

Mental Health Research: Risk Assessment Form

v1.0 [23rd July 2019]

Risk assessment. If the participant has indicated in their eligibility criteria form that they have current thoughts or acts of suicide or aggression, please consider stopping the assessment at this point and consider detaining under Mental Health Act and/or referral for urgent psychiatric care.

The risk assessment (below) may assist with ascertaining if the participant has significant risk of harm to self or others. Please however note that suicidality and aggression are components of psychosis, depression and other mental illness states, so if this aspect of a participant’s presentation is being well managed, these factors do not necessarily preclude them from participation in this study. It is up to you to ensure that if they do participate that they are safe to do so. As outlined in the **Terms and Conditions** of this research, this decision is at your clinical discretion and responsibility.

Question / Evaluation	Yes	No	Additional Information
Suicide Intentions Do you feel hopeless and like giving up completely? <hr/> Do you wish that you didn't have to go on living ? <hr/> Do you have thoughts about wanting to die ?			
Suicide Threats Have you told or warned anyone about killing yourself?			If YES, who?
Suicide Plan Have you planned how you will kill yourself? <hr/> Have you made any preparations to kill yourself? <hr/> Do you have thoughts of taking anyone with you ?			If YES, how long have you had this plan? what is stopping you from acting on this plan?
Suicide / Self-Harm History Do you have frequent thoughts about injuring yourself ? <hr/> Have you attempted to harm yourself before ?			If YES, how?

<p><i>If responded YES to “attempted to harm...”</i></p> <p>Does harming yourself bring relief from negative feelings?</p> <hr/> <p>Does harming yourself help you get help to overcome difficulties with others?</p> <hr/> <p>Does harming yourself give you a good feeling?</p> <hr/> <p>Do you have any political or religious motives for harming yourself?</p>			<p>How long since your last self-harming or suicide attempt? </p>
<p>Homicidal Thoughts</p> <p>Do you feel so angry with someone that you could kill them?</p> <hr/> <p>Have you made a plan to pay that person back or to harm them?</p> <hr/> <p>Do you have access to guns/weapons you could use?</p> <hr/> <p>Do you get angry and lash out?</p>			
<p>Willingness to accept HELP</p> <p>If “YES” to any of the above, are you willing to accept help?</p>			
Risk Evaluation	Yes	No	Comments
Based on your assessment the participant safe and eligible to proceed in this study?			

Clinician Declaration

I have completed the risk assessment above and have thoroughly assessed and reviewed the safety of the participant to determine whether or not they should proceed to register in this research study.

Clinician Name:

Clinician Signature: **Date:**.....