



Nursing Service Guidelines Inpatient Behavioral Health

Title: ELEMENTS OF THE PSYCHOSOCIAL ASSESSMENT

Responsibility: All trained Senior Behavioral Health staff

Purpose of Guidelines: To provide guidance and outline the elements of the psychosocial assessment.

Procedure: Psychosocial Assessments will be completed within 72 hours of admission and include at a minimum the required elements defined in this guideline.

- A. Presenting problem including suicide risk factors
- B. Childhood to present history (including sensory, developmental, or physical impairments, accommodations and limitations)
- C. Current living situation/environment safety
- D. Legal
- E. Work history
- F. Educational history
- G. Military history
- H. Significant medical/psychiatric history
- I. Sexual history and orientation
- J. History of hospitalization
- K. Suicidal/Homicidal Risk
- L. History of abuse/neglect (sexual, physical, emotional). Identify abused or perpetrator.
- M. Trauma history
- N. History of substance use/abuse
- O. Financial status
- P. Spiritual issues, including religion, spiritual orientation, beliefs and values that may impact treatment
- Q. Cultural factors related to current problem that could impact treatment

- R. Family/support systems are identified by interviews with family members or others as appropriate
- S. Patient strengths and liabilities
- T. Patient family/significant other educational needs
- U. Discharge planning needs/alternatives identified
- V. Diagnostic summary ends in problem statement with focus of treatment date, time, and signature with credentials upon completion

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Approved: 7/2017

Reviewed: 6/2020, 6/2023

Revised:

Reviewed by Policy & Standard Committee: 7/2017, 6/2020, 6/2023