



## So you want to talk about risk?

Risk is there whether we talk about it or not, but we understand that sometimes it can be daunting to discuss. In this guide we will talk about the practical things that you can do to make this a meaningful conversation for both of us.

### Key learning points:

By the end of this guide you will have:

- Tips to help get the conversation back on track when things go wrong
- Practical steps to meaningful conversations about risk
- Methods to explore risk with us in a way that feels safe for everyone

### What to do when the conversation goes wrong

We want to help make risk conversations with young people, less scary, comfortable, safe and honest. But, before we start talking about risk, let's discuss some ways you can help bring the conversation back on track if something has gone wrong.

So, the conversation has gone wrong. Maybe we have stopped talking, clammed up, disengaged or want to walk out. Maybe we are upset by something you have said. What next?

Everyone makes mistakes - we are all human! Sometimes you will say something or do something that is unhelpful and upsetting. We want to let you know that there is always opportunity to turn the conversation

around and make the experience a positive one again.

Acknowledge and apologise when you feel that you have messed up. It is comforting, helps maintain the trust you would have worked hard to build with the young person and shows you can take accountability for your actions.

Allow space, for the young person, to express what they are feeling and remain open minded about the issues you will hear.

Ask questions, for further clarification, and allow the young person to be the expert in their experiences and mental health, throughout the conversation.

You can ask us what might be helpful, or the correct way to discuss a topic. If

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someone is open about something you said offending them, especially around discrimination, it is a learning opportunity for you and possibly a brave moment for them.

If the issue is discrimination, it can be very hard for us to feel safe standing up for ourselves, and in that moment, educating you is a whole other task that we might not be able to, or want to be in charge of. If someone is open about something you said offending them, maybe do your own research, and work on your understanding away from young people, so that you and the next person you meet have a better experience.

### Having a conversation about risk

We understand that this can be a daunting part of your job, but that it is also necessary. If done with empathy and kindness, it can actually be a really meaningful experience for us.

Don't jump straight in with a risk assessment before setting expectations and goals, explaining your confidentiality policy and establishing some trust and communication standards. Explain clearly about your confidentiality policy and make sure we understand. Be honest about who you will be passing this information on to, and when. We understand that you have procedures that you must follow, so be transparent. If we feel we have been lied to then this will break the trust and relationship that has been established.

Although our notes or history are important, focus on here and now. Assess the current risk, not the future or the past.

Only treating young people with physical injuries, whilst ignoring psychological needs, can lead to escalated behaviour (self-harm) for young people to receive care. Trusting, listening and taking us seriously, are all ways to help prevent this from happening.

Now it's time to ask the risk questions. Be clear and direct in what you are asking, and be careful not to ask multiple questions at once - this can be a way for us to avoid answering certain questions. Focus on one question and one risk factor at a time.

Even if we've been having an open and honest conversation up until now, it's still important that you don't assume the level of risk - you must ask us.

Remember not to read off your sheet. Even if you are going to go through a set series of questions, talk directly to us, and maintain open body language and a calm tone of voice.

Many people find simple yes or no questions to be the easiest to respond to, as it takes some pressure off them. But it's also important to acknowledge that an 'I don't know' should be taken as seriously as a 'yes'. And if you need clarification, you can always ask. And if 'yes' and 'no' questions don't seem to be working, it might be helpful to ask 'on a scale of 1 to 10' as a way to open up a more nuanced discussion.

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Sometimes verbalising thoughts and feelings can be challenging, especially when someone is in crisis. Offer alternatives such as drawing, colour cards with emotions, or writing things down.

One essential aspect of assessing risk is assessing risk of suicide. We understand it can sometimes feel scary to bring up the word 'suicide'. Sometimes this anxiety can lead to people phrasing it in a way that is up for interpretation. This can lead to getting an unclear answer from young people.

Talking openly about suicide helps to tackle the stigma and anxiety around the subject. We might find it helpful when someone asks about suicide, or thoughts of suicide directly. It allows us to respond with a simple 'yes, or no, or I don't know', and can feel like a relief to talk about it.

Even if someone hasn't attempted or has no physical injuries- thoughts or suicidal ideation should be taken very seriously. Many young people reported that their thoughts of suicide were dismissed and invalidated. This again only pushes young people to escalate their behaviour. A young person thinking about suicide is something that should be taken and responded to very seriously.

If we are hesitant about opening up, try saying 'I need to know this so we can work together to find a solution'. Being in crisis makes it even harder to communicate. Don't make the assumption that if we don't say anything, we are fine.

If the person seems unresponsive, they may be dissociating, or having communication barriers. Work with us to communicate in a way that works, and allow ample time for us to express what is happening.

Remember to always give time for us to expand on our response. It shows us that you are willing to listen openly and have a healthy curiosity

We understand that you have certain questions you need to ask - but be open to us saying things that don't fall perfectly into a tick box list. Sometimes it's hard to express what you're going through or what you need because of the rigidity of the risk assessment lists. Remember to be open to hearing what we have to say.

This can be a challenging conversation, but if done with care, empathy and respect, can be a meaningful and important interaction for us. We hope these ideas help you understand what works from our perspective.

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## What to look out for

We've put together these indicators that young people may display which could suggest that we are at risk of harming ourselves. These have been taken from our own personal lived experiences. Please bear in mind that this is not a comprehensive checklist, not everyone will present in the same way. We want these indicators to supplement what you learn in your clinical risk training. They come from our lived experience.

1. We TELL you we are! (this is the first, most important and most obvious one!).
2. We attempt to hide risk objects or evidence (such as scars) - however, be careful not to assume we are doing this unless there are other signs present or reasons to suspect .
3. Sudden changes in our behaviour without discernible reason - especially becoming suddenly very positive and compliant.
4. Use of phrases focused around being tired, exhausted, or not wanting to be awake anymore (this can be used as a euphemism for feeling suicidal or unable to cope safely).
5. We are dismissive of ourselves, our emotions and/or things that have happened, perhaps using phrases like "it doesn't matter".
6. We act or speak in a flat, mechanical or "robotic" way.
7. We show significant loss of control over our emotions – for example, crying hysterically for long periods of time.

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On one occasion when I was in my teens, I was in a very unstable state, self-harming and actively suicidal. One evening, I called the crisis line, which I hated doing, after having an episode that left me extremely distressed and quite hysterical. Sadly, the worker I spoke to was unconcerned and didn't have anything to suggest.

I believed my last resort had failed, so decided to follow through on my plan. This was a big relief to me. I suddenly stopped crying, became very quiet and spoke as little as possible. I was completely flat. I stopped doing anything other than agreeing with the person on the phone, and ended the conversation as soon as possible. That night, I ate a meal for the first time in weeks, and wrote a letter of my intentions very calmly. Fortunately, someone later intervened on that occasion.

Unfortunately, despite being known to services and showing similar warning signs beforehand, no-one intervened the next time and I was hospitalised after a serious suicide attempt. Let's work together to keep young people in crisis like I was, safer in the future.

Nadia, Young Advisor

### Reflection space

Reflecting on Nadia's experience: what are some of the indicators you have encountered or usually encounter?

What other indicators have you learned from clinical risk training that are not covered here?

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## Things to avoid

We've compiled this list to give you an idea of some of the behaviors, phrases and language that are unhelpful when a young person needs support from you in a mental health crisis. Some of these are going to seem obvious but we do hear about them happening quite a lot, and young people wanted these things communicated with you.

Don't make promises you can't keep. Be clear from the beginning on what you can and can't do.

Don't say 'things will get better'. Instead, acknowledge our feelings and validate what we are saying.

Don't try to avoid questions and skip around a topic - It really helps us when you are direct.

Don't assume that the physical is a representation of the mental - in all areas, trust what we are telling you. We heard from a lot of young people with eating disorders who had been judged on their weight. This is not helpful and ignores the person, only focusing on their body. Mental illness can be hidden behind many physical symptoms, not just injury.

Don't say 'just stop' - we might not have control in that moment.

Don't tell someone they can't be helped, or that they're too complex for help. Instead, remind us that you are here for us and that you hear us.

Don't treat us like a child. We may be young, but we want to be taken seriously and treated with respect. Don't belittle us or talk down to us.

Don't argue or shout at us. Sadly, young people did report receiving this behaviour when reaching out for support. We know that sometimes we can seem 'difficult' but this usually means we are afraid and deeply distressed. Treat us kindly.

Don't be defensive, but work with us to defuse situations.

Sometimes we feel pressured to approach a service or person when we don't feel ready. If this is the case, don't double up on that pre-existing pressure but give us time to open up. Let us know that we are in the right place and that you are glad we have reached out.

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## Conclusion

Everyone makes mistakes, and conversations can sometimes not go as planned. Something you do or say may remind us of something negative that has happened to us. The pressure associated with conversations about risk on both of us can increase the likelihood of things going wrong. When this happens, a genuine apology shows us that you are taking accountability and helps to build trust. Allow space for us to express what we are feeling, remain open minded, be observant of indicators, trust what we are saying and take it seriously. This is not only validating but can stop things from escalating. Also, remember to treat psychological needs as equally important as physical injuries.

Nadia's experience shed light on how the indicators might appear in a real-life situation and emphasise that timely intervention keeps young people in crisis safer. Remember, this is our lived experience for you to integrate into what you have learned in your clinical risk training. Approaching risk questions with care, empathy and respect can help turn a potentially tricky conversation into a meaningful experience for both of us.

You can view the video guide for this document for free at [www.crisistools.org.uk](http://www.crisistools.org.uk)

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## About Crisis Tools

Unique, co-produced learning guides to increase knowledge and confidence for anyone supporting young people in a mental health crisis.

Crisis Tools is relevant to anyone who may find themselves supporting a young person in crisis including parents, carers and professionals. The Crisis Tools website features a resource sharing hub and bite-sized learning guides aimed at improving your knowledge and understanding of young people's experiences when getting help in crisis. Co-designed and delivered by young people with lived experience, these unique learning guides will cover key themes including attitudes, communication, practical strategies and complexities when delivering care remotely.

Crisis Tools is complementary to, but not a replacement for clinical training. This unique program is designed to amplify the voices of young people.

[www.crisistools.org.uk](http://www.crisistools.org.uk)