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Early detection is a critical prevention strategy. The majority of people who die by suicide visit a healthcare provider within months before their death. This represents a tremendous opportunity to identify those at risk and connect them with mental health resources. Yet, most healthcare settings do not screen for suicide risk. In February 2016, the Joint Commission, the accrediting organization for health care programs in hospitals throughout the United States, issued a Sentinel Event Alert recommending that all medical patients in all medical settings (inpatient hospital units, outpatient practices, emergency departments) be screened for suicide risk. Using valid suicide risk screening tools that have been tested in the medical setting and with youth, will help clinicians accurately detect who is at risk and who needs further intervention. If you need immediate help dial 911. Call The South Suburban Council for further assessment and evaluation: 708.647.3333.

1. In the past few weeks, have you wished you were dead? ◯ Yes ◯ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ◯ Yes ◯ No
3. In the past week, have you been having thoughts about killing yourself? ◯ Yes ◯ No
4. Have you ever tried to kill yourself? ◯ Yes ◯ No

If yes, how? _____
_____
_____

When? _____
_____

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ◯ Yes ◯ No

If yes, please describe: _____

Next steps:

• If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).

• If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:

o “Yes” to question #5 = acute positive screen (imminent risk identified)

• Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.

• Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.

o "No" to question #5 = non-acute positive screen (potential risk identified)

• Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.

• Alert physician or clinician responsible for patient's care.

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255), En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741