

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

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