

Suicide Prevention Resources to support Joint Commission Accredited organizations implementation of NPSG 15.01.01

EP2 - Validated/ Evidence-Based Screening Tools

Tools	Brief Description
<p>Ask Suicide-Screening Questions (ASQ) Toolkit by National Institute of Mental Health</p> <p>Authors: NIMH</p> <p>Settings: Emergency Departments, Medical/surgical unit, outpatient primary care, specialty clinics</p> <p>Population: All ages</p> <p>Availability: Free www.nimh.nih.gov/asq</p>	<p>Ask Suicide-Screening Questions (ASQ) National Institute of Mental Health</p> <p>The ASQ toolkit was developed and validated by a team from the National Institute for Mental Health (NIMH) following a 2008, multisite study.</p> <p>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.</p> <p>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 www.nimh.nih.gov/asq</p> <p>Recommending Organizations:</p> <ol style="list-style-type: none"> 1. National Institute for Mental Health (NIMH). 2. National Action Alliance for Suicide Prevention (Action Alliance): Transforming Health Systems Initiative Work Group. (2018). Recommended standard care for people with suicide risk: Making health care suicide safe. Washington, DC: Education Development Center, Inc. 3. Zero Suicide Initiative http://zerosuicide.sprc.org/ <p>Evidence/ Development:</p> <p>Horowitz LM, Snyder DJ, Boudreaux ED, He J-P, Harrington CJ, Cai J, Claassen CA, Salhany JE, Dao T, Chaves JF, Jobes DA, Merikangas KR, Bridge JA, Pao M, Validation of the Ask Suicide-Screening Questions (ASQ) for Adult Medical Inpatients: A Brief Tool for All Ages, <i>Psychosomatics</i> (2020), doi: https://doi.org/10.1016/j.psych.2020.04.008.</p> <p>Horowitz LM, Bridge JA, Teach SJ, et al. Ask Suicide-Screening Questions (ASQ) A Brief Instrument for the Pediatric Emergency Department. <i>Arch Pediatr Adolesc Med</i>. 2012;166(12):1170–1176. doi:10.1001/archpediatrics.2012.1276</p>

Columbia-Suicide Severity Rating Scale (C-SSRS) Triage version

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
<http://www.cssrs.columbia.edu/>.

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.
<http://www.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. To demonstrate how this works the C-SSRS website further provides an [example from NYOMH](#). There is no cost or license required for health/behavioral health 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/>

Posner et al. The Columbia–Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings from Three Multisite Studies with Adolescents and Adults *Am J Psychiatry* 2011;168: 1266 –1277)

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.phqscreeners.com/select-screener>

(All PHQ, GAD-7 screeners and translations are downloadable from this website and no permission is required to reproduce, translate, display or distribute them).

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.phqscreeners.com/select-screener>

Recommending Organizations:

1. AIMS Center University of Washington
2. Substance Abuse and Mental Health Service Administration SAMHSA
3. National Action Alliance for Suicide Prevention (Action Alliance): Transforming Health Systems Initiative Work Group. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe*. Washington, DC: Education Development Center, Inc.
4. Zero Suicide Initiative <http://zerosuicide.sprc.org/>

Evidence:

Gregory E. S et al. Does Response on the PHQ-9 Depression Questionnaire Predict Subsequent Suicide Attempt or Suicide Death? *Psychiatric Services* 64:1195– 1202, 2013; doi: 10.1176/appi.ps.201200587)

Rossom RC, Coleman KJ, Ahmedani BK, et al. Suicidal Ideation Reported on the PHQ9 and Risk of Suicidal Behavior across Age Groups. *Journal of affective disorders*. 2017;215: 77-84. doi: 10.1016/j.jad.2017.03.037.

Samantha A. Louzon, Robert Bossarte, John F. McCarthy, and Ira R. Katz Does Suicidal Ideation as measured by the PHQ-9 Predict Suicide Among VA Patients? *Psychiatric Services* 2016 67:5, 517-522

Suicide Behavior Questionnaire-Revised (SBQ-R, Osman et al., 2001)

Population: ages 13-18

Availability: Free

<https://www.integration.samhsa.gov/images/res/SBQ.pdf>

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.

<https://www.integration.samhsa.gov/images/res/SBQ.pdf>

Item 1 evaluates lifetime ideation and attempt, Item 2 assesses frequency of ideation in the past 12 months, Item 3 explores suicide threats, and Item 4 evaluates the likelihood of future suicidal behavior.

Recommending Organizations:

1. National Action Alliance for Suicide Prevention (Action Alliance): Transforming Health Systems Initiative Work Group. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe*. Washington, DC: Education Development Center, Inc.

Evidence:

Brown, G. (2003). A review of suicide assessment measures for intervention research with adults and older adults. Bethesda, MD: National Institute of Mental Health. <https://go.edc.org/Brown2003>

Osman A, Bagge CL, Guitierrez PM, Konick LC, Kooper BA, Barrios FX., The Suicidal Behaviors Questionnaire Revised (SBQ-R): Validation with clinical and nonclinical samples, *Assessment*, 2001, (5), 443-454. <https://www.ncbi.nlm.nih.gov/pubmed/11785588>

Kreuze E and Lamis D 2017 A Review of Psychometrically Tested Instruments Assessing Suicide Risk in Adults *OMEGA—Journal of Death and Dying* 2018, Vol. 77(1) 36–90

<p>Suicide risk screening in pediatric hospitals: Clinical pathways to address a global health crisis</p> <p>Brahmbhatt, Khyati et al. <i>Psychosomatics</i> (2018)</p> <p>https://www.psychosomaticsjournal.com/article/S0033-3182(18)30429-8/abstract</p>	<p>This paper details the first interdisciplinary and international effort to generate Clinical Pathways (CPs) for pediatric suicide risk screening in general hospital settings.</p> <p>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).</p> <p>The publication includes 4 appendices:</p> <ul style="list-style-type: none"> • 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 an ASQ screen, the Brief Suicide Safety Assessment and steps taken after are provided in Appendix D.
<p>Recommended standard care for people with suicide risk: Making health care suicide safe. Washington, DC: Education Development Center, Inc.</p> <p>Author: National Action Alliance for Suicide Prevention (Action Alliance): Transforming Health Systems Initiative Work Group. (2018).</p>	<p>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).</p> <p>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</p>

<p>Settings: Primary Care, Behavioral Health, Emergency Departments</p> <p>Availability: Free https://theactionalliance.org/resource/recommended-standard-care</p>	<p>be adopted; and, provides information on resources that are available to make care safer and better.</p>
<p>ED-SAFE Study Materials</p> <p>The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings</p> <p>Author: Emergency Medicine Network (EMR)</p> <p>Settings: Emergency Departments</p> <p>Availability: Free http://www.sprc.org/microlearnings/patientsafetyscreener</p>	<p>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.</p> <p>The ED-SAFE resource collection includes provider guidance and training tools, the Patient Safety Screener to be administered by ED nursing staff and Patient Safety Secondary Screener 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.</p>