

**Just Ask.**  
**You Can Save a Life.**



THE COLUMBIA  
**LIGHTHOUSE**  
**PROJECT**  
IDENTIFY RISK. PREVENT SUICIDE.

**Empowering Schools, Campuses &  
Communities to Prevent Suicide & Violence  
with *The Columbia Protocol (C-SSRS)*  
A Vital Component of School Safety & Community Protection**



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# A Vital Component of School Safety: A Few Simple Questions in Everybody's Hands to Prevent Suicide

Suicide is the **#1 cause of death** among **adolescent girls** globally  
(WHO)

Suicide is the **#2 cause of death** among U.S. **10-24 year olds**  
(CDC, 2016)

**Just ask a few questions** to find people who need help before it's too late.

## What is The Columbia Protocol?

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The Columbia is a few simple questions about suicidal thoughts and behavior that empower communities, families and individuals to find people who are at risk and prevent tragedies before they happen. It tells the professor, resident advisor or peer who needs a next step, and provides setting-specific recommendations.

- **Simple:** You can ask as few as two to six questions, with no mental health training required to ask them.
- **Effective:** Experience shows that the scale uniquely identifies those who would otherwise be missed.
- **Efficient:** Use of the scale redirects resources to where they are needed most, preventing unnecessary interventions that are often costly, traumatic, and lead to disengagement from the needed care. The C-SSRS provides evidence-based thresholds to connect those at risk to the right level of care.
- **Free:** It's available at no cost.
- **The Most Evidence-Supported:** The scale originated in a NIMH adolescent suicide attempter treatment study, and generated an unprecedented amount of research that validates the questions.

**Regarding the C-SSRS, "We found another big piece of the school shooting puzzle – an antibiotic for suicide. This ... could fundamentally change the game for early identification and intervention."**

*Ryan Petty, parent of a Marjory Stoneman Douglas High School shooting victim from Parkland, FL*




# A Critical School Protection Strategy: Going Beyond the Classroom and Counselor's Office

- Properly assessing a person's risk for suicide helps **everyone in the community** determine next steps and save lives.
- The C-SSRS helps to coordinate prevention and crisis response efforts.
- Using a common language provided by the C-SSRS to cope with crisis helps to reduce anxiety in teachers, coaches, first responders and peers.


"If implemented to the extent of its capacity across the country, the Columbia has the potential to keep the 64 million children in our schools safe physically and mentally by helping prevent school violence."

*James Shelton, Former Deputy Secretary, U.S. Department of Education*



**ASK YOUR ATHLETES**  
**CARE FOR YOUR ATHLETES**  
**ESCORT YOUR ATHLETES**

See Reverse for Questions that Can Save a Life



**ASK YOUR FRIENDS**  
**CARE FOR YOUR FRIENDS**  
**EMBRACE YOUR FRIENDS**

See Reverse for Questions that Can Save a Life

	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, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Lifetime 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 the need for further care. However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.**

**DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP**

**NATIONAL SUICIDE PREVENTION LIFELINE**  
1-800-273-TALK (8255)  
suicidepreventionlifeline.org

# THE COLUMBIA IN ACTION

Reducing Liability & Workload While Saving Lives

## Why C-SSRS?

- Reduce Suicide
- Reduce Workload
- Reduce Liability



The C-SSRS provides valuable risk identification, protecting both students and universities against liability. Recently, the **Massachusetts Supreme Court** determined that schools are legally required to protect students when they express intent to act on suicidal thoughts (C-SSRS Questions 4 or 5) or if there has been a suicide attempt at school or soon before matriculation that they have knowledge of (Question 6).

Previously, it was “simply an officer, ambulance relying on their gut feeling and maybe sometimes transporting somebody to the emergency because of liability reasons. We don’t want to leave somebody. [The C-SSRS] changes the game to the extent that now they have something to hang their hat on.”

Rory Beil, Project Manager, ReThink Mental Health and Clay County Public Health

The C-SSRS as policy has been successfully implemented in many schools and systems across all 50 states, many with top-down policy (e.g. every teacher in Tennessee) and is an integral piece of suicide prevention programs internationally (e.g. teachers in Israel).

Follow this link or scan this code to watch a short demonstration of how to ask questions with the C-SSRS screener:

<https://tinyurl.com/CSSRSDemoVideo>



At Centerstone, one of the largest behavioral healthcare providers in the United States, the suicide rate among its Tennessee patients was lowered by **65%** within the first 20 months of implementation.

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After putting the C-SSRS in everybody’s hands, the U.S. Marine Corps saw a **22%** reduction in the number of service member suicides.

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Utah reversed an almost decade-long increase in suicide deaths.



The Columbia is the nationally adopted common language for talking about suicide, fostering an essential protective and promotive factor for all youth: “the belief held by students that adults and peers in the school care about their learning as well as about them as individuals...” (CDC, 2009)

## Build Connections by Simply Asking

Just asking the questions is a positive action. When we ask a student or a friend how they’re doing, it signals that someone cares about them. This simple action promotes connectedness – a critical protective factor against suicide and violence.



The Columbia Protocol creates a common language. Having a common language with clear definitions of suicidal thoughts and behaviors is critical for developing school safety and response protocols. Schools distribute the Columbia Community Cards to teachers, coaches, parents and students, so that **everyone is empowered to ask about suicide**.

## THE POWER OF ASKING

High-risk students who get screened are less distressed and suicidal than high-risk students who do not receive screening. (Gould et al, 2005)



# MYTHS vs. FACTS

*“Asking a depressed person about suicide may put the idea in their heads”*

- ▶ Asking does **not** suggest suicide, or make it more likely.
- ▶ Open discussion is more likely to be experienced as relief than intrusion.
- ▶ Depressed students who get screened are less distressed and suicidal than high-risk students who are not screened (Gould et al, 2005).

*“There’s no point in asking about suicidal thoughts... if someone is going to do it, they won’t tell you”*

- ▶ Many people will be honest when asked, even if they would never bring it up themselves.
- ▶ Many give hints to friends or family, even if they don’t tell a counselor or clinician.
- ▶ Ambivalence, contradictory statements and behavior are common.

*“Someone that makes suicidal threats won’t really do it, they’re just looking for attention”*

- ▶ Those who talk about suicide or express thoughts about wanting to die are most at risk of a real suicide attempt.
- ▶ 80% of people who die by suicide gave some indication or warning first.

## Suicide & Youth in the U.S.

- Approximately 17% of high school students (2015) and 13% of college students (2018) reported seriously considering suicide within the prior year (CDC)
- Each year, 8% of high school students (2015) and 2% of college students (2018) make one or more suicide attempts (CDC)
- An estimated 51,518 adolescents are hospitalized each year for self-inflicted injuries, resulting in total annual costs of approximately \$477,580,000 (CDC 2010)
- Fewer than 20% of students who die by suicide received any campus-based mental health services





## The Columbia Lighthouse Project

is dedicated to improving suicide risk assessment prevention across all sectors of society. The suicide assessment method developed in collaboration with other academic medical centers, the Columbia Suicide Severity Rating Scale, is used extensively in education and healthcare systems, state-wide suicide prevention programs, the military, as well as academic and industry research in the US and abroad.

In order to help integrate the C-SSRS into your prevention protocols, we will:

- Help select the right screening tool and modify it for your setting
- Answer questions about how to use the tool and provide hands-on support
- Direct you to resources that can bolster your suicide prevention efforts

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For support, copies of the tool, or additional information, please visit  
**[cssrs.columbia.edu](https://cssrs.columbia.edu)**

*Identify risk. Prevent suicide. Together, we can make a difference.*

“We all have the potential to use the C-SSRS to save a life.”

– Keita Franklin, Director

U.S. Department of Defense Suicide Prevention Office

The C-SSRS has been endorsed, recommended, or adopted by:



Identify risk. Prevent suicide.  
Together, we can make a difference.

[www.cssrs.columbia.edu](http://www.cssrs.columbia.edu)



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