

# .Just ask. You can save a life

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Just Ask. You Can Save a Life: Interview with Prof. Kelly Posner, author of the Columbia Questionnaire for Assessing the Severity of Suicide (C-SSRS) on the importance of the questionnaire and its assimilation in Israel - what is being done and what else needs to be .done



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## Interview with Prof. Kelly Posner, author of the Columbia Questionnaire to Assess the Severity of Suicide

**Prof. Anat Bronstein Klomek** , Dean of the Baruch Ivcher School of Psychology at Reichman University, interviews **Prof. Kelly Posner** , Professor of Psychiatry at Columbia University and winner of the United States Secretary of Defense Medal for Outstanding Public Service. Prof. Posner is recognized worldwide as the .(creator of the [Columbia Suicide Severity Assessment Questionnaire \(C-SSRS\)](#)

( **Here is a translated and edited version of the interview ( [to read the full interview, in English](#)**

### On the questionnaire

**The Columbia Suicide Severity Questionnaire consists of a number of simple questions that help save lives and identify people at risk of suicide.** Beyond that, the questionnaire is a tool that promotes social change, because it gives the authority and conveys the message that one can talk about everything and ask .about anything, and as a result empowers people to make their voices heard

### How did the Columbia Questionnaire manage to produce so much ?influence in Israel

Like many countries, suicide in Israel is taking the lives of many. The lives of many more will be affected by any such death (family and close friends), and the effects may last for generations, due to the silence that often accompanies it. **The central idea at the base of the Columbia scale is to provide a common language that will be able to bypass all barriers and make the connection between the various treatment systems .smoother**

The questionnaire was implemented in Israel as part of a national program and thanks to the recommendations of the Ministry of Health and the Ministry of Education, and now many can ask life-saving questions, using a uniform language: school counselors, educational and clinical psychologists and military personnel.

The Columbia Questionnaire is designed not only for professionals, but also for people in the field: the questionnaire gives teachers the power to ask and talk to their students about suicide and parents to ask their children life-saving questions. A particularly powerful example is a young Israeli woman who said: **"If we had these questions, my sister would still be alive."** Giving this tool is essential for families, as many put their hand to their mind in the home environment.

**I am grateful** for the pioneering national change that Israel is leading because it serves as a model for other countries in their efforts to deal with suicide. For me, the cases of a Jewish doctor who used a questionnaire while treating an Arab child, or an ultra-Orthodox Jewish psychologist who used it to assess the risk of suicide in Arab children, are inspiring examples and have enormous implications for bringing communities closer to Israel.

## **Where to proceed from here: What else can and should be done with the Columbia questionnaire in Israel**

More than 50% of people who die from suicide go to their family doctor in the month before they die. Identification in Israel must be part of routine medical tests, such as measuring blood pressure or a vision test, otherwise people who suffer from silence will not be detected.

In the past, it was customary to rely exclusively on pathology treatment to prevent suicide: we focused on providing assistance to people who came to the clinics and worked with those known to be at risk. All of these efforts have been necessary and beneficial, but not sufficient to prevent suicide at the required rate and rate. The whole system must be educated that it has a role in preventing suicide, and that the effort to save a life does not rest on the treatment of pathology alone.

In light of this, we as a field, have started a movement calling on the entire public to mobilize to prevent suicide. This move essentially involves providing the public with knowledge about suicide risk, and how to assess and identify whether our friends or loved ones are thinking and considering suicide. Public recruitment is extremely significant, as it shifts the field of suicide prevention from a medical model to a model of public health.

## **How can the public be made to use the Columbia Questionnaire and encourage people to ask about suicide**

### **Recruiting science**

Understanding the solid scientific basis of the questionnaire will help combat the fear of people asking about suicide. More than 600 scientific articles supporting the Columbia Questionnaire will help those who use it and ask questions directly feel comfortable doing so. The latest significant finding showed that the questionnaire predicted suicide as a result of suicide in emergency rooms in Sweden.

When people are suffering, they want help, and they want to be approached and asked about suicide. When asked it alleviates distress. Kevin Haynes survived the jump from the famous Golden Bridge, although jumps from it end in death in 99% of cases. He woke up that morning when he jumped and thought that if only one person asked him if he was okay - he would not do it. Once he jumped, all he wanted was to stay alive. He said: **"Most people who are thinking of suicide want someone to save them. What we really need is a culture where we are not afraid to ask**

## ?What are your plans for the future in suicide prevention

Prevention of suicide on a large scale, depends on making contact between different bodies and working with all sectors of public health. The Columbia Questionnaire can be a policy-anchored tool and provides the key .component required for suicide prevention across the country

From our experience in the US and other countries, the creative challenge is to distribute it to everyone. In public health campaigns – on buses, milk cartons, water facilities, fuel pumps, billboards or on packing shipments. These simple but innovative application methods are essential to increase the chances of the .questionnaire Used by the general public

There was a stage in history where it was understood that hand washing could save lives. Today we understand that asking a question and offering support to the suicidal person are basic actions that allow us .to connect and build a path of openness and resilience that will last generations, and help us save lives

## .Columbia Scale for Assessing Suicide – Prof. Kelly Posner & Co

### Recent screening – self-report

Hebrew translation – Prof. Anat Bronstein Klomek and Dr. Yossi Levy

### :Questions about the last month

?Did you hope to die or go to sleep without waking up .1

?Have you had thoughts of killing yourself .2

.If you answered **yes** to question 2 – please go to questions 3, 4, 5

If you answered **no** – please go directly to question 6

?( Have you thought about how to do this (in what **method** .3

Did you really intend to act on the thoughts of killing yourself (compared to a situation where you had .4

(?thoughts but you sure would not try to realize them

?Have you started planning or have you already closed the details of the plan of how to kill yourself .5

?Do you intend to implement this plan

**In the last three months, have you done anything, started doing something, or planned to do .6**

**?something to end your life**

Examples: collecting bullets, getting a gun, giving others your valuables, writing a will or suicide note, taking bullets but not swallowing them, holding a gun but changing your mind or it was taken from you, going up to the roof but not jumping; Or did you really swallow bullets, did you try to shoot yourself, cut .yourself, tried to hang yourself and so on

?Throughout your life, how many times have you done any of these things



The full interview, in English  
Weight: 119.27 Kb File type: pdf



Columbia Questionnaire – Download file  
Weight: 253.49 Kb File type: png

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