

SOS Risk Assessment Tool

Consumer Name:

DOB:

Date:

Risk Assessment must be attached to the SOS Service Referral Form sent to the SOS Provider

PRESENTING ISSUE	HIGH RISK	MODERATE RISK	LOW RISK
Suicide / self-harm history - Previous attempts or exposure to attempts - Lethality	Family history of suicide; Previous/recent attempt/s of moderate-high lethality Current attempt of high lethality; Repeated self-harm	Multiple attempts of low lethality; Repeated threats; Infrequent self-harm.	Nil or vague thoughts; No recent attempt or 1 recent attempt of low lethality and low intentionality.
Intent / Plan / Thoughts - Access to means - Clear plan - Evidence of clear intention - Suicidal thoughts	Continual / specific thoughts; Evidence of clear intention; Access to means; A well-developed plan.	Frequent thoughts; A plan that is not fully developed; Potential access to means; Ambivalent desire to end their life.	Nil or vague thoughts; No real plan; No intention to end their life.
Long standing problems - History of mental illness - History of sexual/physical abuse or neglect - Domestic violence - Family breakdown, child custody issues - Financial difficulties, unemployment, homeless - Serious physical illness/disabilities - Developmental differences - Chronic pain or illness - Drug and/or alcohol abuse	<u>Several</u> factors in this list are present.	<u>Some</u> factors in this list are present.	<u>Nil or 1</u> factor in this list is present.
Psychological factors - Depression / hopelessness / isolation / anger - Psychotic symptoms - Stressors in last 6 months (e.g. recent crisis, major loss or trauma, or anniversary) - Carer responsibilities	Severe depression; Command hallucinations or delusions about dying; Preoccupied with hopelessness, despair, feelings of worthlessness; Severe anger, hostility; High level of stressors in last 6 months.	Moderate depression; Some sadness; Some symptoms of psychosis; Some feelings of hopelessness; Moderate anger, hostility; Moderate level of stressors in last 6 months.	Nil or mild depression; Nil or mild sadness; No psychotic symptoms; Feels hopeful about the future; Nil/mild anger, hostility; Nil or mild stressors in last 6 months.
Lack of strength & supports - Availability of supports - Stability of employment and relationships	Unemployed; Lack of supportive and stable relationships / hostile relationships; Others not available or unwilling / unable to help.	Employment either unstable or unsatisfying; Few relationships lacking stability; Others available but unwilling / unable to help consistently.	Stable satisfying employment/study; Stable relationship/s; Support from others that are willing and able to help consistently.
Other known risks / Additional Notes:	↓	↓	↓
RISK ASSESSMENT Crisis Services ACCESS Team: 1800 011 511 Police, Fire & Ambulance: 000 SOS Referral: 1800 223 365	Most of the Issues above rate in the High category. Refer to Crisis Services.	Most of the Issues above rate in the Moderate Category: Refer to SOS Service	Some of the Issues above rate in the Low category: Refer to SOS Service
	Some of the Issues above rate in the High category: Refer to SOS Service or Crisis Service if <u>immediate risk</u> is present.	Some of the Issues above rate in the Moderate category: Refer to SOS Service.	Most of the Issues above rate in the Low category: Refer to PTS, Medicare or Community Health Central Intake 1800 222 608 or Private services.

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SOS Service Patient Eligibility Criteria

Inclusion:

- People at low to moderate risk of suicide who have been discharged into the care of a general practitioner from hospital, including emergency departments or from a hospital/medical ward following an overnight admission after a suicide attempt;
- People who have expressed suicidal ideation;
- People who have presented to their GP after an incident of suicidal behaviour or acting out suicidal intention;
- People who have been assessed by the acute MHT as not in need of inpatient care or case management;
- Aged 14+.

Exclusion:

- People at high risk of suicide requiring immediate intervention;
- People in the care of an existing public health service who present with long lasting and chronic mental health disorders;
- People experiencing active psychotic features.

NB: These forms are for your patient record + copy sent to the SOS Provider

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