PAEDIATRIC ACUTE CARE GUIDELINE	
Psychosocial Risk Assessment	
Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

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Psychosocial Risk Assessment

• In most cases the young person with suicidal ideation or self harm will need to be assessed by the Psychiatric Liaison Nurse and/or the psychiatric registrar.
  ◦ In these cases the assessment by ED staff is an abbreviated one to exclude organic pathology and should not take more than 20 minutes, including the mental state examination and physical examination.
• Situational crisis may be managed in the Emergency Department with senior medical input and possibly social work involvement.

Importance of engaging with the child or adolescent

- Start by making a connection with the child or young person
- Inquire about how things are for the young person in a non judgemental and respectful manner
- It is essential that the young person is seen on their own for part of the assessment. This will allow for sensitive matters to be discussed and also allows them the opportunity to answer questions honestly.

Ask if something stressful has happened to them in past few weeks

- Follow up on what impact that has had on them
- Don’t guess what they might be feeling as a result of that stress
- Allow them the opportunity to speak openly

Medical examination

- Be alert for signs of intoxication and past drug use
- Neurological examination including pupil size and response

- Observe for signs of personal neglect
- Assess nutritional status
- Assess thyroid status
- Observe for signs of recent abuse
- Assess whether there is any immediate need for sedation or the need for an antidote

Signs and Symptoms of Depression

- Ask about sadness
- Ask about the extent of sadness and how often it occurs
- Are there triggers for it or does it occur “out of the blue”
- Has there been any loss of interest in usual activities. e.g. not catching up with friends or attending school
- Has there been any difficulty sleeping especially initiation of sleep, frequent waking or hypersomnia
- Has there been a change in appetite, (reduced or over eating)
- Has there been reduced energy or lassitude (especially on waking)
- Has the young person been more irritable than usual?

Suicidal Ideation and Self Harm

- Ask about suicidal ideation (in the context of sadness)
- Ask about frequency of suicidal ideation
- Ask if it was a deliberate overdose or a self harm episode which brought them to hospital on this occasion, and whether they intended to kill themselves
- Ask about previous ideation or attempts

Mental State Examination

During your assessment, note the following: (largely observational)

- Orientation: in time, person and place
- General appearance
- Behaviour, agitation, distress, psychomotor retardation
- Speech: Pressured or slowed?
- Mood: depressed or inappropriate
- Thoughts: are they logical, thoughts of despair or grandiose
    - Memory and cognition
    - Insight and judgement

Medical History

- Ask about past psychiatric history or history of previous suicide attempts
- Ask about drug or alcohol use (past or present)

Family and Social supports

- Adolescents who cannot identify an adult to whom they are strongly positively "connected", are at higher risk of attempting suicide

Discuss with a senior member of staff
• These patients should be discussed with the ED consultant or, after midnight, the ED Advanced Training registrar. Often a psych assessment is indicated.

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