

Suicide Screening and Assessment

This publication introduces clinicians to two approaches to evaluating suicide risk and provides links to resources that offer additional guidance related to choosing and implementing suicide screening and assessment instruments and approaches.

There is no universal agreement on the definition or utility of either suicide screening or assessment. Yet most experts agree that a process by which people at risk for suicide can be identified and referred to treatment is an essential component of a comprehensive suicide prevention program. We hope this publication will help you make an informed choice about integrating screening and assessment into your suicide prevention efforts.

What is the difference between suicide screening and suicide assessment?

Suicide prevention experts usually use the term *suicide screening* to refer to the use of a standardized instrument or protocol to identify individuals who may be at risk for suicide. Suicide screening can be done independently or as part of a more comprehensive health or behavioral health screening. Screening may be done orally (with the screener asking questions), using paper forms, or digitally (e.g., computer, phone app, tablet).

Suicide assessment usually refers to a more comprehensive evaluation done by a clinician to confirm suspected suicide risk, estimate the immediate danger to the client, and decide on a course of treatment. Although assessments can involve structured questionnaires, they also can include a more open-ended conversation with a client and/or the client's friends and family to gain insight into the client's thoughts and behavior, risk factors (e.g., a history of suicide attempts), protective factors (e.g., immediate family support), and medical and mental health history.

When are people screened or assessed for suicide risk?

Screening can be applied either universally or selectively. A universal screening program is applied to everyone in a group regardless of whether they are thought to be at a higher risk than the average person. For example, a universal screening program might include every student in a high school or every patient visiting a primary care office.

Selective programs are used to screen members of a group that research has shown to be at a higher-than-average risk for suicide, regardless of whether particular members of that group are displaying any warning signs of elevated risk. A selective screening program in a school district might focus on

American Indian and Alaska Native youth (who have a higher suicide rate than their non-Native peers). A selective screening program in a primary care office might focus only on those patients being treated for depression or a substance use disorder.

Suicide assessment is usually used when there is some indication that a person is at risk for suicide; for example, when a client has been identified as at risk by a suicide screening or a clinician notices signs that a client may be at risk. Suicide assessment is also used to help develop treatment plans and track the progress of people who are receiving mental health treatment because they have been assessed as being at risk for suicide.

Are suicide screening and assessment effective?

Several expert panels have reviewed the research on suicide screening and assessment.

The [Department of Veterans Affairs/Department of Defense Assessment and Management of Patients at Risk for Suicide Working Group](#) (2023) concluded that, “The goal of suicide risk assessment is to help providers determine a patient’s risk of suicide at a given point in time.”

The [U.S. Preventive Services Task Force](#) (2023) found that both direct and indirect evidence support depression screening in primary care settings, during pregnancy, and during the postpartum period. However, evidence on the benefits and harms of screening for suicide risk in adults, including with pregnant, postpartum, and older adults in the primary care setting, was insufficient. One “suicide risk screening study intervention found no reduction in suicidal ideation after two weeks, and suicide prevention studies did not demonstrate an improvement over usual care.” However, “screening interventions, most of which also included other care management components, were associated with a lower prevalence of depression or clinically important depressive symptomatology at 6 months post baseline or postpartum (or the closest follow-up to 6 months).”

In the [National Patient Safety Goal \(NPSG\)](#) for suicide prevention (2019), the Joint Commission Technical Expert Panel requires all accredited hospitals to use validated universal suicide risk screening tools with all behavioral health patients over the age of 12. The expert panel provided the following reasoning: “Patients being evaluated or treated for behavioral health conditions often have suicidal ideation. Brief screening tools are an effective way to identify individuals at risk for suicide who require further assessment and steps to protect them from attempting suicide. Screening tools should be appropriate for the population to the extent possible (e.g., age-appropriate).”

In their [Recommendations for Preventive Pediatric Health Care](#) (2022), the American Academy of Pediatrics states, “screening for suicide risk has been added to the existing depression screening recommendation (annually from 12 to 21 years) to be consistent with the *Guidelines for Adolescent Depression in Primary Care (GLAD-PC)*.” In a 2023 report published in the journal *Pediatrics* titled,

“[Suicide and Suicide Risk in Adolescents](#),” the American Academy of Pediatrics, the Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association jointly declared, “It is important that pediatric health care providers become facile with recognizing risk factors associated with suicidality and at-risk populations, screening and further assessment of suicidality, and evidence-based intervention for patients with suicidal ideation and associated behaviors,” further explaining that, “suicide risk can be mitigated by appropriate screening.”

In a 2019 study titled, “[Suicide Risk Screening in Pediatric Hospitals: Clinical Pathways to Address a Global Health Crisis](#),” the Pathway to Clinical Advancement Through Collaborative Research (PaCC) workgroup recommends the creation of clinical pathways to “empower hospital systems by providing a guide for feasible and effective suicide risk-screening implementation by using validated tools to identify patients at risk and apply appropriate interventions for those who screen positive. Outcomes assessment is essential to inform future iterations.” Clinical pathways are defined as standardized, evidence-based roadmaps directing the sequence of care and interventions for patients with a specific diagnosis or clinical need.

How do experts recommend approaching suicide screening and assessment?

Despite mixed research findings on the ability of both screening and assessment to accurately predict who may be at risk for suicide, there is fairly widespread agreement that both screening and assessment can be useful if conducted by trained practitioners as part of a comprehensive effort in which individuals identified as being at risk for suicide receive further evaluation and appropriate treatment. The following are summaries of some of the conclusions and recommendations regarding screening and assessment issued by several expert panels and task forces.

The [National Strategy for Suicide Prevention](#) (*National Strategy*) states, “Health care systems play a crucial role in multiple areas of suicide prevention.” Goals 8 and 9 of the *National Strategy* recommend a systems approach to suicide care in health systems. This includes training health care staff to provide “standardized, caring, and evidence-based responses for everyone receiving care,” and ensuring staff have “tools, resources, time, and training relative to their roles.” Healthcare systems are encouraged to incorporate “evidence-based and culturally informed screening, assessment, collaborative safety planning, lethal means counseling, and [provide] connection with evidence-based care options that directly address suicide.”

In their [National Patient Safety Goals](#) (2025), the Joint Commission advises clinicians “to screen and assess all individuals ages 12 and above for suicidal ideation using a validated screening tool.” The tool should directly ask about suicidal ideation, suicide plans or intent, suicidal or self-harming behaviors, risk factors, and protective factors.

The American Psychiatric Association's Committee on Practice Guidelines develops guidelines on evidence-based recommendations for the assessment and treatment of psychiatric disorders, including the [Legacy Practice Guidelines and Treatment of Patients With Suicidal Behaviors](#) (2003). Section II of this document provides general guidelines for screening and assessing clients at high risk for suicide, including recommendations for “changes in setting of care or level of observation, changes in medication therapy or psychotherapy, or both kinds of changes.”

In the [Bright Futures Guidelines and Pocket Guide](#) (2017), the American Academy of Pediatrics recommends that pediatricians working with young people “know the symptoms of common mental disorders in this population, as well as risk factors for suicide, and should ask about these symptoms during an office visit whenever appropriate, in addition to the depression screening recommended for each adolescent health supervision visit.”

How should I choose a suicide screening or assessment instrument or approach?

You should choose an instrument or approach based on the following:

- Evidence showing it will be effective with the group you are planning to screen or assess
- The resources you have available to devote to screening or assessment

Questions to ask when choosing an instrument or approach include the following:

- Has the instrument been evaluated and found effective?
- Is there a cost associated with using the instrument?
- For what age group was the instrument developed?
- How long does it take to screen or assess an individual using the instrument?
- Who will conduct the screening or assessment? Paraprofessionals? Health care professionals? Mental health professionals?
- Does using the instrument require training? If so, how expensive is this training, and how many people will you need to train?
- If you are planning to implement screening, will you screen universally or selectively?

It is also essential to remember that identifying a screening or assessment instrument—and training people to use it—is only part of the process. It is critical to be prepared to help individuals identified as being at risk to stay safe and receive clinical evaluation and treatment. The following resources can help you make decisions about whether engaging in suicide screening or assessment is appropriate for your organization and setting and, if so, how to design and implement this process.

Suicide Screening and Assessment: Selected Resource

Zero Suicide Screening for Suicide Risk Toolkit

Zero Suicide Institute (2025)

Outlines how to implement consistent and compassionate suicide risk screening for all clients. Trains clinicians to ask about suicide and choose appropriate, validated screening tools such as the ASQ, C-SSRS, PHQ-9, and others.

Ask Suicide – Screening Questions (ASQ) Toolkit

National Institute of Mental Health (2025)

A free, validated resource that provides a brief suicide risk screening tool accompanied by additional training materials and implementation guidance, enabling providers to effectively identify and manage suicide risk. This resource is approved by the Joint Commission, and it is one of the most widely used universal screening tools in U.S. health care.

Standard Care

National Action Alliance for Suicide Prevention (2025)

This online resource features the recommended *Standard Care for People With Suicide Risk: Making Health Care Suicide Safe* report, as well as links to related resources.

Suicide Risk Assessment Toolkit

Suicide Prevention Resource Center (2025)

This toolkit is designed to equip clinicians with the knowledge and skills to conduct effective suicide risk assessment (SRA). It includes an overview of suicide risk assessment, a resource guide with links to related resources, and clinical practice scripts to guide clinicians in conducting SRAs.

Clinical Practice Guideline: Suicide Risk Assessment

Emergency Nursing Resources Development Committee, Emergency Nurses Association (2018)

This resource “provides practice recommendations on the initial suicide assessment, use of various suicide risk instruments, and suicide risk predictors based on a systematic review and critical analysis of the literature.”

Suicide Prevention in Schools

American Academy of Pediatrics (AAP) (2025)

This resource guides schools on suicide screening and assessment by offering tips on how to refer students to qualified on-site mental health staff whenever suicidality is suspected or disclosed. It offers clear decision pathways (safety planning, crisis response, etc.) and aligns with AAP’s evidence-based Blueprint for Youth Suicide Prevention.

Pediatric and Adolescent Mental Health Emergencies in the Emergency Medical Services System

Committee of Pediatric Emergency Medicine, American Academy of Pediatrics (2020)

This technical report includes recommendations for specific instruments to use in assessing suicide risk in children and adolescents in emergency departments. It supports the recommendations found in *Suicide and Suicide Attempts in Adolescents* and *A Resource Guide for Implementing the Joint Commission's 2007 Patient Goals on Suicide*.

The Management of Children and Youth With Pediatric Mental and Behavioral Health Emergencies

American Academy of Pediatrics (2023)

This technical report highlights “strategies, resources, and recommendations for improving emergency care delivery for pediatric mental and behavioral health.”

It addresses the importance of effective suicide screening and intervention in saving lives.

Interventions to Prevent Older Adult Suicide: Final Report

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation ASPE (2023)

This report presents the results of an environmental scan and technical expert panel focused on identifying effective suicide prevention interventions, determining how these interventions can be used with older adults, and identifying barriers to tailoring existing programs to older adults.

Depression and Suicide Risk in Adults: Screening

U.S. Preventive Services Task Force (USPSTF) (2023)

Recommendations for screening for suicide risk in adults and older adults. “The USPSTF recommends screening for depression rather than suicide risk in the adult population, including pregnant and postpartum persons, as well as older adults, noting that current evidence is insufficient to determine the benefits and harms of suicide screening.

“Telehealth: Screening for Suicide Risk – Practical Tips and Best Practices”

National Action Alliance for Suicide Prevention (2024)

This online resource features information on suicide screening in virtual settings as well as links to additional resources.

Suicide Prevention Toolkit for Primary Care Practices

Suicide Prevention Resource Center and the Western Interstate Commission of Higher Education Mental Health Program (2025)

This toolkit can be used by all primary care providers. It contains tools, information, and resources to implement state-of-the-art suicide prevention practices and overcome barriers to treating patients at risk for suicide in the primary care setting. You'll find assessment guidelines, safety plans, billing tips, sample protocols, and more.

Clinical Pathway for Suicide Risk Screening in Adult Primary Care Settings: Special Recommendations

Ayer, L. et al. in *Journal of the Academy of Consultation-Liaison Psychiatry* (2022)

In this article, intended to prepare primary care practices to implement suicide risk screening, researchers provide “a clinical pathway for adult primary care practices (to include family medicine, internal medicine, [and] women's health).” The authors also offer detailed guidance to assist primary care practices in determining how to implement the pathway.

Assessment and Management of Patients at Risk for Suicide

U.S. Department of Veterans Affairs (2024)

This comprehensive guideline outlines a framework for a structured assessment of adults (18 and over) suspected to be at risk for suicide as well as both the immediate and long-term management and treatment that should follow if an individual is found to be at risk. It was developed for health care professionals working in both general and mental health care settings.

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