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| **Mental Health Risk Assessment** | **UR:**  **Surname:**  **Given Name:**  **Address:**  **DOB:**  **Sex:** |

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| Assessor: | Date: |

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| **Harm to Self** | **0 : None**  No thoughts or actions of harm, no history of suicide / self-harm, no self-neglect  □ | **1: Low**  Fleeting suicidal thoughts but NO plans / intent or current low alcohol or drug use, history of self-harm, self-care mildly impaired  □ | **2: Moderate**  Current thoughts/  multiple stressors / past actions without intent or plans / moderate drug or alcohol use, moderately impaired self-care  □ | **3: High**  Current thoughts with intent and plan, past and recent impulsivity / some plans but not well established / increased use of drugs and / or alcohol, very poor self-care  □ | **4: Extreme**  Current thoughts with intent and plan / past history of attempt / high drug or alcohol use / unstable mental state, extreme self-neglect  **Mental Health Risk Assessment**  □  **Mental Health Risk Assessment**  **Occupational Therapy Referral Form** |
| **Harm to Others** | **0 : None**  No thoughts or intent / plan of harm, no history of violence, judgement intact  □ | **1: Low**  Brief harm to others / thoughts but NO plans / current low alcohol or drug use, history of violence / assault  □ | **2: Moderate**  Current thoughts / past actions without intent or plans / moderate alcohol or drug us, history of violence / assault / forensic, some impaired judgement  □ | **3: High**  Current thoughts with intent and plan, past and recent impulsivity / some plans but not well established / increased use of drugs and / or alcohol, very poor judgment, history of violence / assault / forensic  □ | **4: Extreme**  Current thoughts with intent and plan / past history of attempt / high drug or alcohol use / unstable mental state, history of violence /assault / forensic  □ |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Impaired function** | **0 : None**  No more than everyday problems / slight impairment when distressed  □ | **1: Moderate**  Moderate difficulty in ONE area of social or occupational functioning  □ | **2: Significant**  Significant difficulty in ONE area of social or occupational functioning  □ | **3: Significant**  Significant difficulty in SEVERAL areas of social or occupational functioning  □ | **4: Extreme**  Inability to function in all areas  □ |
| **Support available** | **0: Highly supportive**  Extensive supports currently available, able to help in times of need  □ | **1: Moderately supportive**  Variety of supports available, able to help in times of need  □ | **2: Limited support**  Few sources of help, supports have incomplete ability to participate in treatment  □ | **3: Minimal support**  Few sources of support, poor motivation  □ | **4: No support**  No supports in all areas or client unwilling / unable to accept support  □ |
| **Response to Treatment** | **0: None**  No problems, good response to treatment, new client with no past treatment  □ | **1: Moderate**  Good response to some treatment, but only partial response to others  □ | **2: Inadequate**  Partial response only to all treatment  □ | **3: Minimal**  Partial response to only some treatments with no response to others  □ | **4: None**  No response to any treatment or intervention  □ |
| **Engagement with treatment** | **0: No problem**  Very constructive, has agreed to illness and treatment needed  □ | **1: Moderate**  Inconsistent or ambivalent engagement to treatment  □ | **2: Poor**  Client does not accept illness and requires encouragement to accept treatment  □ | **3: Minimal**  Client cannot be persuaded to accept voluntary treatment  □ | **4: None**  Client is hostile and actively resists treatment  □ |

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| **Overall Risk** |  | Negligible risk | 0-5 |
|  | Low risk | 6-10 |
| Moderate risk | 11-15 |
| High risk | 16-20 |
| Imminent risk | 21-24 |

**Details:**

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| **Mandatory Reporting** | **Yes** | **No** |
| Children under 18 or other dependents in home |  |  |
| Child protection issues |  |  |
| Weapons / Firearms in home |  |  |
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| **Other risk issues** | **Yes** | **No** |
| Animals in home environment |  |  |
| Alcohol or drug use in home environment |  |  |
| Engagement in illegal activity |  |  |

**Details:**

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