

# At a Glance

## The Columbia Protocol or Columbia-Suicide Severity Rating Scale (C-SSRS)

### *An overview of the C-SSRS and its use for healthcare settings<sup>1</sup>*

Asking about suicide is vital for healthcare and suicide prevention. Nearly 50% of people who die by suicide see their primary care doctor in the month before their death, and research has found that 25% of people who die by suicide are seen in the emergency room for non-psychiatric reasons in the 12 months prior to their death. The Columbia Protocol –also known as the C-SSRS – is an ideal risk assessment tool for healthcare environments.

<sup>1</sup>Material has been adapted from the Columbia Lighthouse Project's Website (<https://cssrs.columbia.edu/>)

#### What is the assessment and its purpose?

The C-SSRS supports suicide risk assessment through a series of plain-language questions that anyone can ask. Answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support a person needs.

#### What types of questions are included on the assessment?

- Whether and when the person has thought about suicide (ideation)
- What actions the person has taken – and when – to prepare for suicide
- Whether and when the person attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of the person's own volition

#### Why is the C-SSRS an ideal assessment?

The C-SSRS was the **first scale** to address the full range of suicidal thoughts and behaviors that point to heightened risk. In other words, the C-SSRS identifies risk not only if a person has attempted suicide, but also if the person has considered suicide, prepared for an attempt (e.g., buying a gun), or aborted plans for suicide because of a last-minute change or heart or friend's intervention.

#### What are the suicide prevention benefits?

The C-SSRS can easily screen for a wide range of risk factors because it includes only the most essential, evidence-supported questions required for a thorough assessment. The C-SSRS is:

- **Simple.** All questions can be asked in a few minutes with no mental health training required to ask.
- **Efficient.** Use of the C-SSRS redirects resources where they are needed most, thereby reducing unnecessary referrals and interventions by more accurately identifying who needs help. Using the C-SSRS makes it easier to correctly identify the level of support a person needs.

- **Effective.** Real-world experience and data show the protocol has helped prevent suicide.
- **Evidence-supported.** An unprecedented amount of research has validated the relevance and effectiveness used in the C-SSRS to assess suicide risk, making the assessment the most evidence-based tool of its kind.
- **Universal.** The C-SSRS is suitable for all ages and special populations in different settings in more than 140 country-specific languages.
- **Free.** The protocol and training on how to use are available free of charge for use in community and healthcare settings, as well as in federal funded or nonprofit research.

#### How do you ask questions on the C-SSRS?

Administrators ask a series of questions about suicidal thoughts and behaviors. The number and choice of questions they ask depend on each person's answer. Administrators mark "yes" or "no," as well as how recently the thought or behavior occurred and a scoring of its severity. The shortest screeners are condensed to a minimum of two and maximum of six questions, depending on the answers, to most quickly and simply identify whether a person is at risk at needs assistance. The C-SSRS uses plain and direct language, which is most effective in eliciting honest and clear responses.

#### How do you determine next steps?

An organization can establish criteria or thresholds that determine what to do for each person assessed, and decisions about hospitalization, counseling, referrals, and other actions can be informed by the "yes" or "no" answers and other factors (e.g., recency of suicidal thoughts and behaviors). Triage examples and technical assistance are available to assist with next steps.

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