<table>
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<tr>
<th><strong>Tools</strong></th>
<th><strong>Brief Description</strong></th>
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<tr>
<td><strong>Ask Suicide-Screening Questions (ASQ) Toolkit by National Institute of Mental Health</strong></td>
<td>The ASQ toolkit was developed and validated by a team from the National Institute for Mental Health (NIMH) following a 2008, multisite study. ASQ is a four-item suicide-screening tool designed to be used for people of all ages in emergency departments, inpatient units, and primary care facilities. A Brief Suicide Safety Assessment is available to be used when patients screen positive for suicide risk on the ASQ. The toolkit is organized by the medical setting in which it will be used: emergency department, inpatient medical/surgical unit, and outpatient primary care and specialty clinics. The ASQ is free of charge and available in multiple languages. All toolkit materials are available on the NIMH website at <a href="http://www.nimh.nih.gov/asq">www.nimh.nih.gov/asq</a></td>
</tr>
</tbody>
</table>
| **Authors:** NIMH                                                          | **Recommendning Organizations:**  
| **Settings:** Emergency Departments, Medical/surgical unit, outpatient primary care, specialty clinics | 1. National Institute for Mental Health (NIMH).  
| **Population:** All ages                                                  | **Evidence/ Development:**  
| **Availability:** Free [www.nimh.nih.gov/asq](http://www.nimh.nih.gov/asq) |                                                                                                                          |
| **Columbia-Suicide Severity Rating Scale (C-SSRS) Triage version**        | The Columbia-Suicide Severity Rating Scale (C-SSRS) evidence-supported screening tool was developed by Columbia University, the University of Pennsylvania, and the University of Pittsburgh supported by the National Institute of Mental Health (NIMH). The C-SSRS Triage version features questions that help determine whether an individual is at risk for suicide. There are brief versions of the C-SSRS often used as a screening tool (first two questions) that, based on patient response, can lead to the administration of the additional questions to triage patients. The protocol and the training on how to use it are available free of charge. |
| **Authors:** Columbia University, the University of Pennsylvania, and the University of Pittsburgh — supported by the National Institute of Mental Health (NIMH) |                                                                                                                                                                                                                                                                                    |
**Settings:** General, Healthcare  
**Population:** All ages  
**Availability:** Free  
https://cssrs.columbia.edu/

This **triage guide** shows how some different types of programs are using the worrisome answers to guide clinical decision making (e.g., does the patient require 1:1 observation or a psychiatrist to consult?)

The triage model embeds the Columbia Protocol into the Electronic Health Record (EHR) and provides alerts for high risk answers. There is no cost or license required for health/behavioral care providers, to put the Columbia Protocol tools into EHR/EMR.

**Recommending Organizations:**
1. National Institute of Health NIH  
2. Substance Abuse and Mental Health Service Administration SAMHSA  
3. National Action Alliance for Suicide Prevention (Action Alliance)  
4. Department of Defense  
5. CDC National Center for Injury Prevention and Control  
6. United States Food and Drug Administration FDA  
7. Zero Suicide Initiative http://zerosuicide.sprc.org/

**Evidence/Development:**  
The Columbia Lighthouse Project/Center for Suicide Risk Assessment. The Columbia Suicide Severity Rating Scale (C-SSRS) Supporting Evidence Last Revised 2-7-2018  
http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/


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**Patient Health Questionnaire-9 (PHQ-9) Depression Scale**

**Authors:** Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

**Settings:** Primary Care, BHC  
**Population:** adults, age 12+  
**Availability:** Free  
https://www.phqscreener.com/select-screener

The **Patient Health Questionnaire-9 (PHQ-9) Depression Scale** is a validated widely used nine-item tool used to diagnose and monitor the severity of depression. Question 9 screens for the presence and duration of suicide ideation. It is available in Spanish and other languages and has also been modified for the adolescent population. All screening tools and instruction manuals are available at no cost. https://www.phqscreener.com/select-screener

**Recommending Organizations:**
1. AIMS Center University of Washington  
2. Substance Abuse and Mental Health Service Administration SAMHSA  
(All PHQ, GAD-7 screeners and translations are downloadable from this website and no permission is required to reproduce, translate, display or distribute them).

| Suicide Behavior Questionnaire-Revised (SBQ-R, Osman et al., 2001) | Suicide Behavior Questionnaire-Revised (SBQ-R) The SBQ-R is a 4 item self-report questionnaire that asks about future anticipation of suicidal thoughts or behaviors as well as past and present ones, and includes a question about lifetime suicidal ideation, plans to commit suicide, and actual attempts.

- **Population:** ages 13-18

- **Evidence:**


**Evidence:**
- Does Suicidal Ideation as measured by the PHQ-9 Predict Suicide Among VA Patients? Samantha A. Louzon, Robert Bossarte, John F. McCarthy, and Ira R. Katz Psychiatric Services 2016 67:5, 517-522
### Suicide risk screening in pediatric hospitals: Clinical pathways to address a global health crisis


This paper details the first interdisciplinary and international effort to generate Clinical Pathways (CPs) for pediatric suicide risk screening in general hospital settings.

The Clinical Pathway was created as a guide for hospitals worldwide to improve youth suicide risk screening and implementation of appropriate next steps. The Pathway includes the use of the Ask Suicide-Screening Questions (ASQ) (brief primary screener) and the Columbia Suicide Severity Rating Scale (C-SSRS) or the ASQ Brief Suicide Safety Assessment (secondary screeners) for screening and risk stratification of suicidality in children and adolescents in medical settings (14-17).

The publication includes 4 appendices:

- The introductory document (Appendix A) is intended to help orient providers, managers, and administrators in a variety of disciplines and specialties to the pathway.

- The flow diagrams (Appendix B: 1-3) visually depict the steps in the clinical pathways for suicide risk screening in the ED (Appendix B.1) and in the pediatric inpatient medical/surgical setting (Appendix B.2). Both pathways describe a similar 3-tiered screening process. Further, a brief suicide risk screening for the C-SSRS was created for hospitals that may already be using this scale (Appendix B.3).

- The text document (Appendix C) contains a narrative description of the pathway that is to be used side-by-side with the flow diagrams by individuals or institutions implementing a pediatric suicide risk screening process within their institution.

- Sample scripts for conducting and ASQ screen, the Brief Suicide Safety Assessment and steps taken after are provided in Appendix D.

### Recommended standard care for people with suicide risk: Making health care suicide safe

Washington, DC: Education Development Center, Inc.


The *Recommended standard care for people with suicide risk: Making health care suicide safe* report provides recommendations on suicide-related standard health care for primary care, behavioral health, and emergency department settings. It was produced by health care and suicide prevention experts working with the National Action Alliance for Suicide Prevention (Action Alliance).

The information is intended to guide health care organizations that wish to better identify and support people who are at increased risk of suicide and for advocates who will work with hospitals and clinics to make them safer. The report describes why improving suicide care is urgently needed; identifies gaps in health care that contribute to suicide deaths; summarizes the evidence-based solutions that should
**Settings:** Primary Care, Behavioral Health, Emergency Departments

**Availability:** Free
https://theactionalliance.org/resource/recommended-standard-care

be adopted; and, provides information on resources that are available to make care safer and better.

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<th><strong>ED-SAFE Study Materials</strong></th>
<th>ED-SAFE is an NIMH-funded, 8-site suicide prevention project. The major goals are to examine: the impact of screening ED patients for suicide risk, the effect of an ED-initiated intervention on suicidal behavior, and the economic impacts of treatment as usual, screening, and the intervention.</th>
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<tr>
<td><strong>The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings</strong></td>
<td>The ED-SAFE resource collection includes provider guidance and training tools, the <strong>Patient Safety Screener</strong> to be administered by ED nursing staff and <strong>Patient Safety Secondary Screener</strong> to assess if referral to mental health treatment is warranted. Resources also include patient handouts in English and Spanish for self-care, how to stay safe and a personal safety plan.</td>
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<tr>
<td><strong>Author:</strong> Emergency Medicine Network (EMR)</td>
<td></td>
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<tr>
<td><strong>Settings:</strong> Emergency Departments</td>
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<tr>
<td><strong>Availability:</strong> Free</td>
<td><a href="http://www.sprc.org/micro-learnings/patientsafetyscreener">http://www.sprc.org/micro-learnings/patientsafetyscreener</a></td>
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