

Suicide Assessment Document

"SAFE-T Protocol with C-SSRS" - Recent

Step 1: Identify Risk Factors	
C-SSRS Suicidal Ideation Severity	Month
1) Wish to be dead <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>	
2) Current suicidal thoughts <i>Have you actually had any thoughts of killing yourself?</i>	
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) <i>Have you been thinking about how you might do this?</i>	
4) Suicidal Intent without Specific Plan <i>Have you had these thoughts and had some intention of acting on them?</i>	
5) Intent with Plan <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>	
C-SSRS Suicidal Behavior: "Have you ever done anything, started to do anything, or prepared to do anything to end your life?" Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If "YES" Was it within the past 3 months?	Lifetime
	Past 3 Months
Current and Past Psychiatric Dx: <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Alcohol/substance abuse disorders <input type="checkbox"/> PTSD <input type="checkbox"/> ADHD <input type="checkbox"/> TBI <input type="checkbox"/> Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic) <input type="checkbox"/> Conduct problems (antisocial behavior, aggression, impulsivity) <input type="checkbox"/> Recent onset Presenting Symptoms: <input type="checkbox"/> Anhedonia <input type="checkbox"/> Impulsivity <input type="checkbox"/> Hopelessness or despair <input type="checkbox"/> Anxiety and/or panic <input type="checkbox"/> Insomnia <input type="checkbox"/> Command hallucinations <input type="checkbox"/> Psychosis	Family History: <input type="checkbox"/> Suicide <input type="checkbox"/> Suicidal behavior <input type="checkbox"/> Axis I psychiatric diagnoses requiring hospitalization Precipitants/Stressors: <input type="checkbox"/> Triggering events leading to humiliation, shame, and/or despair (e.g. Loss of relationship, financial or health status) (real or anticipated) <input type="checkbox"/> Chronic physical pain or other acute medical problem (e.g. CNS disorders) <input type="checkbox"/> Sexual/physical abuse <input type="checkbox"/> Substance intoxication or withdrawal <input type="checkbox"/> Pending incarceration or homelessness <input type="checkbox"/> Legal problems <input type="checkbox"/> Inadequate social supports <input type="checkbox"/> Social isolation <input type="checkbox"/> Perceived burden on others Change in treatment: <input type="checkbox"/> Recent inpatient discharge <input type="checkbox"/> Change in provider or treatment (i.e., medications, psychotherapy, milieu) <input type="checkbox"/> Hopeless or dissatisfied with provider or treatment <input type="checkbox"/> Non-compliant or not receiving treatment
<input type="checkbox"/> Access to lethal methods: Ask <u>specifically</u> about presence or absence of a firearm in the home or ease of accessing	
Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)	

- ☐ Cultural, spiritual and/or moral attitudes against suicide
- ☐ Responsibility to children
- ☐ Beloved pets
- ☐ Supportive social network of family or friends
- ☐ Positive therapeutic relationships
- ☐ Engaged in work or school

If semi-structured interview is preferred to complete this section, clinicians may opt to complete C-SSRS [Lifetime/Recent](#) for comprehensive behavior/lethality assessment.

Total Score

Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

“The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential **clinical judgment**, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior.”

From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

RISK STRATIFICATION	TRIAGE
<u>High Suicide Risk</u> <input type="checkbox"/> Suicidal ideation with intent or intent with plan <u>in past month</u> (C-SSRS Suicidal Ideation #4 or #5) Or <input type="checkbox"/> Suicidal behavior <u>within past 3 months</u> (C-SSRS Suicidal Behavior)	<input type="checkbox"/> Initiate local psychiatric admission process <input type="checkbox"/> Stay with patient until transfer to higher level of care is complete <input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation
<u>Moderate Suicide Risk</u> <input type="checkbox"/> Suicidal ideation with method, <u>WITHOUT plan, intent or behavior in past month</u> (C-SSRS Suicidal Ideation #3) Or <input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) Or <input type="checkbox"/> Multiple risk factors and few protective factors	<input type="checkbox"/> Directly address suicide risk, implementing suicide prevention strategies <input type="checkbox"/> Develop Safety Plan
<u>Low Suicide Risk</u> <input type="checkbox"/> Wish to die or Suicidal Ideation <u>WITHOUT method, intent, plan or behavior</u> (C-SSRS Suicidal Ideation #1 or #2) Or <input type="checkbox"/> Modifiable risk factors and strong protective factors Or <input type="checkbox"/> No reported history of Suicidal Ideation or Behavior	<input type="checkbox"/> Discretionary Outpatient Referral

Step 5: Documentation

Risk Level :

- ☐ High Suicide Risk
- ☐ Moderate Suicide Risk
- ☐ Low Suicide Risk

Clinical Note:

- ☐ Your Clinical Observation
- ☐ Relevant Mental Status Information
- ☐ Methods of Suicide Risk Evaluation
- ☐ Brief Evaluation Summary
 - ☐ Warning Signs
 - ☐ Risk Indicators
 - ☐ Protective Factors
 - ☐ Access to Lethal Means
 - ☐ Collateral Sources Used and Relevant Information Obtained
 - ☐ Specific Assessment Data to Support Risk Determination
 - ☐ Rationale for Actions Taken and Not Taken
- ☐ Provision of Crisis Line 1-800-273-TALK(8255)
- ☐ Implementation of Safety Plan (If Applicable)