

# Suicide Risk Level Criteria

## Overview

This document defines suicide risk level criteria determined by Alberta Health Services to foster shared understandings among healthcare providers across the continuum of care. Common definitions, clear communication, and transparent documentation are important when persons in our care display an increased risk for suicide.

Evaluation of suicide risk should be based on clinical judgement and available information. Healthcare providers should complete or request a consult for further suicide risk assessment when appropriate.

## Suicide Risk Level Criteria

A person does not need to display all criteria for the respective risk level.

**Low Risk** is indicated by: no apparent **suicidal ideation**; suicidal ideation of limited frequency, intensity, and duration; no identifiable plan(s); no apparent **intent**; few **risk factors** and multiple **protective factors**.

**Moderate Risk** is indicated by: frequent suicidal ideation with limited intensity and duration; suicide attempt(s) more than 3 months ago; limited or vague plan(s); no apparent intent; limited access to **lethal means**; some risk factors and some protective factors.

**High/Imminent Risk** is indicated by: frequent, intense, and enduring suicidal ideation; current and/or suicide attempt(s) within the last 3 months; specific plan(s); intent to act, **rehearsal behaviour**, or **preparatory behaviour**; access to lethal means; severe distress; **acute precipitating event**; multiple risk factors and few, if any, protective factors.

## Risk Factors and Protective Factors

A person's suicide risk is influenced by factors related to circumstances, beliefs, and supports. These factors can vary widely from person to person; the importance of any one factor is subjective and based on each person's unique

## Definitions

**Acute precipitating events** are recently occurring risk factors including but not limited to illness (self or social contacts), conflict, or loss.

**Lethal means** are items or substances with potential to cause significant harm or death, accidentally or deliberately. Examples include rope, prescription drugs, chemicals, firearms, knives or razors.

**Preparatory behaviour** may include but is not limited to assembling lethal means, visiting possible locations, getting personal or business affairs in order.

**Rehearsal behaviour** involves practicing a suicide attempt without initiating the attempt.

**Self harm** is the direct, deliberate destruction of one's own body tissue without suicidal intent; considered suicidal when there is evidence of intent to die.

**Suicidal behaviour** can include suicidal ideation, suicide attempts, preparatory behaviour, or rehearsal behaviour.

**Suicidal ideation** refers to thoughts about dying or the wish to be dead without intent to act.

**Suicidal intent** refers to whether or not a person is resolved to take their own life; a desired outcome of dying by suicide.

**Suicide** is considered a conscious or deliberate act to end one's life.

**Suicide attempt** is self-injurious behaviour that may result in injuries, but has a non-fatal outcome, with evidence (explicit or implicit) that the person had suicidal intent.

experience. The following lists contain common but non-exhaustive factors that can influence suicide risk.

### Risk Factor Examples

*Current or past biological, psychological, or sociocultural aspects or characteristics of the person, social contacts, or environment that make it **more likely** for a person to engage in suicidal behaviour.*

- Abuse (sexual, physical, emotional, bullying)
- Addiction (substances, processes)
- Cognitive or functional limitations
- Crisis (personal, financial, relationship)
- Depression, anxiety, or hopelessness
- Discrimination, oppression, ostracism, or historical trauma (often related to race, ethnicity, gender identity, sexual orientation, physical ability, cognitive ability)
- Family history of suicide
- History of elopement, leaving against medical advice, or wandering
- History of self-harm
- History of suicide attempts
- History of violence / aggression
- Homicidal thoughts
- Legal complications
- Living situation (housing, living alone)
- Low socio-economic status
- Medical complications
- Poor insight or judgement; impulsivity
- Postpartum status
- Psychosis or command hallucinations
- Recent hospital stay or emergency department visits
- Recent loss
- Substance use
- Trauma

### Protective Factor Examples

*Biological, psychological, or sociocultural aspects or characteristics of the person, social contacts, or environment that make it **less likely** for a person to engage in suicidal behaviour.*

- Ability to identify a reason(s) for living
- Access to clinical intervention or support seeking access
- Cultural, spiritual, or religious connections
- Engagement in effective clinical care for mental, physical, or substance use disorders
- Engagement in enjoyable activities
- Engagement in work or school
- Fear of death due to pain or suffering
- High self-esteem
- Problem-solving, coping, conflict resolution skills
- Sense of belonging and identity
- Sense of responsibility to people or pets; living with family
- Strong family or community connections
- Supportive social network or family
- The belief that suicide is immoral
- Willingness to access ongoing medical / mental health supports

### Resources and References

- [AHS SPEAKS: Suicide Prevention, Education, Awareness, Knowledge & Skills](#)
- [AHS Clinical Knowledge Topic: Suicide Risk Assessment \(Adult, Inpatient\)](#)
- [AHS Suicide Prevention Program](#)
- [AHS Suicide Prevention – Accreditation Resources](#)
- [AHS REACH Pathway: Recognize, Engage, Ask, Connect, and Heal](#)
- [AHS Tips for Communicating about Suicide](#)
- [Columbia-Suicide Severity Rating Scale - About and Toolkit](#) (scroll to bottom of page)