

## Risk Assessment - Service User Self-Harm or Suicide Attempt

### A: SERVICE USER DETAILS

|                       |                           |                              |
|-----------------------|---------------------------|------------------------------|
| <b>Surname:</b>       | <b>First Name(s):</b>     | <b>Likes to be known as:</b> |
| <b>Date of Birth:</b> | <b>Age last birthday:</b> | <b>Service User Ref. No:</b> |

### B: RISK ASSESSMENT TRIGGER FACTOR - CASE HISTORY DISCLOSURES

|   |  |
|---|--|
| <p style="text-align: center;"><i>Has this Risk Assessment been triggered by a Suicide Attempt?</i></p> <p><input type="checkbox"/> YES / <input type="checkbox"/> NO (delete as appropriate)</p> | <p style="text-align: center;"><i>Has this Risk Assessment been triggered by a serious episode of Self-Harm?</i></p> <p><input type="checkbox"/> YES / <input type="checkbox"/> NO (delete as appropriate)</p> |
|---|--|

### C: RISK ASSESSMENT DETAILS & OUTCOMES

| RISK ELEMENT   | HIGH RISK   | Moderate RISK   | Low or Negligible RISK   |
|--|---|---|--|
| CONTRACT FOR SERVICE USER SAFETY:                    | <input type="checkbox"/> Unwilling, or unable to contract due to impaired reality illusions (delusions, hallucinations, dementia etc) | <input type="checkbox"/> Contracts, but is ambivalent, suspicious or guarded                        | <input type="checkbox"/> Reliably contracts for personal safety  |
| SUICIDE PLAN:  | <input type="checkbox"/> Has plan with actual or potential access to planned method   | <input type="checkbox"/> Has plan but has no access to planned method                               | <input type="checkbox"/> No plan   |
| DEGREE OF LETHALITY OF PLAN OF SUICIDE OR SELF-HARM: | <input type="checkbox"/> Highly lethal plan (shooting, hanging, jumping, carbon monoxide)   | <input type="checkbox"/> Low lethality of plan  | <input type="checkbox"/> Low lethality of plan (head banging, superficial scratching or cutting, biting, holding breath) |
| RISK OF ABSCONDING:                                  | <input type="checkbox"/> High risk  | <input type="checkbox"/> Moderate risk  | <input type="checkbox"/> Low risk  |
| SERVICE USER FRAME OF MIND – SUICIDE:                | <input type="checkbox"/> Constant suicidal thoughts   | <input type="checkbox"/> Fleeting, or intermittent, suicidal thoughts                               | <input type="checkbox"/> No current suicidal thoughts  |
| HISTORY OF SUICIDE ATTEMPTS:                         | <input type="checkbox"/> Past attempts of high lethality  | <input type="checkbox"/> Past attempts of low lethality   | <input type="checkbox"/> No past attempts  |
| CURRENT MORBID THOUGHTS:                             | <input type="checkbox"/> Constantly   | <input type="checkbox"/> Frequently   | <input type="checkbox"/> Rarely  |
| SYMPTOMS:  |   |   |  |
| <input type="checkbox"/> Hopelessness                | <input type="checkbox"/> 5 to 6 symptoms present  | <input type="checkbox"/> 3 to 4 symptoms present  | <input type="checkbox"/> 0 to 2 symptoms present   |
| <input type="checkbox"/> Helplessness                |   |   |  |
| <input type="checkbox"/> Guilt / Shame               |   |   |  |
| <input type="checkbox"/> Anger / Rage                |   |   |  |
| <input type="checkbox"/> Impulsivity                 |   |   |  |
| <input type="checkbox"/> Lies / Deceit               |   |   |  |
| ASSESSMENT OF SERVICE USER RELIABILITY:              | <input type="checkbox"/> Service user replies not trustworthy. Several non-verbal cues  | <input type="checkbox"/> Service user replies questionably trustworthy. At least one non-verbal cue | <input type="checkbox"/> Service user replies trustworthy  |

OUTCOMES / CONCLUSION:

Name of Assessor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_