

PRMS CONTINUES ITS SUPPORT OF THE SAFE-T SUICIDE ASSESSMENT PROTOCOL



PRMS is always looking for tools to help you provide the best care and keep patients safe. We are very pleased to continue supporting Screening for Mental Health and its suicide prevention resources. When the SAFE-T (Suicide Assessment Five-step Evaluation and Triage) card was originally created by Dr. Doug Jacobs, PRMS funded the distribution of the resource to psychiatric training programs. We have continued to promote the SAFE-T card ever since. SAMSHA now distributes not only the card, but also a free mobile app with didactic training on suicide risk assessment.

Access the card online: bit.ly/SAFETcard

Access the mobile app online: bit.ly/SAFETmobile

THE FIVE STEPS OF SAFE-T ARE:

1. Identify risk factors
2. Identify protective factors
3. Conduct suicide inquiry
4. Determine risk level / intervention
5. Document

CLINICIAN ASSESSMENT FORM

We are very pleased to provide Dr. Jacobs' Clinician Assessment Form that can be used in conjunction with the SAFE-T Suicide Assessment Protocol. It is very important to document the suicide risk assessment, and we hope the attached form can assist psychiatrists in accurately documenting the necessary information.

When using the Clinician Assessment Form, please note the following:

1. There are two versions – one for adult patients (age 18 and over) and one for minor patients.
2. These forms are designed to be used in the OUTPATIENT setting.
3. If you are interested in the form designed for use in the inpatient setting, please contact Screening for Mental Health directly at:
 - smhinfo@mentalhealthscreening.org
 - (781) 239-0071
4. Dr. Jacobs is interested in feedback on the form. If you would like to provide your feedback to PRMS, we will forward it on an anonymous basis to Dr. Jacobs. You can email feedback to RiskManagement@prms.com (as always, no patient information is to be sent to this email address).



(800) 245-3333
PsychProgram.com

SAFE-T: Suicide Assessment Protocol Clinician Assessment Form - Adults, Ages 18 and Over -

Risk Factors

- Psychiatric Disorder(s): Axis I and Axis II _____

- Key Clinical Considerations _____
e.g. Intense psychological pain/anguish, agitation, anxiety/panic, physical pain, anhedonia, impulsivity, hopelessness, command hallucinations, worthlessness, intense self-loathing, excessive guilt, feeling that death would bring relief, executive functioning deficits, relationship difficulties, status of important connections
- Suicidal Behavior _____
e.g. History of prior attempts, self-injurious behaviors, attempts in hospital, writing/talking/ruminating about death
- Family History/Psychopathology _____
e.g. History of suicidality and major mental illness, abuse and neglect
- Precipitants/Stressors _____
Triggering events, e.g. loss of or threat of loss of relationship, recent deaths, medical illness, public/social humiliation, exposure to trauma, legal or financial difficulties
- Access to Firearms/Other Lethal Means _____

Protective Factors

- Internal _____
e.g. Ability to cope with stress, religious beliefs, frustration tolerance, a sense of hope
- External _____
e.g. Responsibility to children/pets, social supports-specifically positive connections, therapeutic relationships

Suicide Inquiry

- Ideation _____
e.g. Frequency, intensity, duration – recent, worst ever
- Plan _____
e.g. Timing, location, lethality, availability, preparation
- Behavior _____
e.g. Past attempts, aborted attempts, rehearsals (tying noose, loading gun), suicide notes, obtaining lethal implements/equipment, stockpiling medication, researching suicide methods on internet
- Intent _____
e.g. Extent to which patient believes plan is lethal (Note: Young children may believe death is reversible), expects to carry out plan/wishes to die, regrets survival

Family Inquiry: If possible or if clinical situation demands, obtain collateral information from family members regarding their observations of patients. Clinician or MD list any family/significant other concerns here: _____

Risk Level:* **High** **Moderate** **Low**

*The risk level is based upon clinical judgment, taking into consideration steps outlined above

Treatment Interventions/Rationale: _____

Clinician Signature: _____



SAFE-T Clinician Assessment Form -Children and Adolescents-

Risk Factors

- Key Clinical Considerations _____
e.g. Intense psychological pain/anguish, impulsivity, hopelessness, relationship difficulties, isolation from peers, sense of having greatly disappointed family/self, perceive self as markedly less than peers in abilities/appearance, agitation, anxiety/panic, excessive guilt, feeling that death would bring relief
- Suicidal Behavior _____
e.g. History of prior attempts, self-injurious behaviors, attempts in hospital, writing/talking/ruminating about death, glorifying suicide of peer
- Family History/Psychopathology _____
e.g. History of suicidality and major mental illness, abuse and neglect
- Precipitants/Stressors _____
Triggering events, e.g. victim of bullying, loss of relationship, social/academic/family stressors, exposure to trauma, major recent disappointment or loss, sexual identity crisis, public/social humiliation
- Access to Firearms/Other Lethal Means _____

Protective Factors

- Internal _____
e.g. Ability to seek support, ability to cope with stress, religious beliefs, ability to control impulses and tolerate emotional distress, a sense of hope
- External _____
e.g. Responsibility to siblings/family/pets, positive social or therapeutic relationships, supportive and functional home environment

Suicide Inquiry

- Ideation _____
e.g. Frequency, intensity, duration – recent, worst ever
- Plan _____
e.g. Timing, location, lethality, availability, preparation
- Behavior _____
e.g. Past attempts, aborted attempts, rehearsals (tying noose, loading gun), suicide notes, obtaining lethal implements/equipment, stockpiling medication, researching suicide methods on internet
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Treatment Interventions/Rationale: _____

Clinician Signature: _____

