or later in adulthood.

In school-aged children look out for:

- a loss of drive to participate in activities and school.
- lower grades in school
- feeling guilty and to blame for the abuse happening to them.
- getting into trouble more often
- physical signs such as headaches and stomach aches

In adolescents generally look out for:

- acting out in negative ways (e.g. missing school or fighting with family members)
- low self-esteem
- finding it difficult to make friends.
- engaging in risky behaviours

Long-term effects...

- Mental health needs. Low mental health can also lead to big impacts on physical health, including self-harm or developing an eating disorder.
- Having a lowered sense of self-worth
- Using alcohol and other drugs as unhealthy coping mechanisms
- Repeating behaviours seen in their domestic setting.
- Feeling isolated from their peers.



Children & Young People (continued)

Many of the impacts of domestic abuse, not least the trauma of their experiences are risk factors for suicidality.

Further risk factors identified in one study of deaths by suicide in those under the age of 20 found that...

- 25% had been bereaved (including by suicide)
- 15% had a mental illness and 30% had a physical health condition
- 6% percent reported being LGBT or uncertain, and 8% had experience of the care system.

Care-experienced people have been found to be 4 to 5 times more likely to attempt suicide in adulthood than their peers.

There is also increasing evidence of the association between harmful online content and suicide/ self-harm in young people. All suicidality risk factors will be increased by the presence of domestic abuse.

Supporting Children & Young People

The suicide prevention strategy notes the need for improved mental health support for children and young people, but also notes the importance of transitional points in children and young people's lives.

Points at which sight of their needs could be lost and/ or service changes might cause them to fall through the gaps.

It is important that children are given the opportunity to express their experiences in order to help them and so that we can see the child apart from the problem and not as the problem.



Socio-demographic inequalities

ONS data tells us that:

- Rates of suicide were higher in men compared with women across all ages, with the highest rates in men aged 40 to 50 years, in England and Wales from 2011 to 2021.
- For men aged 40 to 50 years, the highest rates of suicide were in disabled people, those who have never worked or are in long-term unemployment, or are single (never been married or in a civil partnership).
- For ethnicity, rates of suicide were highest in the White and Mixed/Multiple ethnic groups for both men and women.
- People who reported belonging to any religious group generally had lower rates of suicide, compared with those who reported no religion; however, rates were higher in Buddhists and "Other" religious groups.
- Disabled people had higher rates of dying by suicide than non-disabled people



LGBT+ communities

- Young LGBT+ people are three times more likely to self-harm and twice as likely to contemplate suicide as their non-LGBT peers (Source: Just like us)
- 52% of LGBTQ people reported self-harming, compared to 35% of heterosexual non-trans young people and 44% of the LGBTQ respondents reported suicidal thoughts, compared to 26% of heterosexual non-trans respondents. (Source: Youth Chances).



Autistic People

Evidence suggests autistic people, including autistic children and young people, may be at a higher risk of dying by suicide compared with those who are not autistic. Undiagnosed or late-diagnosed autism may be a preventable risk factor for suicide. Specific factors that further increase the risk of suicide among autistic people include traumatic, painful life experiences, barriers to accessing support, pressure to 'camouflage' or 'mask' autism (for example, concealing particular traits that are common in autistic people) and feelings of not belonging.

Pregnant women and new mothers

In the UK, suicide is the leading cause of direct deaths 6 weeks to a year after the end of pregnancy. In 2020, women were 3 times more likely to die by suicide during or up to 6 weeks after the end of pregnancy compared with 2017 to 2019. Impacts on affected families are devastating and often have lasting effects, particularly on children from a very early stage in their development. Overall, the level of risk of suicide after pregnancy is not higher than at other times in a woman's life. However, it is high risk compared with other causes of maternal death.



People in contact with the justice system

This group have higher rates of suicide and self-harm behaviour than the general population. There is also an increased risk of suicide at key transition points, and notably those on probation.



Women in the criminal justice system report high levels of emotional, physical or sexual abuse (53% compared to 22% of men) with 82% of prison sentences for women being for non-violent offences. 57% of women in prison and under community supervision report being victims of domestic abuse, and 50% reported offending to support someone else's drug use. In an experimental analysis of data in 2019 the ONS found that male prisoners are 3.7 times more likely to die from suicide than men in the general population.

People with mental health service contact

People known to be in contact with mental health services represent around 27% of all deaths by suicide in England – on average around 1,300 people each year. This includes anyone in contact with mental health community services, people in inpatient settings, and anyone that has been in contact with these services within 12 months.



Evidence suggests that history of self-harm, alcohol and drug misuse, co-morbidity (more than one mental health diagnosis), and living alone may be particular risk factors for suicide for people in contact with mental health services.

Self-harm does not necessarily mean someone is experiencing suicidal thoughts or feelings. However, self-harm is associated with a significant risk of subsequent suicide. Evidence also suggests that the suicide rate is highest in the year following hospital discharge for self-harm, particularly in the first month. Good-quality psychosocial assessments have been shown to increase engagement with support services and reduce the risk of repeated self-harm.

Considering the focus of the setting in which you work is important as 'issues' often become silo'd - for example, where someone is being supported by a community mental health team there may be an over-focus on the diagnosis and management of symptoms, and not enough consideration given to the experiences of the person in their intimate or family relationships. These relationships should form part of the overall picture and the assessment should have a long-term focus.

Risk indicators

- Self-harming behaviours
- Recent hospital discharge
- Lack of regular/ dynamic psycho-social assessment
- Current contact with mental health services
- Existence of multiple issues: self-harm, drug & alcohol misuse, co-morbidity, living alone