

ADOLESCENT SUICIDE - ASSESSMENT OF 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.

Sam Lavine 0101010

13-Jun-1996 15 F

SUICIDE SCREEN ☐ **NEGATIVE** ☒ **POSITIVE****Collateral Sources** **Parents, Aunt. Patient well known to writer. DBT Therapist contacted by phone today.****CHRONIC RISK FACTORS****Suicide Specific**Prior Suicide Attempt ☒History of Suicidal Thinking or Behaviour ☒**Patient Related**History of Psychotic or Major Affective Disorder ☒Male Sex ☐History of Aggression ☐Ethnic or Cultural Risk Group ☐Chronic Illness Causing Severe Pain or Disability ☒**System Related**Family History of Mental Health Disorder ☒Family History of Suicide ☐History of Parental or Sibling Loss ☐History of Trauma, Abuse, Neglect ☒History of Frequent Change of Address ☐**ACUTE RISK FACTORS****Suicide Specific**Recent Suicidal Thinking or Behaviour ☒Active Suicidal Ideation ☒Accessibility to Suicidal Means ☒Lethality of Suicidal Plan or Attempt ☒**Patient Related**High Anxiety / Agitation on Interview ☐Current Psychiatric Illness ☒Current Substance Misuse ☒No Compliance or Response to Treatment ☐Impulsivity ☐Hopelessness ☒**System Related**Recent Loss or Major Life Change ☐Lack of Social Supports ☐Lack of Professional Supports ☐Caregiver Unavailable or Inappropriate ☐**Acuity Assessment of Suicide Risk**☒ **CHRONIC**☐ **CHRONIC with ACUTE Exacerbation**☐ **ACUTE****Suicide Risk Assessment Rationale**

(may also include protective or other factors used in assessing risk)

Sam has had previous presentations very similar to today's. Histrionic ++ and using language of suicide in the context of poor coping skills. Presents to multiple hospitals with vague somatic complaints. Seems rehearsed in responses indicating suicidal ideation. Aware of friend on CAPE unit currently. Deception is detected and likely attempting to access CAPE Unit. HOSPITALIZATION TOXIC. Multiple hospitalizations have not been successful at reducing risk; in fact tends to regress and/or acquire new symptoms during hospitalization. Aunt understands reason for not admitting and will continue to access emergency resources when new symptoms arise or acute safety is a concern. HIGH CHRONIC RISK OF SUICIDE but hospitalization will not likely modify this risk.

Subjective assessment of Suicide Risk (Based upon above and other sources, rate the subjective sense of suicide risk)☐ **LOW**☐ **MODERATE**☒ **HIGH****Treatment/Interventions**☐ No specific interventions recommended as risk felt to be baseline / low**Faxed CARE Plan to HOSPITAL X (now resides close by)**

Return to ER as necessary – multiple ER presentations predicted due to psychiatric needs. Consultation to psychiatry as appropriate (CARE PLAN: if symptoms or acuity changes)

Suggest interdisciplinary meeting with CYMH, MCFD, Aunt, and Dr. Black (aware)☐ Admit to hospital unit:☒ Consultation: **Discussed with CAPE Physician (T. Black)**☒ Notification: **Aunt present and aware of safety concern**☒ Discussed safety planning☒ Discussed removing lethal means **Aunt keeping meds locked****Follow-Up****DBT therapist (tomorrow). Staying with aunt tonight. Aunt to call 9-1-1 if necessary.****Completed By****Dr. So Andso****Signature****Date****20 – FEB - 14**

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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.

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**.

Current Psychiatric Illness: 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"

severe hopelessness

command hallucinations

declining school performance

suicide pacts / groups

copycat suicidal behaviour

increasing withdrawal from peers

EXAMPLES OF "PROTECTIVE RISK FACTORS"

supportive family network

oriented to the future

excellent therapeutic rapport

pertinent negatives

secondary gain for suicidal behaviour

good problem-solving skills

strong positive cultural identity

personal success

effective established treatments



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