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Saving Lives Using The Columbia Suicide Severity Rating Scale

Reducing Suicide, Reducing Workloads and Reducing Liability

Adam Lesser, LCSW
Deputy Director



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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

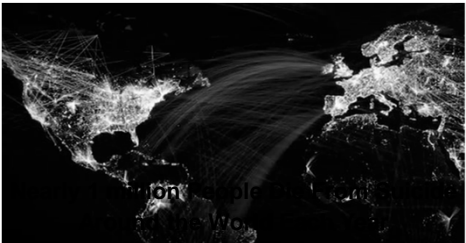
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Suicide is a Global Public Health Crisis



More Deaths Than Natural Disasters, War and Homicide Combined

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Suicide Kills More People than Car Crashes

BUCKLE UP YOUR KIDS OR IT MAY HAUNT YOU THE REST OF YOUR LIFE.

DRIVING? PARK YOUR PHONE.

STOPTEXTSSTOPWRECKS.ORG

BUCKLE UP

“the under-recognized public health crisis of suicide”
Thomas Insel, Former Director of NIMH

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Suicide is the #1 killer of teenage girls across the globe

2nd Leading Cause of Death Among 10-34 in the US

80% Rate Increase in 8-12 year olds 2012-2017



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Suicide Ideation and Attempts in Youth and Young Adults

IN YOUR AVERAGE HIGH SCHOOLERS

17% seriously considered in the past year

- 50% of students identifying as Bisexual – highest group

7-8% attempted in the past year

- 24% of students identifying as Bisexual – highest group

IN YOUR AVERAGE UNDERGRADS


13% seriously considered in the past year

- 68% Transgender identifying students considered, 38% attempted – highest group

Within any typical classroom, it is likely that three students (one boy and two girls) have attempted suicide in the past year.

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
- Only 34% had received a mental health evaluation
- Just 17% had been diagnosed



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Pyramid of Suicidal Behaviors (Adults)

45,390
Suicides*

400,000
Emergency Room Visits for Self-Harm*

1,400,000
Suicide Attempts**

3,200,000
Made a suicide plan**

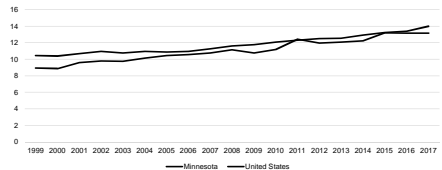
10,600,000
Seriously considered suicide**

Source: * National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, (2017). Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ipeds/data/index.html. ** Substance Abuse and Mental Health Services Administration, Results from the 2016 National Survey on Drug Use and Health, 2017.

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Minnesota Suicide Facts

- 2017 - 13th lowest rate in U.S.
- 2017 - of the 465 gun deaths in 365 were suicides (78.5%)
- Since 1999, state suicide death rates have averaged 6% lower than the US average rates
- 1 in 7.5 suicide deaths in 2016 were Veterans



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Methods of Suicide

Mechanism of injury in suicides by sex, 2013-2017

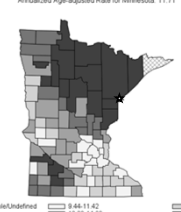
Method	Males	%	Females	%	Total	%
Firearm	1484	52%	164	21%	1648	45%
Hanging / Suffocation	810	29%	252	32%	1062	29%
Poisoning	323	11%	289	37%	612	17%
Cutting	52	2%	12	2%	64	2%
Falling	56	2%	20	3%	76	2%
All Other	106	4%	54	7%	160	4%
Total	2831		791		3622	

Source: CDC WISQARS

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Suicide Rates by County

2008-2014, Minnesota
Smoothed Age-adjusted Death Rates per 100,000 Population
All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Age-adjusted Rate for Minnesota: 11.71



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Leading Causes of Death 2013-2017

10 Leading Causes of Death, Minnesota
2013-2017, All Races, Both Sexes

Click on any age group for percentages.

Rank	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	All Ages
1	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease
2	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke
3	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
6	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
7	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease	Chronic Kidney Disease
8	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia	Septicemia
9	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm	Intentional Self-Harm
10	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning

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2017 YRBS

0 High School students statewide

- Minnesota is 1 of only 3 states that have never participated in a YRBS.

New York State Psychiatric Institute CDC YRBS Data

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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*

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A Crisis in Every Sector of Society...

Need to Screen and Care for the Caretakers

Corrections First Responders

Doctors

- A leading cause of death of law enforcement officers alongside car crashes
- In 2012, almost as many died by suicide as were killed in the line of duty
- The rate of police suicide is comparable to the US Army Rates
- In 2014, 104 firefighters in the United States died by suicide, only 87 were killed in the line of duty

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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

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

NIH National Institute on Drug Abuse
Advancing Addiction Science

Researcher: National & Health Professionals, Patients & Families, Research & Education, Clinicians & Trainers

Connect with NIDA

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

April 26, 2017

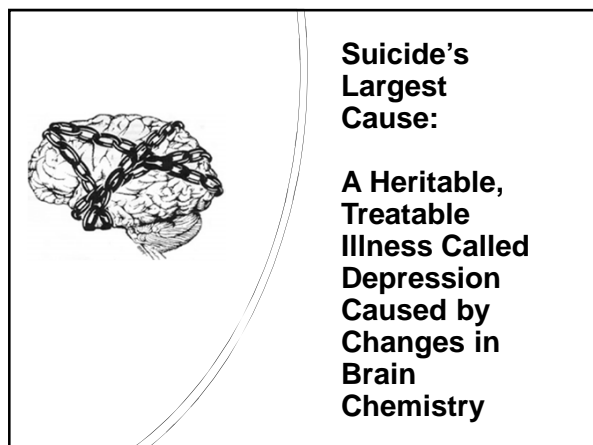
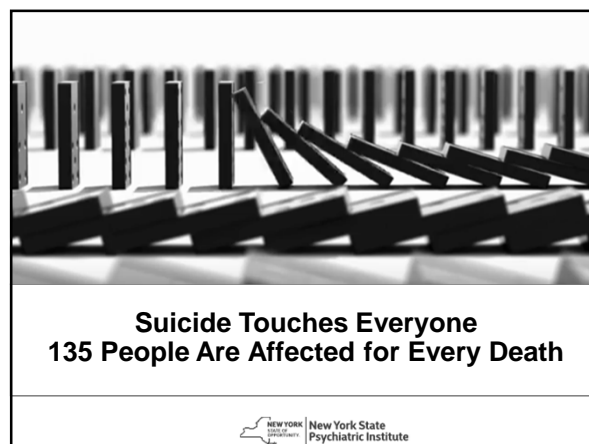
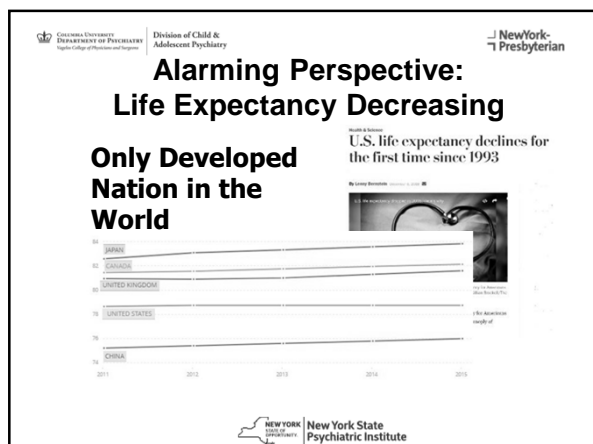
At a Congressional hearing on April 6, the President of the American Psychiatric Association, Dr. Mark Olfendick, presented startling data about the rapid increase in opiate and the role suicide is playing in many of these deaths. I needed time to write a blog on this important topic. More research needs to be done on this hidden aspect of the crisis, including whether there may be a link between pain and suicide...[Read More](#)

In 2015, over 53,000 Americans died from opiate-related prescription drug or heroin or, in many cases, more powerful synthetic opiates like fentanyl. Hidden within the terrible statistics of opiate overdose deaths looms the fact that many of these deaths are far from accidental. They are suicides.

Let our blogposts with you explore hidden drug abuse.

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Desperately Self-Medicating in lieu of proper treatment



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Depression: Most Debilitating Disease in the World

- Depression will be the world's most burdensome disease by the year 2030 - **Costs \$1 Trillion** (WHO, 2008)
- Depression is already the most burdensome disease in middle and high income countries (WHO, 2008)

#1 cause of work related absence and costs US workplaces an estimated \$41 billion annually in lost productivity from just those days missed

World Health Organization

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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
 - 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
 - High school students who have made suicide attempts are 2-3x less likely to seek help from counselors or teachers – Cobb County Georgia

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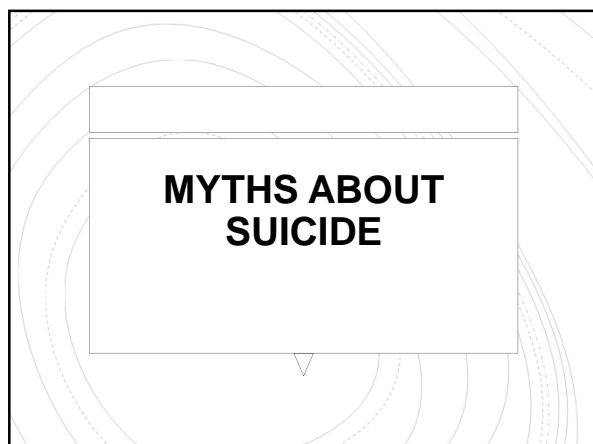
Stigma: A Barrier To Getting Help

"Real Men Don't Get Depressed"

"Especially with the men I've worked with, those who are in professions that tend to be macho, **it's the stigma attached to admitting you have any kind of problems that gets in the way of beating depression.** But when you see a real person up there, and you know it's a real person who has the same kind of thing I have, it creates an opening for them, and **they know they're not alone and can go out and get help.**"

New York City firefighter
Jimmy Brown

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"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**

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"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

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"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

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"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

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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."

CRACKED. NOT BROKEN

Surviving and Thriving After a Suicide Attempt

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"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%

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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

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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

Identify Risk. Prevent Suicide.

Three simple questions to identify suicide risk:

1. Have you ever talked to someone who said or implied they would go to death and not make it?
2. Have you been thinking about how you might end your life?
3. Have you ever done anything to prevent or do anything to increase the access to guns, such as removing them from the home, or taking a gun to a gun shop or range?

If the answer to one of these questions is "yes," or if you are concerned about someone's safety, new and confidential help is available. Call 1-800-273-8255 or visit www.18002738255.org

Uses for C-SSRS

- In gun/sports shops
- At firing ranges
- In firearm safety training
- At firearm tradeshow

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Putting it in All the Places Where People Acquire Means

- Pharmacies
- Transit Workers
- Gun shops

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WE NEED TO SCREEN

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Need to Ask Like Blood Pressure Because It Reduces Suicide

Nearly 50% of people who die by suicide see their primary care doctor the month before they die


2/3 adolescent attempters in ER not present for psych reasons

A VITAL OPPORTUNITY FOR PREVENTION

If we ask, we can find those suffering in silence

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Screening Programs are Successful

- 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)

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Screening Programs in Schools Are Also Successful

High school screening identified **69%** of students with significant mental health issues

Clinical professionals identified only **48%**

When both screening and professional referral were used, **82%** were identified (Scott et al., 2009)

COLLEGE SCREENING PROJECT

Data suggest 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)

SUICIDE IS PREVENTABLE AND EFFORTS DEPEND FIRST UPON ACCURATE IDENTIFICATION

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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

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

- 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://ccsr.columbia.edu/>


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

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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
- Enter **Suicide Safe Pathway**: name populates in purple in EHR,
- Follow-up/Weekly appts. & means restriction education
- If patient DOES NOT SHOW, attempt and document phone-call
- If unable to contact referred to Follow-Up specialist who attempts to contact for brief telephone risk assessment and encouragement to re-engage
- **Crisis line never shuts down** until they are tracked down




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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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Empowering Everyone to Make a Difference

Medical Model

- Narrow approach
- Mental health treatment by clinicians in hospitals & clinics
- Problem: Majority do not seek specialized treatment

Public Health Model


- Broad approach
- Target: whole community
- Teachers
- Community counselors
- Religious leaders
- Law enforcement
- Firefighters
- EMTs
- Parents
- Peers

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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
AND OFFICE OF THE SECRETARY OF THE ARMY FOR
MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR
MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR
RESERVE AFFAIRS AND AIRMAN READINESS

SUBJECT: Use of the Columbia Suicide Severity Rating Scale

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

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Everyone, Everywhere Can Ask and Needs to Ask

VT - Policy recommendation and roll play for school janitors

Zero suicide community workshop for custodians and receptionists

Upcoming VA stand-down: canteen worker to cemetery worker



Marines may not go to their leadership to talk about these things but they may talk to a **bartender** or their **barber**... or at the **gym with a trainer**. So I think everybody who is in that community needs to ask the [C-SSRS].


Kim Ruocco – Tragedy Assistance Program for Survivors (TAPS)

SAVE: Know the Signs, Ask the Question, Validate, Expressive Help

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ACE Cards in the Community



COMMUNITY CARD

ASK YOUR SPOUSE
CARE FOR YOUR SPOUSE
EMBRACE YOUR SPOUSE

ASK YOUR FRIENDS
CARE FOR YOUR FRIENDS
EMBRACE YOUR FRIENDS

COMMUNITY CARD

ASK YOUR KIDS
CARE FOR YOUR KIDS
EMBRACE YOUR KIDS

ASK YOUR STUDENTS
CARE FOR YOUR STUDENTS
ESCORT YOUR STUDENTS

See Reverse for Questions that Can Save a Life

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Military Chaplains Peer-to-Peer

<https://youtu.be/MfBXroY5doo>

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Whole Community Systems Approach in the Air Force: Zero Suicide

Support Workers

- Clergy
- Legal Assistants
- Financial Aid Counselors
- Advocates
- Care Managers

Peers & Leadership

Security/Safety

- Overnights
- Explosive Ordnance Disposal
- Military Police

When A Community Comes Together There is Hope

Spouses

Primary Care, Dentistry

Schools, Child & Family Services

Behavioral Health

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Whole-Community Systems Approach in Schools

Administration and Staff

- Principles
- Deans
- Office staff
- Custodial staff
- Food service staff

Teachers

- Librarians
- Paraprofessionals

When A Community Comes Together There is Hope

Behavioral Health

- Guidance counselors
- Advisors
- Behavioral health clinic staff

Coaches and Assistants

Parents

Security/Safety

- Campus Security
- Transportation workers

Peers

Residence Hall Staff

- Resident Assistants (RAs)

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TRAINING ON THE C-SSRS

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C-SSRS is Simply....

Ideation Severity

Behaviors

Ideation Intensity

Lethality of Actual Suicide Attempts

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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 (Full and Screener C-SSRS)
- Ideation Intensity** – 5 intensity items (Full C-SSRS Only)
- 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 (Full and Screener C-SSRS)
- Lethality of Actual Suicide Attempts** (Full C-SSRS Only)


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C-SSRS is a Semi-structured Interview

- 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




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C-SSRS vs. Open Ended Leads to Improved Detection

- Detected 29.7% of patients with suicidal ideation and 18.7% of patients w/ history of suicide attempt undetected by clinician interview (Bongiovi-Garcia et al., 2009)
- Telephone assessment w/ C-SSRS detected (59%) of suicide attempts compared to chart reviews (18%) (ED-SAFE study, Arias et al, 2014)




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Multiple Sources : Don't Have to Rely solely 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



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SUICIDAL IDEATION

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This is the Full C-SSRS Ideation Page

Typical Administration Time=Few Minutes



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C-SSRS Full & Screener Ideation

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Revised

Ask questions that are bolded and underlined.	YES	NO	Past month
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 of killing yourself?			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) Have you been thinking about how you might do this? 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."			
4) Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts but I definitely will not do anything about 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?			

Psychosis: Auditory hallucinations count as suicidal ideation

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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

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Ideation Severity Demo

<http://youtu.be/2kpB3Tq2mgU>

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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)

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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)

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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).

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) Flitting - 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/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 (6) 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 (6) 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 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) (6) Does not apply			

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<h2>Clinical Guidance</h2> <p>For Intensity of Ideation, risk is greater when:</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Gives you a 2-25 score that will help inform clinical judgment about risk Duration found to be most predictive in adolescents (King, 2009) 			

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<h2>SUICIDAL BEHAVIOR</h2>			

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<h2>Full C-SSRS Suicidal Behavior Section</h2>			

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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

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Inferring Intent

- 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)

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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?

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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.)

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SUICIDAL BEHAVIOR

(Check all that apply, no long as these are separate events; must ask about all types)

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 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:

May help to infer intent

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

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Since Last Visit: Yes No
Total # of Attempts: _____

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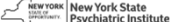
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Suicide Attempt? Yes or No

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.

- Yes
- No
- Not enough information

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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


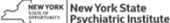
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Suicide Attempt? Yes or No

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


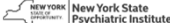
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Suicide Attempt? Yes or No

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

☐ 1. Yes
☐ 2. No
☒ 3. Not enough information


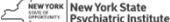
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Suicide Attempt? Yes or No

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



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Other Suicidal Behaviors....

Interrupted Attempt

- Definition:
 - 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?






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Aborted/Self-Interrupted Attempt



- Definition:
 - 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
 - Acquiring the means to kill self
 - Giving away valuables
 - Writing 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)?







Preparatory Behaviors



By asking about all types of ideation and behaviors maybe we can find kids like Dylan Klebold who mentioned suicide more than 5 times in his journals:

"I don't fit in here, thinking about suicide gives me hope."

Santa Fe shooter wrote in his journals that he wanted to kill people then kill himself










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)***
Interrupted 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)***

Data Supports Importance of Full Range:

All Lifetime Suicidal Behaviors Predict Suicidal Behavior

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





All Behaviors Are Prevalent



Each behavior is **EQUALLY PREDICTIVE** of an attempt



Multiple behaviors = greater risk

*Only 1.7% had any worrisome answer
*Only .9% with ~60,000 administrations



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











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.

- Actual suicide attempt
- Interrupted attempt
- 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.

- Interrupted attempt
- Aborted attempt
- 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?

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




Behavior Demo


<http://youtu.be/2Fk0XuQwcMc>





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Risk Factors

Social/Environmental

- Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)
- Pending incarceration or homelessness
- Current or pending isolation or feeling alone
- Perceived burden on family or others
- Poor parent/child attachment (youth)
- Refuses or feels unable to agree to safety plan
- Hopeless or dissatisfied with treatment
- Non-compliant or not receiving treatment
- Method for suicide available (gun, pills, etc.)
- Exposure to suicide of a peer (youth)
- Truancy or runaway (youth)



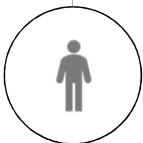
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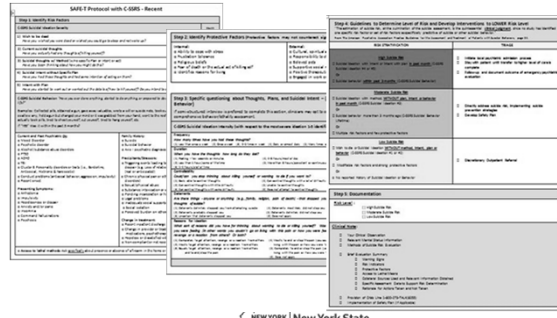
Protective Factors


- Identifies reasons for living
- Responsibility to family or others; living with family
- Supportive social network or family
- Fear of death or dying due to pain and suffering
- Belief that suicide is immoral; high spirituality
- Engaged in work, school or sports
- High academic achievement (youth)



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SAMHSA SAFE-T



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IMPACT ON CARE DELIVERY, SERVICE UTILIZATION AND LIABILITY

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


Imre L. Katzan¹, M.D.; Adele C. Viguera¹, M.D., M.P.H.; Taylor Burke¹, B.A.; Jacqueline Buchanan¹, A.B.; Kelly Pomeroy¹, Ph.D.
¹Cleveland Clinic-Columbia University Medical Center

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)

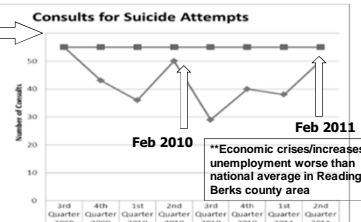
- 6.2% positive screen on C-SSRS
- vs.
- 23.8% endorsed item #9 of PHQ-9

Not all positive Columbia patients endorsed #9 of PHQ9


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Better Service Utilization

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



Centerstone – Reduced ED recidivism from 40% - 7%


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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


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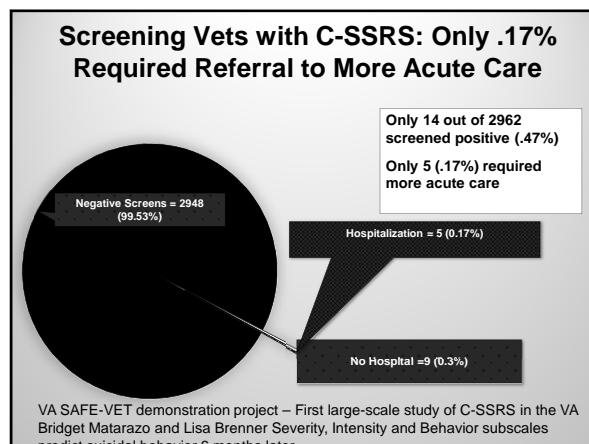
**The Solution:
Better Identification with the C-SSRS**

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

**Now in EVERY Middle and High School in NYC
Every teacher in Tennessee and Israel**

"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


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

- 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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Protecting Against Liability

Previously, it was "simply an officer, ambulance relying on their gut feeling and maybe sometimes transporting somebody to the emergency because of liability reasons. We don't want to leave somebody. This [The C-SSRS] changes the game to the extent that now they have something to hang their hat on."

Fargo Police Department Article





Protects against liability: Internal and External
"If a practitioner asked the questions... It would provide some legal protection"
—Mental Health Attorney, Crain's NY

- Approx. 100 studies supporting across cultures, properties and sub-populations
- Close to 1000 published studies in last 5 years alone

Common Language is an Intervention in and of Itself: Peers Helping Each Other


- Building friend-to-friend quick-response support systems
- "Just Ask" is much more than a screening intervention
- Common language builds connections
- It's a method with a message that fights loneliness and hopelessness that cause suicide.




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For questions and other inquiries,
email:
kelly.posner@nyspi.columbia.edu


Website address for more information:
cssrs.columbia.edu


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Role Play #1


You are a senior in High School. The cliques are so tight that you haven't made very many friends. The Advanced Placement courses you are taking are harder than you expected. You had hoped to get a 4.0 GPA but now that's not going to happen. You're feeling depressed.

You are talking with an academic advisor whom you trust on Friday afternoon.


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What the advisor doesn't know


- That you had dreams of going to Harvard where your father and grandfather both went and are afraid you won't get in.
- If you don't become a doctor your Mom will go on and on about how disappointed she is.
- You have felt increasingly hopeless about everything.
- You have decided to kill yourself and have felt a huge sense of relief since you made that decision.
- You want to find some way to thank the adviser who has been kind to you.

Somewhere during the discussion, you say: "You know, I'd really like you to have this picture I painted in Art. You said you liked it and I don't need it."


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Role Play #2


You are a 17 year old High School student with above average grades and letters in two sports. Recently you complained about being teased by kids in your class for being "showy" and seeking attention. You're angry because your parents won't let you change schools to get away from those kids. Your parents seem very controlling and don't understand the impact all of this has had on you.

You are talking with one of your coaches whom you really like and trust.


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What the coach doesn't know


- You've felt "grouchy" and "negative" for much of the year.
- A year ago you told one of your friends that you "wished you were dead" but didn't get any help or tell anyone else.
- Although you told everyone that you and Pat (male or female) were just friends, you felt very jealous when you found out they had hooked up with someone else.
- You've thought about hanging yourself from a tree near Pat's house.
- You are ambivalent about telling your coach everything because you have been smoking weed at night to help you sleep and it is a violation of the school code.

Somewhere during the discussion, you say: "Life just isn't worth all these headaches," then start to laugh as if it were a joke.


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Role Play #3


You are a divorced teacher and have just been passed over for a supervisory position. After your divorce, last year, this is another setback. Lately you have been drinking a great deal more, which was one of the reasons your spouse left you. In fact, you were recently asked to leave a local tavern after drinking too much. You have been irritable and short fused lately. On the upside, your students like you. Word has gotten around and the program director wants to meet with you first thing Monday morning.

You are talking with a co-worker on Friday afternoon.


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What your co-worker doesn't know

- Your family is angry with you for not attending a recent family reunion.
- Your ex-spouse is seeing someone and is apparently very happy.
- You are not sleeping well.
- The novel you have written has been rejected by another publishing house.


Somewhere during the conversation, you say: "Maybe I just won't come in on Monday. I've been a no-show most of my life anyway. I mean really, who'd miss me if I wasn't around anymore."


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Discussion Questions

- What did you become aware of during the course of this exercise?
- What did it feel like to ask the questions directly?
- If you were not able to ask the questions, what stopped you?
- Was it uncomfortable to ask?
- What did you learn from this experience?


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