

Division of Juvenile Justice Service

SUICIDE PREVENTION WATCH/REMOVAL

Juvenile Name:	Date:
Case Number:	Time:

PLACEMENT ON SUICIDE WATCH

JUSTIFICATION FOR PLACING JUVENILE ON SUICIDE WATCH:

- P.O./Court Ordered Indicated on the Intake Form Parent Guardian
- Verbalized current ideation SPS T - Score _____ Other _____
- MAYSI-2 Suicide Ideation Score: 0 1 2 3 4 5
- C-SSRS Screening: (#Yes) 0 1 2 3 4 5 6

WHO WAS NOTIFIED?

- Parent/Guardian: Voicemail - Date _____ Time: _____
- Receiving Facility: _____
- Other _____
- Probation Officer/Case Manager: _____
*Voicemail - Date _____ Time _____

STAFF PLACING JUVENILE ON SUICIDE WATCH: _____

REMOVAL FROM SUICIDE WATCH (Yes or No)

1. _____ Is the juvenile currently indicating that he/she is considering suicide?
2. _____ Does the juvenile have a history of suicide attempts? If yes, when was the most recent attempt?

3. _____ Does the juvenile appear or report to be withdrawing from drugs or alcohol?
4. _____ Does the juvenile exhibit or express severe guilt or shame?
5. _____ Does the juvenile appear or report feeling severely depressed?
6. _____ Does the juvenile appear or report paranoia, delusions, hallucinations or any other signs of mental illness? _____
7. _____ Does the juvenile verbalize or project hopelessness or helplessness?

8. _____ Does the juvenile exhibit or express severe agitation or aggressiveness?
9. _____ Has the juvenile recently received any negative information (e.g., from probation/parole officer, case manager, parents, other)? If yes, indicate the staff & the concern: _____
- _____
10. _____ Is the juvenile on prescribed medication and are they compliant with taking their medication?
Explain problems or concerns: _____
11. _____ Is the juvenile withdrawing from peers, programming activities, recreation, or visitation?
12. _____ Are the juvenile's eating or sleeping habits a concern?
13. _____ Would any staff have concerns if this juvenile were to be removed from suicide watch?

Yes to any of these questions may indicate that the juvenile is not appropriate to be removed from suicide watch. Decisions to remove must be made by a team and approved by a clinician.

Was the juvenile removed from suicide watch? YES _____ NO _____

Justification for removing suicide watch or continuing suicide watch: _____

Review Team: _____

APPROVING CLINICIAN: (Print Name)	SIGNATURE:
Date:	Time:

WHO WAS NOTIFIED?

- Parent/Guardian: Voicemail - Date _____ Time: _____
- Other _____
- Probation Officer/Case Manager: _____
- *Voicemail - Date _____ Time _____