The Columbia Suicide Severity Rating Scale (C-SSRS) and Implications for Implementing an Evidence Based Suicide Screening Instrument

University of Kentucky
Integrated Behavioral Health Conference
September 18, 2015

Objectives
1. Participants will learn and understand the importance of utilizing an evidence based validated suicide screening instrument.
2. Participants will learn and understand the C-SSRS instruments and how KVC utilizes the C-SSRS in clinical practice.
3. Participants will learn and understand the considerations and challenges of implementing an agency wide suicide screening instrument.

Suicide Prevalence

National Statistics
- 39,518 people died by suicide in the U.S. in 2011
  - That’s 108.3 per day & 1 death every 13.3 minutes
- Suicide is the 10th leading cause of death among all ages
- 2nd leading cause of death among 15-24 and 25-34 year olds and 3rd leading cause for 10-14 year olds
- For every death by suicide, there are 25-100 attempts
  - 459,000 annual attempts (1 every 32 seconds)

Kentucky Numbers
- 675 die by suicide annually (15.5 / 100,000)
- 19th in the U.S.
Suicide Risk in Primary Care

From the SAMSHA-HRSA Center for Integrated Health Solutions:

- 45% of individuals who die by suicide have visited their primary care physician within a month of their death, especially older adults.
- 67% of those who attempt suicide receive medical attention as a result of their suicide attempt
- Young men are the least likely to have seen their primary care physician before committing suicide.


Kentucky Risk Factors

A combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they may or may not be direct causes.

Risk Factors

- Family history of suicide
- Family history of child maltreatment
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barrier to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

Additional Risk Factors

- In ranking risk factors, please note that previous suicide attempt and hopelessness should be weighted VERY heavily.
- For children and adolescents, it is good to note that living in a highly critical and unsupportive home/school setting are additional risk factors.
Kentucky Mental Health Diagnoses Associated with Increased Risk for Suicidality

- Mood Disorders including Bipolar, Depression
- Borderline Personality
- Substance Use Disorders
- Psychotic Disorder such as Schizophrenia
- PTSD (victimization)

Kentucky Elevated Risk due to Emotional State

- Hopelessness
- Desperation
- Isolation
- Anger and rage
- Impulsive response to overwhelming feelings

Kentucky Protective Factors

According to CDC:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation
Importance of suicide screening

- Quality of Care for clients/patients: Screening can potentially SAVE a LIFE!
- Risk Management
- Informing decision for hospitalization (providing information to hospital regarding the need or prevent unnecessary hospitalizations)
- Meet Accreditation and regulatory requirements

KVC Suicide Screening Implementation

Columbia Suicide Severity Rating Scale (C-SSRS)

Joint Commission Standard for Suicide Risk Assessment

NPSG.15.01.01
Identify Individuals at risk for suicide.

EP 1
Conduct a risk assessment that identifies specific characteristics of the individual served and environmental features that may increase or decrease the risk for suicide.
SAFE-T

Suicide Assessment Five-step Evaluation & Triage

1) Identify Risk Factors
2) Identify Protective Factors
3) Conduct Suicide Inquiry
4) Determine Risk Level & Intervention
5) Document

KVC Process: Considerations in choosing a screening tool

- Research validated screening tools
- TJC requirement to also include risk/protective factors
- Determine what tool will work best in your setting
- Consider implications: How is this going to work in our practice? (client population, frequency of contact, etc.)
- Seek consultation when needed

Factors for KVC included:
- Research findings on outcomes
- Training required to utilize screening instrument
- Generalizability to wide age range (population of clients)

Columbia Suicide Severity Rating Scale (C-SSRS)

- Columbia University Medical Center
- Developed by Dr. Kelly Posner, Founder and Director at Center for Suicide Risk Assessment
- Utilized in a variety of settings including hospitals, schools, law enforcement agencies, community based clinic settings, primary care, and more
- No mental health training is required for administration
Columbia Suicide Severity Rating Scale (C-SSRS)

- Columbia Suicide Severity Rating Scale (C-SSRS)
- Brief Clinical Practice Screener (6 questions)
- More in-depth assessment (Lifetime-Recent Clinical Practice) *includes further assessment about ideation, duration, behaviors and lethality

- MUST BE TRAINED PRIOR TO ADMINISTERING

KVC Kentucky Implementation Process: Considerations for Policy and Procedure Development

Considerations for policy:
- Who gets screened and how often
- Risk and liability
- Required documentation of training and knowledge of policy and procedure
- Requirements for risk notification to supervisor
- Consultation
- Time frames for action/follow up

KVC Kentucky Implementation Process: Considerations for Direct Service Providers

- Comfort with talking about suicide
- Addressing provider anxiety
- Increasing comfort level with utilizing screen
- Support from supervisors
- Additional consultation as needed
- Ongoing training
KVC Kentucky Implementation Process

- Initiated with a Supervisor/Director Training on Suicide
- Introduction of screening tools to Directors/Supervisors first, then direct practice providers
- Review and feedback on policy from staff at all levels

KVC Kentucky Implementation Process

- Incorporated as part of standard assessment procedure
- Consider utilizing toward the end of the interview as rapport is built
- Insert into assessment procedure with additional screening instruments (Pain and Nutrition Screen)

KVC Kentucky Implementation Process

- Developed a policy and procedure regarding implementation of C-SSRS
- Ensure all staff have been trained on administration
- Software development to integrate C-SSRS into EMR
- Development of a Risk Matrix to guide staff
Columbia Suicide Severity Rating Scale (C-SSRS) Training

- Online training options found on C-SSRS website http://www.cssrs.columbia.edu/training_cssrs.html
- Provides a certificate of completion
  - Record of training should be included in employee HR file
- Provide instruction/training on suicide screening policy and procedure

The Columbia Suicide Severity Rating Scale C-SSRS
Scales for Public Health Settings (Clinical Practice) available for Download
- Lifetime/Recent
- Since last visit
- Clinical Practice Screener - Recent
- Clinical Practice Screener - Since Last Visit
- Pediatric Lifetime/Recent
- Pediatric Since Last Visit
- Risk Assessment Page
- Inpatient Discharge Screener
- Frequent Screener
- Self-Report Screener - Recent
- Self Report Screener - Since Last Contact

The Columbia Suicide Severity Rating Scale (C-SSRS)
KVC Risk Matrix

Rubric for Suicide Prevention Protocol

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Recent Ideation</th>
<th>Past Ideation</th>
<th>Recent Behavior</th>
<th>Past Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Low</td>
<td>1 or 2</td>
<td>1 or 2</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Moderate</td>
<td>3 or 4</td>
<td>4 or 5</td>
<td>No</td>
<td>6</td>
</tr>
<tr>
<td>High</td>
<td>4 or 5</td>
<td>4 or 5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Very High</td>
<td>4 or 5</td>
<td>4 or 5</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Numbers above indicate a “yes” answer to the item numbers endorsed on the screen.

Any highlighted score should be robustly supervised with careful consideration of impatient or CSU referral. Supervisors should document their decisions. Purple zone should include case conference with KVC Clinical Supervisor, Program Director and/or Clinical Director.

Suicide Screen in Primary Care Considerations

- C-SSRS has a patient self-report form that can possibly be integrated into patient paperwork
  - “Self-Report Screener-Recent”
  - “Self-Report Screener-Since Last Contact”

Suicide Prevention in Primary Care Toolkit for Rural Primary Care Providers:

http://www.cpc.org/for-providers/primary-care-toolkit?sid=508
Questions?

KVC Kentucky

Resources

- Columbia Suicide Severity Rating Scale (C-SSRS)
  http://www.cssrs.columbia.edu/scales_practice_cssrs.html

- Suicide Prevention Resource Center-SAMSHA

- Centers for Disease Control- CDC
  http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html

- SAMSHA-HRSA Center for Integrated Health Solutions: