

Suicide Screening Assessment for Community

INSTRUCTIONS: This flow chart illustrates an approach to assessing the safety of an individual with suicidal thoughts. It is based on the screening version of the Columbia Suicide Severity Rating Scale (C-SSRS). Sources of information can include not only the person but also other individuals. This scale can guide decision-making though your judgments should always take precedence. You should always keep in mind that suicide prediction is not an exact science; if worried, best to err on the side of seeking consultation.

	YES	NO	
1. Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up? Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.	Go to #2	Go to #2	
2. Have you actually had any thoughts of killing yourself? General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without specific thoughts of ways to kill oneself/associated methods, intent, or plan.	Go to #3-6	Go to #6	
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.			
3. Have you been thinking about how you might do this? Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	M	L	
4. Have you had these thoughts and had some intention of acting on them? Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."	H	M	
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.	H	M	
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	HIGH RISK (H) Yes within past 3 months	MODERATE RISK (M) Yes >3 months to 1 year	LOW RISK (L) Yes but >1 yr ago or never

High Risk – Emergent psychiatric assessment needed. Do not leave alone.

If the person is cooperative:

- Bring directly to an inpatient psychiatric hospital or
- Bring directly to the Emergency Department of the closest hospital, share the results of the assessment

Option if uncooperative:

- Call law enforcement & they may place an emergency hold as deemed necessary

Moderate Risk – Not @ imminent risk to self.

Assessment & Resources

- Call the Becker County and White Earth Mental Health Crisis Team at 1-218- 850-HELP (4357) or 1-877-380-3621 to come out, or provide telephonic support, to do an assessment

Crisis Bed Option

- If you think they could benefit from a short stay at the crisis bed the Becker County and White Earth Mental Health Crisis Team should be called and then you ask for an assessment at the number above

Assess for coping skills and scene

stressors/dangers to determine response. Check back in with them later and after a few days to see how they are doing. Encourage them to seek out help and assist if willing.

Low Risk – Encourage person to follow up with their primary physician or mental health professional for comprehensive assessment. If they do not have one they usually see, provide the options on the back of this page.

Call the Mobile Mental Health Crisis Team as appropriate.

Consider helping the person make the connections. They are 70% more likely to follow through if you assist with getting help.

Becker County and White Earth Mental Health & Chemical Dependency Directory

Mental Health Crisis:

Becker County & White Earth Mobile Mental Health

Crisis Team: 1-218-850-4357

MN Crisis Text Line: Text “MN” to #741741 and they will text you back

Veterans Crisis Line: 1-800-273-8255

Veterans Text Line: Text #838255 and they will text you back

Mental Health Crisis Bed:

Becker County & White Earth Mobile Mental Health

Crisis Team: 1-218-850-4357

Outpatient Mental Health Services

- Call to set up an appointment

Essentia Health St. Mary’s Behavioral Health : 218-844-2347

Lakeland Mental Health Center: 218-847-1676

Lakes Crisis and Resource Center: 218-847-7446

Lutheran Social Services: 1-888-881-8261

Sanford Clinic Behavioral Health: 1-218-846-2000

Solutions: 218-287-4338

Stellher Counseling Services: 218-444-2845

Summit Guidance: 218-227-5376

The Village: 1-800-627-8220

White Earth Health Center: 1-218-983-4300

Community & Activity Center

A Place to Belong: 218-846-9022

Chemical Dependency Crisis:

*Bring to detox unit or closest emergency department as appropriate

SAMHSA’s National Helpline: 1-800-662-HELP (4357)

National Intervention Referral: 1-800-399-3612

Crisis Text Line for Teens: Text “Listen” to #741741 and they will text you back

Chemical Dependency Assessments :

Becker County Human Services: Chemical Dependency Department: 218-847-5628

Drake Counseling: 218-847-1329

White Earth Substance Abuse: 218-983-3286 ext 1297

Inpatient Chemical Dependency Services

Compassion House: 218-844-5782

Outpatient Chemical Dependency Services

Drake Counseling : 218-847-1329

Lakes Counseling: 218-847-0696

White Earth Medical Assisted Treatment or Mom’s Treatment: 218-936-2442

Recovery Programing

Drake Counseling : 218-847-1329

Sacred Circle—White Earth Recovery Program: 1-800-950-3248

Harm Prevention Program:

- clean needles, safe injection, prevention education, STD/HIV testing, Naloxone dispense: 218-983-3286 Ext 1257

