**COE Learning Network:** The Columbia Protocol

**Presenters:** Dr. Kelly Posner

**Date and Time:** 05/31/2023- 12 pm to 1:15 pm

**Location:**Virtual Training (on Zoom)

**Host:**University of Pittsburgh, School of Pharmacy, Program and Evaluation Unit (PERU)

**Target Audience:**Centers of Excellence Leadership and Staff

**Training Objectives:**

* Describe how preventative suicide screening models can be used to identify at-risk individuals and establish care plans that reduce suicide while allocating resources effectively.
* Utilize a systemic best-practice measurement, the C-SSRS, to identify suicidal ideation and behavior to improve risk identification and safety monitoring.
* Demonstrate how the C-SSRS enables more streamlined triage, provides liability protection, and facilitates care delivery to those at highest risk.

**Agenda:**

1. Welcome, introductions, and training objectives.
2. Suicide prevalence
3. Disparities in rates of suicide
   1. Age disparities
   2. Racial disparities
4. Universal need for suicide screening
   1. Workplace wellness
   2. The cost of not screening
   3. Role of Physicians
5. Normalizing suicide screening
6. The role of the media
7. Treatment of depression and other mental health issues
8. Columbia-Suicide Severity Rating Scale
   1. Development
   2. Overview
   3. Effectiveness
   4. Demonstration
   5. Routine use
9. Barriers
   1. Stigma
   2. Fear
   3. Liability
      1. The role of screening to reduce liability
10. Partnership of medicine and public health
    1. Policy implications
    2. Standards of care
    3. Prioritizing prevention
11. Questions and Discussion

**Posttest Questions:**

1. **True** or False: When using the c-SSRS, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.
2. True or **False**: Suicide is not preventable.
3. Not screening for suicidal ideation results in:
   1. **Higher healthcare costs**
   2. Fewer people considering suicide.
   3. Fewer people attending scheduled healthcare appointments.
   4. All the above
4. Suicide is
   1. A choice
   2. A sign of psychological weakness
   3. **Akin to cancer**
   4. All the above
5. True or **False**: Those who take antidepressants complete suicide at a higher rate than those who do not.

**References:**

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U.S. Department of Veterans Affairs. (2022). 2022 National Veteran Suicide Prevention Annual Report [PDF]. Retrieved from <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

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Mirick, R. G., Bridger, J., McCauley, J., & Berkowitz, L. (2016). Continuing Education on Suicide Assessment and Crisis Intervention for Social Workers and Other Mental Health Professionals: A Follow‐ Up Study. Journal of Teaching in Social Work, 36(4), 363‐379.

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