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When a Community Comes Together, There is Hope

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It has been nearly six months since a tragic murder-suicide at Marysville Pilchuck High School in Washington State.

The shooter and his victims were members of the Tulalip tribe. Native American communities have some of the [highest rates of youth violence and suicide](#) in the United States. The number of Native Americans taking their own lives is more than three times the national average, and up to 10 times higher on some reservations, according to a major report issued last year by a Justice Department task force studying what is nothing short of a major crisis.

According to Theresa M. Pouley, the Chief Judge of the Tulalip Tribal Court, the problem is directly tied to the negative circumstances disproportionately facing Native American youth. She cites such facts as one-quarter of Indian children living in poverty, versus 13 percent in the United States; a high school graduation rate that is 17 percent lower than the national average; alarming high substance abuse rates; and two times the rate of abuse and neglect. Their experience with post-traumatic stress disorder, she said recently, "rivals the rates of returning veterans from Afghanistan."

As the founder and director of the Center for Suicide Risk Assessment at Columbia University in New York, I know there are tried-and-true strategies to mitigate, and even prevent suicide in the Native American (and, in fact, all) communities.

First and foremost, the risk must be identified. Ninety percent of those who die by suicide have a serious mental illness that is diagnosable and treatable if we simply screen mental health the way we screen for blood pressure. Nearly 50 percent of people who die by suicide see their primary care doctor the month before they die. Furthermore, 90 percent of school shooters have a history of suicide attempts or suicidal thoughts, so having a medical professional simply ask the right questions can help prevent both of these tragedies.

I am the primary author of a suicide risk assessment scale that can determine suicidality in as few as two questions. The Columbia-Suicide Severity Rating Scale (C-SSRS) is already being used successfully across the country and the globe, through top-down efforts by countless local, state, and federal governmental entities. It is used by police forces, departments of education, healthcare professionals, and as a state crisis assessment tool. Within states and communities, systems such as schools, hospitals and first responders are linked by the use of the C-SSRS, enabling more rapid responses to crises. The US Army Medical Command requires the use of the scale in all Emergency Departments. US Navy and Marine Corps staff have been trained in the scale as part of a total force rollout

including family and victim advocates, clergy and lawyers. The National Action Alliance for Zero Suicide has included the C-SSRS in its toolkit for achieving this goal.

Key to the success of identifying suicide risk is open communication; it truly has the potential to heal trauma and prevent tragedy. But too often we are afraid to ask and afraid to talk because we don't know what questions to ask. Now, imagine that everyone everywhere knew how to ask about suicidal feelings. Imagine that the 90 percent of adolescents who saw their pediatrician in the year before they died by suicide or the 50 percent of people who see their physician in the month before their [death by suicide](#) had been asked just a few questions; it's as simple as having their blood pressure taken. The beauty of being familiar with the C-SSRS is that it can teach anyone, anywhere the questions to ask to identify suicide risk and save a life.

In the wake of the shooting at Marysville-Pilchuck High School, I was asked to travel to Washington State by Dr. Robert Macy, Founder and President of the International Trauma Center to train Marysville and the Tulalip Tribes in [suicide prevention](#) and implement a community intervention that can uniquely help save lives.

Convened was a diverse community of Tulalip Tribal Elders, the Marysville and Tulalip police departments, first responders, high school and middle school principals, the Marysville Mayor's office, teachers, students and parents. Through a variety of workshops and training, including the C-SSRS, a healing space for adults and children was created, giving them permission to ask questions, share grief, and develop hope. Students now understood that they could weather difficult periods in their lives by turning to Sources of Strength that include family, mentors, positive friends, spirituality, healthy activities, generosity, and [accessing medical and mental health services](#).

Of particular note, many students came forward after the training and asked questions about their own struggle with suicidal feelings and about how to get help for themselves, friends or family members. One student approached a counselor about a "friend" she was worried about but soon tearfully confided that she was talking about herself. Another shared that he spent all his time since the school shooting wondering who the next shooter would be; he hadn't been able to sleep or eat for weeks and he had been losing his temper with his family and his girlfriend. The training gave him a safe space to express his feelings to people he knew cared and allowed school counselors to identify that he was struggling. Yet another confided that she has been cutting herself on her arms in an attempt to feel better and could tell the trainers because they understand "this stuff." Now she was ready to talk to someone at school.

In the end, the experience of suicide, which has defied language in the Native American communities for so long, was transformed into a dialogue using a set of simple questions in human and nontechnical terms. Communication is our key to resilience and prevention. Ask and save a life.