Appendix B: Suicide Assessment

Crisis Assessment Form – Guidelines*

RISK ASSESSMENT

Part A: Danger to Self

Suicidal Ideation: ____ Yes ____ No

- Are you currently having any thoughts of hurting yourself (self-harm) or suicidal thoughts?
- If yes, tell me more about what the thoughts are (find out specifics).
- Are the thoughts increasing in frequency and intensity?
- Are you spending a lot of time contemplating suicide or hurting yourself, or are they fleeting thoughts? (during the last 48 hours)
- How are you responding to the thoughts? (dwelling vs. distracting self)

Active suicidal thought with intensity, increasing frequency, and occupying a lot of time all increase risk.

Suicidal Plan: ____ Yes ____ No

- Are you spending a lot of time planning how you would hurt or kill yourself?
- Do you have a specific plan?
- Find out as many details as possible about the plan (when, what, where, how).
- Do you have a specific date of when you would hurt or kill yourself?
- Is there anything that would hold you back? (e.g., family, friends, religious convictions, pet)

A well-thought-out plan increases risk.

Access to Plan: ____ Yes ____ No

- Do you have access to your plan? (e.g., Do you have a gun or are you able to get a gun?)
- If plan involves an overdose, ask what pills they plan to take, where the pills are now, and have they been stockpiling pills?
- Assess location of means (e.g., Where is the gun/rope/pills, etc.?)

The more accessible the plan, the higher the risk.

*Developed by Sandra Cushing, MSW, and Susan Boyd, BSW, Alcohol, Drug and Gambling Services, Social and Public Health Services Division, City of Hamilton and Regional Municipality of Hamilton-Wentworth. Reprinted by permission of the authors.

Preparations Made: ____ Yes ____ No

- Find out details of any previous attempts made (what did they do?)
- How many past attempts? What happened? Who found you? Did you require medical attention?
- Did you tell anyone about the suicide attempt?
- Did you try to hide the attempt from others?
- Was your aim to kill yourself or was it accidental?
- Also ask if the person has ever come close to taking any action or risky behaviour that has resulted in a threat to his or her life (e.g., unintentional and/or past risky actions/behaviours).
- Assess the lethality of previous attempts and/or past risky actions/behaviours.
- How is the current suicide/self-harm plan similar or different from past attempts?

Serious lethal attempts and/or attempts made in isolation increase risk level.

Command Hallucinations: ____ Yes ____ No

- Are you hearing any voices or seeing any visions telling you to harm or kill yourself?
- Are you receiving any messages (e.g., from internal or external sources — radio or TV)?
- If yes, what is the voice saying? What is the vision? Whose voice is it?
- How often is the voice or vision occurring?
- Are others involved?
- How is the voice or vision making you feel? (scared? Is it a derogatory voice?)

If the person is experiencing command hallucinations, immediate hospital or medical attention should be sought to ensure his or her safety. The person may be admittable to hospital on an involuntary basis, if he or she is unable to go on his or her own.

Family/Network History: ____ Yes ____ No

- Have any of your family members or close friends or acquaintances completed suicide or made serious attempts?
- If so, when?

- How did they complete suicide?

Risk increases if family/network history of completed suicide exists and risk further increases the more recent the family/network completed suicide.

Part B: Danger to Others

Homicidal Thoughts: ____ Yes ____ No

- Are you currently having any thoughts of hurting or killing anyone?
- What thoughts are you having? Tell me more (get specific details).
- Who are the thoughts about?
- How far are you away from that (those) persons(s)? How long would it take you to find them?
- Is there anyone there with you right now? (Assess the safety of that person)
- How much time are you spending thinking about hurting or killing that (those) person(s), or someone? Are the thoughts fleeting?
- Have you pictured yourself following through with your plan?
- Is the intensity of the thoughts increasing?

Current Violent Thought: ____ Yes ____ No

Plan

- Find out as many details as possible.
- Who does it involve?
- How soon do they plan to carry it out?
- What means (weapons, etc.) does it entail? Are the means to carry out the plan in place?
- When do they intend to act on their thoughts/plan?

Also assess general thoughts of violence or anger. (e.g., Do such thoughts relate to past abuse/trauma? How do they express anger and violence?)

Access to Plan: ____ Yes ____ No

1. Is (are) the person(s) you are wishing to harm/kill within access (versus feeling vengeful toward someone you have lost track of and are unable to locate).
2. Do you have weapons/means in place to carry out the plan? (How easily can client access the means/weapons needed?)

3. Have you started to follow that person (e.g., stalking)? (Does client know the person's routine?)
4. If you are following the person, are you carrying weapons with you?

History of Violence: _____ Yes _____ No

1. Have you had any past history of violence toward others? If yes, find out details of violent acts — what, when, who, consequences, remorse.
2. Have you ever been a victim of violence/abuse?
3. Have you ever been charged and/or convicted of violence (assault) in the past? (When, what was the nature of the offence, etc.)

Fears and Consequences: _____ Yes _____ No

1. Are you concerned about the potential consequences if you act on your plan to harm/kill someone else? (e.g., legal, incarceration, impact on other person and family, remorse)

Command Hallucinations: _____ Yes _____ No

- Are you hearing any voices (internal or external) or seeing any visions telling you to hurt or kill someone else?
- If yes, where are the voices/visions coming from?
- What are the voices/visions telling you?
- Do you recognize the voice or the person(s) in the vision?
- How are you coping with hearing the voices? Seeing the vision?
- How long have the voices/visions been occurring? Are they intensifying (occurring more frequently, for longer periods of time)?

If command hallucinations are occurring, risk of harm to others is very high. Immediate medical attention/psychiatric assessment should be sought. If person is unwilling to do so, an involuntary hospital admission may be needed.

Overall Evaluation of Risk for Danger to Others:

None Low Moderate High

- Risk is high if the individual has a clear plan, means and access to the person(s) he or she wishes to harm or kill.
- Command hallucinations also present high risk. Hallucinations could lead the individual to act impulsively, even if a clear plan and access are not in place.

- A violent history, lack of remorse, no fear of consequences all further risk.

None to Low risk when thoughts are more based in anger with no plan of action and no access/means available to act on thoughts.

Client Presentation:

Angry	Agitated
Anxious	Paranoid/delusional
Hallucinating	Disoriented
Coherent	Indifferent
Sadness	Incoherent
Labile	Alert
Weight change	Sleep change
Substance abuse	Hopeless/helpless
Self-harm	Appetite disturbance

*Labile — rapid fluctuation in mood/presentation (i.e., crying to angry)

Specifics: ____

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Risk Assessment:

Danger to self	____ Yes	____ No
Suicidal ideation	____ Yes	____ No
Suicide plan	____ Yes	____ No
Access to plan	____ Yes	____ No
Preparations made	____ Yes	____ No
Previous attempts	____ Yes	____ No
Command hallucinations	____ Yes	____ No
Family/network history	____ Yes	____ No

Withdraw/isolated	____ Yes	____ No
Future orientation	____ Yes	____ No
Danger to others	____ Yes	____ No
Homicidal thoughts	____ Yes	____ No
Current violent thoughts	____ Yes	____ No
Access to plan	____ Yes	____ No
Violent history	____ Yes	____ No
Fears consequences	____ Yes	____ No

Risk Assessment Summary:

Self	None	Low	Moderate	High
Others	None	Low	Moderate	High
Wants help			____ Yes	____ No

Specifics and action plan: ____

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