



SUICIDE RISK ASSESSMENT & CRISIS RESPONSE PLANNING

Purpose: This infographic is intended to help mental health providers 1) identify components of a suicide risk assessment and documentation best practices and 2) identify key elements of an effective crisis and safety response plan.

- Key Points:**
- Know the appropriate crisis policies, procedures, and documentation requirements specific to your agency.
 - Become familiar with the facts, best practices and techniques of suicide prevention, assessment, and planning.

Suicide Risk Assessment: Identify warning signs, risk factors, and protective factors.

Warning Signs¹

- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Looking for a way to kill oneself
- Talking about being a burden to others
- Talking about wanting to die or to kill oneself
- Talking about feeling hopeless or feeling trapped

Risk Factors²

- Local epidemics of suicide
- Isolation
- Barriers to accessing mental health treatment
- Loss (relational, work, or financial)
- Easy access to lethal methods
- Previous suicide attempts
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness

Protective Factors²

Protective factors are characteristics that make it less likely an individual will consider, attempt, or die by suicide. Protective factors are found at the individual, familial, or community level.

- Effective clinical care services
- Access to clinical interventions and support
- Family and community support
- Ongoing medical and mental health care
- Problem solving, conflict resolution and positive coping skills
- Cultural and religious beliefs; spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Positive therapeutic relationship
- Contact with supportive caregivers

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Suicide Risk Assessment: Ask the question.



Become comfortable asking questions.

- Know your own thoughts and feelings about suicide

Ask direct questions from the assessment tool.

- The Columbia Suicide Severity Rating Scale (C-SSRS) is one evidence-based screening tool⁴

Recognize barriers to expressing suicidal thoughts.

- Individuals may fear being hospitalized or see asking for help as a sign of weakness

Listen carefully.

- Be open-minded and non-judgmental.



Tip to Remember: Know when to ask the question.

- Ask early and often
- During a pre-assessment screening or at intake
- At subsequent sessions, especially if warning signs or risk factors are present⁵
- Re-assess approximately every 3 - 6 months or as life/situational changes occur



Crisis Response Planning:

Complete a crisis plan when an individual has expressed suicidal ideation in the past year, has a history of thoughts, plans, attempts or risk factors, or anytime you are concerned about safety.

Individual Crisis Plan

Essential Elements Include:³

- Develop when the individual is calm
- Create a living document that is revised frequently
- Focus on preventing future crises: identify supportive people & contact information, coping strategies, helpful interventions, key triggers, & warning signs
- The one thing that is most important to me and worth living for is _____



Tip to Remember: Emphasis should be placed on equipping and empowering the individual to respond before a crisis develops.



Tip to Remember: Collaboration among all support people the individual would like to involve is key.⁵

Agency Crisis Response Policy

Essential Elements Include:⁵

- The measures used to assess suicide risk
- Who is the main contact/point person for decision-making
- The criteria for hospitalization, involuntary hospitalizations
- The follow up procedures



Documenting the Risk Assessment and Formulation:

The questions have been asked, and the information has been synthesized. It is time to document. The following information is important to include:⁵

Long-term risk factors:

These are background or predisposing factors, past history of potential or actual self-harm or history of risky behaviors.

- Ex: chronic depression

Level of engagement and reliability: What level did the individual engage in the risk assessment and formulation process? Does the clinician have concerns about the individual's reporting?

- Ex: conflicting information

Self-control and impulsivity:

Include factors that could compromise the individual's judgement, cause him/her to act unpredictably, or interfere with the individual's ability to manage impulsive behaviors and decisions.

- Ex: verbal outbursts

Identified stressors:

What are the key things that are stressful for the individual now?

- Ex: family conflict

Suicidal ideation and behavior:

This information can be gathered from the assessment tool (e.g., C-SSRS) or reported by others.

- Ex: previous attempt

Clinical presentation:

How does the individual present in appearance and mood; does it change when discussing the topic of suicide?

- Ex: depressed mood



Tip to Remember: Key elements for documentation include: actions and decisions; details of the safety and crisis support plan; options considered and rejected; any actions and referrals for unmet needs; and consultation if applicable.⁵

References

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