The Columbia Lighthouse Project

The Columbia Suicide Severity Rating Scale (C-SSRS)

Supporting Evidence

Last Revised
5-26-2023
Contents

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### The Columbia Suicide Severity Rating Scale (C-SSRS): Psychometric Evidence

#### Table 1: Studies Supporting Specific Psychometric Properties

<table>
<thead>
<tr>
<th>Psychometric Property</th>
<th>Studies</th>
</tr>
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<tbody>
<tr>
<td><strong>Clinical Utility</strong></td>
<td></td>
</tr>
<tr>
<td>Predictive and/or Incremental Validity</td>
<td>Brent et al., 2009^; Posner et al., 2011*^; Mundt et al., 2013*; Arias et al. 2013*; Greist et al. 2014*; Jang et al., 2014*; Brown et al., 2015*; Gipson et al., 2015^; Horwitz et al., 2015^; Arias et al., 2016*; Madan et al. 2016*; Conway et al. 2016^; Hill et al 2017^; Lindh et al. 2018; Matarazzo et al. 2018*; Park et al. 2019*; King et al. 2019; Bjureberg et al 2021*</td>
</tr>
<tr>
<td>Sensitivity to Change</td>
<td>Posner et al., 2011^; Ionescu et al., 2016*; Lindh et al, 2019*</td>
</tr>
<tr>
<td>Sensitivity and Specificity</td>
<td>Posner et al., 2011^; Mundt et al., 2013*; Viguera et al. 2015*; Madan et al. 2016*; Lindh et al, 2019*; Bjureberg et al 2021*</td>
</tr>
<tr>
<td>Reliability (internal consistency)</td>
<td>Posner et al., 2011^; Kilincaslan et al. 2018^; Pai et al. 2015*; Madan et al. 2016*; Franks et al 2020*</td>
</tr>
<tr>
<td>Reliability (inter-rater; multi-method agreement; test-retest)</td>
<td>Kerr et al., 2013^; Brent et al., 2009^; Kilincaslan et al. 2018^; Hesdorffer et al., 2013*; Arias et al., 2013*; Brown et al. 2015*; Tabares et al. 2020*; Campos et al 2021</td>
</tr>
<tr>
<td>Internal Structure (Factor Analysis)</td>
<td>Al-Halabi et al., 2016b*; Madan et al. 2016*; Tabares et al 2020*; Franks et al 2020*</td>
</tr>
<tr>
<td>Divergent &amp; Discriminant Validity</td>
<td>Posner et al., 2011^; Kerr et al., 2013^; Kilincaslan et al. 2018^</td>
</tr>
<tr>
<td>Cross-Cultural Validation</td>
<td>Danish (Conway et al. 2016^); Turkish (Kilincaslan et al. 2018^); Korean (Pai et al. 2015*); Spanish (Al-Halabi et al., 2016ab*); Lebanese</td>
</tr>
</tbody>
</table>
* studies include adult samples; ^ studies include pediatric samples

Table 2: Psychometric Properties of the C-SSRS Ideation and Behavior with Coefficients

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Criterion</th>
<th>Coefficients</th>
</tr>
</thead>
</table>
| **Bjureberg et al 2021**  
Adult psych emergency department (N= 18684) | Ideation severity (1-5) past month | Death by suicide | Within 7 days: OR =1.6 (1.2–2.1)  
Within one month: adjusted OR 1.5, 95% CI 1.2-1.8  
Within one year: adjusted OR 1.3, 95% CI 1.1–1.4 |
| Ideation severity (0-2 vs 3-5) past month | Death by suicide | Within 7 days: Adj OR= 4.7 (1.5–14.8)  
Within one month: Adj OR= 4.0 (1.9–8.6)  
Within one year: Adj OR=2.4 (1.5–3.6) |
| **Greist et al. 2014**  
eCSSRS, drug trials  
6,760 patients with psychiatric disorders and 2,077 nonpsychiatric disorder patients | None Reported | Actual, interrupted or aborted attempts | All patients: 0.8% incidence rate, N=4975  
Psychiatric patients: 1.1% incidence rate, N=3184 |
| Wish to Be Dead | Actual, interrupted or aborted attempts | OR= 6.21, 95% CI = 4.18 – 9.23, p <0.001  
OR= 4.99, 95% CI = 3.29 – 7.56, p <0.001 |
| Non-Specific Active Thoughts | Actual, interrupted or aborted attempts | OR= 6.69, 95% CI = 4.16 – 10.76, p <0.001  
OR= 5.53, 95% CI = 3.38-9.04, p <0.001 |
| Active with any methods (not plan) w/o intent to act | Actual, interrupted or aborted attempts | OR= 11.16, 95% CI = 7.43-16.76, p <0.001  
OR= 8.36, 95% CI = 5.44-12.84, p <0.001 |
| Active with Some Intent to Act, without specific plan | Actual, interrupted or aborted attempts | OR= 19.27, 95% CI = 12.97 – 28.63, p <0.001  
OR= 15.24, 95% CI = 10.07-23.09, p <0.001 |
| Active with specific plan and intent | Actual, interrupted or aborted attempts | OR= 25.53, 95% CI = 16.94 – 38.47, p <0.001  
OR= 18.70, 95% CI = 12.16 – 28.76, p <0.001 |
| **Posner et al. 2011**  
(TASA study N=124, ages 12-18) | Baseline worst-point | Attempts | OR=1.45, 95% CI=1.07-1.98, p=0.02 |
<p>| | | Actual, interrupted and aborted attempts | OR=1.34, 95% CI=1.05-1.70, p=0.02 |
| Lifetime severity | Attempts | OR=1.43, 95% CI=0.99-2.05, p=0.05 |
| Severity 4-5 (any intent to | Attempts | OR=3.26, 95% CI=1.02-10.45, p=0.047 |</p>
<table>
<thead>
<tr>
<th>Study</th>
<th>Measure</th>
<th>Outcome</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horwitz et al. 2015</td>
<td>Ideation severity 1 to 5</td>
<td>Attempt</td>
<td>OR= 3.26, 95% CI=1.07-7.12, p=0.036</td>
</tr>
<tr>
<td>Arias et al. 2016</td>
<td>Current ideation severity 4 or 5 (with intent to die)</td>
<td>Actual attempt or suicide 6 weeks post-ED visit</td>
<td>OR=1.70 95% CI 1.18-2.44, p =.004</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actual, interrupted, aborted attempts, suicide or preparatory behavior</td>
<td>OR =1.52 95%CI 1.23-1.86 p &lt; .001</td>
</tr>
<tr>
<td>Madan et al. 2016:</td>
<td>Most severe ideation within 72 hours of hospitalization</td>
<td>Any suicide behavior within 6 months post hospitalization</td>
<td>r =.165, p&lt;.01, N=275</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychiatric re-hospitalization within 6 months</td>
<td>r =.125, p &lt; .05, N=275</td>
</tr>
<tr>
<td>Conway et al. 2016:</td>
<td>Severity of ideation (1-5)</td>
<td>Any type of suicidal behavior at follow-up</td>
<td>OR= 1.66, 95% CI= 1.13-2.44, p&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Ideation with intent to act (4 or 5)</td>
<td></td>
<td>OR= 7.76, 95% CI= 1.66-36.23, p&lt;0.01</td>
</tr>
<tr>
<td>Lindh et al. 2018</td>
<td>Most Severe Ideation</td>
<td>Actual Attempt</td>
<td>OR= 1.2, 95% CI= 0.9-1.4, p=0.06</td>
</tr>
<tr>
<td>Matarazzo et al 2018</td>
<td>Ideation severity 1 to 5</td>
<td>Actual attempt</td>
<td>OR= 2.93 CI= 0.89 - 11.1, p=.02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparatory behavior</td>
<td>OR= 1.95 CI= 1.14-3.32, p &lt; .01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any behavior</td>
<td>OR= 1.84 CI= 1.23-2.75, p &lt; .01</td>
</tr>
<tr>
<td>Park et al 2019</td>
<td>Ideation severity 1 to 5</td>
<td>Planned actual attempt</td>
<td>OR= 1.58 CI= 1.36-1.83, p &lt; .01</td>
</tr>
<tr>
<td></td>
<td>Ideation severity 5 (with specific plan and any intent)</td>
<td>Planned actual attempt</td>
<td>OR=5.30 CI 1.17-24.07, p &lt; .05</td>
</tr>
<tr>
<td>Study</td>
<td>Predictor</td>
<td>Criterion</td>
<td>Coefficients</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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<tr>
<td>King et al 2019 (N=2,104, ages 12-17)</td>
<td>Lifetime ideation severity</td>
<td>Actual attempt or death within 3 months follow up</td>
<td>OR = 1.35 CI 1.03 - 1.76, p = .031</td>
</tr>
<tr>
<td><em>Predictive Validity – SI Intensity</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conway et al. 2016:</td>
<td>Ideation intensity total score</td>
<td>Any type of suicidal behavior at follow-up</td>
<td>OR= 1.27, 95% CI= 1.04-1.54, p&lt;0.05</td>
</tr>
<tr>
<td>(N=85 adolescents, age &lt; 18, mean age=16.2)</td>
<td></td>
<td></td>
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<tr>
<td>Lindh et al. 2018</td>
<td>Total Intensity Score</td>
<td>Actual Attempt</td>
<td>OR= 1.07, 95% CI= 1.03-1.1, p=0.001</td>
</tr>
<tr>
<td>(N=804 adults, ages 18-95 years, median age=33)</td>
<td>Frequency</td>
<td></td>
<td>OR= 1.2, 95% CI= 1.1-1.4, p=0.002</td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td></td>
<td>OR= 1.2, 95% CI= 1.03-1.3, p=0.01</td>
</tr>
<tr>
<td></td>
<td>Controllability</td>
<td></td>
<td>OR= 1.1, 95% CI= 1.01-1.3, p=0.03</td>
</tr>
<tr>
<td></td>
<td>Deterrents</td>
<td></td>
<td>OR= 1.1, 95% CI= 1.03-1.3, p=0.02</td>
</tr>
<tr>
<td></td>
<td>Reasons</td>
<td></td>
<td>OR= 1.1, 95% CI= 0.9-1.3, p=0.3</td>
</tr>
<tr>
<td>Gipson et al. 2014 (N=178, ages 13-17)</td>
<td>Total Intensity Score</td>
<td>Return Psychiatric Emergency Visit</td>
<td>OR= 1.09, 95% CI= 1.00-1.19, p&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td>Return Psychiatric Emergency Visit</td>
<td>OR= 1.67, 95% CI= 1.16-2.42, p&lt;0.01</td>
</tr>
<tr>
<td></td>
<td>Actual Attempt</td>
<td></td>
<td>OR= 1.80, 95% CI= 1.06-3.04, p&lt;0.05</td>
</tr>
<tr>
<td><em>Predictive Validity - Suicidal Behavior</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bjureberg et al 2021</td>
<td>Suicidal behavior question</td>
<td>Death by suicide</td>
<td>Within 7 days: adjusted OR 6.9, 95% CI 2.1–22.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Within one month: adjusted OR 5.1, 95% CI 2.3-11.2</td>
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<td></td>
<td></td>
<td></td>
<td>Within one year: adjusted OR 2.8, 95% CI 1.7–4.5</td>
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**OR** = Odds Ratio, **CI** = Confidence Interval
<table>
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<tr>
<th>Study</th>
<th>Data</th>
<th>Measurement</th>
<th>Odds Ratio (OR)</th>
<th>95% Confidence Interval</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Horwitz et al. 2015</strong></td>
<td>(N=473, ages 15-24)</td>
<td>Attempt</td>
<td>OR=4.80</td>
<td>95% CI = 2.23-10.32</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NSSIB item</td>
<td>OR=3.12</td>
<td>95% CI = 1.36-7.19</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td><strong>Gipson et al. 2014</strong></td>
<td>(N=178, ages 13-17)</td>
<td>NSSIB item</td>
<td>OR = 1.52</td>
<td>95% CI, 1.08-2.12</td>
<td>&lt;.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Return ER visit</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Attempt</td>
<td></td>
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</tr>
<tr>
<td><strong>Conway et al. 2016</strong></td>
<td>(N=85, age &lt; 18, mean age=16.2)</td>
<td>Attempts</td>
<td>OR= 11.50</td>
<td>95% CI= 1.66-79.65</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Re-attempt [short-term]</td>
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<tr>
<td><strong>Greist et al. 2014</strong></td>
<td></td>
<td>Attempt</td>
<td>OR=4.57</td>
<td>95% CI = 3.6-5.7</td>
<td>&lt;0.001</td>
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<td></td>
<td></td>
<td>Actual, interrupted or aborted</td>
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<tr>
<td></td>
<td></td>
<td>attempts</td>
<td>OR=5.55</td>
<td>95% CI = 4.4-7.0</td>
<td>&lt;0.001</td>
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<tr>
<td></td>
<td></td>
<td>Actual, interrupted or aborted</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>attempts</td>
<td>OR=5.09</td>
<td>95% CI = 4.1-6.4</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actual, interrupted or aborted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>attempts</td>
<td>OR=5.69</td>
<td>95% CI = 4.3-7.5</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

### Incremental Validity and Accuracy

<table>
<thead>
<tr>
<th>Study</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brent et al., (2009)</strong>:</td>
<td>Higher rates of suicidal (20.8% vs. 8.8%, chi squared= 9.18, df=1, p&lt;0.002) and non-suicidal self-injury (17.6% vs. 2.2%, chi squared= 23.47, df=1, p&lt;0.001) detected with systematic monitoring</td>
</tr>
<tr>
<td><strong>Horwitz et al. (2015)</strong>:</td>
<td>Suicidal ideation added incremental validity to the prediction of future suicide attempts beyond the past suicide attempt, X² (1) = 7.54, p = .006</td>
</tr>
<tr>
<td><strong>Brown et al. (2015)</strong>:</td>
<td>18% (n=23) of patients with a suicide attempt in the past week misclassified or missed by clinical assessment.</td>
</tr>
<tr>
<td></td>
<td>Agreement with clinical assessment for suicide attempts (K=0.76, p=&lt;.001)</td>
</tr>
<tr>
<td></td>
<td>Agreement with clinical assessment of non-suicidal self-injurious behavior (K=0.72, p=&lt;.001)</td>
</tr>
<tr>
<td><strong>Arias et al. (2013)</strong>:</td>
<td>41% increase in the detection of suicide attempts compared to chart reviews (59% vs. 18%, difference of 41%, 95% CI= 28-55, p&lt;0.001)</td>
</tr>
<tr>
<td>Study</td>
<td>Ideation Type</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Brent et al. (2009)</td>
<td>suicidal ideation ranging from 0 to 5 (from no ideation to suicidal ideation with intent and a clear plan) monitored weekly</td>
</tr>
<tr>
<td>Kilincaslan et al. (2018)</td>
<td>Inter-rater reliability for the most severe ideation scores in the last month and lifetime were good</td>
</tr>
<tr>
<td>Youngstrom et al. (2015)</td>
<td>Accuracy calibrated against “missing gold standard” latent class-derived ideation and behavior categories</td>
</tr>
<tr>
<td>Hesdorffer et al. (2013)</td>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal ideation</td>
</tr>
<tr>
<td>Gwaltney et al. (2017)</td>
<td>Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe lifetime ideation</td>
</tr>
<tr>
<td></td>
<td>Equivalence analyses between IVR (interactive voice response) and tablet text-based eC-SSRS for most severe ideation in past 6 months</td>
</tr>
</tbody>
</table>

**Reliability - Suicidal Behavior**

<table>
<thead>
<tr>
<th>Study</th>
<th>Ideation Type</th>
<th>Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwaltney et al. (2017)</td>
<td>Equivalence analyses/multi-method agreement between IVR (interactive voice response) and tablet text-based eC-SSRS for lifetime Actual attempts</td>
<td>κ = 0.81, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Number of lifetime actual attempts</td>
<td>κ = 0.81, p&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Actual attempts (recent-last 2 yrs)</td>
<td>κ = 0.73, p&lt;0.001</td>
</tr>
<tr>
<td>Behavioral Category</td>
<td>κ</td>
<td>Reference</td>
</tr>
<tr>
<td>--------------------</td>
<td>----</td>
<td>-----------</td>
</tr>
<tr>
<td>Interrupted attempts (lifetime)</td>
<td>0.78, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Interrupted attempts (recent-last 2 yrs)</td>
<td>0.762, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Aborted attempts (lifetime)</td>
<td>0.54, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Aborted attempts (recent-last 2 yrs)</td>
<td>0.74, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Preparatory behaviors (lifetime)</td>
<td>0.77, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Preparatory behaviors (recent-last 2 yrs)</td>
<td>0.89, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Non-suicidal, self-injurious behavior</td>
<td>0.73, p&lt;0.001</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Inter-rater reliability for a rating of suicidal behavior, ranging from 0 to 5 (no behavior to multiple attempts during the assessment period) using the Columbia Classification Algorithm of Suicide Assessment</td>
<td>100% agreement</td>
<td>Brent et al. (2009) (N=334, ages 12-18)</td>
</tr>
<tr>
<td>Inter-rater agreement for distinction among actual, aborted, interrupted attempts, preparatory acts and any other act</td>
<td>0.88; κ = .91</td>
<td>Kerr et al. (2014a,b) (N=155, ages 13-17)</td>
</tr>
<tr>
<td>Agreement with clinical assessment for attempts</td>
<td>0.76, P &lt; .001</td>
<td>Brown et al. (2015)</td>
</tr>
<tr>
<td>Agreement with clinical assessment for non-suicidal self-injurious behavior</td>
<td>0.72, P &lt; .001</td>
<td>Brown et al. (2015)</td>
</tr>
<tr>
<td>Accuracy of attempt: calibrated against latent class-derived categories</td>
<td>κ &gt; 0.8</td>
<td>Youngstrom et al. (2015)</td>
</tr>
<tr>
<td>Agreement between the MINI, C-SSRS and eC-SSRS for lifetime suicidal behavior</td>
<td>0.67, 95% CI = 0.53-0.80</td>
<td>Hesdorffer et al. (2013)</td>
</tr>
</tbody>
</table>
References for Psychometric Evidence (Tables 1&2)


Other predictive validity studies:


### Scoring and Data Analysis Guides


### Resource Utilization


### Linguistic and Psychometric Validation of the C-SSRS Translations


Columbia Suicide Severity Rating Scale Versions
(adapted versions)

C-SSRS Clinical Practice Screener
• Katz, I., Barry, C. N., Cooper, S. A., Kasprow, W. J., & Hoff, R. A. (2019). Use of the Columbia-Suicide Severity Rating Scale (C-SSRS) in a large sample of Veterans receiving mental health services in the Veterans Health Administration. Suicide and Life-Threatening Behavior.
• Omolewa, P., & Tribble, K. L. The Impact of C-SSRS (Columbia-Suicidal Severity Rating Scale) Usage on Quality of Care in John George Psychiatric Hospital (San Leandro, CA): a Medical Care Evaluation Study.

C-SSRS Self-Report
(“paper” non-adaptive version, not eC-SSRS)


### The Columbia Suicide Severity Rating Scale (C-SSRS): Diagnostic and Treatment-Monitoring Effectiveness

#### Table 3:

<table>
<thead>
<tr>
<th>C-SSRS as an Effective Measure for Diagnosis &amp; Treatment</th>
<th>Veterans</th>
<th>Legarreta et al., 2015</th>
<th>• The association of specific PTSD symptoms with suicidal ideation and behavior suggested individual PTSD symptoms as treatment target for reducing suicidal outcomes.</th>
</tr>
</thead>
</table>
|  | Veterans | Harvey et al., 2018 | • A lifetime history of suicidal ideation and behavior was higher among the Vets with Bipolar Disorder (82.3%, N=5414) than Schizophrenia (69.9%, N=3942)  
• The highest risk was found for patients with multiple psychiatric comorbidities (OR = 2.61 for ideation; OR = 3.82 for behavior). Clinical factors (e.g., psychiatric comorbidity) contributed more of the variance in the predictive model than demographic factors. |
|  | Medication Treatment | Ionescu et al. (2016) | • Ketamine treatment effective for suicidal ideation (SI) in adults  
• SI severity improved independent of acute decrease in depression and SI intensity improved even if SI severity un-remitted |
|  |  | Prakash et al. (2012) | • Duloxetine was effective in treating suicidal ideation among children ages 7-17 with major depression  
• Distinguished children with improvement and deterioration |

### C-SSRS Training and Quality Improvement Program Evaluations

• Latif, F., Patel, S., Badolato, G., McKinley, K., Chan-Salcedo, C., Bannerman, R., ... & Robb, A. S. (2020). Improving youth suicide risk screening and assessment in a pediatric hospital setting by using the joint commission guidelines. Hospital Pediatrics, 10(10), 884-892.

COVID-19 Studies


Systematic Reviews and Meta-Analyses


C-SSRS Representative Publications: Demographic and Clinical Populations, Settings, Treatment Efficacy and Assessment Guidelines
Pediatric Populations by Age Group

Ages 5-11

Ages 6-12

Ages 6-17

Ages 6-18

Ages 7-13
Ages 7-17


Ages 7-18 (for the pediatric sub-sample; also includes studies with adults)


Ages 8-12


- Soffer SL, Lewis J, Lawrence OS, Marroquin YA, Doupnik SK, Benton TD. (2022) Assessing Suicide Risk in a Pediatric Outpatient Behavioral Health System: A Quality Improvement Report. *Pediatr Qual Saf,* Jun 14;7(3) [mean age 10.6 years; median 14.7 years; range 8.6 to 20.8]


Ages 10-18


Ages 11-17


Ages 12-17


Ages 12-17.5


Ages 12-18


Ages 13-17


Ages 13-19

**Ages 14-19**


**Studies with Adolescents and Young Adults**

**Ages 11-21**


**Ages 13-25**


**Ages 14-39**


**Ages 15-20**


**Ages 15-24**


**Ages 20-22**

**Demographic Groups**

**Asian Americans**

**School Protocols**
- Rhode Island?

**Medical Specialties**

**Neurology**

**Oncology**
Psoriasis


Psychiatric Conditions

Alzheimer’s


ADHD


Alcohol


Autism


Bipolar Depression


**Complicated Grief**


**Generalized Anxiety Disorder (GAD)**


**Perinatal/Postpartum Depression**


**Psychosis/Schizophrenia**


**PTSD**


**Sleep**


Healthcare Systems

Outpatient Settings

Outpatient Psychiatry

Integrated Primary Care

Veterans
Forensic Settings

- **SEE ALSO “JUVENILE JUSTICE”**

Juvenile Justice


Emergency Departments


**In-Patient Psychiatric Settings**


**Mobile Crisis**


**Telemedicine**


**Treatment Efficacy for Suicidal Outcomes**


**Regulatory Guidelines for Treatment & Assessment of Suicidal Outcomes**


**Reviews of Suicide Risk Assessment Tools**


**Cross-Cultural Settings**

**Latin America (Spanish)**


**Australia**


**China**


**Chile**


**Croatia**

**Ethiopia**


**France**


**Germany**


**Hungary**


**Indonesia**


**India**


**Korea**


**Lebanon**


**Spain**


*Sri Lanka*