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
- 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 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.

Protective Factors²

- 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

Substance Abuse and Mental Health Services Administration.

- coping skills This work is supported by grant SM081774 from the Department of Health and Human Services,
- Sense of responsibility to family

Cultural and religious beliefs; spirituality

Children in the home, pregnancy

Life satisfaction

- Positive therapeutic relationship Contact with supportive caregivers



Suicide Risk Assessment: Ask the question.



Know your own thoughts and feelings

Become comfortable asking questions.



about suicide

Ask direct questions from the assessment tool.



Scale (C-SSRS) is one evidencebased screening tool4

The Columbia Suicide Severity Rating

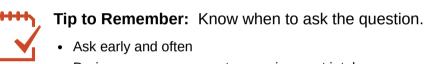
Individuals may fear being hospitalized

Recognize barriers to expressing suicidal thoughts.



or see asking for help as a sign of weakness Listen carefully.

Be open-minded and non-judgmental.



During a pre-assessment screening or at intake

- At subsequent sessions, especially if warning signs or risk factors are present 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.

Agency Crisis Response Policy Individual Crisis Plan

Develop when the individual is calm

Essential Elements Include: 3

Create a living document that is

- revised frequently Focus on preventing future crises:
- information, coping strategies, helpful interventions, key triggers, & warning signs The one thing that is most important to me and worth living for is __

identify supportive people & contact

the individual to respond before a crisis develops.

The measures used to assess

Essential Elements Include: 5

suicide risk Who is the main contact/point

- person for decision-making The criteria for hospitalization, involuntary hospitalizations

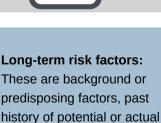
The follow up procedures



like to involve is key.5

Tip to Remember: Emphasis should be placed on equipping and empowering

Tip to Remember: Collaboration among all support people the individual would



behavior: This information can Include factors that could compromise the individual's be gathered from the judgement, cause him/her to act assessment tool (e.g., C-SSRS)

Ex: verbal outbursts

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:

Self-control and impulsivity:

unpredictably, or interfere with the

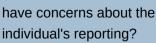
individual's ability to manage impulsive behaviors and decisions.

Level of engagement and reliability: What level did the individual engage in the risk

assessment and formulation

process? Does the clinician

self-harm or history of risky



References

behaviors.

individual's reporting? Ex: conflicting information

Ex: chronic depression

Identified stressors:



Ex: family conflict

Ex: previous attempt

or reported by others.

Suicidal ideation and

Clinical presentation: How does the individual present in appearance and mood; does it change when

discussing the topic of



suicide?

Tip to Remember: Key elements for documentation include: actions and decisions; details of the safety and crisis support plan; options considered

Ex: depressed mood

applicable.5

https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html 3. University of Washington. 2016. Crisis Prevention Planning (CPP) - Tips. https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/4%20Coping%20Skills/Distress/Crisis-Prevention-Plan-CPP-Guide-Tips-Sheet-11-16-16.pdf

1. Southeast Mental Health Technology Transfer Center. July 2020. Suicide Risk Assessment Part One. Retrieved from

https://mhttcnetwork.org/centers/southeast-mhttc/product/suicide-risk-assessment-part-1

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2. Centers for Disease Control and Prevention. 2019. Risk and Protective Factors. Retrieved from

from https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/ 5. Southeast Mental Health Technology Transfer Center. July 2020. Suicide Risk Assessment Part Two. Retrieved from

4. Columbia Lighthouse Project. August 2020. About the Columbia-Suicide Severity Rating Scale (C-SSRS). Retrieved







and rejected; any actions and referrals for unmet needs; and consultation if



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