



# How to increase suicide safety protocols

**Screening and assessment is a great way to start,**

**Try using:**

- The Patient Health Questionnaire (PHQ) - Can be used as a 3 or 9 question screening.
- The Columbia-Suicide Severity Rating Scale (C-SSRS) – Use for screening or assessment.
- The SAFE-T Assessment – A more thorough assessment of thoughts and behaviors.
- The Ask Suicide-Screening Questions (ASQ) – Can be used with youth, 10-24.
- The Patient Safety Screener (PSS-3) – Validated for use in emergency departments.

**The best practice is to utilize your agency’s chosen screening at every visit and follow-up with assessments as needed.**

**Crisis plans create a roadmap for safety, Here are some basic steps:**

- Safety planning should be an ongoing collaborative process with clients.
- Should be easy for clients and others(family, friends, neighbors, etc.) to understand and follow when in crisis.True
- Safety plans should be individualized, based on the client’s strengths, needs, and previous interventions found to reduce distress while in crisis.
- Should include effective supervision for the clinician.
- A Safety plan is a living document, the clinician and client should regularly review and update it.
- A safety plan should be evidence based and is not a “no-suicide contract”.
- Utilize Quality Improvement (QI) to improve efficacy within communities

**Basic parts of a safety plan**

1. Warning signs of future crisis
2. Internal coping skills identified with the patient
3. External coping skills identified with the patient
4. Willingness to seek support from people(family, friends, neighbors, etc.)
5. Clinical providers to contact
6. Reduce access to lethal means