East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

SCRIPT

FOR STAFF

Say to visitor (if present):

“Thank you for being here with (service user name) today. We will shortly begin our assessment and plan the best way forward to keep (service user name) safe. During this process we will review the treatment and support needed.

We have a few questions we would like to ask in private. Are you happy to leave the room just for a few minutes to allow us to begin?”

Note: If the visitor is the carer, have a member of the team check in with the carer regarding their mental health needs.

Once visitor steps out, say to service user:

“We want to help you manage the feelings and thoughts you’re experiencing. To do this, I need to ask you a few questions which will help us work together, and allow me to better understand you and any thoughts you may have about ending your life.

Many things, including medical problems, can cause emotional distress, sometimes leading people to have thoughts of suicide, which is why we are asking all service users a few questions about suicide.

Would you like for me to invite your guest back into the room, or are you okay to continue?”

Note: If the visitor returns to the room, please coach the visitor before return to engage only at the request of the service user.

If service user screens positive, say:

“Thank you for sharing with me. It’s important that you spoke to me about your thoughts. I’ll talk to your medical team, and someone who is trained to talk to service users about suicide is going to come speak with you.”

This content has been adapted from the National Institute of Mental Health Adults ASQ Toolkit. It has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

SUICIDE RISK SCREENING TOOL

Screening Questions for Triage Nurse Screen in A & E to use with patients/service users presenting with mental health problems.

(Used to provide basic background for the mental health crisis clinician who is being called in to evaluate patient/service users as well as determining the intensity of the patient's current crisis).

Note: If patient/service user presents stating they are having a mental health crisis, always begin by sensitively spending a few minutes asking what is going on with them. Only after this period of dedicated engagement ask the following questions in the following sequence.

1. I'm going to have one of our mental health professionals speak with you. Before I do (say name of patient), I want to make sure I have a good idea of the extent of your symptoms, because this can help us better understand what you are going through. (For instance, have you been having any problems with sleep, fatigue or low energy, sadness, depression or anxiety, recently? Or, anything else?)

2. Have you had any thoughts of ending your life? How? When?

Please describe:

This content has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, and West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

BRIEF SUICIDE SAFETY ASSESSMENT WORKSHEET

Service user name:_____

DOB: _____

Interviewer name: _____

Assessment date:_____

1 Praise service user (for discussing their thoughts)

"I'm here to follow up on your responses to the suicide risk screening questions. These can be hard things to talk about, but will better help us understand your needs. Thank you for telling us because this will help us plan together how to keep you safe. I need to ask you a few more questions."

2 Assess the service user (Review earlier responses. Interview service user alone; ask any visitors to leave the room.)

☐ Frequency of suicidal thoughts

Determine if and how often the service user is having suicidal thoughts.
Ask the service user: "In the past few weeks, have you been thinking about ending your life?"
If yes, ask: "How often?"_____(once or twice a day, several times a day, a couple times a week, etc.) "When was the last time you had these thoughts?"

☐ "Are you having thoughts about ending your life right now?" (If "yes," service user requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)

☐ Suicide plan

Assess if the service user has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). Ask the service user: "Do you have a plan to end your life? Please describe." If no plan, ask: "If you were going to end your life, how would you do it?"

Note: If the service user has a very detailed plan, this is more conc has a very detailed plan, this is more concerningerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

This content has been adapted from the National Institute of Mental Health Adults ASQ Toolkit. It has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

BRIEF SUICIDE SAFETY ASSESSMENT WORKSHEET

Service username:_____

DOB: _____

Interviewer name: _____

Assessment date:_____

2 Assess service user

☐ Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).
Ask the service user: "Have you ever tried to hurt yourself?" "Have you ever tried to end your life?"
If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would end your life?"
"Did you want to die?" (for youth, intent is as important as lethality of method)
Ask: "Did you have, are having, or due to have, any treatment or support?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

☐ Symptoms Ask the service user about:

- Depression: "In the past few weeks, have you felt so unhappy or depressed that it makes it hard to do the things you would like to do, or it prevents you for doing anything at all?"
- Anxiety: "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated or overwhelmed?"
- Impulsivity/Recklessness: "Do you often act without thinking?"
- Hopelessness: "In the past few weeks, have you felt hopeless, like things would never get better?"
- Isolation: "Have you been withdrawing from others or not going out?"
- Irritability: "In the past few weeks, have you been feeling more irritable or angrier than usual?"
- Substance and alcohol use: "In the past few weeks, have you used drugs or alcohol?"
  If yes, ask: "What? How much?"
- Other concerns: "Recently, have there been any concerning changes in how you are thinking or feeling? Any changes in your body?"

This content has been adapted from the National Institute of Mental Health Adults ASQ Toolkit. It has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

BRIEF SUICIDE SAFETY ASSESSMENT WORKSHEET

Service user name:_____

DOB: _____

Interviewer name: _____

Assessment date:_____

2 Assess service user

☐ Social Support & Stressors

- Support network: "Is there a trusted person you can talk to? Who? Have you ever seen a therapist/counselor?" If yes, ask: "When and for what purpose?"
- Safety question: "Do you think you need help to keep yourself safe?" (A "no" response does not indicate that the service user is safe, but a "yes" is a reason to act immediately to ensure safety.)"
- Reasons for living: "Can you share some of the reasons you would not end your life?"

3 Determine next steps

After completing the assessment, choose the appropriate disposition plan.

- Emergency psychiatric evaluation: Service user is at imminent risk for suicide (current suicidal thoughts). Urgent psychiatry; keep assessing service user in ED.
- Further evaluation of risk is necessary: Request full mental health health/safety evaluation in the ED.
- No further evaluation in the ED: Create safety plan for managing potential future suicidal thoughts and discuss securing or removing potentially dangerous items (medications, guns, ropes, etc.)
  - Check service user feels ready and safe to leave, has somewhere safe to go to, is not at risk when they are discharged. Ensure service user understands the information provided, and has someone to talk to and support.
  - No further intervention is necessary at this time. Advise service user that if these thoughts arise again they can come back.

4 Provide resources to all service users

This content has been adapted from the National Institute of Mental Health Adults ASQ Toolkit. It has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

BRIEF SUICIDE SAFETY ASSESSMENT

- **Use after a service user (18+ years) screens positive for suicide risk**
- **Assessment guide for mental health clinicians, MDs, NPs, or PAs**
- **Prompts help determine disposition**

1 Praise service user (for discussing their thoughts)

"I'm here to follow up on your responses to the suicide risk screening questions. These can be hard things to talk about, but will better help us understand your needs. Thank you for telling us because this will help us plan together how to keep you safe. I need to ask you a few more questions."

2 Assess the service user (Review earlier responses. Interview the service user alone; ask any visitors to leave the room.)

Frequency of suicidal thoughts

Determine if and how often the service user is having suicidal thoughts.
Ask the service user: "In the past few weeks, have you been thinking about ending your life?"
If yes, ask: "How often?"_____(once or twice a day, several times a day, a couple times a week, etc.)
"When was the last time you had these thoughts?"

☐ "Are you having thoughts about ending your life right now?" (If "yes," service user requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)

Suicide plan

Assess if the service user has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means). Ask the service user: "Do you have a plan to end your life? Please describe." If no plan, ask: "If you were going to end your life, how would you do it?"

Note: If the service user has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).
Ask the service user:: "Have you ever tried to hurt yourself?"
"Have you ever tried to end your life?"
If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would end your life?"
"Did you want to die?" (for youth, intent is as important as lethality of method)
Ask: "Did you have, are having, or due to have, any treatment or support?"

Symptoms

- Depression: "In the past few weeks, have you felt so unhappy or depressed that it makes it hard to do the things you would like to do, or it prevents you for doing anything at all?"
- Anxiety: "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated or overwhelmed?"
- Impulsivity/Recklessness: "Do you often act without thinking?"
- Hopelessness: "In the past few weeks, have you felt hopeless, like things would never get better?"
- Isolation: "Have you been withdrawing from others or not going out?"
- Irritability: "In the past few weeks, have you been feeling more irritable or angrier than usual?"
- Substance and alcohol use: "In the past few weeks, have you used drugs or alcohol?"
  If yes, ask: "What? How much?"
- Other concerns: "Recently, have there been any concerning changes in how you are thinking or feeling? Any changes in your body?"

This content has been adapted from the National Institute of Mental Health Adults ASQ Toolkit. It has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

BRIEF SUICIDE SAFETY ASSESSMENT

- **Use after a service user (18+ years) screens positive for suicide risk**
- **Assessment guide for mental health clinicians, MDs, NPs, or PAs**
- **Prompts help determine disposition**

2 Assess the service user (Review earlier responses. Interview the service user alone; ask any visitors to leave the room.)

Social Support & Stressors

- Support network: "Is there a trusted person/carer/relative you can talk to? Who? Have you ever seen a therapist/counselor?" If yes, ask: "When and for what purpose?"
- Safety question: "Do you think you need and want help to keep yourself safe?" (A "no" response does not indicate that the service user is safe, but a "yes" is a reason to act immediately to ensure safety.)"
- Reasons for living: "Can you share some of the reasons you would not end your life?"

3 Determine next steps

After completing the assessment, choose the appropriate disposition plan.

- Emergency psychiatric evaluation: Service User is at imminent risk for suicide (current suicidal thoughts). Urgent psychiatry; keep assessing service user in ED.
- Further evaluation of risk is necessary:
  Request full mental health health/safety evaluation in the ED.
- No further evaluation in the ED: Create safety plan for managing potential future suicidal thoughts and discuss securing or removing potentially dangerous items (medications, guns, ropes, etc.)
  - Check service user feels ready and safe to leave, has somewhere safe to go to, is not at risk when they are discharged. Ensure service user understands the information provided, and has someone to talk to and support.
  - No further intervention is necessary at this time. Advise service user that if these thoughts arise again they can come back.

4 Provide resources to all service users

This content has been adapted from the National Institute of Mental Health Adults ASQ Toolkit. It has been developed by Hertfordshire Partnership University NHS Foundation Trust in partnership with Experts by Experience, West Hertfordshire Teaching Hospitals NHS Trust and East and North Hertfordshire NHS Trust.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

MY SAFETY PLAN

Safety planning is a structured, proactive way to help you plan a range of activities and sources of support you can use at the right time to help prevent or manage a developing crisis.

You can use this document as a reminder of what has been useful for you, and you can review it throughout your progress.

Date:

My reasons to live: What would you miss about your life? When you're having thoughts or feelings about suicide, it's easy to get caught up in the pain you're feeling and forget the positives in your life. Thinking about your reasons to live may help you change your focus until the suicidal thoughts pass. Write down the things in your life, large and small, that are important to you and worth living for.

What can I do to help myself?: eg- Distraction, breathing techniques, routine, structure, what things were helpful and made you feel safe when you became unwell? Places where you feel safe (Do let someone know where this is).

Early warning signs: Warning signs may be changes in thoughts, moods and behaviours. Do you know what may trigger these feelings? What changes may other people notice?

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

My ideas for staying safe: How can you make it harder to act on any plans? Remind yourself why you will try to take these steps?

If I am struggling I can speak to: Think about who, their contact details and times they are available, how will you open the conversation with them, what will you say? Is there a particular phrase or words I will say? How will contact be made? Is there any particular support you would benefit from eg someone to check in with you?

In a crisis I will seek help from these professionals and organisations: Numbers, websites. How will you access this help eg. call, text, go in-person…?

Who will you share this plan with to help keep you safe?

Are you happy for services to contact them if you are in a crisis or need support?

Name, relationship, and number/ contact details.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

The CASE Approach is used to uncover the person's suicidal ideation, planning, actions taken on plans, and current intent over four Chronological Events: Presenting Suicide Events (generally the last 48 hours); Recent Suicide Events (Occurring during the last 2 months); Past Suicide Events (from before 2 months); Immediate Suicide Events.

Region of Presenting Suicide Events (generally the last 48 hours): Document the suicidal ideation, planning, and behaviours that people spontaneously first describes or that they present when asked directly by the interviewer about suicidal ideation.

Region of Recent Suicide Events (Occurring during the last 2 months): Document the suicidal ideation, planning, and behaviours other than the method (if any) uncovered during the Region of Presenting Events. Carefully document all other methods shared and delineate the extent of action taken with any method uncovered. REMEMBER: With individuals at immediate or imminent high risk, their true method of choice (MOC) may be withheld until uncovered in the Region of Recent Events.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.

East and North Hertfordshire NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire Partnership University NHS Foundation Trust

Region of Past Suicide Events (from before 2 months): Document items such as whether the person had any previous attempts, if so, what was the most lethal attempt, at the time of the most lethal attempt were the situational triggers similar and was the method the same as the person's current MOC? Also document an estimate of the number of past attempts.

Region of Immediate Suicide Events (New suicidal thoughts or intent that arise during the interview itself): Document items such as the person's degree of hopelessness, outlook on the future, intensity of pain, current suicidal intent.

Download the StayAlive app.

Please use the QR code to connect with downloadable resources that may be helpful to a service user.