

Addressograph

Mental Health and Addictions
Suicide Risk Assessment and Intervention Tool

Date _____ Time _____ Assessor _____ Diagnosis _____

Reason: MH Assessment Admission/Transfer/Discharge Acute deterioration _____

<p>Interview Risk Profile</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suicidal thinking or Ideation <input type="checkbox"/> Access to lethal means <input type="checkbox"/> Suicide intent or lethal plan or plan for after death (note) <input type="checkbox"/> Hopelessness <input type="checkbox"/> Intense Emotions: rage, anger, agitation, humiliation, revenge, panic, severe anxiety <input type="checkbox"/> Current Alcohol or Substance intoxication /problematic use <input type="checkbox"/> Withdrawing from family, friends <input type="checkbox"/> Poor Reasoning/Judgment <input type="checkbox"/> Clinical Intuition: assessor concerned <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Recent Dramatic change in mood <input type="checkbox"/> Recent Crisis/Conflict/ Loss <p>Illness Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of clinical support <input type="checkbox"/> Non compliance or poor response to treatment 	<p>Individual Risk Profile</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ethnic, cultural risk group or refugee <input type="checkbox"/> Family history of suicide <input type="checkbox"/> Trauma: as domestic violence / sexual abuse/neglect <input type="checkbox"/> Poor self-control: impulsive / violent/aggression <input type="checkbox"/> Recent suicide attempt <input type="checkbox"/> Other past suicide attempts, esp. with low rescue potential <input type="checkbox"/> Mental illness or addiction <input type="checkbox"/> Depression/ anhedonia <input type="checkbox"/> Psychotic <input type="checkbox"/> Command hallucinations <input type="checkbox"/> Recent admission / discharge / ED visits <input type="checkbox"/> Chronic medical illness/pain <input type="checkbox"/> Disability or impairment <input type="checkbox"/> Collateral information supports suicide intent <p>Circle of support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of family/ friends support <input type="checkbox"/> Caregiver unavailable <input type="checkbox"/> Frequent change of home 	<p>Risk Buffers.– Not to be used to determine degree of risk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has reason to live/hope <input type="checkbox"/> Social support <input type="checkbox"/> Responsibility for _____ <input type="checkbox"/> family/kids/pets <input type="checkbox"/> Capacity to cope/resilience <input type="checkbox"/> Religion/faith <input type="checkbox"/> Strength for managing risk <p>Communication Plan</p> <p>Verbal (V) Written/fax (W)</p> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Nurse: <input type="checkbox"/> Physician: <input type="checkbox"/> SDM/Family: <input type="checkbox"/> Mobile Crisis: <input type="checkbox"/> Others: <input type="checkbox"/> Documentation in chart <p>Management Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow patient care plan for chronic risk <input type="checkbox"/> Regular outpatient follow-up <input type="checkbox"/> Removal of lethal means <input type="checkbox"/> Urgent outpatient follow-up <input type="checkbox"/> Admit to a psychiatric unit <ul style="list-style-type: none"> <input type="checkbox"/> Routine observation
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Suicide Risk Level: Risk assessment is based on clinical judgment and not based on number of items checked. The checklist is intended to guide the clinical decision only.

RISK LEVEL: High Moderate Low Signature: _____

Analysis of Risk, Comments and Collateral Information: _____
