SUICIDE RISK ASSESSMENT
BHC Interview Sequence

PRELIMINARY SCREENER (For everyone):
• It is not unusual for someone who is feeling depressed/agitated/lonely to feel hopeless. Do you ever feel hopeless about life or feel that things are never going to get better?

1. Suicide Screening
   • Many times when people feel hopeless they also think about death or have thoughts about suicide. Do you ever wish you were dead or think about killing yourself?
   • Do things ever get so bad you think about ending your life or suicide?

   REMEMBER: Use direct, unambiguous language (Instead of “thoughts of hurting yourself,” ask about “thoughts about suicide” or “thoughts about killing yourself”)

2. Differentiate suicidal ideation from nonsuicidal morbid ideation
   • Tell me a little bit about what, specifically, you have been thinking.
   • What is it exactly that goes through your mind?
   • When you think about dying, is it because you have caused it to happen?

   REMEMBER: Suicidal ideation (“I want to kill myself”) has much stronger association with suicidal behaviors than nonsuicidal morbid ideation (“If I didn’t wake up tomorrow, that would be okay” or “I just wish it would all be over”)

3. Assess for past suicidal behaviors
   • Have you ever had thoughts like this before?
   • Have you ever intentionally injured yourself in any way before?
   • Have you ever tried to kill yourself before?
   • So you’ve never cut yourself, burned yourself, held a gun to your head, taken more pills than you should, or tried to kill yourself in any other way?

   REMEMBER: Single most significant and robust predictor of future suicide attempts and death by suicide across the entire lifespan is previous suicide attempts.

   REMEMBER: Specific inquiry about types of suicidal behaviors is important because it minimizes likelihood of missing episodes patient has overlooked, dismissed, or withheld; also demonstrates BHC is comfortable in discussing the topic.

4. If positive history of suicidal behaviors, assess multiple attempt status
   • How many times have you tried to kill yourself?
   • Let’s talk about the first time...
     a. When did this occur?
     b. What did you do?
     c. Where were you when you did this?
     d. Did you hope you would die or did you hope something else would happen?
     e. Afterward, were you glad to be alive or disappointed you weren’t dead?
Let’s talk a little about the worst time you attempted suicide; the time you were most suicidal and tried to kill yourself... (go through bullets a to e)

**REMEMBER:** Patients with 2+ past suicide attempts are at higher risk than 0 or 1 attempts.

**REMEMBER:** For those with multiple attempts, goal is to determine a snapshot of behavior patterns & intent over time (Ask about: 1st episode, most serious, and current episode).

5. **Assess current suicidal episode**
   - Let’s talk about what’s going on right now. You said you’ve been thinking about [content].
   - Have you thought about how you might kill yourself?
   - When you think about suicide, do the thoughts come and go, or are they so intense you can’t think about anything else?
   - Have you practiced [method] in any way, or have you done anything to prepare for your death?
   - Do you have access to [method]?

**REMEMBER:** In this step you are assessing for:
   a. Presence of a specific plan
   b. Intensity of current suicidal ideation
   c. Preparatory or suicidal behaviors
   d. Access to lethal means

6. **Screen for protective factors?**
   - With all that’s been going on, what is keeping you alive right now?
   - What prevents you from killing yourself?

**REMEMBER:** Protective factors have much less empirical support than risk factors. Avoid assuming presence of protective factors negates risk factors!

### CATEGORIES OF SUICIDE RISK

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Ideator/single attempter; no significant stressors or prominent symptoms</td>
</tr>
<tr>
<td>Acute</td>
<td>Ideator/single attempter; presence of significant stressors and/or prominent symptoms</td>
</tr>
<tr>
<td>Chronic high risk</td>
<td>Multiple attempter; no significant stressors or prominent symptoms</td>
</tr>
<tr>
<td>Chronic high risk with acute exacerbation</td>
<td>Multiple attempter; presence of significant stressors and/or prominent symptoms</td>
</tr>
</tbody>
</table>
## MANAGING SUICIDE RISK

**BHC Clinical Response**

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Clinical Features</th>
<th>Indicated Clinical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Ideator/Single Attempter</strong></td>
<td><strong>Multiple Attempter</strong></td>
</tr>
<tr>
<td>Very low</td>
<td>No identifiable suicidal ideation (baseline risk)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Mild           | Suicidal ideation of limited intensity and duration, no identifiable plans, no intent, identifiable protective factors | No identifiable suicidal ideation (baseline risk)                                         | 1. No changes in treatment  
2. Evaluate any expressed suicidal ideation to monitor change in risk  
3. Consider referral to specialty mental health  
4. Consider medication treatment                                                                 |
| Moderate       | Frequent suicidal ideation with moderate intensity and duration, some specific plans, minimal objective markers of intent, limited rehearsal or preparatory behaviors, few identifiable protective factors | Suicidal ideation of limited intensity and duration, no identifiable plans, no intent, identifiable protective factors | 1. Refer to specialty mental health  
2. Increase frequency of contact (clinic/telephone) until connected to specialty mental health  
3. Develop crisis response plan  
4. Frequently reevaluate suicide risk, noting specific changes that reduce or elevate risk  
5. Consider medication change if symptomatology worsens or persists  
6. Obtain professional consultation as needed                                                                 |
| High           | Frequent, intense, and enduring suicidal ideation, specific plans, clear objective markers of intent, limited rehearsal or preparatory behaviors, identifiable protective factors | Frequent suicidal ideation with moderate intensity and duration, some specific plans, minimal objective markers of intent, limited rehearsal or preparatory behaviors, few identifiable protective factors | Consider referral for inpatient hospitalization evaluation (voluntary/involuntary)  
   a. Can access to lethal means be secured?  
   b. Can someone else assist with securing means?  
   c. Is there a supportive other who can monitor patient & assist with treatment adherence?  
   d. Can patient collaboratively formulate and adhere to crisis response plan?  
   e. How soon can follow-up be scheduled?                                                                 |

### Involuntary Hospitalization Criteria
- Based on a clinical examination conducted in the past 48 hours
- Patient meets criteria for involuntary examination
- Law enforcement officer must take person into custody and deliver to the nearest receiving facility.
- Law enforcement officer must execute a written report detailing the circumstances under which the person was taken into custody.
- The report and certificate must be made a part of the person’s clinical record.

### Brevard Police Department Dispatch
321-633-7162

### Wuesthoff Medical Center-Rockledge
110 Longwood Avenue, Rockledge (Brevard)  
321-636-221
CRISIS RESPONSE PLAN
BHC + Patient Collaboration

STEP 1: Obtain an initial commitment to treatment.
- Often when people are feeling suicidal, it can be difficult to focus and make decisions.
- Having a response plan ready to go in advance can help us through.
- Let’s identify steps we can take when you’re most upset and thinking about killing yourself. That way, we’ll be able to help get you through those difficult times and start improving your life.
- Do you think this will be helpful for you?

REMEMBER: Use strategic questioning & discussion to emphasize improving quality of life & commitment to living vs. avoiding killing oneself.

STEP 2: Identify personal warning signs.
- Let’s work together to list any thoughts, images, emotions, behaviors, physical sensations, or any symptoms or signs experienced when you are in crisis. Use your own words to write them down.

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Images</th>
<th>Emotions</th>
<th>Behaviors</th>
<th>Physical Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m worthless”</td>
<td>Bad memories</td>
<td>Anger</td>
<td>Crying</td>
<td>Racing heart</td>
</tr>
<tr>
<td>“No one cares”</td>
<td>Flashbacks</td>
<td>Depression</td>
<td>Trembling</td>
<td>Muscle tension</td>
</tr>
<tr>
<td>“I can’t take it”</td>
<td>Seeing yourself dying</td>
<td>Worry</td>
<td>Avoidance</td>
<td>Sick to your stomach</td>
</tr>
<tr>
<td>“I can’t control my thoughts”</td>
<td>Replaying unpleasant events</td>
<td>Agitation</td>
<td>Losing temper</td>
<td>Problems sleeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guilt</td>
<td>Becoming quiet</td>
<td>Restlessness</td>
</tr>
</tbody>
</table>

STEP 3: Identify self-management (coping) strategies.
- What sorts of things have helped you feel better when you were highly stressed in the past?
- What are some things you used to enjoy but no longer do? Use your own words to write them down.

REMEMBER: Ensure coping strategies obtain the desired effect and do not inadvertently escalate emotional distress (e.g., reading letters from abusive parent, looking at pictures of soon-to-be divorced spouse, drinking alcohol, etc.)

STEP 4: Contact external sources of support.
- Who usually helps you feel better after talking to him/her?
- Let’s write down specific names and phone numbers of these individuals or resources.

REMEMBER: Stress to patient that he/she does not necessarily need to tell a supportive person about the suicidal thoughts. Instead, the patient can instead choose to reach out “just to talk” or “just to stop by.”

STEP 5: Review the steps and obtain buy-in.
- Let’s go through each step we created and make sure we didn’t leave anything out.
- On a scale of 0 (not at all likely) to 10 (very likely), rate how likely you are to employ each of these steps when you’re feeling like you want to kill yourself.

REMEMBER: For any step the patient indicates less than 7 or 8, discuss barriers to implementation and adapt accordingly to increase the likelihood of its implementation.

REMEMBER: The original CRP should be given to the patient and kept in an easily accessible place (e.g., pocket, purse). A copy should be maintained in the patient’s medical record as well.

Certificate of Professional Initiating Involuntary Examination

All sections of this form must be completed and legible (please print)

I have personally examined (printed name of person) _______________________________ at time _________ am pm (time must be within the preceding 48 hours) on _________/ ________/ 20 _______ in ________________________________ County and that person appears to meet criteria for involuntary examination OR I am a physician who has determined that (printed name of person) _______________________________ has failed or has refused to comply with the treatment ordered by the court, and, in my clinical judgment, efforts were made to solicit compliance and the person appears to meet the criteria for involuntary examination. Section IV of this form is completed to document the requirements of the law.

This is to certify that my professional license number is: _______________________________ and I am a (check one box)

☐ Psychiatrist ☐ Physician (non-psychiatric) ☐ Clinical Psychologist ☐ Psychiatric Nurse ☐ Clinical Social Worker

☐ Mental Health Counselor ☐ Marriage and Family Therapist Each as defined in s.394.455, F.S.

Section I: CRITERIA

There is reason to believe person has a mental illness as defined in Section 394.455(18), Florida Statutes (excludes retardation or developmental disabilities, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment).

Diagnosis of Mental Illness is: _______________________________

List all mental health diagnoses applicable to this person AND BECAUSE OF MENTAL ILLNESS

☐ A. Person has refused voluntary examination after conscientious explanation of disclosure of the purpose of examination

☐ B. Person is unable to determine for himself/herself whether examination is necessary

☐ A. Without care and treatment the person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services

AND EITHER (A and/or B)

☐ B. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both):

☐ self ☐ others

in the near future, as evidenced by recent behaviors (describe behaviors at top of page 2)

Section II: SUPPORTING EVIDENCE

A. My observations supporting these criteria including the person’s behaviors and statements, specifically those related to suicidal ideation, previous suicide attempts, homicidal ideation or self-injury are as follows:
Section III: OTHER INFORMATION

Other information, including source relied upon to reach this conclusion is as follows. If information is obtained from other persons, describe these sources (e.g., reports of family, friends, other mental health professionals or law enforcement officers, as well as medical or mental health records).

Section IV: NON-COMPLIANCE WITH INVOLUNTARY OUTPATIENT PLACEMENT ORDER

Complete this section if you are a physician who is documenting non-compliance with an involuntary outpatient placement order:

This is to certify that I am a physician, as defined in Florida Statutes 394.455(21), F.S. and in my clinical judgment, the person has failed or has refused to comply with the treatment ordered by the court, and the following efforts have been made to solicit compliance with the treatment plan:

Section V: INFORMATION FOR LAW ENFORCEMENT

Provide identifying information (if known) if needed by law enforcement to find the person so he/she may be taken into custody for examination:

Age: ___________  □  Male  □  Female  Race/ethnicity: _________________________

Other details (such as height, weight, hair color, clothing worn when last seen, where last seen):

If relevant, information such as access to weapon, recent violence or pending criminal charges:

This form must be transported with the person to the receiving facility to be retained in the clinical record. Copies may be retained by the initiating professional and by the law enforcement agency transporting the person to the receiving facility.

Section VI: SIGNATURE

Signature of Professional:                                  Date Signed

Typed or Printed Name of Professional:                   Phone (                )

Address of Professional:

By Authority of s. 394.455(18), 394.463(2)(a)3, 394.4655, Florida Statutes
CF-MH 3052b, Sept 06 (obsoletes previous editions)   (Mandatory Form)       BAKER ACT