Suicide Risk Assessment Instruments: A Review of Current Literature

The review revealed that no suicide risk assessment instrument stands out as superior to those currently used by CSC.

Why we did this study

A non-natural death of an offender while they are in the custody of the Correctional Service of Canada (CSC) prompts an internal inquiry that examines the circumstances surrounding the death and makes recommendations aimed at preventing future incidents. In addition, independent inquiries may be convened. A recent Independent Review Panel into non-natural deaths of offenders in CSC custody resulted in a recommendation that the Service conduct a comprehensive review of suicide and self-injury assessment tools that reflect best practices. The results of the systematic examination will support the critical review and evaluation of the suicide/self-injury assessment tools currently in use.

What we did

The review examined the current literature (2000 – 2016) on suicide/self-injury assessment instruments used in adult, institutional environments (e.g., general hospitals, psychiatric facilities, and correctional institutions). Instruments were evaluated based on reports of their psychometric properties of reliability, validity, sensitivity, specificity, and predictive value. Thirteen instruments were identified for which there was either (1) sufficient psychometric data and estimates of predictive validity available to show evidence of utility in predicting suicidal behaviour and suicide, or (2) evidence of promise or a unique approach in predicting suicidal behaviour and suicide. Among the thirteen instruments identified, two are currently in use in CSC (Depression, Hopelessness and Suicide scale, Columbia-Suicide Severity Rating Scale). Factors identified in the literature as risk factors (stressors) for suicide/self-injury as well as protective factors were also reviewed.

What we found

Seventy-one risk factors (29 static, 26 dynamic and 16 institutional) were identified in the literature as statistically significantly associated with suicidal behaviour and suicide – although the research is sometimes contradictory when results are compared across studies, subgroups, and cultures. Nine protective factors were identified in the literature, such as positive family and friendship supports, higher education, religious beliefs, and the reduced availability of lethal means.

No one suicide risk assessment instrument stands out as superior. All of the instruments commonly in use rely on self-report or clinical/interviewer elicited information about suicidal ideation or suicide plans as predictors of suicidal behaviour. Alternatively, a number of studies have independently demonstrated a link between cognitive deficits measured by performance on tests and risk for suicidal behaviour and suicide. Recent studies have shown promise in exploring the link between genetic markers predictive of risk for suicidal behaviour and suicide.

What it means

No suicide risk assessment instrument stands out as superior to those currently used by CSC. There is a need for a more focused empirical strategy for the development, testing, and validation of screening tools and instruments. Whether suicide risk assessment screening tools and instruments are best developed specifically for major at risk populations, reflecting unique static, dynamic and environmental risk factors is a question that requires further study.

For more information


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