

## Assessing Risk

**Low Risk:** The client has no suicidal ideation/thoughts or does not intend to act on them and has significant boundaries in place. The client does not have past suicidal attempts or past self-harm, or if has a history of self-harm/past attempts has a coping plan and support in place and does not intend to hurt self. Client is not experiencing family harm. The client may have some stress or mild low mood or anxiety symptoms, but the client is managing and has support and some coping. The client is not experiencing family harm or abuse.

**Medium Risk.** The client is exhibiting some symptoms of low mood or anxiety. The practitioner has checked for mood by using the PHQ9. Has suicidal thoughts but not current plan or intent. Client is experiencing family harm but feels safe at the moment- not living with the abuser/ or family harm is not physical or of a lethal nature. Needs support (Medium/High risk) Not immediate Risk

**High Risk: Signifies serious risk. Immediate or Imminent Risk. Major suicidal thinking, feels very unsafe, needs immediate help. Client is experiencing family harm and feels at risk of harm (High Risk)**

### Response to Risk Levels

Begin to ask honest, open, and specific questions

#### 1. **Low Risk/ Medium Risk** -Ask if they think about self-harm / suicide?

They say No or sometimes but would not do it. Ask them why? What keeps them from acting on their thoughts?

- a. Ask what needs they have,
- b. What is causing their stress – Can assess low mood/anxiety and suicidal ideation using the PHQ9
- c. What support they need
- d. Ways to lessen the stress
- e. Refer as needed- if they need specialist support can refer back to RAISE if their needs are beyond the scope of what you can provide.

#### 2. **Risk High but possible risk not immediate risk**

This where the person states they are struggling with suicidal thoughts, but desperately want help and **do not** want to end their life. However, it is becoming a struggle to contain the thoughts of harm. Or an individual is in an abusive relationship but does not believe they are at immediate risk of harm.

A. Ask, do others know of this concern? if so, who? and what do they have in place to help them. If not begin to ask, who they trust, that they can talk to.

B. Ask if they are already seeing their G.P or mental health team over this issue. Encourage the person to arrange an appointment ASAP with G.P.

Do a Safety Plan

- a. Ask what needs they have? What is causing their distress? What support do they have
- c. Ways to lessen the stress and Safety plan. Safety Plan for self-harm/suicidal thoughts- who can they contact for support/ Safety Plan for family harm
- d. Contact Raise referrals and ask them to refer the client to a practitioner who specializes in the client's needs/ or who can manage this level of risk. You can also connect with client with other services for long term support while

you are supporting them after you have contacted Raise if they are unable to offer the client further support. (Crisis team, ACC Sensitive Claims, Local Community Support Agencies, or local community mental health agencies, Women's Refuge) Contact the Raise referrals team and request additional sessions if you feel they need more support. If you cannot get additional support then make a safety plan with the individual see above and refer them to external pathways or give them links to external community support agencies.

(Crises mental health team ) 0800 611 116 or, google ( <https://www.health.govt.nz/your-health/services-and-support/health-care-services/mental-health-services/crisis-assessment-teams> )

**3. Immediate High Risk** If the person states "yes", they are suicidal and have a specific plan and intend to use it. Especially if the client states they have a plan they want to use in 24 hours or a week. If the client feels they won't last the day or the week and are frightened to go home and or have a previous experience of self-harm and feel it is imminent.

- a. Don't let them leave your side.
  - b. Keep them in the safety of the office if possible.
  - c. Don't let them be alone for any reason
  - d. Stay with them until you have rung emergency services.
  - e. Ring 111 and ask police to come and take the individual to the emergency department for an assessment/ can also have the individual call a family member to help and escort them.
- Ask questions
  - Talk about their feelings
  - Acknowledge the struggle
  - Let them know you care
  - Remain calm and get help
  - Stay with them

## SAFETY CARE PLAN

1. Take down ph. numbers and contacts of those that can support the client
2. Give them a list of after-hours emergencies numbers ( Lifeline -0800 543 354/ 1737)
3. Discuss safety, strategies e.g.
  - i. Ways to recognise danger points and knowing triggers.
  - ii. Distraction skills such as music, pod casts, exercise, goals, etc.
  - iii. What to do if risk climbs. i.e. agreed specific steps to do to bring risk down

## C.A.R.E.S Model of Support



Calmly, give them your full attention, without rushing.



Ask simple questions to give them air time – listen, keep them focussed as possible on what will best assist their wellbeing and safety.



Reflect back respectfully, without judgement.



Encourage them to choose the next steps, offering options if they need them.



Support them with an offer of help. Refer on, or sourcing help, if that's wanted, and follow through.



Standing for  
Mental Health  
& Wellbeing