



Reducing The Risk of Completed Suicides:

Use an Evidence Based Suicide Risk Assessment Tool

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Death by suicide is a major health concern in the United States. According to a 2016 CDC report, suicide is the 10th leading cause of death for all ages. Additionally, suicide rates in the U.S. have steadily increased by 24 percent between 1999 and 2014, with suicide death rates at 13 per 100,000. A completed suicide occurs every 13 minutes.

Youth are not exempt from suicide risk. It is the second leading cause of death for 15 to 24-year-olds. Results from the CDC's 2015 Youth Risk Behavior Surveillance Survey indicate that 18 percent of students in grades 9 -12 seriously consider suicide, and about 15 percent made at least one suicide attempt during the 12 months before the survey. Recent data also show that peer victimization, such as bullying, increases suicidal behavior three-fold.

Assessment of risk is critical to preventing suicide deaths

Although the causes of suicidal behavior are multifactorial and complex, suicide is preventable. Suicidal behavior disorder (SBD) is a treatable condition and not the effect of an underlying mental health condition. In fact, the DSM-5 proposes the inclusion of SBD as a diagnosable condition, defined as a suicide attempt within the prior two years. Therefore, assessment of SBD risk is essential, just as it is with any health condition.

Beacon Health Options (Beacon) believes that improving the quality of suicide risk assessments by using a best practice tool will reduce the rate of completed suicides. The goal of evaluating SBD is straightforward: reduction of risk factors and promotion of protective factors, as well as continued monitoring for exacerbation of symptoms.

C-SSRS: Suicide severity scale to assess risk

Assessing for suicide risk is a major challenge for health care providers given numerous competing time demands and treatment concerns. However, there are several suicide severity scales that can help clinicians assess risk. One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale), which has demonstrated psychometric validity and reliability in both adolescent and adult populations.

Rating scales address initial and ongoing assessment for suicide risk for multiple populations, and are in both English and Spanish. It is important to note that the fundamentals of screening are to ask early, ask often, and to be clear about the care pathway in the event of a crisis. If you would like more information regarding training visit the [C-SSRS Training](#).

Although there is no screening tool that can provide identification or risk with 100 percent certainty; it is essential that we identify modifiable risk factors and that treatment plans provide actions to decrease the risk of completed suicide. Standardization of suicide risk assessments, especially in at-risk populations, can identify members with greater frequency and is also protected from a medico-legal standpoint. Consequently, Beacon asks that you use the C-SSRS, which is posted on Beacon's website with permission to use, or another validated instrument scale (i.e., PHQ-9). Review "Assessment of Suicide Risk" on our [Clinical Practice Guideline](#) page to learn more.

Click to download the [C-SSRS](#) , under the "Suicide Prevention Tool Kit."