The Columbia-Suicide Severity Rating Scale (C-SSRS)

The ongoing national and international tragedy of suicide has spurred substantial prevention efforts. Lack of effective screening and identification of persons at risk is an obstacle to effective prevention. An evidence-supported, low-burden solution is The Columbia-Suicide Severity Rating Scale (C-SSRS), a screening tool developed by multiple institutions, including Columbia University, with NIMH support has predicted suicide attempts—one of the foremost national priorities for prevention.

Key Points:
- Demonstrated ability to predict suicide attempts in suicidal and non-suicidal individuals (which is a national priority for prevention).
- **The CDC adopted Columbia definitions of suicidal ideation and behavior; link to C-SSRS in CDC document**
- Field-use ready; mental health training not required to administer; Chaplains to first responders
- Gathers key data to help direct limited resources to persons most in need.
- Track record of many millions of administrations.
- Available in 103 languages.
- Electronic self-report is available and widely used (e-CSSRS)

Jeffrey Lieberman, M.D., president-elect of the American Psychiatric Association (APA): "For the **first time in as long as anyone can remember, we may be actually able to make a dent in the rates of suicide** that have existed in our population and have remained constant over time. And that would be an enormous achievement in terms of public health care and preventing loss of life."

New York State Office of Mental Health Commissioner Michael Hogan: "Having a proven method to assess suicide risk is a **huge step forward in our efforts to save lives.** Dr. Posner and her colleagues have established the validity of The Columbia–Suicide Severity Rating Scale (C-SSRS). This is a critical step in putting this tool in the hands of health care providers and others in a position to take steps for safety. We congratulate them on their efforts."

The C-SSRS is used extensively in primary care, clinical practice, surveillance, research, and institutional settings. It is part of a national and international public health initiative involving the assessment of suicidal risk and behavior. **Numerous states and countries have moved towards system-wide implementation**. Use includes general medical and psychiatric emergency departments, hospital systems, managed care organizations, behavioral health organizations, medical homes, community mental health agencies, primary care, clergy, hospices, schools, college campuses, military, frontline responders (police, fire department, EMTs), crisis hotlines, substance abuse treatment centers, prisons, jails, juvenile justice systems, and judges. More reliable and valid risk assessment is likely to reduce unnecessary hospitalizations, so that limited resources may be targeted to those who most need them.

> **"BREAKING NEWS** (3/12/12): **Suicide screening tool to be rolled out in RI:"**
> "The use of this scale can be **transformative for Rhode Island** because it will improve care and **allow us to focus resources where they most help people**," said Dale K. Klatzker, President/ CEO of The Providence Center. "The scale is an **easy way to save lives**," said Deb O'Brien, Providence Center Vice President and Chief Operating Officer. "Our staff have been trained by Dr. Posner, the creator of the C-SSRS, and have found it **easy to use and effective**. **By tying it to our electronic health records,** it becomes that much more **streamlined into every day care."**

Reduction in Unnecessary Interventions/Redirecting Scarce Resources:

The C-SSRS has been associated with **decreased burden by reducing unnecessary interventions and redirecting limited resources**; **In the <u>Rhode Island Senate Commission hearing on ER overuse and diversion</u>**, state senators discussed <u>use of the C-SSRS</u> by EMS or police in the community **to address ER overuse and ER diversion.**

Hospital system: **steadily decreased one-to-ones** (27,000 screened)

- Reading Hospital, PA - "allowed us to identify those at risk and **better direct limited resources in terms of psychiatric consultation services and patient monitoring** and it has also given us the unexpected **benefit of identification of mental illness in the general hospital population** which allows us to better serve our patients and our community."

Schools:

- New York City middle schools/nurses: Identified children that would have otherwise been missed while dramatically reducing unnecessary referrals. **One district estimated 60-90% of the referrals are unnecessary**
- NYC problem: **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 ER's is costly, traumatic to children & families, and may be less effective in routing children & families into ongoing care

Corrections:

- California corrections department spent **$20 million on suicide-watch** in 2010, which they believe could have been **cut in half by these methods**

According to a **mental health attorney specializing in malpractice litigation**, Bruce Hillowe, the C-SSRS has the potential to aid practitioners in taking necessary liability precautions, stating, **"If a practitioner asked the questions**...It would provide some **legal protection**."

The C-SSRS is frequently requested or recommended by various international agencies such as the **FDA, WHO, JCAHO Best Practices Library**, **U.S. Department of Education**, AMA Best Practices Adolescent Suicide, **Health Canada**, Korean Association for Suicide Prevention, **Japanese National Institute** of Mental Health and Neurology, and the Israeli Defense Force. The C-SSRS has been administered several million times and has exhibited excellent feasibility for use in the field as **no mental health training is required** to administer it.

The C-SSRS is used extensively by US military facilities domestically and abroad and by non-US military (e.g. Israeli Defense Force). It has been used across research, clinical, and institutional settings within the US Army (including Child & Family Assistance Sites), National Guard, VA facilities, and Navy and Air Force settings. Of note, the **CDC adopted the Columbia definitions** (referenced in CDC document), those now **required by the Department of Defense and the Department of Veterans Affairs**, and there is a link to the C-SSRS in the new CDC surveillance document.

The Action Alliance is a public-private partnership dedicated to advancing a national strategy for suicide prevention. It seeks to develop and disseminate tools to enable better prediction of suicidal risk and more efficient allocation of limited healthcare resources. The C-SSRS is a key component of this strategy. In the past, typical screening has only identified suicide attempts, omitting some of the most important behaviors that are critical for risk assessment and prevention (e.g. collecting pills, buying a gun). The C-SSRS is the only evidence-based screening tool that assesses the full range of clinically important ideation and behavior, with criteria for next steps (e.g. referral to mental health professionals); thus, the C-SSRS can be exceptionally useful in initial screenings.

Copies of the C-SSRS can be downloaded from the center's website: http://www.cssrs.columbia.edu/scales_practice_cssrs.html. Training can be completed on the C-SSRS Training Campus website: http://c-ssrs.trainingcampus.net. For larger scale or systemic implementation, we are available to discuss optimal implementation and training strategies.

In addition, below are a number of links to the recent national stories (LA Times, Crain's, US News, etc.) about the C-SSRS:

ABC: http://abcnews.go.com/Health/DepressionScreening/suicide-prevention-tool/story?id=14906949
L.A. Times: http://www.latimes.com/health/boostershots/la-heb-suicide-prediction-20111108,0,4292193.story
U.S. News: http://health.usnews.com/health-news/family-health/brain-and-behavior/articles/2011/11/08/suicide-checklist-spots-people-at-highSest-risk?PageNr=1
Health Canal: http://www.healthcanal.com/mental-health-behavior/22961-Landmark-Study-Finds-Columbia-Suicide-Severity-Rating-Scale-Predicts-Suicide-Attempt.html
Crain's: http://www.crainsnewyork.com/article/20111108/HEALTH_CARE/111109906
MSN: http://health.msn.com/health-topics/mental-health/suicide-checklist-spots-people-at-highest-risk
CBS: http://www.cbsnews.com/8301-504763_162-57320703-10391704/can-suicide-be-really-predicted-study-says-yes/

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