



**RISK ASSESSMENT: Suicide risk assessment is based upon an assessment of background conditions, current factors and clinical judgement.**

<b>Suicide Risk Screening Tool</b>			
<b>1: Evidence of suicidal ideation.</b>		Tick box if Yes	<input type="checkbox"/>
<b>Have things been so bad lately that you have thought about suicide? If Yes</b> How often do you have these thoughts? How long have you been having the thoughts? Are the thoughts getting stronger? Have you had the thoughts in the past 24 hours?			
<b>2: Current Plan</b>		Tick box if Yes	<input type="checkbox"/>
<b>Have you made any current plans to take your own life?</b> Planned method? Where would it occur? How immediate is the plan? <b>Immediate</b> or <b>Next 24 hours (risk score is Emergency, implement emergency action)</b> Week, Nonspecific, Other Access to lethal means? No <input type="checkbox"/> Yes <input type="checkbox"/> Have you been taking a lot more risks lately? Examples include: No <input type="checkbox"/> Yes <input type="checkbox"/> Increased alcohol and or drug use, Reckless or dangerous driving			
<b>3: History or previous attempts:</b>		Tick box if Yes	<input type="checkbox"/>
<b>Have you ever tried to take your own life before? If Yes</b> How many attempts? How long ago? Prior diagnosis or psychiatric episode Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>			
<b>4: Current Stressors:</b>		Tick box is Yes	<input type="checkbox"/>
<b>Have you been going through upsetting events lately? Examples include:</b> Relationship breakup, Family conflict, Job loss or unemployment, Abuse or DV, Legal issues, Chronic pain or illness, Grief or Loss. Trauma <b>Other:</b>			
<b>5: Evidence of protective factors - people:</b>		Tick box if No	<input type="checkbox"/>
<b>Do you have anyone to support you?</b> Family, GP, Friends, Partner, Colleagues, Service or health worker			
<b>6: Evidence of protective factors – personal coping strategies present:</b>		Tick box if No	<input type="checkbox"/>
<b>What has helped you through tough times before?</b> Reasons to live: Strategies used to manage previous crises: Personal strengths:			
<b>Overall Risk of Attempt and Action: Count the number of ticked boxes ticked</b>			
Low <input type="checkbox"/> (0-1)	Medium (2-3)	High (4-6)	<b>Emergency (4-6) and / or immediate or in next 24 hours plan</b>
<b>Refer to SWSPHN Suicide Prevention Service</b> Complete referral form Have patient sign their consent to referral <b>FAX to 4623 1796</b>		Arrange transport and referral to local Community Mental Health Emergency Team or Emergency Department after hours	<b>Do not leave patient alone.</b> <b>Arrange transport to emergency department by ambulance (police required if patient is unwilling to be transported – requires form to be scheduled)</b>