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Staff Education for Assessment of Suicidal-Ideation in Patients Admitted with Mental-Illness

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Walden University

College of Nursing

This is to certify that the doctoral study by

Sukhwinder Sangha

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University

2026

Executive Summary: Staff Education Project
Staff Education for Assessment of Suicidal-Ideation in Patients Admitted with Mental-
Illness
by
Sukhwinder Sangha

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2026

Summary

This quality improvement project was focused on enhancing quality of nursing assessments for suicide risk among adults with psychiatric illnesses at a behavioral healthcare hospital. Inconsistencies involving assessing risks for suicide in patients who were treated in the facility led to inadequate treatment plans and missed opportunities for timely intervention, as well as potential risks for self-harm. Factors that were identified as relating to the gap in practice included inadequate knowledge or understanding of use of evidence-based suicide assessment rating scales, insufficient time that is dedicated to conducting thorough assessments, lack of standardized protocols for reinforcement, and limited resources for follow-up care postdischarge. To address this critical issue, an evidence-based educational intervention was developed to improve nurses' competencies using the Columbia-Suicide Severity Rating Scale for suicide risk assessment. I determined the effectiveness of this education program by analyzing data from pre- and posttests using descriptive statistics and paired *t* tests. Results showed a significant improvement in terms of participants' knowledge. The mean pretest scores increased from 75 to 97 post-test ($p < .001$). These findings reflect enhanced confidence and knowledge among nursing staff, which is essential for providing patient-centered care and effectively managing suicide risk. I recommend integrating this educational program into nurse orientation programs and routine professional development. Implications of this project are significant for nursing practice, as it supports early detection and management of suicide risk. Additionally, it promotes positive social change by addressing disparities in mental health care and fostering equitable and inclusive practices for diverse patient populations within psychiatric settings.

Background

Suicide is an escalating public health crisis that significantly impacts healthcare systems and communities. It is the second leading cause of death among adolescents and young adults, and approximately 90% of individuals who attempt suicide have at least one psychiatric diagnosis (Rizvi et al., 2024). This highlights the urgent necessity for effective identification and intervention by nurses in clinical practice. Within the hospital setting, patients presenting with suicidal ideation often receive treatment according to established protocols; however, nurses frequently lack necessary training to conduct comprehensive suicide risk assessments (Dillon et al., 2024). This knowledge gap can lead to missed opportunities for early intervention and ultimately result in inadequate patient support and adverse outcomes.

Nurses are often the first point of contact for individuals in crisis, yet many lack sufficient education involving administration and interpretation of validated assessment tools such as the Columbia-Suicide Severity Rating Scale (C-SSRS). Despite the well-established prevalence of suicidal ideation across the lifespan, substantial gaps persist in terms of how nurses conduct suicide risk assessments.

Addressing this issue is crucial for enhancing quality of care for patients at risk of suicide and alleviating burdens on healthcare resources. The practice-focused question guiding this project is: Will an educational program on evidence-based assessment procedures for suicidal ideation increase nurses' knowledge to assess patients admitted with mental illness for suicide? The purpose of this doctoral project is to improve nurses' competency involving suicide risk assessment through an evidence-based educational intervention focused on the C-SSRS. By enhancing nurses' knowledge and skills, I aim to

improve patient outcomes and ensure adherence to best practices in terms of suicide management.

Evidence supporting development of this project was obtained from the Walden University Library. I conducted a comprehensive review of peer-reviewed scholarly articles in academic journals using PubMed, CINAHL, and MEDLINE. I selected ten peer-reviewed studies including six quantitative, two qualitative, and two literature reviews. Findings from these studies consistently demonstrated structured educational interventions can significantly enhance nurses' knowledge and confidence in terms of assessing suicide risk (Syndergaard et al., 2023).

Using the Johns Hopkins nursing evidence-based practice model, I evaluated strength and quality of evidence for my research. Sources included one Level I, four Level II, two Level III, two Level IV, and two Level V studies.

The systematic review of literature highlighted the urgent need for suicide risk assessment education among nursing professionals. Yarborough et al. (2022) stated clinicians and healthcare administrators reported their need for education programs and understanding of assessment tools. Andritoi et al. (2022) highlighted increased mental health issues, including suicidal ideation during the COVID-19 pandemic. They recommended improved assessment and education to increase nurses' ability to care for patients with mental issues (Romeo et al.(2024); Ryan et al. (2020); Salvi, (2019)) Educational interventions significantly improved healthcare professionals' attitudes regarding suicidal behavior. In addition, tailored assessment procedures and effective training can significantly improve nurses' competency in terms of assessing suicidal

ideation in diverse populations (Schwartzman et al., 2023), and their effectiveness in using suicide prevention strategies.

By integrating established research and clinical recommendations, this project led to creating a sustainable and effective education program for nurses in the hospital setting, thereby enhancing their ability to identify and manage suicide risks effectively. It is essential for equipping nurses with tools they need to provide high-quality care to this vulnerable population.

Staff Education Project Development

In developing and implementing the educational project focused on the C-SSRS, I engaged a total of 10 nurses who were selected for their roles in directly assessing patients during intake, hospital stays, and pre-discharge evaluations. I used a systematic evidence-based approach to ensure alignment with best practices in nursing education. The Johns Hopkins evidence-based practice model was employed to ground the intervention in high-quality research and clinical recommendations. The analysis, design, development, implementation, and evaluation (ADDIE) model served as the conceptual framework for project development, providing a structured methodology to enhance effectiveness (Ab Latif et al., 2020)

The development process began with an analysis phase that involved assessing nurses' existing knowledge of the C-SSRS via individual and group meetings using a pretest that consisted solely of multiple-choice questions. This assessment was used to find gaps in understanding and inform subsequent curriculum design (Bahraini et al., 2022).

The design phase involved creating an evidence-based educational curriculum that incorporated key topics such as administration and interpretation of the C-SSRS, effective communication strategies with at-risk patients, and safety planning interventions. During the development phase, I developed learning objectives, course content via a PowerPoint presentation (see Appendix A) outlining key components of the C-SSRS and practical guidance on its clinical application, and 10 multiple-choice questions (see Appendix B). To ensure content validity and usability, I presented educational materials to three experts after receiving Walden University ethics approval. These experts included the nurse manager, a discharge nurse, and a psychiatrist. They reviewed teaching documents for content validity and usability based on seven statements using a Likert scale of 1-5 (1 = do not agree, 5 = strongly agree). Their mean score for each item ranged from 4.85–5, (see Table 1), indicating strong agreement regarding quality and relevance of materials. This indicated strong agreement involving quality and relevance of materials.

Table 1

Mean Score for Expert Evaluation of Course Materials

Items	<i>M</i>
The course objectives are specifically described.	5
The course content is congruent with the course objectives.	5
The content in the PowerPoint slides is appropriate and clear for the nurses to understand.	5
The information presented in PowerPoint is appropriate to guide the nurses in understanding the principles and skills related to dementia care and management.	4.5
Information is presented clearly to allow the nurses to put the principles and skills related into practice.	4.5
The test items are specific and unambiguous.	5
The test items are congruent with the course objectives.	5

Prior to presenting the educational session, participants completed a pretest to determine their knowledge of information. A posttest was administered to evaluate knowledge gains. They also completed a course evaluation after completing the course. Data from tests were analyzed using Microsoft Excel for descriptive and t-tests.

Results

Postimplementation results of the educational intervention regarding the C-SSRS highlighted a significant enhancement in terms of nurses' knowledge and confidence about suicide risk assessment. The mean pre-test was 75.5 and posttest was 97.5, with a $p > .001$ (see Table 2).

Table 2

Participant Mean Test Scores and p Value

Participants	Mean pretest	Mean posttest	p value
10	75.5	97.5	4.74547E-09

Note. *Alpha < .05. A p value of 4.74547E-09 equates to a $p < .001$

Findings from this project underscore the importance of continued education and resource allocation to ensure nursing staff are equipped to effectively assess and manage suicide risk in patients. This growth not only empowers nursing staff but also positively changes organizations, reinforcing their commitment to delivering high-quality patient-centered care. This structured educational intervention effectively enhanced nurses' competency in terms of suicide risk assessment, as showed by the significant increase in test scores.

Implementation of the C-SSRS has had several profound effects on the organization. First, enhancing patient outcomes through structured suicide risk

assessments has positioned the organization as a leader in mental healthcare. Patients are increasingly likely to receive timely interventions, significantly reducing the risk of self-harm and improving overall mental health stability. This proactive approach fosters a culture of safety which is vital in healthcare settings where mental health crises are prevalent.

Moreover, the initiative has contributed to creating a more skilled and competent nursing workforce. As nurses become proficient in terms of using the C-SSRS, their increased confidence translates into better patient interactions and assessments. This not only enhances quality of care but also fosters positive work environments where staff feel valued and empowered. Consequently, the organization benefits from improved staff retention and morale, as employees are more likely to remain in an environment that prioritizes their professional development.

While presenting the educational program on the C-SSRS, I faced several significant limitations that affected overall effectiveness of the session. Initially, I had intended to engage 20 nurses; however, due to scheduling conflicts, only 10 were able to participate. This last-minute adjustment limited diversity of perspectives and experiences that could have enriched discussions. Furthermore, some nurses expressed resistance to new CSSRS protocols, largely due to their comfort with existing practices. This skepticism created a challenging environment, as these individuals were hesitant to embrace changes that they perceived as unnecessary or burdensome. Engaging this group was particularly difficult, as their reluctance to adapt could undermine program objectives and overall quality of patient care. Time constraints also played a crucial role, as busy schedules and staffing shortages involving nursing staff limited the amount of

time that was available for the presentation. This lack of time curtailed opportunities for interactive discussions and hands-on practice, which are essential for fostering a deeper understanding of the CSSRS. These challenges highlighted the need for ongoing support and communication to facilitate adoption of the CSSRS. By addressing these limitations and fostering open dialogue, this will lead to more effective and engaging educational environments for nurses, ultimately enhancing patient care.

The project's significance extends beyond the local site, impacting multiple levels of the healthcare system. Effective suicide risk assessment is crucial in terms of addressing mental health crises, which are increasingly recognized as a public health priority. Insights from this initiative emphasize the importance of structured interventions in order to enhance patient outcomes and support healthcare systems in achieving zero suicide. By implementing the C-SSRS, the organization not only contributes to improved local patient care but also broader state-level efforts that are aimed at reducing suicide rates and cultivating a culture of safety within healthcare settings. This initiative highlights the ongoing need for education and support for healthcare professionals, driving systemic improvements involving mental healthcare delivery.

Conclusions

The goal of this project was to enhance knowledge and management strategies for suicide risk assessment among healthcare providers using a structured educational intervention via the C-SSRS. By providing targeted education, results indicated healthcare provider competencies involving effectively assessing and managing patients who were at risk of suicide increased. This increased their potential to address critical

gaps in implementing best practices that were grounded in the latest clinical guidelines and research.

Statistically-significant results indicated a marked improvement in terms of participants' knowledge and confidence regarding suicide risk assessment, effectively achieving project objectives. This educational intervention not only elevated primary care providers' understanding of the C-SSRS but also reinforced the importance of timely and accurate suicide risk assessments, which are vital for improving patient outcomes in mental healthcare.

The significant increase in participants' posttest scores underscores the necessity for ongoing education regarding suicide risk assessment to ensure sustained improvements in patient care. I recommend integrating C-SSRS training into routine professional development programs and expanding these educational opportunities to a broader audience, ultimately enhancing quality of care for patients facing mental health challenges. Incorporating interactive and case-based learning methods along with conducting longitudinal studies to evaluate long-term knowledge retention and practical application in clinical settings will further solidify effectiveness of this initiative.

Implications of this project for nursing practice extend beyond knowledge acquisition; they highlight the importance of holistic and patient-centered approaches in mental healthcare. This project illustrates the vital role of nursing leadership in terms of advocating for policies that prioritize comprehensive education in suicide risk assessment, emphasizing cultural competence and equity.

By increasing providers' awareness of patient-centered care strategies, the intervention promotes equitable treatment and addresses disparities in mental healthcare.

This focus on culturally-competent care fosters stronger provider-patient relationships and cultivates a more inclusive healthcare environment. As the prevalence of mental health issues continues to rise, sustained investment in education and interdisciplinary collaboration will be essential in advancing high-quality and equitable care for patients and their families, ultimately contributing to broader public health objectives that are aimed at reducing suicide rates.

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Appendix A: PowerPoint Presentation

Title: Educating Nurses on the Columbia-Suicide Severity Rating Scale (C-SSRS): Enhancing Patient Care and Safety

Sukhwinder Sangha

Learning Objectives

- At the end of this education program, You will be able to:
 - Discuss the critical role of the Columbia-Suicide Severity Rating Scale (C-SSRS) in enhancing nursing practice.
 - Identify the objectives of the C-SSRS and its significance in accurately assessing suicide risk.
 - Discuss the nursing responsibilities when implementing the C-SSRS during intake assessments, throughout hospital stays, and in pre-discharge evaluations.
 - Assess the positive impact of the C-SSRS on patient outcomes and overall safety.
 - Identify and address potential challenges associated with the implementation of the C-SSRS in clinical environments
 - Discuss strategies to guide challenges related to the integration of the C-SSRS into nursing workflows.



What is C-SSRS

The Columbia-Suicide Severity Rating Scale (C-SSRS) is a standardized tool:

- Designed to evaluate the severity and risk of suicidal ideation and behavior in individuals.

- Used to assess suicidal thoughts and actions. Examples;

1. Scenario: A high school counselor notices that a student, Alex, has been increasingly withdrawn, showing signs of depression, and has expressed feelings of hopelessness during sessions.

2. Assessment: The counselor uses a standardized scale, like the Columbia-Suicide Severity Rating Scale (C-SSRS), to assess Alex's suicidal thoughts and behaviors.

- Suicidal Ideation: "In the past week, how often have you thought about wanting to end your life?"
"Have you had thoughts of harming yourself or ending your life in the past month?"
- Suicidal Plans: "Do you have a specific plan for how you would end your life?"
"How likely do you think you are to act on these thoughts?"
- Previous Attempts: "Have you ever attempted to end your life before? If so, how many times?"
"What methods did you use in your previous attempt?"

- Intent: "How much do you want to die at this moment?"

"If you were to act on your thoughts of self-harm, how certain are you that you would do it?"

The scale consists of a series of questions that measure the presence and intensity of suicidal thoughts, plans, and attempts, making it essential in both clinical and research settings.



Purpose of C-SSRS in Assessing Suicidal Ideation and Behavior

- The primary purpose of the C-SSRS is to improve the detection and understanding of suicidal ideation and behavior among patients.
- It offers a structured approach to assess the severity of suicidal thoughts and actions, aiding healthcare providers in making informed decisions regarding patient safety and care planning.
- It is crucial for identifying individuals who may require immediate intervention or ongoing monitoring, contributing to improved patient outcomes and reduced suicide risk.



Using the C-SSRS

- Early identification allows for timely interventions, such as personalized safety plans and referrals to mental health services. Examples:

3. Personalized Safety Plan:

- **Immediate Steps:** The counselor collaborates with Alex to identify coping strategies, such as calling a trusted friend or engaging in a favorite hobby when feeling distressed.
- **Emergency Contacts:** They create a list of trusted individuals Alex can reach out to during a crisis, including family members and friends.

4. Referrals to Mental Health Services:

The counselor refers Alex to a licensed therapist for ongoing support and therapy tailored to address underlying issues contributing to Alex's suicidal thoughts

- Recognizing risk factors early helps healthcare teams implement targeted interventions, reducing suicide risk and improving patient outcomes.

- **Warning Signs:** Alex identifies specific feelings or situations that trigger suicidal

thoughts, which are noted in the plan

- 5. **Follow-Up:** The counselor schedules regular check-ins with Alex to monitor progress and adjust the safety plan as needed, ensuring Alex feels supported and safe.



C-SSRS During Hospital Stay

How the C-SSRS Helps Patients During Hospital Stay

- **Early Identification of Risk:** By using the C-SSRS, nurses can quickly identify patients at high risk for suicide, ensuring they receive immediate attention and support.

- **Timely Interventions:** Regular assessments allow nurses to implement timely interventions, such as creating personalized safety plans, which can significantly reduce the risk of harm.

after the nurse conducts regular assessments and notices that Alex's suicidal thoughts have escalated, they work together to develop a personalized safety plan that includes:

- **Coping Strategies:** Alex identifies activities like journaling or drawing that help alleviate distress.
- **Emergency Contacts:** A list of trusted friends and family members Alex can reach out to in a crisis is created.
- **Mental Health Resources:** The nurse refers Alex to a local therapist for ongoing support.

- **Better Hospital Outcomes:** Hospitals that utilize the C-SSRS see fewer suicide

attempts and completions, leading to a safer environment for all patients.



C-SSRS During Hospital Stay..2

- **Continuous Monitoring:** Ongoing assessments help nurses track changes in suicidal thoughts, enabling them to adjust treatment plans as needed for better patient care.
- **Enhanced Support:** The C-SSRS fosters open communication between patients and nurses, encouraging patients to share their feelings without fear of stigma, which can lead to more effective support.
- **Building Trust:** By promoting a culture of safety, the C-SSRS helps strengthen the relationship between patients and healthcare providers, making patients feel more comfortable discussing their struggles.



C-SSRS During Hospital Stay..3

- **Improved Long-Term Outcomes:** This proactive approach contributes to better recovery and overall mental health for patients, reducing the likelihood of future crises.
- **Reduced Healthcare Costs:** By preventing suicide attempts and related complications, the C-SSRS can lower overall healthcare costs associated with suicide prevention.



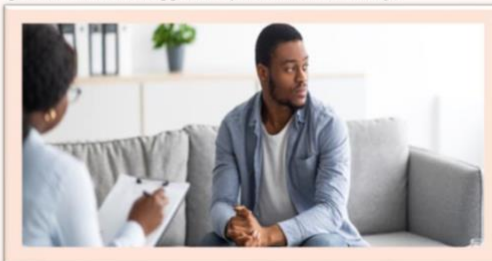
C-SSRS Before Discharge

How the C-SSRS Helps Patients Before Discharge

- **Assessing Ongoing Risk:** Performing the C-SSRS before discharge helps nurses evaluate if patients still have suicidal thoughts, ensuring their safety as they leave the hospital.
- **Informed Decisions:** By understanding the patient's mental health status, nurses can make informed choices about necessary post-discharge support and resources.
- **Reinforcing Understanding:** Providing written materials reinforces what patients learn, ensuring they fully understand their care plan and what steps to take after

leaving the hospital.

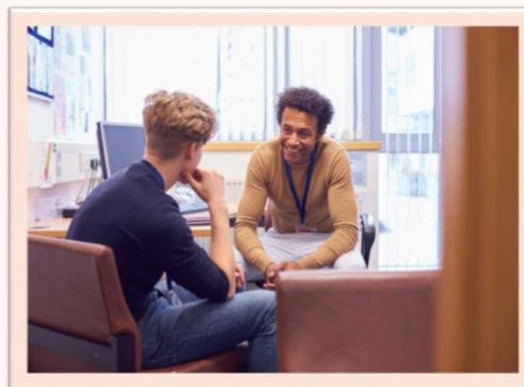
Reducing Future Risks: By addressing these areas, the C-SSRS helps lower the chances of future crises, ensuring that patients have the support they need after discharge.



Impact of C-SSRS on Patient Outcomes

Impact of the C-SSRS from the Patient's Perspective

- **Enhanced Safety:**
 - Feeling safer knowing that healthcare providers are actively assessing suicide risk.
 - Trusting that their mental health concerns will be taken seriously.
- **Proactive Recognition of Needs:**
 - Recognizing that nurses are attentive to their emotional state and suicidal thoughts.
 - Experiencing timely interventions that address their specific needs.



Impact of C-SSRS on Patient Outcomes..2

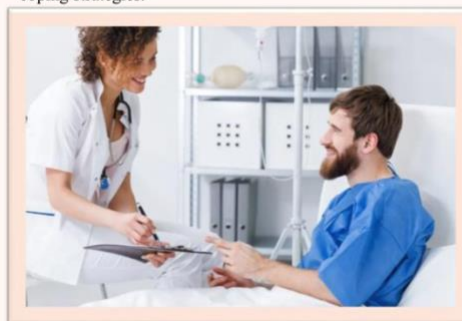
➤ Improved Communication:

- Understanding that the C-SSRS fosters clear communication between them and healthcare providers.
- Feeling heard and validated during assessments and discussions.

➤ Preparation for Discharge

- Gaining clarity about their mental health status before leaving the hospital.

- Feeling empowered with knowledge about follow-up care and coping strategies.



Challenges Nurses Face in Implementing the C-SSRS

Challenges Nurses Face in Implementing the C-SSRS

- **Time Constraints:** Busy hospital environments limit the time nurses have to conduct thorough assessments, making it difficult to incorporate the C-SSRS into their routine.
- **Insufficient Training:** Lack of comprehensive training can lead to uncertainty about how to effectively administer the C-SSRS, resulting in inconsistent application.
- **Inconsistent Application:** Without proper training, nurses may struggle to apply the C-SSRS uniformly, which can lead to unreliable results and missed opportunities for intervention.
- **Documentation Burden:** Additional paperwork and documentation requirements may overwhelm nurses, detracting from patient care time.



Challenges Nurses Face in Implementing the C-SSRS..2

- **Resistance to Change:** Some nurses may resist adopting new practices or tools due to comfort with existing workflows, hindering the transition to using the C-SSRS.
- **Building Confidence:** Nurses may need time and support to build confidence in using the C-SSRS, especially if they feel unprepared or lack experience in mental health assessments.
- **Need for Interdisciplinary Collaboration:** Effective implementation requires collaboration among various healthcare professionals, which can be challenging in busy settings where communication may be limited.



Challenges and Solutions in Implementation

- **Balancing Responsibilities:** Nurses must balance the implementation of the C-SSRS with their other responsibilities, which can lead to stress and potential burnout.
- **Ongoing Support:** Continuous support and resources are necessary for nurses to feel comfortable and competent in using the C-SSRS, which may not always be readily available.



Conclusion and Call to Action

- The Columbia-Suicide Severity Rating Scale (C-SSRS) provides a structured framework for assessing suicidal ideation and behaviors, playing a critical role in patient care.
- Implementation of the C-SSRS facilitates early identification of at-risk individuals, enabling timely interventions that significantly reduce suicide risk.
- Integrating the C-SSRS into clinical practice enhances the quality of care and fosters a culture of safety within healthcare settings.



Conclusion and Call to Action..2

- Nurses are encouraged to prioritize the use of the C-SSRS in their daily practice to improve patient outcomes.
- Regular assessments with the C-SSRS help support comprehensive mental health care and emphasize the critical role of nurses in suicide prevention.
- A discussion on the C-SSRS and its implementation is encouraged, inviting insights and experiences to enhance patient care in this vital area



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Appendix B: Pre-Posttest

Title: Columbia-Suicide Severity Rating Scale Knowledge Questionnaire
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Please respond to the following 10 multiple-choice questions by circling the correct response below.

1. The primary objective of the C-SSRS in enhancing patient safety and care is to:
 - a) diagnose mental health disorders
 - b) assess the risk of suicide and suicidal behavior
 - c) evaluate treatment effectiveness
 - d) promote physical health interventions
2. The implementation of the C-SSRS contributes to enhancing the quality of patient care and recognizing nurses' critical role in suicide prevention by:
 - a) allowing nurses to make unilateral treatment decisions without collaboration
 - b) providing a structured tool that helps nurses identify and address suicide risk, leading to better patient outcomes
 - c) emphasizing the importance of physical health over mental health
 - d) reducing the need for comprehensive evaluations during patient care
3. Nurses will administer the C-SSRS for effective risk assessment:
 - a) only during discharge
 - b) exclusively during the initial intake assessment
 - c) throughout the entire hospital stay
 - d) only when a patient expresses suicidal thoughts
4. The statement that accurately reflects the importance of the C-SSRS in clinical settings is:
 - a) it is solely relevant for mental health professionals
 - b) regular assessments can help identify high-risk individuals early
 - c) the C-SSRS has minimal impact on patient outcomes

- d) it is limited to research settings and not applicable in clinical practice
5. Nurses will face challenges when implementing the C-SSRS in a clinical environment, such as:
- a) patients are always willing to discuss their feelings.
 - b) there may be inadequate training for staff on using the tool.
 - c) the tool is deemed by some to be unnecessary for patient assessments.
 - d) it is a straightforward process.
6. The C-SSRS assists nurses in making informed clinical decisions by:
- a) providing a diagnosis.
 - b) offering a structured assessment of suicidal thoughts.
 - c) eliminating the need for further evaluation.
 - d) focusing solely on physical health.
7. The type of inquiries encompassed by the C-SSRS to evaluate suicidal ideation and behaviors includes:
- a) general health questions.
 - b) questions about suicidal thoughts, plans, and attempts.
 - c) questions related to family history.
 - d) questions about medication compliance.
8. Early identification of suicidal ideation is significant in nursing practice for the following reason to:
- a) reduce hospital costs.
 - b) ensure timely interventions and support.
 - c) limit patient movement.
 - d) focus solely on physical treatment.
9. The C-SSRS should be assessed regularly during a patient's hospital stay to ensure ongoing safety:
- a) only once at intake.
 - b) at discharge only.

- c) regularly throughout the patient's care.
 - d) only if the patient shows new symptoms.
10. Ongoing training plays a crucial role in the successful implementation of the C-SSRS among nursing staff by:
- a) creating confusion about the assessment process.
 - b) ensuring consistent application and effective use of the C-SSRS, improving patient safety.
 - c) not necessary because the tool is straightforward to use.
 - d) limiting nurses' ability to assess other health concerns.