

TIP SHEET 3.4

Level of suicide risk ¹

Suicide risk assessment outcome	To be included in management plan
Non existent No identifiable suicidal ideation	Monitor client as required, checking at regular intervals for change in circumstance, mood or mental state
Mild Suicidal ideation of limited frequency, intensity and duration. No identifiable plans, no intent (i.e., subjective or objective), mild dysphoria/symptomatology, good self-control (i.e., subjective or objective), few risk factors and identifiable protective factors.	Discuss appropriate strategies with the client to manage suicidal thoughts and address triggers Provide the client with various help line numbers Encourage the client to call you during your hours of availability if their thoughts increase in intensity Advise client about presenting to a hospital emergency department if their risk increases Offer regular contact with the client Inform other professionals on the team who are involved in the client's care about their risk and plan how each team member will support the client Continue to monitor risk until risk is non existent
Moderate Frequent suicidal ideation with limited intensity and duration, some specific plans, no intent (i.e., subjective or objective), limited dysphoria/symptomatology, some risk factors present, identifiable protective factors.	Consult with line-manager or supervisor Involve team members who are involved in the client's care in risk assessment and plan how each team member will support the client Request client's permission to contact supports to inform them of the situation and involve them in the safety plan Discuss strategies with the client to manage suicidal thoughts and triggers and provide the help line numbers Encourage the client to call you during your hours of availability if their thoughts increase in intensity Advise client about presenting to the emergency department if their risk increases Offer weekly contact and make check-in calls Continue to monitor the risk until risk is non existent
Severe Frequent, intense and enduring suicidal ideation. Specific plans, no subjective intent but some objective markers of intent (e.g., choice of legal method(s),	If possible, immediately involve line manager, supervisor or another other team member. Call a mental health service, describe the situation, and seek advice. If indicated, refer client to a mental health

¹ Adapted from Metro Community Drug Services and Drug and Alcohol Youth Services
– Integrated Service Policy, Revised August 2010

method is available/accessible, some limited preparatory behaviour), evidence of impaired self control (subjective and/or objective), severe dysphoria/symptomatology, multiple risk factors present, few (if any) protective factors.	<p>service for assessment.</p> <p>It may be necessary to accompany client to a mental health service in a taxi and wait until she is seen.</p> <p>A client may also require transportation to a mental health service by ambulance with police assistance.</p> <p>Clearly document all interventions and actions taken.</p> <p>Inform significant others as per clients request</p>
<p>Extreme</p> <p>In addition to meeting criteria for severe rating there is clear subjective and objective intent. No protective factors.</p>	Interventions as for 'severe' suicide risk