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AI-generated content may be incorrect.

**(CAOD) Safeguarding for Suicidal Ideation Documentation**

By implementing this safeguarding document, the CAOD commits to providing a safe, supportive, and ethical environment for clients experiencing suicidal ideation, ensuring their well-being and dignity are upheld at all times. This document must be attached to the client’s file in accordance with our Suicide Risk Assessment and Safeguarding Procedures.

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| --- | --- |
| **Administration Information** | |
| Client name |  |
| Client date of birth |  |
| Date of session |  |
| Counsellor name |  |

|  |  |
| --- | --- |
| **Session Summary** | |
| Presenting issues |  |
| Counsellor’s direct enquiry of intention |  |
| Frequency of suicidal thoughts |  |
| Intensity of suicidal thoughts |  |
| How long do these thoughts last for? |  |
| Has the client formed a plan for suicide? |  |
| Is the client preparing to action their plan? |  |
| Does the client have the means to carry out their plan? |  |
| Level of the client’s intent (1 – 10) |  |
| Have there been previous attempts? |  |

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| --- | --- | --- | --- | --- |
| **Risk Increase Factors** (mark Y if applicable) | | | | |
| Recent life changes | |  | Social isolation |  |
| Bereavement | |  | Workplace stress |  |
| Substance abuse | |  | Financial stress |  |
| Relationship issues | |  | Family history of suicide |  |
| Past trauma | |  | Gender issues |  |
| Mental health diagnosis | |  | Bereavement |  |
| Chronic illness | |  | Self-harm |  |
| Male | |  | Domestic violence |  |
| Other (give details) |  | | | |

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| --- | --- | --- |
| **Safety Plan** (mark Y/N) | | |
| Has a safety plan been discussed and agreed upon with the client? | |  |
| Has the client been made aware of crisis and emergency helplines? | |  |
| Has the client aware of our limitations for confidentially? | |  |
| Does the client have a support system in place? | |  |
| Additional details: |  | |

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| --- | --- | --- |
| **Action Taken** (mark Y/N) | | |
| Notification to MAC Counselling & Wellbeing Clinical Director | |  |
| Contact the client’s GP Practice | |  |
| Contact the client’s emergency contact | |  |
| Referral to mental health services | |  |
| Additional details: |  | |

|  |  |
| --- | --- |
| **Follow-up** | |
| Next session booked for: |  |
| Arrangements of emails or calls between sessions: |  |
| Review of Safety Plan date: |  |

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| **Counsellor’s Notes** |
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