

# SUICIDE PREVENTION SCREENING TOOL

## QUICK GUIDE

**UPMC** | WESTERN  
BEHAVIORAL HEALTH

## STEP 1 Ask the Question

### “Have you been having suicidal thoughts?”

**Note: Asking about suicide does not cause suicidal thoughts.** It allows a person to tell you if they are already struggling. Ask any time you have a concern.

#### WHEN TO ASK ABOUT SUICIDE

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.”

It’s especially important to ask about suicide when a person:

- Experiences a life crisis:
  - Job loss
  - Severe financial problems
  - Divorce
  - Serious medical diagnosis
- Doesn’t seem like themselves for a few weeks
- Harms themselves



*The Columbia Protocol is a helpful tool that provides questions to ask about suicide. **Scan the code to access the resource directly.***

- Wonders whether life is worth living
- Starts using drugs or alcohol heavily
- Is discharged from an inpatient psychiatric hospital
- Says other people would be better off without them
- Gives away things that matter to them
- Says things like “I can’t take this”

It’s also important to ask about suicide when a member of a person’s support system tells you they are concerned.

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## STEP 2 Assessment



*The following information is found in SAMHSA’s Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). **Scan the code to access the resource directly.***

### 1 Risk Factors

These factors increase a person’s suicide risk. Comorbidity of multiple disorders and recent onset of illness or triggering events increase risk.

- **Suicidal behavior:** prior attempts or history of self-injury behavior
- **Psychiatric disorders:** mood, personality, and psychotic disorders; alcohol/substance abuse; attention deficit hyperactivity disorder; traumatic brain injury; post-trauma stress disorder

- **Key symptoms:** inability to feel pleasure, impulsive tendencies, hopelessness, anxiety/panic, insomnia lasting more than one night, hearing voices
- **Family history:** suicide, self-injury, or hospitalization due to mental health and substance use disorders
- **Precipitants/stressors/interpersonal:**
  - **Triggering life events leading to humiliation, shame, or despair** (e.g., loss of relationship, financial or health status — real or anticipated)
  - **Ongoing medical illness** (esp. central nervous system disorders, pain)
  - **Intoxication**
  - **Family turmoil/chaos**
  - **History of physical or sexual abuse**
  - **Social isolation**
- **Change in treatment:** discharge from psychiatric hospital, provider change, or treatment change
- **Access to firearms**

*continued... - 2 -*

## STEP 2 Assessment (cont.)



Scan to view the SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) resource directly.

### 2 Protective Factors

These factors help lower a person's suicide risk; however, even if present, they may not be sufficient to counteract significant acute risk.

- **Internal factors:** ability to cope with stress, religious beliefs, frustration tolerance
- **External:** responsibility to children or beloved pets, positive therapeutic relationships, social supports

### 3 Suicide Inquiry

Ask specific questions about thoughts, plans, behaviors, intent:

- **Ideation:** discuss frequency, intensity, duration — in the last 48-hours, past month, and worst ever.
- **Plan:** ask about timing, location, lethality, availability, preparatory acts.

- **Behaviors:** inquire about past attempts, aborted attempts, rehearsals (tying noose, loading gun) vs. nonsuicidal self-injurious actions.
- **Intent:** review extent to which the patient expects to carry out the plan and believes the plan/act to be lethal vs. self-injurious. Explore their reasons to die vs. reasons to live.

#### FOR YOUTHS

##### Ask parent/guardian about:

- Evidence of suicidal thoughts, plans, or behaviors
- Changes in mood, behaviors, or disposition

#### HOMICIDE INQUIRY

When indicated, esp. in males with personality disorders or paranoia dealing with loss or humiliation, ask about homicidal ideation, plan, behaviors, intent.

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## STEP 2 Assessment (cont.)



Scan to view the SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) resource directly.

### 4 Risk Level/Intervention

*Assessment of risk level is based on clinical judgment, after completing steps 1–3.*

Use this chart to assist in gauging risk level and suggest interventions. It is not intended to provide actual determinations, but represent a range of possibilities.

RISK LEVEL	RISK/PROTECTIVE FACTORS	SUICIDALITY	POSSIBLE INTERVENTIONS
<b>High</b>	Psychiatric diagnosis, severe symptoms, acute precipitating event. Protective factors not relevant.	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal.	Admission generally indicated unless a significant change reduces risk. Suicide precautions.
<b>Moderate</b>	Multiple risk factors. Few protective factors.	Suicidal ideation with plan, but no intent or behavior.	Admission may be necessary, depending on risk factors. Develop a crisis plan and give emergency/crisis numbers.
<b>Low</b>	Modifiable risk factors. Strong protective factors.	Thoughts of death with no plan, intent, or behavior.	Outpatient referral, symptom reduction. Give emergency/crisis numbers.

*Reassess as patient or environmental circumstances change*

*continued... - 4 -*

## STEP 2 Assessment (cont.)



Scan to view the SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) resource directly.

### 5 Documentation

*Documentation of suicide risk assessment should include:*

- **Risk level and rationale**
  - Include risk level based on the chart from page 4.
  - Describe the rationale that you used to estimate risk level, including risk factors and protective factors present.
- **Treatment plan to address and reduce current risk**
  - Medication.
  - Treatment setting.
  - Therapy type.
  - Contact with significant others.
  - Consultation.
  - For youths, treatment plans should include roles for parent/guardian.
- **Firearms instructions** (if relevant)
  - Remove access to firearms.
    - » Safely store firearms in another location with a trusted individual.
    - » Call law enforcement for options, if necessary.
    - » Store ammunition separately.
    - » Use trigger locks.
- **Follow-up plan**
  - Describe clear plan for follow up.
  - Document contact information shared for 988 and other relevant resources.
  - Document steps taken to increase protections and manage risks.

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## STEP 3 Increase Protections and Manage Risks

### 1 Reinforce Support Systems

*Discuss ways to strengthen the person's protective support system:*

- Family, friends, pets, faith community
- Participation in meaningful activities
- Time spent alone vs. with others
- Supportive supervision
- Purposeful thinking
  - Reasons for living
  - Personal goals
  - Moral objection to suicide
  - Responsibilities to others

### 2 Manage Symptoms and Mental Health Services

*A suicide-prevention treatment plan may include:*

- **Medication management**
  - Safe, supervised access to medications
  - Medications with least overdose risk potential
  - Controlled medication quantities with assistance of pharmacy
- **Levels of care:** intensive outpatient, partial, inpatient
- **Therapy type:** individual, group therapy, online support, peer recovery
- **Case management involvement**
- **Share crisis hotline**

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## STEP 3 Increase Protections and Manage Risks (cont.)

### 3 Facilitate a Protective Environment

*Discuss measures to reduce environmental risk factors:*

- Stressor of situation
- Intimate partner violence
- Community/neighborhood safety
- Experience/risk of trauma
- Work/school/sport/social context
- Exposure to suicide
- Location prone to suicide behaviors
- Exposure to guns, drugs, violence
- Access to green space
- Ability to enjoy/join recreation

### 4 Fulfill Basic Needs

*Discuss tactics to help ensure basic needs are met:*

- Food security
- Housing stability
- Utilities
- Transportation
- Insurance
- Access to medications
- Income/financial security

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## STEP 3 Increase Protections and Manage Risks (cont.)

### 5 Address Physical Health Issues

*Discuss strategies to address existing physical health issues:*

- Comfort/chronic pain
- Functioning/loss of functioning
- Mobility
- Managing chronic health condition
- Health conditions linked to mental health (e.g., diabetes)
- Self-care
- Sleep regulation

### 6 Manage Drug and Alcohol Use

*Discuss measures to reduce risk factors for substance use disorders:*

- Drug and alcohol use patterns
- Symptoms associated with substance use
- Substance use treatment
- Consequences of substance use
- Risk of withdrawal

*continued... - 8 -*

## STEP 3 Increase Protections and Manage Risks (cont.)

### 7 Address Suicide Specific Risks

*Discuss strategies to reduce individual suicide risk factors:*

- Access to firearm(s)
- Access to medications
- Access to alcohol and/or drugs
- Access to location linked to suicide
- Exposure to suicide
- Experience of loss
- Plan
- Intention
- Prior attempt
- Furtherance of planning (e.g., buying or testing methods)

### 8 Provide Resources

*Look for the right fit for each individual.*

#### UNIVERSAL RESOURCES

- **988 Lifeline**
- Drop in locations, like mental health associations, club houses, senior centers, or libraries

#### CONSIDER DEMOGRAPHIC-SPECIFIC RESOURCES

- **Veterans**
  - VA, Vet Center
  - 988 and press 1 OR text 838255
  - Veteranscrisisline.net
- **LGBTQ+**
  - The Trevor Project
- **Pediatric, child-oriented**
- **Peer run/recovery focused**
- **Perinatal/postpartum**
- **Faith-based**
- **Geriatric**
- **First-responder friendly**

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## STEP 3 Increase Protections and Manage Risks (cont.)

### 9 Counsel on Access to Lethal Means

*Discuss strategies to reduce **firearm risk**:*

- Store firearm off-site (family, friend, gun shop, self-storage unit, pawn shop, law enforcement may have options).
- If firearm must be stored at home:
  - Remove ammunition from home.
  - Remove firing pin or disassemble weapon; store pieces off-site or in separate locations to slow the process of re-assembling.
  - Use trigger locks.
  - Store in a lockbox/safe, unloaded and without ammunition.
    - » Have a trusted person other than the person at risk (e.g., family member) change the lockbox combination and/or hold the key until the risk has subsided.

*Discuss strategies to reduce **medication risk**:*

- Dispose of unneeded or outdated medication through drug disposal or take-back programs.
- Limit quantities of necessary medications accessible.
  - Work with prescriber and pharmacy on dispensing limited amounts at a time.
  - Monitor the supply a person has access to, ensure they take as prescribed.
- Remove or create barriers to access anything a person may use to overdose (including opioids, prescription painkillers, sedatives, amphetamines, and regular OTC medications, such as acetaminophen).
- Enlist support from a family member, friend, or medication-monitoring program to help dispense pills to the person at risk.

# Coaching Tips for Helpers

*Being part of a suicide support system can be overwhelming. Provide tips on what to say and how to cope:*

- Remain calm (and, if you cannot, get help from a supervisor or colleague).
- Be nonjudgmental and validating.
- Be direct in an empathic way. It's best to use direct words like "suicide."
- Be strengths-based.
- Encourage hope. Most people experience relief and can be helped.
- Troubleshoot the safety plan.
  - Identify anything that might get in the way of following the plan.
  - Identify solutions to any barriers that are identified.
- Anticipate a recurrence of the crisis and schedule a next contact with yourself, crisis outreach, a person on your team, or an identified resource on the safety plan.
- Call in backup, if needed.
- Take care of yourself!!
  - Use your supports.
  - Talk to someone you trust.
  - Exercise.
  - Find ways to care for your body, mind, spirit, emotions, and your social life.
  - Use your healthy coping skills.
  - Reach out to your primary care physician, counselor, or other trusted helper if you find yourself having a tough time and want to discuss options.
  - Contact 988 or your local crisis hotline if you are having thoughts of suicide or need to find resources yourself.

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## Provider Resources

### GENERAL

#### **SAMHSA — 988 Suicide and Crisis Lifeline**

Dial 988 | [988lifeline.org](https://988lifeline.org)

#### **211: Information and Referral Hotline**

Dial 211 | [211.org](https://211.org)

#### **Trevor Project**

1-866-488-7386 | [thetrevorproject.org/get-help](https://thetrevorproject.org/get-help)

#### **Jed Foundation**

[jedfoundation.org](https://jedfoundation.org)

#### **Suicide Prevention Resource Center**

[sprc.org](https://sprc.org)

### MOBILE APPS

*These apps are available for download on Google Play and the App Store.*

#### **Columbia Protocol mobile app Columbia Suicide Severity Rating Scale**

#### **Suicide Safe by SAMHSA mobile app Safety Plan mobile app**

### DOWNLOADS



#### **Community Care Recovery/ Crisis Plan**