square

suicide questions answers resources

Risk assessment guide

Note This risk assessment guide is from the Mental Health in South Australia Emergency Management Policy and Procedure Series (2002) that is used by staff in mental health services. It forms part of the risk assessment, referral and follow up form developed for private practitioners. The form and the accompanying guidelines can be downloaded from the **square** CD Website. *Please note form continues over the following page.*

risk of harm to:	☐ self	☐ others	☐ both

☐ none	☐ low	☐ moderate	☐ significant	☐ extreme
No thoughts or action of harm.	Fleeting thoughts of harming themselves or harming others but no plans, current low alcohol or drug use.	Current thoughts/ distress, past actions without intent or plans, moderate alcohol or drug use.	Current thoughts/ past impulsive actions/recent impulsivity/some plans, but not well developed. Increased alcohol or drug use.	Current thoughts with expressed intentions/past history/plans. Unstable mental illness. High alcohol or drug use, intoxicated, violent to self/ others, means at hand for harm to self/others.

level of problem with functioning

☐ none/mild	☐ moderate	☐ significant impairment in one area	☐ serious impairment in several areas	☐ extreme impairement
No more than everyday problems/slight impairment when distressed.	Moderate difficulty in social, occupational or school functioning. Reduced ability to cope unassisted.	Significant impairment in either social, occupational or school functioning.	Serious impairment in several areas such as social, occupational or school functioning.	Inability to function in almost all areas.

level of support available

☐ no problems/ highly supportive	☐ moderately supportive	☐ limited support	☐ minimal	☐ no support in all areas
Most aspects are highly supportive. Effective involvement of self, family or professional.	Variety of support available and able to help in times of need.	Few sources of help, support system has incomplete ability to participate in treatment.	Few sources of support and not motivated.	No support available.

history of response to treatment

☐ no problem/ minimal difficulties	☐ moderate response	☐ poor response	☐ minimal response	☐ no response
Most forms of treatment have been successful or new client.	Some responses in the medium term to highly structured interventions.	Minimal response even in highly structured interventions.	Minimal response even in highly structured interventions.	No response to any treatment in the past.

Risk assessment guide (continued)

attitude and engagement to treatment

☐ no problem	☐ moderate response	☐ poor engagement	☐ minimal response	☐ no response
Accepts illness and agrees with treatment, or new client.	Variable/ ambivalent response to treatment.	Rarely accepts diagnosis.	Client never cooperates willingly.	Client has only been able to be treated in an involuntary capacity.

Is the person's risk level changeable?	**Highly changeable**	☐ **yes**	☐ **no**
Are there factors that indicate a level of uncertainty in this risk assessment? (e.g: poor engagement, gaps or conflicting information)	**Low Assessment Confidence**	☐ **yes**	☐ **no**

overall assessment of risk

☐ none	☐ low	☐ medium	☐ high	☐ extreme

Note: Risk assessment is not a precise 'science'. Your professional judgement and experience are also crucial. Remember too, that a person's risk of suicide may be highly changeable, fluctuating at different times and in response to certain events.

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assessment and management of suicide risk chart

The following diagram represents some general principles and options for assessing and managing suicide risk.
Some of the care and referral pathways will need to be adapted for individual clients.

- Engage with person's feelings and experiences
- Ask questions about suicidal thoughts or plans
- Be non-judgemental and respectful

Assess risk level and initiate a **management plan**

If LOW, eg. **fleeting thoughts of self harm or suicide, but no past actions, current plan or immediate means**, low drug and alcohol use, little functional impairment and some positive options and relationships:

- Discuss support options and how to engage them.
- Consider self management as an option.
- Identify relevant community resources and provide contact details.
- Make review appointment.

If MODERATE, eg. depression, grief or loss, feelings of hopelessness, **suicidal thoughts with past actions but no current clear intent, plans or immediate means**, moderate functional impairment, social isolation, drug and alcohol misuse (but not out of control):

- **Attend to immediate safety.**
- Ask about significant others regarding support.
- Decide on appropriate care:
  - Management by GP?
  - Referral to or opinion from psychiatrist?
  - Involve mental health services? (eg. emergency or community team)?
- Contact relevant people/ services.
- Follow up.

If SIGNIFICANT/EXTREME, eg. continual, specific suicidal thoughts, intent, plans and means, significant past actions, mental illness, despair, significant functional impairment and social isolation, drug and alcohol misuse:

- **Attend to immediate safety. Don't let the person leave until a safety strategy is in place.**
- Ask about significant others regarding support.
- Decide on appropriate care and make immediate referral to:
  - Emergency Mental Health Services, or
  - Specialist practitioner (e.g. psychiatrist).
- Follow up.

Active, connected referral and follow up are essential for ongoing care.
Ensure a seamless, supported transition to the next stage in the person's care. Do not leave gaps in follow up.