



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

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

[Check all that applies]

- Review of DJJ file                       Interview with Parent  
 Interview with youth                       Interview with facility nurse, direct care staff, facility administration (Circle one)  
 Depression Inventory                       Suicide Risk Index/Questionnaire/Rating Scale (Attach Instrument)

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

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

Youth's Name \_\_\_\_\_ JJIS # \_\_\_\_\_

**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
- Licensed Mental Health Professional has conferred with Facility Superintendent/Program Director or Designee
- 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
---	------	------