



Administration, and the World Health Organization. Based on years of research on how to effectively communicate with people about suicidal thoughts and interpret their responses, the tool is accurate enough for clinical and research settings and yet simple enough for the layperson. It's currently used by doctors, nurses, EMTs, police officers, teachers, school counselors, clergy, social workers, military personnel, corrections officers, and others across the US and in most other countries. Our goal at the Lighthouse Project is to get the Columbia Protocol into as many hands as possible and to encourage people to use it even in informal settings, such as with friends, family members, and coworkers, because we believe that combating suicide requires a community-wide approach. We're trying to reach people where they work, live, learn, and socialize.

How does the Columbia Protocol work?

The person administering it asks a series of questions in plain and direct language, starting with "Have you ever wished you were dead, or wished you could go to sleep and not wake up?" and "Have you actually had any thoughts about killing yourself?" If the answer to

either is "yes," the person will ask additional questions to gauge the severity and immediacy of the risk, inquiring if the person has taken any concrete steps toward making a suicide attempt — such as collecting pills, getting a gun, giving valuables away, or writing a suicide note — and asking how recently they might have done so. The interviewer is then given options for helping the person, based on their answers. This can involve referring them to a suicide hotline or counseling services, or in urgent situations getting them to an emergency room. The questions might seem obvious, but their sequence and precise wording have been fine-tuned through intensive study, resulting in the most reliable, evidence-supported tool of its kind. Before the creation of the C-SSRS, we had no reliable way to determine a person's imminent risk of suicide, which was a major barrier to prevention.

How do you know when to use it?

People who use the Columbia Protocol in the course of their jobs, like health-care and emergency workers, are trained to administer it routinely, so they don't have to overthink that deci-

sion. For example, primary-care physicians across the US now ask patients if they've experienced any suicidal thoughts as part of annual checkups, treating it as a vital sign. First responders in hundreds of US cities and around the world use the tool to triage people who are in distress and identify those who actually need to be taken to the emergency room. Studies show that such efforts connect large numbers of suicidal people to urgent psychiatric care they wouldn't otherwise receive.

I encourage people to use the questionnaire at home or on the job, whenever someone is acting unusually or showing signs of depression — which can include irritability, social withdrawal, anxiety, and loss of energy, as well as sadness — or even when meeting a stranger who's obviously in despair. Once, while giving a talk to Connecticut state officials about the C-SSRS, I was told by a Veterans Affairs official about a janitor who'd used it to save the life of a veteran. And I've been told by parents — including the director of nursing at a major New York City hospital and a border-control official in Texas — that they saved the lives of their own children