Suicide Prevention and the Columbia-Suicide Severity Rating Scale (C-SSRS)

The ongoing national and international tragedy of suicide has spurred substantial prevention efforts. Lack of effective screening and identification of persons at risk is an obstacle to effective prevention. An evidence-supported, low-burden solution is The Columbia-Suicide Severity Rating Scale (C-SSRS), a screening tool developed by multiple institutions, including Columbia University, with NIMH support has predicted suicide attempts—one of the foremost national priorities for prevention.

Key Points:
- Demonstrated ability to predict suicide attempts in suicidal and non-suicidal individuals (which is a national priority for prevention).
- **The CDC adopted Columbia definitions of suicidal ideation and behavior; link to C-SSRS in CDC document**
- Field-use ready; mental health training not required to administer; Chaplains to first responders
- Gathers key data to help direct limited resources to persons most in need.
- Track record of many millions of administrations.
- Available in 103 languages.
- Electronic self-report is available and widely used (e-CSSRS)

Jeffrey Lieberman, M.D., president-elect of the American Psychiatric Association (APA): "For the first time in as long as anyone can remember, we may be actually able to make a dent in the rates of suicide that have existed in our population and have remained constant over time. And that would be an enormous achievement in terms of public health care and preventing loss of life."

New York State Office of Mental Health Commissioner Michael Hogan: "Having a proven method to assess suicide risk is a huge step forward in our efforts to save lives. Dr. Posner and her colleagues have established the validity of The Columbia–Suicide Severity Rating Scale (C-SSRS). This is a critical step in putting this tool in the hands of health care providers and others in a position to take steps for safety. We congratulate them on their efforts."

The C-SSRS is used extensively in primary care, clinical practice, surveillance, research, and institutional settings. It is part of a national and international public health initiative involving the assessment of suicidal risk and behavior. Numerous states and countries have moved towards system-wide implementation. Furthermore, multiple nationwide implementation efforts have ensued across all facets of the military. Use includes general medical and psychiatric emergency departments, hospital systems, managed care organizations, behavioral health organizations, medical homes, community mental health agencies, primary care, clergy, hospices, schools, college campuses, military, frontline responders (police, fire department, EMTs), crisis hotlines, substance abuse treatment centers, prisons, jails, juvenile justice systems, and judges. More reliable and valid risk assessment is likely to reduce unnecessary hospitalizations, so that limited resources may be targeted to those who most need them.

"BREAKING NEWS (3/12/12): Suicide screening tool to be rolled out in RI:"

"The use of this scale can be transformative for Rhode Island because it will improve care and allow us to focus resources where they most help people,” said Dale K. Klatzker, President/CEO of The Providence Center. “The scale is an easy way to save lives,” said Deb O’Brien, Providence Center Vice President and Chief Operating Officer. “Our staff have been trained by Dr. Posner, the creator of the C-SSRS, and have found it easy to use and effective. By tying it to our electronic health records, it becomes that much more streamlined into every day care.”
Reduction in Unnecessary Interventions/Redirecting Scarce Resources:

The C-SSRS has been associated with decreased burden by reducing unnecessary interventions and redirecting limited resources; In the Rhode Island Senate Commission hearing on ER overuse and diversion, state senators discussed use of the C-SSRS by EMS or police in the community to address ER overuse and ER diversion (see RI draft report below).

*Hospital system: steadily decreased one-to-ones* (27,000 screened)

- Reading Hospital, PA - “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.”

*Schools:*

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

*Corrections:*

- California corrections department spends **$20 million on suicide-watch**, which they believe could be cut in half by these methods

According to a **mental health attorney specializing in malpractice litigation**, Bruce Hillowe, the C-SSRS has the potential to aid practitioners in taking necessary liability precautions, stating, **“If a practitioner asked the questions...It would provide some legal protection.”**

The C-SSRS is frequently requested or recommended by various international agencies such as the **FDA, WHO, JCAHO Best Practices Library, U.S. Department of Education, AMA Best Practices Adolescent Suicide, Health Canada, Korean Association for Suicide Prevention, Japanese National Institute of Mental Health and Neurology, and the Israeli Defense Force.** The C-SSRS has been administered several million times and has exhibited excellent feasibility for use in the field as **no mental health training is required** to administer it.
The C-SSRS is used extensively by US military facilities domestically and abroad and by non-US military (e.g. Israeli Defense Force). It has been used across research, clinical, and institutional settings within the US Army (including Child & Family Assistance Sites), National Guard, VA facilities, and Navy and Air Force settings. Of note, the CDC adopted the Columbia definitions (referenced in CDC document), those now required by the Department of Defense and the Department of Veterans Affairs, and there is a link to the C-SSRS in the new CDC surveillance document.

The Action Alliance is a public-private partnership dedicated to advancing a national strategy for suicide prevention. It seeks to develop and disseminate tools to enable better prediction of suicidal risk and more efficient allocation of limited healthcare resources. The C-SSRS is a key component of this strategy. In the past, typical screening has only identified suicide attempts, omitting some of the most important behaviors that are critical for risk assessment and prevention (e.g. collecting pills, buying a gun). The C-SSRS is the only evidence-based screening tool that assesses the full range of clinically important ideation and behavior, with criteria for next steps (e.g. referral to mental health professionals); thus, the C-SSRS can be exceptionally useful in initial screenings.

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**Rhode Island Senate Commission Hearing Report for State Wide Implementation:**

**Recommendation:** *Support the state wide coordination and implementation of an evidence based suicide/mental health assessment tool and training for Rhode Island healthcare providers and first responders for determination of placement in emergency department or alternative settings.*

Testimony by a Pawtucket police officer revealed significant concerns that law enforcement have with individuals that are under the influence of substances or intoxicated and refusing services or treatment when picked up for disorderly conduct or related charges. He explained the dilemma that law enforcement face when they refuse to go to treatment or an emergency room department *(Commission Hearing, November 30, 2011)*. The officer highlighted the important and timely decisions that law enforcement must make when confronted with individuals with behavioral health/substance use disorders. The limited training that law enforcement often receives outside of the police academy was discussed and the importance of providing our first responders with the appropriate tools to assess an individual was identified as a necessary tool.

A Centers for Disease Control and Prevention (CDC) report indicated that, while Rhode Island had the highest rate of suicide attempts, it had one of the lowest suicide death rates.\(^1\) As this issue presents, there are validated screening assessment tools that not only assess suicidal behavior, but are also significantly valuable in predicting suicidal attempts. Examining the use of a validated screening assessment tool state wide which would allow first responders and healthcare providers to utilize a standardized tool that would assist in the field in making an informed, objective decision in assessing one’s suicidal behavior would be an effective strategy.

A commission member provided an overview of one instrument that his behavioral health center is currently in the process of implementing, which has been utilized successfully by world-wide in intervention studies and clinical trials across a broad range of disorders and diseases, and by institutions from the US Military to the World Health Organization to local fire departments *(Commission Hearing, December 14, 2011)*. One such instrument has been endorsed by both the CDC and FDA is the Columbia- Suicide Severity Rating Scale (C-SSRS) as a standardized assessment tool that can predict what triggers behavioral incidents. By exploring the potential for implementing this instrument or another validated assessment tool with first responders and community health organizations to determine level of interest in training and implementation, this recommendation would be critical in assisting those in the field with an additional tool for everyday use.

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\(^1\) US Dept of Health and Human Services, Mental Health Surveillance among adults in US, *CDC Morbidity and Mortality Weekly Report.* 2011; S/vol 60
Suicide Severity Rating Training for Maryland Guard Chaplains

by Maryland National Guard on Tuesday, February 1, 2011 at 3:12pm

Maryland National Guard Chaplains, Family Assistant Center personnel and Partners in Care Clergy Members trained in the use of the "Columbia Suicide Severity Rating Scale for Assessing Suicidality," taught by Dr. Kelly Posner of Columbia University on Feb. 1, 2011, at Camp Fretterd Military Reservation Reisterstown, Md.

Clergy members representing 49 local congregations from across the state from the Maryland National Guard Partners in Care program met for a light lunch and training. The Partners in Care Clergy personnel can use this training as they minister to referred Maryland National Guard members and families, as well as their own congregants, and surrounding communities. The Partners in Care: The Partners in Care program is an initiative of the Maryland National Guard providing relationships with local congregations for referral and support of Maryland National Guard members and their families when in need.

A memorandum of understanding between participating congregations and the Maryland National Guard allows for the referral of Soldiers, Airmen and family members to the closest Partner in Care for support. Support is provided within the limits of each congregation's ability free of charge, regardless of religious affiliation, and without further obligation. Services include, but are not limited to: counseling for individuals, couples, marriages and families; child care; children and youth support groups; basic household and auto repair; family and loved ones deployment and reintegration support; crisis and grief counseling; and many other helpful services. There are currently 71 participating congregations representing 18 different faith groups in 23 counties and Baltimore City. Partners in Care is administered by the Joint Force Headquarters Chaplain's Office.

Kelly Posner, Ph.D., Associate Clinical Professor, Research Foundation for Mental Hygiene/Columbia University; Director, Center for Suicide Risk Assessment Principal Investigator, Columbia/FDA Classification Project for Drug Safety Analyses. Dr. Kelly Posner is a leading expert in the area of suicidality, depression and medication effects and has an integral role at the forefront of the evolving science concerning suicide assessment and treatment. She was commissioned by the FDA to lead a study to develop improved methods of suicidality assessment for use in clinical and research settings to better assess, ascertain, and track suicidal thoughts and behaviors.

The methods developed have been recommended or mandated across numerous areas of medicine, and by the FDA and other international agencies, ranging from Health Canada to the Japanese National Institute for Mental Health and Neurology. The FDA has characterized this work as "setting a standard in the field." This work is part of a national and international public health initiative involving the assessment of suicidality, and has included clinical trials, surveillance and prevention efforts, clinical practice, emergency rooms, hospital systems, schools, fire departments, police departments, drug and alcohol centers (NIAA), programs for college campuses, and military settings, including the U.S. Army. Dr. Posner continues to work with the FDA, CDC, NIMH, and the VA, and is at the forefront of international efforts on suicide assessment, surveillance, prevention and drug safety. New York Magazine named Dr. Posner and her colleagues amongst New York's most influential people for their work on medication safety.

In 2007, she was recognized as the most Distinguished Alumna of Yeshiva University in the past 50 years. Dr. Posner also gave the invited presentation on tackling depression and suicide at the first European Union high level conference on mental health. In addition to her academic pursuits, Dr. Posner is Chairperson of Turnaround for Children and is a member of the Board of the American Foundation for Suicide Prevention.
Maryland National Guard Chaplains, Family Assistant Center personnel and Partners in Care Clergy Members trained in the use of the Columbia Suicide Severity Rating Scale for Assessing Suicidality," taught by Dr. Kelly Posner of Columbia University on Feb. 1, 2011, at Camp Fretterd Military Reservation Reisterstown, Md. (Photo by Sgt. Thaddeus Harrington, Maryland National Guard Public Affairs Office.)