

# Suicide Prevention Checklist

When you have clients who are suicidal, you naturally want to make sure that you are doing everything you can to insure their safety. This checklist is designed to remind you of the critical steps you need to think about for these clients.

Important Note:

When treating suicidal clients, it is always advisable to consult regularly with an experienced supervisor or supervisory group.

**If you have any doubt about the immediate safety of a client, call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255), for advice.**

# Suicide Prevention Checklist

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

A. Complete this section when you first have a concern that this client may be considering suicide. Check off each item when it is complete.

\_\_\_\_\_ Complete a comprehensive assessment including client interview, record review and communication with family/parents. **If you do not feel qualified to complete a comprehensive assessment, refer the client for urgent evaluation and verify completion.**

\_\_\_\_\_ If the client is 18 or older, or if you believe confidentiality is required by law or common medical practice, seek an authorization to release information for the family/parents or document a compelling reason not to do so. Be assertive and persuasive in obtaining this authorization.

\_\_\_\_\_ Interview the family, to the extent they are involved in the client's care, to obtain additional history about the client and to determine what the family/parents already know about the illness/need for treatment.

\_\_\_\_\_ Obtain authorizations to release information for all previous treatment providers and promptly request treatment records, including psychotherapy, psychiatric and relevant medical records.

\_\_\_\_\_ Review any medical and/or psychological records carefully to gain a comprehensive knowledge of risk factors for the client. Pay particular attention to medications that have side effects associated with increased depression, thought distortion, or suicidal thinking.

\_\_\_\_\_ Identify risk and protective factors in the client's life (see below)

B. Complete this section as a first step in decreasing risk factors and increasing protective factors. The following list of risk and protective factors was compiled by the Center for Disease Control (CDC), Division of Violence Prevention. Check off risk and prevention factors that are relevant to the client, and note how risk factors can be addressed and protective factors can be increased.

### **Risk Factors for Suicide**

A combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes. Risk factors include

\_\_\_\_\_ Family history of suicide

\_\_\_\_\_ Family history of child maltreatment

\_\_\_\_\_ Previous suicide attempt(s)

\_\_\_\_\_ History of mental disorders, particularly clinical depression

\_\_\_\_\_ History of alcohol and substance abuse

\_\_\_\_\_ Feelings of hopelessness

\_\_\_\_\_ Impulsive or aggressive tendencies

\_\_\_\_\_ Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)

\_\_\_\_\_ Local epidemics of suicide

\_\_\_\_\_ Isolation, a feeling of being cut off from other people

\_\_\_\_\_ Barriers to accessing mental health treatment

\_\_\_\_\_ Loss (relational, social, work, or financial)

\_\_\_\_\_ Physical illness

\_\_\_\_\_ Medication associated with an increased risk of depression, thought distortion, and/or suicidal thinking

\_\_\_\_\_ Easy access to lethal methods (e.g. guns)

\_\_\_\_\_ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

### **Protective Factors for Suicide**

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors.

Protective include:

\_\_\_\_\_ Effective clinical care for mental, physical, and substance abuse disorders

\_\_\_\_\_ Easy access to a variety of clinical interventions and support for seeking help.

\_\_\_\_\_ Family and community support (connectedness)

\_\_\_\_\_ Support from ongoing medical and mental health care relationships

\_\_\_\_\_ Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes

\_\_\_\_\_ Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

C. Perform the following steps when an elevated risk of suicide is identified. Check off each item when it is complete

\_\_\_\_\_ Following a comprehensive evaluation, communicate with the client and the family/parents regarding diagnoses, treatment recommendations and safety issues. Do not assume they know anything about the nature of mental illness, treatment, risk factors, or community resources.

\_\_\_\_\_ Regardless of whether one has a signed authorization, explicitly inform the family in the presence of the client of all safety issues, including risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the client.

\_\_\_\_\_ Regardless of whether one has a signed authorization, discuss available community resources to help the family and client, including resources for case management, support groups, improving mental health at home, and other relevant factors.

\_\_\_\_\_ Coordinate provision of care if a client transitions from one level of care to another, or one provider to another:

\_\_\_\_\_ Involve client and family in planning process including discussion of interim safety plan.

\_\_\_\_\_ Assure follow up is in place with a specific timely appointments.

\_\_\_\_\_ Assure accepting provider has full knowledge of history and risk issues/records.

\_\_\_\_\_ Confirm that client has attended the follow-up appointments.

Therapist Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

