

## Child and Adolescent Suicide Risk Assessment Tools

BEFORE DISCHARGE, DISCUSS AND DOCUMENT:	
History/ Plan	Acute conflict diffused, precipitants discussed
	Alternatives discussed (talk to someone, distraction, relaxation, crisis numbers etc.)
Psychoed	Tell child/family about disinhibiting effects of drugs/EtOH
Home	Firearms/meds/sharps/ropes to be effectively secured/removed
	Check that there is a supportive person at home
Follow-up	Follow-up appointment has been scheduled
Please go to <a href="http://www.aboutkidshealth.ca">www.aboutkidshealth.ca</a> for details	

### Child and Adolescent Suicide Risk Documentation Checklist

#### Assessment

- Risk factors
- Collateral

#### In ER

- Changes noticed in ED
- Crisis planning/de-escalation
- Medical work-up (ie. tox screen)
- Decision re: certification with rationale
- Means taken to keep the patient safe

#### Discharge

- Clear rationale for discharge (ie. Safe discharge environment, non-modifiable risk factors etc.)
- Psychoeducation of guardian/patient re: supervision, removal of means, adequate supervision etc.
- Follow-up date and time
- ALWAYS document that information was communicated to treating team/nurses/family etc.
- Involvement with CAS

## SAFETY PLAN

**DISTRACTION** (e.g. alternatives: ice the area, rubber band, orange peel, tear paper)

**RELAXATION AND GROUNDING** (e.g. balloon/box breathing, Progressive muscle relaxation, guided imagery, holding an ice cube)

### CRISIS PLAN

- Speak to or phone a friend/family member/doctor (have at least one adult on the list)
- Call a crisis line

Name	Contact Number
Kids Help Phone (www.kidshelpphone.com)	1-800-668-6868

- Go to the Emergency Department

### Websites to Visit

[www.kidshealth.org/teen/your\\_mind/](http://www.kidshealth.org/teen/your_mind/)

[www.teenmentalhealth.org/](http://www.teenmentalhealth.org/)

## **Safety Planning: Information for Parents and Guardians**

*Please note that the following points are all suggestions and may not apply to your child or adolescent. These suggestions should be discussed further with a health care professional before hospital discharge.*

1. Remove or lock away all potentially dangerous objects from the home i.e. over-the-counter or prescription medications, household cleaners, weapons, cords, ropes, and sharp objects. Discard old medications by bringing them to your pharmacy.
2. Remove/lock away alcohol and other substances or keep only small amounts of alcohol. Alcohol and other substances can lower inhibitions, increase impulsivity, and significantly affect rational thinking.
3. Remove access to car keys.
4. If there is no safe place to lock things up in the home, objects can be locked in the trunk of the car.
5. Do not leave your child/teen for long periods of time. If you have to go out, take your child/teen with you. If your child/teen is unable to go out, ask a friend or neighbor to be with them while you are out.

### General Strategies That May Be Helpful

1. As much as possible, try to keep the lines of communication open and express your concern. If communication is not possible, suggest that your child speaks with another trusted person such as another relative, guidance counselor, doctor etc.
2. Offer support and empathy but remember that you are not your child's therapist. Seek professional help if possible.
3. Give hope to your child/teen that things will get better.
4. Communicate to your child/teen that he/she is not alone.
5. Try not to judge or minimize what your child is experiencing. Comments such as 'What do you have to be sad about?', 'You have so much', or 'Just try to snap out of it' can evoke further feelings of guilt, isolation and being misunderstood.
6. Make sure that you have enough support (ie. talk to friends, professionals etc. about what you are going through). You can provide better support to your child/teen if you are taking care of yourself. Care for others who are also providing support to your child/teen (ie. your child/teen's siblings, your partner, other relatives etc.)