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## SHILLONG COLLEGE SUICIDE RISK ASSESSMENT AND MANAGEMENT PROTOCOL

The protocol is a structured framework for the assessment and management of suicide risk in individuals (students). Its primary purpose is to help early identification of suicide risk, determine the level of urgency, and implement appropriate interventions to ensure the individual's safety. Through a systematic process of evaluation, risk stratification, safety planning, documentation, and follow-up, the protocol supports informed clinical decision-making and promotes continuity of care aimed at stabilizing the individual and reducing the risk of harm.

### Protocol Steps

#### 1. Initiate Assessment:

- Build rapport and ensure privacy.
- Explain the purpose of the assessment.

#### 2. Collect Information:

- Evaluate suicidal ideation, intent, plan, and access to means.
- Review past suicide attempts and self-harm behaviour.
- Assess mental status and psychiatric conditions.
- Identify risk factors (e.g. hopelessness, isolation, substance use).
- Identify protective factors (e.g. family, religion, treatment motivation).

#### 3. Risk Stratification:

- Determine risk level: Low, Moderate, or High.

#### 4. Action Based on Risk Level:

- Low: Outpatient care with monitoring.
- Moderate: Increased follow-up, safety planning.
- High: Immediate safety measures, possible hospitalization.

#### 5. Safety Planning:

- Collaboratively create a written plan addressing coping strategies, contacts, and means restriction.

## 6. Documentation:

- Record findings, clinical judgment, risk level, and care plan.


## 7. Follow-up:

- Schedule regular reviews and re-assess risk as needed.

## Brief Risk Assessment Protocol

The Suicide Risk Assessment Protocol involves systematically evaluating patients for suicidal thoughts, behaviours, and risk factors. Clinicians begin by building rapport and exploring suicidal ideation, plans, and intent. Key areas include history of attempts, psychiatric diagnoses, stressors, substance use, and protective factors. Patients are categorized into Low, Moderate, or High risk based on this evaluation.

For low risk, outpatient care with monitoring is sufficient. Moderate risk requires close follow-up and a safety plan. High risk necessitates immediate safety measures, including possible hospitalization. Clinicians address access to lethal means, engage support systems, and create a collaborative safety plan. Re-assessment occurs if circumstances change.



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