



Psychiatric Emergency Services (PES) Referral & Communication Worksheet

A completed *Columbia Suicide Severity Rating Scale* should be attached to this worksheet.

Student and School Information and Primary Concerns

Date: _____

Student Name: _____ Grade level: _____

Primary concerns (check all that apply): _____ School: _____

Self-report of attempted suicide

Self-report of a planned suicide

3rd person report of an attempted or planned suicide

Suicidal or severe self-harm behavior

Further details/information: _____

Referring school professional(s): _____

Contact phone: _____ Contact phone after hours: _____

Contact fax: _____ Email: _____

Community Mental Health Crisis Team contacted/involved in this referral: Yes No

If yes, name of contact from the Crisis Team: _____ Phone: _____

Referring school professional shall contact PES: Call 734-936-5900, Fax 734-763-7204

Parent/Guardian is advised to report to PES: 1500 E Medical Dr., Ann Arbor, MI 48109

PES Recommendations

Date: _____

Admitted to inpatient unit – further information to follow at discharge

Enroll in a partial day program (Referral made to: _____)

Complete outpatient visit prior to return to school

 Date of any scheduled appointment, if known: _____

Referral provided to (provider name): _____

Already under the care of (provider name): _____

Return to school and follow up with outpatient mental health care provider

Referral provided to family for new outpatient treatment (provider name): _____

Continue with existing provider (provider name): _____

Review safety plan with a school counselor or school mental health care provider

Copy of plan provided to: family school

Referral to school-based CBT (if available)

Primary depression

Primary anxiety

Other: _____

Family declined recommended admission, hospitalization, or partial day treatment program

PES/Michigan Medicine contact name: _____

Contact phone: _____ Contact email: _____

Signature below indicates that this form may be sent by Michigan Medicine to the referring school professional(s). When there is no referring school professional listed, this form shall be sent to AAPS – Executive Director via fax at 734-994-2955 for contact with the student's school/counselor.

Parent/Guardian Signature: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are <u>bolded</u> and <u>underlined</u>.	YE S	N O
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a 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." <u>Have you been thinking about how you might kill yourself?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> 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. If YES, ask: <u>How long ago did you do any of these?</u> Over a year ago? Between three months and a year ago? Within the last three months?	Past 3 months: Y ____ N ____	

For inquiries and training information contact: Kelly Posner, Ph.D.

New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

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COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

ADMINISTRATION AND TRIAGE GUIDELINES FOR THE C-SSRS SCREENER

Item 2 (Suicidal thoughts)

A negative answer to item 2:

→ Go directly to item 6

A positive answer to item 2:

→ Ask all items: 3, 4, 5, & 6

Item 3 (Method)

A positive answer to question 3:

→ Use clinical judgment - consider context, supports in place, and seek consultation

→ Follow up with student within 1 week

Item 4 (Intention without specific plan)

A positive answer to question 4:

→ refer immediately to mental health services and take safety precautions

Item 5 (Intention and plan)

A positive answer to question 5:

→ refer immediately to mental health services and take safety precautions

Item 6 (Past suicidal behavior)

A positive answer to question 6 in the past three months:

→ refer immediately to mental health services and take safety precautions

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