

## Utilizing validated tools for suicide risk screening

### Issue:

Suicide risk screening is intended to identify individuals who may be at risk of suicide. Brief validated screening tools are an effective way to identify individuals at risk for suicide who may require both further assessment and steps to protect them from attempting suicide. It is important to conduct an in-depth assessment of patients who screen positive for suicide risk to determine how to appropriately treat them. Patients with suicidal ideation vary widely in their risk for a suicide attempt depending upon, for example, whether they have a plan, intent, or history of attempts. The use of an evidence-based assessment process or tool in conjunction with clinical evaluation is effective in determining overall risk for suicide.

While there are numerous types of suicide screening tools available, any tool not used appropriately may hinder the intended results. Suicide screening tools help identify those at risk for suicide, whereas suicide risk assessment tools inform clinicians about a person's degree of risk of suicide, corroborate findings from clinical interviews, and may identify any discrepancy in risk.

When using validated screening tools, organizations should follow the directions of the tool and not change the wording of the questions because small changes can affect the accuracy of the tools.

### Safety actions to consider:

Organizations should take the following actions to ensure that clinical staff who conduct suicide screening are trained and competent to do so. The ultimate goal is to protect individuals from harm and make certain they receive the appropriate treatment.

- Ensure that the validated suicide screening tool your organization has selected has clear instructions for use and is implemented and completed as directed by the creators of the tool(s)
  - For example, the Columbia Suicide Severity Rating Scale (CSSRS) is a validated screening tool that contains six questions. Depending on the answer to the first two questions, additional questions apply. One or more questions may get missed if the tool is not implemented or completed as directed.
  - Another example, the ASQ Suicide Risk Screen Tool, is a four-question validated screening tool, which also contains a fifth question to assess acuity. This question may get missed if the tool is not implemented or completed as directed. Ultimately, it is the responsibility of each organization to ensure that validated tool(s) are implemented and completed accurately.<sup>1</sup>
- Conduct training and competence assessment to ensure that clinical staff who conduct suicide screenings understand how to use the tool appropriately, that they follow the intent of the tool, and that they know the actions to take based on the results of the tool.
- Training should include how the tool is used as part of the overall suicide risk assessment and mitigation processes.

### Resources:

1. The Joint Commission. FAQ: Ligature and/or Suicide Risk Reduction – Screening Requirements (for [Hospitals](#), [Critical Access Hospitals](#) and [Behavioral Health Care organizations](#))

*Note: This is not an all-inclusive list.*



Legal disclaimer: This material is meant as an information piece only; it is not a standard or a *Sentinel Event Alert*. The intent of *Quick Safety* is to raise awareness and to be helpful to Joint Commission-accredited organizations. The information in this publication is derived from actual events that occur in health care.