

**Patient Safety Secondary Screener:
Deciding Whether to Consult Mental Health**

This tool is designed to help guide decision making regarding whether an individual who has screened positive on the Patient Safety Screener should have an evaluation by a mental health clinician. It assumes that the individual has active ideation (PSS Item 2 = Yes) or has endorsed a suicide attempt within the past 6 months (PSS Item 3 = within past 6 months).

Importantly, this secondary screening is not designed to determine whether safety plans should be set up for the emergency department visit or at discharge. All individuals who screen positive on the Patient Safety Screener should: (1) have appropriate precautions in place to ensure safety during the visit, and (2) receive a written Safety Plan at discharge from the emergency department.

A “Yes” on any of the items below means the treating physician should consider consulting a mental health professional.
1. Did the patient screen positive on both PSS items – active ideation with a past attempt? Source: PSS screener completed by primary nurse, documented on chart. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Patient unable to complete
2. Has the individual begun a suicide plan? Source: Use patient self report, collateral information <i>Suggested wording: Have you been thinking about how you might kill yourself?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Patient unable to complete
3. Has the individual recently had intent to act on his/her ideation? Source: Use patient self report, collateral information <i>Suggested wording: Have you had some intention of acting on your thoughts?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Patient unable to complete
4. Has the patient ever had a psychiatric hospitalization? Source: Use patient self report, collateral information, medical records review <i>Suggested wording: Have you ever been hospitalized for a mental health or substance use problem?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Patient unable to complete
5. Does the patient have a pattern of excessive substance use? Source: Use patient self report, collateral information, medical records review <i>Suggested wording: Has drinking or drug abuse ever been a problem for you? Or administer CAGE or other standardized substance use screener.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Patient unable to complete
6. Is the patient irritable, agitated, or aggressive? Source: Use current observations, collateral information, medical records review <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Patient unable to complete