The Suicide Assessment Kit (SAK)

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- Jo Khoo (NADA)
- Dawn Bainbridge (ADFACT)
- Amos Hee (The Buttery)
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Funded by the Australian Govt. Dept. of Health & Ageing
Why did we develop the SAK?

- Elevated rates of attempted & completed suicide
- Risk factors for suicide are the same as for the general population
  - evident to a higher degree
  - added risk of substance use
Suicide Risk Assessment Study – Stage 1

- **Aims:**
  1. Examine existing suicide risk assessment & intervention strategies used by D&A staff in generalist RR programmes across Australia;
  2. Determine the extent of staff training in suicide risk assessment;
  3. Assess staff knowledge of suicide risk factors;
  4. Identify additional and/or under-utilised opportunities for intervention.
Suicide Risk Assessment Study – Stage 1

64 Manager interviews & 142 staff interviews were conducted.

Manager interviews: agency policies and procedures re: SRA (copies requested); staffing and client capacity; staff training in SRA; and perceived needs in terms of assessment tools.

Staff interviews: knowledge of risk factors; frequency & extent of current screening; personal experiences of managing high risk clients; barriers to risk assessment; perceived needs re: assessment tools and training.
Summary of Stage 1 findings...

1) 1/3 of treatment agencies have no documented policy for managing suicide risk;

2) 1/4 of the staff interviewed had never formally been trained in SRA;

3) In > 1/3 of agencies staff are not expected to use structured suicide risk assessment tools; and

4) To varying degrees, agencies are gathering information about psychiatric co-morbidity, but this does not appear to be routinely integrated into the client’s SRA.
Layout of the SAK

• ♦ For easy reference, the SAK is divided into 2 sections
  • – 1 for Staff and 1 for Managers.
• ♦ All resources come with instructions
• ♦ In addition to the key resources provided in the SAK,
  • there are also a range of supplementary resources provided to assist in the management of suicide risk.
Resources contained in the SAK

1. Suicide risk Screener (Suicide-SS)

2. Suicide Risk Formulation Template (Suicide-RFT)

3. Suicide Policies and Procedures Pro-forma (Suicide-PPP)
Purpose of the Suicide Screener

- To ascertain the client’s level of suicide risk; and
- To assist in determining what intervention and management strategies are necessary.

- In addition to giving structure to the assessment process, it is anticipated that the screener will be useful in communicating the client’s risk to external agencies.
Suicide Risk Screener

1. In the past 4 weeks did you feel so sad that nothing could cheer you up?  
   - All of the time  
   - Most of the time  
   - Some of the time  
   - A little of the time  
   - None of the time

2. In the past 4 weeks, how often did you feel no hope for the future?  
   - All of the time  
   - Most of the time  
   - Some of the time  
   - A little of the time  
   - None of the time

3. In the past 4 weeks, have you often felt intense shame or guilt?  
   - All of the time  
   - Most of the time  
   - Some of the time  
   - A little of the time  
   - None of the time

4. In the past 4 weeks, have you often felt worthless?  
   - All of the time  
   - Most of the time  
   - Some of the time  
   - A little of the time  
   - None of the time

5. Have you ever tried to kill yourself?  
   - Yes  
   - No  
   a. How many times have you tried to kill yourself?  
      - Once  
      - Twice  
      - 3+  
   b. How long ago was the last attempt?  
      - In the last 2 months  
      - 2-6 months ago  
      - 6-12 months ago  
      - 1-3 years ago  
      - More than 3 years ago

6. Have you gone through any upsetting events recently? (Tick all that apply)  
   - Family breakdown  
   - Conflict relating to sexual identity  
   - Child custody issues  
   - Other (specify)  
   - Relationship problem  
   - Impending legal prosecution  
   - Chronic pain/illness  
   - Loss of loved one  
   - Trauma

7. Have you been so badly upset that you have thought about killing yourself?  
   - Yes  
   - No  
   a. How often do you have thoughts of suicide?  
   b. How long have you been having these thoughts?  
   c. How intense are these thoughts when they are most severe?  
   d. How intense are these thoughts in the last week?  
   e. How likely are you to act on this plan in the near future?  

8. Do you have a current plan for how you would attempt suicide?  
   - Yes  
   - No  
   a. What method would you use?  
   b. Where would this occur?  
   c. Have all necessary preparations been made?  
   d. How likely are you to act on this plan in the near future?  

9. What has stopped you acting on these suicidal thoughts?  

10. Do you have any friends/family members you can confide in if you have a serious problem?  
    - Yes  
    - No  
    a. Who are these persons/people?  
    b. How often are you in contact with these persons/people?  
    c. Less than once a month  
    d. Weekly  
    e. Monthly  
    f. Daily

11. What has helped you through difficult times in the past?  

   Indicates high risk answer
### Client Presentation/Statements Risk评估

- Agitated
- Disoriented/Confused
- Declarative/Heuristic

**NOTE:** If client presents as any of the above and is expressing thoughts of suicide, risk level is automatically **HIGH**

### Worker-rated Risk Level

- Low
- Moderate
- High

<table>
<thead>
<tr>
<th>Level of risk</th>
<th>Suggested response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low:</strong></td>
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<tr>
<td>- No plans or intent</td>
<td>Monitor and review risk frequently</td>
</tr>
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<td>- No prior attempts</td>
<td>Identify potential supports/contacts and provide contact details</td>
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<tr>
<td>- Few risk factors</td>
<td>Consult with a colleague or supervisor for guidance and support</td>
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<tr>
<td>- Identifiable 'protective' factors</td>
<td>Refer client to safety plan and keep safe strategies should they start to feel suicidal</td>
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<tr>
<td><strong>Moderate:</strong></td>
<td>Request permission to organise a specialist mental health service assessment as soon as possible</td>
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<tr>
<td>- Suicidal thoughts of limited frequency, intensity, and duration</td>
<td>Refer client to safety plan and keep safe strategies as above</td>
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<tr>
<td>- No plans or intent</td>
<td>Consult with a colleague or supervisor for guidance and support</td>
</tr>
<tr>
<td>- Some risk factors present</td>
<td>Remove means where possible</td>
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<tr>
<td>- Some 'protective' factors</td>
<td>Review daily</td>
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</tbody>
</table>

| **High:**      | If the client has an immediate intention to act, contact the mental health crisis team immediately and ensure that the client is not left alone |
| - Frequent, intense, enduring suicidal thoughts | Remove means where possible |
| - Clear intent, specific plan, thought-out plans | Call an ambulance/police if the client will not accept a specialist assessment or the crisis team is not available |
| - Prior attempts | Consult with a colleague or supervisor for guidance and support |
| - Many risk factors | |
Purpose of the Suicide Risk Formulation Template

- To collate information about the client’s background risk factors and strengths as they become apparent e.g. from psychiatric reports; self report etc.
- To identify how the known risk factors are being addressed (where possible) by the current treatment plan;
- To identify gaps in what is currently known about the client’s suicide risk profile; and
- To assist staff in communicating the client’s suicide risk to support services.
## Suicide Risk Formulation Template

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>SOURCE</th>
<th>UPDATED INFORMATION (sign &amp; date)</th>
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<td>Gender:</td>
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<td>Sexual identity:</td>
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<td>Heterosexual</td>
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<td>Gay male</td>
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<td>Lesbian</td>
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<td>Bisexual</td>
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<tr>
<td>Homelessness Details:</td>
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<tr>
<td>Aboriginal or Torres Strait Islander</td>
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### RISK FACTORS

#### HISTORY

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<tr>
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<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
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<th>UPDATED INFORMATION (sign &amp; date)</th>
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<tbody>
<tr>
<td>Family history of suicide or suicide of a loved one or close other</td>
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<td>Details: (include recency)</td>
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<td>Parental mental disorder</td>
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<td>Details:</td>
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<tr>
<td>History of sexual and/or physical abuse and/or neglect</td>
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<td>Details: (include recency)</td>
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<tr>
<td>History of:</td>
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<td>Suicide attempts and/or self-harm</td>
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<td>Details: (include recency)</td>
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#### HEALTH

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<th>YES</th>
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<th>DON'T KNOW</th>
<th>SOURCE</th>
<th>UPDATED INFORMATION (sign &amp; date)</th>
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<tbody>
<tr>
<td>At risk mental status (e.g., hopelessness, agitation, shame, psychosis, self-harm, intoxication, suicidal thoughts, confused, hallucinating/flashbacks)</td>
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<td>Details:</td>
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<td>Diagnosed mental illness</td>
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<td>Details:</td>
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### Client Strengths Relevant to Treatment

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<tr>
<th>Current access to appropriate clinical services for mental/physical disorders (applicable to inpatient/outpatient services)</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>SPECIFY</th>
<th>UPDATED INFORMATION (sign &amp; date)</th>
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<tr>
<td>Strong social connections (family cohesion, peer group affiliation, partner, community, etc) e.g., regular contact with family/friends he/she can rely upon/confide in</td>
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<td>Good physical health</td>
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<td>Cultural and religious beliefs that discourage suicide and support self-preservation</td>
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<td>Hopeful plans for future/Perceived reasons for living</td>
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<td>Stable daily routine</td>
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<td>Demonstrated resiliency, self-esteem, optimism, and empathy</td>
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<td>Demonstrated skills in problem solving, conflict resolution, and nonviolent handling of disputes</td>
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### Client Care Plan

It is important to outline the way in which a client's risk factors and strengths are incorporated into treatment or care. For instance, what actions are required to manage the risk factors and how might client strengths be useful. These actions should be detailed below and referred to during treatment.

- Support groups
- Therapeutic community involvement
- Counselling
- Referral and consultation with outside
- Community housing
- Indigenous support worker
- Medication
- Identification of support network
- Stabilise routine
- Link with available support network
Purpose of the Suicide Policies and Procedures Proforma

➢ To provide an overview of the issues that must be considered in the development of written policies and procedures pertaining to the assessment and management of suicide risk; and

➢ To offer a template for agencies to structure their own policies and procedures from.
Policies & Procedures Proforma

1. Policies procedures
   a. Overarching principles
   b. Roles and responsibilities
      • c. Confidentiality and duty of care
   d. Documentation and record keeping
   e. Consultation and information sharing
      • f. Timeliness of assessment

2. Assessment procedures
   support
   • a. Acute suicide risk screening evaluation
   • b. Comprehensive suicide risk assessment
   • c. Other issues to consider

3. Management and intervention
   a. Risk management
   b. Referral procedure
   c. Acute crisis care
   d. Discharge and re-entry

4. Professional dev, supervision & support

5. Review and evaluation
So where to from here?

- It is essential that the SAK’s usefulness be evaluated by the staff and managers it is designed to assist.
- A nested trial of the SAK has been conducted in the 1st half of 2013, involving services associated with the NADA advisory panel.
- A broader evaluation, involving residential rehabs and TCs nationally is currently underway
Thank you