**Suicide Risk Response Protocol: Risk Assessment and Safety Plan**

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MFFS Agency Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL AND RESPONSE INFORMATION**

Counsellor completing risk response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of counsellor filling out this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCREENING AND SAFETY PLANNING:**

|  |  |  |
| --- | --- | --- |
| **Safety Factors** | **Possible questions/information** | **Notes** |
| Imminent harm to self | Are you in immediate danger of hurting |  |
| or others | yourself or others? Tell client why you believe |  |
|  | there is a need to report. *Call 911* |  |
|  | *immediately* |  |
|  |  |  |
| Unwilling/unable to | Involve client in seeking help if possible. How |  |
| participate in safety | can you get help? What specific actions, and |  |
| plan (e.g. in psychosis, | by whom? *Collect information on contacts* |  |
| under influence of |  |  |
| substances, unwilling |  |  |
| to keep safe) |  |  |
|  |  |  |
| Risk to self | Are you thinking of suicide right now? Do you |  |
|  | have thoughts of killing yourself? When? How |  |
|  | often? *Ask about frequency, intensity, most* |  |
|  | *recent time.* |  |
|  |  |  |
| Risk to others | Are you feeling angry, mad, frustrated with |  |
|  | anyone? Are you thinking of hurting or killing |  |
|  | someone else? Have you hurt other people |  |
|  | before? |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Suicide plan | Have you thought about how? When? |  |
|  | Where? Is there a plan? What is it? (How |  |
|  | planned, how soon, how prepared?) |  |
|  | Do you have a way to carry out the plan? |  |
|  | Who is going to find you? Who or what can |  |
|  | help us disable it safely? |  |
|  |  |  |
| Drug & alcohol use | Are you using any substances like drugs or |  |
|  | alcohol? Are you using any medications? How |  |
|  | are these affecting you? What is needed to |  |
|  | increase your safety or not use now? |  |
|  |  |  |
| Prior suicide behaviour | Have you ever tried suicide before? When, |  |
|  | where, how did you try? Did anyone else |  |
|  | know? What kind of support did you get and |  |
|  | from whom? What or who was most helpful |  |
|  | in getting you through the experience? |  |
|  |  |  |
| Mental Health | Have you ever been diagnosed with a mental |  |
| Concerns | health concern? Are you or have you ever |  |
|  | received mental health care? |  |
|  | What help have you had in the past that |  |
|  | might be helpful now? *Link to mental health* |  |
|  | *resources.* |  |
|  |  |  |
| Situational changes | What changes in situation can be made right |  |
|  | now that would help keep you safe? *What is* |  |
|  | *doable?* |  |
|  |  |  |
| Strengths available | What can you use right now to help keep you |  |
|  | safe? What activities or things help you feel |  |
|  | better? *Link to resources. Plan for 24 hour* |  |
|  | *and short-term safety.* |  |
|  |  |  |
| Supports needed | Who is someone who is able, acceptable, and |  |
|  | available for support with whom you are |  |
|  | comfortable to reach out? *List the contacts* |  |
|  | *with phone numbers in the safety plan.* |  |
|  |  |  |

**RISK ASSESMENT CHEKCLIST**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **✓** | |  |  |  |  | **✓** |  |
| Previous suicide attempts or accidents | |  |  | | Suicide in family or peer group | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Losses, pressures, rejections or failures | |  |  | | Safety or support is absent or inadequate | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Withdrawal and isolation | |  |  | | Signs of depression |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Poor coping skills |  |  |  | | Medical/psychiatric problems for self or family | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Sexual, Gender or cultural issues | |  |  | | Access to lethal means |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Substance use problems | |  |  | | Physical or sexual abuse |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Learning or cognitive problems | |  |  | | Client is male |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Loss or emotional deprivation | |  |  | | Chronic familial discord |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Recent changes in prescription medication | |  |  | | Suicidal Ideation |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **LEVEL OF RISK SCALE** | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Risk Factor** | **Potential Risk** |  | **✓** |  | **Significant Risk** | **✓** | **Imminent Risk** |  | **✓** |  |
|  | **(low)** |  |  | **(medium)** | **(high)** |  |  |
| ***Intention*** | Ideation with restraint |  |  |  | Ambivalence |  | Intention |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| ***Plan*** | No plan |  |  |  | Plan not well formed |  | Well formulated plan |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| ***Opportunity/Means*** | No opportunity or |  |  |  | Opportunity or means not |  | Opportunity and means |  |  |  |
|  | means |  |  |  | readily available. |  | available |  |  |  |
| ***Perceived Support*** | Several |  |  |  | At least one |  | None perceived |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| ***Future Plans*** | Yes |  |  |  | Some |  | None |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Based on the above, what is the current level of risk?

Low Medium High

**SAFTEY PLAN**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have thoughts of suicide or thoughts of hurting yourself, go through the plan until you are safe. With support and time, these thoughts and feelings can pass. Your safety plan can help you tolerate uncomfortable thoughts and feelings. When these pass, you can put energy into sorting out problems that have contributed to you feeling so badly. Since it can be hard to focus and think clearly when you are feeling overwhelmed, put this in a place where you can easily use it. You can get through this difficult time. It is important to reach out for help and support.

Reasons for living:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Things to be aware of (situations, thoughts, feelings, images, mood, behaviours):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ways to make my environment safe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ways to calm, comfort, and keep myself safe (distractions, coping skills, strategies):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Somewhere I can go to feel safe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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People I can contact who can support me:

Name

Phone

How they can support me

Care Provider I will call:

Agency

Phone

How they can support me

**If all of the above doesn’t help, call the crisis lines:**

Suicide Support Line: 1-800-784-2433 (1-800-SUICIDE)

Mental Health Support Line : 310-6789 (no area code needed)

Kids Help Phone: 1-800-668-6868 www.kidshelpphone.ca

Crisis Line web chat: www.crisiscentrechat.ca

**Go to the nearest Hospital Emergency Department or call 911**

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_