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Identification, Triage and Monitoring Using The Columbia Suicide Severity Rating Scale

Increasing Precision, Improving Care Delivery and Redirecting Scarce Resources

Adam Lesser, LCSW
Deputy Director

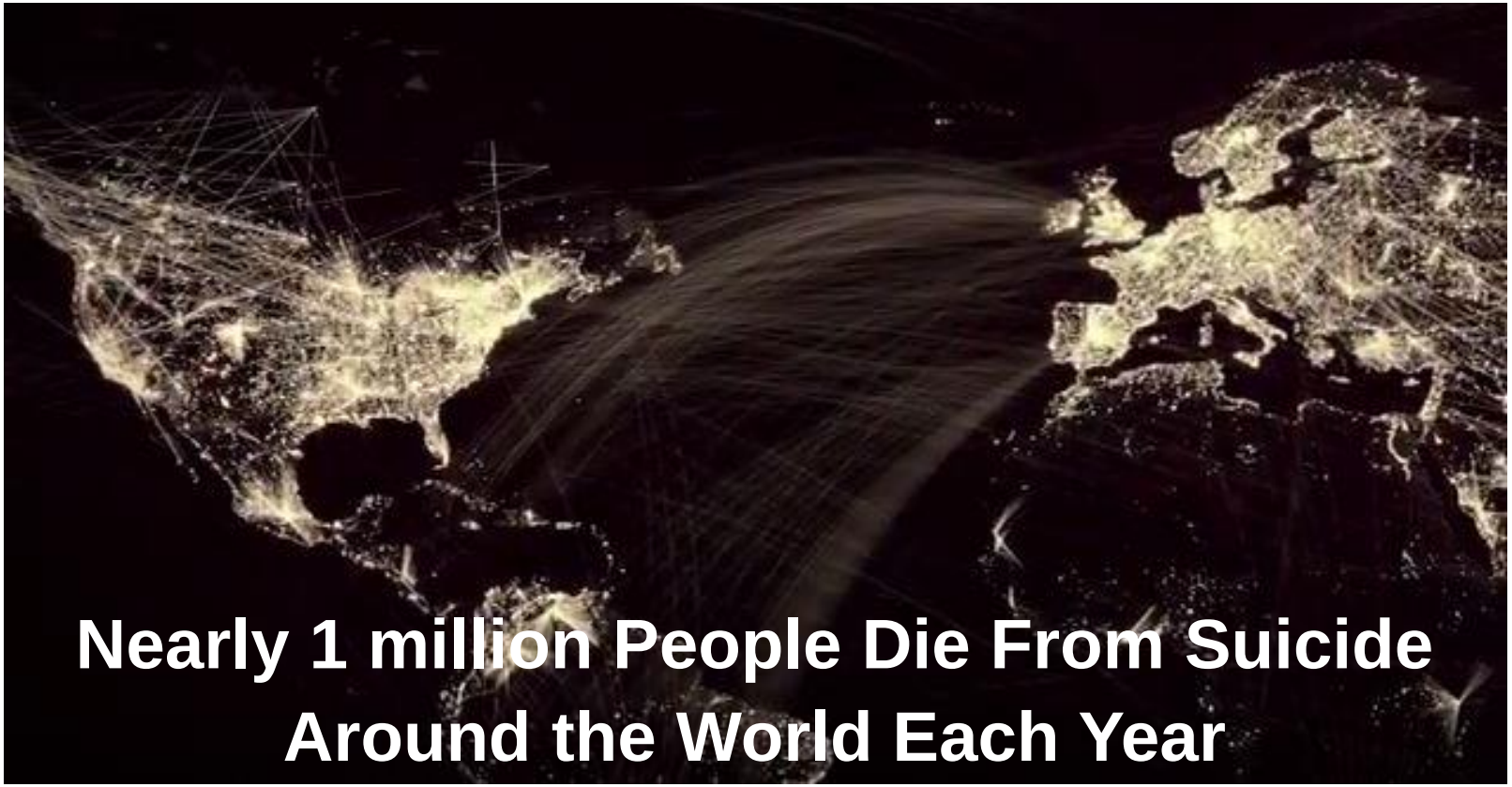
The Columbia Lighthouse Project
IDENTIFY RISK. PREVENT SUICIDE.

Before We Begin

- Suicide is very personal
- Many of us are survivors, who miss our clients, friends or relatives
- Some may be attempt survivors
- You shouldn't hold yourself responsible for something you didn't do/say in the past based on what you will learn today

Please take care of yourself during and after this training

Suicide is a Global Public Health Crisis, Yet Preventable



More Deaths Than Natural Disasters, War and Homicide Combined

Suicide Kills More People than Car Crashes

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"the <u>under-recognized</u> public health crisis of suicide"

Thomas Insel, Director of NIMH

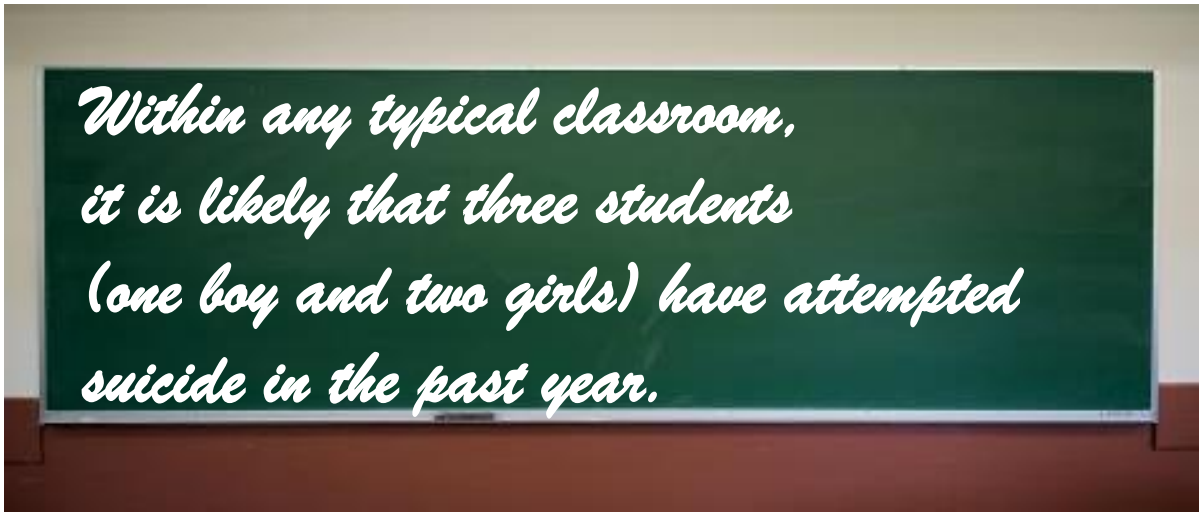
Columbia University Department of Psychiatry

Suicide is the #1 Killer of Teenage Girls Across the Globe 2nd Leading Cause of Death Among 13-17, 20-36 in the US, 60% Rate Increase in 8-12 since 2012

Suicide Ideation and Attempts Are Unbelievably Common…

IN YOUR AVERAGE HIGH SCHOOLERS

- 8% attempted in the <u>past year</u>
- 17% seriously considered it



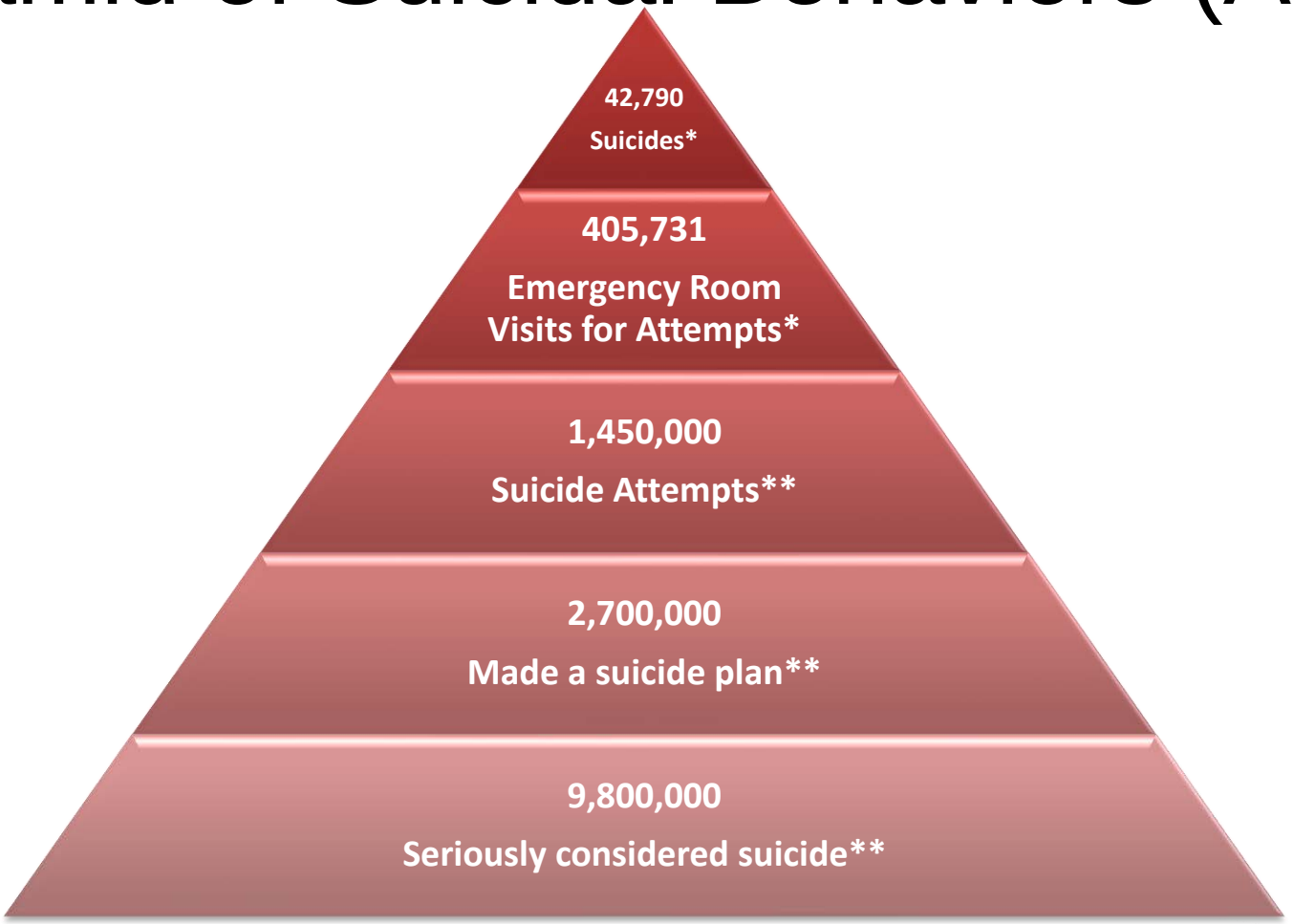
Relationship to School Violence

(Safe Schools Initiative, 2002)

- 78% of attackers exhibited a history of suicide attempts or suicidal thoughts prior to their attack
- 27% reported suicide as a motive in their attack
  - a "suicide in disguise"
- 60% had a documented history of extreme depression or desperation

and yet, only 34% of attackers had received a mental health evaluation and just 17% had been diagnosed

Pyramid of Suicidal Behaviors (Adults)



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Source: * National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2015). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Available from: **www.cdc.gov/injury/wisqars/index.html.**
**Substance Abuse and Mental Health Services Administration, *Results from the 2015 National Survey on Drug Use and Health*, 2015.

Any Kind of Medical Illness from Asthma to Cancer

25.5% have ideation

8.9% make an attempt

Cancer patients - ideation 17.7%

independent of depression

If you have one of the following disorders (high blood pressure, heart attack/stroke, cancer, epilepsy, arthritis, chronic headache, chronic pain, respiratory conditions) you are:

- **30-160%** more likely to have *suicidal thoughts*
- **40-90%** more likely to have an *attempt*

A Crisis in Every Sector of Society…
Need to Screen and Care for the Caretakers

Corrections

#1
Cause of
death
In U.S. jails

First Responders

Often #1
Cause of death
Among police
themselves

Pilots

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Employees

WELLS FARGO

Clergy

CLERGY

Doctors

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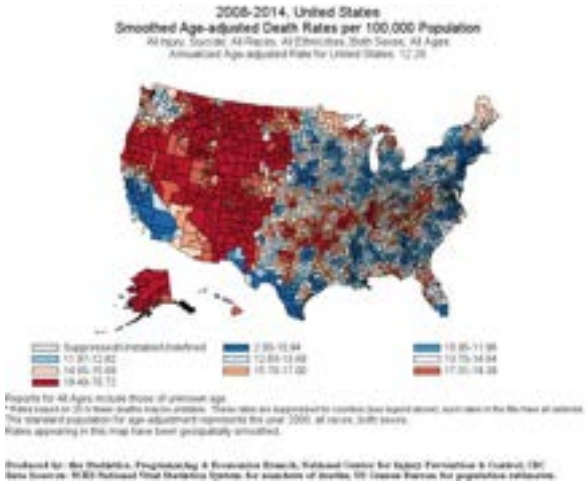
Suicide Touches Everyone

135 People Are Affected for Every Death

Rural Areas: One of Our Greatest Challenges



- Highest rates of suicide
- Populations spread out across great distances
- Less consistent access to medical and mental healthcare
- Closest physicians may be several hours away and overburdened
- High rates of gun ownership

(Miller et al., 2013)

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Data on 2011-2015 Suicides in States with the Highest and Lowest Rates of Gun Ownership

	high	low	ratio
person years	189 million	189 million	
percent of households with guns	56%	20%	
male			
firearm suicides	16487	3921	4.2
nonfirearm suicide	8125	8757	0.9
total	24612	12678	1.9
female			
firearm suicides	3015	335	9.0
nonfirearm suicide	3495	3586	1.0
total	6510	3921	1.7

States with the highest percentage of gun owners include: Wyoming, Montana, Idaho, Mississippi, Vermont, Alaska, Arkansas, W. Virginia, S. Dakota, Tennessee, Maine, Alabama, Utah, Kentucky and Louisiana. States with the lowest percentage of gun owners include: Hawaii, Massachusetts, Rhode Island, New Jersey and New York

Breaking But Not Surprising News: Large Portion of Overdoses Are Suicides

Researchers | Medical & Health Professionals | Patients & Families | Parents & Educators | Children & Teens

NIH National Institute on Drug Abuse
Advancing Addiction Science

Connect with NIDA:

Home » About NIDA » Nora's Blog » Opioid Use Disorders and Suicide: A Hidden Tragedy (Guest Blog)

Opioid Use Disorders and Suicide: A Hidden Tragedy (Guest Blog)

Share

April 20, 2017

*At a Congressional briefing on April 6, the **President of the American Psychiatric Association, Dr. Maria Oquendo**, presented startling data about the opioid overdose epidemic and the role suicide is playing in many of these deaths. I invited her to write a blog on this important topic. More research needs to be done on this hidden aspect of the crisis, including whether there may be a link between pain and suicide. —Nora*

In 2015, over 33,000 Americans died from opioids—either prescription drugs or heroin or, in many cases, more powerful synthetic opioids like fentanyl. Hidden behind the terrible epidemic of opioid overdose deaths looms the fact that many of these deaths are far from accidental. They are suicides.

Let me share with you some chilling data from

About This Blog

Welcome to my blog, here I highlight important work being done at NIDA and other news related to the science of drug abuse and addiction.

Nora's Blog ▸

Comments Policy ▸

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Recent Posts

Desperately Self-Medicating in lieu of proper treatment

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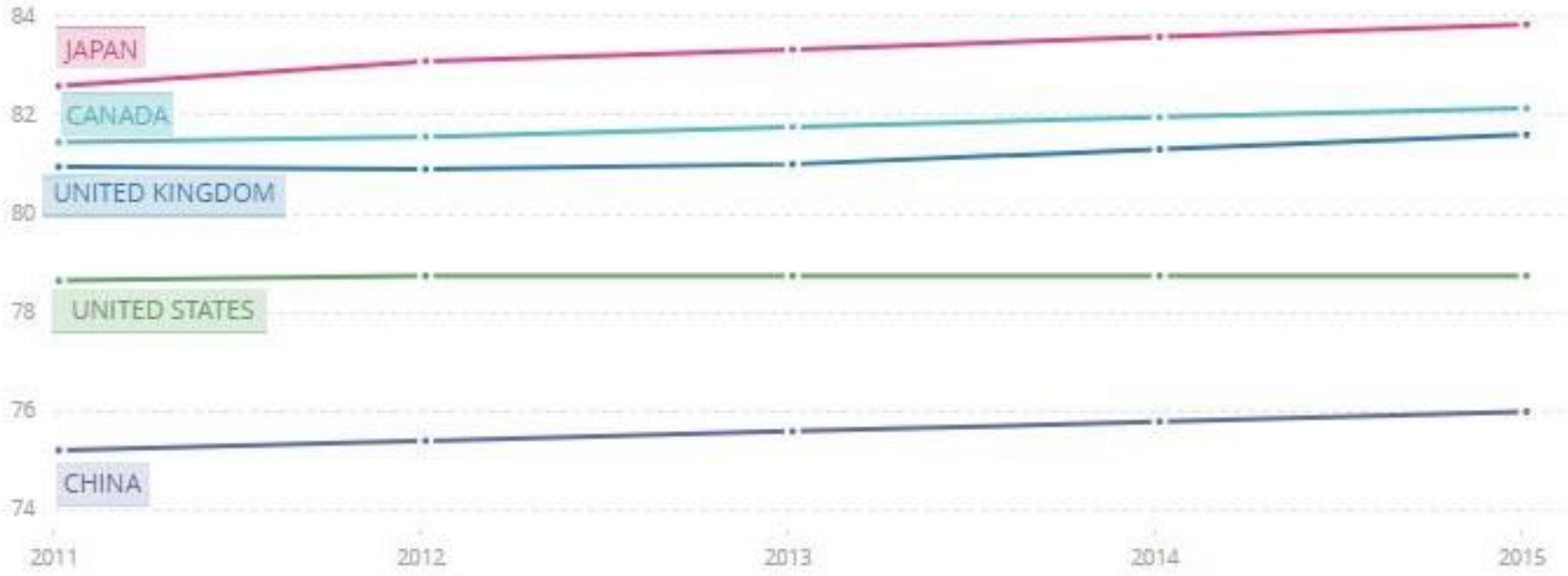
Alarming Perspective: Life Expectancy Decreasing

Only Developed Nation in the World


Health & Science

U.S. life expectancy declines for the first time since 1993

By Lenny Bernstein



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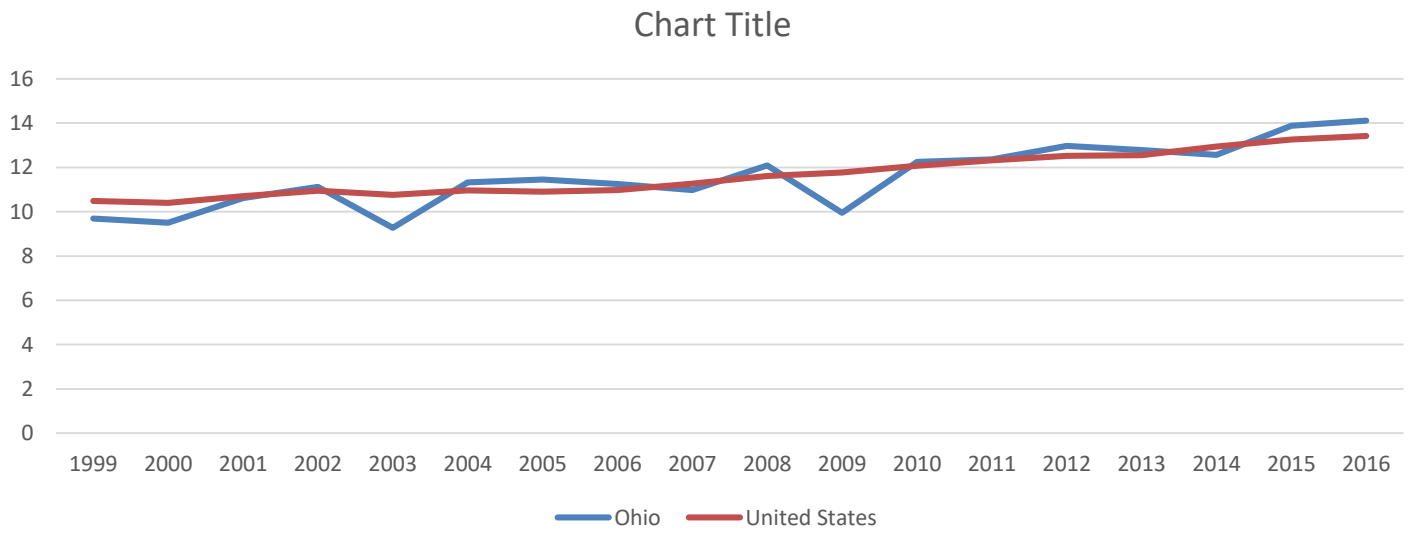
Ohio Suicide Facts

- 2016 – 30th highest rate in U.S.
- 926 of the 1524 gun deaths in 2016 were suicides (61%)
- Since 1999, Ohio's suicide death rates have averaged 1% lower than the US average rates
- 244 out of 1491 suicide deaths in 2014 were Veterans (16%)



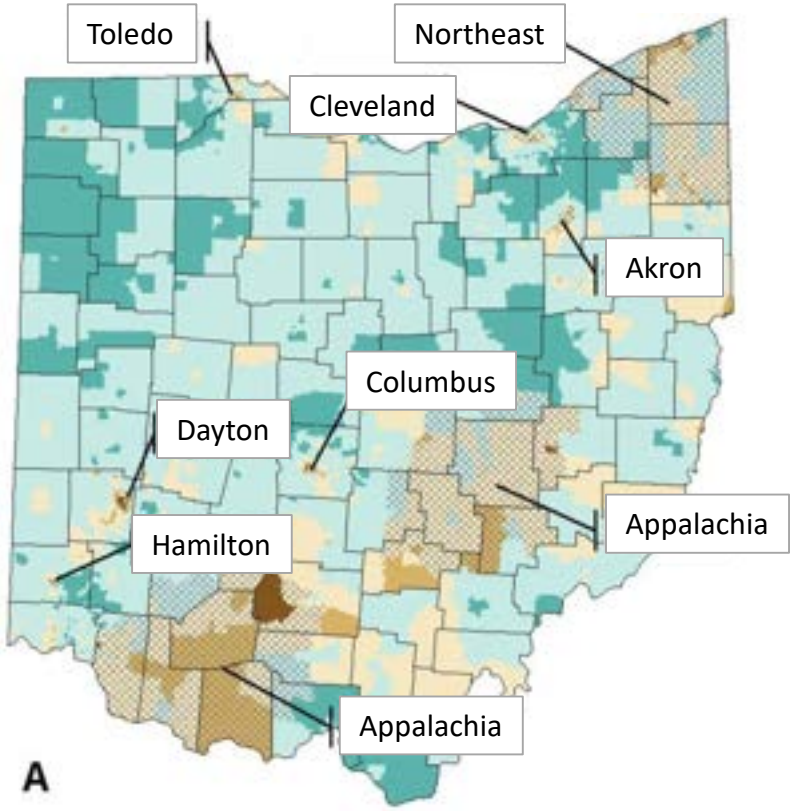
Ohio Methods of Suicide

Mechanism of injury in suicides by sex, Ohio 2016

Method	Males	%	Females	%	Total	%
Firearm	809	60%	117	32%	926	54%
Hanging /	334	25%	92	25%	426	25%
Poisoning	132	10%	122	33%	254	15%
Cutting	20	1%	5	1%	25	1%
Falling	24	2%	7	2%	31	2%
All Other	23	2%	22	6%	45	3%
Total	1342		365		1707	

Source: CDC WISQARS

Ohio Regional Suicide Clusters 2004-2013



WHY?

- Socio-economic deprivation
- Low provider density

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Fontanella, Cynthia A., et al. "Mapping suicide mortality in Ohio: A spatial epidemiological analysis of suicide clusters and area level correlates." Preventive medicine 106 (2018): 177-184.

2015 YRBS
1,300 High School students statewide

	Total	Female	Male
Seriously considered attempting suicide (during the 12 months before the survey)	14.3	18.3	10.5
Made a plan about how they would attempt suicide (during the 12 months before the survey)	11.1	13.6	8.8
Attempted suicide (one or more times during the 12 months before the survey)	6.2	7.8	4.5

Depression: Most Debilitating Disease in the World

- Depression will be the world's most burdensome disease by the year 2030 **(WHO, 2008)**
- Depression is already the most burdensome disease in middle and high income countries **(WHO, 2008)**

World Health Organization

- **Depression is the #1 cause of work related absence** and costs US workplaces an estimated $23 billion annually in lost productivity from just those days missed

Unfortunately, People Who Need Treatment Do Not Get It!

- Most people with mental health issues are not suicidal but 90% of individuals who die by suicide have untreated mental illness (60% depression)
- **Under-treatment of mental illness is pervasive**
  - 50-75% of those in need receive no treatment or inadequate treatment (Alonso et al., 2007; Wang et al., 2005)
  - **70% of children and teens with depression go untreated**
  - >80% of adolescents and college students who die by suicide never received any consistent treatment prior to their death

MYTHS ABOUT SUICIDE

"If someone is really suicidal, they are probably going to kill themselves at some point no matter what you do"

This is FALSE!

- Multiple studies have found that **>90%** of attempt survivors including those who make highly lethal attempts **do not go on to die by suicide**
- Most people are suicidal only for a short amount of time
- So, helping someone through a suicidal crisis **can be life-saving**

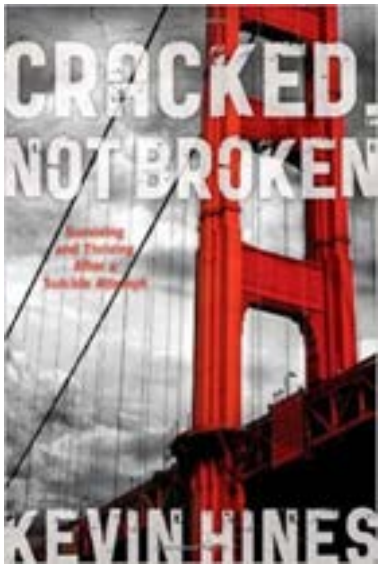
"There's no point in asking about suicidal thoughts…if someone is going to do it they won't tell you"

This is FALSE!

- Many will tell clinician when asked, though might not have volunteered it – often a relief
- **Ambivalence** is characteristic in 95%
- Contradictory statements/behavior common
- 80% give some kind of hints/warnings to friends or family, even if don't tell clinician

People Want to Be Asked

- Makes a pact with himself "If one person asks me…
- Goes to Golden Gate Bridge
- Approached by a German tourist
- "I instantly realized that everything in my life that I'd thought was unfixable was totally fixable – except for having just jumped."
- "Most people considering suicide want someone to save them. What we need is a culture in which no one is afraid to ask."



"Asking a depressed person about suicide may put the idea in their heads"

This is FALSE!

- Does **not** suggest suicide, or make it more likely
- Open discussion is more likely to be experienced as relief than intrusion
- Risk is in not asking when appropriate

"Someone making suicidal threats won't really do it, they are just looking for attention"

This is FALSE!

- Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention
- Take all threats of suicide seriously. Even if you think they are just "crying for help"—a cry for help, is a cry for help—so help

"If you stop someone from killing themselves one way, they'll probably find another"

This is FALSE!

- "Means safety" – reducing a suicidal person's access to highly lethal means - has strong evidence as effective suicide prevention strategy

Method	Lethality
Firearm	**85%**
Suffocation	69%
Fall	31%
Poisoning/overdose	2%
Cuts	1%

Means Safety Works
Very Little Method Substitution in all cases

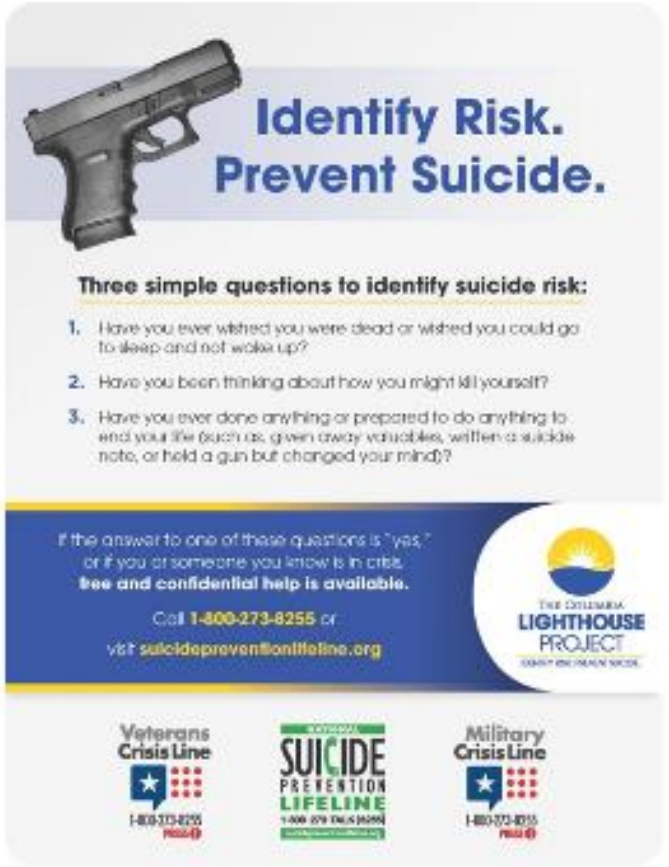
- **United Kingdom 1958** – replacing coal gas with natural gas– suicide rate by carbon monoxide poisoning was cut by 1/3
- **New Zealand 1992 –** stricter gun licensing and required locked storage reduced gun suicide in youth by 66%
- **England 1998** – introduced individual blister packaging for Tylenol = 44% reduction in Tylenol overdose over next 11 years
- **Switzerland 2003**- Firearm suicides in men 18-43 decreased by 27% as a direct result of reducing size of Army by 50% thusly reducing the number of soldiers storing guns at home
- **Israeli military 2006** - restricted gun access for off-duty soldiers, suicide rate dropped 40% in military

Working With the Firearm Community

- An estimated 55 Million Americans own a firearm
- CDC reports 22,018 firearm suicides in 2015 (50% of total suicides)
- 2/3 of all gun deaths are suicides

Uses for C-SSRS

- In gun/sporting shops
- At firing ranges
- In firearm safety training
- At firearm tradeshows



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SUICIDE IS PREVENTABLE AND EFFORTS DEPEND FIRST UPON ACCURATE IDENTIFICATION

The Problem and Consequences of Not Having Common Definitions

Field of medicine challenged by lack of clarity about suicidal behavior and absence of well-defined terminology *(research and clinical)*

Many different terms for the same behavior

Negative implications on appropriate management of suicide - if suicidal behavior and ideation cannot be properly identified, it cannot be properly understood, managed or treated in any population or diagnosis

Furthermore, comparison across epidemiological data sets is compromised

How to Fix the Problem…
Columbia - Suicide Severity Rating Scale

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Zelazny, J.; Fisher, P.; Burke, A.; Oquendo, M.; Mann, J.

- Developed in NIMH effort to uniquely address need for summary measure – 1st scale to assess full range of ideation and behavior, severity, density, track change
- Many leading experts - collaboration with **Beck's group**
- 10s of millions administrations
- Available in over 100 languages
- Very brief administration time
- Deemed "most" evidenced supported
- Excellent acceptance in practice by patients and providers
- Age: suitable across the lifespan for use with adults, adolescents, and young children.
- Special Populations: indicated for cognitively impaired (e.g. Alzheimer's, Autism)

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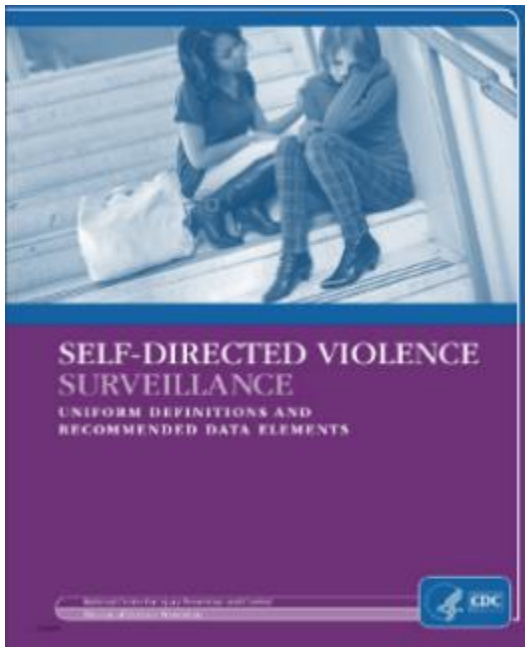
Adopted by CDC: Importance of a Common Language

"The C-SSRS is changing the paradigm in suicide risk assessment in the US and worldwide" – Alex Crosby



Also from CDC:
"Unacceptable Terms"
- *Completed suicide*
- Failed attempt
- Parasuicide
- *Successful suicide*
- Suicidality
- Nonfatal suicide
- Suicide gesture
- Manipulative act
- Suicide threat

Source: Posner K, Oquendo MA, Gould M, Stanley B, Davies M. Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of Suicidal Events in the FDA's Pediatric Suicidal Risk Analysis of Antidepressants. Am J Psychiatry. 2007; 164:1035-1043. http://cssrs.columbia.edu/

SELF-DIRECTED VIOLENCE SURVEILLANCE: UNIFORM DEFINITIONS AND RECOMMENDED DATA ELEMENTS 21

Everyone, Everywhere Can Ask

- **812 nurses trained - 99% reliability independent of mental health training and education**
- **Strong inter-rater reliability among non-clinicians in juvenile justice**

-(Kerr, et. al. 2014)

- First Responders
- Juvenile Justice
- Corrections
- Hostage Negotiators
- Parents
- Youth
- Crisis Response Teams
- Hotlines
- **In schools:**
  - **Teachers**
  - **Safety Officers**
  - **Coaches**
  - **Road patrol**
  - **Bus drivers**

- Peer to Peer
- Hospitals
- Pediatricians
- VA
- Clergy
- Child Protective Services
- Officers Standing Overnight
- **In behavioral healthcare:**
  - **Peer counselors**
  - **Paraprofessionals**
  - **Receptionists – "get to hear all the casual conversations staff don't"**
  - **Nurses**
  - **Nurses' aides**
  - **Custodial/Janitorial Staff**

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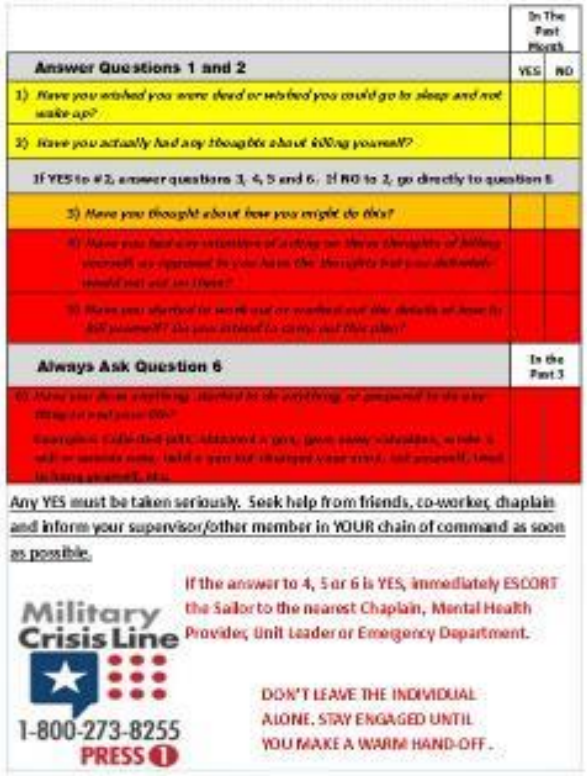
ACE Cards in Development for use across all military branches



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ACE Cards in the community

In English and Spanish versions

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Must Go Beyond the Medical Model:
Marines Reduce Suicide by 22%

Undersecretary of Defense Urgent Memo

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR MILITARY PERSONNEL/QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale

Marine Corps Times
A GANNETT COMPANY

- Total force roll-out
- In the hands of whole community
- ALL support workers: lawyers, financial aid counselors, chaplains

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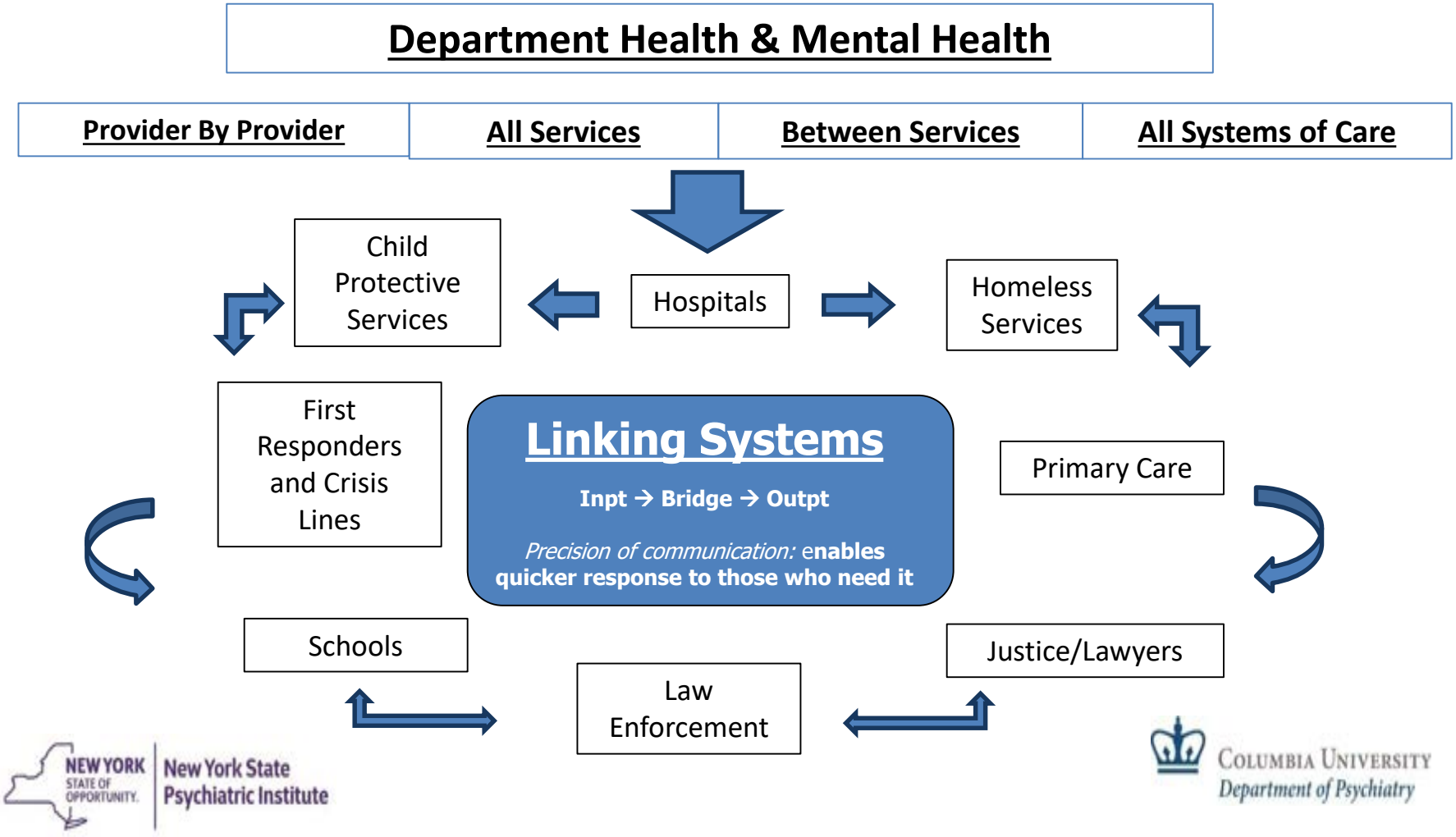
Military Chaplains Peer-to-Peer

https://youtu.be/MfBXroY5doo

Linking of Systems: Organizational Vision/Top-Down Models



Since Asking With An Everyone, Everywhere Approach Utah Achieves Decrease in Suicide

Reversed an alarming increasing trend over the past 10 years

utah department of human services
SUBSTANCE ABUSE AND MENTAL HEALTH

State Suicide Prevention Programs
FY 2015 Report

A former **Nevada Senator** grappled with her state's suicide rate and looked to progress made in Utah for hope, saying :

"Utah recently **reversed an upward trend** in suicides and experts are citing the **implementation of the C-SSRS**."

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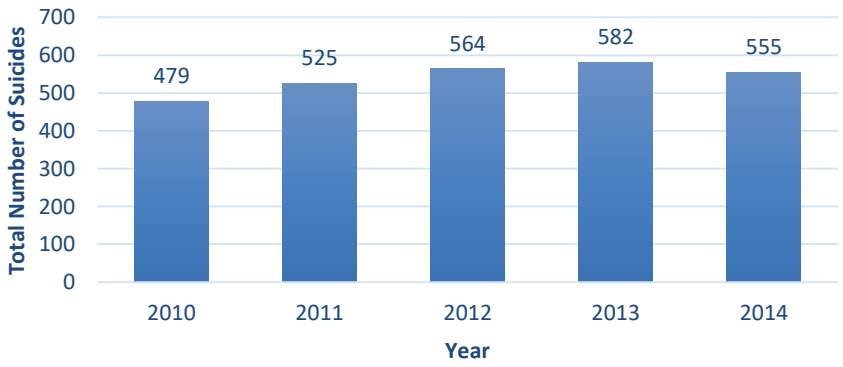

The Centerstone Care Pathway:

"With so many patients its like mining for gold and the Columbia is the sifter"

- Screen everyone at every service delivery point
- Follow-up/Weekly appts, Means restriction on the other end
- If pt is DO NOT SHOW, attempt and document phone-call **within 2 hours**
- If unable to contact referred to Follow-Up specialist who attempts to contact for 3 days for brief telephone risk assessment and encouragement to re-engage, name populates in purple in EHR, enter **Suicide Pathway and Crisis line** which **never shuts down** until they are tracked down

Becky Stoll
VP Crisis & Disaster Management at Centerstone explains Zero Suicide using the C-SSRS

http://zerosuicide.sprc.org/video/screening-protocol-centerstone

Public-Private Partnership: National Action Alliance – Toolkit for Zero Suicide

- NY- Eval of recent suicides all same picture: **No good risk assessment, no safety plan, no warm hand-off**
- C-SSRS and Safety Planning to be used in training all staff to screen *all patients* statewide

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Need to Ask: Screen and Monitor Like We Do for Blood Pressure

- **45%** of all people and **58%** of older adults who die by suicide see their **primary care** doctor in the **month** before they die (Luoma et al., 2002)
- Many adolescent attempters in the ER do not present for psychiatric reasons (King et al., 2009)
- 25% of all people who die by suicide are seen in ER in past 12 months for non-psychiatric reasons (Gairin et al., 2003)

A GREAT OPPORTUNITY FOR PRVENTION !

If we ask we can find them!!

Screening Programs are Successful

- High school **screening identified 69% of the students with significant mental health issues** compared to clinical professionals who identified only 48%. **When both screening and professional referral were used 82% were identified** (Scott et al., 2009)
- College Screening Project - data suggest that screening brings high-risk students into treatment
  - Only **1 suicide in 4 years post-screening** vs. 3 suicides in 4 years pre-screening program (Haas et al., 2008)
- Meta-analysis concluded that **screening results in lower suicide rates in adults** (Mann et al., JAMA 2005)
- Elderly primary care screenings - **118% increase in rates of detection and diagnosis of depression** (Callahan et al., 1996)

First-Ever Universal Screening uses the C-SSRS at Parkland Memorial Hospital and Finds only 1.8% of 100,000 Patients

Parkland

- Screening all patient encounters: "We believe that it's important to screen everyone because some of this risk may go undetected in a patient who presents for treatment of non-psychiatric symptoms." (Dr. Kimberly Roaten, Department of Psychiatry)
- Specialized algorithm in electronic health record that triggers appropriate clinical intervention based on patient answers to C-SSRS questions
- Dedicated Resources including 12 psychiatric social workers and a behavioral health team

"When suicidal behaviors are detected early, lives can be saved…. even within the first few days of implementing the screening program, we were able to intervene with patients at high risk."

Dr. Celeste Johnson, Director of Nursing

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Joint Commission promotes the C-SSRS

TheSource™
For Joint Commission Compliance Strategies

"The research shows that **this tool** will help organizations **focus on folks who are at highest risk**."

- Anne Bauer, MD, field director, Accreditation and Certification Operations, The Joint Commission.

[Hospitals and health care systems] have either developed something themselves or they're using a piecemeal approach, with different tools in different departments: What may appear to be a person at risk in one area may not appear to be at risk in another. **When the ED is asking their set of questions, and then the social worker asks another set**, then the psychiatrist asks another, you're reducing the signal strength. **You're not honing in on the needle in the haystack.**

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TRAINING ON THE C-SSRS

C-SSRS is Simply….

Assessment of Suicidal Ideation and Suicidal Behavior

- Ideation Severity - 1-5 rating, of increasing severity (from a wish to die to an active thought of killing oneself with plan and intent)
- Ideation Intensity – 5 intensity items
- Behaviors - All relevant behaviors assessed and all items include definitions for each term and standardized questions for each category are included to guide the interviewer for facilitating improved identification
- Lethality of Actual Suicide Attempts

C-SSRS…How many questions should I ask?

- Semi-structured interview/flexible format
- Questions are provided as helpful tools – it is not required to ask any or all questions – just enough to get the appropriate answer
- Most important: gather enough clinical information to determine whether to call something suicidal or not

Multiple Sources : *Don't Have to Rely on Individual's Report*

- Most of time person will give you relevant info, but when indicated….
- Allows for utilization of **multiple** *sources* of information
  - Any source of information that gets you the most clinically meaningful response (subject, family members/caregivers, records)
- Very helpful for children and adolescents who may not give same info as parents or other caregivers

Examples…

- A peer comes to your office and reports that his friend posted on Instagram that he wants to die.
- A loved one brings a family member into the ER. The patient denies suicidal thoughts, but the family member shares with you that the he has been talking about suicide for the past two weeks and wrote a note yesterday and that is why he is here in the ER.
- Client is at intake for outpatient services and denies lifetime suicidal ideation and behavior but medical record sent from inpatient hospital indicates admission for recent attempt.

SUICIDAL IDEATION

This is the Full C-SSRS Ideation Page

Typical Administration Time=Few Minutes

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SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.

	Lifetime: Time He/She Felt Most Suicidal		Past 1 month	
	Yes	No	Yes	No
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe:	☐	☐	☐	☐
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. ***Have you actually had any thoughts of killing yourself?*** If yes, describe:	☐	☐	☐	☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it."* ***Have you been thinking about how you might do this?*** If yes, describe:	☐	☐	☐	☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?*** If yes, describe:	☐	☐	☐	☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** If yes, describe:	☐	☐	☐	☐

INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.

Lifetime - ***Most Severe Ideation:*** _____ (*Type # (1-5)*) _____ (*Description of Ideation*)

Recent - ***Most Severe Ideation:*** _____ (*Type # (1-5)*) _____ (*Description of Ideation*)

	Most Severe	Most Severe
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	____	____
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	____	____
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	____	____
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	____	____
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply	____	____

C-SSRS Screener Ideation Questions

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) **Wish to be Dead:** Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) **Suicidal Thoughts:** General non-specific thoughts of wanting to end one's life/commit suicide, *"I've thought about killing myself"* without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) **Suicidal Thoughts with Method (without Specific Plan or Intent to Act):** Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."* ***Have you been thinking about how you might do this?***		
4) **Suicidal Intent (without Specific Plan):** Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?***		
5) **Suicide Intent with Specific Plan:** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		

Psychosis: Auditory hallucinations count as suicidal ideation

Each Type of Ideation Severity Confers Increasingly Greater Risk

History of Lifetime Suicidal Ideation at Study Start	All Patients N=8837 OR (95% CI)	Psychiatric Patients N=6760 OR (95% CI)
No Ideation Reported	0.8% incidence rate N=4975	1.1% incidence rate N = 3184
Wish to Be Dead	6.21 (4.18 – 9.23)*** N=1491	4.99 (3.29 – 7.56)*** N = 1351
Non-Specific Active Suicidal Thoughts	6.69 (4.16 – 10.76)*** N=635	5.53 (3.38 – 9.04)*** N = 568
Active Suicidal Ideation with Any Methods (Not Plan), without Intent to Act	11.16 (7.43 – 16.76)*** N=775	8.36(5.44 – 12.84)*** N = 725
Active Suicidal Ideation with Some Intent to Act, without Specific Plan	19.27 (12.97 – 28.63)*** N=581	15.24 (10.07 – 23.09)*** N = 545
Active Suicidal Ideation with Specific Plan and Intent	25.53 (16.94 – 38.47)*** N=398	18.70 (12.16 – 28.76)*** N = 387

Ideation Severity Demo

http://youtu.be/2kpB3Tq2mgU

Method or Plan?

The patient reported that he first started thinking about killing himself when he was 12. He thought about how easy it would be to pretend to fall in front of a bus before it was able to stop so that it would look like an accident. Although he thought about it often, he said he did not have the courage to do it.

1. Suicidal ideation with plan (Question 5)
2. Suicidal ideation with method (Question 3)

Intensity of Ideation

Once most severe type of ideation is determined, a few follow-up questions are asked

- Frequency
- Duration
- Controllability
- Deterrents
- Reasons for ideation (stop the pain or make something else happen)

- **All these items significantly predictive of suicide (on SSI)/minimum amount of info needed for tracking and severity**

INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).

Most Severe Ideation: _____ _____

Type # (1-5) ***Description of Ideation***

Most Severe

Frequency

How many times have you had these thoughts?

(1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day

____

Duration

When you have the thoughts, how long do they last?

(1) Fleeting - few seconds or minutes
(2) Less than 1 hour/some of the time
(3) 1-4 hours/a lot of time
(4) 4-8 hours/most of day
(5) More than 8 hours/persistent or continuous

____

Controllability

Could/can you stop thinking about killing yourself or wanting to die if you want to?

(1) Easily able to control thoughts
(2) Can control thoughts with little difficulty
(3) Can control thoughts with some difficulty
(4) Can control thoughts with a lot of difficulty
(5) Unable to control thoughts
(0) Does not attempt to control thoughts

____

Deterrents

Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?

(1) Deterrents definitely stopped you from attempting suicide
(2) Deterrents probably stopped you
(3) Uncertain that deterrents stopped you
(4) Deterrents most likely did not stop you
(5) Deterrents definitely did not stop you
(0) Does not apply

____

Reasons for Ideation

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

(1) Completely to get attention, revenge or a reaction from others
(2) Mostly to get attention, revenge or a reaction from others
(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain
(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(0) Does not apply

____

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(5) More than 8 hours/persistent or continuous

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Controllability

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(1) Easily able to control thoughts
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(2) Deterrents probably stopped you
(3) Uncertain that deterrents stopped you
(4) Deterrents most likely did not stop you
(5) Deterrents definitely did not stop you
(0) Does not apply

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(1) Completely to get attention, revenge or a reaction from others
(2) Mostly to get attention, revenge or a reaction from others
(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain
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_____

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(2) Deterrents probably stopped you
(3) Uncertain that deterrents stopped you
(4) Deterrents most likely did not stop you
(5) Deterrents definitely did not stop you
(0) Does not apply

_____

Reasons for Ideation

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

(1) Completely to get attention, revenge or a reaction from others
(2) Mostly to get attention, revenge or a reaction from others
(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain
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The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).

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(2) Less than 1 hour/some of the time
(3) 1-4 hours/a lot of time
(4) 4-8 hours/most of day
(5) More than 8 hours/persistent or continuous

____

Controllability

Could/can you stop thinking about killing yourself or wanting to die if you want to?

(1) Easily able to control thoughts
(2) Can control thoughts with little difficulty
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(3) Uncertain that deterrents stopped you
(4) Deterrents most likely did not stop you
(5) Deterrents definitely did not stop you
(0) Does not apply

____

Reasons for Ideation

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

(1) Completely to get attention, revenge or a reaction from others
(2) Mostly to get attention, revenge or a reaction from others
(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain
(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
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____

INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).

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Type # (1-5) ***Description of Ideation***

Most Severe

Frequency ____

How many times have you had these thoughts?

(1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day

Duration ____

When you have the thoughts, how long do they last?

(1) Fleeting - few seconds or minutes
(2) Less than 1 hour/some of the time
(3) 1-4 hours/a lot of time
(4) 4-8 hours/most of day
(5) More than 8 hours/persistent or continuous

Controllability ____

Could/can you stop thinking about killing yourself or wanting to die if you want to?

(1) Easily able to control thoughts
(2) Can control thoughts with little difficulty
(3) Can control thoughts with some difficulty
(4) Can control thoughts with a lot of difficulty
(5) Unable to control thoughts
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Deterrents ____

Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?

(1) Deterrents definitely stopped you from attempting suicide
(2) Deterrents probably stopped you
(3) Uncertain that deterrents stopped you
(4) Deterrents most likely did not stop you
(5) Deterrents definitely did not stop you
(0) Does not apply

Reasons for Ideation ____

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

(1) Completely to get attention, revenge or a reaction from others
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(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
(0) Does not apply

Clinical Guidance

For Intensity of Ideation, risk is greater when:

- Thoughts are more frequent
- Thoughts are of longer duration
- Thoughts are less controllable
- Fewer deterrents to acting on thoughts
- Stopping the pain is the reason

- Gives you a 2-25 score that will help inform clinical judgment about risk
- **Duration found to be most predictive in adolescents (King, 2009)**

SUICIDAL BEHAVIOR

Full C-SSRS Suicidal Behavior Section

SUICIDAL BEHAVIOR *(Check all that apply; so long as these are separate events: must ask about all types)*	Lifetime	Past 3 months
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is *ANY* intent/desire to die associated with the act, then it can be considered an actual suicide attempt. *There does not have to be any injury or harm,* just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. *Have you made a suicide attempt?* *Have you done anything to harm yourself?* *Have you done anything dangerous where you could have died?* *What did you do?* *Did you_____ as a way to end your life?* *Did you want to die (even a little) when you_____?* *Were you trying to end your life when you_____?* *Or Did you think it was possible you could have died from_____?* *Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?* (Self-Injurious Behavior without suicidal intent) If yes, describe:	Yes ☐ No ☐ Total # of Attempts ____	Yes ☐ No ☐ Total # of Attempts ____
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes ☐ No ☐	Yes ☐ No ☐
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred).* Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. *Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?* If yes, describe:	Yes ☐ No ☐ Total # of interrupted ____	Yes ☐ No ☐ Total # of interrupted ____
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. *Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?* If yes, describe:	Yes ☐ No ☐ Total # of aborted or self-interrupted ____	Yes ☐ No ☐ Total # of aborted or self-interrupted ____
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). *Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?* If yes, describe:	Yes ☐ No ☐ Total # of preparatory acts ____	Yes ☐ No ☐ Total # of preparatory acts ____

Data Supports Importance of Full Range:

All Lifetime Suicidal Behaviors Predict Suicidal Behavior

Behavior reported at baseline	**Patients not prospectively reporting suicidal behavior**	**Patients prospectively reporting suicidal behavior**	**Odds ratio of prospective suicidal behavior report (95% CI; ***_p-values < .001_)**
Actual Attempt	522 (85.6 %)	88 (14.4 %)	4.56 (3.40 – 6.11)***
Interupted Attempt	349 (82.7 %)	73 (17.3 %)	5.28 (3.88 – 7.18)***
Aborted Attempt	461 (84.7 %)	83 (15.3 %)	4.75 (3.53 – 6.40)***
Preparatory Behavior	177 (81.2 %)	41 (18.8 %)	4.92 (3.38 – 7.16)***

A person reporting any one of the lifetime behaviors at baseline is ~5X more likely to prospectively report a behavior during subsequent follow-up

Suicide Attempt Definition

A self-injurious **act** undertaken with at least **some** intent to die, **as a result of** the act

- There does not have to be any injury or harm, just the **potential** for injury or harm (e.g., gun failing to fire)
- Any "non-zero" intent to die – does not have to be 100%
- Intent and behavior must be linked

Inferring Intent

Importance of Inference

- Intent can sometimes be inferred clinically from the behavior or circumstances
  - e.g., if someone denies intent to die, but they thought that what they did could be lethal, intent can be inferred
  - "Clinically impressive" circumstances; highly lethal act where no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story, setting self on fire, or taking 200 pills)

Suicide Attempt

- A suicide attempt begins with the first pill swallowed or scratch with a knife

- **Questions:**
  - **Have you made a suicide attempt?**
  - **Have you done anything to harm yourself?**
  - **Have you done anything dangerous where you could have died?**

As Opposed To Non-suicidal Self-injurious Behavior

- Engaging in behavior PURELY (100%) for reasons other than to end one's life:
  - Either to affect:
    - Internal state (feel better, relieve pain etc.) - "self-mutilation"

    - and/or -

    - External circumstances (get sympathy, attention, make angry, etc.)

Suicide Attempt? Yes or No

The patient wanted to escape from her mother's home. She researched lethal doses of ibuprofen. She took 6 ibuprofen pills and said she felt certain from her research that this amount was not enough to kill her. She stated she did not want to die, only to escape from her mother's home. She was taken to the emergency room where her stomach was pumped and she was admitted to a psychiatric ward.

1. Yes
2. No
3. Not enough information

Suicide Attempt? Yes or No

Young woman, following a fight with her boyfriend, felt like she wanted to die, impulsively took a kitchen knife and made a superficial scratch to her wrist; before she actually punctured the skin or bled, however, she changed her mind and stopped.

1. Yes
2. No
3. Not enough information

Suicide Attempt? Yes or No

Patient was feeling ignored. She went into the family kitchen where mother and sister were talking. She took a knife out of the drawer and made a cut on her arm. She denied that she wanted to die at all ("not even a little") but just wanted them to pay attention to her.

1. Yes
2. No
3. Not enough information

Suicide Attempt? Yes or No

The patient cut her wrists after an argument with her boyfriend.

1. Yes
2. No
3. Not enough information

Suicide Attempt? Yes or No

Had a big fight with her ex-husband about her stepson. Took 15-20 imipramine tablets and went to bed. Slept all night and until 4-5 pm the next day. States she couldn't stand up or walk. Called EMS – taken to the ER – drank charcoal and admitted to hospital. Unable to verbalize clear intent, but states she was well aware of the dangers of TCA overdose and the potential for death.

1. Yes
2. No
3. Not enough information

Suicidal Behavior – Actual Attempts

SUICIDAL BEHAVIOR *(Check all that apply, so long as these are separate events; must ask about all types)*	**Since Last Visit**
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act*. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g. gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.	Yes ☐ No ☑
Have you made a suicide attempt?	
Have you done anything to harm yourself?	
Have you done anything dangerous where you could have died?	
What did you do?	Total # of Attempts
Did you_____ as a way to end your life?	
Did you want to die (even a little) when you_____?	_____
Were you trying to end your life when you_____?	
Or did you think it was possible you could have died from_____?	
Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal int… If yes, describe:	
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes ☐ No ☐

May help to infer intent

Important: Shows you did the appropriate assessment and decided it should not be called suicidal

Other Suicidal Behaviors….

Interrupted Attempt

- When person starts to take steps to end their life but someone or something stops them
- Examples
  - Bottle of pills or gun in hand but someone grabs it
  - On ledge poised to jump
- Question:
  - **Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?**

Aborted/Self-Interrupted Attempt

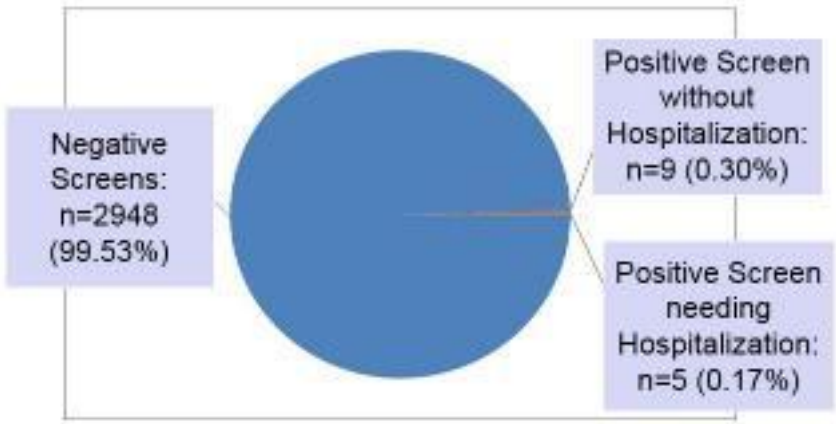
- When person begins to take steps towards making a suicide attempt, ***but stops themselves*** before they actually have engaged in any self-destructive behavior
- Examples:
  - Man plans to drive his car off the road at high speed at a chosen destination. On the way to the destination, he changes his mind and returns home
  - Man walks up to the roof to jump, but changes his mind and turns around
  - She has gun in her hand, but then puts it down
- Question:
  - **Has there been a time when you started to do something to end your life but you stopped yourself before you actually did anything?**

Preparatory Acts or Behavior

- Definition:
  - Any other behavior (beyond saying something) with suicidal intent
- Examples
  - Collecting or buying pills
  - Purchasing a gun
  - Writing a will or a suicide note
- Question:
  - **Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as, collecting pills, getting a gun, giving valuables away, writing a suicide note)?**

All Behaviors Are Prevalent
Very Few (.5%-2%) Need Follow-Up

472 Interrupted, Aborted and Preparatory (87%)
vs.
70 Actual Attempts (13%)



Only 14 out of 2962 Vets screened positive (.47%)

Only 5 (.17%) required more acute care

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Columbia University Department of Psychiatry

Behavior Demo

http://youtu.be/2Fk0XuQwcMc

Further Case Examples

The patient stated that she experienced heartbreak over the “loss of a guy” a week before the interview. She stated that she took 4 clonazepam, called a girlfriend, and talked/cried it out while on the phone. She was dismissive of the seriousness of the attempt, but indicated that she wanted to die at the time she took the overdose.

1. Actual suicide attempt
2. Interrupted attempt
3. Aborted attempt

Further Case Examples

During pill count, staff discovered that 6 tablets were missing. Upon questioning, the patient admitted that she was saving them up so she could take them all together at a later time in order to kill herself.

1. Interrupted attempt
2. Aborted attempt
3. Preparatory behavior

Further Case Examples

Several weeks after being informed by her husband that he was having an affair, patient went to Haiti to see him to discuss the situation. She became enraged during their discussion and grabbed his gun with the intention of shooting herself. However, her husband struggled with her, took the gun away before she was able to pull the trigger, and hid it from her. States that she was feeling pain and hurt, and that she was so upset that she wanted to die.

1. Actual suicide attempt
2. Aborted attempt
3. Interrupted attempt

Further Case Examples

The voice commanded the patient, age 18, to jump from the roof. Although the patient went to the roof, he did not jump.

1. Aborted attempt
2. Interrupted attempt
3. Actual suicide attempt

Further Case Examples

The patient was feeling despondent about her financial situation. Her rent was due and the landlord had threatened to evict her. She went to the bathroom and took a razor from the cabinet. She cut one of her wrists and began bleeding. She bandaged up her wrist herself. During an interview a week later, she stated she had never cut herself before. She was adamant that she did not need to be hospitalized.

1. Suicide attempt
2. Non-suicidal self-injurious behavior
3. Not enough information

Lethality

(Compilation of Beck Medical Lethality Rating Scale)

What actually happened in terms of medical damage?

For example if there was a cut, did it require a Band-Aid or a bandage? Did it bleed a little bit or profusely?

Answer for Actual Attempts Only

Actual Lethality/Medical Damage:

0. No physical damage or very minor physical damage (e.g. surface scratches).
1. Minor physical damage (e.g. lethargic speech; first-degree burns; mild bleeding; sprains).
2. Moderate physical damage; medical attention needed (e.g. conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).
3. Moderately severe physical damage; *medical* hospitalization and likely intensive care required (e.g. comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
4. Severe physical damage; *medical* hospitalization with intensive care required (e.g. comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
5. Death

Potential Lethality

Likely lethality of attempt if no medical damage. Examples of why this is important are cases in which there was no actual medical damage but the potential for very serious lethality

- **Laying on tracks with an oncoming train but pulling away before run over**
- **Put gun in mouth and pulled trigger but it failed to fire – Both 2**

Potential Lethality: Only Answer if Actual Lethality=0

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

0 = Behavior not likely to result in injury
1 = Behavior likely to result in injury but not likely to cause death
2 = Behavior likely to result in death despite available medical care

Suicidal Behavior Administration

- Select (check) all that apply
- Only select if discrete behaviors
    - For example, if writing a suicide note is part of an actual attempt, do not give a separate rating of Preparatory Behavior **(ONLY MARK A SUICIDE ATTEMPT)**
- **Reminder:** Ideation & Behavior Must Be Queried Separately
    - Just because ideation is denied, it does not mean that there will not be any suicidal behavior
- Listen to what the person believed would happen not what you think regarding lethality

C-SSRS SCREENER

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month YES	NO
Ask questions that are bolded and underlined.		
Ask Questions 1 and 2		
1) **Wish to be Dead:** ***Have you wished you were dead or wished you could go to sleep and n***		
2) **Suicidal Thoughts:** ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) **Suicidal Thoughts with Method (without Specific Plan or Intent to Act):** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*" ***Have you been thinking about how you might do this?***		
4) **Suicidal Intent (without Specific Plan):** As opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) **Suicide Intent with Specific Plan:** ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) **Suicide Behavior Question:** ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***	YES	NO

If 2 yes, ask 3-6

If 2 is no, go to 6

Combined Behaviors Question

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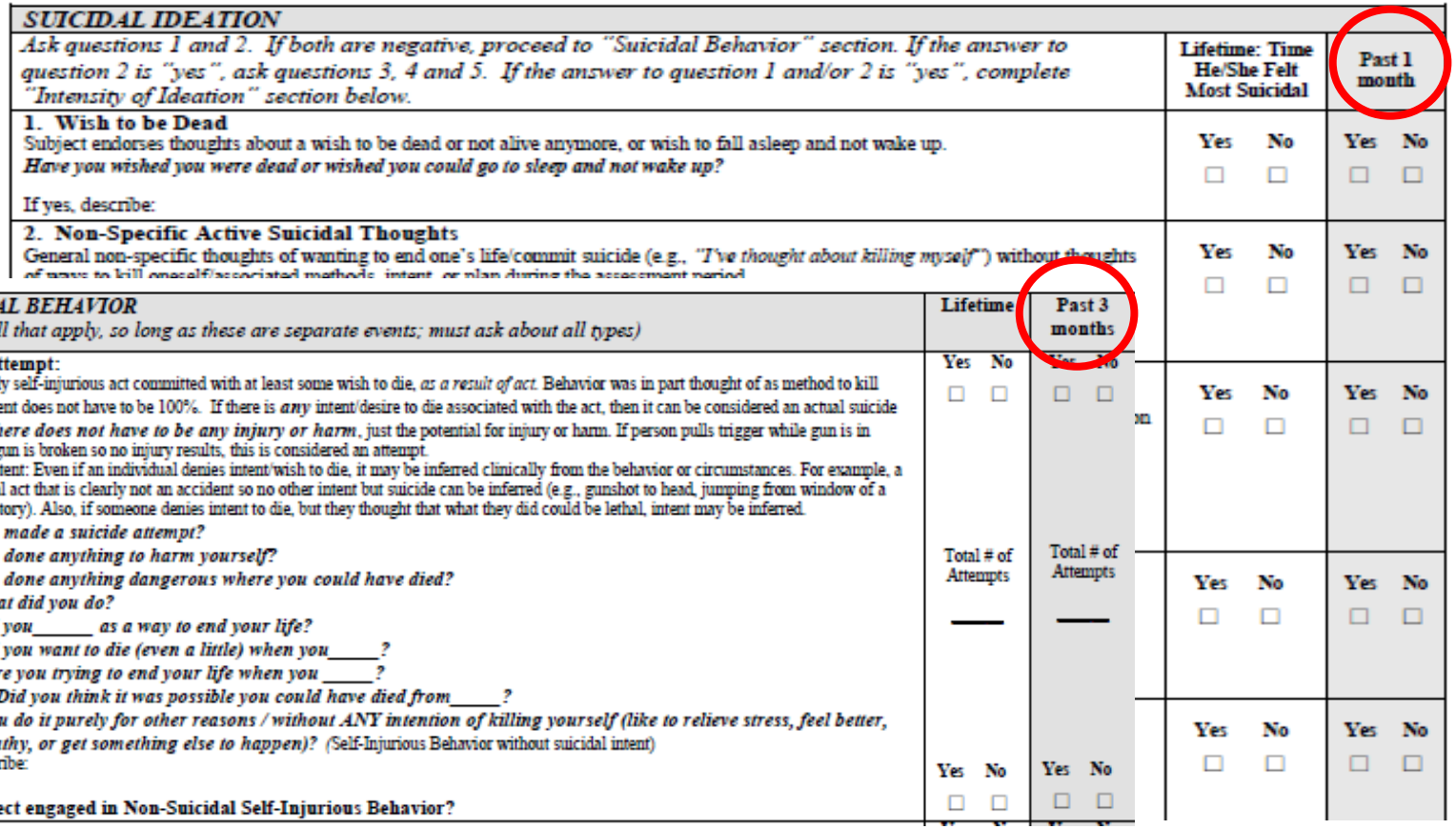
NIVERSITY *Psychiatry*

C-SSRS Timeframes

Lifetime

Ideation: Most suicidal time most clinically meaningful – even if 20 years ago, much more predictive than current

Behavior: Lifetime behavior highly predictive (e.g. history of suicide attempt #1 risk factor for suicide)



SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.

	Lifetime: Time He/She Felt Most Suicidal		Past 1 month	
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.	Yes ☐	No ☐	Yes ☐	No ☐

SUICIDAL BEHAVIOR
(Check all that apply, so long as these are separate events; must ask about all types)

	Lifetime		Past 3 months	
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is *any* intent/desire to die associated with the act, then it can be considered an actual suicide attempt. *There does not have to be any injury or harm*, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. ***Have you made a suicide attempt?*** ***Have you done anything to harm yourself?*** ***Have you done anything dangerous where you could have died?*** ***What did you do?*** ***Did you_____ as a way to end your life?*** ***Did you want to die (even a little) when you_____?*** ***Were you trying to end your life when you _____?*** ***Or Did you think it was possible you could have died from_____?***	Yes ☐	No ☐	Yes ☐	No ☐
	Total # of Attempts ___		Total # of Attempts ___	
Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:	Yes ☐	No ☐	Yes ☐	No ☐
Has subject engaged in Non-Suicidal Self-Injurious Behavior?				

	Yes ☐	No ☐	Yes ☐	No ☐
	Yes ☐	No ☐	Yes ☐	No ☐
	Yes ☐	No ☐	Yes ☐	No ☐
	Yes ☐	No ☐	Yes ☐	No ☐

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Monitoring is Critical

Capture all events and types of thoughts since last assessment:

"Since I last saw you have you done anything…….had thoughts of…"

Recommended **EVERY** visit

- ***You don't want the time you didn't ask to be the time you needed to ask***

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Frequent Screener

Ask questions that are bold and underlined	Since Last Asked	
Ask Question 2*	**YES**	**NO**
2) Suicidal Thoughts: ***Since you were last asked, have you actually had thoughts about killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): ***Have you been thinking about how you might do this?***		
4) Suicidal Intent (without Specific Plan): ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. ***If YES, what did you do?*** _____		

*** Note – for frequent assessment purposes, Question 1 has been omitted**

TRIAGE WITH THE C-SSRS

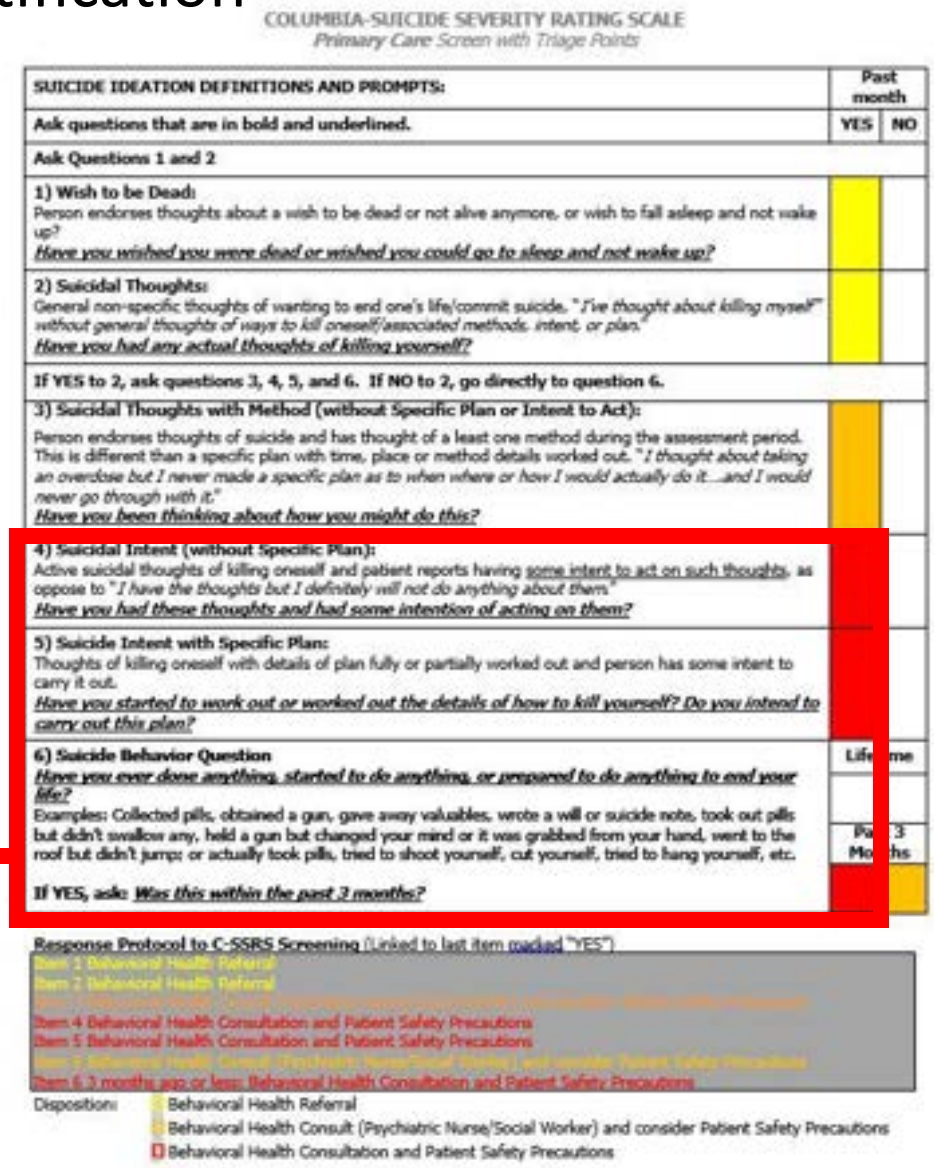
Research Supported Thresholds for Imminent Risk Identification

Operationalized criteria for triage and next steps whatever they may be (e.g. referral to mental health, one-to-one, etc.)

Indicated clinical management response

Scientific data to inform clinical judgment

Indicates Need For Most Extreme Next Step



COLUMBIA-SUICIDE SEVERITY RATING SCALE
Primary Care Screen with Triage Points

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past month YES	NO
Ask questions that are in bold and underlined.		
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide. *"I've thought about killing myself"* without general thoughts of ways to kill oneself/associated methods, intent, or plan." ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."* ***Have you been thinking about how you might do this?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past 3 months?***	Life time / Past 3 Months	

Response Protocol to C-SSRS Screening (Linked to last item marked "YES")

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Disposition:
- Behavioral Health Referral
- Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Behavioral Health Consultation and Patient Safety Precautions

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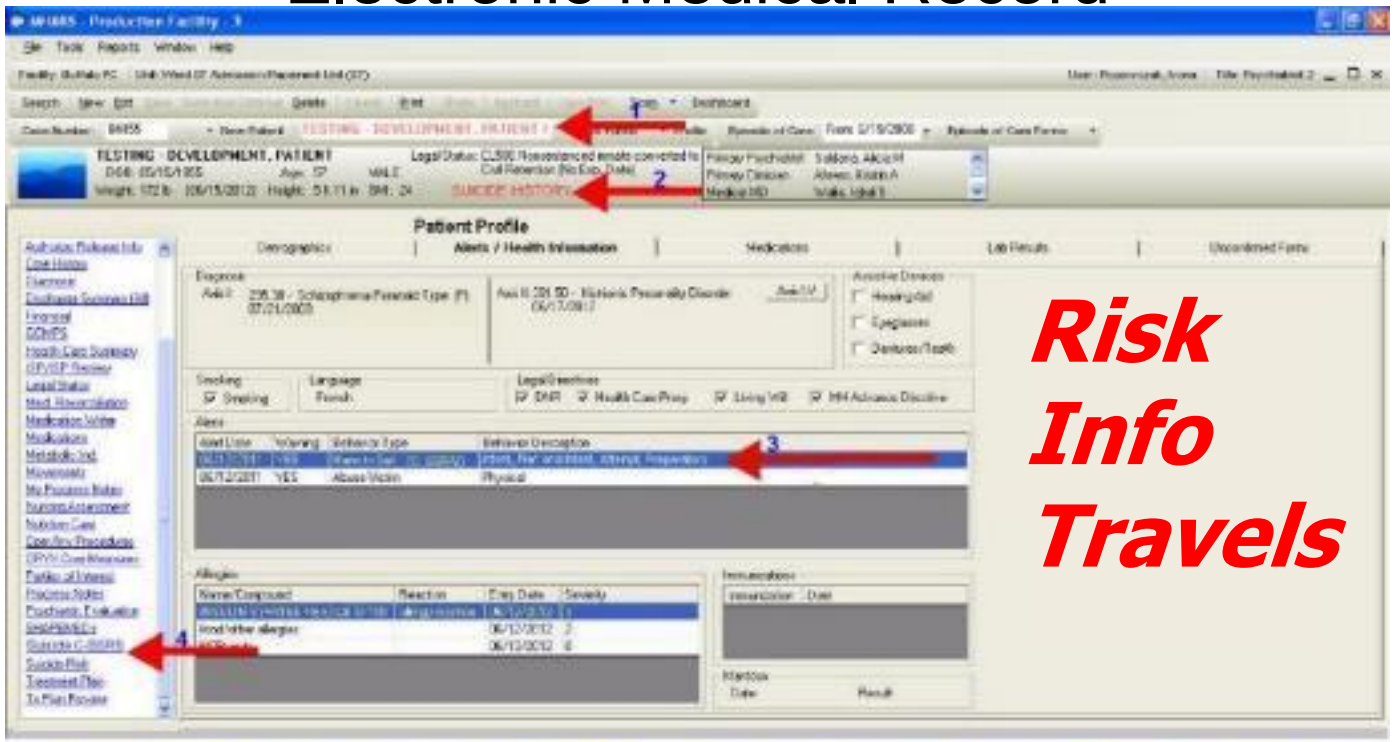
Screener Demo

http://youtu.be/fx3N3uDUQbo

New York State
Electronic Medical Record



1. This is the current functionality in MHARS that will show the patient's name in red with an exclamation point, if there is a warning for this patient. Applies to all warnings, not just suicide risk.
2. This is our new suggestion to show the upcoming text if the patient has a current alert based off the C-SSRS. There will be a hover that will state, "Go to Suicide: C-SSRS under MHARS Links on the left hand side."
3. The description will show all the behaviors that have been selected for this patient throughout their lifetime. If they have a Warning, 'YES' will be displayed in the Warning column.
4. To get more details, the user would select the C-SSRS icon on the left hand side. This would bring them to the C-SSRS main page. See other mockup for further details.

- 4/5 <u>past month</u> OR behavior <u>past 3 months</u> = highest level "SUICIDE WARNING"
- 4/5 OR behavior <u>ever</u> = "SUICIDE HISTORY" – suicidal risk elevated

WITH A FLEXIBLE TOOLKIT YOU CAN TAILOR THE C-SSRS FOR SPECIFIC USES

Pediatric C-SSRS / Cognitively Impaired

SUICIDAL BEHAVIOR (Check all that apply; so long as these are separate events; must ask about all types)	Lifetime	Past 3 Months
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is *any* intent/desire to die associated with the act, then it can be considered an actual suicide attempt. *There does not have to be any injury or harm*, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident or no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.	Yes ☐ No ☐	Yes ☐ No ☐
Did you ever do anything to try to kill yourself or make yourself not alive anymore? What did you do?		
Did you ever hurt yourself on purpose? Why did you do that?	Total # of Attempts: ____	Total # of Attempts: ____
Did you _____ as a way to end your life?		
Did you want to die (even a little) when you _____?		
Were you trying to make yourself not alive anymore when you _____?		
Or did you think it was possible you could have died from _____?		
Or did you do it purely for other reasons, not at all to end your life or kill yourself like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:	Yes ☐ No ☐	Yes ☐ No ☐
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes ☐ No ☐	Yes ☐ No ☐
Has subject engaged in Self-Injurious Behavior, intent unknown?		
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (*if not for that, actual attempt would have occurred*). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. ***Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?*** If yes, describe:	Yes ☐ No ☐ Total # of interrupted: ____	Yes ☐ No ☐ Total # of interrupted: ____
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. ***Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?*** If yes, describe:	Yes ☐ No ☐ Total # of aborted or self-interrupted: ____	Yes ☐ No ☐ Total # of aborted or self-interrupted: ____
Preparatory Acts or Behavior: Acts or preparation toward imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills; purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). ***Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)–like giving things away, writing a goodbye note, getting things you need to kill yourself?*** If yes, describe:	Yes ☐ No ☐ Total # of preparatory acts: ____	Yes ☐ No ☐ Total # of preparatory acts: ____

Easily Integrated into Existing Checklists

California corrections department spent approx. **$24 million in 2010** on a suicide-watch program, which they believe **could be cut in half by these methods**

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MENTAL STATUS SCREENING

The following six questions ask about how you have been feeling. For each question tell me if you have felt this way NONE of the time, A LITTLE of the time, SOME of the time, MOST of the time, or ALL of the time.

In the past 30 days about how often did you feel...	NONE	A LITTLE	SOME	MOST	ALL
1. ...nervous?	0	1	2	3	4
2. ...hopeless?	0	1	2	3	4
3. ...restless or fidgety?	0	1	2	3	4
4. ...so depressed that nothing could cheer you up?	0	1	2	3	4
5. ...that everything was an effort?	0	1	2	3	4
6. ...worthless?	0	1	2	3	4
TOTAL SCORE FOR 1-6 = ___ Column Total =					

In the past month:	YES	NO
7. ...have you wished you were dead, or wished you could go to sleep and not wake up?		
8. ...have you actually had any thoughts of killing yourself?		
If NO to Question 8, SKIP to Question 12		
9. ...have you been thinking about how you might do this?		
10. ...have you had these thoughts and had some intention of acting on them?		
11. ...have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
12. Have you ever done anything, started to do anything, or prepared to do anything with any intent to die? (*For example collected pills or a razor blade, made a noose, given things away, or written a goodbye or suicide note.*)		

If YES, ask: How long ago did you do any of these things?
- ☐ More than one year ago?
- ☐ Between three months and one year ago?
- ☐ Within the past month?

13. If YES, ask: How many times have you done any of these things? ☐ times

Scoring Rules

1. If the total of 1 thru 6 = 8 to 12 → ROUTINE REFERRAL
2. If the total of 1 thru 6 = 13 to 17 → URGENT REFERRAL
3. If the total of 1 thru 6 >= 18 → EMERGENT REFERRAL

Questions 7-13

4. If item 7 = YES → ROUTINE REFERRAL
5. If item 8 or 9 = YES → URGENT REFERRAL
5. If item 10 or 11 = YES → EMERGENT REFERRAL
6. If item 12 = More than one year ago → ROUTINE REFERRAL
7. If item 12 = 3 month to 1 year ago → URGENT REFERRAL
8. If item 12 = Within past month → EMERGENT REFERRAL
9. If item 13 = 2 or more → URGENT REFERRAL

Instructions

1. Ask ONLY non-MHSDS inmates
2. Ask all questions just as they are written
3. All questions (except 12) apply to the last 30 days.
4. Repeat questions as necessary.
5. Score questions 1-6 by totaling the numbers in the boxes.
6. Questions 7-12 are YES/NO.
7. Use the scoring rules to determine need for referral for further evaluation.
8. If the inmate refuses → EMERGENT referral.
9. In all cases, use best judgment to refer – no matter the answers to the questions.

Signature of Person Completing Form ____ Date ____ Time

Printed Name of Person Completing Form ____ Inmate Name & CDCR Number

Military Version (Natl. Guard)

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Additional Questions

	Yes	No
Legal Troubles *Are you currently facing any legal troubles?* *Within military structure or outside *If yes, how have these circumstances impacted you/your family?* Additional Information:	☐	☐
Financial Troubles *Are you experiencing any financial troubles?* If yes: *Do these concerns feel overwhelming or unmanageable?* *Sometimes a person can feel that others close to them (e.g., family) would be better off financially if the person were no longer alive. Have you experienced this?* *Is this financial stress or hardship the worst crisis you have ever experienced?*	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
State of Service (pre-deployment, post-deployment, etc) Pre-deployment ___ Post-deployment ___ Multiple deployments ___ *Are the thoughts/behaviors we talked about related to your _____?* (e.g., pending deployment)	Yes ☐	No ☐
Marital or Relationship Stress *Are you having any marital or relationship stress or problems?* *Ask about domestic violence	☐	☐
Drug or Alcohol Use *Do you use drugs or alcohol?* *Do you have a history of drug or alcohol abuse?* Additional Information:	☐ ☐	☐ ☐
Pain *Are you experiencing pain – chronic or intermittent?* Additional Information:	☐	☐

Tennessee Crisis Assessment Tool

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 1 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
☐	Actual suicide attempt	☐	☐ Hopelessness
☐	Interrupted attempt	☐	☐ Major depressive episode
☐	Aborted or Self-Interrupted attempt	☐	☐ Mixed affective episode (e.g. Bipolar)
☐	Other preparatory acts to kill self	☐	☐ Command hallucinations to hurt self
☐	Self-injurious behavior without suicidal intent	☐	☐ Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			☐ Substance abuse or dependence
☐	Wish to be dead		☐ Agitation or severe anxiety
☐	Suicidal thoughts		☐ Perceived burden on family or others
☐	Suicidal thoughts with method (but without specific plan or intent to act)		☐ Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
☐	Suicidal intent (without specific plan)		☐ Homicidal ideation
☐	Suicidal intent with specific plan		☐ Aggressive behavior towards others
Activating Events (Recent)			☐ Method for suicide available (gun, pills, etc.)
☐	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		☐ Refuses or feels unable to agree to safety plan
Describe:			☐ Sexual abuse (lifetime)
			☐ Family history of suicide (lifetime)
☐	Pending incarceration or homelessness		**Protective Factors (Recent)**
☐	Current or pending isolation or feeling alone		☐ Identifies reasons for living
Treatment History			☐ Responsibility to family or others; living with family
☐	Previous psychiatric diagnoses and treatments		☐ Supportive social network or family
☐	Hopeless or dissatisfied with treatment		☐ Fear of death or dying due to pain and suffering
☐	Non-compliant with treatment		☐ Belief that suicide is immoral; high spirituality
☐	Not receiving treatment		☐ Engaged in work or school
Other Risk Factors			**Other Protective Factors**
☐		☐	
☐		☐	
☐		☐	

Describe any suicidal, self-injurious or aggressive behavior (include dates)

Ask Questions 1 and 2	YES	NO
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts about killing yourself?***		
If **YES** to 2, answer questions 3, 4, 5, and 6. If **NO** to 2, go directly to question 6		
3) ***Have you thought about how you might do this?***		
4) ***Have you had these thoughts and had some intention of acting them?***		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

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IMPACT ON CARE DELIVERY, SERVICE UTILIZATION AND STIGMA

Improving Suicide Screening at the Cleveland Clinic through Electronic Self-Reports: PHQ-9 and the Columbia-Suicide Severity Rating Scale (C-SSRS)

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Improved Identification with Decreased False Positives

PHQ-9 Suicide Item: Thoughts that you would be **better off dead** or of **hurting yourself** in some way

Outpatient Psychiatry Pilot – Self Report Computer Version (523 Encounters)

- 6.2% positive screen on C-SSRS

  vs.

- 23.8% endorsed item #9 of PHQ-9

Most, but not all, of the positive Columbia screen patients endorsed #9 of PHQ9 e.g. Cases were missed

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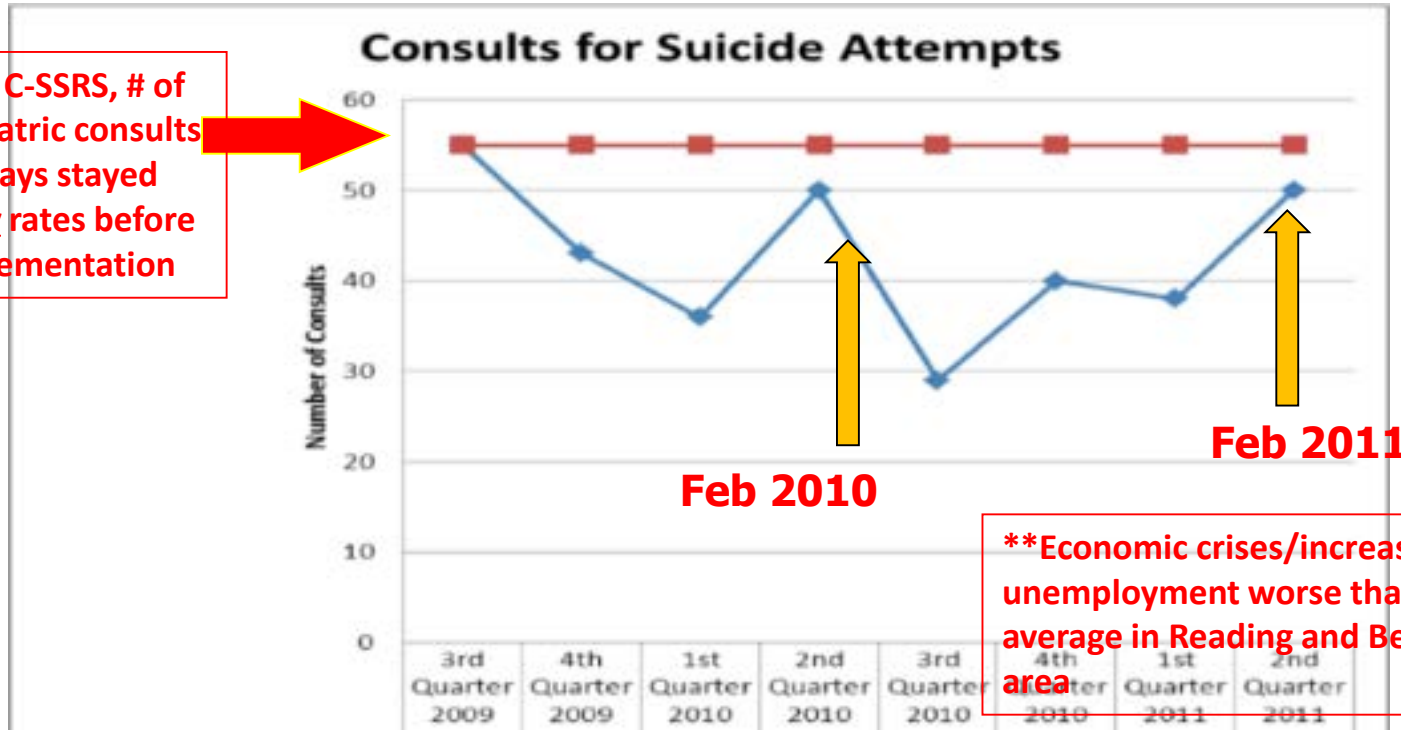
Picking up People At the Right Time

After C-SSRS, # of psychiatric consults always stayed ***below*** rates before implementation



**Economic crises/increases in unemployment worse than national average in Reading and Berks county area

"[The C-SSRS] allowed us to identify those at risk and **better direct limited resources in terms of psychiatric consultation services and patient monitoring** and it has also given us the **unexpected benefit** of identification of mental illness in the general hospital population which **allows us to better serve our patients and our community**."

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The Problem in Schools: Who Do We Refer?

New York City

- Four hospitals: **61-97% of referrals did not require hospitalization.**
- NYC DOE:
  - "The great majority of children & teens referred by schools for psych ER evaluation are not hospitalized & **do not require the level of containment, cost & care** entailed in ER evaluation."
  - "Evaluation in hospital-based psych ER's is **costly, traumatic** to children & families, and may be **less effective** in routing children & families into ongoing care."

One Student sat 9 hours in a principal's office waiting for EMT

Screening in Schools – The Solution

-38 middle schools/nurse delivery: **an estimated 100+ students were identified that would have otherwise been missed, while dramatically reducing unnecessary referrals.**

640 middle schools last year – now on to the High Schools

"City schools expand suicide training" (C-SSRS): "This **enhanced service** has made **more appropriate referrals for students** to see support staff in the school and referrals to community agencies as needed…"
– Crain's, NY 7/20/12

25% of teachers report being approached by an at-risk child

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Asking These Questions Helps Protect Against Internal and External Liability

"If a practitioner asked the questions... It would provide some legal protection"

—Bruce Hillowe, mental health attorney specializing in malpractice litigation (Crain's NY, 11/8/11)

"I believe it sets the standard...we take a proactive position in patient safety"

– Patient Safety Risk Manager

Breaking the Silence

When We "Just Ask" We Break the Silence and Give Permission to Connect and Build a Path to Openness and Resilience Across Generations

"This is not only saving millions of lives, it is literally changing the way we live our lives, breaking down barriers that have been built over thousands of years. But we are just one nation and every nation deserves this lifesaving tool."

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C-SSRS Training Opportunities

- Live Webinars every 6-8 weeks
- Interactive on-line training through National Action Alliance for Suicide Prevention Zero Suicide Website (zerosuicide.sprc.org/toolkit/identify)
- Recorded trainings on YouTube channel
- Download a recorded training from Dropbox
- Receive a DVD by mail with recorded trainings

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