Suicide Screening, Assessment and Management

Pre-ITS Educator's Guide

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How to Use This Guide

This guide is intended to help education partners prepare students for the Intelligent Tutoring System (ITS) Modules on Suicide Screening, Assessment, and Management. The ITS modules are aligned with the evidence-based protocols found in the Columbia Suicide Severity Rating Scale (C-SSRS). The C-SSRS is commonly used by health systems that aim to prevent and dramatically reduce suicides within a defined population. The C-SSRS may or may not be the preferred screening instrument within an organization due to population and setting characteristics. Helping students gain knowledge of general principles related to suicide prevention, screening, assessment, and management will help contextualize the administration of the ITS module. The ITS module is an excellent tool to help instructors reinforce administration and decision making for persons responsible for screening.

De-limitations

This guide is not intended to be a comprehensive introduction to the topic of suicidality, prevention, assessment, treatment or intervention.

ITS Pre-Work

1. Rationale for suicide prevention: we care

The suicide rate continues to climb making suicide a leading cause of death in the United States. Education on suicide prevention reduces stigma and increases awareness of risk factors and warning signs. Early suicide identification and intervention leads to a decrease in suicide rates.

2. The evolution of how we understand suicide

Language matters when discussing suicide. Language reflects our attitudes and has the power to influence our attitudes and the attitudes of others. For the past two decades, mental health advocates have fought to change the language we use to talk about suicide to eliminate terms that promote shame/blame and perpetuate stigma. For example, the term "commit suicide" has been criticized for sounding like the individual is a criminal. Instead of saying "committed," death by suicide" has become the alternate and preferred term. Other common terms such as "failed suicide attempt" or "successful suicide" imply a positive or negative achievement. Consciously using empathic and non-stigmatizing language when talking about suicide can increase comfort and willingness of individuals to discuss suicidal thoughts and behaviors. (See Suicide Prevention Alliance for more information).

3. Basic facts about suicidal thoughts and behaviors

The CDC defines suicide as death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die because of their actions. Suicide ideation refers to thinking about, considering and/or planning suicide. Suicide rates are the number of individuals who died by suicide per 100.000. When looking at suicide rates and trends over time, consider population demographics to understand the relative proportion of people affected within different groups. For suicidal thoughts as well as behaviors (plans and/or attempts), some relevant demographic categories include age, gender, race and ethnicity. High-risk groups include people with a history of suicide attempts, people with a family history of suicide, and active substance use disorders. There is also variability in the number of suicide deaths by method, with firearms accounting for over 50% of suicide deaths in the US. Learning about disparities in suicide and social determinants of health reinforces how the conditions in which people live, work, play and learn influence suicidal thoughts and behaviors. (See CDC for more information).

4. Risk and Protective Factors

Suicide is typically not the result of one event, situation or problem, rather a combination of risk factors is often present. Both risk and protective factors fall under the same set of categories: individual, relationship, community and societal factors. A previous suicide attempt is an example of an individual factor that increases risk. Whereas reasons for living (e.g. family, pets, etc.) is an example of an individual factor that protects against suicide risk. Learning about risk factors helps identify individuals who may need further assessment. It is equally important to understand the role of protective factors in preventing suicide. Protective factors may assist with suicide prevention strategies and therapies offered to alleviate symptoms of depression. Examples of protective factors are reasons for living, supportive family and friends, connection to others, availability of consistent healthcare, and cultural, religious or familial objections to suicide. (See CDC.gov for more information).

5. Warning Signs

There are some warning signs that may be unique to an individual, and others that are seen more frequently in individuals at immediate risk immediate of suicide. Some of the more common warning signs to watch for include withdrawal from family, friends and community, talking or writing about death, dying or suicide, reckless behavior, giving away prized possessions, dramatic changes in mood and increased substance use. Learning about the common warning signs helps healthcare providers identify risk of suicide in their patient population. (See SPRC , NIMH, or 988 Lifeline for more information on warning signs). This guide is designed to prepare learners to identify risk of suicide in adult populations. However, it is worth noting there is some variability between risk factors in adults and youth.

6. Zero Risk Suicide

Zero Risk Suicide is a federally funded program for the National Strategy for Suicide Prevention funded by SAMSHA. This section will focus on one of the seven elements of the Zero Risk Suicide framework. The third element is to identify individuals with suicide risk via comprehensive screening and assessment like public health strategies utilized in primary care and community health settings.

6.1. Lead system-wide culture change committed to reducing suicides.
6.2. Train a competent, confident, and caring workforce.

6.3. **Identify individuals with suicide risk via comprehensive screening and assessment.**
6.4. Engage all individuals at-risk of suicide using a suicide care management plan.
6.5. Treat suicidal thoughts and behaviors directly using evidence-based treatments.
6.6. Transition individuals through care with warm hand-offs and supportive contacts.
6.7. Improve policies and procedures through continuous quality improvement.

7. Purpose and value of comprehensive screening and assessment

Comprehensive screening and assessment for suicide is a valuable strategy for prevention. Of people who die by suicide, 77 percent of individuals had contact with their primary care provider in the year before death. Research has demonstrated that screening and assessment lowers rates of suicide in adults. (See Zero Suicide Risk Evidence Base for more information).

8. Example of standardized screening tool

Screening tools are helpful in identifying symptoms associated with depression and suicide risk. Screening tools do not help the clinician understand details related to a patient's suicidality. A common screening tool used in integrated care settings is the: PHQ-9

9. Example of standardized assessment tool

Assessment tools help the clinician understand details related to a patient's condition, the level of severity and help guide action steps to manage a patient's suicidality. For this guide, we are referencing the: Columbia Suicide Severity Rating Scale

10. Variability in screening approaches based on age, setting and capacity

Universal screening is widely used in systems that provide healthcare (physical, mental, behavioral) to persons seeking services. Small organizations may not adopt universal screening as it may not match the mission and purpose of the organization. At the same time, these organizations may be concerned with suicide risk among the population served. Examples are community centers, athletic groups, and religious organizations. When qualified professionals are available in these settings, a wide variety of approaches may be used, ranging from a semi-structured interview to screening and referral, or screening and assessment. These approaches make sense for these organizations. **The ITS module is designed to prepare the learner for settings that utilize universal screening and to understand one approach to standardized assessment.** As the learner grows and evolves in their professional role, they may adopt other approaches that meet the needs of the organizations or populations they serve.

11. Cultural adaptations for screening

A valid concern for healthcare professionals in choosing screening and assessment tools are the norms utilized to standardize an instrument and the populations that participated in the validation studies. The PHQ-9 and the C-SSRS have been normed on a broad population of persons across age, gender, race, ethnicity, sexual orientation, gender identity and national origin. Standardization does not guarantee a person will understand the questions or the process. A healthcare provider uses professional judgment to decide what is in the best interest of the person of concern and adjusts appropriately to the needs of the individual. Attention to language, cultural expectations an individual

has of their healthcare provider, religious beliefs related to suicide and other factors impact the healthcare providers judgment and decisions.

12. Overview of the Columbia Suicide Severity Rating Scale (C-SSRS)

The Columbia Suicide Severity Rating Scale (C-SSRS) is a short questionnaire that can be administered quickly in the field by responders with no formal mental health training, and it is relevant in a wide range of settings and for individuals of all ages (SAMSHA). Columbia University, the University of Pennsylvania, and the University of Pittsburgh, supported by the National Institute of Mental Health (NIMH), developed the screening tool for a 2007 NIMH study of treatments to decrease suicide risk among adolescents with depression. According to The Columbia Light House Project, the answers to questions in the C-SSRS help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the tool ask people:

- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

To use the Columbia Protocol most effectively and efficiently, an organization can establish criteria or thresholds that determine what to do next for each person assessed. Decisions about hospitalization, counseling, referrals, and other actions are informed by the “yes” or “no” answers and other factors, such as the recency of suicidal thoughts and behaviors.

13. Learning to apply the C-SSRS

The UW Intelligent Tutoring System (ITS) helps reinforce application of the C-SSRS using a variety of patient scenarios and circumstances. Three ITS modules are available to reinforce learning:

1. Assessing Suicide Risk
2. Managing Mild to Moderate Suicide Risk
3. Managing Severe Suicide Risk

Instructors may choose to direct students to consult the brief tutorials at the beginning of each ITS module related to Suicide Screening and Assessment for ITS. Instructors may view the Appendix to review the content of these tutorials.

Alternately, instructors may assign self-paced training to students to become familiar with the C-SSRS before starting the ITS modules. One training is provided by Practice Innovations and an asynchronous training is also available on YouTube. These trainings may help students understand risk levels (high, moderate and low) that are unique to C-SSRS.

14. Then What

14.1. Discussing results of screening with person of concern

The ITS module helps guide students on responses to positive scores on C-SSRS. Additionally, C-SSRS demonstrations are available on YouTube that portray discussions of C-SSR results with an individual. Live, virtual or case study examples may help students comprehend the benefits of screening and assessment for suicide as a form of prevention.

14.2. Specialty Assessment

Sometimes, next steps may include a referral to an emergency response team to further evaluate a person for suicide, such as a referral to an emergency room or psychiatric emergency service. Intervention like this is usually an option for persons assessed as moderate to high suicide risk.

14.3. Safety Planning

The Safety Planning Intervention (SPI) is a clinical intervention where a patient, with support from a clinician, develops a document they can use when experiencing a suicidal crisis. It is meant to be a living document that can be re-used as needed in the future. The document includes a list of warning signs, coping strategies and resources to use during a crisis. The SPI has been shown to decrease suicidal behavior and increase engagement in treatment during follow-up. (See the Stanley-Brown Safety Plan Intervention for more information).

14.4. Immediate Interventions

Having easy access to lethal means increases the risk of acting on suicidal thoughts. One immediate intervention is making the environment safer by reducing access to lethal means, this can include removing firearms or medications from the home. Sometimes it is helpful to involve others in making the environment safer. Another option for immediate support and intervention is calling 988 Suicide & Crisis Lifeline.

14.5. Emergency Detention and Involuntary Commitment

Each state has rules specific to emergency detention and involuntary commitment. The State of Washington rules may be found in

Emergency Detention RCW 71.05.153

Involuntary Commitment RCW 71.05.365

15. Summary of Pre-ITS Educator's Guide

As stated at the beginning of this guide, suicide screening, assessment and intervention occurs because we care about the welfare of others in our community. In most instances, thoughts of suicide are temporary. Social support is a critical factor in decreasing the severity of suicidal thoughts as people are empowered to utilize protective factors. The C-SSRS is one instrument among many that can help identify thoughts of suicide. The C-SSRS protocol has been validated over many years among diverse populations. The more people who are prepared to screen, assess and take action to prevent suicide, the more likely lives will be saved.

Resources

988 Lifeline

C-SSRS Training Options

National Alliance on Mental Illness

Suicide Prevention Alliance

Suicide Prevention Resource Center

Suicide Safety Plan

The Columbia Lighthouse Project

UW Center for Suicide Prevention and Recovery (CSPAR)

UW Forefront Suicide Prevention

Zero Suicide Risk Resource Center