



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Assessment of Suicide Risk

Youth's Name _____

JJIS Number: _____ **Sex** _____ **Race** _____ **DOB** _____

Facility/Program _____ **Circuit** _____

1. REASON FOR ASSESSMENT: *(Describe risk factors identified by screening or staff observations which prompted the referral for Assessment of Suicide Risk. Check all that applies.)*

RISK FACTORS	DESCRIBE
Prior History or Recent	
<input type="checkbox"/> Suicide Ideation/Thoughts	
<input type="checkbox"/> Suicide Threat/Plan	
<input type="checkbox"/> Suicide Attempt	
<input type="checkbox"/> Self-Injury/Self-Mutilation	
<input type="checkbox"/> Placed on Suicide Precautions During Previous DJJ Detention or Commitment	
<input type="checkbox"/> Hopelessness/Despair	
<input type="checkbox"/> Recent Loss (death or separation)	
<input type="checkbox"/> Family History of Suicide	
Recent/Current Diagnosis, particularly:	
<input type="checkbox"/> Major Depression	
<input type="checkbox"/> Bipolar Disorder	
<input type="checkbox"/> Anxiety/Panic Disorder	
<input type="checkbox"/> Psychotic Disorder	
<input type="checkbox"/> Borderline Personality Disorder	
<input type="checkbox"/> Alcohol/Drug Dependence	
<input type="checkbox"/> Other Events/Behaviors	

2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)

[Check all that applies]

- | | |
|---|---|
| <input type="checkbox"/> Review of DJJ file | <input type="checkbox"/> Interview with Parent |
| <input type="checkbox"/> Interview with youth | <input type="checkbox"/> Interview with facility nurse, direct care staff, facility administration (Circle one) |
| <input type="checkbox"/> Depression Inventory | <input type="checkbox"/> Suicide Risk Index/Questionnaire/Rating Scale (Attach Instrument) |

3. CURRENT MENTAL STATUS: (Place ✓ in applicable box)

	WNL*	MODERATE	SERIOUS	SEVERE
Appearance	WNL	Appears dirty, disheveled, unkempt	Severe body odor and poor hygiene evident	Smells of urine or feces
Attitude during Interview	WNL	Moderately uncooperative but otherwise appropriate to situation	Markedly inappropriate (e.g., irritable, seductive, aggressive) to situation	Extremely inappropriate to situation
Motoric Behavior	WNL	Some physical motor retardation or motor agitation	Serious psychomotor retardation or agitation	Severe physical motor retardation or agitation
Hostility or Irritability	WNL	Appears angry and admits anger	Verbally abusive	Physically threatening
Affect	WNL	Minimal spontaneous affect or strange affect observed	Blunted affect or affect incongruous with thoughts	Unchanging affect or bizarre actions
Depression	WNL	Appears sad and reports sadness	Cries excessively, sleep or appetite disturbance	Depressed and thinks about death or suicide
Anxiety	WNL	Reports periods of persistent tension or unexplained fears	Frightened, shaky, panic attack, hyperventilation within past 3 months.	Hyperventilation or panic attacks within past month
Speech	WNL	Pressured or latency of speech	One word responses with no elaboration	Slurring, mute or incoherent,
Insight and Judgment	WNL	Limited judgment and insight	Poor judgment and insight	Impaired judgment
Perceptual Disorders	None	Feelings of unreality but denies hallucinations	Reports hallucination within the past month	Appears to be having hallucinations

*WNL = WITHIN NORMAL LIMITS

4. CURRENT/RECENT SUICIDE RISK INDICATORS (Record youth's statements and collateral information)

Is the youth currently thinking or has recently been thinking about hurting or killing himself or herself?

Has the youth thought about how he or she might commit suicide or self-harm? When, Where? How?
(Is plan specific, non-specific, potentially lethal?) _____
(Is the youth confident that he/she can carry out the plan?) _____

Does the youth have the means or resources to carry out his/her plan? If Yes, What? _____

Is the youth currently self-injurious or has recently been self-injurious? When? Where? Why? How?
(Method of self-injury, intent, lethality) _____

Has the youth ever attempted suicide? When? Where? Why? How? _____
(Method, lethality, intent, how discovered, circumstances) _____

Does the youth express hopelessness/helplessness? _____
Can the youth articulate reasons for living? _____

Has the youth recently experienced a significant loss (e.g., death of family member or close friend, break-up with boyfriend/girlfriend, loss of self-esteem, significant loss of status)? _____

Has a family member or close friend ever attempted or committed suicide or has the youth had close contact with suicidal individuals? When? Where? How? _____

Has the youth experienced recent trauma or significant stressors (e.g., physical or sexual abuse, rape, abuse from peers, severe humiliation)? _____

Does the youth perceive his/her environment as being supportive? _____

Does the youth have medical problems (sickness, somatic complaints or chronic illness)? _____

Does the youth have a mental health diagnosis (current or previous treatment with psychotropic medication, outpatient or inpatient mental health treatment, Baker Act, SED/EH placement in school)? _____

Has there been recent behavioral changes or overt change in the youth's clinical condition?

Does the youth exhibit neurovegetative signs of depression? _____

(Excessive Sleep, Difficulty Sleeping, Lack of Interest in Activities, Social Withdrawal, Excessive Feelings of Guilt, Loss of Energy/Initiative, Impaired Concentration, Poor Appetite, Excessive Weight Loss or Weight Gain, Psychomotor Retardation)

Is the youth currently or has recently been using drugs or alcohol? If yes date of last use _____

5. DEGREE OF DANGEROUSNESS YOUTH PRESENTS TO SELF: (Address and check off each indicator listed)

IMMINENCE OF BEHAVIOR

- no recent or current suicidal thoughts or suicide risk behaviors
- recent or current non-specific thoughts of death
- recent or current specific thoughts of suicide or self-injury
- recent or current self-injurious behaviors

Comments:

INTENT OF BEHAVIOR

- no recent or current desire to die or harm self
- recently or currently feels would be better off dead
- recent or currently wants to hurt him/herself
- recently or currently wants to die/has lost the will to live

Comments:

PLAN

- denies plans to harm self
- detailed plan in the past, not at present
- current non-specific/vague plan
- current specific plan for self-injury or suicide

Comments:

LETHALITY

- denies plan to harm self
- unclear plan, lethality cannot be determined
- plan for self-injury could result in serious harm & could be lethal
- plan, if carried out would be lethal

Comments:

6. IS YOUTH A POTENTIAL SUICIDE RISK? YES _____ NO _____

SUMMARY OF FINDINGS WHICH SUPPORT YOUR CONCLUSION:

7. RECOMMENDATIONS REGARDING SUICIDE PRECAUTIONS:

Emergency Transport (Baker Act)

NOTE: Youth presenting an imminent threat of suicide must be transported for emergency care.

Precautionary Observation

- Continue youth on Precautionary Observation
- Move youth from Precautionary Observation to Secure Observation
- Discontinue Precautionary Observation and transition youth to Close Supervision
- Discontinue Precautionary Observation and place youth on standard supervision

Secure Observation

- Continue Secure Observation
- Move youth from Secure Observation to Precautionary Observation
- Discontinue Secure Observation and transition youth to Close Supervision

NOTE: Any discontinuation of Precautionary Observation or Secure Observation requires completion of the "Request for Discontinuation of Suicide Precautions" on page 4 of this form.

8. RECOMMENDATIONS FOR TREATMENT OR FOLLOW UP:

9. CONSULTATION WITH LICENSED MENTAL HEALTH PROFESSIONAL:

10. CONFERRED WITH FACILITY SUPERINTENDENT/DIRECTOR OR DESIGNEE:

11. NOTIFICATIONS (IF APPLICABLE):

Parent/Legal Guardian

Name: _____
 Notified by: Telephone Letter E-mail
 Date: _____ Time: _____

Juvenile Probation Officer (JPO)

Name: _____
 Notified by: Telephone E-mail
 Date: _____ Time: _____

Outside Provider

Name: _____
 Notified by: Telephone E-mail
 Date: _____ Time: _____

Completed By:

 Mental Health Clinical Staff Person's Signature, Title _____ Date _____ Time _____

Reviewed By:

 Licensed Mental Health Professional's Signature, Title _____ Date _____ Time _____

Reviewed By:

 Facility Superintendent/Program Director/Designee Signature _____ Date _____ Time _____

REQUEST FOR DISCONTINUATION OF SUICIDE PRECAUTIONS

I am requesting that this youth be:

TRANSITIONED TO NORMAL ROUTINE	
	Discontinued from Precautionary Observation and transitioned to Close Supervision
	Discontinued from Precautionary Observation and placed on standard supervision
	Discontinued from Secure Observation and transitioned to Close Supervision

Mental Health Disposition Notes: (Document below the licensed mental health professional's review and concurrence with discontinuation of Suicide Precautions. Also document below any instructions or recommendations made by the licensed mental health professional).

Mental Health Clinical Staff Person's Signature _____
DATE **TIME**

NOTE: Documentation of the licensed mental health professional's review and concurrence with Assessment of Suicide Risk findings is required prior to the youth's removal from suicide precautions and transition to normal routine. Documentation must clearly specify that the licensed mental health professional concurs with the youth's removal from suicide precautions and any instructions or recommendations made by the licensed professional.

Facility Superintendent/Program Director's or Designee's Authorization to Discontinue Suicide Precautions:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Licensed Mental Health Professional has conferred with Facility Superintendent/Program Director or Designee
<input type="checkbox"/>	<input type="checkbox"/>	Facility Superintendent/Program Director or Designee authorizes discontinuation of suicide precautions

Comments:

Facility Superintendent/Program Director or Designee Signature _____
Date **Time**

Clinical Review (Licensed Mental Health Professional's Review and Comments)

Comments:

Licensed Mental Health Professional's Signature _____
Date **Time**