

SAFE-T

SUICIDE ASSESSMENT

Five-Step

EVALUATION AND TRIAGE



1 IDENTIFY RISK FACTORS

Note those that can be modified to reduce risk

2 IDENTIFY PROTECTIVE FACTORS

Note those that can be enhanced

3 CONDUCT SUICIDE INQUIRY

Suicidal thoughts, plans, behavior, method, and intent

4 DETERMINE RISK LEVEL & INTERVENTION

Determine risk. Choose appropriate intervention to address and reduce risk.

5 DOCUMENT

Assessment of risk, rationale, intervention, and follow-up

Suicide assessments should be conducted (1) at first contact; (2) with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; (3) prior to changes in behavioral health treatment; and (4) at inpatient discharge.

1. RISK FACTORS¹

- Prior suicide attempt(s)
- Alcohol or substance use
- History of mental health concerns, particularly depression and other mood disorders
- Access to lethal means, including firearms
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and/or disability
- Lack of access to behavioral health care
- Prolonged feelings of hopelessness

POPULATIONS AT INCREASED RISK FOR SUICIDE

- American Indian, Alaska Native, and Tribal communities
- Black youth
- Rural communities
- LGBTQI + youth and young adults
- Middle-aged men
- Older adults

2. PROTECTIVE FACTORS¹

Note: Protective factors, even if present, may not counteract significant acute risk

- Connectedness to people, family, community, and social supports
- Effective behavioral health care
- Life skills (including problem-solving skills, coping skills, emotional regulation, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- No access to lethal means

3. SUICIDE INQUIRY

Specific questioning about thoughts, plans, behaviors, intent

- **Ideation:** Frequency, intensity, duration—in last 48 hours, past month, and worst ever
- **Plan:** Timing, location, lethality, availability, preparatory acts
- **Behaviors:** Past attempts, aborted attempts, rehearsals versus non-suicidal self-injurious actions
- **Intent:** Extent to which the patient (1) expects to carry out the suicide plan and (2) believes the plan/act to be lethal. Explore ambivalence: reasons to die versus reasons to live

For Youth: Ask parent/guardian about history of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition.

4. RISK LEVEL/INTERVENTION

- **Assessment of risk** level is based on clinical judgment, after completing steps 1–3
- **Reassess** as patient or environmental circumstances change
- **Develop** a safety plan for all individuals at low, moderate, and high risk levels

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
HIGH	Individuals experiencing severe behavioral health symptoms or acute precipitating event; protective factors not relevant	Suicidal ideation with plan (when and where), method (how), and intent to carry out the suicide plan	Emergency psychiatric treatment in a secure setting may be necessary unless a significant change reduces risk
MODERATE	Multiple risk factors, experiences some elevated behavioral health symptoms, and few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Give emergency/crisis numbers to include the 988 Lifeline
LOW	Manageable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral with a warm handoff, symptom reduction. Give emergency/crisis numbers, 988 Lifeline

Note: This chart is intended to serve as an example of a range of risk levels and interventions, not actual determinations.

5. DOCUMENT

Document: Risk level and rationale; treatment plan to address/reduce current risk (e.g., safety plan, medication, psychotherapy, contact with significant others, consultation, etc.); counseling on access to lethal means; follow-up plan. Patients/clients should receive a copy of their safety plan. For youth, the treatment plan should include roles for parent/guardian/supportive adult.

SUICIDE PREVENTION RESOURCES

988 Suicide & Crisis Lifeline, call or text 988 or chat at 988lifeline.org for 24/7 support samhsa.gov/find-help/988

- Download this and additional resources at store.samhsa.gov
- SAMHSA’s Suicide Prevention webpage: samhsa.gov/mental-health/suicide
- The 2024 National Strategy for Suicide Prevention and Federal Action Plan: hhs.gov/programs/prevention-and-wellness/mental-health-substance-abuse/national-strategy-suicide-prevention/index.html
- Suicide Prevention Resource Center: <https://sprc.org>
- National Action Alliance for Suicide Prevention: <https://theactionalliance.org>
- American Foundation for Suicide Prevention: <https://afsp.org>
- 988 End Cards for Media: samhsa.gov/find-help/988/partner-toolkit/end-cards-media

Acknowledgments: This resource was originally conceived by Douglas Jacobs, MD, and developed as a collaboration between Screening for Mental Health, Inc., and the Suicide Prevention Resource Center. This material is based upon work supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1U79SM57392. Any opinions, findings, conclusions, and recommendations expressed in this material are those of the author and do not necessarily reflect the views of SAMHSA.