

SUICIDE RISK ASSESSMENT

(CIRCLE ALL THAT APPLY)

1. RISK FACTORS

- ✓ Current/past psychiatric diagnosis, especially mood disorders, schizophrenia, alcohol/substance abuse. Cluster B personality disorders. Co-morbidity increases risk
- ✓ Key symptoms: anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations
- ✓ History of prior suicide attempts, aborted suicide attempts or self-injurious behavior
- ✓ Family history of suicide, attempts or Axis 1 psychiatric diagnoses requiring hospitalization
- ✓ Precipitants/stressors: triggering events leading to humiliation, shame or despair, (i.e., Loss of relationship, financial, or health status – real or anticipated.) Ongoing medical illness (esp: CNS disorders, pain), history of abuse or neglect, Intoxication
- ✓ Access to firearms

2. PROTECTIVE FACTORS

Protective factors, even if present, may not counteract significant acute risk.

- ✓ *Internal:* ability to cope with stress, religious beliefs, frustration tolerance, absence of psychosis
- ✓ *External:* responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. SUICIDE INQUIRY

Specific questioning about thoughts, plans, behaviors, intent

- ✓ Ideation: frequency, intensity, duration in last 48 hours, past month and worst ever
- ✓ Plan: *evaluate steps taken to enact the plan.* Timing, location, lethality and availability are key
- ✓ Behaviors: rehearsals (tying noose, loading gun), aborted attempts, and past attempts
- ✓ Intent: expectations of plan's lethality can reveal intent. *Ambivalence:* reasons to die vs. reasons to live
- ✓ Assess for *homicidal ideation* (esp. postpartum cases, character disordered males dealing with separation)

4. DETERMINE RISK LEVEL/INTERVENTION

- ✓ *Assessment of risk level is based on clinical judgment,* after completing steps 1-3
- ✓ Risk level needs to be reassessed as patient or environmental circumstances change
(circle one)

| RISK LEVEL | RISK/PROTECTIVE FACTORS | SUICIDALITY | POSSIBLE INTERVENTIONS |
|------------|--|--|---|
| Low | Modifiable risk factors strong protective factors | Thoughts of death, no plan, intent, or behavior | Outpatient referral, symptom reduction Give emergency info * |
| Moderate | Multiple risk factors few protective factors | Suicidal ideation with plan, but no intent or behavior | Admission may be necessary depending on risk factors. Develop crisis plan Give emergency info * |
| High | Comorbid, high-risk diagnoses minimal protective factors | Persistent suicidal ideation with strong intent suicide rehearsal, aborted attempt or failed attempt | Admission generally indicated unless a significant change reduces risk, Suicide precautions |

(This chart is intended to represent a range of risk levels and interventions, not actual determinations)

5. DOCUMENTATION

- ✓ **Suicide Assessment** should be conducted at first contact, for any subsequent suicidal behavior/ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge noting follow-up instructions
- ✓ **Documentation Includes:** the risk level, the basis for its determination, and the treatment plan to address / reduce the current risk (i.e. Medication, setting, contact with significant others, consultation)

Signature _____

Print Name _____

Date/Time _____



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PATIENT LABEL