



Assessing Suicide Risk with SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1

IDENTIFY RISK FACTORS

Note those that can be modified to reduce risk.

- Current ideation, intent, plan, access to means
- Previous suicide attempt(s)
- Alcohol/substance abuse
- Previous history of psychiatric diagnosis
- Impulsivity and poor self-control
- Recent losses (physical, financial, personal)
- History of abuse (physical, sexual, emotional)
- Family history of suicide

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IDENTIFY PROTECTIVE FACTORS

Note those that can be enhanced.

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Positive coping skills
- Positive problem-solving skills
- Positive therapeutic relationship

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CONDUCT SUICIDE INQUIRY

Suicidal thoughts, plans, behavior, and intent.

Ask Questions

Are you feeling hopeless about the present/future?

If yes, ask:

Have you had thoughts about killing yourself?

If yes, ask:

Have you thought of ways to kill yourself?

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DETERMINE RISK LEVEL/INTERVENTION

Determine risk. Choose appropriate intervention to address and reduce risk.

Ask...

1. Have you decided how you would kill yourself?
2. Have you decided when you would kill yourself?
3. Do you have the items that you would need to follow through with your plan to kill yourself?

! The more thought out the plan, the higher the risk.

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DOCUMENT

Assessment of risk, rationale, intervention, and follow-up.



ASQ Suicide Screening Questions: bit.ly/3rHsxMp



Columbia-Suicide Severity Rating Scale (C-SSRS): bit.ly/3qFyhow

Adapted from SAMHSA's SAFE-T guide and the Department of Veteran Affairs' Suicide Risk Assessment Guide

We speak Spanish!

For more information about the Northeast and Caribbean MHTTC, please contact:

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