## SUICIDE RISK SCREEN & ASSESSMENT

### ABSCATT Mental State Assessment

<table>
<thead>
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<th>Overall Rating of Suicide Risk</th>
<th>ABSCATT Mental State Assessment</th>
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<td>HIGH/IMMINENT</td>
<td>A. Appearance Attitude</td>
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<td>Level of Consciousness</td>
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<td>Compulsions</td>
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<td>Hallucination/Illusions</td>
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**Commence intervention/safety plan**

- **HIGH/IMMINENT**: frequent, intense & enduring suicidal ideation
- Command hallucinations
- clear threats; wants to die
- specific plan with access to available and lethal means
- clear evidence of impaired self control
- severe and unbearable emotional distress or despair
- feeling rejected, unconnected & without support
- feeling hopeless, helpless & powerless to make any positive change
- multiple risk factors present
- few if any protective factors
- no engagement with Treatment Team

**Commence intervention/safety plan**

- **MODERATE**: frequent suicidal ideation with limited intensity & duration
- may have specific plan(s) but no time identified
- no intent specified or indirect threats
- ambivalent about living or dying
- moderate emotional distress
- limited or no access to means to follow through with plan
- pessimistic, vague or negative future orientation
- questionable impulse control
- some risk factors present
- presence of some protective factors
- minimal or fragile support available
- passively engages with treatment team

**Commence intervention/safety plan**

- **LOW**: suicidal ideation of limited frequency, intensity or duration
- no identifiable plans
- no clearly available means
- no threats or intent
- has self control, but emotionally fragile; sad, may cry easily, irritable
- future orientation on questioning
- wants things to change and has some hope
- few risk factors
- presence of several protective factors
- some family, social support available
- actively engages with treatment team and safety planning

**Commence intervention/safety plan**
### Suicide Risk Screen

**Frequency, Intensity, Duration of Suicidal Ideation**

- Do you wish you were dead or could go to sleep and not wake up? [Yes][No]
- Do you have any thoughts about killing yourself? [Yes][No]
- Have you acted on them? If yes, tell me more. [Yes][No]
- Are you thinking of harming yourself? [Yes][No]
- Have you recently harmed yourself? If yes, how? [Yes][No]

*Ask about participation in risk-taking behavior with the thought of causing self-harm or death. Mental status findings relevant to suicide risk (ABSCATT).*

- Responsible physician made aware of a positive screen.

**A Suicide Risk Screen is to be completed:**

- Upon admission for all patients
- If there is a sudden or marked change in patient condition, mood, behavior (deterioration or improvement)
- If a change in MHA status – e.g. voluntary to involuntary
- As clinically indicated (e.g. prior to/upon return from pass, prior to discharge)

**Documentation:**

- Suicide Risk Screen/Assessment form
- Patient teaching on risk reduction
- Clinical actions taken
- Patient involvement in treatment plan
- Safety plan completed, in chart, reviewed with patient

### Clinical Actions:

- Inform treatment team of risk rating
- Patient education on risk reduction
- Implement necessary change to observation level
- Safety check of the environment/unit/room

### Suicide Risk Assessment

- **How often do you have these thoughts?**
  - Daily [ ] Weekly [ ] Monthly [ ]
- **How intense are the thoughts on a scale of 1 to 10?**
- **What are they about?** (e.g. “I can’t do it anymore”, “I’m a burden to my family”, “I want to die”)
- **Do the thoughts cause you distress?**

### Specificity of Plan(s)/Intent

- **Do you have a plan to hurt or kill yourself?**
- **When, where and how will you do it? Available means?**
- **Any recent attempts? Was substance use a factor?**
- **Impulsivity? Is there a pattern of acting before thinking related to risky behaviors?**
- **Is the patient an elopement risk?**
- **Are there other people you want to die with you?**

### Reasons for Living and Dying

- **Is something happening in your life that is causing you to think of suicide now? If yes, what?**
- **What has kept you from acting on these thoughts before?**
- **What keeps you alive now? What keeps you going? What makes life worth living? (identify future orientation).**
- **Note level of ambivalence about committing suicide; (increased ambivalence puts time on our side).**

*If discharging from an emergency, make a Safety Plan with the patient and ensure follow-up where appropriate.*

**Note:** This tool is intended to be used as a guide to determine level of risk. *Clinical professional judgment determines appropriate steps/urgency for each patient. Suicide contracts or no harm contracts are not permitted.*

### Risk Factors

- History of suicide attempts/self harm behaviors
- History of aggression/violence/homicidal thoughts or urges
- Prior/current abuse (sexual, physical, emotional)
- Addiction (drugs, alcohol, gambling), current use/abuse
- Chronic mental illness, depression, uncontrolled anxiety
- Disorganized thinking, delusions, command hallucinations
- Cognitive impairment, Impulsive or reckless decision making
- Recent discharge from hospital; Social isolation
- Tenuous current living situation, relationship problems/crisis
- Recent ‘bad news’ about self or others or personal loss
- Feelings of hopelessness
- Recent serious diagnosis; acute or chronic pain
- Debilitating medical issues or functional limitations
- Disturbance in sleep, appetite, energy level
- Family history of suicide
- Unemployed or recent financial difficulties
- History of elopement/AWOL or leaving AMA, wandering
- Poor insight
- Legal issues (new charges, probation, restraining order)
- Post - partum

### Protective Factors

#### Individual Factors

- Strong sense of competence; effective interpersonal skills
- Engages with treatment team; good problem solving skills
- Adaptive coping skills; good self understanding
- Optimistic outlook; hope for the future; future oriented
- Strong support network; religious affiliation

#### Social Factors

- Sense of responsibility to others
- Relationships characterized by warmth and belonging

#### Work Factors

- Sense of accomplishment; supportive work environment
- Positive peer support and colleague relationships

#### Community

- Access to affordable, supportive resources

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