



The Suicide Assessment Kit (SAK)

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Medicine

National Drug and Alcohol Research Centre

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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.

SAK
Suicide Assessment Kit

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Australian Government
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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

I need to ask you a few questions on how you have been feeling, is that ok?

1	In the past 4 weeks did you feel so sad that nothing could cheer you up? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	
2	In the past 4 weeks, how often did you feel no hope for the future? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	
3	In the past 4 weeks, how often did you feel intense shame or guilt? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	
4	In the past 4 weeks, how often did you feel worthless? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	
5	Have you ever tried to kill yourself? If Yes: a. How many times have you tried to kill yourself? <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 + b. How long ago was the last attempt? <input type="checkbox"/> In the last 2 months <input type="checkbox"/> 2-6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> 1-2 years ago <input type="checkbox"/> More than 2 years ago	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6	Have you gone through any upsetting events recently? (tick all that apply) <input type="checkbox"/> Family breakdown <input type="checkbox"/> Conflict relating to sexual identity <input type="checkbox"/> Child custody issues <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Relationship problem <input type="checkbox"/> Chronic pain/illness _____ <input type="checkbox"/> Loss of loved one <input type="checkbox"/> Impending legal prosecution <input type="checkbox"/> Trauma	<input type="checkbox"/> Y <input type="checkbox"/> N
7	Have things been so bad lately that you have thought about killing yourself? If Yes: 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? <input type="checkbox"/> Very intense <input type="checkbox"/> Intense <input type="checkbox"/> Somewhat intense <input type="checkbox"/> Not at all intense d. How intense are these thoughts in the last week? <input type="checkbox"/> Very intense <input type="checkbox"/> Intense <input type="checkbox"/> Somewhat intense <input type="checkbox"/> Not at all intense If No: skip to 10	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8	Do you have a current plan for how you would attempt suicide? If Yes: a. What method would you use? _____ (Access to means?) b. Where would this occur? _____ (Have all necessary preparations been made?) c. How likely are you to act on this plan in the near future? <input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely <input type="checkbox"/> Very unlikely	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
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? a. Who is/are this/these person/people? _____ b. How often are you in contact with this/these person/people? _____ <input type="checkbox"/> Daily <input type="checkbox"/> A few days a week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than once a month	<input type="checkbox"/> Y <input type="checkbox"/> N
11	What has helped you through difficult times in the past? _____ _____ _____	

Indicates high risk answer

Client: _____ Screen completed by: _____ Date: _____

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Client presentation/statements (tick all that apply)	
<input type="checkbox"/> Agitated	<input type="checkbox"/> Intoxicated
<input type="checkbox"/> Disorientated/confused	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Delusional/ hallucinating	<input type="checkbox"/> Other: _____

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

Worker rated risk level:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
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Level of risk	Suggested response
Low: <ul style="list-style-type: none"> No plans or intent No prior attempt/s Few risk factors Identifiable 'protective' factors 	<ul style="list-style-type: none"> Monitor and review risk frequently Identify potential supports/contacts and provide contact details Consult with a colleague or supervisor for guidance and support Refer client to safety plan and keep safe strategies should they start to feel suicidal.
Moderate: <ul style="list-style-type: none"> Suicidal thoughts of limited frequency, intensity and duration No plans or intent Some risk factors present Some 'protective' factors 	<ul style="list-style-type: none"> Request permission to organise a specialist mental health service assessment as soon as possible Refer client to safety plan and keep safe strategies as above Consult with a colleague or supervisor for guidance and support Remove means where possible Review daily
High*: <ul style="list-style-type: none"> Frequent, intense, enduring suicidal thoughts Clear intent, specific/well thought out plans Prior attempt/s Many risk factors Few/no 'protective' factors <p><i>*or highly changeable</i></p>	<ul style="list-style-type: none"> 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 Remove means where possible Call an ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available Consult with a colleague or supervisor for guidance and support

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	YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown					
Sexual Identity: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay male <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unknown					
Homelessness <i>Details:</i>					
Aboriginal or Torres Strait Islander					
RISK FACTORS					
HISTORY	YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Family history of suicide/ suicide of a loved one or close other <i>Details: (include recency)</i>					
Parental mental disorder <i>Details:</i>					
History of sexual and/or physical abuse and/or neglect <i>Details: (include recency)</i>					
History of: <input type="checkbox"/> suicide attempts and/or <input type="checkbox"/> self-harm <i>Details: (include recency)</i>					
HEALTH	YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
'At risk mental status' (e.g., hopelessness, agitation, shame, psychotic, self harm, intoxicated, suicidal thoughts, confused, hallucinating/delusional) <i>Details:</i>					
Diagnosed mental illness <i>Details:</i>					

CLIENT STRENGTHS RELEVANT TO TREATMENT	YES	NO	DON'T KNOW	SPECIFY	UPDATED INFORMATION (sign & date)
Currently accessing appropriate clinical services for mental /physical disorders (applicable to outpatient services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Good physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cultural and religious beliefs that discourage suicide and support self preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hopeful plans for future/Perceived reasons for living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stable daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demonstrated resiliency, self esteem, optimism, and empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demonstrated skills in problem solving, conflict resolution, and nonviolent handling of disputes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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.

For example:

- 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 &

5. Review and

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