



**IMPLEMENTATION OF THE  
COLUMBIA SUICIDE SCREEN  
IN K-12 SCHOOLS**

**Melissa M Nelson, Ed.D.  
DrMelissaMNelson@gmail.com**

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**WITH THANKS  
AND OUR FOCUS**

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## **LEARNING OBJECTIVES**

DESCRIBE THE C-SSRS AS A TOOL THAT CAN BE USED FOR SUICIDE SCREENING IN SCHOOLS.

IDENTIFY KEY SCHOOL EMPLOYEES WHO CAN BE TRAINED TO USE THE C-SSRS AND HOW TO DEVELOP TRAINING PROTOCOLS TO ASSIST THEM WITH IMPLEMENTING THE SCREEN.

DISCUSS APPROACHES FOR CREATING RIGOROUS POST-SCREENING PROTOCOLS WHICH CAN BE IMPLEMENTED WITH FIDELITY ACROSS A SCHOOL SYSTEM.

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**WHAT DOES THIS  
HAVE TO DO WITH US?**

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**“WHEN I THINK BACK TO PARTICULAR STUDENTS OVER THE YEARS, I SEE SO MANY RED FLAGS THAT I MAY HAVE MISSED.”**

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**INCREASING OUR MH/MI AND SUICIDE LITERACY:**

**A CALL TO ACTION**

**#3 Cause of Death in 10-24 yo**

CDC, 2020

**Approx 19% of high school students seriously considered suicide**

NAMI, 2022

**9% of high school students make one or more suicide attempts each year**

CDC, 2019

**Screened v Not Screened = Less Distressed and Less Suicidal**

Gould, et al., 2005

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## EDUCATOR MH/MI & SUICIDE LITERACY

### TRAINING

- Lacking across Teacher & Administrator Preparation Programs
- School Counselor and School Psychologist minimal mental health specific training
- Few LCSW/MSW/LPC/Clinical Psychologists in schools
- Increasing metacognition: know we don't know

### SUICIDE

- Majority misunderstood all types of risk-factors: high-lethality, psychiatric disorders, D/A, family hx, warning signs
- 45% of teachers did not feel all suicide threats should be taken seriously  
Scouller and Smith (2002)
- 9% of American health teachers believed they could recognize a student at risk for suicide.  
King, Price, Telljohann, & Wahl (1999)

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## SUICIDE SCREEN AS PART OF THREAT ASSESSEMENTS

**ACT  
18/71**

**CREATE AND TRAIN  
TA TEAMS/SUICIDE  
AWARENESS & PREVENTION**

**MULTI-  
PRONGED  
APPROACH**

**BTA + SUICIDE SCREEN**

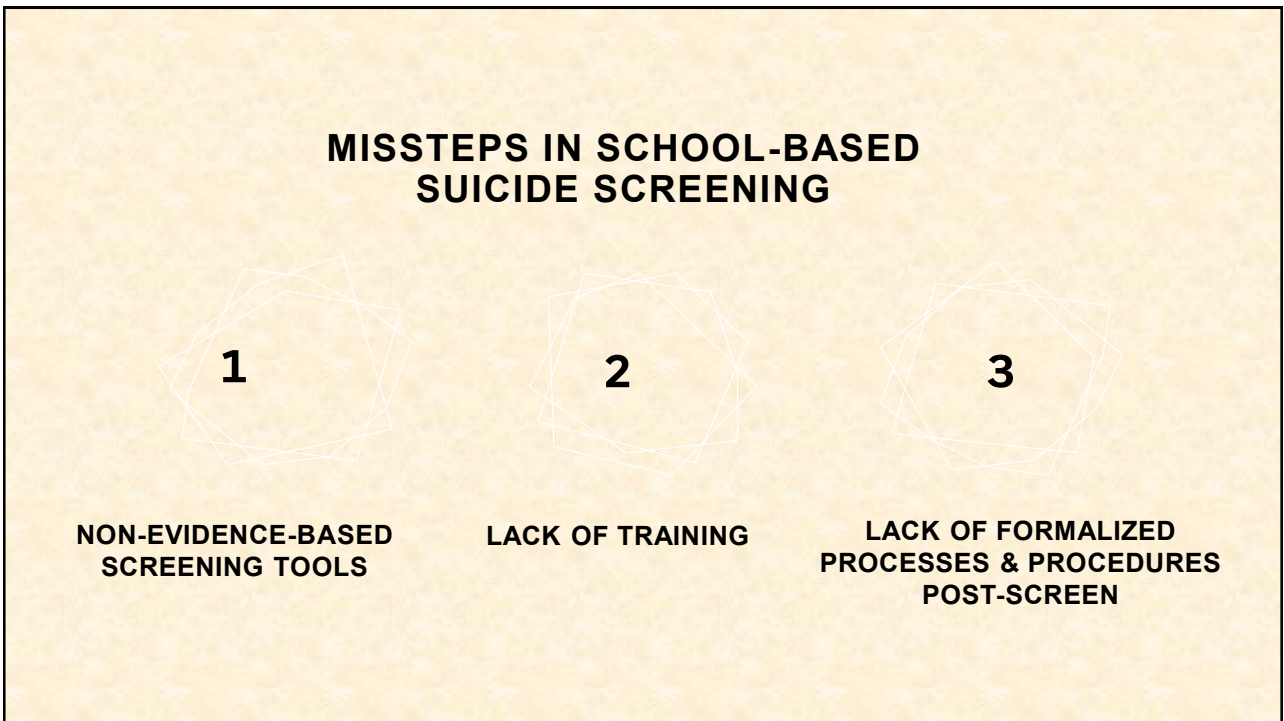
**CROSSOVER**

**ONE MAY INFORM THE  
OTHER**

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## COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) WEB: COLUMBIA LIGHTHOUSE PROJECT



EVIDENCE BASED

FREE RESOURCES INCLUDING APP

ANYONE CAN BE TRAINED

BRIEF

ALL K-12 POPULATIONS

VIDEO/PHYSICAL  
RESOURCES

ENDORSEMENTS

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Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates that someone should **seek behavioral healthcare**.  
However, if the answer to 4, 5 or 6 is **YES**, seek **immediate help**: go to the ER, call 1-800-273-8255, text 741741 or call 911. **STAY WITH THEM** until they can be evaluated.



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## WHO? WHAT? HOW? OF IMPLEMENTATION

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## RECOMMENDATIONS FOR TRAINING

- Admin, Counselors, Nurses, School Psych, Clinicians, Coaches
- Separation into Groups
- **Creation of Training Curriculum**
  - Columbia Lighthouse Project**
  - Tabletop Exercises**
  - Policy/Processes/Procedures**
  - Onboarding Process**

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## UPDATE/CREATION

- POLICY
- PROCESSES AND PROCEDURES
- **ACTION PLANS**
- **RESOURCES:**
  - Clarifying Questions
  - Phone Scripts
  - Letters to Caregivers

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Columbia-Suicide Severity Rating Scale  
School District Secondary Action Plan and Referral

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff/Faculty Completing: \_\_\_\_\_

ACTION PLAN

RESPONSES	X	ACTION STEPS
NO for Items 1 and 2 and NO self-harm indicated for 6		<ul style="list-style-type: none"> <li>• Principal/Administrator consulted (Principal notifies AS)</li> <li>• Family phone call (Conversation must be documented)</li> </ul>
YES for items 1 or 2 and NO self-harm indicated for 6		<ul style="list-style-type: none"> <li>• Principal/Administrator consulted (Principal notifies AS)</li> <li>• Family phone call (Conversation must be documented)</li> <li>• Family letter provided to family</li> <li>• Applicable faculty/staff notified</li> <li>• Notify any mental health providers involved (Signed District release)</li> </ul>
YES for Items 1 and 2 OR NO for Items 1 and 2		<ul style="list-style-type: none"> <li>• Principal/Administrator consulted (Principal notifies AS)</li> <li>• Family phone call (Conversation must be documented)</li> <li>• Family letter provided and signed by family</li> </ul>

Columbia-Suicide Severity Rating Scale  
School District Secondary Action Plan and Referral

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff/Faculty Completing: \_\_\_\_\_

Action Steps	Responsible Staff	Date/Time
Principal/Administrator consulted		
Assist Superintendent contacted by Principal/Administrator		
Assistant Superintendent sent copy of Action Plan and Referral Form (Action Plan + This Form)		
Family phone call and conversation Spoke to _____		

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## WITH HOPE: REACHING ACROSS BOUNDARIES

[DrMelissaMNelson@gmail.com](mailto:DrMelissaMNelson@gmail.com)

412 848-3643

Southwestern PA Threat Assessment Hub

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