HANDOUT 12.4 SUICIDE RISK ASSESSMENT

If it is within your organizational policy and you have been properly trained, you should follow the suicide risk assessment guidance that follows, which includes the following steps:

**Step 1: Assess current/past suicidal thoughts**

**Step 2: Assess risk: lethality and safety needs**

**Step 3: Address feelings and provide support**

**Step 4: Develop a safety agreement**

Before beginning, you should reassure the person that it is okay to have feelings of sadness or wanting to die, and that whatever they are feeling is normal. In many cultures and religions, suicide may be looked upon as “weak” or may even be forbidden. To feel safe and comfortable to talk to you about what they are feeling, the person will need to know that you will not judge them.

**STEP 1: ASSESS CURRENT/PAST SUICIDAL THOUGHTS**

**Explain to the person**: *“I’m going to ask you some questions that may be hard for you to answer, but I am worried about you, so I want to know that you are going to be ok.”*

Ask the person questions that can help you assess their current and past suicidal thoughts. Some examples of questions you can ask are below. Keep in mind that these will need to be adapted based on the cultural context.

**To assess current or past suicidal thoughts you can say:**

* *That sounds like a lot for one person to take. Are you feeling so bad that you’re considering*
* *suicide to escape?*
* *Do you think about dying? Or wish you were dead?*
* *Are you or have you ever thought about hurting or killing yourself?*
* *Has all that pain you’re going through made you think about hurting yourself?*
* *Do you ever wish you could go to sleep and just not wake up? How often? Since when?*

Based on the person’s responses, you may or may not need to continue with the suicide risk assessment.

a. If the person answers “no”, and there are no signs that they intend to harm or kill themselves, it is likely the risk of suicide or self-harm is low. In this case, you can likely discontinue the assessment. Again, this is determined on a case-by-case basis and depending upon whether there are other signs that the person may be suicidal.

b. If the person answers “yes” to either of the questions, say to the survivor, “*Please tell me more about these thoughts*”, and then proceed to the next step.

**STEP 2: ASSESS RISK: LETHALITY AND SAFETY NEEDS**

You will next need to understand if the person has a plan. You should also assess past suicide attempts because they signal higher risk. Examples of questions you can ask to assess these risks are below.

* If the person is unable to explain a plan for how they would take their own life and/or has no history of attempts, the risk is less immediate. At this point, you should support the person by exploring strategies for coping with difficult feelings and thoughts, and if needed, develop a safety agreement with the survivor (see Step 4 of the suicide risk assessment).
* If the survivor is able to explain a plan and/or indicates they have already attempted suicide, the risk is more immediate. You should continue to the next step.

**To assess if the person has a plan, you can say:**

*“Tell me about how you would end your life.* [Allow survivor to answer]*. What would you do? When did you think you would do it? Where did you think you would do it? Are (guns/pills/other methods) (at home/easy to get)?”*

**To assess past suicide attempts you can say:**

*“Have you ever started to do something to end your life but changed your mind? Or have you ever started to do something to end your life but someone stopped you or interrupted you? What happened? When was that? Tell me how many times that happened.”*

As with any part of the assessment, be sure to give the survivor time to answer and pause before asking another question. Always take your cue from the person as to whether they need to go more slowly or take a break.

**STEP 3: ADDRESS FEELINGS AND PROVIDE SUPPORT**

It is critical that you stay calm if the person expresses suicidal thoughts and a plan. It may be the opposite of your instinct, but do not try to talk the person out of it nor offer advice about what they should do. The feeling they have is serving a purpose for them—it is their last attempt to feel that they are in control of something. Instead, you should validate their feelings and acknowledge the courage it took for them to share such information with you and communicate your concern for their safety and well-being.

**To address feelings and provide immediate emotional support, you can say:**

*“I understand that you are feeling this way and I am sorry. I know that it was hard for you to share that. You are very brave for telling me. It is very important to me that you do not hurt yourself. And I would like us to come up with a plan together for how we can help you to not do this. Is this okay with you?”*

**STEP 4: DEVELOP A SAFETY AGREEMENT**

Developing a safety agreement with the survivor is a way for you to help them identify their own mitigation and prevention strategies. In this step, you will explain the purpose of the agreement. Then you will will help the person identify:

* Warning signs
* Strategies to feel better
* A safety person

**First help the person identify warning signs:**

* Ask the person to describe their experience

*“Tell me what happens when you start to think about killing yourself or wanting to hurt yourself? What do you feel? What do you think about? How will you know when you are going to need to use these strategies?”*

* Identifiy the warning signs (thoughts, images, thinking processes, mood and/or behaviors) using the survivor’s own words.

**Next help the person identify strategies to feel better**:

* Explain to the survivor, that you want to find other things the person can do to make themselves feel better. *“When you have thought about killing yourself before, what prevented you from doing it?”*

*“Tell me some things you can do to help yourself feel better when you start to think about hurting yourself or wanting to end your life. What has helped you feel better in the past? Is there someone you can talk to or go to?”*

* Based on what the person says, agree that they will use these strategies/do these helpful things instead of hurting themselves.
* Ask the person what might get in the way of them using these strategies to feel better. In other words, you want to identify strategies that are practical and feasible for the person to do.

If the person is not able to identify any strategies, you should confer with a supervisor and discuss the potential for a referral to mental health services, or if not available, to emergency medical care.

**Identify a safety person**:

Explain to the person that in addition to the strategies they have identified, a friend or another family member must be notified to act as a “safety person” for the survivor. This should be someone who can be with the person all the time for at least the following 24 hours. You will need to try to get in touch with this person, explain to them what is happening and arrange for them to come meet the survivor or for you to bring the survivor to them.