CAMHS Risk Assessment Tool

Child/Young Person's Details	
Name:	Address:
Gender:	
Date of Birth:	
Contact No:	
MRN:	

Parent(s)/Guardian(s) Details	
Name:	Address:
Gender:	

Consultant Psychiatrist	
Name:	Contact No.:

CAMHS Key Worker	
Name(s):	Job Title(s).:

Family Composition			
Siblings Name	**Age**	**Living in same home as child/ young person**	**Other Information**

Name: Date of Birth:

Important Adults in the Child/Young Person's Life (e.g. stepparents/partner of parent/aunt/uncle/family friend)			
Name	**Relationship**	**Living in same home as child/young person**	**Other Information**

Risk to Self **(Please tick and provide further explanation of any relevant concerns/incidents in the spaces provided below)**		
Suicide and Self Harm	**Yes**	**No**
Does the child/young person have a history of self-harm?	☐	☐
Is the child/young person currently self-harming?	☐	☐
Is the child/young person currently experiencing thoughts of self-harm?	☐	☐
Does the child/young person have a history of suicide attempts? (If yes, please provide details such as number of attempts, dates, methods used, frequency, severity, and whether they sought help or required medical intervention.)	☐	☐
Is the child/young person currently experiencing suicidal ideation? (frequency, level of intent, presence of a plan or method, and any protective factors or supports in place).	☐	☐
Is there a family history of suicide?	☐	☐
Within the child/young person's social network (or local community) have there been instances of suicide or suicide attempts. If so when?	☐	☐
Has the child/young person experienced an event, which may be perceived as traumatic? (e.g. bullying, physical or sexual abuse, diagnosis of a physical or mental illness, etc.)	☐	☐
Is the child/young person currently experiencing an event, which may be perceived as traumatic? (e.g. bullying, physical or sexual abuse, diagnosis of a physical or mental illness, etc.)	☐	☐
Has the child/young person experienced a significant loss in the past? (e.g. loss of a family member, parental separation, peer/relationship difficulties, end of a relationship, death of a pet, etc.)	☐	☐
Is the child/young person currently experiencing a significant loss? (e.g. loss of a family member, parental separation, peer/relationship difficulties, end of a relationship, death of a pet, etc.)	☐	☐

Name: Date of Birth:

Self-Neglect (Please tick and provide further explanation of any relevant concerns/incidents in the spaces provided below)	Yes	No
Does the child/young person have a history of self-neglect? (e.g. poor hygiene, inadequate dietary intake, poor self-care, etc.)	☐	☐
Is the child/young person currently experiencing self-neglect?	☐	☐
Does the child/young person have a history of alcohol and/or illicit substance misuse?	☐	☐
Is the child/young person currently utilising alcohol and/or illicit substances?	☐	☐
Does the child/young person have a history of non-compliance with their treatment plan?	☐	☐
Is the child/young person currently non-compliant with their treatment plan?	☐	☐
Does the child/young person have a current/history of an eating disorder or body image problem?	☐	☐
Is the child/young person currently experiencing an eating disorder or body image problem?	☐	☐

Risk to Others (Please tick and provide further explanation of any relevant concerns/incidents in the spaces provided below)	Yes	No
Does the child/young person have a current or past forensic history?	☐	☐
Does the child/young person have a history of violence or aggression towards adults, children, peers or animals?	☐	☐
Does the child/young person have a history of damage to property?	☐	☐
Does the child/young person have a history of fire setting?	☐	☐
Does the child/young person have a history of sexual offending?	☐	☐
Has the child/young person ever made specific threats of harm towards others?	☐	☐
Does the child/young person have access to, or carry weapons?	☐	☐
Is the child/young person experiencing a psychotic episode with thoughts of violence or command hallucinations?	☐	☐
Is there an expression of concern from others indicating a risk?	☐	☐

Name: Date of Birth:

Risk from Others (Please tick and provide further explanation of any relevant concerns/incidents in the spaces provided below)	Yes	No
Child Protection and Safeguarding		
Is the child/young person showing any possible indicators of abuse or neglect?	☐	☐
Is there a history of physical/sexual/emotional abuse and/or neglect by children or adults to the child/young person?	☐	☐
Is the child/young person currently experiencing physical/sexual/emotional abuse and/or neglect by children or adults?	☐	☐
Is there a history of exploitation of the child/young person? (e.g. for financial gain, sexual gratification, criminal activity, labour or personal advantage).	☐	☐
Is the child/young person currently experiencing exploitation? (e.g. for financial gain, sexual gratification, criminal activity, labour or personal advantage).	☐	☐
Are there circumstances which may make the child/young person more vulnerable to harm? Prompts: Parent or carer factors (e.g. drug, alcohol misuse, mental health issues, poor motivation or willingness of parents/guardians to engage) Child factors (e.g. age, disability, young carer) Community factors (e.g. culture, ethnic or faith-based norms, high crime rates) Environmental factors (e.g. housing issues, poverty, bullying, internet and social media)	☐	☐
Is there a risk that the child/young person would not recognise, understand or report abuse if it occurs?	☐	☐

Additional Information on Child/Young Peron's Vulnerability	Yes	No
Are there significant financial constraints that may affect the child/young person's ability to self-care?	☐	☐
Is there a history of cyber-bullying?	☐	☐
Is the child/young person currently experiencing cyber-bullying?	☐	☐
Does the child/young person have a difficulty with communication? E.g. understanding others or expressing needs/concerns?	☐	☐
Has the child/young person in the past presented with difficulties with behaviour? E.g. impulsivity; reckless or dangerous behaviours; criminal or anti-social behaviour	☐	☐
Is the child/young person currently presenting with difficulties with behaviour? E.g. impulsivity; reckless or dangerous behaviours; criminal or anti-social behaviour	☐	☐
Has the child/young person a history of absconding?	☐	☐
Is there a history of sexual disinhibition?	☐	☐
Is there current evidence of sexual disinhibition?	☐	☐
Is there suspected or confirmed cognitive difficulties?	☐	☐

Risks identified in this document are addressed in child/young person's Individual Care Plan?	**Yes** ☐	**No** ☐

Reminder:

The HSE Child Protection and Welfare Policy and Reporting Procedure must be followed if there is a child protection or welfare concern regarding a child/young person.

Clinician Name(s):	Job Title(s):
Signature:	Date: