



BRIEF CHECKLIST OF YOUTH SUICIDAL RISK FACTORS

This checklist consolidates local research findings on youth suicidal risk factors. It can be used as an exploratory guide with students about whom you are concerned. This brief checklist serves as a guideline and can be used for reference only. Checklist items derived from research findings of the Prevalence Study on Suicidality among Youth Aged 15-19 in Hong Kong (1st wave, Centre for Suicide Research and Prevention). Suicidality consists of a range of thoughts and behaviours, and suicide risk is often a combination of many factors. You must seek consultation and make appropriate referrals to mental health professionals when you suspect any students who are at risk.

Youth Suicidal Risk Factors

Factor(s)	Question(s) to be asked	Severity of risk		
		Low	→	High
Family				
_ Unhappy relationship with family members	How is it like for you to live at home? How are you getting along with your parents? How are you getting along with your siblings?	_ Some distress from unhappy family relationship	_ Moderate distress from unhappy family relationship	_ Severe distress from unhappy family relationship
Life event				
_ Serious interpersonal problems in the past 12 months	Have you had serious problems with any of your family members? Have you had any problems with any of your neighbours, friends, or relatives?	_ No significant stress from interpersonal problems	_ Moderate reaction to serious interpersonal problems	_ Severe reaction to serious interpersonal problems





Factor(s)	Question(s) to be asked	Severity of risk		
		Low	→	High
	Have you broken off a steady relationship?			
_ Pressure over extra-curricular activities	Are you being overwhelmed by extra-curricular activities?	_ No significant stress from extra-curricular activities	_ Moderate reaction to pressure from extra-curricular activities	_ Severe reaction to pressure from extra-curricular activities
_ History of chronic physical illness or long-term pain	Have you had chronic illness or disability? Have you had long term pain in your body?	_ No significant stress from chronic physical illness or long term pain	_ Moderate reaction to from chronic physical illness or long term pain	_ Severe reaction to from chronic physical illness or long term pain
<i>Clinical</i>				
_ Depressive symptoms (past 2 weeks)	Have you been having low mood, depressed or irritable feelings, or feelings of weakness, tiredness, or imbalance? Have you lost interest in what you had enjoyed doing? Have you had trouble eating or have you had changes in your weight?		Fewer than five symptoms (including one of the first 2) Symptoms persisted less than two weeks	Five or more symptoms (including one of the first 2) for at least 2 weeks





Factor(s)	Question(s) to be asked	Severity of risk		
		Low	→	High
	<p>Have you had problem sleeping?</p> <p>Have you had problem controlling your emotions or behaviours?</p> <p>Do you feel tired?</p> <p>Is there anything you are to blame yourself or how do you feel about yourself?</p> <p>Have you had any problem concentrating or thinking or have you encountered sudden drops in grades?</p> <p>Have you have thoughts of death or considered committing suicide or attempted killing yourself?</p>			
_ Anxiety symptoms (past week)	<p>Is there something that you are always worried about?</p> <p>When you are</p>	_ Experience of such symptom(s) once in a while	_ Experience of such symptom(s) frequently	_ Experience of such symptom(s) most of the time





Factor(s)	Question(s) to be asked	Severity of risk		
		Low	→	High
	anxious, do you sweat, shiver, have difficulty in breathing, feel dryness in your mouth, or have irregular heartbeat? Are you worried that you would do something wrong in some situations?			
<i>Psychological and behavioural</i>				
_ Poor coping	Do you tend to do other work or activity to distract yourself from a problem? Do you actively find ways to make things better? When things do happen, do you choose not to believe in it? Do you use alcohol when facing life adversities? Do you tend to do something more relaxing	_ Rarely	_ Sometimes	_ Most of the time





Factor(s)	Question(s) to be asked	Severity of risk		
		Low	→	High
	(e.g. watch movie/TV, surf the internet, daydream, sleep, go shopping) to distract yourself from a problem?			
_ Help seeking behaviours	Do you feel OK to seek help when you are in need?	_ Feel that there are obstacles in seeking help from the people you know	_ Have considered seeking help but eventually do not do so	_ Have sought help from professional in the past 12 months





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