Screening for Suicide Risk in Adults: A Summary of the Evidence for the U.S. Preventive Services Task Force


At the time this research was done, suicide was the 11th leading cause of death and the 7th leading cause of years of potential life lost in the United States. It was the 10th leading cause of death in 2009, the most current year for which national suicide data are available. We systematically reviewed studies published between 1966 and 2002 to determine whether screening adult patients for suicide risk in primary care settings decreases suicide rates. The studies were done in settings that could report on completed suicides, suicidal attempts, or significant thoughts about committing suicide (suicidal ideation) by patients.

Our report, which followed rigorous methods, found that no study directly addressed whether screening for suicide in primary care reduces morbidity and mortality. We also looked for information about reliable screening tests for suicide risk and the effectiveness of interventions to decrease depression, suicidal ideation, and suicide attempts or completion. Intervention studies provided some evidence that treating adults at risk for suicide reduces the number of suicide attempts or completions. They also suggested that interventions such as problem solving and cognitive behavioral therapy had some benefit in reducing suicidal thoughts, depression severity, and feelings of hopelessness and in improving levels of function.

Because of the complexity of studying suicide risk and the paucity of well-designed research studies at that time, however, the review provided little evidence that primary care clinicians should routinely screen all their patients in an attempt to manage potential suicide risk. Thus, the U.S. Preventive Services Task Force concluded that it could not recommend for or against routine screening by primary care clinicians to detect suicide risk in the general population.