

Suicide Risk Assessment Formulation

Static Risk Factors

Detail the client's chronic risk factors

History of suicidality	High pain tolerance	Fearlessness/risk taking
Personality characteristics/traits	Family hx of mental health problems	Negative hospital experience
Exposure to peer suicide	Family history of suicide	Developmental needs
Enduring mental health problems/diagnoses	Family hx of substance abuse/dependence	History of antisocial behaviour/incarceration
Disability/impairment	Trauma	Chronic pain

- How does the client understand these factors?
- Have they ever disclosed concerns/received treatment or support?

Dynamic/Acute Risk

Detail acute risk factors

General worsening symptoms	Sleep disturbance	Worsening suicidal state
Substance use	Guilt, shame, fear	Dissociation
Unclear diagnosis/prognosis	Changes in self harm patterns	Situational stressor/s (eg. DV)
Aggression	Escalation in pain	Suicide exposure
Agitation	Change in protective factor/s	Access to lethal means

- How do these factors 'drive' the fluctuating suicidal state?
- What do they contribute to your/their understanding of foreseeable risks?
- Which factors are amenable to treatment/intervention?

Warning signs

Detail all warning signs that indicate escalation in suicidal state (NB. This list must be explicitly personalised to the client and should be exhaustive).

Rumination/Increased suicide/death related mental imagery	Accessing/Playing with lethal means	Rumination - suicidal mode cognitions (shame, self hate etc)
Agitation & irritability	No sleep/disturbed sleep	Truancy from school
Change in self harm patterns	'Picking fights'	Treatment withdrawal
Getting intoxicated	Risk taking behaviour/s	Isolating/ withdrawing
Rapid fluctuations in engagement	Behaviours that evoke fear/desensitise to fear	Writing, drawing or communicating about suicide

- Which warning signs are most observable/noticeable to the client?
- Which warning signs are specifically associated with increased risk for suicidality (not simply deterioration in functioning or mental health)?

Strengths, Protective & Moderating Factors & Resources

Detail the factors that buffer against or protect them from suicide – they must be tangible & accessible

Trusted family/friends	Active treatment participant	Good health
Positive peers	Positive routine	Positive beliefs of treatment
Hope	Social skills	Coping skills
Religion/Spirituality/cultural connections	Positive mental health prognosis	Good social/community environment
Problem solving skills	Fear of death/pain	(Reasons for living)

- How can the client (and their family/guardians) leverage the protective factors/resources?
- Which protective factors/resources are available during suicidal crisis?
- Do any factors or family members require support, assistance or respite to sustain in longer term?

Foreseeable Risks & Factors Fuelling Fluctuations in Suicidal State

Reflect on client and network around the client's narrative regarding risk factors, identify foreseeable risks and what they perceive may precipitate a suicidal crisis. For example, 'mixing with the wrong kids', intoxication, impulsivity, bad grades, problems between mum and dad, peer conflict...

- What strategies will help to mitigate foreseeable risks?
- Does the client have insight/understanding of foreseeable risks? Who can be engaged to help?
- Can the client identify their warning signs, to implement coping in the face of foreseeable risks?

Immediate Needs & Intervention

- What (psychosocial, health, mental health, environmental) needs to change/resolve to reduce the client's suicidal state?
- What is the least restrictive, most efficient approach (ideally supported by the client), to achieving that change in the suicidal state?
- Any disagreements or differences in opinions between professional stakeholders should be documented and the rationale in approach explained/described
- Disagreements between the client and their family/guardian should be gently reviewed, where the client's autonomy is advocated for – in addition to advocating for the family's needs in supporting the safety of the child/adolescent.



	Practitioner	Client
Immediate Support	<ul style="list-style-type: none"> Brief psychotherapeutic contact (eg. Safety Plan) Trusted other Means Restriction Counselling Emergency care, if indicated 	Psychoeducation <ul style="list-style-type: none"> Help-seeking/acceptance Remove access to lethal means Connect with parent & key care providers
Psychosocial needs	Referral for/Develop Case Management plan Prioritise psychosocial needs driving suicidality	Attend/Engage with other provider Notify of any changes
Treatment	Obtain written consent Treatment approach <ul style="list-style-type: none"> Clinical formulation Treatment modality (DBT)? Referral? Other/Specialist (Occ therapist etc) Secondary health factors Schedule follow up & reminders re: treatment referral/progress Stagger appt times/frequency with other providers 	<ul style="list-style-type: none"> When is best appt time for family? Strategies to manage reluctance in treatment Capacity to attend (disruption to school, parent's work etc) Immediate support required to maximise engagement? Engaging the school/teachers in implementing brief interventions/ de-escalations
Collaboration	Ensure/Review written consent Key stakeholders for collaboration <ul style="list-style-type: none"> Treatment providers (names etc) Employer, EAP, Insurer Family/trusted others <i>Document plans for case conference</i> Nominate/Identify Lead Provider (GP usually)	Psychoeducation for client, family & key network on warning signs, help services, help seeking & Safety Plan Identify: <ul style="list-style-type: none"> 'Key's' or safe ways of communicating about unsafe feelings with trusted family/others — diary, symbols etc Clear communication around consent and factors supporting effective collaborative approach
Environmental	Initiate a safe environment (means restriction, dispensing etc) <ul style="list-style-type: none"> Minimise exposure to stressors Prescribing/dispensing restrictions 	<ul style="list-style-type: none"> Maintain safe environment Engage others to assist
Strategy to mitigate foreseeable risks	<ul style="list-style-type: none"> Case conference regularly Communicate foreseeable risks with all providers Increased 'check-in' or contacts Review/Develop treatment response approach and 'Plan B' (eg. managing interpersonal conflict) 	<ul style="list-style-type: none"> Transparency in disclosing new emerging risk to trusted others Schedule activities that coincide with any 'event' Engage my safety Plan Apply treatment strategies



Suicide Risk Assessment Formulation

Chronic Risk Factors

Detail the client's chronic risk factors

- What do these factors mean to the client?

- How do they inform their beliefs, thoughts, and action about suicide?

Acute Risk

Detail acute risk factors

- How do these factors 'drive' the fluctuating suicidal state? What is in their control – what isn't?



- Can they identify foreseeable risks?

- Which factors are amenable to treatment/intervention?

Warning signs

Detail all warning signs that indicate escalation in suicidal state (NB. This list must be explicitly personalised to the client and should be exhaustive and regularly reviewed with the client & family).

- Which warning signs are most observable/noticeable to the client? What do the family notice?

- Which warning signs are specifically associated with increased risk for suicidality (not simply symptoms of trauma, distress or other psychological functional difficulties)?

Strengths, Protective & Moderating Factors & Resources

Detail the factors that buffer against or protect them from suicide – they must be tangible & accessible

- How can the client leverage the protective factors/resources?

- Which protective factors/resources are available to them when distressed/ during suicidal crisis?

- Do any factors require strengthening? Do family need respite to sustain in longer term?

Foreseeable Risks & Factors Fuelling Fluctuations in Suicidal State

Reflect on client's/family/network's narrative regarding risk factors, foreseeable risks that may precipitate a suicidal crisis and overall patterns of behaviour. How can these warning signs (such as self injury, impulsivity, change in treatment, conflict with friends...) be used to assist in developing a Safety Plan?

- What strategies will mitigate foreseeable risks across contexts (home, school etc)?

- Does the client/family/network have insight/understanding of foreseeable risks?

- Can the client identify their warning signs, to implement coping in the face of foreseeable risks?
Can the client ask for help – and if so – from who?

Immediate Needs & Intervention

- What (psychosocial, health, mental health, environmental) needs to change/resolve to reduce the client's suicidal state?

- What is the least restrictive, most efficient approach (ideally supported by the client), to achieving change in the suicidal state – that is progressively supporting autonomy?

Any disagreements or differences in opinions should be documented and the rationale in approach explained/described

Suicide Risk Intervention Plan

Where possible, goals should align with SMART framework

	Practitioner		Client
Immediate Support	Safety Plan completed Means Restriction Counselling Safety Plan on file	Y/N Y/N Y/N	Safety Plan allies 1. 2. 3. Safety Plan shared with trusted others Remove access to means
Psychosocial needs	Referral for/Develop Case Management plan Psychosocial Drivers 1. 2. 3. 4. 5.		Attend/Engage with provider/s Notify of any changes
Treatment	Consent Y/N Treatment Provider/s & contacts: 1. 2. 3. 4. (when, frequency & by whom) Modalities recommended: Requires further review/information: Immediate goals: Treatment allies (Trusted others)		<ul style="list-style-type: none"> Primary concern/s for treatment Help seeking/acceptance

Collaboration	Review written consent Y/N Key treatment providers/stakeholders for collaboration 1. 2. 3. <i>Lead Clinician</i>	Psychoeducation & supports .
Environmental	Safe environment planning Means Restriction recommended Medication dispensing Substance use Psychosocial environment	Creating a safe place Which safe places?
Strategy to mitigate foreseeable risks	<ul style="list-style-type: none"> • • • • Check in with allies __/__/__	<ul style="list-style-type: none"> • • • •

Other: