SCHOOL BASED HEALTH CENTER ADVISORY COMMITTEE (AD HOC COMMITTEE)

Minutes of Meeting ***(Draft)*** **Date:** October 17, 2023 **Location:** Microsoft Teams Meeting

Participation: Christin Kondash, Tricia Orozco, Sherry Linton-Massiah, Judy Kanz, Ali Mulvihill, Debbie Chameides, Alice Martinez, Amanda Pickett, Andrea Duarte, Melanie Wilde-Lane, Melanie Bonjour, Ann Gionet, Christine Velasquez, Johanna Davis, Adam Skowera, Isabel Gonillo, Samantha, Ragsdale, Dr. Kelly Posner, Aishwarya Sreeivasan, Brian Sullivan, Erica Nowakowski, Shelby Henderson, Karen Snyder, Anna Goddard

Absent: John Flanders, Lynn Weeks, Dr. Robert Dudley, Steve Hernandez, Catherine Holt, Yvette Cortez, Jill Holmes Brown

Item	Action	Follow Up
1. Introductions	• Attendance taken	
2. Approval of Minutes	• Approved minutes from 7/18/23 (1. Melanie Bonjour 2. Sherry Linton-Massiah) Abstain Andrea Duarte	
3. Columbia Scale	• Presentation by: Dr. Kelly Posner • https://cssrs.columbia.edu/ • See PPT presentation below. • An Act Concerning Transparency in Education https://www.cga.ct.gov/2023/act/Pa/pdf/2023PA-00167-R00SB-00001-PA.PDF	
4. DPH Update	• Maternal and Child Health Block Grant in person review was September 14-15, 2023. The MCH HRSA staff and reviewers spent the day with DPH staff reviewing the annual Maternal and Child Health Block Grant Application. They also toured a SBHC site in East Hartford.	
5. CASBHC Update	• CASBHC Conference November 7,2023 at the Heritage Hotel in Southbury. Registration link: http://ctschoolhealth.org/annual-conference/ • 4 new board members joining CASBHC	
6. Member Updates	• A recipient of the SBHC funding through the National SBH Alliance wanted to share that the TA and help the alliance has provided has been very positive and well received. • Gizmo developed materials for early childhood. They can be viewed here https://www.gizmo4mentalhealth.org/early-childhood/, Also DPH has done a large printing of the Gizmo materials if anyone would like any.	
7. Other Updates	• DPH government relations stated that DPH always supports the governor's budget and recommends working with lobbyist and legislators to ask for annual COLAs. • Transforming Childrens Behavioral Health Policy and Planning Committee Workgroup link https://forms.office.com/pages/responsepage.aspx?id=q8txPO21O0-sDZVQnWwOk35qK7oO3Z9GnCkHiqx9Vz9UQjBEMEdSNVRZUllaMTRIS1hJR0M5Mk05NC4u	

8. Next Meetings	• January 16, 2024 1:30-3 • April 16, 2024 1:30-3 • July 16, 2024 1:30-3 • October 15, 2024 1:30-3 Meeting Adjourned (Tricia O., Andrea D.)	

Respectfully Submitted, Christine Velasquez

ASK YOUR STUDENTS

CARE FOR YOUR STUDENTS

ESCORT YOUR STUDENTS

See Reverse for Questions that Can Save a Life

Empowering Schools, Campuses & Communities to Prevent Suicide & Violence with The Columbia Protocol (C-SSRS) A Vital Component of School Safety, Wellness & Community Protection

Reducing Suicide, Redirecting Scarce Resources & Protecting Against Liability in Healthcare & Beyond with an All-Hands Community Approach

Kelly Posner Gerstenhaber, PhD

Professor, *Columbia PsychiatrSecretary of Defense Medal for Exceptional Public Service*

Suicide is a Problem of Humanity, But It is Preventable! It is the Tragic Paradox That Takes…

More Fire Fighters than Fire

More Police Officers than Crime

More Soldiers than Combat

More People than Car Accidents

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

But the Good News...or So We Thought

Suicide rate decreased 2% in 2019 for the first time in 2 decades, and fell another 6% in 2020 amid the pandemic but only among white Americans.

In 2021, it went back up 4% with the largest increase in males 15-24 (they were 8% of the 4%)

Increasing Crisis in Youth, Particularly in Non-White Communities

Suicide is the leading cause of death for Asian American/Pacific Islanders age 15-24

#1 Killer of Adolescent Girls Across the Globe 2nd Leading Cause of Death Among U.S. 10-24 year-olds

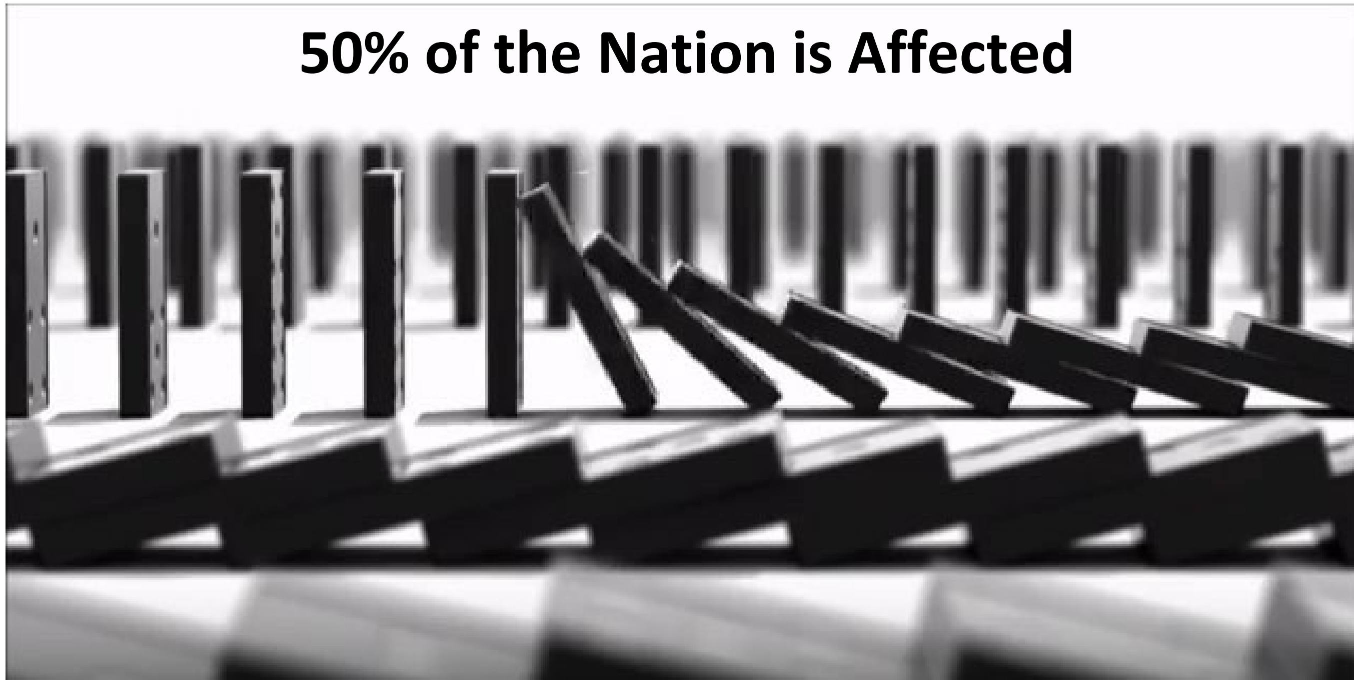
Suicide rates among AI/AN youth ages 10–24 are nearly 3x higher than their peers in the U.S. general population (CDC, 2020).

S

In 2020, 40% of AAPI LGBTQ+ youth ages 13 to 24 seriously contemplated suicide.

Suicide Touches Everyone

<u>135 People</u> Affected by Every Death and Effects Linger Across Generations Because of the Silence that Often Follows



"The Ripple Effect"   123 x 135

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IDENTIFY RISK. PREVENT SUICIDE.

Intersection of Humanitarian Crises – Racial Disparity and Unrest in the U.S.

Racial Inequality Reflected in Worsening Suicide Rates for African Americans

DAILY NEWS

NEW YORK

NYDAILYNEWS.COM

Death of man found hanged from tree in Manhattan park ruled a suicide: medical examiner

By GRAHAM RAYMAN, THOMAS TRACY, RAYMOND GOMEZ and CHELSIA ROSE MARCIUS
NEW YORK DAILY NEWS | JUN 15, 2020 AT 7:09 PM

The New York Times

U.S. Suicides Declined Over All in 2020 but May Have Risen Among People of Color

Despite dire predictions, the number of suicides fell by 5 percent over all. Still, smaller studies suggested the trends were much worse among nonwhite Americans.

April 15, 2021

Following the tragic suicide of a young African American man in Fort Tryon Park in June 2020, we were contacted by the NYC Human Rights Commission to help lead a community healing event

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IDENTIFY RISK. PREVENT SUICIDE.

Vital Part of Health & Wellness for Employees & Their Families: When treated like wellness, breaks down barriers of stigma & facilitates people getting help

Caring for the Caregivers

#1 cause of death for nurses and male medical residents

DHS is committed to the well-being of all of their employees – providing mental health resources **alongside nutrition and physical fitness.**

In a company of 100,000 employees:

- **Every 6 days,** one employee or e

Black physicians are dying from suicide much more, relative to other causes of death, compared to White physicians.

Black male physician suicide, which continually increases, was double the rate compared to White male physicians.

cause of work related absence costs 3 billion annually in lost productivity

of depression treatment could be

Firefighters utilize the C-SSRS in 3 ways:
1) To **screen civilians in the community** who are potentially suicidal to determine what treatment is appropriate.
2) To **identify members in the Department** who are in need of assistance.

3) To **recognize family members** of firefighters who may be at risk of suicide.

Always ask questions 1 and 2.	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 about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples:* Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. If yes, was this within the past 3 months?		**High Risk**

AsK YOUR ATHLETES

CARE FOR YOUR ATHLETES

MBRACE YOUR ATHLETES

LIGHTHOUSE
PROJECT

See Reverse for Questions that Can Save a Life

If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room. **STAY WITH THEM** until they can be evaluated.

Columbia Protocol app

Pennsylvania is now providing this to its entire workforce.

UConn Employee Assistance Program

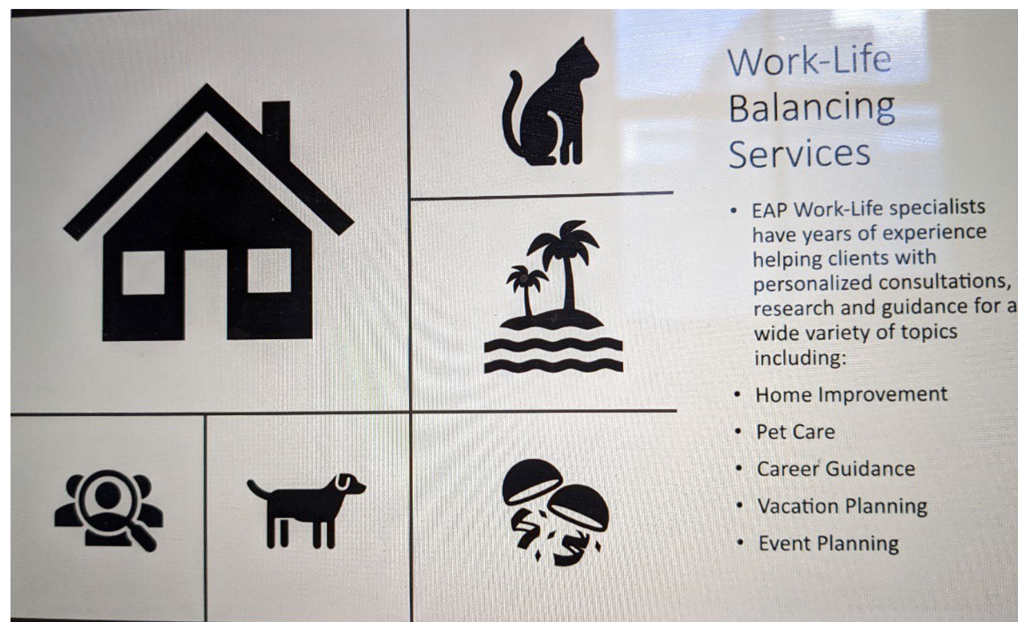
1-800-676-H ELP

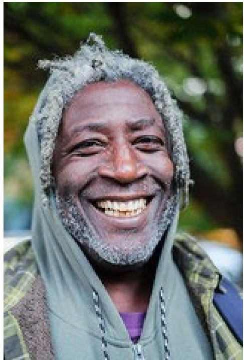
THt COLUMIIIA
LIGHTHOUSE

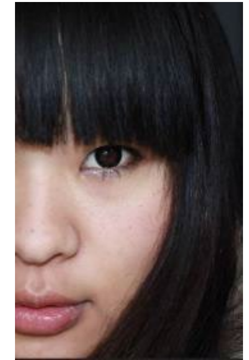
Saving Lives of Families: Example from U.S. Department of Homeland Security

In EAPs Alongside Other Services and Resources

- Counseling benefits (family issues, substance use, stress management)
- Legal assistance (family law and retirement planning)
- Childcare and elder care support
- Work-Life balancing services



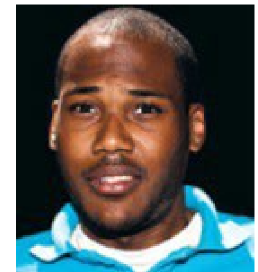




Mental Illness Does Not Discriminate

All ages, genders, races, religions and income levels

1 out of every 4 people will experience mental illness this year

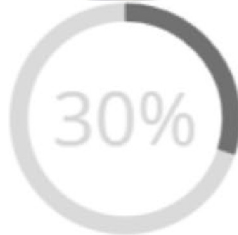


The Columbia Lighthouse Project
Identify Risk. Prevent Suicide.

Among CT Hig School Students....

Mental Health

Students report·ng that their mental heal was not good *including stress, de pre ssion , and problems wjth emotions,* on *at least 1 day in the past 3 days.*



Student felt sad o hopeless *almost every day for two weeks* or *more in a row that they stopped doing some usual activitjes during the past 12 months.*

***Only 1 in 4** of these students said they got the help they needed*

*CT School Heal th Survey Sprin **2019***

T Ht COLUMIIIA
LIGHTHOUSE

The Gun Death Crisis and the Need to Go Beyond the Hospital: 2/3 of Gun Deaths are Suicides

The Gun Buyer Wants to be Saved

CDC: Young Asians and Pacific Islanders have the fastest-growing firearm suicide rate of any racial/ethnic group, increasing <u>168%</u> from 2011 to 2020.

SECTION 3: Risk Protection Orders, Risk-Based Search and Seizure Warrants, and Risk Protection Order Investigations
General Orders utilize the Columbia to determine imminent risk: protective orders, removal of weapon, and that the person is prohibited from acquiring or possessing a firearm, deadly weapon, or ammunition.

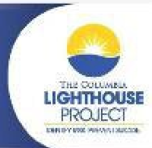
Identify Risk. Prevent Suicide.

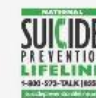
Three simple questions to identify suicide risk:

1. Have you ever wished you were dead or wished you could go to sleep and not wake up?
2. Have you been thinking about how you might kill yourself?
3. Have you ever done anything or prepared to do anything to end your life (such as, given away valuables, written a suicide note, or held a gun but changed your mind)?

If the answer to one of these questions is "yes," or if you or someone you know is in crisis, **free and confidential help is available.**

Call **1-800-273-8255** or visit **suicidepreventionlifeline.org**





<u>Connecticut Leads the Way</u>

Helping Law Enforcement Solve a Major Challenge: Who Should Keep Their Firearm

The High Cost of NOT Screening or Doing Threat Assessment as Upstream as Possible:

What Not Identifying High Risk Costs Society

- US (2010): **$91 billion in lost wages and work productivity**
- **Worldwide: $300 billion in** years of life disabled or lost
- General ED at Colorado University
  Prior: *400% increase in hospitalizations*
  Over past 2 years: *300% increase in ED visits*
- **Increases in psych ED evals – largest proportion Black and Latino**
- **Extremely long wait times, over 3 hours**

Look What Happens When You Do:

CENTERSTONE **the largest provider of outpatient community behavioral healthcare in the U.S., reduced their suicide rate 65% over 20 months, and reduced ED recidivism from 40% to 7%.**

Peace Corps; Determines who actually needs to be medivacked; keeping the vital frontline doing their important wor‹.

Huge Overspending of First Responder and Law Enforcement Time and Resources

The Challenge to Caring for Students:
No One Knew Who to Worry about or Who to Refer

- Four hospitals in NYC: **61-97% of student 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 ERs is **costly, traumatic** to children & families, and **may be less effective** in routing children & families into ongoing care."

One student sat 9 hours in the principal's office waiting for an EMT!

The Commission on
Women, Children, Seniors, Equity & Opportunity
CWCSEO
Connecticut General Assembly

SCREENING FOR CHILDREN SUICIDE PREVENTION

The Social-Emotional Learning and School Climate Advisory Collaborative recommends that all schools utilize The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS). C-SSRS is a short questionnaire that can be administered quickly in the field by responders with no formal mental health training, and it is relevant in a wide range of settings and for individuals of all ages. The following website provides information about the C-SSRS

The Social-Emotional Learning and School Climate Advisory Collaborative

DCS really wants and needs the Columbia to triage and determine the kids that DON'T need to go to the hospital.

2021 CT children 10-17 highest prevalence of ED visits for ideation and attempts **AMONG ALL AGE GROUPS**. Use of youth mobile crisis services decreased while **INAPPROPRIATE ED UTILIZATION INCREASED.** This actually does harm. Children are traumatized by the exposure, waiting for hours, what they see, etc.

In fact, "it has been found that many of the children coming to the ED for suicidal ideation when screened are not actually in imminent risk and would be better served by community resources." 44% of kids referred by schools; 39% self or family members.

Approximately 1% of kids are high-risk on the Columbia.

The Power of Asking Beyond the Doctor's Office: Look at the Effect This Has Already Had in Largest Community BH System in US

Reduced their suicide rate 65% over 20 months

- 10-18 year old Medicaid patients
- Outpatient follow-up visit within one week of acute psych inpatient treatment associated with ½ risk for suicide attempt at 6 months
- **Black youth less likely to have a follow up visit**

Technicians use C-SSRS and see an increase in *voluntary* hospitalization

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atment
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Health Administration: probability of 1 month follow-up and 90 day engagement increased 60%

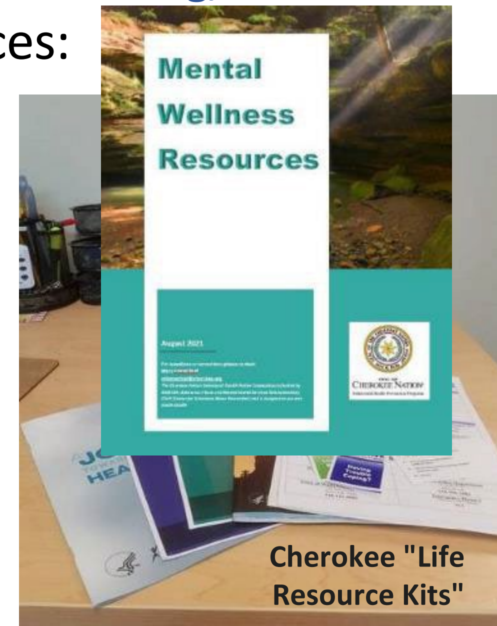
Cherokee Nation ROI: Risk Stratification Enables You to Deliver Your Care to the People that Need it Redirecting Much-Needed Scarce Resources

- Improving Access to Services: Able to triage waitlist better with the C-SSRS
- Knowing how to get to those who need it right now and give the *right* services
  - 15,000 follow-up calls all provided a list of all community resources: **legal services, food banks, transportation, substance abuse counseling, etc**
- Risk stratification for appropriate management of resources:
  - i.e. rooms, beds, staff as well as finances

In all hands in addition to Behavioral Health including:
Custodial staff
Sanitation workers
Dock workers
Cafeteria staff

Tremendous Reduction in Burden to System

Example: OK saved millions in reduction of days
Reduction over time in # of high risk



Cherokee "Life Resource Kits"

Provider by Provider	All Services	Between Services	All Systems of Care

LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Vital Part of Saving Lives: Need to Ask Like Blood Pressure to Find People Suffering in Silence

NYSED Guide for Suicide Prevention for School Personnel

School connectedness leads to positive educational and health outcomes; teachers and school staff serve an essential role in identifying students who are struggling and experiencing suicidal ideation. They become part of the protective factors that help mitigate the risk of youth suicide.

2/3 of adolescent attempters in ER are not typically present for psychiatric reasons

Majority of youth will not actively seek help from professionals, parents, teachers, and oftentimes not even peers.

Agencies use ROUTINELY
e.g., FBI Victims Services Division
in every Victim Needs Assessment

In Israel, Gives Voice: Use simple questions to talk about suicide, which will serve as a model to talk about other taboos, historical or current trauma, across religious and cultural divides … healing suffering and building resilience.

Vital Role of Family, Spouses and Parents in Screening for Detection of High Risk:

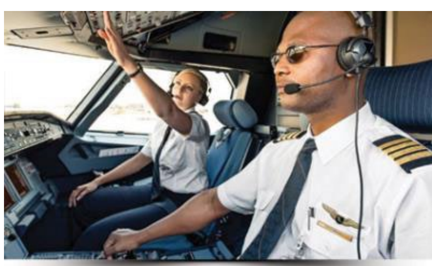
Find People Where They Work and Live

[My husband] said to his buddy, his fellow marine, “everybody goes through this.” He was empathic; he said “you know, we’ve all been there. Take some time, take care of yourself. **But don’t go to treatment and don’t go on medication because *you cannot do that and fly.”*** - Kim Ruocco

“If I had the Columbia Scale, I never would have left him alone in that hotel that day.”

ASK YOUR SPOUSE
CARE FOR YOUR SPOUSE
EMBRACE YOUR SPOUSE

See Reverse for Questions that Can Save a Life



- **Until 2010, pilots were banned from flyin causing many pilots to lie about or ignore signs of depression**
- **8 suicides in 15 months**

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Barriers to Screening: **Stigma, Fear and Liability**

The Data Supports the Public Health Approach, Getting the Highest Risk People to Care

"I'm afraid to ask because I don't know what to do with the answer."
"If I ask, will I put the idea in their head?"

Asking actually relieves distress **— people who are suffering want help but don't necessarily have the will to come to you**

The Columbia Lighthouse Project/Center for Suicide Risk Assessment

The Columbia Suicide Severity Rating Scale (C-SSRS)

Supporting Evidence

THE COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS): PSYCHOMETRIC EVIDENCE
TABLE 1: STUDIES SUPPORTING SPECIFIC PSYCHOMETRIC PROPERTIES
TABLE 2: PSYCHOMETRIC PROPERTIES OF SPECIFIC C-SSRS PREDICTORS WITH COEFFICIENTS
THE COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS): IMPACT IN PUBLIC HEALTH AND DIAGNOSTIC AND TRE
TABLE 3: C-SSRS AS INTERVENTION AND MEASURE OF DIAGNOSIS AND TREATMENT
REPRESENTATIVE PUBLICATIONS FOR C-SSRS USE: POPULATIONS, SETTINGS, TREATMENT EFFICACY AND ASSESSM
PEDIATRIC POPULATIONS BY AGE GROUP
MEDICAL SPECIALTIES
Neurology
Oncology
PSYCHIATRIC CONDITIONS
Alzheimer's
Autism
Bipolar Depression
Complicated Grief
Psychosis
PTSD
HEALTHCARE SYSTEMS
OUTPATIENT SETTINGS
Outpatient Psychiatry
Juvenile Justice
Integrated Primary Care
Veterans
IN-PATIENT SETTINGS/EMERGENCY DEPARTMENTS
MEDICATION TREATMENT EFFICACY FOR SUICIDAL OUTCOMES
REVIEWS OF SUICIDE RISK ASSESSMENT TOOLS
GUIDELINES FOR TREATMENT & ASSESSMENT OF SUICIDAL OUTCOMES
LINGUISTIC AND PSYCHOMETRIC VALIDATION OF TRANSLATIONS
CROSS-CULTURAL SETTINGS

Protects Against Liability: Internal and External

"If a practitioner asked the questions... It would provide some legal protection"
– Mental Health Attorney, Crain's NY

ASK FRIENDS AND FAMILY
CARE FOR FRIENDS AND FAMI
EMBRACE FRIENDS AND FAMI

See Reverse for Questions that Can Save a Life

	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 about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6. If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
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?	High Risk
Always Ask Question 6	Life-time / Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	High Risk

Any YES indicates the need for further care. However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.

DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK(8255) suicidepreventionlifeline.org

- **Over 600 studies supporting across cultures, properties and sub-populations; 50 predictive**
- **Over 1000 published studies reference it**
- **Sweden study from 2021: Proven ability to *predict death by suicide* in imminent risk timeframes**

Finally Knowing Who to Worry About:

Screening with Evidence Supported

n of

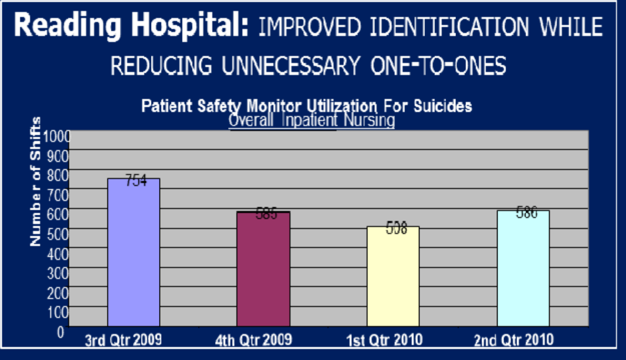
Low/Moderate Not Treated Like Crisis!

The Critical Importance of Screening at Least 6 and Up

6-12 Same Odds of Being Identified as High-Risk as 13-17!; Screening Did Not Increase ER LOS

Improving Youth Suicide Risk Screening and Assessment in a Pediatric Hospital Setting by Using The Joint Commission Guidelines

(Latif et al 2020)



goes down and police ***do not have to hospitalize***

Indicates Need for Next Step

	Past month	
	YES	NO
...not wake up?		
2) Suicidal Thoughts: *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) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): 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.*" *Have you been thinking about how you might do this?*		
4) Suicidal Intent (without Specific Plan): As opposed to "*I have the thoughts but I definitely will not do anything about them.*" *Have you had these thoughts and had some intention of acting on them?*		
5) Suicide Intent with Specific Plan: *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		
6) Suicide Behavior Question: *Have you ever done anything, started to do anything, or prepared to do anything to end your life?*	Lifetime	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. ...this within the past three months?	Past 3 Months	

THE COLUMBIA PROTOCOL: COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

JUST ASK. YOU CAN SAVE A LIFE.

The answers selected indicate LOW risk at this time. However, risk can change, so please keep checking in and answer these questions again as needed.

Currently, a mental health referral may be helpful. The number(s) and/or website below can be used to find referrals in your area.

SAMHSA's National Helpline

1-800-662-HELP (4357)

SAMHSA's Website

If you feel that you need more immediate support from a trained counselor for any reason now or in the future, call, text, or chat 988 (free and confidential).

988 SUICIDE & CRISIS LIFELINE

Restart Protocol

Only approx 1% require a next step

Utilized for Risk Protection Orders, Risk-Based Search and Seizure Warrants, and Risk Protection Order Investigations General Orders, to determine who can keep their firearm.

NEXT STEPS

Recent study from Sweden – C-SSRS Screen Version: initial screening for suicide risk in a psychiatric emergency department – Predicted death by suicide (Bjureberg 2021)

Danish students predicted future attempts.

1-Have you wished you were dead or wake up?

2-Have you actually had any thought

If yes to 2, ask 3, 4, 5, and 6.

3-Have you been thinking about how

Risk increases 1400%!

4-Have you had these thoughts and

opposed to "I have the thoughts but I definitely

"Most people in my agency view METHOD and PLAN as the same thing since clients are impulsive, they don't have a specific day and time. This interpretation makes every client with a METHOD as a high risk client. How can this error be alleviated?"

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?

6-Have you ever done anything, started to do anything, or prepared to do anything to end your life? *Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.*

***If yes:* How many times in your life did this happen?**

***If yes:* Was this within the past three months?**

THE COLUMBIA LIGHTHOUSE PROJECT

IDENTIFY RISK. PREVENT SUICIDE.

Why Are These Questions Different?

Highlights from the Science:

Suicidal Behaviors are Rare; Most Are NOT Suicide Attempts

We used to only ask about a suicide attempt, and **missed the person who bought the gun, or wrote the suicide note, or put a noose around their neck and changed their mind.**

N= 28,303 CSSRS administrations, 98.6% with NO suicidal behavior

1.4% suicidal behaviors

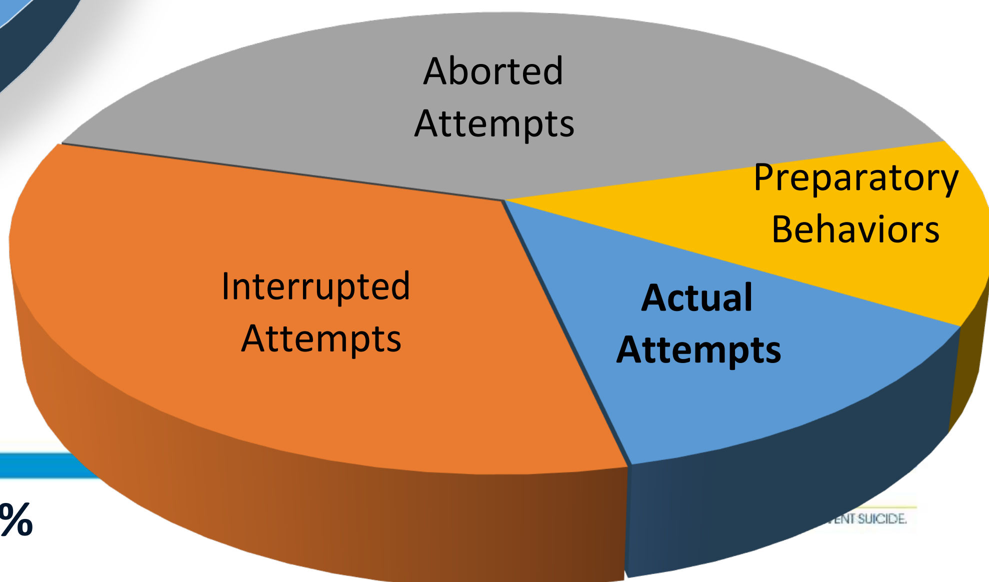
Of the 1.4% suicidal behaviors:
87% (472) = interrupted + aborted + preparatory
vs.
13% (70) actual attempts

TABLE 3. Negative and positive prospective reports of SIB during study participation based on study type and type of prior suicidal behaviors reported at baseline.

BASELINE REPORTED LIFETIME SIB	PSYCHIATRIC STUDY PARTICIPANTS			NONPSYCHIATRIC STUDY PARTICIPANTS		
	Prospective Behavior			Prospective Behavior		
	Negative	Positive	OR (95% CI)*	Negative	Positive	OR (95% CI)*
No actual suicide attempts	5,464	187	--	2,027	10	--
Actual suicide attempt	959	150	4.57 (3.6–5.7) **	39	1	5.20 (0.7–41.6) ns
No interrupted suicide attempt	5,792	210	---	2,031	8	
Interrupted suicide attempt	631	127	5.55 (4.4–7.0) **	35	3	21.76 (5.5–85.5) **
No aborted suicide attempt	5,576	190	--	2,020	8	--
Aborted suicide attempt	847	147	5.09 (4.1–6.4) **	46	3	16.47 (4.2–64.1)**
No preparatory behavior for an attempt	6,105	260	--	2,055	8	--
Preparatory behavior for an attempt	318	77	5.69 (4.3–7.5) **	11	3	70.06 (16.4–299.6)**

4X

100%



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With these considerations in mind, we conclude that a university has a special relationship with a student and a corresponding duty to take reasonable measures to prevent his or her suicide in the following circumstances. Where a university has actual knowledge of a student's suicide attempt that occurred while enrolled at the university or recently before matriculation, or of a student's stated plans or intentions to commit suicide,[16] the university has a duty to take reasonable

---

[16] The Columbia Lighthouse Project, under the auspices of Columbia University, created the Columbia-Suicide Severity Rating Scale (C-SSRS), a suicide risk assessment tool that provides useful guidance. See Columbia-Suicide Severity Rating Scale. http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/ [https://perma.cc/TR7Y-S8JB]. More specifically, C-SSRS category four or five behavior is informative of what constitutes a student's stated plans or intentions to commit suicide:

> "4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan -- Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to 'I have the thoughts but I definitely will not do anything about them.'
>
> "5. Active Suicidal Ideation with Specific Plan and Intent -- Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out."

(Emphasis in original.) See Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann, Columbia-Suicide Severity Rating Scale (C-SSRS), Lifetime Recent, Version 1/14/09 m9/12/17 (2008).

Reduction of F
Reduction of Police Taking P
ER Multiple Times and De-

- As a de-escalation tool. Parents are saying no no no says, "Ok, I understand you don't want that, but ma go through these series of questions." Even with so a psychiatric crisis, you run them through these que tends to lower the level and calm them down.
- Filling gaps: **Determination of who doesn't ne** mobile crisis, do warm hand-off. After C-SSRS need to go to the ER, officer can make a safety other interventions.

Having the C-SSRS to assist the officer in determining the next steps to take when responding to a person who is having a mental health crisis can be **an indispensable tool** to help make crucial decisions … Departments that embrace the use of the C-SSRS will have **added protection against liability** for the discretionary acts of their officers in this area. Much like the introduction of de-escalation techniques into the realm of police response, the C-SSRS acts as a tool for officers to solve the problems they encounter and **bring the proper resources to their communities that help save lives.**

The Spector Dispatch

April 1, 2021

From the Desk of the Executive Director

Contact us at:
Post Office Box 622
South Windsor, CT 06074
spectortrainingnetwork@gmail.com
860-593-6550

Dear Law Enforcement Officer:

Spector Training's Legal Corner

Police Liability for Suicide Risk Assessment

by Sgt. Russell M. Iger [1]

Elliot B. Spector

June 2020, staff from United Services, Inc. came to the Coventry Police Department to discuss best practices in responding to a mental health crisis. They conducted a training on how to properly complete the Police Emergency Examination Request ("PEER")[2] form, and discussed the use of the Columbia Suicide Severity Rating Scale ("C-SSRS")[3] as an investigative tool in evaluating suicidality during welfare checks. The C-SSRS is a series of evidence-based questions used to identify the severity and immediacy of a person's risk of committing suicide, and to gauge the level of support that the person needs. Many, if not all, hospitals in Connecticut use C-SSRS to evaluate patients when they come in expressing suicidality,[4] so an emergency room receiving a "PEER[5]-ed" patient is likely to admit or release them based on the Columbia Protocol. Dr. Kelly Posner Gerstenhaber, Founder and Director of The Columbia Lighthouse Project,[6] states "[i]t's about saving lives and directing limited resources to the people who actually need them." It is not always appropriate to request an emergency evaluation, and it is not helpful for an .... CLICK HERE FOR FULL PRINTABLE PDF ARTICLE w/FN'S

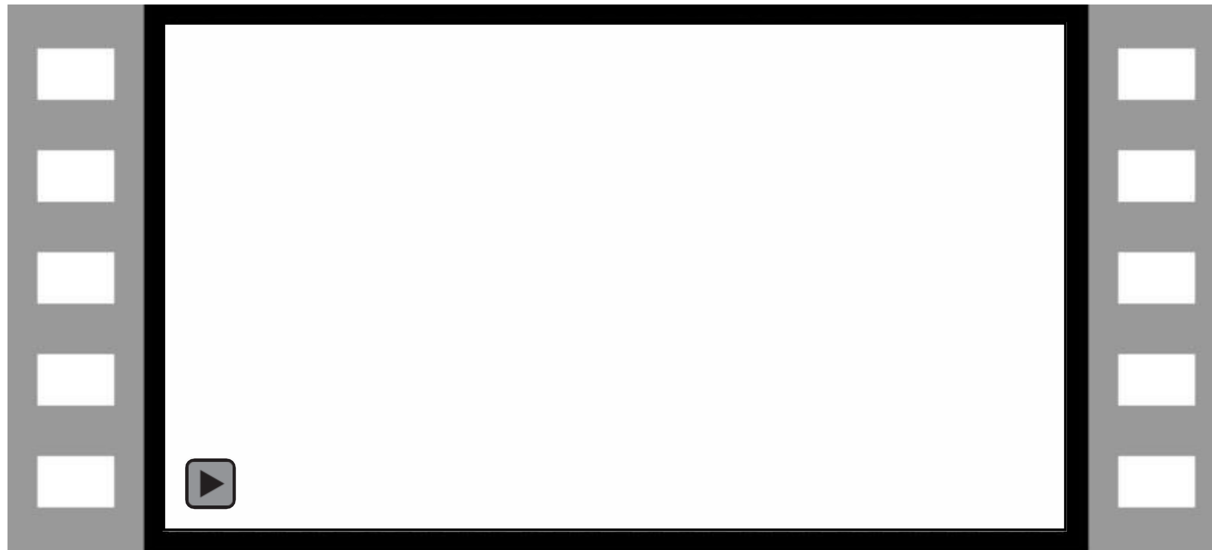
David C. Yale

Alaric J. Fox

Russell M. Iger

Invite Others to Join our Newsletter By Clicking Here

Questions Used to Facilitate Appropriate Care: Law Enforcement Efficient Use of Resources



http://youtu.be/fx3N3uDUQbo

Police Asking is Critical to Optimizing Your Scarce Resources, Decreasing ↓ Unnecessary ED Holds

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Screen
Triage

Identification
Of High Risk

3 in One

Triage – Assigning a Risk Level

- **Low Risk** – "Yes" to questions **1** and/or **2** only
- **Moderate Risk** – "Yes" to question **3** and/or any behavior older than 3 months
- **High Risk** – "Yes" to question **4** and/or **5** and/or any recent behavior (past 3 months)

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

	Past month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2		
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? Did you intend to carry out this plan?***		

	YES	NO
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.		
If YES, ask: ***How many times in your life did this happen?*** ________ **If YES, ask:** ***Was this within the past three months?***		

Low Risk
Moderate Risk
High Risk

LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Why Asking Our Kids Routinely is Critical

Whether You're a Paren

In a typical classroom,

- 11% of girls and **13% of boys (2x national average)** made an attempt
- 42% felt sad or hopeless almost every day for 2 weeks
- 21% of LGB youth made an attempt

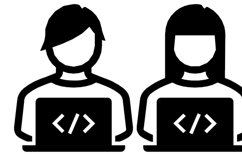
Meeting Parents Where They Are:
PTA meetings, school orientations, sports m
backpack folders that go home, school webs
after-school programs, school library, bathro
guards, cafeteria workers, parent-to-parent,

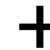
Major pediatric ED in TX **used th**
2020. **Ideation was 1.6x more l**

SCREENING LINKED TO CARE

Reducing Youth Suicide in MONTANA SCHOOLS

Screening Linked to Care Interven�on





Digital delivery
Best suicide-risk predictor and depression and anxiety scales

Same-day, at school care
Telehealth partners

EVERY
known

'I wasn't thinking about anything except wanting to hurt myself.' Teen suicide attempts soar

JUMPING OFF SCHOOL BUILDINGS

Helping Students and Youth Athletes

Crucial Partnership with Columbia and the

Department of Education

After the suicide death of a 13 year old softball player, this org of 3000 young players in 23 states has integrated the Columbia survey on their website as a resource for coaches, parents, players and their communities

Need More Campus Policy and Awareness to get it in Everybody's Hands:

"I went and trained the athletic coaches at **Princeton**. And you'll remember that one of the suicides a few years ago was an athlete. The people that see these kids up close and personal, they're the front line of defense. They can find them before they ever get to a doctor's office. This is who we need to equip."

Whole-Community Approach in Schools and Universities: In Everyone's Hands

Veterans on Campus Program

Always ask questions 1 and 2. | Past Month

Umatter for Schools: Suicide Prevention Training Puzzle Piece Activity

Columbia-Suicide Severity Rating Scale

Suicide Ideation Definitions And Prompts In The Past Month — Ask Questions that are bolded and underlined

Ask Questions 1 and 2

1) Wish to be Dead:
○ Yes ○ No
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up
Have you wished you were dead or wished you could go to sleep and not wake up?

2) Suicidal Thoughts
○ Yes ○ No
General non-specific thoughts of wanting to end one's life/commit suicide, "I've thougth about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan
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) Suicidal Thoughts With Method (Without Specific Plan Or Intent To Act)
○ Yes ○ No
Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when or where or how I would actually do it....and I would never go through with it."
Have you been thinking about how you might kill yourself?

4) Suicidal Intent (Without Specific Plan)
○ Yes ○ No
Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."
Have you had these thoughts and had some intention of acting on them?

5) Suicide Intent With Specific Plan
○ Yes ○ No
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out
Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6) Suicide Behavior Question
Have you ever done anything, started to do anything, or prepared to do anything to end your life?
○ Yes ○ No
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself

HSACCC
Health Services Association - California Community Colleges

Membership | Annual Conference | About Us

2018 Annual Conference: Pathways to Healing and Sustainability

Was Held on: February 20-23, 2018
Location: Asilomar Conference Center
800 Asilomar Ave Pacific Grove, CA 93950

2018 Conference Brochure

The Power of Asking to Help Reduce Gun Deaths and Their Traumatic Aftermath:

Former Deputy Secretary of Education Said The Columbia Can Help Keep our 64 Million Children Safe

After the Navy Yard shooting…
"What is it going to take to make this ubiquitous?"
"…The Columbia has the potential to keep the 64 million children in our schools safe physically and mentally by helping prevent school violence."

- James Shelton, Former Deputy Secretary US Dept. of Education

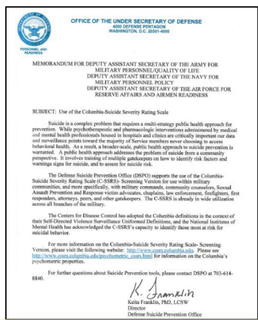
Early Identification & Prevention Through Public Health Outreach

"I want every parent in our community to hold each other accountable. We should ask ourselves on social media and at the grocery store, have you asked the questions, right?" - Ryan Petty on CNN

Dr. Kelly Posner, Ryan Petty, and Senator Marco Rubio at the U.S. Senate forum on school safety, April 2018.

We Must Find People Where they Work, Live, Learn and Thrive: People Don't Necessarily Have the Will to Come to You

MT: Theater staff with at risk youth video games



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR MILITARY PERSONNEL/QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale

Suicide is a complex problem that requires a multi-strategy public health approach for prevention. While psychotherapeutic and pharmacologic interventions administered by medical and mental health professionals housed in hospitals and clinics are critically important our data and surveillance points toward the majority of Service members never choosing to access behavioral health. As a result, a broader-scale, public health approach to suicide prevention is warranted. A public health approach addresses the problem of suicide from a community perspective. It involves training of multiple gatekeepers on how to identify risk factors and warnings signs for suicide, and to assess for suicide risk.

The Defense Suicide Prevention Office (DSPO) supports the use of the Columbia-Suicide Severity Rating Scale (C-SSRS)- Screening Version for use within military communities, and more specifically, with military commands, community counselors, Sexual Assault Prevention and Response victim advocates, chaplains, law enforcement, firefighters, first responders, attorneys, peers, and other gatekeepers. The C-SSRS is already in wide utilization across all branches of the military.

The Centers for Disease Control has adopted the Columbia definitions in the context of their Self-Directed Violence Surveillance Uniformed Definitions, and the National Institutes of Mental Health has acknowledged the C-SSRS's capacity to identify those most at risk for suicidal behavior.

For more information on the Columbia-Suicide Severity Rating Scale- Screening Version, please visit the following website: http://www.cssrs.columbia.edu. Please see http://www.cssrs.columbia.edu/psychometric_cssrs.html for information on the Columbia's psychometric properties.

For further questions about Suicide Prevention tools, please contact DSPO at 703-614-8840.

K. Franklin
Keita Franklin, PhD, LCSW
Director
Defense Suicide Prevention Office

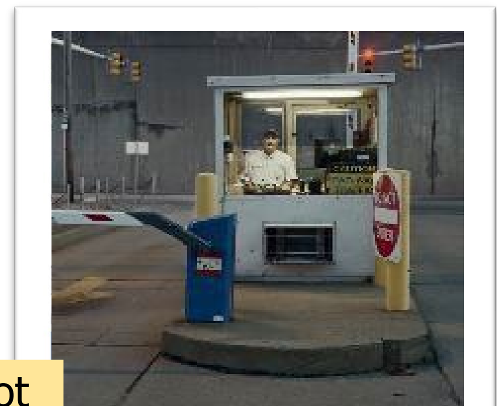
80% of Colorado residents age 10-18 end their lives at home (house, apartment, rooming house, including driveway, porch, yard, garage).

ages 5-11, it's 95%

VT Policy recommendation and role play for school janitors

Zero Suicide community workshop for custodians and receptionists

Future VA stand-down: From canteen worker to cemetery worker



CARE FOR YOUR CUSTOMERS
EMBRACE YOUR CUSTOMERS

See Reverse for Questions that Can Save a Life

"**I think everybody needs to ask these questions…** 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.** Whenever they see something they're concerned about in a service member **they need to know what to ask and that tool is invaluable**…" -Kim Ruocco

"fable 2. You h suic de dea hs occur ing in Colorado among Colorado residen sages 10 1 8 by injury locaCon., 2013- 2017 (N=320)

Injury Location	N	%
House, apartment, morning ho use, including driveway, porch, ya rd, garage	**255**	80.4
'Street, highway, sidewalk, or motor vehicle	16	5.1
N tura1 area (e . g. , field, river, beaches, wooos)	16	**5.1**
Park, playgrnun d, p blic: use area	1	3.5
'School elementary, middle, high sc ool, or unive;rsity)	7	2.2
Other	15	3.8
'Source: Colorado Vital Statistics System, Co lorado Department of Pub[ic: Health and !Envi ron me nt .		

Finding At-Risk Youth and Individuals: Vital For Everyone in Your Organization and Community to Be Part of the Solution

Umatter for Schools: Suicide Prevention Training
Puzzle Piece Activity

A **front desk staff**
patient in the waitin
appear well. Becaus
training to know **it's**
the knowledge and
suicide question, whi
and **disclosure of a s**
to him being transpo

Intervention: Everybody Plays a Part and How Umatter!

Activity Time: 35 minutes

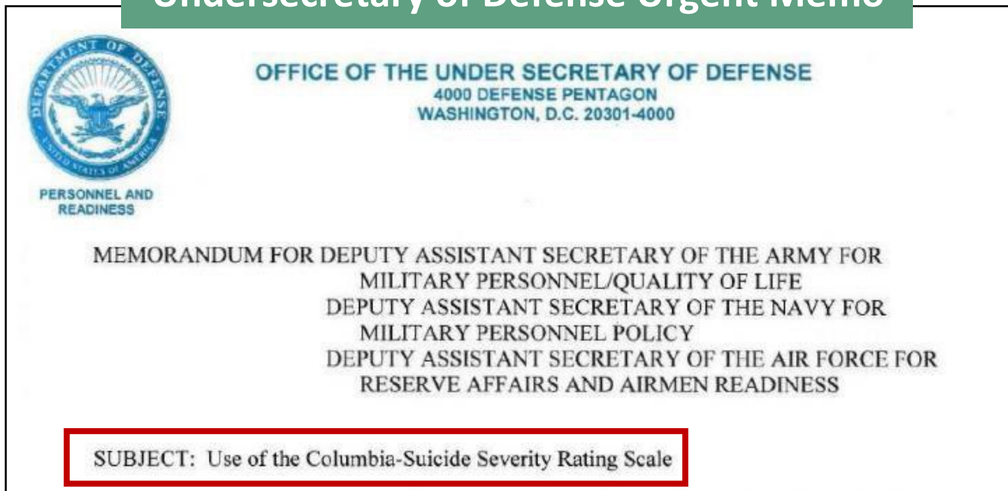
Setting up this activity:

You explain to the group that you are now going to consider the timeliness of intervention and the roles that people play in conveying the information they have about a youth who may be in trouble. Break the large group into nine smaller groups of equal numbers. If you have a small group, each person can play one or two roles. Hand out one Role Card and one puzzle piece to each group. Introduce the group to Lee, a 16 year old Junior at your school.

Must Go Beyond the Medical Model and Outside the Hospital Walls Towards a Public Health Approach:

Marines reduced suicide by 22% while at the same time there was a reduction in domestic violence, alcohol incidents & sexual assault

Undersecretary of Defense Urgent Memo



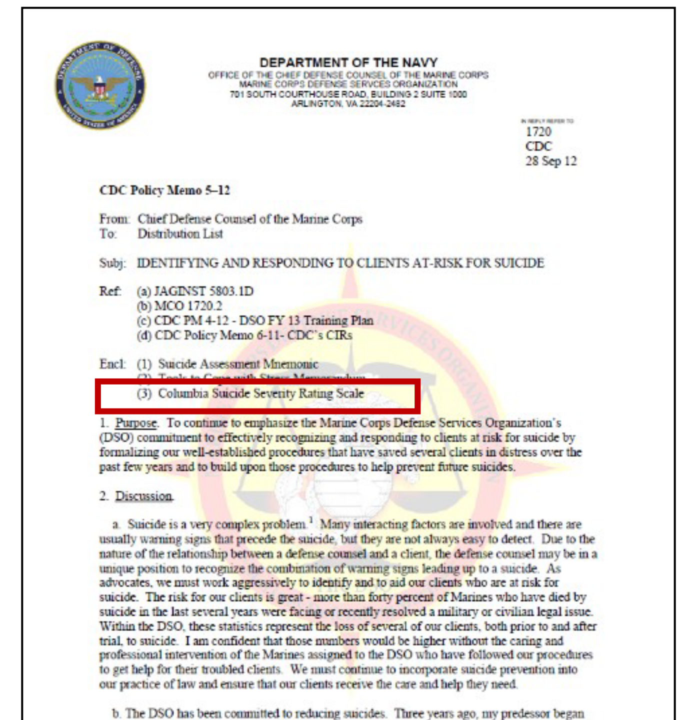
OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR MILITARY PERSONNEL/QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale

- **Total force roll-out**, in the hands of whole community
- **ALL support workers including lawyers**, financial aid counselors, chaplains, family advocacy workers, substance abuse specialists, advocates



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF DEFENSE COUNSEL OF THE MARINE CORPS
MARINE CORPS DEFENSE SERVICES ORGANIZATION
701 SOUTH COURTHOUSE ROAD, BUILDING 2 SUITE 1000
ARLINGTON, VA 22204-2482

IN REPLY REFER TO
1720
CDC
28 Sep 12

CDC Policy Memo 5-12

From: Chief Defense Counsel of the Marine Corps
To: Distribution List

Subj: IDENTIFYING AND RESPONDING TO CLIENTS AT-RISK FOR SUICIDE

Ref: (a) JAGINST 5803.1D
(b) MCO 1720.2
(c) CDC PM 4-12 - DSO FY 13 Training Plan
(d) CDC Policy Memo 6-11- CDC's CIRs

Encl: (1) Suicide Assessment Mnemonic
(2) Tools to Cope with Stress Memorandum
(3) Columbia Suicide Severity Rating Scale

1. Purpose. To continue to emphasize the Marine Corps Defense Services Organization's (DSO) commitment to effectively recognizing and responding to clients at risk for suicide by formalizing our well-established procedures that have saved several clients in distress over the past few years and to build upon those procedures to help prevent future suicides.

2. Discussion.

a. Suicide is a very complex problem.[1] Many interacting factors are involved and there are usually warning signs that precede the suicide, but they are not always easy to detect. Due to the nature of the relationship between a defense counsel and a client, the defense counsel may be in a unique position to recognize the combination of warning signs leading up to a suicide. As advocates, we must work aggressively to identify and to aid our clients who are at risk for suicide. The risk for our clients is great - more than forty percent of Marines who have died by suicide in the last several years were facing or recently resolved a military or civilian legal issue. Within the DSO, these statistics represent the loss of several of our clients, both prior to and after trial, to suicide. I am confident that those numbers would be higher without the caring and professional intervention of the Marines assigned to the DSO who have followed our procedures to get help for their troubled clients. We must continue to incorporate suicide prevention into our practice of law and ensure that our clients receive the care and help they need.

b. The DSO has been committed to reducing suicides. Three years ago, my predessor began

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

"How can we use this process to support schools and aid with ongoing care and collaboration across systems..."

High-Risk Tracking and Alerting Across a State

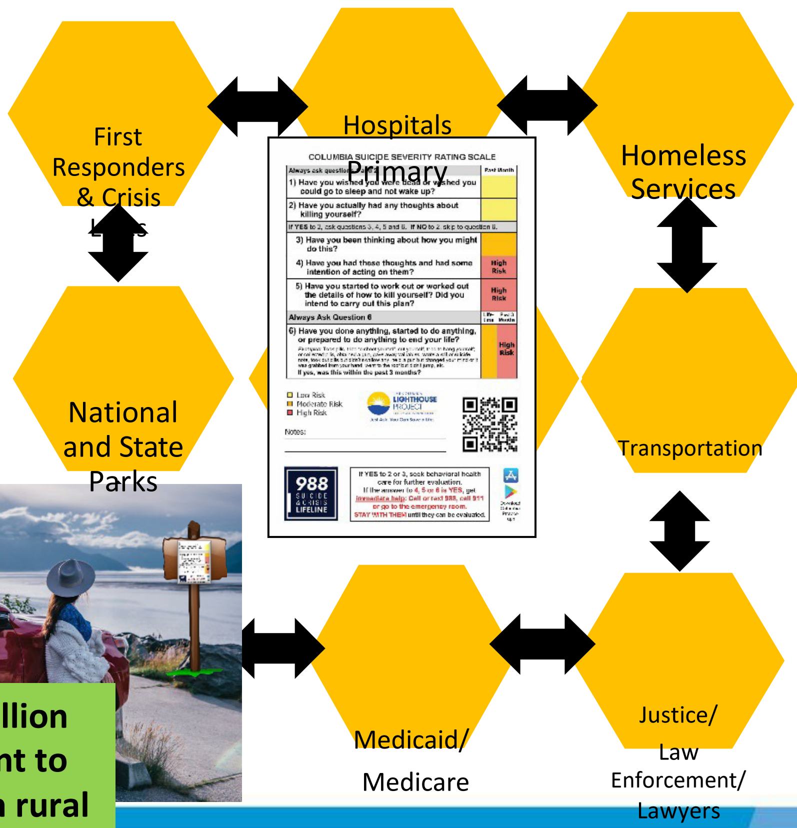
Quickening Care Delivery through Community Linking of Systems Across the Continuum of Care: All Agencies and Systems Across a State or Nation

Provider by Provider	All Services	Between Services	All Systems of Care

Every crisis line or call center needs screening questions at 1st co

The C-SSRS "has **catapulted a transformation of practices** in TN by ensuring professionals and family members who come in contact with an individual who may have thoughts of taking their own life **receive the help they need before it is too late**"

Melissa Sparks, Director of Crisis Services and Suicide



What New School Safety Law Means for South Florida Students:

"The district said it's also in compliance

with the new law by utilizing the Columbia Suicide Severity Scale, "which is the same suicide screening tool used by the local mobile response teams and approved by [the Florida Department of Education],"

that do all the CITI trainings worked closely with mobile crisis providers: When Communicating with hospitals or mobile crisis upon arrival, they provide the C-SSRS findings.

Number of Suicides

Missouri received $2 million U.S. Dept. of Justice grant to fund threat assessment in rural school districts using the Columbia.

Colorado Department of Public Health & Environment

Home | About CDPHE | Public information | Data | Health | Environment | Payment portal | Report a concern or emergency

Prevention and wellness
Suicide Prevention
Funding Opportunities
Gun Safety and Suicide
Office of Suicide Prevention Community Grantees
Resources for after a suicide loss
After A Suicide Loss
After a suicide attempt or suicidal experience
The Follow-Up Project
Zero Suicide Colorado
Youth and young adult suicide prevention
Resources for public health
Suicide prevention resources for primary care providers
Suicide Prevention Resources for Emergency Departments and Suicidal

Suicide prevention

Need help now? Call 1-844-493-TALK (8255), text TALK to 38255, or access chat via coloradocrisisservices.org. Help and hope are available

Rh

reduced ED holds

See Reverse for Questions that Can Save a Life

Used throughout government agencies including DHS, HHS, VA, DoD, SAMHSA, and the Office of Refugee Resettlement (HHS Administration for Children and Families)

Ideal Vision:
Implementation Across All State or City Agencies

Department of Labor
Department of Motor Vehicles
Gaming Commission
Office of Parks and Recreation
Department of Agriculture
Bridge and Transportation Authority
Liquor Control Board
Division of Criminal Justice Services
Authorities Budget Office
Division of Human Rights
Department of Financial Services
Office of Addiction Services
Human Resource Directors
Job Corps
Managers at government agencies and local businesses
Division of Emergency Services
Office for the Prevention of Domestic Violence
Department of Civil Service
Department of Taxation and Finance
Housing and Urban Development
Office of Children and Family Services
Office of Emergency Management
Office of Fire Prevention and Control
Power Authority
Workers Compensation Board

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No
of The First Lady

Finding At-Risk Youth Where They Live, Learn and Play

Barriers and Protective Factors for Mental Health Service Use Among Minoritized Youth and Young Adults: **Contexts and Settings Matter**

- Traditional, **office-based mental health** outpatient treatment = **major barrier** to seeking and accessing mental health treatment for minoritized groups
- Because mental health stigma prevents help seeking for BIPOC youth
- Additional problem for sexual/gender-minority groups - there is a general lack of LGBTQ-affirming healthcare

- Minoritized youth are most likely to be exposed to various **ecological stressors (e.g., poverty, racial discrimination, homelessness**)
- Need to create supportive mental health services, including risk screening and assessment, within these ecological contexts, outside the traditional mental health settings

Contexts for Screening and Treatment Utilization

- Build creative partnerships between behavioral health providers and **recreation centers, schools, community-based organizations, including churches**
  - Example: For Black youth, religious social support is a particularly strong buffer from mental health problems resulting from discrimination

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Mental Health Protective Factors Among Minoritized Youth and Young Adults

Language Matters: Served by C-SSRS Toolkit Risk Assessment Version for this Population

For suicide risk screening and assessment –

- Assessment of risk/protective factors needs to include those relevant to minoritized social groups (BIPOC, LGBTQ+, linguistically diverse)
- <u>Risk Factors</u>: Hate crimes, exposure to police brutality, parental rejection, homelessness
  - 40% of homeless kids are LGBTQ+
  - STDs particular risk factor specific to LGBTQ+ youth (important to ask about)
- <u>Protective factors</u>: strong minority-group identity (racial/ethnic/sexual/gender)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT with C-SSRS HIGH RISK TRIAGE INDICATORS - YOUTH

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

*** Indicators of High Risk from the C-SSRS**

Past 3 Months	Suicidal Behavior (from C-SSRS)	Lifetime		Clinical Status
*☐	Actual suicide attempt	☐	☐	Hopelessness
*☐	Interrupted attempt	☐	☐	Major depressive episode
*☐	Aborted or Self-Interrupted attempt	☐	☐	Mixed affective episode (e.g., Bipolar)
*☐	Other preparatory acts to kill self	☐	☐	Command hallucinations to hurt self
Suicidal Ideation (from C-SSRS) Check Most Severe			☐	Highly impulsive behavior, recklessness
☐	Wish to be dead (1)		☐	Substance abuse or dependence, incl. nicotine
☐	Suicidal thoughts (2)		☐	Agitation or severe anxiety or panic symptoms
☐	Suicidal thoughts with method (but without specific plan or intent to act) (3)		☐	Chronic physical pain or other acute medical problem (e.g., HIV/AIDS, cancer, STDs)
*☐	Suicidal intent (without specific plan) (4)		☐	Perceived burden on family or others
*☐	Suicidal intent with specific plan (5)		☐	Homicidal ideation, perpetrator of violence
Activating Events			☐	Aggressive/disruptive behavior/ADHD
☐	Recent loss(es) or other significant negative event(s) (break-up, death, divorce, trauma)		☐	History of sexual/physical/emotional abuse, incl dating violence
	Describe:		☐	Method for suicide available (gun, pills, etc.)
☐	Exposure to suicide (peer or family)		☐	Self-injurious behavior *without* suicidal intent
☐	Disciplinary crisis (incarceration or expulsion)		☐	Sleep disturbance
☐	Victim of (cyber)bullying, school/neighborhood violence/ hate crime		☐	Eating disorder
☐	Truancy ☐ runaway ☐ homelessness		**Treatment History**	
Parental/Family Risk Factors			☐	Not receiving treatment
☐	Parent with active mood/psychotic illness or substance abuse)		☐	Previous psychiatric diagnoses and treatments
☐	Parent with legal problems		☐	Hopeless or dissatisfied with treatment
☐	Family history of suicide (lifetime)		☐	Non-compliant with treatment
☐	Poor parent-child attachment/relationship/parental rejection		☐	Refuses or feels unable to agree to safety plan
Protective Factors				
☐	Identifies reasons for living (e.g., responsibility to others)		☐	Fear of death or dying due to pain and suffering
☐	Supportive social network, incl religious or family		☐	Belief that suicide is immoral; high spirituality
☐	School connectedness		☐	Engaged in work, school or sports activities
☐	High academic achievement		☐	Other (e.g., strong minority-group identity):
Describe any suicidal, self-injurious or aggressive behavior (include dates):				

Balance the need for a common language in understanding suicide risk with adequately capturing the language and manifestation of mental health experiences among minoritized groups (e.g., depression manifesting as anger and not sadness)

Frame insurmountable social challenges as challenging events, which can be recognized, addressed, and psychologically resolved

- Important to <u>not</u> pathologize lived experience, presuming weakness, helplessness or inherent brokenness

Detection/Intervention Effective Up Until the Last Moment Kevin Hines Survived Jumping Off the Golden Gate Bridge: If Just One Person Had Asked...

All Survivors Wanted to Be Saved

Incorporate Lived Experience

"Most people considering suicide *want someone to save them*. What we need is a culture in which no one is afraid to ask. What we needed were the questions people could use to help save us. That's why the pioneering change the C-SSRS is enabling is so essential to our humanity." - *Kevin Hines, Survivor*

"I was a victim of sex trafficking and tried to take my life and believe if we had had the Columbia I wouldn't have."
- Director of an agency that cares and advocates for victims of sex trafficking and exploitation.

Suicide Can Be Prevented Even Up to the Last Moment

93% of people who are intervened with will never go on to do it again.

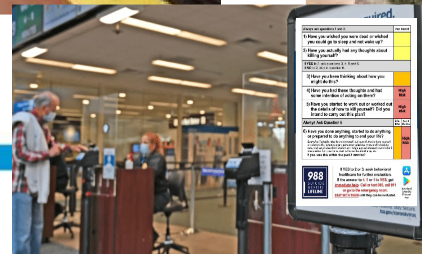
Integral Part of Means Safety
Everywhere People Acquire Means: A Life Can Be Saved Up Until the Last Minute

- Transit Workers
- Pharmacies
- Gun shops
- Pesticide Suppliers
- Parks
- Bathrooms

Natchez Trace Parkway (Nashville)

'I wasn't thinking about anything except wanting to hurt myself.' Teen suicide attempts soar

JUMPING OFF SCHOOL BUILDINGS



THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Preparatory Behaviors
Everyone Can and Needs to be Part of Optimal Prevention

Zero Suicide: A **front desk staff member**

By asking about all types of ideation and behaviors maybe we can find kids like Dylan Klebold (Columbine) who mentioned suicide more than 5x 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 and then kill himself

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“Each board of education may *establish a student assistance program to identify risk factors for youth suicide, procedures to intervene with such youth, referral services, and training for teachers and other school professionals and students who provide assistance in the program.”* **(C.G.S. Section 10-220 (e))**

“The Grand Valley has a high risk of suicide / completions. I’d like to see resources for specific demographics; students in particular may be more likely to seek help if they see resources.”

Research shows that gay and lesbian students in districts with more LGBQ and transgender-inclusive anti-bullying policies are **less likely** to have negative mental health outcomes in the past year compared to students in districts with less inclusive policies.

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Global Models: Detection Across All Sectors of Society, Across the Continuum of Care

Nations Solving Public Health Challenge With Science Infused Solution

Open Doors Center in local orphanages in Ukraine

Child and Family Services/Child Welfare

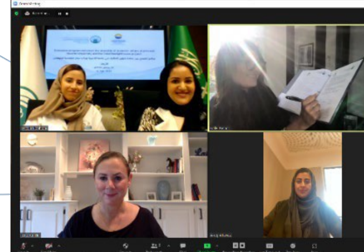
Healthcare

Korean Firefighters

First Responders

Clergy

Saudi Arabia



"From our cultural perspective, it's a very huge step to admit what is going on in our society, mainly in our university. So we are very excited to go for the next step and to work prog thes

Schools and Universities

Namibian Priests

Corrections and Justice

Crisis Line: National Registry: South Korea: Predicts Suicidal Behavior across the nation

Policy for all Israeli schools

Guide to Version Selection and Interpretation

There are four versions of the C-SSRS that are appropriate for different settings and purposes. The following tables identify the appropriate version for the intended purpose and recommended actions:

CUSTODIAL SCREENING & IMMEDIATE RESPONSE SETTINGS:

Setting/Purpose	Appropriate C-SSRS Version	Yes to Q4 and/or Q5	No to Q's 4 & 5; Yes to Q3	No to Q's 3, 4 & 5; Yes to Q6
Screening	Screen	MNF - Threat	MNF - Assess	If no other reason for a MNF, refer P2 Psychology
Immediate Support Plan following MNF	Screen	Safe cell, restricted access to means endorsed in response; intense observation, eg, 10 min	Normal by day or two-out; restricted access to means endorsed in response; moderate observation, eg, 10 min when alone; 30-60 min when in company	Two-out; moderate observation, eg, 10 min when alone; 30-60 min when in company
First appointment with case officer or OSP staff	Lifetime/Recent	MNF - Threat	MNF - Assess	If no other reason for a MNF, refer P2 Psychology if no current Behaviour Management Plan
Subsequent appointment with case officer or OSP staff	Since Last Visit	MNF - Threat	MNF - Assess	If no other reason for a MNF, refer P2 Psychology if no current Behaviour Management Plan

Implementation of the C-SSRS in New Zealand Corrections: Prisons a Probation uses it to manage parolees: Study found **corrections officer** **were able to effectively identify** current suicidal ideation and behavio (Wilson

2017)

nse Force (IDF:

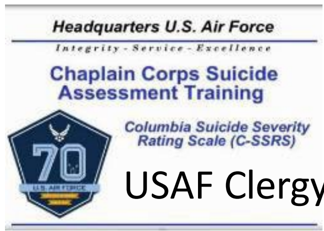
cide

s ask their soldiers

Nations Identify Needs and Respond with Science: Chile Schools Highlight

- The Issue: Given the high rates of suicide rates in the adolescent population and the reluctance of this population to seek help, developing proactive and effective strategies to timely detect individuals at high risk for suicide in nonclinical contexts is a worldwide recognized need
- The Response: general sample of 1645 Chilean adolescents 13-18, Columbia screener differentiated suicidal thoughts according to their severity, accurately identifying SI risk level

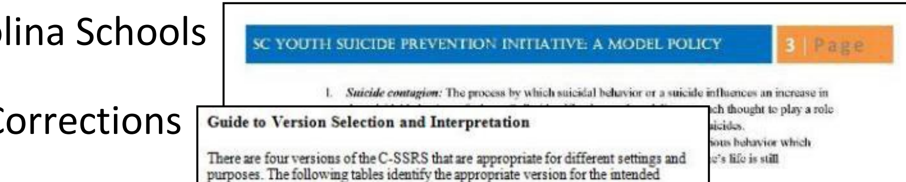
Global Policy Toolkit: Guidance for Every Part of a Community



USAF Clergy

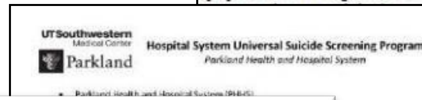
Israel Schools

South Carolina Schools



New Zealand Corrections

Hospital Systems

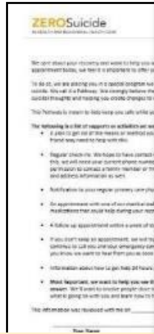


States

Military

Saudi Arabia

Behavioral Health



Youth Name: ____ PIN#: ____ Date: ____

Question to the Transporting Officer	Yes	No	If YES:
Have the youth's words or behavior indicated depression or suicidality?			For suicidality: FAST to see patient immediately 1. Contact FAST 2. Contact CCRT 7am - 10pm

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version with Triage Points

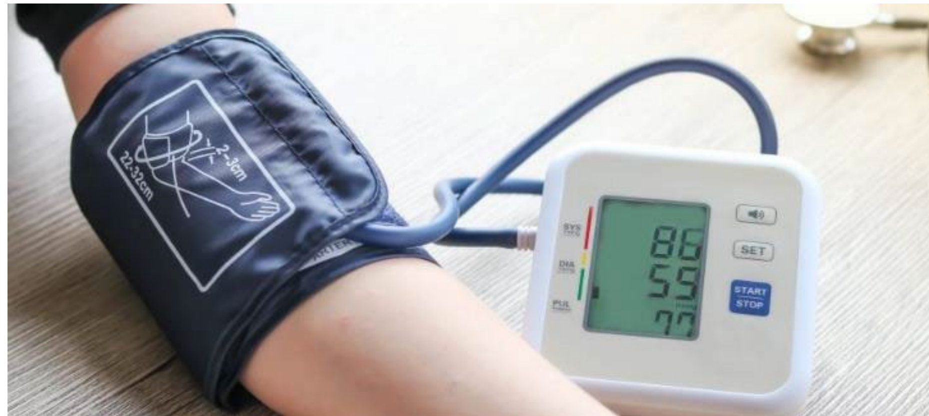
SUICIDE IDEATION DEFINITIONS AND PROMPTS Ask questions that are in bolded Ask Questions 1 and 2	Past Month Yes	Past Month No	Probation Staff Actions
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? *Have you wished you were dead or wished you could go to sleep and not wake up?*			If YES/NO: • Ask question 2
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan." *Have you actually had any thoughts of killing yourself?*			If YES: • Ask 3, 4, 5 & 6 If NO: • Go to question 6
If YES to 2, ask ALL remaining questions 3, 4, 5, and 6. If NO to 2, go directly to question 6			
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "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." *Have you been thinking about how you might kill yourself?*			If YES (but no to 4, 5, & 6): • Send an email to FAST and schedule CE Appointment with FAST • Place on SOS 1
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to "I have the thoughts but I definitely will not do anything about them." *Have you had these thoughts and had some intention of acting on them?*			If YES • Place on SOS 3 • Send an email to FAST and schedule CE Appointment with FAST
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*			If YES • Place on SOS 3 • Send an email to FAST and schedule CE Appointment with FAST
If YES to 6, ask questions A, B, & C			
6) Suicide Behavior Question *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** *How long ago did you do any of these?* ☐ A. Over a year ago? ☐ B. Between three months and a year ago? ☐ C. Within the last three months?			If NO • Schedule CE Appointment with FAST If YES A. Over 1 year ago: • Schedule CE Appointment with FAST B. 3 mos.- 1 year ago: • Place on SOS 1 • Send an email and schedule CE Appointment with FAST C. Within 3 months: • Place on SOS 2 • Send an email and schedule CE Appointment with FAST

"From our cultural perspective, it's a very huge step to admit what is going on in our society, mainly in our university. So we are very excited to go for the next step and to really work on this executive program between these two nations."

Probation

San Bernardino

Why National Agencies, Regulatory Bodies, States and Nations Have Clarified the Critical Need for a Common Method



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FDA NIMH National Institute of Mental Health

ZERO SUICIDE TOOLKIT

PhenX

The Importance of a National & Global Common Language

Increases Knowledge and Improve Standard of Care

Adopted by CDC: "The Need for Consistent Definitions"

"The C-SSRS is changing the paradigm in suicide risk assessment in the US and worldwide" – Alex Crosby

" Research on suicide is plagued by many methodological problems… Definitions lack uniformity… reporting of suicide is inaccurate…"

***Reducing Suicide* Institute of Medicine, 2002**

SELF-DIRECTED VIOLENCE SURVEILLANCE

UNIFORM DEFINITIONS AND RECOMMENDED DATA ELEMENTS

CDC

Uniform Definitions

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; 164:1035-10
http://cssrs.columbia.edu/

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

Surveillance and Detection Across a Nation: Korean National Registry used C-SSRS to predict attempts

New meta-analysis: Structural brain alterations associated with suicidal thoughts and behaviors in young people: Results from 21 international studies from the ENIGMA Suicidal Thoughts and Behaviours consortium

PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

"Playing from the same sheet of music"

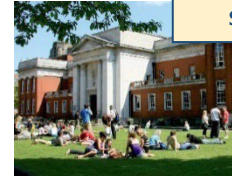
Finding Veterans Where They Work, Live, and Thrive

60% don't get care at the VA

Veterans on Campus Program

- They can be the Ambassadors bringing awareness and resources to their peers
- Gives a **Renewed Sense of Purpose**

- Developed award-winning **Guardian** app to evaluate social media posts for warning signs and link to the Columbia Protocol



Gyms/Crossfit: fitness meet-ups

Transportation Services:
Van drivers taking vets to appointments

VA parking lot attendants

Reaching Veterans
Everywhere in the Community

Lawyers & Legal assistants: legal problems are a major precipitant

After a VA attorney used the Columbia to help save the life of a suicidal client, the OGC decided to make it scalable and put it in the hands of all attorneys and legal aids throughout the VA nationwide.

Custodial staff

At the DMV: Vets get special driver's licenses

Dept of Parks & Recreation

Veterans Benefits Officers

Suicide is (mark all that apply):

a) A Choice
b) A Sign of Psychological Weakness
c) Akin to Murder (Only of the Self)
d) Akin to Cancer
e) All of the Above

Biggest Cause:
a heritable,
treatable medical
illness called
Depression

In Colorado youth, age 10 and above, depression was the number one mental health condition precipitating suicide across all age subgroups.

Suicide Is No

#1 Cause of Global Disability
(World Health Organization)

This Misunderstanding Can Be Lethal:
Netflix Drama *13 Reasons Why* Sent Opposite Message

Suicide Contagion:

The exposure to suicide or suicidal behaviors through **media,** within one's family, or peer group increases suicidal behaviors.

Especially in adolescents and young adults

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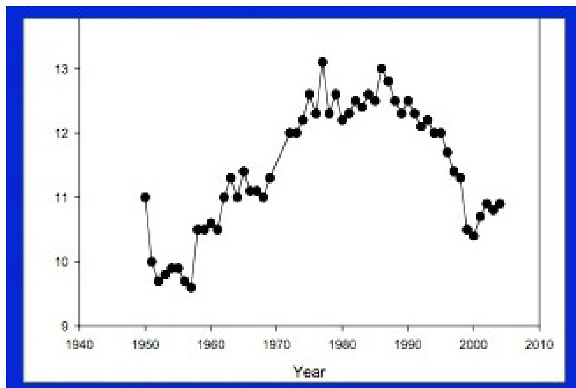
IDENTIFY RISK. PREVENT SUICIDE.

Antidepressants Save Lives!

<u>Not Treating</u> Depression is What Kills People

- Autopsy studies associated with *no treatment or non-compliance*
- *CDC: 76% no medication*



Suicide dropped dramatically since *modern anti-depressants (SSRIs)*

Up to 75% of those who need treatment do not get it

Many Overdoses are Suicides: Desperately Self-Medicating in

Lieu of Proper Treatment

Unfortunately…
Those Who Need Treatment Do Not Get It

90% of people who die by suicide have an untreated mental health problem, most often of which is depression.

The scandal of common mental illnesses left untreated

Would we tolerate a situation in which the majority of those suffering from diabetes, heart disease, or arthritis were left to fend for themselves, or asked to make do with inferior therapies?

Mental illness is common and debilitating, yet most people receive no medical help. Photograph: Alamy

Under-treatment of mental illness is pervasive:

- 50-75% of those in need receive no or inadequate treatment
- Over 80% of adolescents and college students who die by suicide never received any consistent treatment prior to their death

Antidepressants are #1 Prescription in U.S.: "The fact that people are getting the treatments they need is encouraging. **We worry more about under-treatment than over-treatment.**"

Help-seeking went up during covid but there is still a gap in accessing services

The Columbia Lighthouse Project
Identify Risk. Prevent Suicide.

Why Is Screening So Important for Everyone? Stigma Can be Lethal

"This isn't a real illness; I'm weak if I ask for help"

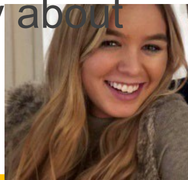
"...it's the stigma attached to admitting you have any kind of problems that gets in the way of beating depression. But when you see a real person up there... they know they're not alone and can go out and get help."

The Culture of Machismo from Baseball to Border Protection

Need a culture shift where "manning up" and seeking help are signs of strength.

From Namibia: "There's so much more tigma here in Namibia... Many people would much **rather remain silent** than be known as a person who is 'crazy'"
"Our community has put a cloth on depression hiding it and **making it seem like it's some kind of abomination.** "

"People talk about cancer freely; why is it so difficult to discuss the effects of depression? … **As students, we have the power to end that immediately.** Stigma places blame on the person suffering from the illness and makes them ashamed to talk openly about what they're going through."
- Saoirse Kennedy-Hill, in an essay she wrote before her tragic suicide



It's a Sign of Strength to Ask for Help

This Barrier Impacts Identification of Risk: Men and Boys Don't Seek Help So We have to Go Find Them

During COVID-19, mental health ED presentation of girls age 12-17 went up 50% (only 4% for boys).

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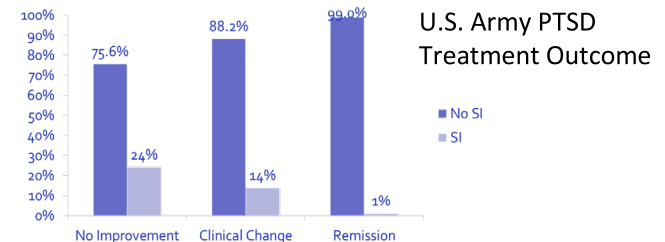
Normalizing Screening and Reducing Stigma Saves Lives in the US Army

Millions of Screens



Data leads to additional funding

Military, highest risk post-hospitalization – struggle to reintegrate into unit, stigma, false sense of recovery so this prevents post-hospitalization risk sequelae

Elevated risk for 2 years after discharge

- Treatment no longer at a stigmatizing outpost
- Mental health questions integrated into other care
- Inpatient overnights reduced **41%, saving $30-40 million since 2012**
- Decrease in suicide

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From Congress to Regulatory Bodies – Medical and Beyond

Joint Commission: *Vital Signs*

The U.S. National Regulatory Body Says this Needs to be a Vital Sign and Every Part of an Organization Needs to Ask the Same Questions

Basis for JC Regulatory Policy: "Intent to Act"

[Hospitals and health care systems] "have
hemselves or
proach, with
rtments: What
isk in one area
another. **When
uestions, and
other set**, then
ou're reducing
the signal strength. **You're not homing in on the needle in the haystack."**

Joint Commission: *Vital Signs*

"By adopting the C-SSRS, organizations ensure that **one tool is being used by all caregivers** … Using **the same language helps all caregivers** understand what the patient needs" … "**focus on folks who are at highest risk**."

The Columbia Lighthouse Project
Identify Risk. Prevent Suicide.

From Seatbelt Public Health Campaigns to Suicide Prevention:

The same way we moved people to wear seatbelts or quit smoking to lower mortality, we can now mobilize and ask simple questions to prevent suicide.

Are You or a Colleague Experiencing Emotional Distress?

Just Ask. You Can Save a Life.

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Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui.

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 about killing yourself?

3) Have you thought about how you might do this?

4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on 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?

6) Have you done anything, started to do anything, or prepared to do anything to end your life?

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK

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Posters in Workplaces

Electronic delivery, automatic risk notification

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IDENTIFY RISK. PREVENT SUICIDE.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

CALL 211 FOR MOBILE CRISIS SERVICES IN CT

Can Save A Life. #BeThere

sticky pads

The Columbia Mobile App:

With Individualized Community Crisis Information

THE COLUMBIA PROTOCOL: COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

JUST ASK. YOU CAN SAVE A LIFE.

UPMC Altoona Crisis Center

814-889-2141

Option 1

The answers selected indicate **IMMINENT** risk. Immediately seek help from emergency personnel, call the UPMC Altoona Crisis Center, or call 911. Please do not remain alone.

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK

RESTART PROTOCOL

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Telehealth: Research shows it is equivalent to in-person care in quality of care, and patient satisfaction

University of Tennessee Chattanooga “Badge Buddies”

Search the app store for Columbia protocol

A Common Language is an Intervention In and of Itself: Asking Can Literally Be Medicine Because it Shows You Care

Huge Study Showed Biggest Impact in Stopping Kids From Trying to Take Their Own Lives is Peers Helping Each Other

- "Just Ask" is much more than a screening intervention
- **Study in 10 EU countries with >11,000 students: peer-to-peer component** is most effective
- Common language develops **Connectedness** which saves lives
- Even if you are lucky enough to see a professional it's likely only once a week, so **we all need to check on our friends, coworkers and neighbors** more consistently

Schools offer students the opportunity to **build their resilience by developing caring relationships with teachers, and school staff**. The presence of a trusted caring adult is often considered one of the most **critical protective factors** in a young person's life. Other protective factors include setting high expectations and academic standards and providing **opportunities to participate and contribute to the school community**. Additional protective factors include having appropriate mental health staff (e.g., school psychologists, school social workers) at numbers that are proportionate to the student populations of each school.

The Magnitude of Connecting:

Devastating Health Effects of Loneliness Equivalent to 15 Cigarettes a Day

More Lethal than Heart Disease or Obesity

This is more than just a method to identify when someone is at risk.

It's a framework for normalizing the tough conversations and reducing stigma around talking about suicide and promotes connectedness.

Potential to reduce impact of trauma:

- **Social support** (lack of social support has been found to predict greater anxiety & poorer quality of life)

From NYSED Guide: Schools are uniquely positioned to build resilience among their students and develop a positive school climate and culture necessary for the prevention of suicide. Schools are an anchor for many students; schools play a critical role in promoting psychosocial competencies that reduce vulnerability to suicide.

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Breaking the Silence and Helping Communities Heal

At one point in history, **learning to wash hands** began saving lives. Now, just asking and **being there for each other** gives us permission to connect and build a **path of openness and resilience** that spans generations and is helping us save lives today.

"This is not only saving millions of lives, it is literally changing the way we live our lives, breaking down barriers that have been built over thousands of years. But we are just one nation and every nation deserves this lifesaving tool."

- Israeli official

"The beauty of the Columbia Protocol is that anyone can be involved. **So, as a community, we don't have to sit back and feel powerless. We can feel like we're part of a solution.**
It really does help in our own personal trauma and healing"

- Ryan Petty

Memorial events led by the community are known to be particularly healing

For questions and other inquiries

kelly.posner@nyspi.columbia.edu

Cell: (646)286-7439

Website for more information & downloads:

cssrs.columbia.edu

THE COLUMBIA LIGHTHOUSE PROJECT

IDENTIFY RISK. PREVENT SUICIDE.

The Magnitude of Connecting:

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It's a framework for normalizing the tough conversations and reducing stigma around talking about suicide and promotes connectedness.

Potential to reduce impact of mass trauma:

- **Social support** (lack of social support has been found to predict greater anxiety & poorer quality of life)

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

The Importance of Peer to Peer Support

ASK YOUR COLLEAGUES
CARE FOR YOUR COLLEAGUES
EMBRACE YOUR COLLEAGUES

See Reverse for Questions that Can Save a Life

What is Peer Support? The relationships that people build as they share thei own experiences to help and support each other.

- Particularly helpful after trauma
- **Battle Buddies**, ranger to ranger, VSW to VSW, fellow wingmen, cop to cop, **first responders who <u>feel that only others who have "been there" can relate</u>**

> **"Peer support plays an important role in the treatment of mental and substance use disorders and holds a potential for helping those at risk for suicide."**
>
> *- The National Strategy for Suicide Prevention*

<u>Can be the first line of defense in getting help:</u>

- Some won't go to the hospital – but they will call a friend
- Is very natural and organic
- Helps with "after care" - which is a very high-risk period
- Able to reach a person in a way we wouldn't otherwise be able to
- Provides encouragement along the care pathway
- Helps people realize they are not alone – people care and provides hope

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IDENTIFY RISK. PREVENT SUICIDE.

When You're There for Your Peer, Friend or Neighbor, It … (The Science Says So)

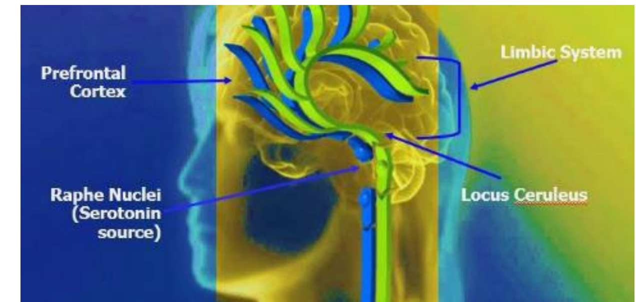
- **Increases Hope!** control, ability to start self-care
- Improved quality of life and increased access to care
- Decrease hospitalizations and inpatient days
- Reduces the use of the ER – which can escalate people who are already struggling
- Normalizes experiences
- Facilitates skill development, problem solving skills
- Links at risk people to resources in a safe, familiar way
- Improved engagement and satisfaction with services and supports
- Reduce the overall cost of services

The Columbia Lighthouse Project
Identify Risk. Prevent Suicide.

Suicide is (mark all that apply):

a) A Choice
b) A Sign of Psychological Weakness
c) Akin to Murder (Only of the Self)
d) Akin to Cancer
e) All of the Above

Biggest Cause:
a heritable, treatable medical illness called Depression



Suicide Is Not a Choice
Suicide Is Not a Choice

This Misunderstanding Can Be Lethal: Netflix Drama *13 Reasons Why* Sent Opposite Message

MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV

HEALTH AND SCIENCE

Teen suicides spiked month after Netflix's drama '13 Reasons Why' premiered, new research shows

Suicide Contagion:

The exposure to suicide or suicidal behaviors through **media,** within one's family, or peer group increases suicidal behaviors.

Especially in adolescents and young adults

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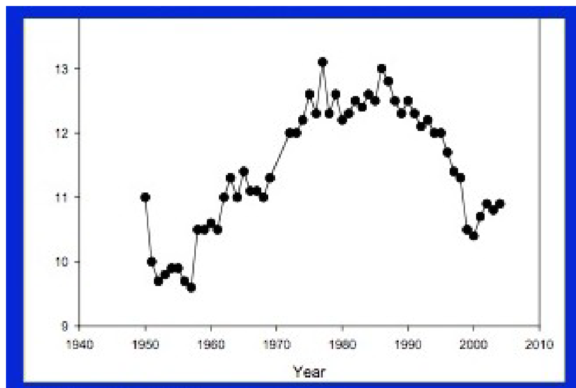
Antidepressants Save Lives!

<u>Not Treating</u> Depression is What Kills People

- Autopsy studies associated with *no treatment or non-compliance*
- *CDC: 76% no medication*



Suicide dropped dramatically since *modern anti-depressants (SSRIs)*

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Desperately Self-Medicating in Lieu of Proper Treatment:

Large Portion of Overdoses Are Suicides

NIH National Institute on Drug Abuse
Advancing Addiction Science

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

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April 20, 2017

*At a Congressional briefing on April 6, the **President of the American Psychiatric Association, Dr. Maria Oquendo**, presented startling data about the opioid overdose epidemic and the role suicide is playing in many of these deaths. I invited her 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. —Nora*

In 2015, over 33,000 Americans died from opioids—either prescription drugs or heroin or, in many cases, more powerful synthetic opioids like fentanyl. Hidden behind the terrible epidemic of opioid overdose deaths looms the fact that many of these deaths are far from accidental. They are suicides.

About This Blog

Welcome to my blog, here I highlight important work being done at NIDA and other news related to the science of drug abuse and addiction.

Nora's Blog ▸

Comments Policy ▸

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Opioids are involved in 1 out of 5 suicide deaths

Veteran risk of opioid overdose is double the risk for non-veterans

The Columbia Lighthouse Project
Identify Risk. Prevent Suicide.

Unfortunately…
Those Who Need Treatment Do Not Get It

90% of people who die by suicide have an untreated mental health problem, most often of which is depression.

The scandal of common mental illnesses left untreated

Would we tolerate a situation in which the majority of those suffering from diabetes, heart disease, or arthritis were left to fend for themselves, or asked to make do with inferior therapies?

The Guardian

Mental illness is common and debilitating, yet most people receive no medical help. Photograph: Alamy

Under-treatment of mental illness is pervasive:

- 50-75% of those in need receive no or inadequate treatment
- Over 80% of adolescents and college students who die by suicide never received any consistent treatment prior to their death

During COVID-19 crisis, many people couldn't afford or access their prescriptions

Antidepressants are #1 Prescription in U.S.: "The fact that people are getting the treatments they need is encouraging. **We worry more about under-treatment than over-treatment."**

Help-seeking went up during covid but there is still a gap in accessing services

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Why Is Screening So Important for Everyone? Stigma Can be Lethal

"This isn't a real illness; I'm weak if I ask for help"

"...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... they know they're not alone and can go out and get help."

The Culture of Machismo from Baseball to Border Protection

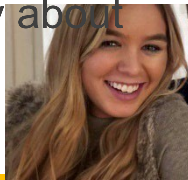
"I'm an ER doctor. I've seen a therapist & have been on antidepressants. Our system considers this a red flag, instead of a positive signal that I'm taking the best care of myself possible. **This needs to change."**

From Namibia: "There's so much more stigma here in Namibia... Many people would much **rather remain silent** than be known as a person who is 'crazy'"

"Our community has put a cloth on depression hiding it and **making it seem like it's some kind of abomination**. "

"People talk about cancer freely; why is it so difficult to discuss the effects of depression? … **As students, we have the power to end that immediately.** Stigma places blame on the person suffering from the illness and makes them ashamed to talk openly about what they're going through."

- Saoirse Kennedy-Hill, in an essay she wrote before her tragic suicide



It's a Sign of Strength to Ask for Help

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This Barrier Impacts Identification of Risk: Men and Boys Don't Seek Help So We have to Go Find Them

During COVID-19, mental health ED presentation of girls age 12-17 went up 50% (only 4% for boys).

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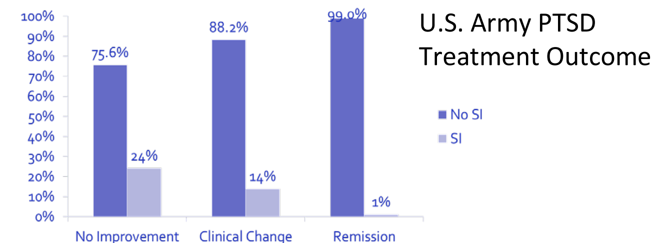
Normalizing Screening and Reducing Stigma Saves Lives in the US Army

Millions of Screens



Data leads to additional funding

Military, highest risk post-hospitalization – struggle to reintegrate into unit, stigma, false sense of recovery so this prevents post-hospitalization risk sequelae

Elevated risk for 2 years after discharge

- Treatment no longer at a stigmatizing outpost
- Mental health questions integrated into other care
- Inpatient overnights reduced **41%, saving $30-40 million since 2012**
- Decrease in suicide

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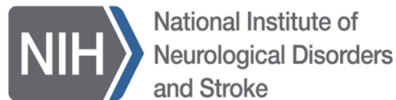
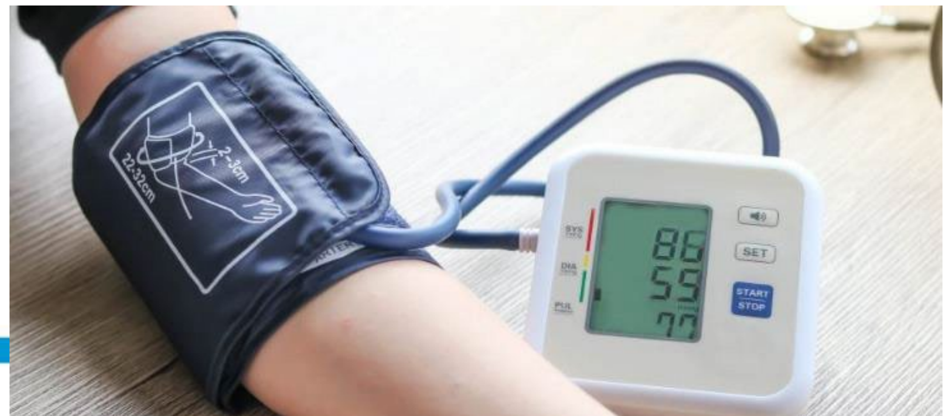
National Research Agenda: Common Goal, Method and Data Elements:
Inconsistency in definitions and lack of uniformity in method of detection is one of the major impediments to prevention (US National Suicide Prevention Strategy 2012, National Academy of Medicine 2002).

Standard Embedded within NIH Common Data Element Repositories, e.g.



Why National Agencies, Regulatory Bodies, States and Nations Have Clarified the Critical Need for a Common Method

" Research on suicide is plagued by many methodological problems… Definitions lack uniformity… reporting of suicide is inaccurate."
Reducing Suicide **Institute of Medicine, 2002**



FDA NIMH National Institute of Mental Health

ZERO SUICIDE TOOLKIT

PhenX

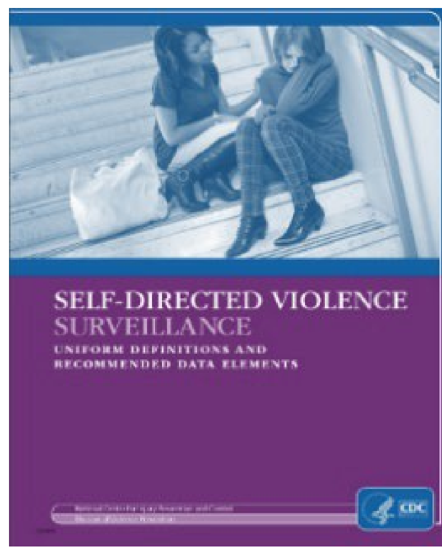
The Importance of a National & Global Common Language

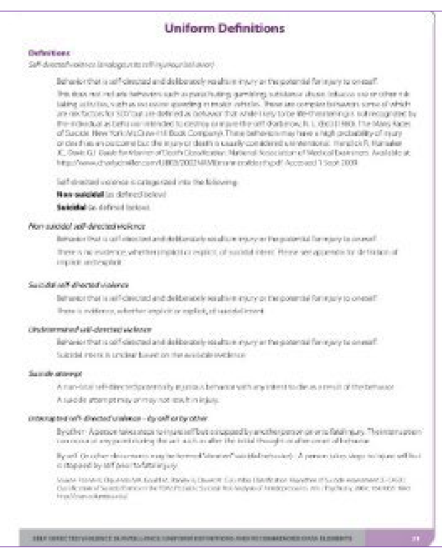
Increases Knowledge and Improve Standard of Care

Adopted by CDC: "The Need for Consistent Definitions"

"The C-SSRS is changing the paradigm in suicide risk assessment in the US and worldwide" – Alex Crosby

" Research on suicide is plagued by many methodological problems… Definitions lack uniformity… reporting of suicide is inaccurate…"
***Reducing Suicide* Institute of Medicine, 2002**




Uniform Definitions

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; 164:1035-10
http://cssrs.columbia.edu/

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

Surveillance and Detection Across a Nation: Korean National Registry used C-SSRS to predict attempts

New meta-analysis: Structural brain alterations associated with suicidal thoughts and behaviors in young people: Results from 21 international studies from the ENIGMA Suicidal Thoughts and nsortium

- Progress depends on large **research program collaborations** (e.g., NNDC, NIMH biomedical research toolkit PhenX 2009).

PREVENT SUICIDE

From Congress to Regulatory Bodies – Medical and Beyond

Joint Commission: *Vital Signs*

The U.S. National Regulatory Body Says this Needs to be a Vital Sign and Every Part of an Organization Needs to Ask the Same Questions

Basis for JC Regulatory Policy: "Intent to Act"

[Hospitals and health care systems] "have
hemselves or
proach, with
rtments: What
isk in one area
another. **When**
uestions, and
other set, then
ou're reducing
the signal strength. **You're not homing in on the needle in the haystack."**

Joint Commission: *Vital Signs*

"By adopting the C-SSRS, organizations ensure that **one tool is being used by all caregivers** … Using **the same language helps all caregivers** understand what the patient needs" … "**focus on folks who are at highest risk.**"

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Asking is the first step to saving lives…

If we can’t find those suffering in silence we can’t help them

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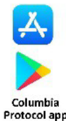
The Columbia: A Few Simple Questions to Identify Who Needs Help and Connect Them to Care

Minimum of 2 Questions	Maximum of 6 Questions

Always ask questions 1 and 2.	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 about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		High Risk

If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM until they can be evaluated.



Park employees may access the Employee Assistance Program at www.care.espyr.com (password: interioreap) or call 800-869-0276 for 24/7 live counseling and support

Primary Care Screener

COLUMBIA-SUICIDE SEVERITY RATING SCALE
*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you had any actual 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?*		
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past 3 months?***	**Lifetime** **Past 3 Months**	

Response Protocol to C-SSRS Screening

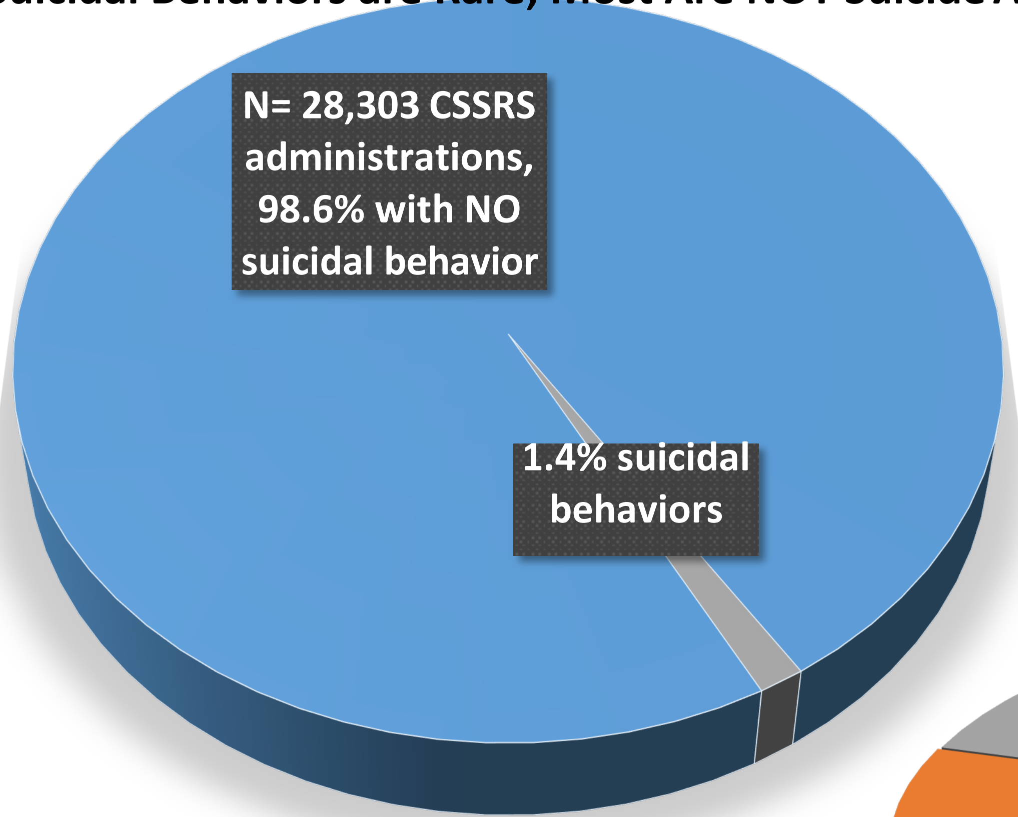
Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Why Are These Questions Different?

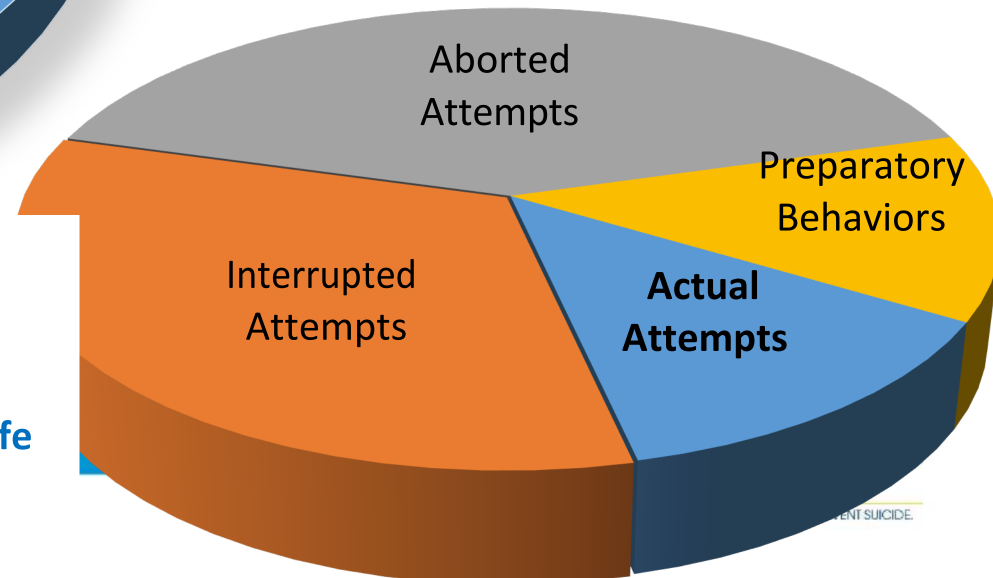
Highlights from the Science:

Suicidal Behaviors are Rare; Most Are NOT Suicide Attempts

We used to only ask about a suicide attempt, and **missed the person who bought the gun, or wrote the suicide note, or put a noose around their neck and changed their mind.**



Of the 1.4% suicidal behaviors:
87% (472) = interrupted + aborted + preparatory
vs.
13% (70) actual attempts



Each type of suicidal behavior is equally OR MORE predictive

An interrupted attempt (e.g. officer grabbing someone from jumping) was 4x as potent in identifying who was going to go on to end their life

Multiple behaviors = greater risk

When you get to a 4 or 5, risk jumps 100%

Preparatory Behaviors
Everyone Can and Needs to be Part of Optimal Prevention

A **front desk staff member** noticed a patient in the waiting room who did not appear well. Because she had undergone training to know **it's okay to ask**, she had the knowledge and courage to ask the suicide question, which revealed high risk and **disclosure of a suicide note** which led to him being transported to the hospital.

By asking about all types of ideation and behaviors maybe we can find kids like Dylan Klebold (Columbine) who mentioned suicide more than 5x 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 and then kill himself

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The Critical Importance of Screening at Least 6 and Up 6-12 Same Odds of Being Identified as High-Risk as 13-17!; Screening Did Not Increase ER LOS

Improving Youth Suicide Risk Screening and Assessment in a Pediatric Hospital Setting by Using The Joint Commission Guidelines (Latif et al 2020)

Setting	% High Risk Patients
OPC Age 6-12	3.6%

Importantly, it also showed that children ages 6-12 had similar probability of being identified as high risk according to the C-SSRS screener as adolescents ages 13-17.

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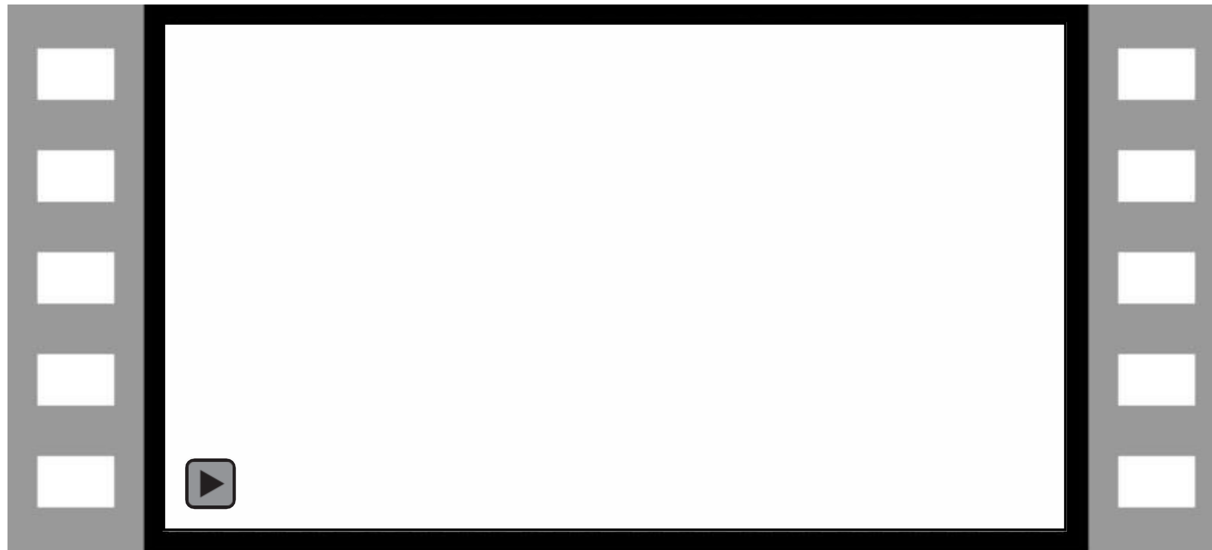
Questions Used to Facilitate Appropriate Care: Law Enforcement Efficient Use of Resources



http://youtu.be/fx3N3uDUQbo

Police Asking is Critical to Optimizing Your Scarce Resources, Decreasing ↓ Unnecessary ED Holds

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Evidence Support for the Columbia Risk Stratification

Study	Cut-off	Outcome	Risk increases
Posner 2011	4	3 types of attempts	+200% (OR=3.26)
Greist 2014	4	3 types of attempts	+1400% (OR=15.24)
Arias 2016	4	attempt or death	+70% (OR=1.7)
Conway 2016	4	Any SB	+600% (OR=7.76)
Park 2019	4	attempt	+400% (OR=5.3)
Katz 2020	4	attempts	+400% (OR=5.35)
Berona 2020	4	any SB	> twice more likely (HR=2.29)

Nam 2018
Matarazzo 2019
Posner 2011
King 2019

The ROI of Routine Screening: Primary Care and Beyond

Using C-SSRS as Part of Zero Suicide Implementation

52% reduction in emergency psychiatric assessments
32% reduction in rehospitalization

200 diversions from inpatient treatment, saving $200,000/year

Deaths reduced to zero
8% decrease in hospital admissions in 1 year, saving $23,400

The Mental Health Center *of* Greater Manchester

Decreased suicide 44%

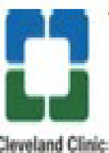
C-SSRS-PHQ9: Reduce False Positives and Workload While Finding the Right People

Air Force Zero Suicide: Increased sensitivity with C-SSRS across mental health clinics

at risk (intake) **16% PHQ9 vs 6.5% C-SSRS**

at risk (follow-up) **13% PHQ9 vs 1.3% C-SSRS**

32% decrease in suicide deaths over 2 years in community BH centers



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

Irene L. Katzan[1], M.D.; Adele C. Viguera[1], M.D., M.P.H; Taylor Burke[2], B.A.; Jacqueline Buchanan[2], A.B.; Kelly Posner[2], Ph.D.
[1]Cleveland Clinic [2]Columbia University Medical Center

Screen - Triage - Identification Of High Risk

3 in One

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for ***Primary Care***

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
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	Past 3 Months	
If YES, ask: *Was this within the past 3 months?*		

Response Protocol to C-SSRS Screening

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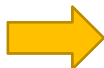
As Opposed To…

PHQ9 Single Item



Risk Determination with C-SSRS

Air Force Zero Suicide at mental health clinics
at risk (intake) **16% PHQ9 vs 6.5% C-SSRS**
at risk (follow-up) **13% PHQ9 vs 1.3% C-SSRS**

Cleveland Clinic: Outpatient Psychiatry
6% positive on C-SSRS vs. 24% endorsed PHQ item 9

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U.S. Military Models Suicide Reduction via All Hands Public Health Implementation of C-SSRS - Importance of Asking Beyond Medicine:

Life Saving Synergistic Partnership of the Medical Model and the Public Health Approach

Medical Model

- Narrow appr
- Mental health clinicians in h
- Most people a seek specialize

Public Health Model

- Broad approach
- Target: whole community
- Training of all gatekeepers
- Across all health services

Suicide is a complex problem that requires a multi-strategy public health approach for prevention. While psychotherapeutic and pharmacologic interventions administered by medical and mental health professionals housed in hospitals and clinics are critically important our data and surveillance points toward the majority of Service members never choosing to access behavioral health. As a result, a broader-scale, public health approach to suicide prevention is warranted. A public health approach addresses the problem of suicide from a community perspective. It involves training of multiple gate-keepers on how to identify risk factors and warnings signs for suicide, and to assess for suicide risk.

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR MILITARY PERSONNEL/QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale

Suicide is a complex problem that requires a multi-strategy public health approach for prevention. While psychotherapeutic and pharmacologic interventions administered by medical and mental health professionals housed in hospitals and clinics are critically important our data and surveillance points toward the majority of Service members never choosing to access behavioral health. As a result, a broader-scale, public health approach to suicide prevention is warranted. A public health approach addresses the problem of suicide from a community perspective. It involves training of multiple gatekeepers on how to identify risk factors and warnings signs for suicide, and to assess for suicide risk.

The Defense Suicide Prevention Office (DSPO) supports the use of the Columbia-Suicide Severity Rating Scale (C-SSRS)- Screening Version for use within military communities, and more specifically, with military commands, community counselors, Sexual Assault Prevention and Response victim advocates, chaplains, law enforcement, firefighters, first responders, attorneys, peers, and other gatekeepers. The C-SSRS is already in wide utilization across all branches of the military.

The Centers for Disease Control has adopted the Columbia definitions in the context of their Self-Directed Violence Surveillance Uniformed Definitions, and the National Institutes of Mental Health has acknowledged the C-SSRS's capacity to identify those most at risk for suicidal behavior.

For more information on the Columbia-Suicide Severity Rating Scale- Screening Version, please visit the following website: http://www.cssrs.columbia.edu. Please see http://www.cssrs.columbia.edu/psychometric_cssrs.html for information on the Columbia's psychometric properties.

For further questions about Suicide Prevention tools, please contact DSPO at 703-614-8840.

K. Franklin
Keita Franklin, PhD, LCSW
Director
Defense Suicide Prevention Office

"…with military commands, community counselors, Sexual Assault Prevention and Response victim advocates, chaplains, law enforcement, firefighters, first responders, attorneys, peers, and other gatekeepers."

Must Go Beyond the Medical Model and Outside the Hospital Walls Towards a Public Health Approach:

Marines reduced suicide by 22% while at the same time there was a reduction in domestic violence, alcohol incidents & sexual assault

Undersecretary of Defense Urgent Memo

PERSONNEL AND READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR MILITARY PERSONNEL/QUALITY OF LIFE
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR MILITARY PERSONNEL POLICY
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR RESERVE AFFAIRS AND AIRMEN READINESS

SUBJECT: Use of the Columbia-Suicide Severity Rating Scale

- **Total force roll-out**, in the hands of whole community
- **ALL support workers including lawyers**, financial aid counselors, chaplains, family advocacy workers, substance abuse specialists, advocates

DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF DEFENSE COUNSEL OF THE MARINE CORPS
MARINE CORPS DEFENSE SERVCES ORGANIZATION
701 SOUTH COURTHOUSE ROAD, BUILDING 2 SUITE 1000
ARLINGTON, VA 22204-2482

IN REPLY REFER TO
1720
CDC
28 Sep 12

CDC Policy Memo 5–12

From: Chief Defense Counsel of the Marine Corps
To: Distribution List

Subj: IDENTIFYING AND RESPONDING TO CLIENTS AT-RISK FOR SUICIDE

Ref: (a) JAGINST 5803.1D
(b) MCO 1720.2
(c) CDC PM 4-12 - DSO FY 13 Training Plan
(d) CDC Policy Memo 6-11- CDC's CIRs

Encl: (1) Suicide Assessment Mnemonic
(2) Tools to Cope with Stress Memorandum
(3) Columbia Suicide Severity Rating Scale

1. Purpose. To continue to emphasize the Marine Corps Defense Services Organization's (DSO) commitment to effectively recognizing and responding to clients at risk for suicide by formalizing our well-established procedures that have saved several clients in distress over the past few years and to build upon those procedures to help prevent future suicides.

2. Discussion.

a. Suicide is a very complex problem.[1] Many interacting factors are involved and there are usually warning signs that precede the suicide, but they are not always easy to detect. Due to the nature of the relationship between a defense counsel and a client, the defense counsel may be in a unique position to recognize the combination of warning signs leading up to a suicide. As advocates, we must work aggressively to identify and to aid our clients who are at risk for suicide. The risk for our clients is great - more than forty percent of Marines who have died by suicide in the last several years were facing or recently resolved a military or civilian legal issue. Within the DSO, these statistics represent the loss of several of our clients, both prior to and after trial, to suicide. I am confident that those numbers would be higher without the caring and professional intervention of the Marines assigned to the DSO who have followed our procedures to get help for their troubled clients. We must continue to incorporate suicide prevention into our practice of law and ensure that our clients receive the care and help they need.

b. The DSO has been committed to reducing suicides. Three years ago, my predessor began

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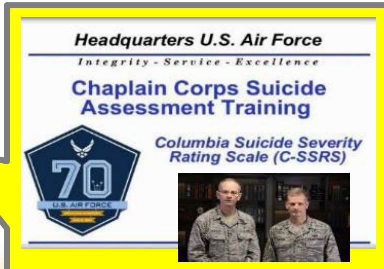
Suicide Rate in Air Force Decreases with Everyone Asking

Zero Suicide: Whole-Community Systems Approach in the Air Force

Airman, Clergy, Dentist, Spouse etc

Support Workers
- Clergy
- Legal Assistants
- Financial Aid Counselors
- Advocates
- Case Managers



Peers & Leadership

Security/Safety
- Overnights
- Explosive Ordinance Disposal
- Military Police

Schools, Child & Family Services

When A Community Comes Together

There is Hope

The Air Force Reserves

saw a *sharp decrease* in suicides from **11 in 2017** to **3 in 2018**: **lowest number of Reserve suicides since 2012.**

Primary Care,

"If I had the Columbia Scale, I never would have left him alone in that hotel that day." - Kim Ruocco

Spouses

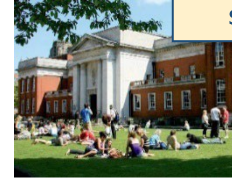
Behavioral Health

Finding Veterans Where They Work, Live, and Thrive

60% don't get care at the VA

Veterans on Campus Program
- They can be the Ambassadors bringing awareness and resources to their peers
- Gives a **Renewed Sense of Purpose**

- Developed award-winning **Guardian** app to evaluate social media posts for warning signs and link to the Columbia Protocol



Gyms/Crossfit: fitness meet-ups

Transportation Services: Van drivers taking vets to appointments

VA parking lot attendants

Lawyers & Legal assistants: legal problems are a major precipitant

After a VA attorney used the Columbia to help save the life of a suicidal client, the OGC decided to make it scalable and put it in the hands of all attorneys and legal aids throughout the VA nationwide.

Reaching Veterans
Everywhere in the Community

Custodial staff

At the DMV: Vets get special driver's licenses

Dept of Parks & Recreation

Ask your beneficiaries and their families

Care for your beneficiaries

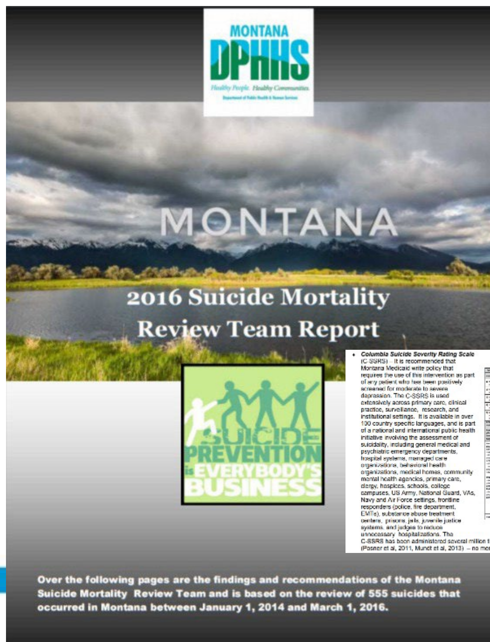
Embrace your beneficiaries

See Reverse for Questions that Can Save a Life

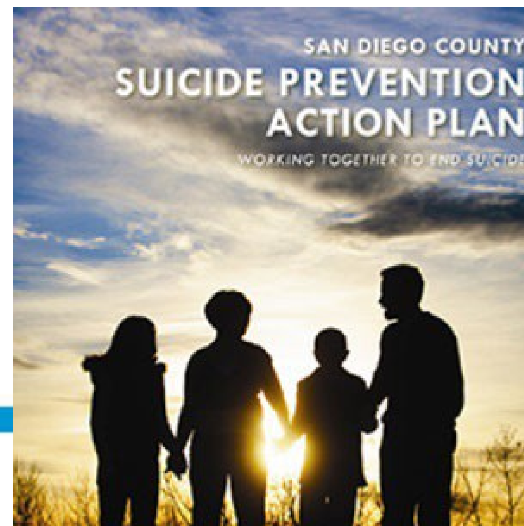
Veterans Benefits Officers

Columbia's Large Screening Data Not Only an Intervention But Helps Prioritize Resources for Prevention Efforts

- **Data helps prioritize needs and resources** for preventing suicide
  - Screening All Coast Cadets led to resources for improved prevention training and treatment (and engagement: several Cadets coming forward to ask for help)
- Collecting data on where, when, and by whom the C-SSRS is used ***allows us to see how systems can be improved***
- Adoption of screening and tracking across all public settings – we collect data that **informs broader prevention efforts**



The Montana 2016 Suicide Mortality Review Team Report recommended that Medicaid policy require C-SSRS



San Diego County

- C-SSRS included in the San Diego County Suicide Prevention Action Plan.
- A data-driven program evaluation report facilitated a 5-year grant from San Diego County Health and Human Serves Agency to implement county-wide standardized risk assessment procedures and expand crisis intervention.

From Seatbelt Public Health Campaigns to Suicide Prevention:

The same way we moved people to wear seatbelts or quit smoking to lower mortality, we can now mobilize and ask simple questions to prevent suicide.

Are You or a Colleague Experiencing Emotional Distress?

Just Ask. You Can Save a Life.

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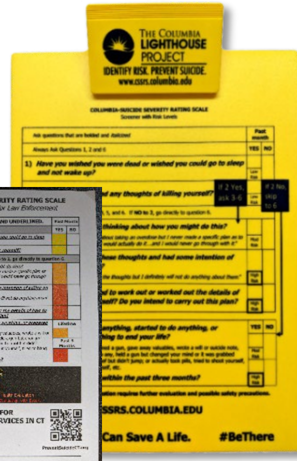
1) Have you wished you were dead or wished you could go to sleep and not wake up?
2) Have you actually had any thoughts about killing yourself?
3) Have you thought about how you might do this?
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on 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?
6) Have you done anything, started to do anything, or prepared to do anything to end your life?

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK

THE COLUMBIA LIGHTHOUSE PROJECT

Posters in Workplaces

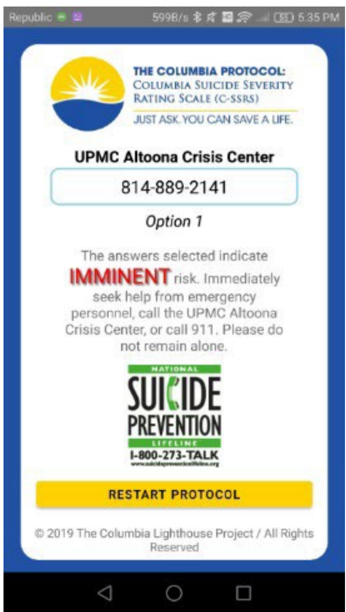
Electronic delivery, automatic risk notification



sticky pads

The Columbia Mobile App:

With Individualized Community Crisis Information



Telehealth: Research shows it is equivalent to in-person care in quality of care, and patient satisfaction

University of Tennessee Chattanooga “Badge Buddies”

Search the app store for Columbia protocol

Breaking the Silence and Helping Communities Heal

At one point in history, **learning to wash hands** began saving lives. Now, just asking and **being there for each other** gives us permission to connect and build a **path of openness and resilience** that spans generations and is helping us save lives today.

“This is not only saving millions of lives, it is literally changing the way we live our lives, breaking down barriers that have been built over thousands of years. But we are just one nation and every nation deserves this lifesaving tool.”

"The beauty of the Columbia Protocol is that anyone can be involved. **So, as a community, we don't have to sit back and feel powerless. We can feel like we're part of a solution.**
It really does help in our own personal trauma and healing"

- Ryan Petty

Memorial events led by the community are known to be particularly healing after a mass trauma event

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

From Israel: Use simple questions to talk about suicide, which will serve as a model to talk about other taboos, historical or current trauma, across religious and cultural divides … healing suffering and building resilience.

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Website for more information & downloads:

cssrs.columbia.edu

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