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Staff Education Project for Nursing Staff at an Adult Mental Health Clinic to Address Inconsistencies and Inadequacies in Suicide Risk Screening

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Walden University

2025

Executive Summary: Staff Education Project for Nursing Staff at an Adult Mental Health
Clinic to Address Inconsistencies and Inadequacies in Suicide Risk Screening.

by

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BSN, Ladoke Akintola University Nigeria, 2016

Executive Summary Submitted in Partial Fulfillment
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Summary

This staff education initiative is designed for nursing personnel at an adult mental health clinic, aiming to address inconsistencies and inadequacies in suicide risk screening practices among healthcare providers. Despite regular patient interactions, staff frequently lack the necessary knowledge, confidence, and standardized tools to identify individuals at risk for suicide, leading to missed opportunities for early intervention. The existing gap in practice jeopardizes patient safety, leads to preventable harm, and highlights the critical necessity for evidence-based screening protocols, such as the ASQ tool, to facilitate timely, equitable, and effective suicide prevention in nursing practice. The project focused on suicide risk screening by enhancing staff proficiency and standardizing the use of the ASQ tool across the clinical team.

Fifteen clinical staff members participated in a 45-minute educational program designed to enhance their knowledge and skills in implementing the Ask Suicide-Screening Questions (ASQ) Tool. A pre-test/post-test design was employed to assess any increase in knowledge and confidence improvements across all measured areas, with a notable 89% increase in knowledge (pre-test = 53%; post-test = 100%). The project resulted in the development of training materials, reference guides, and standardized screening protocols, accompanied by recommendations for ongoing education, workflow integration, and broader initiatives aimed at promoting equity, safety, and early intervention in suicide prevention.

Background

This project identifies a significant gap in practice: the inconsistent implementation of standardized suicide risk screening in adult mental health environments. Many healthcare providers, despite regular interactions with patients at risk of suicide, do not employ a standardized screening method, leading to delays or failures in identifying individuals in crisis. This inconsistency highlights the necessity for an evidence-based, user-friendly tool such as the Ask Suicide-Screening Questions (ASQ). The project aimed to determine if a structured staff education program on the ASQ would enhance knowledge, confidence, and consistency in identifying suicide risk. This project aimed to enhance nursing practice by increasing the accuracy and timeliness of suicide screening via focused training initiatives.

The evidence supporting this change is reliable and persuasive. Studies conducted by the National Institute of Mental Health (NIMH, n.d) and peer-reviewed research indicate that the ASQ is a validated, reliable, and effective screening instrument applicable in both medical and behavioral health contexts. Evidence indicates that it enhances early detection of suicide risk, decreases missed cases, and increases provider confidence when accompanied by appropriate training (Ryan & Oquendo, 2020). The evidence is classified as strong, derived from several Level I and II studies that endorse its incorporation into standard mental health assessments as best practice.

Staff Education Project Development

The educational program was developed using the ADDIE model (Analysis, Design, Development, Implementation, and Evaluation) to ensure a systematic and evidence-based approach. During the analytical phase, a needs assessment revealed a

need for standardized suicide risk screening protocols within the adult mental health unit (Amerstorfer & Freiin von Münster-Kistner, 2021). Data was collected from stakeholder feedback, clinical observations, and quality reports, which validated the necessity for a standardized screening to facilitate prompt identification of suicide risk.

During the planning phase, explicit learning objectives were formulated to bridge knowledge deficiencies, enhance confidence, and synchronize education with corporate safety objectives. The workshop was organized to incorporate concise instructional content, engaging discussions, and scenario-based exercises to enhance practical application. During preparation, training materials were constructed utilizing evidence-based resources, including the Ask Suicide-Screening Questions (ASQ) toolbox from the National Institute of Mental Health (NIMH, n.d), peer-reviewed research, and institutional guidelines. The research supporting the ASQ indicates Level I–II evidence, confirming its validity and reliability in both pediatric and adult contexts. Developed materials comprised a PowerPoint deck, pre- and post-assessments, and role-play activities.

The implementation phase entailed training 15 participants (14 registered nurses and one psychiatric mental health nurse practitioner) in an interactive approach to promote participation and application. The content evaluation was performed by the DNP project mentor, psychiatric nursing professors, and unit clinical leaders, who verified that the content was factual, pertinent, and consistent with best practices. Feedback emphasized the importance of the scenario-based elements and advocated for ongoing implementation to enhance staff confidence and proficiency.

This project involved 15 clinical staff members from an adult mental health unit, comprising 14 Registered Nurses and 1 Psychiatric Mental Health Nurse Practitioner. Their experience in mental health practice varied from less than 1 year to over 10 years. The project entailed developing and implementing a structured educational program centered on the Ask Suicide-Screening Questions (ASQ) tool. Participants completed a pre-training assessment to evaluate their baseline knowledge and self-efficacy (see Appendix A), followed by a 30–45-minute interactive training session that included a slide presentation, scenario-based role-play, and guided discussion (See Appendix B). Following the session, participants undertook a post-training assessment that mirrored the pre-test to evaluate knowledge acquisition and shifts in confidence levels.

Data were gathered using quantitative pre- and post-assessment surveys, comprising multiple-choice knowledge questions and Likert-scale confidence ratings across five essential screening competencies. Descriptive statistics were employed to analyze pre- and post-test responses, assessing enhancements in answer accuracy and reported confidence levels. Qualitative feedback was gathered via open-ended post-training questions to determine the most beneficial aspects of the training and any further support requirements.

The evaluation aimed to assess the effectiveness of the training intervention in enhancing staff readiness to utilize the ASQ tool. Outcomes were assessed by calculating the percentage of correct responses and confidence ratings recorded before and after the session. The findings indicated a 100% accuracy rate in post-test assessments and a significant enhancement in confidence, thereby affirming the effectiveness of the training. This evaluation showed that structured, evidence-based education enhances

knowledge, preparedness, and the willingness to implement suicide risk screening in nursing practice.

Results

Following the implementation of the ASQ suicide screening education program, all 15 participants demonstrated marked improvement, achieving 100% accuracy on post-test knowledge questions and reporting 'very confident' levels across all five self-efficacy domains. This reflects an 89% increase in knowledge from the pretest average of 53%. See Table 1 and Figure 1. Participants expressed a high likelihood of utilizing the ASQ tool in practice, and qualitative feedback affirmed that the training was beneficial, particularly the scenario-based elements and well-defined escalation protocols. The results demonstrate that the project effectively enhanced staff knowledge, confidence, and consistency in assessing suicide risk.

The organization's impact was significant, promoting a standardized method for identifying suicide risk that aligns with institutional safety objectives and quality improvement efforts. The training equipped staff with clear tools and protocols, which may reduce missed cases and enhance patient outcomes. Staff engagement and confidence improvements have fostered a culture of proactive mental health care.

The study's limitations included a small sample size and a brief evaluation period in clinical practice, which relied primarily on self-reporting. The identified limitations may have constrained the generalizability of the results and the assessment of long-term sustainability. Although conducted at a single site, this project holds significance beyond its local context as it addresses a prevalent practice gap observed in mental health and general healthcare settings. Suicide represents a critical public health concern impacting

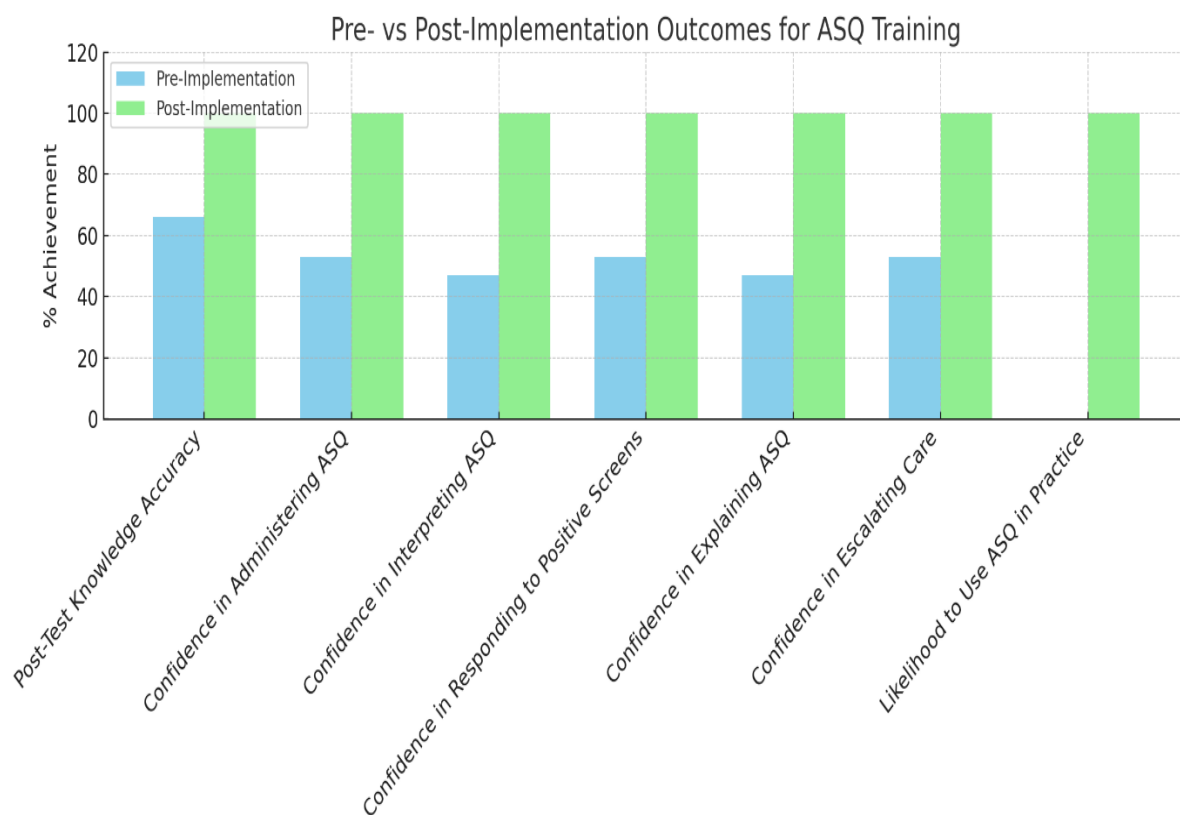
individuals, families, and communities across diverse age groups and demographics. Suicide is a significant public health issue that ranks among the primary preventable causes of mortality globally, frequently associated with unaddressed mental health issues and social stressors (WHO, 2025). Effective management of suicide necessitates early identification, standardized screening, and prompt intervention to mitigate risk and preserve lives (Ryan & Oquendo, 2020). This project demonstrates the application of low-cost, evidence-based tools, such as ASQ, and targeted staff education to standardize screening practices, enhance early identification, and contribute to national initiatives for equitable and timely intervention in mental health.

Table 1***Tabular Summary of ASQ Training Outcomes***

Outcome Measure	Pre- implementation	Post- implementation
Post-Test Knowledge Accuracy	66%	100%
Confidence in Administering ASQ	53%	100%
Confidence in Interpreting ASQ	47%	100%
Confidence in Responding to Positive Screens	53%	100%
Confidence in Explaining ASQ	47%	100%
Confidence in Escalating Care	53%	100%
Likelihood to Use ASQ in Practice	Not measured	100%

*A pre-test: post-test was used to determine any increase in knowledge and confidence improvements across all measured areas, with an 89% increase in knowledge (pre-test =53%; post-test = 100%).

Figure 1



Conclusions

The implementation of the ASQ suicide screening education program resulted in meaningful improvements in staff knowledge, confidence, and consistency in identifying patients at risk for suicide. This initiative positively impacted the organization by aligning with safety and quality improvement goals while fostering a more proactive and standardized approach to mental health care. Based on these outcomes, it is recommended that ASQ training be integrated into staff onboarding orientation programs, supported through ongoing education, and embedded within electronic health record workflows to ensure sustainability. Beyond the local setting, this project demonstrates

how evidence-based tools and structured training can strengthen nursing practice, promote equity in suicide prevention, and contribute to positive social change by reducing disparities and ensuring timely access to mental health support for all individuals.

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Appendix A

Pre-Assessment Screening

Staff Education: Suicide Screening with ASQ

You're Invited!

My name is Grace Awodele, a DNP-PMHNP student at Walden University. I am launching a new initiative to improve how we screen for suicide risk in our unit. You are invited to attend a brief; essential training session focused on the ASQ tool. This is part of enhancing patient safety and ensuring consistent practices. Please complete the pre-assessment before attending.

Pre-Assessment Template: ASQ Suicide Screening Tool

Purpose: To assess baseline knowledge and confidence of staff before the education session.

Section 1: Demographic & Optional Identifier

Role: RN Psych Tech Social Worker Other: _____

Years of experience in mental health: <1 1–3 4–10 10+

Section 2: Knowledge of ASQ Tool (Multiple Choice)

What is the primary purpose of the ASQ tool?

- A. Diagnose depression
- B. Screen for substance use
- C. Identify patients at risk for suicide
- D. Assess cognitive functioning

How many questions are included in the standard ASQ screening tool?

- A. 2
- B. 4
- C. 5
- D. 6

Which patient population is appropriate for ASQ screening?

- A. All patients aged 18+
- B. Only patients with known mental illness
- C. Patients ages 10–24 in medical and behavioral settings
- D. Children under age 10

What should you do if a patient answers “Yes” to any of the ASQ questions?

- A. Ignore and re-screen in 24 hours
- B. Document only and take no further action
- C. Immediately notify a provider and conduct further risk assessment
- D. Start the CIWA-Ar

Section 3: Self-Efficacy / Confidence (Rate 1–5)

(1 = Not confident, 5 = Very confident)

How confident are you in your ability to:

Administer the ASQ tool appropriately _____

Interpret responses to the ASQ _____

Know what to do if a screen is positive _____

Explain the purpose of the ASQ to a patient _____

Escalate care according to policy after a positive screen _____

Post-Assessment: ASQ Suicide Screening Tool

Post-Assessment

Section 1: Re-enter Optional Identifier Code

Unique code: _____

Section 2: Repeat Knowledge Questions

- 1. What is the primary purpose of the ASQ tool?
 - A. Diagnose depression
 - B. Screen for substance use
 - C. Identify patients at risk for suicide
 - D. Assess cognitive functioning

- 2. How many questions are included in the standard ASQ screening tool?
 - A. 2
 - B. 4
 - C. 5
 - D. 6

- 3. Which patient population is appropriate for ASQ screening?
 - A. All patients age 18+
 - B. Only patients with known mental illness
 - C. Patients ages 10–24 in medical and behavioral settings
 - D. Children under age 10

- 4. What should you do if a patient answers “Yes” to any of the ASQ questions?
 - A. Ignore and re-screen in 24 hours
 - B. Document only and take no further action
 - C. Immediately notify a provider and conduct further risk assessment
 - D. Start the CIWA-Ar

Section 3: Repeat Self-Efficacy / Confidence Questions

- 1. Administer the ASQ tool appropriately _____
- 2. Interpret responses to the ASQ _____
- 3. Know what to do if a screen is positive _____
- 4. Explain the purpose of the ASQ to a patient _____
- 5. Escalate care according to policy after a positive screen _____

Appendix B

POWERPOINT FOR STAFF EDUCATION DELIVERY ON ASQ

Staff Education on Suicide Screening Using the ASQ Tool

Enhancing Suicide Risk Identification in Adult Mental Health Settings Through
Ask Suicide Question Tool

AWODELE GRACE OLUWASADE

07/18/2025

Learning Objectives

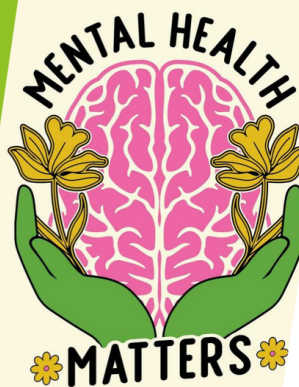


▶ By the end of this session, participants will be able to:

- ▶ Understand the purpose and structure of the ASQ tool
- ▶ Confidently administer the ASQ in clinical settings
- ▶ Interpret and respond to positive screens
- ▶ Document findings according to protocol

Suicide is a significant cause of preventable death worldwide and in the United States. Many individuals who die by suicide have had recent contact with healthcare providers, but their risk frequently remains undetected.


Routine suicide screening enables: Early identification of at-risk individuals is essential, including those who may not openly communicate suicidal thoughts, implement prompt interventions, including mental health referrals or safety planning, mitigate stigma by normalizing discussions about suicide, enhance patient outcomes, and foster a culture of safety in healthcare environments, and utilizing validated tools such as the ASQ (Ask Suicide-Screening Questions) provides a standardized, evidence-based method that enhances accuracy, consistency, and confidence in suicide prevention initiatives.



Why Suicide Screening Matters

- ▶ Suicide is a leading cause of preventable death
- ▶ Patients at risk often visit healthcare settings without disclosing suicidal thoughts
- ▶ Early screening leads to earlier intervention and safer outcomes

Suicide is one of the leading causes of preventable death worldwide, claiming thousands of lives each year. In the United States, according to the CDC 2022, Suicide is ranked as the eleventh leading cause of death, resulting in the loss of over 49,400 lives, it is also ranked as the second leading cause of death for individuals aged 10-14 and 25-34, the third for those aged 15-24, and the fourth for individuals aged 35-44. The number of suicides in the United States (49,476) was nearly double that of homicides (24,849). Suicide ranked as the eleventh leading cause of death, resulting in the loss of over 49,400 lives. Suicide ranked as the second leading cause of death for individuals aged 10-14 and 25-34, the third for those aged 15-24, and the fourth for individuals aged 35-44. The number of suicides in the United States (49,476) was nearly double that of homicides (24,849). Despite frequent interactions with the healthcare system, many individuals at risk for Suicide openly share their thoughts of self-harm, often due to stigma, fear, or lack of trust. This silence can result in missed opportunities for timely intervention. Implementing routine, evidence-based suicide screening—such as the Ask Suicide-Screening Questions (ASQ) tool—allows healthcare professionals to identify individuals at risk proactively (NIMH, n.d.). Early detection through structured screening facilitates prompt support, safety planning, and referral to mental health services, ultimately improving patient safety and saving lives (Connors et al., 2022).




The ASQ Tool

- ▶ Developed by the National Institute of Mental Health (NIMH)
- ▶ Validated for use in pediatric and adult settings
- ▶ Brief (4 initial questions + 1 acuity question if positive)
- ▶ Takes less than 2 minutes to administer

The Ask Suicide-Screening Questions (ASQ) tool was developed by the National Institute of Mental Health (NIMH) as a quick and effective method to identify individuals at risk for suicide. It has been validated for use in pediatric and adult healthcare settings, making it a versatile tool across populations. The ASQ consists of four brief yes/no questions, with one additional follow-up question to assess acute risk if any initial answers are positive. Designed for efficiency, the screening takes less than two minutes to administer, making it easy to integrate into routine clinical assessments without disrupting workflow.

ASQ Questions (Display the Tool)

1. In the past few weeks, have you wished you were dead?
2. Have you felt that you or your family would be better off if you were dead?
3. Have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?
5. (If yes to Q3) Are you having thoughts of killing yourself right now?


 **Trainer Tip:** Read exactly as written. Ask without judgment.

When a patient screens positive on the ASQ—meaning they answer “yes” to any of Questions 1 through 4—it indicates potential suicide risk and requires prompt action. If the patient answers “yes” to Question 5, it suggests acute risk and demands immediate safety interventions. In either case, staff should initiate a safety plan, notify the clinical supervisor or psychiatric team, and implement appropriate precautions such as removing harmful objects or initiating one-to-one observation. Responding quickly and consistently to positive screens is critical to protecting the patient and ensuring timely mental health intervention.



When and How to Administer

- ▶ At patient intake or assessment
- ▶ Privately and without interruptions
- ▶ Use calm, non-threatening tone
- ▶ Document immediately



Responding to Positive Screens

- ▶ Positive = Yes to any of Questions 1-4
- ▶ Acute Risk = Yes to Question 5
- ▶ Initiate safety planning
- ▶ Notify clinical supervisor or psychiatric team
- ▶ Remove means, initiate 1:1 if needed

Case Scenario - Group Discussion



Scenario: A 32-year-old patient reports feeling hopeless and says yes to Q1 and Q3



What's your next step?



Who do you notify?



What documentation is needed?

In this scenario, the patient's "yes" responses to Question 1 ("Have you wished you were dead?") and Question 3 ("Have you had thoughts of killing yourself?") indicate a positive ASQ screen for suicide risk. The next step is to ask the follow-up question (Q5): "Are you having thoughts of killing yourself right now?" to determine if the patient is at acute risk. Regardless of their answer to Q5, immediate notification should be made to the clinical supervisor, psychiatric provider, or mental health response team to ensure timely evaluation and safety planning. Documentation should include the patient's exact responses to each ASQ question, the follow-up question and answer, and a detailed record of who was notified, what actions were taken (e.g., safety measures, 1:1 observation), and any care plans initiated. Accurate and timely documentation in the patient's medical record is essential for continuity of care and legal protection.

Documenting ASQ Screening

Record patient's exact responses



Note any follow-up actions (e.g., alerting providers, initiating suicide precautions)

When documenting a suicide screening, it is essential to record the patient's exact responses to each ASQ question without paraphrasing. Additionally, note all follow-up actions taken, such as notifying the appropriate clinical staff or initiating suicide precautions, to ensure clear communication and accountability in the care plan.

Staff Roles & Protocol Integration



- ▶ Nurses, social workers, and medical staff all play a role
- ▶ Aligns with existing quality/safety goals
- ▶ Incorporate into huddles, triage, and initial assessments

Nurses, social workers, and medical staff each play a vital role in suicide risk screening, working collaboratively to ensure early identification and timely intervention for at-risk patients. The ASQ tool aligns with quality and safety goals by promoting consistent, evidence-based practices that enhance patient outcomes and reduce preventable harm. By incorporating suicide screening into routine workflows such as daily huddles, triage, and initial patient assessments, healthcare teams can make suicide prevention an integrated and sustainable part of clinical care.

Common Barriers & Solutions

Barrier	Solution
▶ Discomfort asking questions practice	Use scripted language and
▶ Time constraints	Screening is brief - < 2 mins
▶ Unsure of next steps guide	Use printed response protocol

Knowledge Check

- ▶ Which ASQ question identifies current suicide risk?
- ▶ A) Q1
- ▶ B) Q3
- ▶ C) Q5
- ▶ D) None of the above

Which ASQ question identifies current suicide risk?

A) Q1

B) Q3

C) Q5

D) None of the above



Resources and Support

- ▶ ASQ Pocket Card
- ▶ Suicide Prevention Hotline: 988
- ▶ Clinical supervision and safety protocols
- ▶ Support for providers (peer support)

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