

## **Suicide Risk Assessment Process, Guidelines & Forms**

In the Counselling and Accessibility Services department of Fanshawe College in London Ontario we were experiencing a significant increase each year in the number of students presenting with suicidal ideation. In our counsellors' bi-weekly clinical peer supervision groups we began to question the effectiveness of how we were working with such students.

We decided to form a task group to look into what was being done at other campuses, community agencies and hospitals to see if we could improve both the effectiveness and the efficiency of our present model. We decided it was time to review all aspects including our three forms for i) suicide risk assessment, ii) safety contract and iii) safety plan. We also wanted to review our present process of how we were responding.

With help from our senior manager Lois Wey and our task group members we sent out emails to 107 post-secondary campuses, community agencies and hospitals requesting their input and best practices. We received an encouraging number of responses sharing their forms and protocols. We also received numerous requests for us to share the final results of our investigation. Our group also reviewed a variety of scholarly publications presenting evidence based research findings on our topic.

After much searching, reviewing and lively discussion our task group drafted new versions of our:

- i) suicide risk assessment form,
- ii) safety contract
- iii) safety plan and
- iv) a set of process guidelines.

We then presented to the larger group of counsellors at our bi-weekly business meeting where there was more discussion and a few minor revisions were made.

We have been implementing our new forms and process guidelines for several weeks now and are feeling more clinically confident in how we are responding to students who present with suicidal ideation.

We have shared our new model with all our colleagues to whom we made our initial request for input and now we would like to share with you.

## When student presents with suicidal ideation

Remember the purpose is to:

1. **Assess** the level of risk so you can make informed clinical decisions.  
Ask yourself what you need to make this assessment (all or part of the Suicide Risk Assessment Form, BDI. ?) Ask yourself if you need to consult with a peer or manager as part of your assessment. You may already be able to assess the level of risk by what the student has disclosed. If you are clear on your plan of action consult with peer or manager afterwards. The student's safety is priority.
2. **Decide** on your clinical plan (e.g. to send student to ER with supporting documents or develop safety plan/safety contract and allow student to leave your office with a follow- up appointment or...)
3. **Act** on your clinical decision and set plan into action.

*Remember research shows that 'there is no consensus on which is 'the' most effective risk assessment tool. No tool can predict suicide; instead certain tools provide pertinent information to inform clinical decision-making.'* (Suicide Risk Assessment Guide Ontario Hospital Association, Canadian Patient Safety Institute.)

4. **Record** your counselling session in your case notes data base:
  - Record if any kind of risk assessment has been done (whether form is completed or partially completed) e.g. In Clockwork, check off Suicide Risk 'checkbox').
  - Highlight for reception staff that student may present 'at risk'.  
e.g. In Clockwork in "Important Information (red box) on Student Information page add a brief dated note about risk.
  - SCAN a copy of any documents you have completed or partially completed e.g. Suicide Risk Assessment, BDI, BAI, Safety Contract and/or Safety Plan etc. e.g. In Clockwork save under "Documents" in the student's file.
  - As usual complete your narrative case notes e.g. in Clockwork in student's file.
  - If a Suicide Risk Assessment form is completed or partially completed provide manager with original to sign off.



# Counselling and Accessibility Services – Suicide Risk Screening Form

Name:		Student #:		Date of Birth:	
Phone:		Local Address:			
A: Thoughts: Suicidal <input type="checkbox"/>		Client defined frequency		<input type="checkbox"/> Hourly, <input type="checkbox"/> daily, <input type="checkbox"/> weekly	
		Intensity Now		Low 1 2 3 4 5 6 7 8 9 10 High	
		How bad does it get?		Low 1 2 3 4 5 6 7 8 9 10 High	
		Intention of <u>acting</u> on thoughts		Low 1 2 3 4 5 6 7 8 9 10 High	
B: Prior suicide ideation		Y <input type="checkbox"/> N <input type="checkbox"/> If yes:			
C: Prior suicide attempt		Y <input type="checkbox"/> N <input type="checkbox"/> If yes:			
D: Current plan		Y <input type="checkbox"/> N <input type="checkbox"/> Specify:			
E: Availability of Means:					
F: Risk Factors			Notes:		
1. Client lives alone		Y <input type="checkbox"/> N <input type="checkbox"/>			
2. Client reports being angry with others		Y <input type="checkbox"/> N <input type="checkbox"/>			
3. Client reports indifference/apathy		Y <input type="checkbox"/> N <input type="checkbox"/>			
4. Client has given away prized possessions		Y <input type="checkbox"/> N <input type="checkbox"/>			
5. Alcohol abuse		Y <input type="checkbox"/> N <input type="checkbox"/>		Frequency: High Medium Low	
Other Drugs		Y <input type="checkbox"/> N <input type="checkbox"/>		Frequency: High Medium Low	
6. Depressive symptoms		Y <input type="checkbox"/> N <input type="checkbox"/>			
7. Symptom screening tool attached		Y <input type="checkbox"/> N <input type="checkbox"/>			
8. History of suicide by family/friend		Y <input type="checkbox"/> N <input type="checkbox"/>			
9. Taking mood stabilizing Medication		Y <input type="checkbox"/> N <input type="checkbox"/>			
G. Family/Social Support:		Y <input type="checkbox"/> N <input type="checkbox"/>		Social Isolation <input type="checkbox"/>	
H. Critical Event/trigger:		Y <input type="checkbox"/> N <input type="checkbox"/>			

I. Recent or significant losses:		Y <input type="checkbox"/> N <input type="checkbox"/>	
Deterrents to Suicide:			
<b>PLAN</b>			
<input type="checkbox"/> Safety contract done with student and attached			
<input type="checkbox"/> Advised of Hospital Emergency Department services. Specify:			
<input type="checkbox"/> Sent to ER <input type="checkbox"/> Contacted CEPS Nurse: 519- 685-8500 x54939, CEPS FAX: 519-685- 8091 Can have CEPS Social Worker paged (pager# 14505)			
<input type="checkbox"/> London Mental Health Crisis Service: 519-433-2023		<input type="checkbox"/> Called with Client, <input type="checkbox"/> Number provided (Counsellor: Identify yourself as 'service provider')	
<input type="checkbox"/> Fowler Kennedy Clinic at Fanshawe 5 19-452-4230		<input type="checkbox"/> Called with Client, <input type="checkbox"/> Referral Form	
<input type="checkbox"/> Campus Security (519-452-4400) in Emergency x4242)		<input type="checkbox"/> Called with Client, <input type="checkbox"/> Number provided	
<input type="checkbox"/> Police 911 or Police Family Consultants 519-661-5636		<input type="checkbox"/> Called with Client, <input type="checkbox"/> Number provided	
<input type="checkbox"/> Family Doctor:		<input type="checkbox"/> Called with Client, <input type="checkbox"/> Client will call	
<input type="checkbox"/> Parents/Family/Friends/Spouse:		<input type="checkbox"/> Called with Client, <input type="checkbox"/> Client will call	
<input type="checkbox"/> Consulted with Manager or other Counsellor		Name:	
<input type="checkbox"/> Counselling Appointment Scheduled		Date:	Name:
<input type="checkbox"/> Counsellor's perception of risk:		Low   1   2   3   4   5   6   7   8   9   10   High	
Other comments:			
Print Name and Sign Counsellor:		Date:	
Print Name and Sign: Manager:		Date:	
Print Name and Sign: Consulting Counsellor:		Date:	



Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Plan

Safe Activities /Objects/Thoughts

- 
- 
- 

Unsafe Activities & Objects

- 
- 
- 

Safe Places

- 
- 
- 

Unsafe Places

- 
- 
- 

Safe People/ Resources

- 
- 
- 

Unsafe People

- 
- 
- 

I will do the following to help myself stay safe:

- 
- 
- 

I will avoid the following as they are harmful to me

- 
- 
- 

Comments

## Safety Contract

I will not attempt suicide and the plan below will help to keep me safe.

Remember: Suicidal thoughts can be very strong. It may seem that they will last forever. With support and time, these thoughts usually pass. You can put your energy into sorting out problems that have contributed to you feeling so badly. The hopelessness you may feel now will not last forever. It is important to reach out for help and support. You can get through this difficult time.

When I experience suicidal thoughts I will:

1. Remind myself of my reasons for living; \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Other things I will do to care for myself (i.e. Services to access, self care, coping techniques)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Follow-up appointment scheduled for (date) \_\_\_\_\_ at (time) \_\_\_\_\_.

Counselor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_