



Please note that this is a summary screening for risk based on current available information. If risk is identified, then further specialised risk assessments and safety planning may be clinically indicated.

Privacy notice – Open Arms will collect the client’s personal information for the purpose of offering counselling services to the client. The information you provide in this form will allow us to make contact with the client and to discuss their needs. Open Arms may disclose the client’s personal information without their consent in certain circumstances for example: we believe there is a serious threat of harm to the client or another person, or we are required to by law.

If you would like more information on how we manage personal information, please visit the DVA website at <https://www.dva.gov.au/privacy-policy>

- 1. Point of completion of this assessment of risk (Select one)**
- Intake assessment (complete ‘Current primary stressors’ section, ‘Recent or current threats to self/others’ and ‘Formulation’ section)
 - Full assessment
 - Review or change in circumstance that changes risk

Client demographics

- 2. Client’s name**
- Surname
- Given name(s)
- 3. Client’s date of birth**
- 4. OA referral number**
- 5. Eligibility (Select one)**
- Current serving Ex serving Partner Family member (including child)
- Other – duty of care
-
- 6. Is the client Aboriginal and/or Torres Strait Islander?**
- No
- Yes – Aboriginal
- Yes – Torres Strait Islander
- Yes – both Aboriginal and Torres Strait Islander
-
- 7. Is the client from a culturally or linguistically diverse background?**
- No
- Yes – please specify

Current primary stressors

8. Current primary stressors for presenting problems
(Select ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Military discharge/adjustment |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Other mental health issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Domestic/family violence | <input type="checkbox"/> Relationship |
| <input type="checkbox"/> DVA interaction | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Employ/Retire/School | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Family relationship | <input type="checkbox"/> Social/interpersonal |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Grief and loss | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Harm from others | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Harm to others | <input type="checkbox"/> Other - please specify |
| <input type="checkbox"/> Health and wellness | |
| <input type="checkbox"/> Housing | |
| <input type="checkbox"/> Legal | |

9. Clinical impression - details

Recent or current threats to self/others

10. Ideation: Suicide (*Select one*) Yes Denied

Frequency of ideation (*Select one*) No recent ideation
 Daily Weekly Monthly Rarely

Intent (*Select one*) Nil intent Fleeting intent Strong intent

Plans (*Select one*) Nil
 Vague plan Clear plan Plan and taking preparatory actions

Access to means (*Select one*) Yes No Not applicable

Details

11. Ideation: Self-harm (*Select one*) Yes Denied

Frequency of ideation (*Select one*) No recent ideation
 Daily Weekly Monthly Rarely

Frequency of behaviour (*Select one*) No recent behaviour
 Daily Weekly Monthly Rarely

Details

12. Ideation: Harm to others
(including domestic, family, other violence or conflict) (*Select one*) Yes Denied

Frequency of ideation (*Select one*) No recent ideation
 Daily Weekly Monthly Rarely

Access to means (*Select one*) Yes No Not applicable

Details

13. Harm from others (including domestic, family, other violence or conflict) (Select one)

Yes

Denied

Frequency of behaviour

(Select one)

No recent behaviour

Daily

Weekly

Monthly

Rarely

Please detail any presenting risks to client from others.

If you are concerned about domestic violence, a useful Domestic Violence Safety Assessment Tool is available at

http://www.domesticviolence.nsw.gov.au/_data/assets/file/0020/301178/DVSAT.pdf

Note: This link must be opened in a new browser tab and once completed, uploaded to the Service File as an attachment.

Please ensure that you address any identified risk in a safety plan with the client and in your clinical management plan below at the end of this document.

Suicide/Self-harm

14. STATIC risk factors relevant to: (Select ALL that apply)

- Suicide Self-harm

Suicide/Self-harm (Select ALL that apply)

- Chronic medical condition
(physical illness/chronic pain, etc.)
- History of gambling problems
- History of mental health diagnosis
- History of substance misuse
- Personality vulnerabilities
- Previous attempt
- Stressful life events (unemployment, legal, trauma history, homelessness, relationship breakdown)
- No suicide or self-harm risk factors identified
- Other - please specify

15. DYNAMIC risk factors relevant to: (Select ALL that apply)

- Suicide Self-harm

Suicide/Self-harm (Select ALL that apply)

- Anger
- Experiencing mental health symptoms
- Gambling problems
- Impulsivity
- Lack of social support
- Loss of hope/hopelessness
- Personality vulnerabilities
- Plan (consider detail of plan and access to means and intent)
- Recent major loss or anniversary
- Stressful life events (unemployment, legal, trauma history, homelessness, relationship breakdown)
- Substance misuse
- Suicidal thoughts
- No suicide or self-harm risk factors identified
- Other - please specify

16. Details of risk factors

Note: Expand on information captured. This should include timeframes of behaviours (for example, dates of past attempts, harm from others), duration of behaviour/intent, frequency of behaviour/intent, lethality of any behaviour or plans).

Harm from or to others

17. Harm from or to others (Select one)

Yes

Not clinically indicated

18. **STATIC** risk factors relevant to risk of:

(Select ALL that apply)

Harm from others

Harm to others

Harm from or to others (Select ALL that apply)

Claim or entitlement matters

Criminal history

Disinhibited/sexually inappropriate behaviour

History of child sexual abuse

History of family domestic violence:
Coercive control*

History of family domestic violence: Emotional*

History of family domestic violence: Financial*

History of family domestic violence: Physical*

History of gambling problems

History of substance misuse

Perpetuator of violent/aggressive behaviour

Personality vulnerabilities

Recipient of violent aggressive behaviour

Other - please specify

19. **DYNAMIC** risk factors relevant to risk of:

(Select ALL that apply)

Harm from others

Harm to others

Harm from or to others (Select ALL that apply)

Anger

Carries weapon/Access to firearms

Claim or entitlement matters

Current family domestic violence: Coercive control*

Current family domestic violence: Emotional*

Current family domestic violence: Financial*

Current family domestic violence: Physical*

Exhibits bullying behaviour

Gambling problems

Impulsivity

Legal proceedings

Mental health diagnosis

Personality vulnerabilities

Pregnancy

Pro-violence attitudes

Recently left relationship

Substance misuse

Symptoms of psychosis

Violent ideation

Other - please specify

* If FDV has been indicated in static and/or dynamic risk factors, please complete FDV Screener.

20. **Details of risk factors including recent and historical risk events**

Vulnerability

This section is for general vulnerability to deterioration, acute situational or other crises etc., which are separate from suicidality or violence/aggression.

21. STATIC risk factors relating to vulnerability:

(Select ALL that apply)

- Cognitive impairment/disability
- Chronic pain
- Disability
- Geriatric presentation
- History of domestic/family violence
- History of financial vulnerability
- History of gambling problems
- History of inconsistent engagement
- History of substance misuse
- History of trauma/abuse
- Lack of family support
- Member of cultural/diverse group at increased risk of vulnerability
- Mental health diagnosis
- Past hospital admission for mental health/suicidality
- Past negative experiences with accessing help
- Physical health
- Social isolation
- No vulnerability risk factors identified
- Transition
- Other - please specify

22. DYNAMIC risk factors relating to vulnerability:

(Select ALL that apply)

- At risk of victimisation
- Claim or entitlement matters
- Deliberate risk taking
- Financial vulnerability
- Gambling problems
- Housing instability or insecurity
- Impaired decision making
- Impaired personal boundaries
- Inconsistent engagement in services
- Physical health
- Pregnancy
- Recent discharge from ADF
- Self neglect
- Sexually disinhibited
- Substance misuse
- No vulnerability risk factors identified
- Transition
- Other - please specify

23. Details of vulnerability risk factors

Parental status and/or other carer responsibilities

24. What is the person's parental status/carer responsibilities?
(Select ALL that apply)

- Not applicable
- The person has responsibility for children under 18 years
- The person has contact with children through access visits or shared residence
- The person has other carer responsibilities

25. Details of parental/carer responsibilities

Strengths and protective factors

26. Strengths and protective factors
(Select ALL that apply)

- Ability to regulate emotions
- Access/willingness to link to supports
- Beliefs opposing suicide/harm
- Benefited from past treatment/help seeking behaviour
- Connection to cultural/spiritual community
- Engaged in meaningful employment/volunteering
- Help seeking/insightful
- Personality factors for example, resourcefulness, resilience, problem solving
- Presence of hope/future focused
- Responsibilities for dependants/pets etc.
- Self-care
- Social/family connectedness
- Supportive workplace
- Other - please specify

27. Clinical impression – details

Potential/upcoming changes across ALL risk domains

28. Please identify any potential/upcoming events, situations or stressors which may potentially increase risk for the client if they were to occur.

Identifying these risks will guide the follow-up care plan and support safety planning with your client.

Risk 1

Risk 2

Risk 3

Risk 4

Risk 5

29. Other/further information (not assessed at intake)

Accuracy of reporting

30. Level of engagement in risk assessment *(Select one)*

High

Medium

Low

31. Confidence in accuracy of reporting *(Select one)*

High

Medium

Low

32. Details

Formulation

33. Risk status relative to other similar populations *(Select one)*

Lower

Similar

Higher

34. Comparison population

35. Risk status relative to self at baseline *(Select one)*

Lower

Similar

Higher

36. Changeability *(Select one)*

Static

Somewhat variable

Highly variable

37. Risk formulation

Summary of risk

38. I believe, based on information currently available to me and which will inform follow-up plan below: (Select one)

- A** Client is presenting for routine clinical care with minimal known or identified reported risks.
- B** There are some risks to self, harm to other or harm from others, safety plan required.
- C** Emergency intervention is needed to prevent imminent risks to self, harm to other or harm from others, safety plan required.
- D** Significant uncertainty exists as to risk, further assessment or consultation required.

Clinical care pathway and collaborative follow-up plan

39. Noting the formulation across all risk domains, and including the identified and prioritised risks above, outline the clinical management plan. The plan should reduce the current level of distress for the client and include timeframes for follow up.

Examples may include:

- Refer to completed Collaborative Safety Plan attached to file
- Current existing and organised supports (family, friend, community)
- Collaboration with Professional Supports (consent may be required for external supports such as GP, Psychiatrist, mental health services, ADF/MHPS)
- Wrap around internal supports: refer to Peer, Care coordination, DVA/Case Management/CCS
- Follow up with client e.g. weekly counselling sessions, duty officer supportive phone calls, CACC after hours support call.

40. Is the safety plan completed with client? (Select one) Yes No
-
41. Is the safety plan generated/sent to Open Arms? (Select one) Yes No
-
42. Is risk required to be escalated to an Assistant Director? (Select one) Yes No
-
43. Is a risk flag needed? (Select one) Yes No
-
44. Risk flag (Select ALL that apply) Harm to self Harm to others Harm from others
-
45. Is follow up with client planned with timeframes? (Select one) Yes No
-
46. Are external referrals warranted? (Select one) Yes No
-
47. Is there a mandatory report required? (Select one) Yes No

48. Details

Note: If B or C are selected at question 38, you must provide comments.

Notification

49. Have you contacted, or do you intend to contact, the Open Arms? (Select one) Yes No
50. Clinician
- Clinician name
- Date
51. Reviewed by
- Reviewer name
- Date