

Evidence-Based Tools for Zero Suicide Agencies

SOUTHEAST
FLORIDA
BEHAVIORAL
HEALTH NETWORK



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The Suicide Care Pathway (Zero Suicide Toolkit)

- The idea of the Suicide Care Pathway is to transition towards screeners and assessments that have **evidence** and **research** behind them (evidence-based tools). This helps improve care for consumers who are experiencing suicidal thoughts and attempts.
- The Suicide Care Pathway also supports staff to be able to triage risk accurately and puts concrete policies in place that mitigate confusion and inaction.
- The Suicide Care Pathway was also developed, in part, by a lawyer to help behavioral health organizations decrease liability issues and lawsuits.
- SPRC Online toolkit: <https://zerosuicide.sprc.org/toolkit>

How does the Suicide Care Pathway work?

These are the tools that make up the Suicide Care Pathway of the Zero Suicide Initiative.



Level 1 Screeners



Level 2 Screeners



Risk Assessments



Safety Planning



Care Management Planning

Types of Level 1 Screeners

PHQ-9, PHQ-2 (Patient Health Questionnaire 9 & 2)

CDI 2: Children's Depression Inventory 2

KADS: Kutcher Adolescent Depression Scale

The Beck Depression Inventory-II

The Beck Hopelessness Scale.



These are evidence-based tools that help **screen for depression and other mental health issues**. If you are using another tool, not listed here, ask: “What is the evidence or research behind this tool?” or “How do I know that what my agency is using is effective?”

Zero Suicide endorses the use of the PHQ-9 or PHQ-2.



Florida Linking Individuals Needing Care Project
PHQ-9 Screening Tool

Your Name: Date:
 Home Phone #: Guardian's Name:
 E-mail Address: Cell Phone #:
 Referral Source: Relation to Above:

Please read each question below very carefully and determine which amount of time most closely describes your current situation.

| Over the past 2 weeks, how often have you been bothered by any of the following problems? | Not at all (<small><1 day</small>) | Several days | More than half the days | Nearly every day |
|---|--|------------------------------|------------------------------|------------------------------|
| A. Feeling down, depressed, irritable, or hopeless? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| B. Experienced little interest or pleasure in doing things? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| C. Had trouble falling asleep, staying awake or sleeping too much? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| D. Experienced poor appetite, weight loss or overeating? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| E. Feeling tired or having little energy? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| F. Feeling bad about yourself or feeling that you are a failure or that you have let yourself or your family down? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| G. Had trouble concentrating on things like school work, reading or watching tv? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| H. Felt that you were moving or speaking so slowly that others could have noticed? Or so fidgety or restless that you were moving around a lot more than usual? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| I. Thoughts that you would be better off dead or of hurting yourself in some way? | <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| Column Subtotal | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

TOTAL

J. How difficult have the items above made it for you to do your school work, take care of things at home, or get along with other people?

Not Difficult at All Somewhat Difficult Very Difficult Extremely Difficult

PHQ-9 & PHQ-2: Patient Health Questionnaire 9 & 2

Training & screeners tool here: <https://www.phqscreeners.com/>

PHQ-9 (Patient Health Questionnaire 9) is...

- Validated for use in screening Major Depressive Disorder and suicidal ideation.
- A score of 15 or higher on the PHQ-9 should trigger additional screening (this indicates moderate-to-high depression)

PHQ-2 (Patient Health Questionnaire 2) is...

- Validated for use in screening for Major Depressive Disorder.
- Includes the first 2 questions of the PHQ-9.
- Concerns that it does not directly screen for suicide.

There is also the PHQ (Public Health Questionnaire - Full) and the PHQ-A (Public Health Questionnaire – Adolescent). The PHQ-A is specifically designed for children and adolescents.



[C-SSRS: Columbia Suicide Severity Rating Scale](#)



[ASQ: Ages and Stages Questionnaires \(Children\)](#)



[SIQ: Suicidal Ideation Questionnaire](#)



[SAFE-T: The Suicide Assessment Five-step Evaluation and Triage](#)

Types of Level 2 Screeners

These are evidence-based tools that help screen for **suicidal behaviors, intent and thoughts**. If you are using another tool, not listed here, ask: “What is the evidence or research behind this tool?” or “How do I know that what my agency is using is effective?”

C-SSRS: Columbia Suicide Severity Rating Scale

- Tools & free training here: <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>
- The Columbia-Suicide Severity Rating Scale (C-SSRS) is another 6-item tool that can be used in many settings, including medical, inpatient, and outpatient behavioral health.
- This tool looks at identified suicide attempts and also assesses the full range of evidence-based ideation and behavior. It can be used in initial screenings or as part of a full assessment.

These are evidence-based tools that help assess a client's risk for a suicide attempt.

If you are using another tool, not listed here, ask: “What is the evidence or research behind this tool?” or “How do I know that what my agency is using is effective?”

Suicide Risk Assessments



[Columbia Suicide Severity Rating Scale \(C-SSRS\) Risk Assessment](#)



[FL LINC Project Suicide Risk Assessment](#)



[Beck Scale for Suicide Ideation](#)



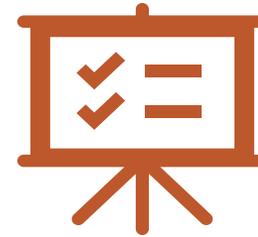
[Scale for Suicide Ideation](#)

Safety Planning



[My Wellness Toolbox Safety Plan](#)

The My Wellness Toolbox is a modified and more detailed version of the Stanley Brown Safety Plan. If providers are looking for easy forms to implement quickly, My Wellness Toolbox and the Stanley Brown Safety Plan are validated tools that are easy to implement.



[Stanley Brown Safety Plan](#)

The Stanley Brown Safety Plan is the standard for safety planning. It has been shown to be effective, culturally competent and helps to keep people safe. It is also very easy to use and understand.

Additional Information on Safety Planning?

These are evidence-based tools that **help keep people safe when a crisis begins.**

If your agency is using another tool, please look that the safety plan does the following:

- Identifies coping skills
- Identifies trigger issues/situations
- Provides professional resources to utilize in a crisis
- Identifies people that can help the person in crisis
- Identifies how to restrict lethal means (guns, pills, etc)

Areas for Concern in Safety Planning?

No Suicide Contracts

They usually contain the language: “I promise not to harm or kill myself...”
Have been shown to be unhelpful and can make a crisis worse
Are **NOT** recognized as a valid way to plan for safety



Unstructured safety planning

Verbal safety plans have been shown to be ineffective
They do not protect against liability
Are generally **NOT** recognized as a valid way to plan for safety

Care Management Planning

Case plans should have specific, on-going care management for suicide care.

Efforts to provide consumers with suicidal behaviors and attempts can be documented in the agency's overall case plan.

Zero suicide endorses the following items to be implemented when a suicide risk assessment has been completed (as needed):

- Therapeutic interventions (outpatient or inpatient therapy)
- Support services and/or support groups
- Care Coordination
- Targeted Case Management