	Hist	torical and Cui	rent Risk Indicators	
		Please add any	dates for historical risk	
		Section 1 Suic	ide/self-harm	
Statio	:		Dynamic	
a)	Previous attempts on their life		j) Previous use of violence	
b)	Major psychiatric diagnosis		k) Highly distressed	
c)	Believe no control over their life		Helplessness or hopelessness	
d)	Family history of suicide		m) Separated/widowed/divorced	
e)	History of abuse		n) Unemployed/retired	
f)	Male		o) Recent significant life events	
g)	Age 15-24 <i>or</i> above 60 yrs		p) Expressing suicidal ideas	
h)	Misuse of drugs and/or alcohol		q) Considered planned/intent	
i)	Past significant loss		r) Clinically significant depressive symptoms	
	Se	ection 2 Aggress	sion and violence	
Statio	3		Dynamic	
a)	Previous incidence of violence		i) Paranoid delusions about others	
b)	Previous use of weapons		j) Signs of anger/frustration	
c)	Male under 35 yrs		k) Sexually inappropriate behaviors	
d)	Known personal trigger factors		 Denial of previous dangerous acts 	
e)	Previous dangerous impulsive acts		m) Expressing intent to harm others	
f)	Previous admissions to forensic		n) Relationship instability	
	services		o) Employment problems	
g)	Verbal aggression		p) Violent command hallucinations	
h)	Forensic history			
	Se	ction 3 Neglect	and vulnerability	
Statio	tatic Dynamic			
a)	Previous history of neglect		f) Unable to shop for self	
b)	Difficulty managing physical health		g) Insufficient appropriate clothing	
c)	Living in inadequate		h) Difficulty maintaining hygiene	
	accommodation		i) Difficulty communicating needs	
d)	Pressure of eviction		j) Denies problems perceived by others	
e)	Social isolation from peers		k) Failing to eat or drink properly	
		Section	4 Others	
a)	Self-injury		k) Intellectual Disability	
b)	Other self-harm		l) Exploitation by others	
c)	Previous emotional trauma/abuse		m) Exploitation of others	
d)	Risk to children		n) Culturally isolated	
e)	Children at home? Yes/No		o) Accidental fire risk	
	Ages		p) Other damage to property	
f)	Non-compliance with medication		q) Harassment by others	
g)	Sexual offences		r) Eating disorder	
h)	Arson		s) Poor sleep	
i) i)	Absconding from unit		t) Financial	
11	L COUNTING COLOCTS	1 1		

Substance use:		
Alcohol use	\bigcirc	amount regularity and type
Illicit drug use	\bigcirc	amount regularity and type
mere arag ase	\circ	uniodite regulatity and type
Other substance	es (solver	nts, synthetic cannabis): yes / no
Please state:		
ıf		is likely to suffer withdrawal symptoms on admission please
commence a CIV	NA moni	itoring and discuss with psychiatrist.
Diago add any		ts you wish to make (include dates) around risks and potential risks to expand on any boxes that
•		e abbreviated number e.g. 1d = family history of suicide).
nave been mate	atea (ase	and the state of t
		×O'
		Jer the Offical Information
		sed under the
	~?	
	10,	
	Ø,	
No.		

Mental Health Services Risk Assessment Tool

TOOL O FORMULATION	
Mental Health Services Risk Assessment Tool	

TOOL 2: FORMULATION
Pathway/triggers to harming behaviours - pattern description
Consider - mental state, situational problems, substance abuse, weapons both internal and external factors
Name: is at risk of acting in the following way:
Describe the nature of the risk:
•
Names
Name: is more likely to act this way: Describe the behaviours / situations associated with the risk: e.g. relationship issues, whanau, financial issues
• Describe the behaviours / situations associated with the risk. e.g. relationship issues, whanta, jihunciar issues
· · · · · · · · · · · · · · · · · · ·
·
Early Warning Signs:
· Released III
Disclosed or suspected psychological trauma, please describe:
Disclosed of suspected psychological trauma, pieuse describe.
Screened for Domestic Violence, Yes / No: (see prompts on page 6 & please follow VIP protocols)
Does patient consent to accessing services to help with the trauma of domestic violence?
If yes, whom have you involved in the care: sign & date when completed

The following act as protective factors / strengt	hc:
The following act as protective factors / strengt	115.
•	
•	
•	
•	
•	
•	
•	
•	
	offical Information Act.
Please add any further comments you wish to n	nake:
	A K
	XIO .
	ACO CO
	- Klie
"Ve	
~ O	
Released under li	
26,	
Completed By: Date:	<i></i>
Position: Next Re	view Date:/_/
	1

Mental Health Services Risk Assessment Tool

N	/lental	Health	Services	Rick	Assessment	t Tool

TOOL 3: TREATMENT & RELAPSE PREVENTION PLAN

SHARED INFOR	MATION / CONTACT LIST
Individual / Group/	Information to be shared / purpose/ referrals made
involved in care (Contact Details)	
	100 / Col.
Cell #	an AC
Whanau	Keep informed of appt's, and progress
Cell #	OFMOR
CMH + AS	101
(06) 8692 097 0800 999 014	es cal
Mental Health Crisis Team	Crisis Management
0800 243 500	
Clinical Specialist	Monitor Mental Health
Community Support Worker	Keep informed of appt's, and progress
Cell #	
Pharmacy	Dispense Medication
NASC	Needs Assessment of Supports required

SPECIFIC STRATEGIES

	Care Plan relating to Risk Assessment Include beneficial therapies e.g. sensory modalities, CAT input, CBI: refer to above table. Please sign & date each entry.
•	Suicide / self-harm:
	7082
•	Aggression / violence
•	Neglect / vulnerability OHILOA
•	Substance misuse Released IIII Released IIIII Released IIII Released IIIII Released IIII Released IIIII Released IIII Released IIII
•	Other risks

Acutal Haalth Comissa Bisk Assassment Tool	
Mental Health Services Risk Assessment Tool	

SPECIFIC STARTEGIES FOR CARE PLANNING, TREATMENT RISK REDUCTION

(Include supports that may be necessary to meet recovery goals , e.g. NGO supports, accommodation assistance,

		WHO?	WHEN?
•	Stable accommodation/supportive home environment		Current/ongoin
•	Monitoring of Mental State	Clinical Specialist (C/S)& Registered Clinician (RC)	C/S /PRN RC 3 Monthly/PRN
•	Crisis Management	Mental Health Crisis Team (MHCT)	PRN
•	Urgent Psychiatrist assessment	On-call Psychiatrist	PRN
•	Community Supports Includes:	Community Support Worker (CSW)	Ongoing
•	Pharmacy	Pharmacy	
•	NASC – Needs Assessment	NASC	6 Monthly R/V
	Qeleaseo.		

N	lental	Health	Sarvicas	Rick	Assessment	Tool

Risk Review Sheet to be completed weekly or when risk alters						
N.B. More than one risk can	be added to each box, use further sheets if required					
Please tick and add comments to whichever	area Risk Statement:					
applies:						
1. Suicide/self-harm □						
2. Aggression/violence □						
3. Neglect/vulnerability □						
4. Substance misuse □	FORMation Act 1982					
5. Other						
	CO ²					
	and the same of th					
Signature:	Next Review Date:					
Designation: Date:						
Please tick and add comments to whichever	area Risk Statement:					
applies:						
1. Suicide/self-harm						
2. Aggression/violence □						
3. Neglect/vulnerability □						
4. Substance misuse □						
5. Other						
20						
•						
Circolous	North Davidous Data					
Signature:	Next Review Date:					
Designation: Date:						

Please tick and add comments to whichever area	Risk Statement:
applies:	
1. Suicide/self-harm □	
2. Aggression/violence □	
3. Neglect/vulnerability □	
4. Substance misuse □	
5. Other	
Si Guie.	2
	nation Act 1982
	all control of the co
	rine and the second
	(0)
Signature:	Next Review Date:
Designation: Date:	
Please tick and add comments to whichever area	Risk Statement:
applies:	
6. Suicide/self-harm	
7. Aggression/violence □	
8. Neglect/vulnerability	
9. Substance misuse □	
Other	
Other Distance misuse	
2	
20	
Que de la companya de	
Que de la companya della companya de	
Signature:	Next Review Date:
·	Next Review Date:

Mental Health Services Risk Assessment Tool



NAME				NHI			
ADDRESS				DOB			
				PHONE			
Referred by:				Date:		Time Received:	
Date of assessment Method of Referral:	□ Phone			Assessed by: ☐ Email		Other	
Contact Person:				Relationship to person:	- N PCC		
Contacts Phone: GP:				Contacts Address: Clinical Specialist:			
Legal Status: (Include power of attorney) Covid screened	Yes 🗆	No 🗆	Unknown 🗆	☐ New Test needed	☐ Current Yes □	☐ Past Client of MHS No ☐	
Reason for Referral: (Includ	ing circumstances i	eading up t	Oreierrary	y			
History of Presenting Illnes psychological symptoms)	S: (Acute/gradual o	onset, onse	t/exacerbation of	symptoms, presence socia	al stressors/physica	al illnesses, including somatic ar	
20							



PSYCHIATRIC HIS	TORY					
History of Psychiatr	ic Diagnosis					
						•••••
Family history of	mental illness:					
					-9.	
					~~	
Developmental is	sues/history:				X	
MEDICAL HISTOR	PV					
				O_{ik}		
Recent contacts wit	th GP / A&E / Specialists (no	on-psychiatric):				
				X		
Vaccinated Covid-	-19 Yes □		Partial 🗓	No □	Unknown □	
	ons (GP/psychiatrist/Spe	ocialist prescribe				
carrent medicati	ons (or) psychiatrist/spc	eranse preseribe	41.			
			····			
Compliance issu	ies:	Yes □		No □	Unknown □	
·		.				
Physical assessn	nent needed?	Y	es □	No □		
ALCOHOL & OTH	ER DRUG HISTORY					
Current Substar	ice Use:	yes □		no 🗆	Historical □	
Alcohol 🗆 🗸	Benzodiazepines	Opiates □	Tobacco □	Solvents□	Methamphetamine	
	Hallucinogens □				Amphetamines □	
Cannabis	Party Pills/Synthetic Cannabis □	Coffee □	Gambling□	Other □		
	Calliabis	Coffee []	Gambing	Other 🗆		••••
How often/how r	nuch/last time/day of us	se:				
Physical withdray	val? Yes □ No □ Unknov	wn □				
•						
Dualday ACC	ali.a.a.a.e2 V 21 - 1	Indiana				
Previous AUD inv	olvement? Yes □ No □ l	וועטמאווע 🗆				
Referral to AOD in	ndicated: ☐ Yes ☐ No	Agreeable wi	th Referral: 🗖 Yes	□ No		



MENTAL STATE EXAMINATION	
Appearance: (Dress, posture, facial expression, psychomotor activity, mannerisms, vo	lition)
	·
Self-care issues (sleep pattern, eating appetite, weight loss/ gain, anhedonia, libido)	
con care isolate (steep pattern) catally appeared, trees, trees, Sami, amicaema, isolate,	
	<u> </u>
Behavior: (Ccooperativeness, eye contact)	, 0/0
	A Commence of the Commence of
Speech: (Volume, rate, amount and flow, special features or accent or impediments)	
	<u> </u>
Mood and Affect: (Anxious, congruent, elated, depressed)	
s de la companya de	(O)
Thought Process: (Accelerated, slowed, spontaneous, loose associations, logical or ill-	ogical circumstantial thought blocking)
Thought 110 costs (received, stories), sportations, roose association, regical of in-	oglean, encambantian, anought blocking,
Thought Contents (Delusional granded granding granding and dideas ask and de	
Thought Content: (Delusional, preoccupied, grandiose, overvalued ideas, self-conder	infactory of ideas of reference
Suicidal/Homicidal/Violent Ideation: (plan, intent, means)	
Perception: (Misperceptions, hallucinations, abnormal experiences)	
Orientation and Cognitions (Manager intelligence and accountation)	
Orientation and Cognition: (Memory, intelligence and concentration)	
Insight/Judgement: (Does the nation) account that thou are ill and/or require treatment	nt2 Is their judgement impaired?\
Insight/Judgement: (Does the patient accept that they are ill and/or require treatme	nc: is then juugement impaireur)



SOCIAL HISTORY (include relationships with friends, children, work school,	current living situation financial situation and supports)
	-9:
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Ka .
	~~
Current Support Available	
	<u> </u>
<i>///</i>	
	emotional by someone in the last 12 months? Do you feel safe on your home and risidal, emotional and sexual and/or neglect?) (Follow VIP protocol) please add any
supporting agencies- children's team, Oranga Tamariki, whanaia	isital, emotional and sexual analysis neglected, (tollow viii protocol) piedse and any
Discussion with significant whanau/ carers (describe context of en	gagement)

Te Whatu Ora Health New Zealand Tairāwhiti

MH & AS Comprehensive Assessment

RISK MATRIX

NOT THE LAND
Risk current
Risk historical
Precipitating factors: what triggered this persons presentation at this time
Predisposing factors: why is this person vulnerable to presenting as they are Perpetuating factors: what is keeping the problem/ difficulties going
Predisposing factors: why is this person vulnerable to presenting as they are
Perpetuating factors: what is keeping the problem/ difficulties going
ELICON TO THE PROPERTY OF THE
Protective factors: what is supporting keeping things safe
"the
Risk Plan: safety plan, removal of hazards, 24-72 hour close monitoring, provided 0800243500
ased.
CLINICAL IMPRESSION FORMULATION

Te Whatu Ora Health New Zealand Tairāwhiti

MANAGEMENT PLAN				
				<u>.</u> 0.
				00V
				<u> </u>
			ζ.ο	
OUTCOME/ REFERRALS				
☐ Mental Health Act impleme	nted	☐ Crisis Respite		☐ scanned sent via email
☐ Admission Inpatient Unit		☐ Te Waharoa		☐ scanned sent via email
☐ Discussed with Psychiatrist		☐ Te Hiringa Matua		☐ scanned sent via email
Date:		☐ NGO (specify) e.g. Age concern		☐ scanned sent via email
Time:	, C		☐ GP care	☐ Clinical care form completed
☐ Requires psychiatrist outpa	tient appointment			
□ urgent □ non urgent	Date:		Time:	☐ To be confirmed
in digent				
☐ Requires Mental Health Cris	sis Team follow up			
☐ Yes Date:	>		Time:	No (consider clinical care form)
☐ iCAMHS/Ue Paia		□ scar	nned sent via email	
00,				
Te Whare Oranga ☐ scanned sent via email	☐ Clinical specialist	∏ The	erapy Team	vice
☐ Other (specify)				Scanned sent via email
Name:		Signature	: 	Designation:
Copy given to service user Yes □	No □			