

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.

James Monroe 9999999

13-Jun-1995 16 M

SUICIDE SCREEN ☐ **NEGATIVE** ☒ **POSITIVE****Collateral Sources** **SW who attended did not know patient – parents unavailable by phone.****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)

Evasive and edgy – threatening language used regarding previous suicide attempts – aware of previous attempts and threatening to “do it proper this time.” Multiple acute risk factors but most pressing is current conflict with and current availability of parents. Previous attempt was ++ dangerous. Current friend group is rejecting, stating very likely to leave appointment and use illicit drugs.

TRIED ALL AVAILABLE #'s FOR PARENTS – NO ANSWER**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**Certified x 1; 9-1-1 called and ambulance transferred to ER****Phone calls to parents attempted but no response**Admit to hospital unit: **BCCH ER**Consultation: **CAPE (T. Black)**Notification: **Not successful (See above)**☐ Discussed safety planning☐ Discussed removing lethal means**Follow-Up****To be seen by Dr. P. Korn in ER; discussed on phone; Dr. T. Black aware****Completed By****Dr. So Andso****Signature****Date****20 – FEB - 12**

Copyright © 2012 by Dr. Tyler R. Black.

All rights reserved; see reverse for licensing details (CC BY-NC-ND 2.5).

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.

James Monroe 9999999

13-Jun-1995 16 M

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

suicide pacts / groups

command hallucinations

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



No commercial use, or modifications or derivative works, may be made without permission of the author; licensed under Creative Commons Attribution-NonCommercial-NoDerivs 2.5 Canada License available at <http://creativecommons.org/licenses/by-nc-nd/2.5/ca/>. For greater clarity, unmodified use for clinical care of patients in a non-profit setting is permitted.

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.