



Bar Code

Addressograph

**Mental Health Program**

**Nova Scotia Tool for Suicide Risk Assessment\*©**

Date \_\_\_\_\_ Time \_\_\_\_\_ Assessor: \_\_\_\_\_

Reason:  MH Assessment     Admission / Transfer /Discharge     Acute Deterioration \_\_\_\_\_

Current diagnosis: \_\_\_\_\_

**Interview Risk Profile:**

- Suicidal Ideation:** Expressing ideation about suicide, wish to die or death
- Suicidal Intent:** seeking or has access to lethal means: pills, weapons, or other
- Suicide Plan:** evidence or expression of plan/ intent or plan for after death (e.g., suicide note)
- Hopelessness**
- Intense Emotions:** rage, anger, agitation, humiliation, revenge, panic, severe anxiety
- Unsolvable Problem:** expressing feelings of being trapped with no way out
- Alcohol or Substance** intoxication or problematic use
- Shut Down:** withdrawing from family, friends
- Impaired Reasoning or Judgment**
- Intolerable State:** expresses no reason for living, no sense of purpose in life
- Clinical Intuition:** assessor concerned
- Recent Dramatic Change** in mood
- Recent Crisis/Conflict/ Loss**

**Individual Risk Profile:**

- Aboriginal, refugee
- Family history of suicide
- Past trauma: such as domestic violence / sexual abuse
- Poor self-control: impulsive / violent
- Recent past suicide attempt
- Other past suicide attempts, esp. with low rescue potential
- Mental illness or addiction
- Depression/ anhedonia
- Psychotic
- Command hallucinations
- Recent admission / discharge / ED visits
- Chronic medical illness
- Functional impairment
- Collateral information supports suicidal intent

**Risk Buffers**

**These are included as an expectation of a complete assessment. They are not to be used to determine degree of risk.**

- Has reason to live/hope
- Social support
- Responsibility for family/kids/pets
- Capacity to cope/resilience
- Religion/ faith
- Internal or external strength for managing risk

**Communication Plan: Letting**

**Others Know of Risk**

- Verbal communication
  - Nurse: \_\_\_\_\_
  - Physician: Dr \_\_\_\_\_
  - SDM: \_\_\_\_\_
  - Family: \_\_\_\_\_
  - Mobile Crisis
  - \_\_\_\_\_
- Information faxed to \_\_\_\_\_
- Documentation in chart

**Suicide Risk Management Plan**

- Regular outpatient follow-up
- Urgent outpatient follow-up
- Admission to a psychiatric unit:
  - \_\_\_\_ Routine observation
  - \_\_\_\_ Close observation q 15 m
  - \_\_\_\_ Constant observation

**Suicide Risk Level:** Risk assessment is based on clinical judgment and not based on number of items checked. The checklist is intended to guide the clinical decision only.

**High**                       **Moderate**                       **Low**                      Signature: \_\_\_\_\_

Bar Code Name

Revised Feb 21, 2012

