



MENTAL HEALTH REFERRAL

CRISIS INTERVENTION

EXTREME RISK

<p>CURRENT SUICIDE PLAN</p> <p>A. Details</p> <p>B. How prepared</p> <p>C. How soon</p> <p>D. How (lethality of method)</p> <p>E. Chance of intervention</p>	<p><input type="checkbox"/> Vague</p> <p><input type="checkbox"/> Means not available</p> <p><input type="checkbox"/> No specific time</p> <p><input type="checkbox"/> Pills, cut wrist</p> <p><input type="checkbox"/> Others present most of time</p>	<p><input type="checkbox"/> Some Specifics</p> <p><input type="checkbox"/> Has means close by</p> <p><input type="checkbox"/> Within a few days or hours</p> <p><input type="checkbox"/> Drugs/alcohol/pills</p> <p><input type="checkbox"/> Others available if called upon</p>	<p><input type="checkbox"/> Well thought out</p> <p><input type="checkbox"/> Has means in hand</p> <p><input type="checkbox"/> Immediately</p> <p><input type="checkbox"/> Gun, hanging, jumping, car</p> <p><input type="checkbox"/> No one nearby; isolated</p>
<p>PAIN</p>	<p><input type="checkbox"/> Pain is bearable</p> <p><input type="checkbox"/> Wants pain to stop, but not desperate</p> <p><input type="checkbox"/> Identifies ways to stop the pain</p>	<p><input type="checkbox"/> Pain is almost unbearable</p> <p><input type="checkbox"/> Becoming desperate for relief</p> <p><input type="checkbox"/> Limited ways to cope with pain</p>	<p><input type="checkbox"/> Pain is unbearable</p> <p><input type="checkbox"/> Desperate for relief from pain</p> <p><input type="checkbox"/> Will do anything to stop the pain</p>
<p>RESOURCES</p>	<p><input type="checkbox"/> Help available; student acknowledges that significant others are concerned and available to help</p>	<p><input type="checkbox"/> Family and friends available but are not perceived by the student to be willing to help</p>	<p><input type="checkbox"/> Family and friends are not available and/or are hostile, injurious, exhausted</p>
<p>PRIOR SUCIDAL BEHAVIOR OF...</p> <p>A. Self</p> <p>B. Significant others</p>	<p><input type="checkbox"/> No prior suicidal behavior</p> <p><input type="checkbox"/> No significant others have engaged in suicidal behavior</p>	<p><input type="checkbox"/> History of self harm, injury, mutilation</p> <p><input type="checkbox"/> One previous low lethality attempt; history of threats</p> <p><input type="checkbox"/> Significant others have recently attempted suicidal behavior</p>	<p><input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality</p> <p><input type="checkbox"/> Significant others have committed suicide</p>
<p>MENTAL HEALTH</p> <p>A. Coping Behaviors</p> <p>B. Depression</p> <p>C. Medical status</p> <p>D. Other Psychopathology</p>	<p><input type="checkbox"/> History of mental illness, but not currently considered mentally ill</p> <p><input type="checkbox"/> Daily activities continue as usual with little change</p> <p><input type="checkbox"/> Mild, feels slightly down</p> <p><input type="checkbox"/> No significant medical problems</p> <p><input type="checkbox"/> Stable relationships, personality, & school performance</p>	<p><input type="checkbox"/> Mentally ill, but currently receiving treatment</p> <p><input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork</p> <p><input type="checkbox"/> Moderate, some moodiness, sadness, irritability, loneliness, & decrease in energy</p> <p><input type="checkbox"/> Acute, but short-term, or psychosomatic illness</p> <p><input type="checkbox"/> Recent acting-out behavior & substance abuse; acute suicidal behavior in stable personality</p>	<p><input type="checkbox"/> Mentally ill and not currently receiving treatment</p> <p><input type="checkbox"/> Signs of gross disturbances in daily functioning</p> <p><input type="checkbox"/> Overwhelmed with hopelessness, sadness, & feelings of helplessness</p> <p><input type="checkbox"/> Chronic debilitating, or acute catastrophic illness</p> <p><input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers family, & teacher</p>
<p>STRESS</p>	<p><input type="checkbox"/> No significant stress</p>	<p><input type="checkbox"/> Moderate reaction to loss &/or environmental changes</p>	<p><input type="checkbox"/> Severe reaction to loss &/or environmental changes</p>
<p>TOTAL CHECKS</p>			