Letter – Sen. Renee Unterman March 10, 2016

As a parent who lost a son to suicide and a state legislator who helped pass a suicide prevention bill, I am deeply familiar with the vital importance of recognizing suicide risk as early as possible. I am writing to urge your support for widespread use of effective, evidence-based suicide risk assessment tools like the Columbia-Suicide Severity Rating Scale (C-SSRS) — a proven way to save lives by identifying when individuals are in crisis before it is too late.

Suicide is the second leading cause of death in the U.S. for people ages 15–34, according to the Centers for Disease Control and Prevention. A 2013 study found that 17% of high school students had seriously considered attempting suicide in the previous 12 months and that 8% actually attempted it. Among all age groups, the number of suicides averaged 113 per day in 2013, and an estimated 9.3 million adults had serious suicidal thoughts.

These deaths are preventable with the proper policies and practices — and the use of tools like the C-SSRS at schools, hospitals, doctor's offices, law enforcement agencies, and more. The C-SSRS is a free, simple tool that has proven effective in identifying people at risk and the level of help they need. Anyone can ask the questions and administer the scale properly. It is being used across the U.S. and around the world, including in my home state, where schools are employing it to save people's lives.

As chair of the Georgia Senate Health and Human Services Committee, I sponsored the Jason Flatt Act, which the legislature approved in 2015. This law requires local school systems in the state to provide annual suicide prevention training to teachers, counselors, and other certified school personnel, and to adopt a policy on student suicide prevention.

Under that law, in August 2015 the Georgia Department of Education published a model policy for suicide awareness, prevention, and intervention in schools. It emphasizes that an essential component of any program is having a process for recognizing when people are at risk for suicide and referring them to the appropriate level of treatment — and it identifies C-SSRS as a screening tool for that purpose.

The state of Georgia also enhanced its screening for suicide risk by making it a basic standard of care for all state-supported health care programs. Now primary care settings, hospices, and skilled nursing facilities across the state ask their patients just a few simple questions to ensure that those at risk of suicide are not suffering in silence.

Use of the C-SSRS saves lives. I encourage you to learn more about it and to consider policies that incorporate tools and processes that have been proven effective in preventing tragedies.

Sincerely,

Sen. Renee Unterman

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