Suicide Risk Assessment
SAFE-T Protocol with the Columbia–Suicide Severity Rating Scale (C-SSRS)

SAFE-T Suicide Assessment

SAFE-T with C-SSRS Author:

- Columbia University, the University of Pennsylvania, and the University of Pittsburgh — supported by the National Institute of Mental Health (NIMH)

Recommended Settings:

- All Population: all ages and special populations in different settings

Recommending Organizations:

- National Institute of Health NIH
- Substance Abuse and Mental Health Service Administration SAMHSA
- National Action Alliance for Suicide Prevention (Action Alliance)
- Department of Defense
- CDC National Center for Injury Prevention and Control
- United States Food and Drug Administration FDA

SAFE-T (Suicide Assessment)

Objective–

- Assist in - Identifying factors, noting those that can be modified to reduce risk
- Assist in - Identifying protective factors, noting those that can be enhanced
- Assist in -Conducting suicide inquiry: suicidal thoughts, plans, behavior and intent
- Assist in - Determining level of risk and choose appropriate intervention to address and reduce risk
- Assist in documentation the assessment of risk, rationale, intervention and follow- up instructions

Suicide Facts & Figures:
Indiana 2020

On average, one person died by suicide every eight hours **in the state.**

Almost five times as many people died by suicide in Indiana in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 23,559 years of potential life lost (YPLL) before age 65.

Suicide cost Indiana a total of **$1,023,791,000** combined lifetime medical and work loss cost in 2010, or an average of **$1,184,944 per suicide death**.

11th leading cause of death in Indiana

2nd leading
cause of death for ages 10-34

4th leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

18th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Indiana	**1,079**	**15.96**	**24**
Nationally	48,344	14.21	

CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/2020).

afsp.org/statistics

American Foundation for Suicide Prevention

Suicide Statistics

2/3 of the people have a safety plan but are unable it use it at the time

Over 90% of the suicide are not out of the blue- Most have communicated that to at least one person

In 2020, there were an estimated 1.5 million suicide attempts

And 45,979 American died by suicide

80% have recently seen a medical provider - **54%** of the people who died by suicide did not have a known mental health condition.

Higher the trauma – higher the risk

Capability and desire come together – risk is very high

Suicidal thoughts may be fleeting/come and go

Any level of suicidal thinking should be taken seriously.

There is one suicide for every estimated 25 suicide attempts. (CDC)

In 2020, **firearms accounted for 52.83% of all suicide deaths**.

On average, there are **130 suicides per day**.

In 2020, **men died by suicide 3.88x more than women**.

The rate of suicide is highest in **middle-aged white men**.

Depression is the leading cause of disability worldwide

Only half of all Americans experiencing an episode of major depression receive treatment (NAMI)

80% -90% of people that seek treatment for depression are treated successfully using therapy and/or medication. (TADS study)

Disparities in Suicide

Veterans have an adjusted suicide rate that is 52.3% greater than the non-veteran US adult population.

Rural areas experience much higher rates of suicide than urban areas.

Suicide rates increase as population density decreases and an area becomes more rural:[1]

Ages 10-14, suicide is the 2nd leading cause of death.

Ages 10–24 years account for 14% of all suicides.

Aged 75 and older account for fewer than 10% of all suicides but have the highest suicide rate.

Men aged 75 and older have the highest rate compared to other age groups

Aged 35–64 years account for 47.2% of all suicides in the United States

9th leading cause of death for this age group.[3]

Risk Factors

Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e., suicide risk).

Risk factors are NOT warning signs.

Play a critical role in the prevention of suicide.

Provide targets for intervention.

Decreasing risk factors, generally decreases risk.

Substance Abuse

Substance abuse leads to decreased inhibition and poor judgment, which can lead to an increased in impulsive acts. Particularly when combined with depression.

Between 40–60% of those who die by suicide are intoxicated at the time of their death

Individuals who abuse alcohol are at a 6-times greater risk for dying by suicide

They are at a greater risk for dying by suicide than those who do not abuse alcohol.

History or Previous Attempts

Individuals who have attempted suicide are at 38-times greater risk for dying by suicide than those who have not attempted suicide.

Between 20 and 50 percent of people who kill themselves had previously attempted suicide.

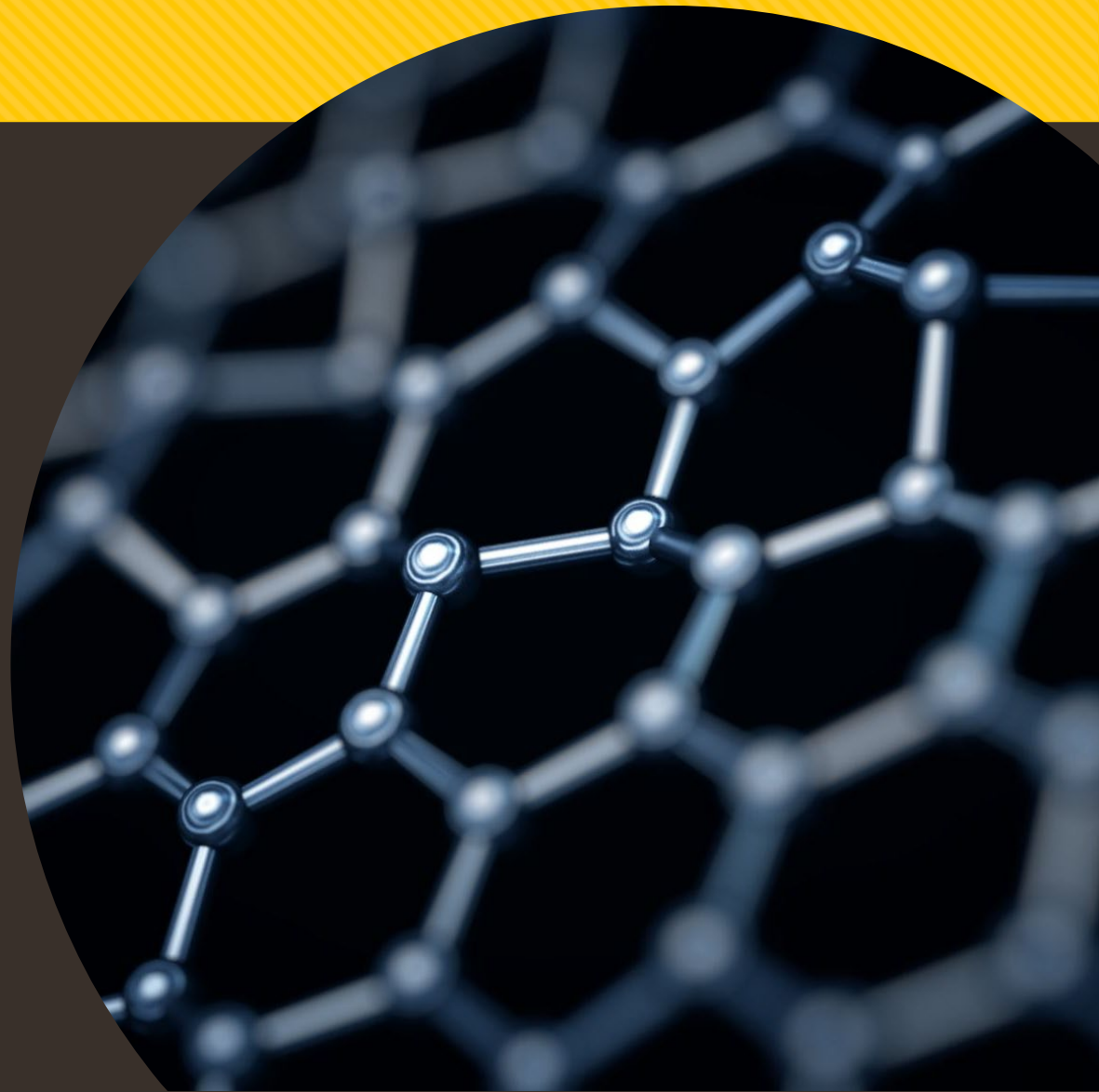
Illness

Medical illness such as severe diabetes, cancer, multiple sclerosis and fibromyalgia.

The risk increases if immobility, disfigurement, loss of functioning/livelihood and/or chronic pain are present.

Youth Risk Factors

- Perfectionist personalities
- Gay and lesbian youth
- Learning disabled youth
- Loners
- Youth with low self- esteem
- Depressed youth
- Students in serious trouble
- Abused, molested or neglected youth
- Genetic predisposition
- Parental history of violence, substance abuse, or divorce
- Youth in serious trouble



Additional Risk Factors and Tipping Points (Immediate Stressors)

- Access to lethal means
- Having an organized plan
- Genetic predisposition (family history)
- Impulsivity
- Risks increase with co-morbid diagnosis
- Lacking social support
- Relationship problems or break-ups
- Financial hardships
- Legal difficulties
- Public humiliation or shame
- Worsening medical prognosis
- Other stressful events

Protective Factors

Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide

Play a critical role in the prevention of suicide.

Provide targets for intervention

Do not entirely remove the risk

Effective mental health care

Connectedness to individuals, family, community, and social institutions

Problem-solving and coping skills

Contacts with caregivers

Warning Signs

Indicate someone is at immediate risk.

Four out of five teens who attempt suicide give clear warning signs.

Over 90% of the suicide are not out of the blue- Most have communicated that to at least one person

80% have recently seen a medical provider -54% of the people who died by suicide did not have a known mental health condition

Higher the trauma – higher the risk. Trauma places us at a higher risk for mental health issues in general such as depression and addiction. People who have experienced trauma are also at a greater risk for suicide

Two psychological states of mind contribute to the *desire* to take one's own life: the perception of being a burden, thwarted belongingness (social disconnection/isolation and loneliness) - Dr Thomas Joiner Interpersonal Theory of Suicide

The Necessary Components of Suicide: Desire and Capability: when they come together the risk is very high

Suicidal thoughts may be fleeting/come and go

Any level of suicidal thinking should be taken seriously

Myth or Facts about Suicide

“If someone is really suicidal, they are probably going to kill themselves at some point no matter what you do”

Multiple studies have found that >90% of the most serious attempters do not go on to die by suicide

Most people are suicidal only for a short amount of time

So, helping someone through a suicidal crisis can be life-saving

“There’s no point in asking about suicidal thoughts…if someone is going to do it they won’t tell you”

Many will tell clinician when asked, though might not have volunteered it – often a relief

Ambivalence is characteristic in 95%

Contradictory statements/behavior common

Many give some hints/warnings to friends or family, even if don't tell clinician

“Asking a depressed person about suicide may put the idea in their head”

- Does not suggest suicide, or make it more likely
- Open discussion is more likely to be experienced as relief than intrusion
- Risk is in not asking when appropriate

“If you stop someone from killing themselves one way, they’ll probably find another”

"Means restriction" has strong evidence as suicide prevention strategy

- Examples:

England 1998 –blister packaging for Tylenol= 44% reduction in Tylenol overdose over next 11 years

Israeli military 2006 -restricted gun access on passes, suicide rate dropped 40% in military

Understanding Thermology

- Suicide Attempt
- Inferring Intent
- Interrupted Attempt & Aborted Attempt
- Preparatory Acts or Behavior
- Columbia –
  - Screener
  - Lifetime
  - SAFE-T

Suicide Attempt Definition

A self-injurious **act** undertaken with at least **some** intent to die, **as a result of** the act

There does not have to be any injury or harm, just the potential for injury or harm (e.g., gun failing to fire)

Includes any "non-zero" intent to die –does not have to be 100%

Intent and behavior must be linked

- The question – "did any part of you want to die when you…" is very helpful in assessing this

Inferring Intent

Intent can sometimes be inferred clinically from the behavior or circumstances

e.g., if someone denies intent to die, but they thought that what they did could be lethal, intent can be inferred

“Clinically impressive” circumstances; highly lethal act where no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story, setting self on fire, or taking 200 pills)

Interrupted Attempt & Aborted Attempt

Interrupted Attempt: When person starts to take steps to end their life but someone or something stops them

Example:

- Bottle of pills or gun in hand but someone grabs it
- On ledge poised to jump but someone stops them

Aborted Attempt: When person begins to take steps towards making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior

Examples:

- Man plans to drive his car off the road at high speed at a chosen destination. On the way to the destination, he changes his mind and returns home
- Man walks up to the roof to jump, but changes his mind and turns around
- She has gun in her hand, but then puts it down

Preparatory Acts or Behavior

Definition:

Any other behavior (beyond saying something) with suicidal intent

Examples:

- Collecting or buying pills
- Purchasing a gun
- Writing a will or a suicide note

Columbia Suicide Severity Rating Scale (C-SSRS) Tools

The **Lifetime/Recent** version allows practitioners to gather lifetime history of suicidality as well as any recent suicidal ideation and/or behavior.

The **Since Last Visit** version of the scale assesses suicidality since the patient's last visit.

The **Screener** version of the C-SSRS is a truncated form of the full version Screens for suicidal ideation and behavior.

The **SAFE-T tool** is a five-step process for suicide risk assessment based on the practice guidelines for the assessment and treatment of patient with suicide al behaviors, it gives clinicians a series of steps to check for in performing suicide risk assessments to make sure that they are meeting the minimum standard of care

Why the Columbia

- Was designed as the first scale to address the full range of suicidal thoughts and behavior, severity, density, and track changes that point to heightened risk
- It identifies risk if someone has previously attempted suicide, and considered suicide, or prepared for a suicide attempt
- Helps clarify a common language to use when determining how to staff for suicide risk and implementing needed interventions
- Screens for a range of risk factors without becoming unwieldy or overwhelming, because it includes the most essential, **evidence-supported** questions required for a thorough assessment.

The Columbia is;

- **Simple -** ask all the questions in a few moments or minutes — with no mental health training required to ask them
- **Efficient -** redirects resources where they're needed most. It reduces unnecessary referrals and interventions by more accurately identifying who needs help — and it makes it easier to correctly identify the level of support a person needs, such as patient safety monitoring procedures, counseling, or emergency department care
- **Effective -** real-world experience and data show that the protocol has helped prevent suicide
- **Evidence-supported -** an unprecedented amount of **research** has validated the relevance and effectiveness of the questions used in the Columbia to assess suicide risk, making it the most evidence-based tool of its kind
- **Universal** - the Columbia is suitable for all ages and special populations**.** The training on how to use it are available free of charge for use in community and healthcare settings, as well as in federally funded or nonprofit research

THE COLUMBIA
LIGHTHOUSE
PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Scoring SAFE-T

SAFE-T Protocol Step 1

Step 1: Identify Risk Factors

C-SSRS Suicidal Ideation Severity	Month
1) Wish to be dead *Have you wished you were dead or wished you could go to sleep and not wake up?*	
2) Current suicidal thoughts *Have you actually had any thoughts of killing yourself?*	
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) *Have you been thinking about how you might do this?*	
4) Suicidal Intent without Specific Plan *Have you had these thoughts and had some intention of acting on them?*	
5) Intent with Plan *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*	
6) C-SSRS Suicidal Behavior: *"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" Was it within the past 3 months?	Lifetime Past 3 Months

Step 1
Identify Risk Factors

Access to lethal methods: Ask specifically about presence or absence of a firearm in the home or ease of accessing

Activating Events:

□ Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)

□ Pending incarceration or homelessness

□ Current or pending isolation or feeling alone

Treatment History:

□ Previous psychiatric diagnosis and treatments

□ Hopeless or dissatisfied with treatment

□ Non-compliant with treatment

□ Not receiving treatment

□ Insomnia

Other:

□ _____

□ _____

□ _____

Clinical Status:

□ Hopelessness

□ Major depressive episode

□ Mixed affect episode (e.g. Bipolar)

□ Command Hallucinations to hurt self

□ Chronic physical pain or other acute medical problem (e.g. CNS disorders)

□ Highly impulsive behavior

□ Substance abuse or dependence

□ Agitation or severe anxiety

□ Perceived burden on family or others

□ Homicidal Ideation

□ Aggressive behavior towards others

□ Refuses or feels unable to agree to safety plan

□ Sexual abuse (lifetime)

□ Family history of suicide

Step 1
Identify Risk Factors

*Quick Review

If Question 1 & 2 are both negative, go to the "Suicidal Behavior" section, no need to ask questions, 3,4,and 5

If question 2 is "yes", ask questions 3,4 and 5 and the behavior questions

If the answer to question 1 and/or 2 is "yes, complete "Intensity of Ideation" section & behavior questions

Method and Plan are different

- Having a method would give you a yes answer to question 3 – the person has an idea about how they would kill themselves
- Having a plan would give you a yes answer to question 5 – the person knows how they want to do it and has thought through or put together some steps to carry it out

see the next slide

Step 2
Identify Protective Factors

***Protective factors may not counteract significant acute suicide risk factors**

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)	
Internal: □ Fear of death or dying due to pain and suffering □ Identifies reasons for living □ _____ □ _____	**External:** □ Belief that suicide is immoral; high spirituality □ Responsibility to family or others; living with family □ Supportive social network of family or friends □ Engaged in work or school

Step 3
Specific questioning about Thoughts, Plans, and Suicidal Intent

For Intensity of Ideation, risk is greater when:

Frequency – how often is this happening

Duration – how long has this been happening

Controllability – is this something that you control/have power over

Deterrents – is there anything that would/could keep you from this

Reasons for ideation (stop the pain or make something else happen)

- C-SSRS gives a score from 2-25 - that score will help provide clinical judgment about risk

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Month
Frequency ***How many times have you had these thoughts?*** **(1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day**	
Duration ***When you have the thoughts how long do they last?*** **(1) Fleeting - few seconds or minutes** **(2) Less than 1 hour/some of the time** **(3) 1-4 hours/a lot of time** **(4) 4-8 hours/most of day** **(5) More than 8 hours/persistent or continuous**	
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** **(1) Easily able to control thoughts** **(2) Can control thoughts with little difficulty** **(3) Can control thoughts with some difficulty** **(4) Can control thoughts with a lot of difficulty** **(5) Unable to control thoughts** **(0) Does not attempt to control thoughts**	
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?*** **(1) Deterrents definitely stopped you from attempting suicide** **(2) Deterrents probably stopped you** **(3) Uncertain that deterrents stopped you** **(4) Deterrents most likely did not stop you** **(5) Deterrents definitely did not stop you** **(0) Does not apply**	
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** **(1) Completely to get attention, revenge or a reaction from others** **(2) Mostly to get attention, revenge or a reaction from others** **(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain** **(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)** **(5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)** **(0) Does not apply**	
Total Score	

Step 4 Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

RISK STRATIFICATION	TRIAGE
High Suicide Risk □ Suicidal ideation with intent or intent with plan **in past month** (C-SSRS Suicidal Ideation #4 or #5) **Or** □ Suicidal behavior **within past 3 months** (C-SSRS Suicidal Behavior)	□ **Initiate local psychiatric admission process** □ **Stay with patient until transfer to higher level of care is complete** □ **Follow-up and document outcome of emergency psychiatric evaluation**
Moderate Suicide Risk □ Suicidal ideation with method, **WITHOUT plan, intent or behavior in past month** (C-SSRS Suicidal Ideation #3) **Or** □ Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) **Or** □ Multiple risk factors and few protective factors	□ **Directly address suicide risk, implementing suicide prevention strategies** □ **Develop Safety Plan**
Low Suicide Risk □ Wish to die or Suicidal Ideation **WITHOUT method, intent, plan or behavior** (C-SSRS Suicidal Ideation #1 or #2) **Or** □ Modifiable risk factors and strong protective factors **Or** □ No reported history of Suicidal Ideation or Behavior	□ **Discretionary Outpatient Referral**

Step 5 Documentation

Risk Level :

[ ] High Suicide Risk

[ ] Moderate Suicide Risk

[ ] Low Suicide Risk

Clinical Note:

- ☐ **Your Clinical Observation**
- ☐ **Relevant Mental Status Information**
- ☐ **Methods of Suicide Risk Evaluation**
- ☐ **Brief Evaluation Summary**
- ☐ **Warning Signs**
- ☐ **Risk Indicators**
- ☐ **Protective Factors**
- ☐ **Access to Lethal Means**
- ☐ **Collateral Sources Used and Relevant Information Obtained**
- ☐ **Specific Assessment Data to Support Risk Determination**
- ☐ **Rationale for Actions Taken and Not Taken**
- ☐ **Provision of Crisis Line 1-800-273-TALK(8255)**
- ☐ **Implementation of Safety Plan (If Applicable)**


LGBTQ
Suicide Prevention Resources
National Suicide Prevention Lifeline
1-800-273-TALK (8255)
Veterans: Press 1
Text TALK to 741741
Text with a trained counselor from the Crisis Text Line for free, 24/7
The Trevor Project
TrevorLifeline: Available 24/7 at 1-866-488-7386
TrevorText: Text TREVOR to 1-202-304-1200
TrevorChat: Via thetrevorproject.org
Trans Lifeline
Support for transgender people, by transgender people
1-877-565-8860
SAGE LGBT Elder Hotline
Peer-support and local resources for older adults
1-888-234-SAGE
The LGBT National Hotline
Peer-support and local resources for all ages
1-888-843-4564
American Foundation for Suicide Prevention
afsp.org/lgbtq


NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org


CRISIS TEXT LINE
Text HELLO to 741741
Free, 24/7, Confidential


Veterans Crisis Line
1-800-273-8255 PRESS 1
IT'S YOUR CALL
Confidential help for Veterans and their families
Confidential chat at VeteransCrisisLine.net or text to 838255


USA National Suicide Hotlines
Toll-Free / 24 hours / 7 days a week
1-800-SUICIDE
1-800-784-2433
1-800-273-TALK
1-800-273-8255
TTY: 1-800-799-4TTY (4899)

Indiana Resources

Indiana Regional Support Groups

https://www.in.gov/issp/2494.htm

Indiana Suicide Prevention Resource Map
https://www.in.gov/issp/2422.htm

Mental Health America of Indiana

https://www.mhai.net/

1431 North Delaware Street
Indianapolis, IN 46202
(317) 638-3501
(317) 638-3540 (fax)

Indiana and National Hotlines

suicidehotlines.com/indiana.html

Indiana Suicide prevention resource center

https://www.sprc.org/states/indiana

Indiana Suicide Preventin Network
https://indianasuicideprevention.org/resources.php

National Resources

National Suicide Prevention Lifeline

https://suicidepreventionlifeline.org/

Suicide Contact Information

Teen Suicide Hotline: 1-800-SUICIDE (784-2433)

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Veterans Crisis Line: 1-800-273-8255 and Press 1

Text Line for Suicide Prevention: text HELPNOW to 20121

Senior Intervention Hotline – The Institute On Aging

Toll Free - 800.971.0016.

Institute on Aging's 24-hour toll-free Friendship crisis line for people aged 60 years and older, and adults living with disabilities

https://www.ioaging.org/services/all-inclusive-health-care/friendship-line

Family Members and Caregivers

https://www.sprc.org/settings/family-members-and-caregivers

Eluna Network https://elunanetwork.org/

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Thank You

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