

**Just Ask.
You Can Save a Life.**



THE COLUMBIA
**LIGHTHOUSE
PROJECT**
IDENTIFY RISK. PREVENT SUICIDE.

**Empowering Communities and Schools to
to Prevent Suicide and Violence with
*The Columbia Suicide Severity Rating Scale
(C-SSRS)***



The C-SSRS: A Few Simple Questions to Find People at Risk and Prevent Suicide

~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 it's too late,
Prevent violence before it starts.

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

The C-SSRS is a few simple questions about suicidal thoughts and behavior that empower communities, families and individuals to find people who are at risk and prevent tragedies before they happen. The C-SSRS tells the teacher, parent or peer who needs a next step, and provides setting-specific recommendations.

- **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 provides evidence-based thresholds to connect those at risk to the right level of care.
- **Free:** It's available at no cost.
- **The Most Evidence-Supported:** The scale originated in a NIMH adolescent suicide attempter treatment study, and generated an unprecedented amount of research that 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, FL

MYTHS vs. FACTS

"Asking a depressed person about suicide may put the idea in their heads"

- ▶ Asking does **not** suggest suicide, or make it more likely.
- ▶ Open discussion is more likely to be experienced as relief than intrusion.
- ▶ Depressed students who get screened are less distressed and suicidal than high-risk students who are not screened (Gould et al, 2005).

"There's no point in asking about suicidal thoughts... if someone is going to do it, they won't tell you"

- ▶ Many will be honest when asked, even if they would never bring it up.
- ▶ Ambivalence, contradictory statements and behavior are common.
- ▶ Many give hints to friends or family, even if they don't tell a clinician.

"Someone that makes suicidal threats won't really do it, they are just looking for attention"

- ▶ Those who talk about suicide or express thoughts about wanting to die are most at risk of a real suicide attempt.
- ▶ 80% of people who die by suicide gave some indication or warning first.

"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

Youth and Suicide

- Approximately 16% of US high school students report seriously considering suicide
- Each year, 8% make one or more suicide attempts (CDC, 2015)
- 25% of teachers report being approached by an at-risk student
- An estimated 51,518 U.S. adolescents are hospitalized each year for self-inflicted injuries, resulting in total annual costs of approximately \$477,580,000 (CDC, 2010)
- Suicide is the second leading cause of death among U.S. college students, and less than 20% of students who die by suicide received any campus-based mental health services

A Critical Protection Strategy for Whole Communities

- In schools and on college campuses, the C-SSRS creates a tight/comprehensive network of support, when it is used by teachers, coaches, public safety officers, student life staff, resident advisors, and most critically, peers.
- The C-SSRS has been successfully implemented in many schools and systems across the US (e.g., every teacher in Tennessee) and abroad (every school teacher in Israel).

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.

COMMUNITY CARD




ASK YOUR FRIENDS

CARE FOR YOUR FRIENDS

EMBRACE YOUR FRIENDS

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	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life?	High Risk
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.	
<p><u>Any YES must be taken seriously. Seek help from friends, family</u> <u>If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency</u> <u>Personnel for care or call 1-800-273-8255 or text 741741 or call 911</u></p>	
 <p>NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255)</p>	<p>DON'T LEAVE THE PERSON ALONE STAY ENGAGED UNTIL YOU MAKE A WARM HAND OFF TO SOMEONE WHO CAN HELP</p>

Having a common language to talk about difficult topics such as suicide fosters an essential protective and promotive factor for all youth - social and psychological connectedness to school or “the belief held by students that adults and peers in the school care about their learning as well as about them as individuals...” (CDC, 2009)

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 violence.

The C-SSRS creates a common language. Having a common language with clear definitions of suicidal thoughts and behaviors is critical for developing school safety and response protocols. Schools distribute the Columbia Community Cards to teachers, coaches, parents and students, so that everyone is empowered to ask about suicide:

THE POWER OF ASKING

High-risk students who get screened are less distressed and suicidal than high-risk students who do not receive screening.
(Gould et al, 2005)



Steps You Can Take

68% of school shooters and 85% of youth firearm suicides get their guns from a parent or other family member's home

Firearms

- Keep firearms locked in a safe and ammunition stored in a separate location.
- Biometric locks are best because youth often know safe combinations or can find keys.
- Ask a friend or family member to store a firearm for you while you work on becoming healthy again.
- Check out a local shooting club or local police precinct to see if they have temporary storage options.

Medications

- Never keep lethal doses of any medication on hand. Work with your doctor and pharmacist to make sure you have a safe dosage in your home.
- Consider keeping medications locked in a safe place or have a responsible adult monitor use.
- Properly dispose of medications you no longer need.

THE C-SSRS IN ACTION

Saving Lives: Preventing Suicide & Violence

Follow this link or scan this code to watch a short demonstration of how to ask questions with the C-SSRS screener

<https://tinyurl.com/CSSRSDemoVideo>



After putting the C-SSRS in everybody's hands, the U.S. Marine Corps had a **22% reduction in the number of service member suicides.**

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 the first 20 months of implementation.**

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



The Columbia Lighthouse Project

is dedicated to improving suicide risk assessment prevention across all sectors of society. 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:



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

www.cssrs.columbia.edu



THE COLUMBIA
LIGHTHOUSE
PROJECT
IDENTIFY RISK. PREVENT SUICIDE.