Safety and Lethality Assessment

and Intervention by Risk Level

Adapted for Primary Care Practices from the **SAFE-T***

1. Identify Risk Factors *(note those that might be modified to reduce risk)*

- Were there past suicidal or self-injurious behaviors (in patient or family)? ☐ YES ☐ NO
- Are there current or past mental health or substance abuse issues? ☐ YES ☐ NO
- Are there significant symptoms present, like impulsivity, hopelessness, anxiety/panic, command hallucinations? ☐ YES ☐ NO
- Are there significant psychosocial stressors? ☐ YES ☐ NO
- Has there been a significant change in treatment? ☐ YES ☐ NO
- Does the patient have access to firearms? ☐ YES ☐ NO

2. Identify Protective Factors *(even if present, may not counteract risk)*

- Do there appear to be good internal coping mechanisms? ☐ YES ☐ NO
- Are there external supports available? ☐ YES ☐ NO

3. Conduct Suicidal/Homicidal Inquiry

- Is there an idea about suicide? ☐ YES ☐ NO
- Is there a specific plan in mind? ☐ YES ☐ NO
- Is there intent to engage the plan? ☐ YES ☐ NO
- Is there a history of past suicidal behavior? ☐ YES ☐ NO

4. Determine Risk Level and Intervention *(Assign risk level and intervention based on Factors 1, 2, and 3)*

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
HIGH	-BH issues -Severe symptoms -Acute precipitating event -Insufficient protective factors	-Persistent ideation -Clear plan, with strong intent or rehearsal -Hx of potentially lethal suicide attempt	-Emergency psychiatric assessment: *911 for police assisted MHA to local ED *If BH provider is working with the patient, consult as time allows, and communicate following crisis resolution.
MODERATE	-Multiple risk factors -Few protective factors -Patient motivated to get/stay safe	-Suicidal ideation -Suicidal ideation with plan, but no intent -No Hx of attempts	-Consider emergency psychiatric assessment; *Discuss with patient as indicated. *Consider consulting with CPEP for possible on-site mobile crisis evaluation *If BH provider is working with the patient, consider phone consultation, with patient's permission. -Patient/family can escort to hospital and request emergency assessment (call ED with report). -If no emergency assessment is warranted, develop crisis plan with patient, to include emergency/crisis contacts. -If BH provider is not engaged, care team considers plan to provide BH care, or to coordinate care with a BH provider; refer as indicated.
LOW	-Risks appear modifiable -Strong protective factors are present	-Thoughts of death may be present, but without suicidal plan or intent. -No Hx of attempts	-If no BH provider, care team provides or coordinates BH care through referral -Provider addresses symptom reduction as appropriate - Develop safety/crisis plan with patient, to include emergency/crisis contacts.

5. Debrief as a Care Team, Following Crisis Resolution

6. Document per Progress Notes and Changes to Integrated Care Plan As Indicated

*Adapted from SAFE-T: Suicide Assessment Five-step Evaluation and Triage; conceived by Douglas Jacobs, MD, and developed collaboratively between Screening for Mental Health, Inc., and Suicide Prevention Resource Center. Supported by SAMHSA and MHSA. Original tool: http://www.integration.samhsa.gov/images/res/SAFE_T.pdf