

Just Ask. You Can Save a Life.

The Columbia Suicide Severity Rating Scale (C-SSRS)
**A Critical Threat Assessment Tool & Protection Strategy
for the Prevention of Suicide & Violence**



*Empowering First Responders
and their communities*



The C-SSRS: A Few Simple Questions to HELP FIND PEOPLE WHO ARE AT RISK and Prevent Suicide, Gun Deaths, and Violence

~80% of school shooters had a history of suicidal thoughts or behavior

*Vossekuil, B. et al. National Threat Assessment Center, Washington DC 2002.

Just ask a few questions to find people who need help before its too late,
Prevent violence before it starts.

What is The Columbia Suicide Severity Rating Scale (C-SSRS)?

The C-SSRS is a few simple questions that empower communities, families and individuals to find people who are at risk and prevent tragedies before they happen. It is a threat assessment tool that uniquely identifies those who would typically be missed, using evidence-based thresholds to connect them to the right level of care.

- **Simple:** You can ask as few as two to six questions, with no mental health training required to ask them.
- **Effective:** Experience shows that the scale uniquely identifies those who would otherwise be missed.
- **Efficient:** Use of the scale redirects resources to where they are needed most, preventing unnecessary interventions that are often costly, traumatic, and lead to disengagement from the needed care. The C-SSRS tells the first responder who needs a next step, and provides setting-specific recommendations.
- **Free:** It's available at no cost.
- **The Most Evidence-Supported:** An unprecedented amount of research validates the questions' value.

Regarding the C-SSRS, "We found another big piece of the school shooting puzzle – an antibiotic for suicide. This ... could fundamentally change the game for early identification and intervention."
Ryan Petty, parent of a Marjory Stoneman Douglas High School shooting victim from Parkland, Florida

Using the C-SSRS to develop and standardize THREAT ASSESSMENT & RESPONSE PROTOCOLS

provides a common language for understanding the level of risk.

- Properly assessing a person's risk for suicide helps first responders and others in communities determine next steps and save lives.
- The C-SSRS helps share information to coordinate prevention and crisis response efforts.
- The C-SSRS increases preparedness.
- The C-SSRS protects against liability because negligence is in NOT asking; asking while trying to save lives is proof of responsibility.
- Using a common language provided by the C-SSRS to cope with crisis reduces anxiety in caregivers, first responders, students and teachers.

The statewide adoption of the C-SSRS as the crisis assessment tool "has catapulted a transformation of practices in Tennessee by insuring 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's too late."

Melissa Sparks, Director of Crisis Services and Suicide Prevention
Tennessee Department of Mental Health and Substance Abuse Services

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

Rory Beil, Project Manager, ReThink Mental Health and Clay County Public Health

Build Connections by Simply Asking

Just asking the questions can be a positive action. When we ask a student, an elder, a partner how they're doing, it signals that someone cares about them. This simple action promotes connectedness – a critical protective factor against suicide and other problems.

"If implemented to the extent of its capacity across the country, 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, U.S. Department of Education

Critical Protection Strategy for Whole Communities

Putting these simple questions in everybody's hands creates a common language and a linking of systems.

This facilitates care delivery and engages the whole community in helping to prevent tragedy.

	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	Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>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.</small>		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



**ASK YOUR FELLOW OFFICER
CARE FOR YOUR FELLOW OFFICER
ESCORT YOUR FELLOW OFFICER**



See Reverse for Questions that Can Save a Life




**LOW FIREFIGHTER
FELLOW FIREFIGHTER
FELLOW FIREFIGHTER**

Reverse for Questions that Can Save a Life



**JR STUDENTS
YOUR STUDENTS
OUR STUDENTS**

Reverse for Questions that Can Save a Life



**LOW EMT
FELLOW EMT
FELLOW EMT**

Reverse for Questions that Can Save a Life

Follow this link or scan this code to watch a short demonstration of a C-SSRS screener performed by a first responder

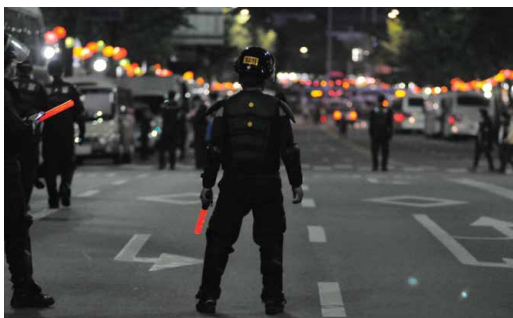
<https://tinyurl.com/CSSRSDemoVideo>



RECOGNIZING RISK

Among the First Responders

Statistics show first responders are at a heightened risk for suicide themselves, because they work in high-stress jobs with repeated exposure to traumatic events. The ability to recognize suicide risk is vital within first responders' own departments or units.



More police officers die by suicide than by gunfire and traffic accidents combined, according to data collected by The Badge of Life, a Connecticut-based suicide prevention organization for police officers in the United States and Canada.

A fire department is **3x more likely** in any given year to lose a firefighter to suicide than to a death in the line of duty, the National Fallen Firefighters Foundation reports. A Florida State University study of 1,000+ firefighters found that **nearly 50% had suicidal thoughts** at some point during their career, and about 16% reported one or more suicide attempts.



A survey of EMTs and paramedics in the U.S. found that **37% had contemplated suicide** and **6.6% had attempted it**. A survey of Canadian paramedics found that about **28% had contemplated suicide** and 60% knew of a paramedic who had.

PROTECTING THE PROTECTORS

THE C-SSRS IN ACTION

Reducing Suicide & Redirecting Resources

The Columbia Suicide Severity Rating Scale is helping first responders to save lives and redirect scarce resources, reducing unnecessary interventions and keeping officers on the street where they can do their jobs.

The C-SSRS enables us “to keep more personnel out on the street instead of in the mental health facility ... we can reduce law enforcement officer suicide rates with this tool as well.”

A Crisis Negotiations Commander in Orlando, speaking after the Pulse nightclub shooting



Utah’s largest fire agency, the Unified Fire Authority, has employed the tool for its firefighters, paramedics, and EMTs. Tennessee has adopted the scale as a statewide crisis assessment tool and has encouraged first responders to use it. A Rhode Island Senate commission recommended that first responders use the C-SSRS to reduce emergency room overuse.

After putting the C-SSRS in everybody’s hands, the U.S. Marine Corps **reduced the number of service member suicides by 22%**

At Centerstone, one of the largest behavioral healthcare providers in the United States, the suicide rate among its Tennessee patients **was lowered by 65% within 20 months.**

Utah reversed an almost decade-long increase in suicide deaths.



The Columbia Lighthouse Project

is dedicated to improving suicide risk assessment and suicide prevention across all public health settings. The suicide assessment method developed in collaboration with other academic medical centers, the Columbia Suicide Severity Rating Scale, is used extensively in healthcare and education systems, state-wide suicide prevention programs, military, as well as academic and industry research in the US and abroad.

In order to help integrate the C-SSRS into your prevention protocols, we will:

- Help select the right screening tool and modify it for your setting
- Answer questions about how to use the tool and provide hands-on support
- Direct you to resources that can bolster your suicide prevention efforts

For support, copies of the tool, or additional information, please visit
cssrs.columbia.edu

Identify risk. Prevent suicide. Together, we can make a difference.

“We all have the potential to use the C-SSRS to save a life.”

– Keita Franklin, Director,
U.S. Department of Defense Suicide Prevention Office

The C-SSRS has been endorsed, recommended, or adopted by:



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www.cssrs.columbia.edu



THE COLUMBIA
LIGHTHOUSE
PROJECT
IDENTIFY RISK. PREVENT SUICIDE.