



Emergency Department Mental Health Risk Assessment

Date

Time of assessment

Patient Details

Physical Description

approx height:

build:

hair colour and style:

skin colour:

distinguishing features:

clothing:

Observation and Background

		Yes	No
1	Does the person have any immediate plans for further harm to self or others, or to damage property?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the patient obviously disturbed, threatening, agitated or unpredictable in their behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, has this person been searched for potential weapons Yes <input type="checkbox"/> No <input type="checkbox"/>		
3	Is the patient unusually quiet and withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is there any suggestion that the person may abscond?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the person have a history of violence? (check alerts)	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the person have a history of mental health problems or self harm?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the person been detained under a mental health section before?	<input type="checkbox"/>	<input type="checkbox"/>

Presenting Complaint:

Any precipitating factors?

Any OD, DSH, suicide attempt or other injury?

Does the person have any close family/friends/social support?

Contact in case of emergency:

Print name:

Date

Signature:

Time

Designation:

Contact number

Suicide risk screen – To be completed by care provider

The greater number of positive responses, the higher the risk

	Yes	No	Unknown		Yes	No	Maybe
Previous self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of violent methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed/retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current suicide plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separated/widowed/divorced / domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness/helplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low in mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family concerned about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displaying bizarre and unpredictable behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disengaged from services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/drug misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor adherence to psychiatric treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to lethal means of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the ECS been reviewed for potential co-ingestion or medicines of concern? Yes ☐ No ☐

Are there any **child protection** issues?

Does this person have any **adult protection** issues?

After assessment , what level of risk do you think this patient has?	<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
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Print name:

Date:

Signature:

Time:

Designation:

Contact No:

Risk	Key Factors	Where managed	Level of observation	Action
Low	Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them No evidence of immediate or short term risk or vulnerability	In main department	No special observations	Does not require returning to department if absconds ?Refer to GP for community mental health management
Medium	Mental health problems present and/or has non-specific ideas or plans regarding risk behaviours to self or others These either not dangerous or no plans to act upon them May have already self harmed Potentially vulnerable in certain circumstances	Manage in HD/IC	Observe every 15 minutes	Refer MHAS/psych medicine (standard) If absconds – discuss with MHAS re further action.
High	Serious mental health problems present, including possible psychotic features and/or has clear ideas or plans regarding risk behaviours to self or others May have already self harmed Mental state may deteriorate if left untreated and potentially vulnerable	Manage in psych cubicle providing no medical contraindication	Constant observation	Avoid absconcion Must be returned to department if leaves Urgent MHAS/psych medicine review (within 30 minutes)
Extreme	Serious mental health problems present, including possible psychotic features and/or has strong and immediate plans or ideas regarding risk behaviours to self or others May have already self harmed Mental state likely to deteriorate if left untreated. Vulnerable	Manage in psych cubicle providing no medical contraindication	Constant observation	Consider emergency detention Urgent/Immediate review by MHAS/psych medicine

