Guidelines for assessing suicidal intent

- Talking about suicidal intent requires an individual approach. Suicidal thoughts need to be discussed if they are serious, but how you do that depends on a number of factors such as: culture, religion and whether the child trusts you. Within the Islam, for example, suicide is unacceptable. You can explore factors like these with the child.
- If the child is seriously considering suicide, ask them about their plans to do so. The more concrete the plans, the closer someone is to actually ending their life and the further along the road to suicide they actually are. If the child has concrete plans, it is time to get expert help.
- To begin a conversation with a child about this, you could use the attached questionnaire for assessing suicidal intent in unaccompanied asylum seeking children.
- Many of the children suffer from insomnia. Physical exhaustion can bring them closer to suicide. That's why it is so important that they get enough rest. Ask them whether they are able to rest and to sleep. Talk to the child about ways to help them sleep better at night.
- Many children don't like sleeping in a room by themselves. Talk to them about this and see whether it is possible to make changes.
- Get in touch with a doctor, if necessary, about sleeping pills.
- Organising personal support and attention for them, as is often done as part of a safety plan/safety arrangements, can have a positive effect.
- People living in the same place often feel very concerned about the child and can play an important part in preventing suicide.
- People who live in the same place as the child are happy to be involved in drawing up and carrying out a safety plan.
- The attention given to the child should be concrete and meaningful, such as drinking tea together, a chat before they go to sleep (by a mentor or someone who lives close by) and when they wake up in the morning.
- Arrange daily activities (both individually and in a group).
- Include religion in your conversations if the child is religious. This can help them and give them the strength to carry on living.
- Transfers from one place to another, or a change of child protection officer, mentor and friends, can have a negative effect on the suicidal process. We often see an increase in suicidal thoughts after a transition.
- Involve compatriots and family in the child's problems, and search together for ways to help them. It is important to let the child lead in decisions about who you involve.
- Give the child the credit they deserve, telling them to be proud of who they are and what they have achieved. Take away any possible feelings of guilt the child may have about not achieving the goals of their flight, and say it to their family too, if possible. This often makes them feel better about themselves.
- Approach colleagues or experts with knowledge and experience for their advice.
- Do not hesitate to involve a mental health service's crisis resolution team if you are very worried (possibly after consulting colleagues or psychologists).

Appendix 1 Questionnaire for assessing suicidal intent

Possible questions for discussing and assessing suicidal intent

- Are you feeling desperate?
- What is making you feel so desperate?
- How often do you think about taking your own life?
  Occasionally, every day, constantly?
- How seriously are you thinking about suicide?
  As a vague thought, an obsession, a nightmare?
- How desperate are you feeling now?
  On and off, constantly, worse than ever?
- Do you actually picture yourself committing suicide?
  Are these visions of how you would do it – like jumping off a building or shooting yourself – or just thoughts?
- How strong and persistent are these thoughts and visions of taking your own life?
  Overwhelming, uncontrollable or fleeting, passing and controllable?
- Do these thoughts or visions frighten you?
- Do you have the urge to give in to your thoughts and end your life? Are you scared you might lose control? Do you have self-control?
- What seems a more appealing thought: continuing with your life or dying?
- If you think about your own death, does it make you feel very sad, does it make you cry?
  The child's emotional state might seem like indifference, but they could also be very emotional.
- Have you already made a plan about how you could commit suicide?
  Do you have a preference for a method, place or time?
- Have you already made preparations?
  Like making notes of times that trains pass a level crossing, saving up medicines, getting a rope ready, writing a farewell letter, standing on the top of a building?
- How soon do you want to end your life?
  Is there still time, or do you feel you really need to do it today?
- What kind of things could stop you taking your life?
  Members of your family? Hopes of better times?
- What would you achieve by committing suicide?
  Peace at last? No more pain? Making it easier for other people? Taking revenge? Showing people how desperate you are?
- How would your death affect other people?
  A lot of distress for the people you leave behind? They're better off without me? I don't really care?
- Which thoughts do you want to stop? What thoughts bother you most? What thoughts or emotions are you trying to run away from? What does your future look like to you?

Interpreting the answers

The answers to these questions, and similar ones, can enable a care provider to assess the degree of suicidal intent. The risk of suicide can be categorised into four levels.

1. **Slight:** The child has occasional, fleeting thoughts about suicide, has not worked out a plan, does not really think that they will commit suicide, can also think about other things, realises what the consequences might be for their family and friends, etc, but toys with the idea as a possibility. Seems to be able to control their suicidal impulses.

2. **Ambivalent:** The child wants both to die and to go on living. The suicidal process implies breaking with others; it is related to disappointments in relationships and sometimes there are thoughts of revenge. Suicidal intent is very impulsive, and no detailed plans or preparations have been made yet. The child keeps alternating between wanting to die and then wanting to live.

3. **Serious:** Thoughts and visions of suicide keep going through the child's mind. He or she feels desperate, cannot think about anything else, finds the idea of suicide very appealing. The child has considered different methods, made a detailed plan with various preparations, thinks it is better for others that they no longer exist, but can still postpone the suicide for a while. They may have thought about, or even written, a farewell letter. They would rather die than go on living. Their own impulsiveness scares them.

4. **Very serious:** The child is desperate, keeps thinking about suicide and nothing else, does not see any consequences for the people he or she will leave behind, has made a detailed plan and may even have practised it. The child suffers from insomnia and is in a state of emotional collapse. They have lost all self-control. Vision is 'narrowing' (tunnel vision is the clearest pre-suicidal symptom), the child is difficult to get through to, hardly wants to communicate at all, is restless and desperate, has no energy left to go on living, really does not want to go on living, cannot wait much longer to end their life, at any moment the impulse may become overpowering and this will lead to suicide.

It is obvious that there are no clear boundaries between these risk levels. They very much overlap. The degree of suicidal intent can vary a lot, with the child alternating between slightly suicidal and seriously suicidal and vice versa. So the descriptions of the different levels may not precisely describe each individual unaccompanied child.