

# COLUMBIA PROTOCOL

## WHY IT'S IMPORTANT

The Columbia Protocol can be used by **ANYONE**, not just clinicians or mental health professionals. It was specifically designed to be simple and effective, allowing a wide range of individuals and organizations to use it to identify suicide risk, including teachers, coaches, family, university staff, faith leaders, and anyone willing to help. This tool provides an evidence-based public health approach. The tool can be found here:



IN THE PAST MONTH...		Risk Level
①	Have you wished you were dead or wished you could go to sleep and not wake up?	
②	Have you actually had any thoughts about killing yourself?	
<b>IF YES TO 2, ANSWER QUESTIONS 3, 4, 5 AND 6.</b> <b>IF NO TO 2, GO DIRECTLY TO QUESTION 6.</b>		
③	Have you thought about how you might do this?	
④	Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	
⑤	Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	
<b>ALWAYS ASK QUESTION 6</b>		
⑥	Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	

(ADAPTED FROM COLUMBIA PROTOCOL FOR UNIVERSITIES)

Any **YES** indicates that someone should seek behavioral healthcare.

However, if the answer to 4, 5, or 6 is yes, seek immediate help: **CALL OR TEXT 988, CALL 911**, or go to the emergency room. **STAY WITH THEM** until they can be evaluated.