

Suicide Screening Assessment and Interventions

Policy Number: MHC_QS0003

APPENDIX 7.1 Columbia Suicide Severity Rating Screen (S-SSRS)

| Ask questions that are bolded and <u>underlined</u> . | Past Month | |
|---|------------|----------------------|
| | Yes | No |
| Ask Questions 1 and 2 | | |
| 1) <u>Have you wished you were dead or wished you could to sleep and not wake up?</u> | | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> | | |
| If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | |
| 3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it... and I would never go through with it." | | |
| 4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them." | | |
| 5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Did you intend to carry out this plan?</u> | | |
| 6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If YES, ask: <u>Was this within the past three months?</u> | | Lifetime |
| | | Past 3 Months |
| | | |

Item 1 Behavioral Health Referral at Discharge

Item 2 Behavioral Health Referral at Discharge

Item 3 Behavioral Health Referral at Discharge

Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

Item 6 Over 3 months ago: Behavioral Health Referral at Discharge

Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

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APPENDIX 7.2 Columbia Suicide Severity Risk Assessment

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals

| Past 3 Months | Suicidal and Self-Injurious Behavior | Lifetime | Clinical Status (Recent) | |
|---|---|--------------------------|------------------------------------|---|
| <input type="checkbox"/> | Actual suicide attempt | <input type="checkbox"/> | <input type="checkbox"/> | Hopelessness |
| <input type="checkbox"/> | Interrupted attempt | <input type="checkbox"/> | <input type="checkbox"/> | Major depressive episode |
| <input type="checkbox"/> | Aborted or Self-interrupted attempt | <input type="checkbox"/> | <input type="checkbox"/> | Mixed affective episode (e.g. Bipolar) |
| <input type="checkbox"/> | Other preparatory acts to kill self | <input type="checkbox"/> | <input type="checkbox"/> | Command hallucinations to hurt self |
| <input type="checkbox"/> | Self-injurious behavior <i>without</i> suicidal intent | <input type="checkbox"/> | <input type="checkbox"/> | Highly impulsive behavior |
| Suicidal Ideation – Check Most Severe in Past Month | | | <input type="checkbox"/> | Substance abuse or dependence |
| <input type="checkbox"/> | Wish to be dead | | <input type="checkbox"/> | Agitation or severe anxiety |
| <input type="checkbox"/> | Suicidal thoughts | | <input type="checkbox"/> | Perceived burden on family or others |
| <input type="checkbox"/> | Suicidal thoughts with method (but without specific plan or intent to act) | | <input type="checkbox"/> | Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.) |
| <input type="checkbox"/> | Suicidal intent (without specific plan) | | <input type="checkbox"/> | Homicidal ideation |
| <input type="checkbox"/> | Suicidal intent with specific plan | | <input type="checkbox"/> | Aggressive behavior towards others |
| Activating Events (Recent) | | | <input type="checkbox"/> | Method for suicide available (gun, pills, etc.) |
| <input type="checkbox"/> | Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.) | | <input type="checkbox"/> | Refuses or feels unable to agree to safety plan |
| Describe: | | | <input type="checkbox"/> | Sexual abuse (lifetime) |
| | | | <input type="checkbox"/> | Family history of suicide (lifetime) |
| <input type="checkbox"/> | Pending incarceration or homelessness | | Protective Factors (Recent) | |
| <input type="checkbox"/> | Current or pending isolation or feeling alone | | <input type="checkbox"/> | Identifies reasons for living |
| Treatment History | | | <input type="checkbox"/> | Responsibility to family or others; living with family |
| <input type="checkbox"/> | Previous psychiatric diagnoses and treatments | | <input type="checkbox"/> | Supportive social network or family |
| <input type="checkbox"/> | Hopeless or dissatisfied with treatment | | <input type="checkbox"/> | Fear of death or dying due to pain and suffering |
| <input type="checkbox"/> | Non-compliant with treatment | | <input type="checkbox"/> | Belief that suicide is immoral; high spirituality |
| <input type="checkbox"/> | Not receiving treatment | | <input type="checkbox"/> | Engaged in work or school |
| Other Risk Factors | | | Other Protective Factors | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Describe any suicidal, self-injurious or aggressive behavior (include dates) | | | | |