Suicidal Thoughts Report – File in Research File

Date:

Participant ID (Do not include any identifiable information):

Time period: Telephone Solution / 12m / 18m / 24m	creen / Baseline /Ran	d Assessment / MBCT+1month / 9m
BDI suicide item score:		
Hamilton suicide item scor	re:	
Suicide risk information:		
Include whether the particle History of previous Current suicidal ide Suicide plans / pre Escalation in suicidal Protective factors Regular contact wi	s suicide attempts eation parations lal ideation	ny of the following:
		Date reported://
Additional notes / actions	taken:	
As part of the PREVENT p	rotocol, suicide risk is	managed by the patient's GP.
		Date action taken://
Researcher:	Signed:	Date://
Clinical Lead:	Signed:	Date:/

GP Risk Letter – Copy filed in Patient Contact File Surgery Address Date Dear Dr _____ POTENTIAL SUICIDE RISK Re: Participant Name DOB As you know, PATIENT NAME, is taking part in the PREVENT trial comparing mindfulness-based cognitive therapy with antidepressant medication for the treatment of recurrent depression. As part of this research I speak with him/her on a number of occasions to assess his/her wellbeing and depressive symptoms. I am writing to update you about our discussions/meeting today. As part of the assessment we ask about depression using a standardised interview and questionnaire. PATIENT NAME reported that he / she(verbal report / score on relevant item). I have not undertaken a formal assessment with PATIENT NAME but I have recommended that he / she arrange to make an appointment to come and see you to discuss this further. As ever, the clinical management of this patient remains your responsibility, but it is part of our study protocol to inform you of any suicidal thoughts disclosed to ourselves so that you can take account of them in your clinical management of this patient.

Yours sincerely,

Site Researcher

Supervised by Site Clinical Lead

Cc: Participant

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