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.

Jessica White 1234567 13-Jan-1998 13 F

SUICIDE SCREEN ** NEGATIVE O POSITIV	√E
Collateral Sources Mother (Jill White, 604-555	5-5555); Father (James White, 604-555-5555)
CHRONIC RISK FACTORS	ACUTE RISK FACTORS
Suicide Specific	Suicide Specific
Prior Suicide Attempt	O Recent Suicidal Thinking or Behaviour O
History of Suicidal Thinking or Behaviour	O Active Suicidal Ideation O
Patient Related	Accessibility to Suicidal Means O
History of Psychotic or Major Affective Disorder	C Lethality of Suicidal Plan or Attempt C
Male Sex	O Patient Related
, , ,	O High Anxiety / Agitation on Interview O
· · · · · · · · · · · · · · · · · · ·	O Current Psychiatric Illness
	O Current Substance Misuse O
System Related	No Compliance or Response to Treatment O
	Impulsivity O
	O Hopelessness O
	System Related
	Recent Loss or Major Life Change
History of Frequent Change of Address	C Lack of Social Supports C Lack of Professional Supports C
	Caregiver Unavailable or Inappropriate O
Acuity Assessment of Suicide Risk	Caregiver oriavaliable or irrappropriate o
№ N/A O CHRONIC O CHRONIC	with ACUTE Exacerbation O ACUTE
W N/A C CIMOTIC C CIMOTIC	A THE PARTY OF THE
Suicide Risk Assessment Rationale (may	y also include protective or other factors used in assessing risk)
(may also include protective of other factors asea in assessing risk)	
No history of suicidal thinking or behaviours.	
Parents and Jessica willing to engage in treatme	ant
Future orientation and has connected well to school counsellor.	
Will be considering SSRI start; discussed risks including SI risk to family and Jessica.	
will be considering 35Ki start, discussed risks including 5Frisk to failing and Jessica.	
Subjective assessment of Suicide Rick (Based und	on above and other sources, rate the subjective sense of suicide risk)
LOW O MODER	
	interventions recommended as risk felt to be baseline / low
Treatment/Interventions	
O Admit to hospital unit:	
O Consultation:	
Notification:	
Discussed safety planning O Discussed removing lethal means	
	and analysis and administration are an area of the control of the
Follow-Up Dr. Sylvia Smith, GP (for medical	ations); regularly seeing outpatient counsellor (Troy Murphy)
Completed By Dr. Tyler R Black. Si	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.

<u>Impulsivity</u>: 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 suicide pacts / groups copycat suicidal behaviour

declining school performance increasing withdrawal from peers

EXAMPLES OF "PROTECTIVE RISK FACTORS"

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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Please contact the author, Dr. Tyler R. Black at tblack@cw.bc.ca, for questions or to request permission for other uses.

This form is not medical advice and is only intended to document, not replace, clinical judgment.