IMPLEMENTATION OF THE COLUMBIA SUICIDE SCREEN IN K-12 SCHOOLS

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WITH THANKS AND OUR FOCUS
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.

WHAT DOES THIS HAVE TO DO WITH US?
“WHEN I THINK BACK TO PARTICULAR STUDENTS OVER THE YEARS, I SEE SO MANY RED FLAGS THAT I MAY HAVE MISSED.”

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
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)

SUICIDE SCREEN AS PART OF THREAT ASSESSMENTS

ACT 18/71
MULTI-PRONGED APPROACH
CROSSOVER

CREATE AND TRAIN TA TEAMS/SUICIDE AWARENESS & PREVENTION
BTA + SUICIDE SCREEN
ONE MAY INFORM THE OTHER
WHERE DO WE START?

MISSTEPS IN SCHOOL-BASED SUICIDE SCREENING

1. NON-EVIDENCE-BASED SCREENING TOOLS
2. LACK OF TRAINING
3. LACK OF FORMALIZED PROCESSES & PROCEDURES POST-SCREEN
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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<thead>
<tr>
<th>Always ask questions 1 and 2.</th>
<th>Past Month</th>
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<td>1) Have you wished you were dead or wished you could go to sleep and not wake up?</td>
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<td>2) Have you actually had any thoughts about killing yourself?</td>
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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

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<th>Life-time</th>
<th>Past 3 Months</th>
<th>High Risk</th>
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<td>6) Have you done anything, started to do anything, or prepared to do anything to end your life? 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.</td>
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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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988 SUICIDE & CRISIS LIFELINE
WHO? WHAT? HOW? OF IMPLEMENTATION

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
UPDATE/CREATION

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


Nelson, M.M. (2019). Educator Literacy Concerning Elementary Students’ Anxiety and Depressive Disorders.


