ASSESSMENT OF SUICIDE AND RISK INVENTORY

THIS INVENTORY IS FOR DOCUMENTATION PURPOSES ONLY
Suicide risk assessment may be performed by many methods, including patient & collateral interviews, review of documentation, and the use of standardized screening tools.

SCREENING QUESTION O DENIES SUICIDAL THINKING O ENDORSES SUICIDAL THINKING						
SEE REVERSE for an example of a screening pathway. An example screening question could be, "In the past month, have you considered suicide?"						
Collateral Sources						
	CHRONIC RISK FACTORS			ACUTE RISK FACTORS		
	Suicide Specific			Suicide Specific		
	Prior Suicide Attempt	0		Recent Suicidal Thinking or Behaviour	0	
	History of Suicidal Thinking or Behaviour	0		Active Suicidal Ideation	0	
	Patient Related			Accessibility to Suicidal Means	0	
	History of Psychotic or Major Affective Disorder	0		Lethality of Suicidal Plan or Attempt	0	
	Male Sex	0		Patient Related		
	History of Aggression	0		High Anxiety / Agitation on Interview	0	
	Ethnic or Cultural Risk Group	0		Current Psychiatric Illness	0	
	Chronic Illness Causing Severe Pain or Disability	0		Current Substance Misuse	0	
	System Related			No Compliance or Response to Treatment	0	
	Family History of Mental Health Disorder	0		Impulsivity	0	
	Family History of Suicide	0		Hopelessness	0	
	History of Parental or Sibling Loss	0		System Related		
	History of Trauma, Abuse, Neglect	0		Recent Loss or Major Life Change	0	
	History of Frequent Change of Address	0		Lack of Social Supports	0	
				Lack of Professional Supports	0	
				Caregiver Unavailable or Inappropriate	0	
	ity Assessment of Suicide Risk					
O N/A O CHRONIC O CHRONIC with ACUTE Exacerbation O ACUTE Suicide Risk Assessment Rationale (should also include protective or other factors used in assessing risk)						
Sub	jective assessment of Suicide Risk (Based	upon	above	and other sources, rate the subjective sense of s	uicide	risk)
O LOW O MODERATE O HIGH						
Tre	atment/Interventions O No specific	inte	rventi	ions recommended as risk felt to be baseline	e / Iov	N
00	Admit to hospital unit: Consultation:					
0	Notification: Discussed safety planning Discussed removing lethal means					
Follow-Up						
Con	npleted By	Signa	ature	Date DD		

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PATIENT IDENTIFICATION

SCREENING FOR SUICIDE

A simple, three-step method to screen for suicidal thinking can be naturally applied in a caring and considerate way:

1. "Have you felt that you are under a lot of stress lately?"

2. "Have you felt that life is not worth living?"

3. "In the past month, have you considered suicide?"

(You can ask any question about stress)

(The important concept here is hopelessness)

(Pointed question about suicide behaviour)

EVIDENCE-INFORMED CHRONIC RISK FACTORS

These are suicide risk factors that are not changeable and will likely remain throughout the lifespan of the person.

History of Suicide Attempt: A major suicide attempt in which life was threatened or non-intervention would have resulted in death.

Prior History of Suicidal Thinking or Behaviour: Suicidal behaviours of low lethality, parasuicide, utterances, writings, etc.

History of Psychotic / Major Affective Disorder: Major Depressive Disorder, Bipolar Disorder, Schizophrenia, Prodromal Psychosis, etc.

History of Aggression: Prior aggressive acts directed at self, harming others; history of bullying behaviours, etc.

Ethnic or Cultural Risk Group: Aboriginal Peoples (reserve/isolated), Gay/Lesbian/Bisexual/Transgendered, Street Youth Culture.

Chronic Illness with Severe Pain or Disability: Any chronic (or likely to be chronic) illness with significant impact on daily functioning.

Family History of Mental Health Disorder: Any mental health disorder identified in family members, "Unknown but suspected" is included.

Family History of Suicide: Any completed/attempted suicides or unexplained suspicious deaths in the family.

History of Parental or Sibling Loss: A death or traumatic loss of a parent/primary caregiver or sibling/habituated relative.

History of Trauma, Abuse, or Neglect: Accidental trauma, intentional abuse (physical, sexual, emotional, verbal), neglect, and bullying.

History of Frequent Change of Address: More than 5 major moves or changes of address before adolescence.

EVIDENCE-INFORMED ACUTE RISK FACTORS

These are suicide risk factors that are able to change and only exist during certain times for, or states of, the person.

Recent Suicidal Thinking or Behaviour: A current presentation of suicidal thinking or behaviours. **This must represent a recent change**.

Chronic self-injury that has not changed in quality, even if recent, should not be included as an acute risk factor.

Active Suicidal Ideation: Active is defined as having a "formed method, time, or location" in the ideation. Not passive (abstract) ideation.

Accessibility to Suicidal Means: Has a realistic opportunity to acquire the suspected means of suicide. Check if any access to firearms.

Lethality of Suicidal Plan or Attempt: The suicidal planning or behaviours exhibited carry a high chance of lethality.

<u>Current Psychiatric Illness</u>: An ongoing mental illness that causes impairment in occupational, social, educational, or familial function.

Current Substance Misuse: Any ongoing use or current intoxication by alcohol or illicit substances.

No Compliance or Response to Treatment: Current treatments are not mitigating the symptoms of mental illness, even if compliant.

Impulsivity: Impatience, acting without forethought, difficulties planning or prioritizing, or unpredictable behaviour.

Hopelessness: Despair that the future will not get better, or that there is no reason to continue living. Severe negative thinking about the future.

High Anxiety/Agitation on Interview: Any demonstrated or suspected anxiety or agitation that significantly impacts the interview process.

Recent Loss or Major Life Change: Include deaths, separations, major relocations, relationship losses, educational transitions, etc.

Lack of Social Supports: Significant loss or lack of peer supports or opportunities to develop relationships with peers.

Lack of Professional Supports: Limited or no access to physicians, counsellors, social workers, community resources, etc.

Caregiver Unavailable or Inappropriate: A primary or attached caregiver is unavailable or inappropriate to provide care.

EXAMPLES OF "OTHER RISK FACTORS" (EVIDENCE INFORMED)

severe hopelessness suicide pacts / groups

command hallucinations copycat suicidal behaviour

declining school performance increasing withdrawal from peers

EXAMPLES OF "PROTECTIVE RISK FACTORS" (EVIDENCE INFORMED)

supportive family network pertinent negatives strong positive cultural identity

oriented to the future secondary gain for suicidal behaviour personal success excellent therapeutic rapport good problem-solving skills effective established treatments

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