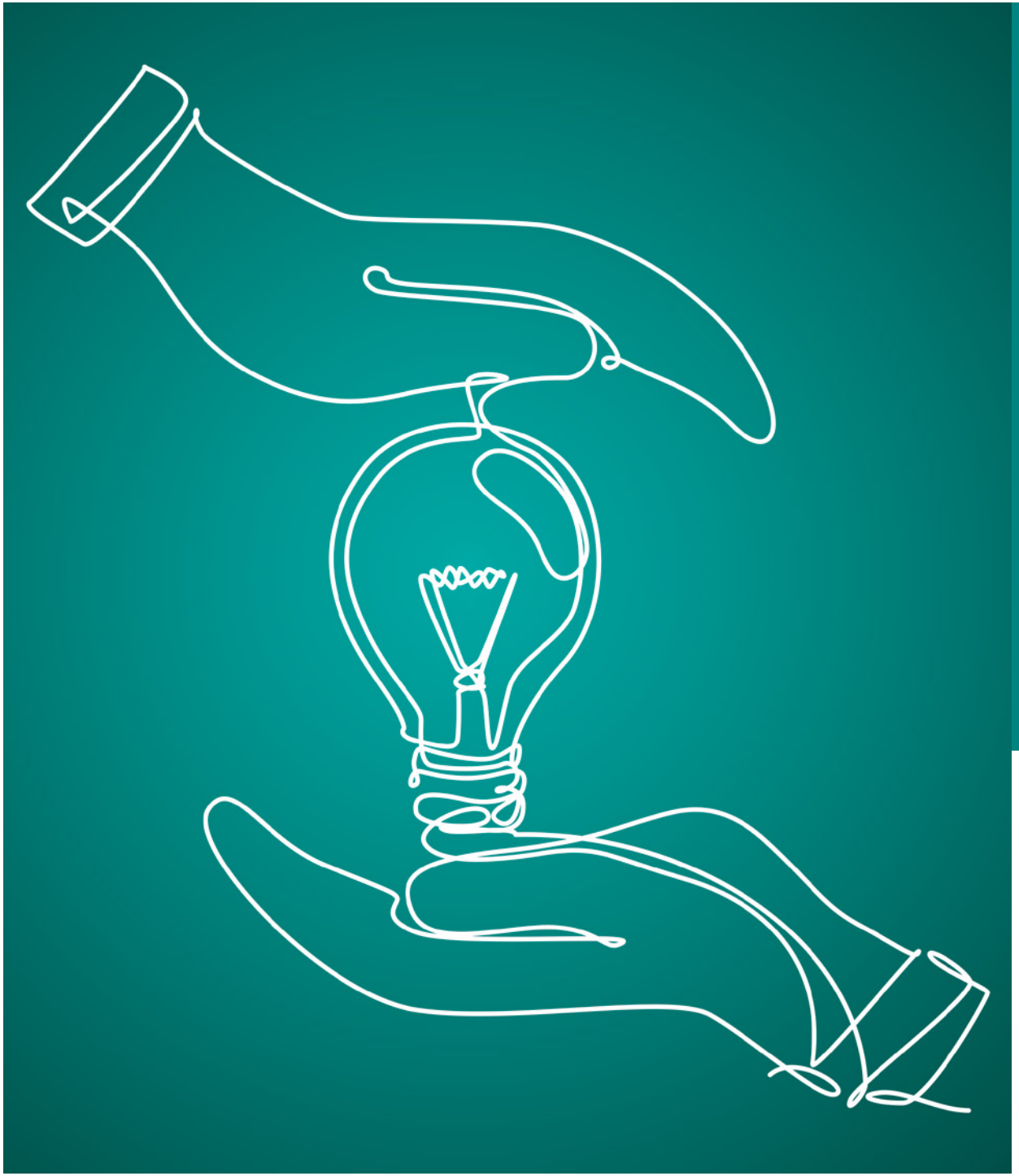

Suicide Risk Assessment Toolkit

A Resource for Healthcare Workers and Organizations

January 2021

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

Mental Health Commission of Canada
Commission de la santé mentale du Canada

How to Use this Toolkit

This Toolkit seeks to provide a high-level overview of what to consider when using suicide risk assessment tools, along with a non-exhaustive list of available tools and their characteristics. It is designed to be a quick, informative guide for healthcare workers and organizations interested in selecting and comparing such tools. The process of assessing suicide risk is complex. While assessment tools play an important role, they should be used to inform, not replace, clinical judgment.

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For a more comprehensive guide to suicide risk assessment, including the role of healthcare workers and organizations, see *Suicide Risk Assessment Guide: A Resource for Health Care Organizations*.

Toolkit Methodology

Suicide risk assessment has been identified in Canada, and internationally, as a fundamental safety issue for healthcare organizations. A need to identify and understand suicide risk assessment tools related to patient safety has also been flagged.

This Toolkit updates the list of available suicide risk assessment tools from the 2011 *Suicide Risk Assessment Guide*. That guide used a mixed methodological approach based on an environmental scan of the literature and interviews with experts representing different cultural, ethnic, geographic, demographic, health sector, and professional backgrounds. For more information on this approach, see Appendix A in the 2011 guide. In August 2020, an updated search of scientific and grey literature was performed to identify, review, and describe suicide risk assessment tools used across Canada and internationally in long-term care, primary care, home care, and acute care.

The results of this search were used to inform this Toolkit, which is divided into two main sections:

- Suicide and defining suicide risk assessment
  - What are suicide risk assessment tools and how should they be used?
  - Suicide risk assessment tool applicability and considerations for selection
- Suicide risk assessment tools and their characteristics
  - Table 1. Suicide Risk Assessment Tools and Their Characteristics – Clinician/Mental Health Professional Not Required for Administration
  - Table 2. Suicide Risk Assessment Tools and Their Characteristics – Clinician/Mental Health Professional Administered

For additional information on suicide and suicide risk assessment resources, visit the CPSI and MHCC websites.

Disclaimer

The content of this Toolkit is for **general information only** and should be utilized by each healthcare worker and organization in a manner that is tailored to its circumstances, culture, and context. This Toolkit reflects the information regarded as valid at the time of publication based on available research, and is not intended as, nor should it be construed as, clinical or professional advice or opinion. Healthcare workers and organizations and individuals concerned about the applicability of the Toolkit to their context are advised to seek legal or professional counsel. Neither the CPSI nor the MHCC will be held responsible or liable for any harm, damage, or other losses resulting from reliance on, or the use or misuse of the general information contained in this Toolkit.

We acknowledge the need to have suicide risk assessment tools that are truly inclusive and are based on principles of equity and diversity. In using the Toolkit, we encourage you to consider the needs of diverse peoples, including First Nations, Inuit, Métis, people who identify as 2SLGBTQ+, and immigrant, refugee, ethnocultural and racialized groups.

Suicide is the ninth leading cause of death in Canada, accounting for approximately 4,000 deaths each year.[1]

Suicide and Defining Suicide Risk Assessment

Suicide is not only tragic and distressing, it has long-lasting and devastating effects on peers, friends, family members, coworkers, and communities. For every suicide death, an estimated 15-30 people are profoundly affected.[1] Suicide is preventable and several measures can be taken to help reduce the risk and prevent suicide and suicide attempts.[2] Suicide risk assessment is one important measure for improving risk management and, ultimately, suicide prevention.

Suicide risk assessment is a multifaceted process that involves learning about a person, recognizing and addressing their needs and stressors, and working with them to mobilize their strengths and supports.[3] It is an integral part of a holistic therapeutic process that creates an opportunity for discussion between the individual (including their family) and a care provider and considers other supports.[3] The purpose of suicide risk assessment is not to predict suicide. It is rather to assess and reduce the risk of suicide, inform treatment planning, and promote wellness and recovery by gathering information on suicidal ideation and behaviour.[4] The assessment of suicide risk is commonly based on identifying and appraising warning signs, risk and protective factors, the individual's medical and mental health history, their acute condition, access to lethal means, and available support networks. For more information on the specifics of suicide risk assessment (e.g., identifying and evaluating warning signs, risk factors, and protective factors, and chronic suicidality) and the principles that guide the assessment process, see Section I (pp. 1-23) of the *Suicide Risk Assessment Guide*.

While suicide risk assessment tools are an important part of the assessment process, they should be used to inform, not replace, clinical judgment[3,5]

What are suicide risk assessment tools and how should they be used?

The suicide risk assessment tools in this Toolkit aim to identify (1) specific symptoms or conditions known to be related to risk factors or warning signs for suicide (i.e., symptom assessment), and (2) resilience or protective factors that assess a person's motivation or determination to live or die.

Such tools can be administered through self-report measures or via clinical-administered interviews or observations. They can be administered orally, with pencil and paper, and/or electronically, either independently (as a screening measure) or as part of more comprehensive health or behavioural health assessment.

While suicide risk assessment tools are important to the assessment process, they should be used to inform, not replace, clinical judgment[3,5] and to provide additional information and corroboration to inform clinical decision-making about suicide risk and treatment planning. When possible, these tools should be incorporated into a more comprehensive clinical suicide risk assessment or evaluation and be administered by a trained clinician or healthcare worker (once a therapeutic rapport has been established).[3,6]

Suicide risk assessment tool applicability and considerations for selection

Suicide risk assessment is a complex process involving a multitude of factors. Below are a few key considerations for selecting, utilizing, and evaluating the suitability of suicide risk assessment tools. This list is non-exhaustive and is meant to highlight important practical, technical, and cultural factors.

1. **Clinical experience and training requirements for administration and/or interpretation:** Again, suicide risk assessment tools are one aspect of the assessment process that inform, but do not replace, a clinical judgment of risk.[3,5] While some of the tools in Table 1 do not require formal training to administer or interpret, it is strongly recommended that assessments be performed by individuals who have experience assessing suicide risk and treating suicidal behaviours and have training in the use of suicide risk assessment tools.[6] Inadequate training and/or improper use of tools can compromise the process and lead to an underestimation of risk. Given the rapid and sharp increase in the availability of apps and online mental health and suicide screening tools, it is important to consider the evidence base for their validity, reliability, and effectiveness in performing suicide risk assessment remotely (compared to doing so in person).
2. **Psychometric limitations:** While suicide risk assessment tools add valuable and important information to the overall suicide risk assessment process, they have not been shown to accurately or consistently predict death by suicide.[6] Therefore, using such tools to try and predict suicide is not advised. Rather, it is best to use them to gather additional information on the presence of suicidal desire, intent, capability, risk factors, and potential buffers to complement and corroborate findings from comprehensive, clinical interviews (see references 7 and 8 for more on psychometric limitations).
3. **Language, culture, and equity:** Cultural differences in beliefs and understandings related to health, wellness, and illness can influence motives for suicide, suicide behaviours, and suicide risk.[9,10,11] Beliefs regarding suicide can be further confounded by age (e.g., youth, adult, older adults), sex and gender identity, and/or religious beliefs.[3,9] A notable limitation of suicide risk assessment tools is that they have not been developed with cultural differences in mind and may lack validity across different cultures and languages and across racialized and sexual minority groups.[9,12] Since not recognizing and addressing these potential variations may lead to the underdetection and mismanagement of suicide risk,[13,14] it is important to consider these beliefs and their potential impact on suicide behaviours and suicide risk and be aware of the limitations of using suicide risk assessment tools that have not been validated in certain groups (see references 9-16 for more information on cultural differences in suicide and suicide risk and for tools designed specifically with cultural differences in mind [e.g., Here and Now Aboriginal Assessment, Cultural Assessment of Risk for Suicide]).

A notable limitation of most suicide risk assessment tools is that they have not been developed with cultural differences in mind[9,12]

Suicide Risk Assessment Tools and Their Characteristics

The two tables that follow provide an updated list of suicide risk assessment tools available in Canada and internationally. This non-exhaustive list is based on recommendations from the literature as well as from experts in the field of suicide prevention. Appendix A indicates where the tools (and their references) can be found, what language(s) are available, and whether they can be administered virtually (i.e., over the phone or using an online platform).

Table 1 outlines suicide risk assessment tools that do not need to be administered by a clinician or mental health professional (e.g., counsellor, nurse, physician, physician assistant, psychiatrist, psychologist, social worker). Table 2 outlines suicide risk assessment tools that should be administered by a clinician or mental health professional.

Please note that training and clinical experience in the use of each suicide risk assessment tool is strongly advised

Table 1. Suicide Risk Assessment Tools and Their Characteristics – Clinician/Mental Health Professional Not Required for Administration

Tool	Administration		# of Items	Available for Free	Reliability	Potential Utility		Population Setting				Population-Specific			Time to Administer (minutes)	Suicide-Specific Outcome Measured
	Self-Report	Interview/ Observation				Global Assessment	Screening	Psychiatric			Non-Psychiatric	Children & Youth	Adults	Older Adults		
								In	Out	ER						
Columbia-Suicide Severity Rating Scale (C-SSRS)	✓	✓	Varies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		< 10	Suicidal desire, intent, and capability; Buffers/ Connectedness
Geriatric Suicide Ideation Scale (GSIS)	✓	✓	31	✓	✓		✓	✓	✓		✓			✓	5-10	Suicidal desire
Reasons for Living Inventory (RFL)	✓		48	✓	✓		✓	✓	✓		✓	✓	✓	✓	10	Buffers/ Connectedness
Modified Scale for Suicide Ideation (SSI-M)		✓	18	✓	✓	✓	✓	✓	✓		✓	✓	✓		< 10	Suicidal desire and intent; Buffers/ Connectedness
Suicidal Behaviours Questionnaire (SBQ)	✓		34 (4-item short form)	✓	✓	✓	✓	✓	✓		✓	✓	✓		5	Suicidal desire, intent, and capability
Suicide Intent Scale (SIS)		✓	15	✓	✓		✓	✓	✓	✓	✓		✓		5-10	Suicidal desire and intent
Concise Health Risk-Tracking Self-Report (CHRT-SR)	✓	✓	16	✓	✓		✓	✓	✓			✓	✓		< 5	Suicidal desire and intent
Patient Health Questionnaire (PHQ-9)	✓		9	✓	✓		✓		✓	✓	✓	✓	✓		< 5	Suicidal desire
Inventory of Motivations for Suicide Attempts (IMSA)	✓		50 (4 additional items)	✓	✓	✓	✓	✓	✓		✓	✓	✓		< 10	Suicidal desire, intent, and capability

Table 1 notes:

Reliability = The degree to which a risk assessment tool has been shown to produce consistent results (e.g., internal consistency) at a different period (e.g., test-retest) or when completed by different assessors (e.g., inter-rater). Tools with a ✓ mark indicate they have demonstrated strong reliability.

Population setting = the setting in which the tool can be administered

In = inpatient; **Out =** outpatient; **ER =** emergency room/department

Population-specific = the population that the tool can be administered to

Children & Youth = 8-18 years; **Adults =** 18-64 years; **Older adults =** 65 years and older

Scales shown to have adequate predictive validity* = Geriatric Suicide Ideation Scale (GSIS); Suicide Intent Scale (SIS); Concise Health Risk Tracking – Self-Report (CHRT-SR)

***Predictive validity =** How well a score on a suicide risk assessment tool can predict future suicidal behaviour, suicide attempts, and hospital admission. While suicide risk assessment tools add valuable and important information to the overall suicide risk assessment process, they have not been shown to accurately or consistently predict death by suicide.[6]

Table 2. Suicide Risk Assessment Tools and Their Characteristics – Clinician/Mental Health Professional Administered

Tool	Administration		# of Items	Available for Free	Reliability	Potential Utility		Population Setting				Population-Specific			Time to Administer (minutes)	Suicide-Specific Outcome Measured
	Self-Report	Interview/ Observation				Global Assessment	Screening	Psychiatric			Non-Psychiatric	Children & Youth	Adults	Older Adults		
								In	Out	ER						
Beck Scale for Suicide Ideation (BSS)	✓	✓	21		✓	✓	✓	✓	✓	✓	✓	✓	✓		5-10	Suicidal desire and intent
Beck Hopelessness Scale (BHS)		✓	20		✓		✓	✓	✓		✓		✓	✓	5-10	Suicidal desire
Inter-RAI Mental Health Severity of Self-harm Scale		✓	Varies		✓	✓	✓	✓	✓	✓	✓		✓		Varies	Predictive algorithm for risk of harm to self
Mental Health Environment of Care Checklist (MHECC)			114	✓			✓	✓					✓		Varies	Risk factors in physical care environment
Nurses' Global Assessment of Suicide Risk (NGASR)		✓	15	✓			✓	✓	✓				✓		5-10	Suicidal desire, intent, and capability
Modified SAD PERSONS Scale		✓	10	✓			✓	✓	✓	✓	✓		✓		5-10	Suicidal desire, intent, and capability
Scale for Impact of Suicidality – Management, Assessment and Planning of Care (SIS-MAP)		✓	108	✓	✓	✓		✓	✓		✓		✓		20	Suicidal desire, intent, and capability; Buffers/ Connectedness
Suicide Probability Scale	✓		36		✓	✓		✓	✓		✓	✓	✓		5-10	Suicidal desire, intent, and capability
Tool for the Assessment of Suicide Risk (TASR)		✓	26	✓	✓		✓	✓	✓	✓	✓	✓	✓		10-15	Suicidal desire, intent, and capability; Buffers/ Connectedness
Ask Suicide-Screening Questions (ASQ)		✓	4	✓			✓	✓	✓	✓	✓	✓	✓		< 5	Suicidal desire and intent
Behavioral Health Screen (BHS)	✓		61 core items	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		5-10	Suicidal desire and capability
HEADS-ED		✓	7	✓	✓	✓	✓	✓	✓			✓			5	Suicidal desire and intent
Modular Assessment of Risk for Imminent Suicide (MARIS)	✓	✓	33			✓		✓	✓				✓		< 10	Suicidal desire, intent, and capability

Tool	Administration		# of Items	Available for Free	Reliability	Potential Utility		Population Setting				Population-Specific			Time to Administer (minutes)	Suicide-Specific Outcome Measured
	Self-Report	Interview/ Observation				Global Assessment	Screening	Psychiatric			Non-Psychiatric	Children & Youth	Adults	Older Adults		
								In	Out	ER						
ED-SAFE Patient Safety Screener		✓	3	✓			✓			✓	✓		✓		< 5	Suicidal desire and capability
Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)		✓	Varies	✓		✓		✓	✓	✓			✓	✓	< 20	Suicidal desire, intent, and capability; Buffers/ Connectedness
CAMS Suicide Status Form (SSF)	✓	✓	Varies		✓	✓	✓	✓	✓			✓	✓		20-30	Suicidal desire, intent, and capability; Buffers/ Connectedness

Table 2 notes:

Reliability = The degree to which a risk assessment tool has been shown to produce consistent results (e.g., internal consistency) at a different period (e.g., test-retest) or when completed by different assessors (e.g., inter-rater). Tools with a ✓ mark indicate they have demonstrated strong reliability.

Population setting = the setting in which the tool can be administered

In = inpatient; **Out =** outpatient; **ER =** emergency room/department

Population-specific = the population that the tool can be administered to

Children & Youth = 8-18 years; **Adults =** 18-64 years; **Older adults =** 65 years and older

Scales shown to have adequate predictive validity* = Beck Scale for Suicide Ideation (BSS); Suicide Probability Scale; Ask Suicide-Screening Questions (ASQ); Modular Assessment of Risk for Imminent Suicide (MARIS)

***Predictive validity =** How well a score on a suicide risk assessment tool can predict future suicidal behaviour, suicide attempts, and hospital admission. While suicide risk assessment tools add valuable and important information to the overall suicide risk assessment process, they have not been shown to accurately or consistently predict death by suicide.[6]

Inter-RAI Mental Health Severity of Self-harm Scale = This scale is embedded in a larger mental health assessment system based on three different instruments. The number of items in each instrument varies as does the time to complete the entire assessment.

HEADS-ED = home, education, activities/peers, drugs/alcohol, suicidality, emotions/behavior, discharge resources

APPENDIX A

Note: Individuals looking to use or incorporate the following tools in their virtual care must consider the evidence base for the validity, reliability, and effectiveness of performing suicide risk assessment remotely (compared to doing so in person).

Tools from Table 1 – Clinician/Mental Health Professional Not Required for Administration

Columbia-Suicide Severity Rating Scale (C-SSRS)

Reference: Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American Journal of Psychiatry, 168*(12), 1266-1277. https://doi.org/10.1176/appi.ajp.2011.10111704

Link to access tool: http://cssrs.wpengine.com/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

Other available languages: >100

Virtual care: Yes

Geriatric Suicide Ideation Scale (GSIS)

Reference: Heisel, M. J., & Flett, G. L. (2006). The development and initial validation of the Geriatric Suicide Ideation Scale. *The American Journal of Geriatric Psychiatry, 14*(9), 742-751. https://doi.org/10.1097/01.JGP.0000218699.27899.f9

Link to access tool: Those interested in obtaining a copy of the GSIS must contact the authors of the original publication: https://pubmed.ncbi.nlm.nih.gov/16943171/

Other available languages: Unknown

Virtual care: Yes

Reasons for Living Inventory (RFL)

Reference: Linehan, M. M., Goodstein, J. L., Nielsen, S. L., & Chiles, J. A. (1983). Reasons for staying alive when you are thinking of killing yourself: The Reasons for Living Inventory. *Journal of Consulting and Clinical Psychology, 51*(2), 276-286. https://doi.org/10.1037/0022-006X.51.2.276

Link to access tool: http://depts.washington.edu/uwbrtc/wp-content/uploads/Reasons-for-Living-Scale-short-form-48-items.pdf

Other available languages: Portuguese, Romanian, Simplified Chinese, Traditional Chinese, Thai

Virtual care: Yes

Modified Scale for Suicide Ideation (SSI-M)

Reference: Miller, I. W., Norman, W. H., Bishop, S. B., & Dow, M. G. (1986). The Modified Scale for Suicidal Ideation: Reliability and validity. *Journal of Consulting and Clinical Psychology, 54*(5), 724-725. https://doi.org/10.1037/0022-006X.54.5.724

Link to access tool: http://ketamineconsult.com/wp-content/uploads/2018/04/20160118183859_Modified_Scale_for_Suicidal_Ideation_20150126.pdf

Other available languages: Unknown

Virtual care: Yes

Suicidal Behaviors Questionnaire (SBQ)

Reference: Linehan, M. M., & Nielsen, S. L. (1981). *Suicidal behaviors questionnaire*. [Unpublished inventory]. Department of Psychology, University of Washington.

Links to access tools:

Full form: https://wbma.cc/wp-content/uploads/2018/01/Suicidal_Beh_Quest_pre_assessment.pdf

Short form: https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/communications/SDQ-Color.pdf

Other available languages: Unknown

Virtual care: Yes

Suicide Intent Scale (SIS)

Note: Permission may be required to utilize this tool.

Reference: Beck, R. W., Morris, J. B., & Beck, A. T. (1974). Cross-validation of the Suicidal Intent Scale. *Psychological Reports, 34*(2), 445-446. https://doi.org/10.2466/pr0.1974.34.2.445

Link to access tool: https://www.phenxtoolkit.org/toolkit_content/PDF/PX640301.pdf

Other available languages: Unknown

Virtual care: Yes

Concise Health Risk-Tracking Self-Report (CHRT-SR)

Note: Clinician-rated behavioral module (9-items).

Reference: Trivedi, M. H., Wisniewski, S. R., Morris, D. W., Fava, M., Gollan, J. K., Warden, D., Nierenberg, A. A., Gaynes, B. N., Husain, M. M., Luther, J. F., Zisook, S., & Rush, A. J. (2011). Concise Health Risk Tracking Scale: A brief self-report and clinician rating of suicidal risk. *Journal of Clinical Psychiatry 72*(6), 757-764. https://doi.org/10.4088/JCP.11m06837

Link to access tool: http://www.cmeinstitute.com/Psychlopedia/Documents/depression/19tdpc/sec1/CHRT.pdf

Other available languages: Unknown

Virtual care: Unknown

Patient Health Questionnaire (PHQ-9)

Reference: Spitzer, R. L., Kroenke, K., Williams, J. B., & Patient Health Questionnaire Primary Care Study Group. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *JAMA, 282*(18), 1737-1744. https://doi.org/10.1001/jama.282.18.1737

Links to access tool: https://www.phqscreeners.com/select-screener; https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ9_English%20for%20Canada_0.pdf

Other available languages: > 30 languages

Virtual care: Yes

Inventory of Motivations for Suicide Attempts (IMSA)

Reference: May, A. M., & Klonsky, E. D. (2013). Assessing motivations for suicide attempts: Development and psychometric properties of the Inventory of Motivations for Suicide Attempts. *Suicide and Life-Threatening Behavior, 43*(5), 532-546. https://doi.org/10.1111/sltb.12037

Link: https://www2.psych.ubc.ca/~klonsky/publications/IMSA2013.pdf

Note: Tool is at the end of the publication.

Other available languages: Unknown

Virtual care: Unknown

Tools from Table 2 – Clinician/Mental Health Professional Administered

Beck Scale for Suicide Ideation (BSS)

Reference: Beck, A. T., & Steer, R. A. (1991). *Beck Scale for Suicide Ideation: Manual*. Psychological Corporation.

Link to access tool: https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Scale-for-Suicide-Ideation/p/100000157.html

Other available languages: Spanish

Virtual care: Yes

Beck Hopelessness Scale (BHS)

Reference: Beck, A. T., Steer, R. A., & Pompili, M. (1988). *BHS, Beck Hopelessness Scale: Manual*. Psychological Corporation.

Link to access tool: https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Hopelessness-Scale/p/100000105.html

Other available languages: Spanish

Virtual care: Yes

Inter-RAI Mental Health Severity of Self-harm Scale

Note: The interRAI SOS is a scale embedded within three interRAI assessment instruments for mental health settings: the interRAI Mental Health, the interRAI Community Mental Health, and the interRAI Emergency Screener for Psychiatry.

Reference: None (www.interRAI.org)

Links to access tools:

interRAI Mental Health: https://catalog.interrai.org/category/mh-forms

interRAI Community Mental Health: https://catalog.interrai.org/category/cmh-forms

interRAI Emergency Screener for Psychiatry: https://catalog.interrai.org/category/esp-forms

Other available languages (only for the Community Mental Health Assessment FormForm): French, German, Italian

Virtual care: Unknown

Mental Health Environment of Care Checklist (MHECC)

Note: The MHECC focuses on the factors in the physical care environment that contribute to patient and staff safety. It does not determine whether a person is at risk of suicide.

Reference: None

Link to access tool: https://www.patientsafety.va.gov/professionals/onthejob/mentalhealth.asp

Other available languages: N/A

Virtual care: No

Nurses' Global Assessment of Suicide Risk (NGASR)

Reference: Cutcliffe, J. R., & Barker, P. (2004). The Nurses' Global Assessment of Suicide Risk (NGASR): Developing a tool for clinical practice. *Journal of Psychiatric and Mental Health Nursing, 11*(4), 393-400. https://doi.org/10.1111/j.1365-2850.2003.00721.x

Link to access tool: http://dustinkmacdonald.com/nurses-global-assessment-suicide-risk-ngasr/#Indicators_of_Suicide_Risk

Other available languages: Unknown

Virtual care: Unknown

Modified SAD PERSONS Scale

Reference: Patterson, W. M., Dohn, H. H., Bird, J., & Patterson, G. A. (1983). Evaluation of suicidal patients: The SAD PERSONS Scale. *Psychosomatics, 24*(4), 343-349. https://doi.org/10.1016/S0033-3182(83)73213-5

Links to access tool: https://www.med.unc.edu/emergmed/files/2018/04/sadpersons.doc; https://qxmd.com/calculate/calculator_201/modified-sad-persons-scale

Other available languages: Unknown

Virtual care: Unknown

Scale for Impact of Suicidality – Management, Assessment and Planning of Care (SIS-MAP)

Reference: Nelson, C., Johnston, M., & Shrivastava, A. (2010). Improving risk assessment with suicidal patients: A preliminary evaluation of the clinical utility of the Scale for Impact of Suicidality – Management, Assessment, and Planning of Care (SIS-MAP). *Crisis, 31*(5), 231-237. https://doi.org/10.1027/0227-5910/a000034

Link to access tool: https://works.bepress.com/amreshsrivastava/97/download/

Other available languages: Unknown

Virtual care: Unknown

Suicide Probability Scale

Reference: Cull, J. G., & Gill, W. S. (1988). *Suicide Probability Scale (SPS) manual.* Western Psychological Services.

Link to access tool: https://www.wpspublish.com/sps-suicide-probability-scale

Other available languages: Unknown

Virtual care: Yes

Tool for the Assessment of Suicide Risk (TASR)

Reference: Kutcher, S. & Chehil, S. (2007). *Suicide risk management: A manual for health professionals.* Blackwell Publishing.

Links to access tools:

Full form: https://ifightdepression.com/files/cms/pdf/TASR.pdf

Adolescent version (TASR-A): http://teenmentalhealth.org/wp-content/uploads/2015/12/TASR-A_Package.pdf

Other available languages (only for TASR-A): Spanish, Chinese, Turkish, Polish

Virtual care: No

Ask Suicide-Screening Questions (ASQ)

Reference: Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J., Rosenstein, D. L., Wharff, E. A., Ginnis, E., Cannon, E., Joshi, P., & Pao, M. (2012). Ask Suicide-Screening Questions (ASQ): A brief instrument for the pediatric emergency department. *Archives of Pediatrics and Adolescent Medicine, 166*(12), 1170-1176. https://doi.org/10.1001/archpediatrics.2012.1276

Links to access tool: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml; https://www.sprc.org/sites/default/files/resource-program/asQToolkit_0.pdf

Other available languages: Arabic, Chinese, Dutch, French, Hebrew, Italian, Japanese, Korean, Portuguese, Russian, Somali, Spanish, Vietnamese

Virtual care: No

Behavioral Health Screen (BHS)

Reference: Diamond, G., Levy, S., Bevans, K. B., Fein, J. A., Wintersteen, M. B., Tien, A., & Creed, T. (2010). Development, validation, and utility of internet-based, behavioral health screen for adolescents. *Pediatrics, 126*(1), e163-e170. https://doi.org/10.1542/peds.2009-3272

Link to access tool: https://drexel.edu/familyintervention/behavioral-health-screening/overview/ (to get more information and screenshots of the BHS tool, contact Tita Atte at tita.atte@drexel.edu).

Other available languages: Unknown

Virtual care: Yes

HEADS-ED

Reference: Cappelli, M., Gray, C., Zemek, R., Cloutier, P., Kennedy, A., Glennie, E., Doucet, G., & Lyons, J. S. (2012). The HEADS-ED: A rapid mental health screening tool for pediatric patients in the emergency department. *Pediatrics, 130*(2), e321-e327. https://doi.org/10.1542/peds.2011-3798

Links to access tool: https://www.heads-ed.com/en/home; https://www.heads-ed.com/assets/other/HEADS-ED_English.pdf

Other available languages: Unknown

Virtual care: Unknown

Modular Assessment of Risk for Imminent Suicide (MARIS)

Reference: Calati, R., Cohen, L. J., Schuck, A., Levy, D., Bloch-Elkouby, S., Barzilay, S., Rosenfeld, P. J., & Galynker, I. (2020). The Modular Assessment of Risk for Imminent Suicide (MARIS): A validation study of a novel tool for suicide risk assessment. *Journal of Affective Disorders, 263,* 121-128. https://doi.org/10.1016/j.jad.2019.12.001

Link to access tool: Could not be located. Authors permission may be required (https://pubmed.ncbi.nlm.nih.gov/31818767/)

Other available languages: Unknown

Virtual care: Yes

ED-SAFE Patient Safety Screener

Reference: Boudreaux, E. D., Larkin, C., Camargo, Jr., C. A., & Miller, I. W. (2020). Validation of a secondary screener for suicide risk: Results from the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE). *Joint Commission Journal on Quality and Patient Safety, 46*(6), 342-352. https://doi.org/10.1016/j.jcjq.2020.03.008

Links to access tool: https://www.sprc.org/micro-learning/patientsafetyscreener; https://www.sprc.org/sites/default/files/Printable%20PSS-3%20Tool.pdf

Other available languages: Unknown

Virtual care: No

Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

Reference: Jacobs, D. (2009). *Suicide Assessment Five-Step Evaluation and Triage (SAFE-T).*

Link to access tool: https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432

Other available languages: No

Virtual care: Unknown

CAMS Suicide Status Form (SSF)

Reference: Jobes, D. A. (2016). *Managing suicidal risk: A collaborative approach* (2nd ed.). Guilford Press. https://www.guilford.com/books/Managing-Suicidal-Risk/David-Jobes/9781462526901

Link to access tool: https://www.nevadacertboard.org/wp-content/uploads/2017/08/SSF-4.pdf

Note: Permission to photocopy this material is granted to purchasers of *Managing Suicidal Risk: A Collaborative Approach* (see copyright page for details).

Other available languages: Unknown

Virtual care: Unknown

References

1. Cerel, J., Brown, M. M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior, 49*(2), 529-534. https://doi.org/10.1111/sltb.12450

2. World Health Organization. (2019). *Suicide: Key facts*. https://www.who.int/news-room/fact-sheets/detail/suicide

3. Ontario Hospital Association, & Canadian Patient Safety Institute. (2011). *Suicide risk assessment guide: A resource for health care organizations.* https://www.patientsafetyinstitute.ca/en/toolsResources/SuicideRisk/Documents/Suicide%20Risk%20Assessment%20Guide.pdf

4. Zero Suicide. (2020). *Screening for and assessing suicide risk*. https://zerosuicide.edc.org/toolkit/identify/screening-options

5. Barker, P. & Buchanan-Barker, P. (2005). *The tidal model: A guide for mental health professionals*. Routledge. https://www.routledge.com/The-Tidal-Model-A-Guide-for-Mental-Health-Professionals/Barker-Buchanan-Barker/p/book/9781583918012

6. Sadek, J. (2019). A *clinician's guide to suicide risk assessment and management*. Springer. https://novascotia.cmha.ca/wp-content/uploads/2019/01/AClinician%E2%80%99sGuidetoSuicideRiskAsse.pdf

7. Roos, L., Sareen, J., & Bolton, J. M. (2013). Suicide risk assessment tools, predictive validity findings and utility today: time for a revamp?. *Neuropsychiatry, 3*(5), 1-13. https://doi.org/10.2217/NPY.13.60

8. Runeson, B., Odeberg, J., Pettersson, A., Edbom, T., Jildevik Adamsson, I., & Waern, M. (2017). Instruments for the assessment of suicide risk: A systematic review evaluating the certainty of the evidence. *PLoS One, 12*(7), Article e0180292. 10.1371/journal.pone.0180292

9. Chu, J. P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology, 14*(s1-4), 25-40. https://doi.org/10.1016/j.appsy.2011.11.001

10. Chu, J., Khoury, O., Ma, J., Bahn, F., Bongar, B., & Goldblum, P. (2017). An empirical model and ethnic differences in cultural meanings via motives for suicide. *Journal of Clinical Psychology, 73*(10), 1343-1359. https://doi.org/10.1002/jclp.22425

11. Chu, J., Maruyama, B., Batchelder, H., Goldblum, P., Bongar, B., & Wickham, R. E. (2019). Cultural pathways for suicidal ideation and behaviors. *Cultural Diversity and Ethnic Minority Psychology, 26*(3), 367-377. https://doi.org/10.1037/cdp0000307

12. Leach, M. M., & Leong, F. T. L. (2008). Challenges for research on suicide among ethnic minorities. In F. Leong & M. Leach (Eds.), *Suicide among racial and ethnic groups: Theory, research, and practice* (pp. 297–318). Routledge. https://www.routledge.com/Suicide-Among-Racial-and-Ethnic-Minority-Groups-Theory-Research-and/Leong-Leach/p/book/9781138884380

13. Rockett, I. R. H., Wang, S., Stack, S., De Leo, D., Frost, J. L., Ducatman, A. M., Walker, R. L., & Kapusta, N. D. (2010). Race/ethnicity and potential suicide misclassification: Window on a minority suicide paradox? *BMC Psychiatry, 10,* Article 35 (2010). https://doi.org/10.1186/1471-244X-10-35

14. Morrison, L. L., & Downey, D. L. (2000). Racial differences in self-disclosure of suicidal ideation and reasons for living: Implications for training. *Cultural Diversity and Ethnic Minority Psychology, 6*(4), 374=386. https://doi.org/10.1037/1099-9809.6.4.374

15. Chu, J., Floyd, R., Diep, H., Pardo, S., Goldblum, P., & Bongar, B. (2013). A tool for the culturally competent assessment of suicide: The Cultural Assessment of Risk for Suicide (CARS) Measure. *Psychological Assessment, 25*(2), 424. https://doi.org/10.1037/a0031264

16. Janca, A., Lyons, Z., Balaratnasingam, S., Parfitt, D., Davison, S., & Laugharne, J. (2015). Here and Now Aboriginal Assessment: Background, development and preliminary evaluation of a culturally appropriate screening tool. *Australasian Psychiatry, 23*(3), 287-292. https://doi.org/10.1177/1039856215584514