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To: **All Providers**
From: **PerformCare**
Date: **March 3, 2023**
Subject: **Suicide Prevention #10: Limitations when using Rating Scales**

For our bi-monthly communication regarding managing clients with suicidal thinking, PerformCare is highlighting information on the benefits and limitations in the use of rating scales to assess suicide risk. PerformCare supports the use of objective assessment tools in clinical practice as one component of fully assessing the clinical presentation of our Members. However, in any assessment of a person's behavioral health, objective measures should be used in combination with comprehensive clinical interviewing.

In the assessment of risk for suicide, the combination of a comprehensive interview, as well as the use of a rating scale is optimal when a Member discloses suicidal ideation. The most frequently used measure in our provider network has been observed to be the Columbia – Suicide Severity Rating Scale (C-SSRS). This is a valuable tool which can be used to initially screen if suicidal thoughts are occurring and is comprehensive in the assessment of risk factors a person may be experiencing, making it clinically valuable. Once it is administered, this tool can lead to a more thorough evaluation/interview with the Member about all risk factors. That said it should not be used in the place of interviewing a person fully about their risk presentation, as well as protective factors. Further, no scale can "predict" future behavior. This has been studied for the C-SSRS. Two recent studies using the Columbia scale found this measure to have limitations in *predicting* suicide in emergency room patients, which providers should be aware of. (Simpson et al., 2020) (Bjureberg et al., 2021). Therefore, when risk is present, the C-SSRS should be used in combination with a comprehensive interview. The C-SSRS and other screening tools are valuable, as they can help to begin discussion around risk factors. That said, they should not be the only source of information for this purpose as the C-SSRS has little *predictive* power in determining who will attempt or die by suicide.

In conclusion, this is a reminder that rating scales should be used as a tool combined with comprehensive clinical interviewing specifically around one's suicidal thinking that is person centered. This should include a collaborative discussion with the Member about risk and protective factors to inform crisis response planning.

References

Bjureberg J, Dahlin M,Carlborg A, Edberg H, Haglund A, Runeson B (2021). Columbia-Suicide Severity Rating Scale Screen Version: initial screening for suicide risk in a psychiatric emergency department. *Psychological Medicine 1–9.*

Simpson SA, Loh RM, Goans CRR (2021). New data on suicide risk assessment in the emergency departmentreveal the need for new approaches in research and clinical practice. *Psychological Medicine 1–2.*