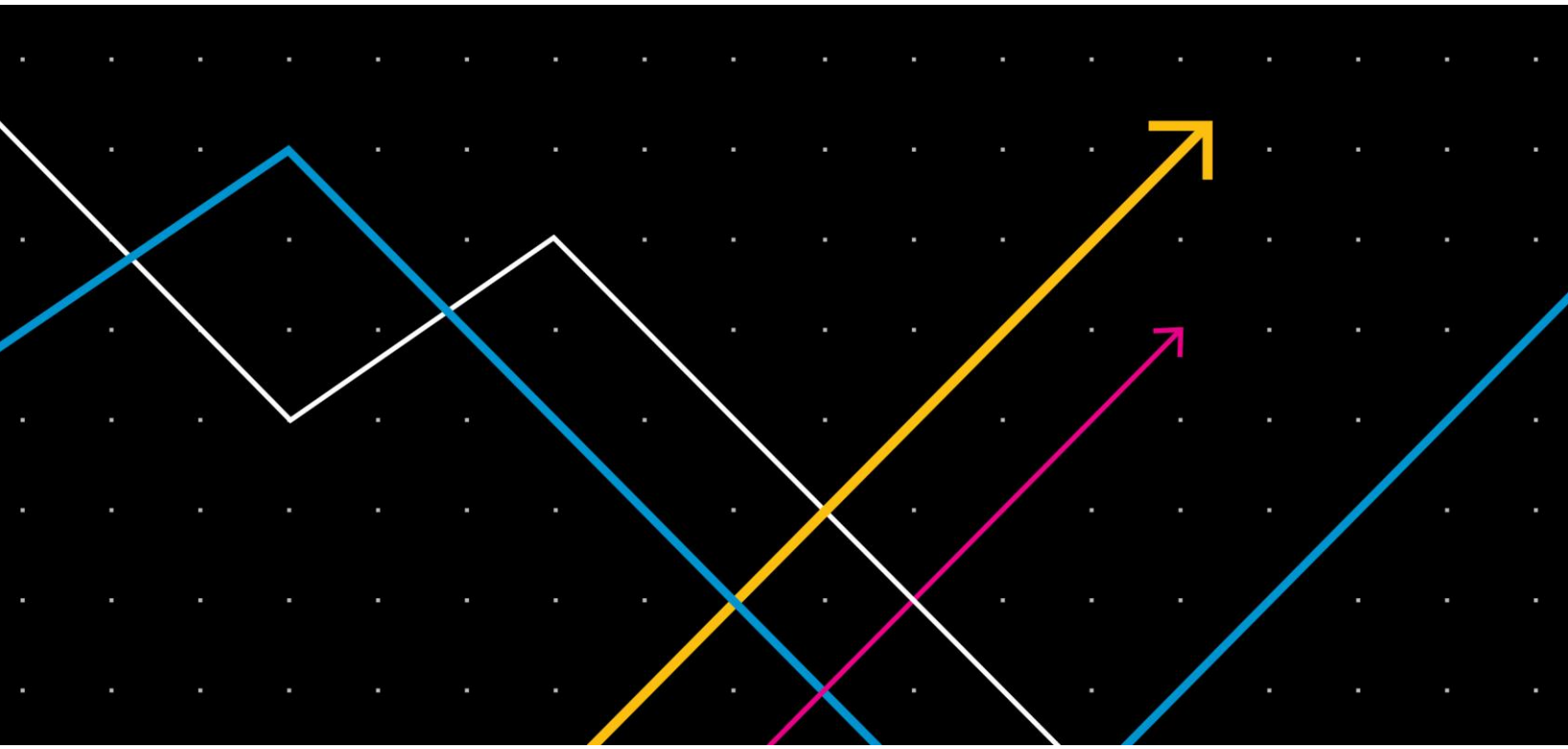

RESEARCH REPORT

Exploring Practice and Research Gaps for Suicidality Among Adults with a Disability

Screening

Victoria Lynch *Lisa Clemans-Cope*

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Executive Summary

Individuals with disabilities experience a heightened risk of suicidality, which includes suicidal ideation, plans, and attempts. Despite this increased risk, the needs of this diverse population often remain unmet within existing health care frameworks, particularly concerning screening for and identification of suicidality. This exploratory study describes the current landscape of suicidality screening for adults with disabilities, focusing on access barriers, access facilitators, and the effectiveness of various screening tools across different disability types. Through a rapid literature review and expert interviews, including perspectives from individuals with lived expertise, this study provides an overview of current screening practices and identifies critical research gaps.

Barriers to suicidality screening. Several barriers to effective screening for suicidality among disabled adults were identified. These include inaccessible health care facilities, insufficient provider training, lack of validated and accessible screening tools, and fears of involuntary commitment. Additionally, biases held by health care providers can lead to minimized suicidal symptoms in disabled individuals because of assumptions that people with a disability have a low quality of life and, thus, suicidal thoughts are normal.

Facilitators of suicidality screening. Facilitators to effective screening include adapting screeners and screening processes for different types of disabilities, using text messaging to encourage self-disclosure, and conducting voluntary cognitive screenings during intake to improve the identification of risk factors for suicide. Screening tools must offer a range of accessibility features, such as large text, braille, audio/narrated options, and screen reader compatibility, to enable equitable access.

Improving screening tools. The findings underscore a significant gap in research specifically addressing the effectiveness and accessibility of suicidality screening methods for people with disabilities. Although some screening tools, like the Patient Health Questionnaire-9 (PHQ-9), include components for assessing suicidal ideation, their performance varies across people with different types of disabilities. The lack of validated screening tools tailored to various disability populations remains a critical issue.

Addressing provider knowledge and patient fears. Expert interviews highlighted the importance of screening individuals with disabilities for suicidality despite provider hesitations, but insufficient provider awareness of the experience and needs of disabled individuals and lack of validated screeners were noted as obstacles. Patients' fears of involuntary hospitalization also hinder accurate reporting

during screenings. The need for relatable screeners, ideally those designed with input from disabled individuals, was emphasized to improve the screening process.

Involving disabled individuals as screeners. Employing disabled individuals as care providers and screeners may enhance trust and relatability during the screening process. Interviewees with lived expertise emphasized that interactions improve when individuals can relate to their care provider and vice versa, suggesting that such representation could reduce biases and create a more supportive environment for those at risk of suicide.

Research gaps. Research gaps identified include the need for validated screening tools tailored to various disability populations as necessary, investigation of unique risk factors (e.g., fear of being a burden on loved ones), examination of gaps in health care provider competency for working with disabled people (i.e., knowledge and understanding of the needs of disabled people), and exploration of innovative response to positive screenings that preserve individual autonomy. Additionally, studying the intersection of disability, suicidality, and substance use disorders (SUD) is crucial for developing more effective screening and treatment methods.

Addressing the elevated risks of suicidality among some individuals with disabilities requires concerted efforts to improve screening, prevention, and support. The findings presented here highlight the urgent need for strategic research to develop and validate screening tools, investigate risk factors, and explore innovative approaches that preserve autonomy. Collaborative efforts involving health care systems, providers, researchers, and people with a disability are essential to drive progress and ensure effective, accessible, and compassionate care for suicidality among individuals with disabilities.

Exploring Practice and Research Gaps for Suicidality Among Adults with a Disability: Screening

Introduction

Suicide among some disabled adults is a critical public health issue. Individuals with disabilities have an elevated risk of suicidality, encompassing suicidal ideation, plans, and attempts, because of factors such as social isolation, chronic pain, and health care barriers (Camm-Crosbie et al. 2019; Khazem et al. 2023). Data from the 2015–19 National Surveys of Drug Use and Health revealed that adults with a disability were over twice as likely to report suicidal ideation, planning, and attempts, with greater limitations correlating with increased risk (Marlow et al. 2021). Despite this increased risk, the needs of disabled people often remain unmet within existing health care frameworks, particularly for screening and early identification of suicidality.

Although efforts to address suicidality through policy changes and innovative interventions have been closing gaps in behavioral health research and care for the general population, significant gaps remain in evidence about the effectiveness and accessibility of suicidality screening for people with disabilities (Green, Jager-Hyman, and Oquendo 2024; HHS 2024).[1] This knowledge gap underscores the need for strategic research to inform policies and practices that can better serve this diverse population. This study examines the landscape of suicidality screening for disabled adults, focusing on access barriers, facilitators, and screening tool effectiveness across different disability types. By combining a rapid literature review with expert interviews that include several people with lived expertise, we aim to provide an overview of the current state of screening practices and identify critical research gaps.

Previous studies have explored various aspects of suicidality screening among the general population and some interventions for people with specific disabilities. However, these studies often lack a comprehensive approach and only focus on the needs and experiences of people with one type of disability, such as mild intellectual disability. Our study addresses the gap in research at the intersection of disability and suicidality screening by synthesizing findings from both a rapid review of the literature and perspectives of research experts and people with lived expertise who shared insights on issues that

may arise with different types of disabilities. This report aims to provide a holistic understanding of current challenges and potential solutions, which is critical to advancing inclusive and effective suicide screening methods for this underserved group.

As part of a series of four interconnected research papers addressing behavioral health issues for people with disabilities, this paper contributes to a broader examination of SUD and suicide risk screening and treatment (box 1).

BOX 1

Set of Reports Describing the Current Landscape, Challenges, and Best Practices in Addressing Suicide Risk and Substance Use Disorders Among Disabled Adults

- Exploring Practice and Research Gaps for Suicidality Among Adults with a Disability: Screening
- Exploring Practice and Research Gaps for Suicidality Among Adults with a Disability: Treatment
- Gaps in Research and Care for Adults with a Disability Who Have Substance Use Disorders: Screening
- Gaps in Research and Care for Adults with a Disability Who Have Substance Use Disorders: Treatment

The remainder of this paper is organized as follows. We first describe the methodology used for the rapid review and expert interview processes. We then present findings on the barriers and facilitators to effective screening, types of disabilities addressed, and the effectiveness of various screening tools, according to the literature and interviews, including insights from individuals with a disability and lived expertise of suicidality. To conclude, we discuss the implications of these findings for policy and practice and outline recommendations for future research and the development of more inclusive and effective screening approaches.

Methods

This study employed a mixed-methods approach, combining a "rapid review" of the literature (Garritty et al. 2020, 2021),[2] with expert interviews, including individuals with lived expertise, to address four key research questions related to suicidality screening for disabled adults.

1. What are the facilitators and barriers experienced by adults with disabilities who need screening for suicidality?
2. What types of disabilities are addressed in the literature reviewed?
3. Which screening tools related to suicidality are effective for adults with different disabilities?
4. What are the research gaps related to screening for suicidality in adults with disabilities?

We define disability using various frameworks, reflecting definitions used in the rapid literature review and supporting our focus on identifying medical care and research gaps. Primarily, we rely on a model that conceptualizes disability as a limitation relative to typical health functionality, as it supports our focus on potentially guiding the development of services tailored to individuals with specific functional needs. Health care providers increasingly tailor treatment to whole-person needs rather than offering uniform, one-size-fits-all care (Harada et al. 2018; Hunt et al. 2019). Thus, focusing on functional limitations relative to typical health can provide insights into providing effective care through tailored interventions (Horvat et al. 2014).

Rapid Review

A rapid review was conducted to identify articles based on their relevance to the topic of screening for suicidality in adults with disabilities, with a focus on depression when little or no literature was available on suicidality (Melhem et al. 2019). The information from these articles was synthesized to provide a rapid overview of the current state of knowledge in this area.

The rapid review search was conducted from March to April 2024, restricted to studies published in English from 2010 onwards. We excluded studies exclusively focused on (1) simulation modeling or protocols for future studies, (2) populations where behavioral health was the only identified disability (Sunderland and Slade 2015), and (3) children and adolescents. The search strategy employed a combination of keywords across two databases: Google Scholar and PubMed.

The search and review of additional studies cited by these works, plus literature suggested in the expert interviews, resulted in nine studies included in this rapid review. Data extraction was performed with the assistance of Elicit.ai, with the data extraction table provided in the appendix. Key findings from the articles were summarized and organized to answer each research question.

Expert Interviews

Data collection of the rapid review informed the themes covered in the expert interviews. After the content analysis of the rapid review was completed, we conducted six expert interviews between April and May 2024. We interviewed two research experts in disability and suicidality and four individuals with a disability and lived expertise of suicidality. Interviews included questions related to screening and treating suicidality, although this report focuses on screening. The expert interviews were chosen to complement and contextualize the findings of the rapid review, focusing on gaps identified in the rapid review. The expert interviews were semistructured interviews based on an interview guideline of approximately 15 questions (see Appendix C) and addressed the following themes: (a) participant background, (b) study scope questions, (c) screening and treatment challenges related to stigma, specialty care, accessibility, and communication barriers, (d) adaptations needed for screening tools and provider training, (e) adaptations to evidence-based treatment for people with disabilities, (f) inclusive intervention development, (g) successful models of care, (h) policy measures to improve suicide related services, and (i) outstanding research questions. Treatment-related findings are synthesized in a separate report (Clemans-Cope and Lynch 2025). The report authors and the project officers at the Pew Charitable Trusts jointly identified several relevant experts; the others were identified in the literature. The duration of the video interviews was 30 to 60 minutes, and participants were sent a small honorarium, which depended on the duration of their interview. Video interviews were audio recorded and transcribed using Otter.ai and analyzed using conventional content analysis, which generates categories and topic areas from qualitative data (Hsieh and Shannon 2005).

Types of Disabilities Addressed

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The rapid review covered a wide spectrum of disability types, including the following (in their terminology):

- Several studies focused on people with a variety of disability types. The American Psychological Association (APA) guidelines provide information relevant to physical disabilities (e.g., "mobility impairments," "amputations"), "sensory" disabilities (e.g., "vision loss," "deafness"), and "intellectual disabilities," including more specific conditions like "cerebral palsy," "spinal cord injury," "multiple sclerosis," and "traumatic brain injury" (APA 2022). Older adults with various health conditions and disabilities were the focus of two other studies (McKay, Pond, and Wand 2022; Wand, McKay, and Pond 2022). One article discussed disability broadly, including

physical disabilities like "cerebral palsy" and "spinal cord injury," but did not focus on specific conditions.[3]

- "Intellectual" and "developmental" disabilities were the focus of several studies (Ludi et al. 2012; Mournet et al. 2021), with particular attention to "Down syndrome," "attention deficit hyperactivity disorder" (ADHD), and "autism spectrum disorder" (Cassidy et al. 2020; Mournet et al. 2021; Rybczynski et al. 2022).
- Individuals with mental health conditions (including most with serious mental illness or serious emotional disturbance and many with co-occurring disabilities) being served in "outpatient mental health clinics" were the focus of one study (Layman et al. 2021).

EXPERT INTERVIEWS

Types of disabilities addressed in the interviews included (in their words) "autism spectrum disorder," "ADHD," "intellectual disabilities," "cerebral palsy," and "spinal bifida." However, most of that research focused on children/adolescents rather than adults. This expert stated there is little research on suicidality in those with "cerebral palsy" or "spinal bifida."

One research expert mentioned research showing elevated suicide risk in people with "spinal cord injuries and autism spectrum disorder." An expert's current clinical trial includes people with "vision, hearing, speech and mobility disabilities," with "multiple sclerosis" being the most common disability represented. One interview participant with lived expertise focused on the discussant's personal experience with "paraplegia." Another interview participant with lived expertise touched on the need to accommodate patients with "hearing and visual impairments," and another discussed their experiences with "chronic pain," "fibromyalgia," "anxiety," and "ADHD" in relation to suicidality. One interview participant with lived expertise focused on "visual impairment and blindness," with some focus on "mobility issues and intellectual disabilities" and the intersection of SUD and suicidality.

Synthesizing Findings from the Rapid Review and Expert Interviews

Data from the rapid review and the expert interviews were combined during data analysis and interpretation. Findings from the expert interviews were triangulated with the findings from the rapid review by seeking convergence and corroboration, identifying discrepancies, and combining insights from both data sources.

Results

Because themes raised in the expert interviews were quite different from themes identified in the rapid review of the literature, the results section presents these findings separately, with some overlap, first from the rapid review and then from the interviews. Results from the rapid review and interviews touch on screening tools and research gaps before we comprehensively address these topics in the last part of the results.

Barriers and Facilitators to Suicide Screening in People with Disabilities: Findings from the Rapid Review and Interviews

RAPID REVIEW

Context

The literature revealed important context for suicide screening among individuals with disabilities. One study found that mainstream suicide prevention efforts, which play a key role in facilitating screening, rarely acknowledge people with disabilities. Also, media narratives often implicitly condone or normalize suicide among people with disabilities, reinforcing harmful stereotypes that life with a disability is less valuable and not worthwhile.[4] This harmful positive framing of suicide as a 'noble' or 'selfless' act for disabled people can discourage people with a disability from seeking screening and treatment, as fear of being a "burden" is a commonly cited reason for people with disabilities to consider suicide.

Barriers to Screening for Suicide Risk

The literature revealed numerous barriers and facilitators for screening disabled individuals for suicide risk. Barriers such as poverty, unemployment, difficulty navigating benefits systems, and lack of social support further hinder access to screening and increase the risk of unmet care needs for people with disabilities.[5] For suicide screening that occurs at a clinic or facility, a Substance Abuse and Mental Health Services Administration report provided more details on barriers for individuals with disabilities seeking care, which include inaccessible parking, entrances, and interior spaces; policies that exclude people with disabilities, such as requirements for unassisted evacuation in emergencies; lack of counseling adapted for those with cognitive disabilities; absence of materials in alternative formats like braille, large print, or electronic formats for people who are blind or visually impaired; and insufficient staff training on technologies for communicating with people who are deaf (SAMHSA 2019).

Opportunities for Better Screenings

APA guidelines suggested adapting screening processes for each type of disability and accommodation needed, such as by altering the session structure, to facilitate effective screening (APA 2022). Additionally, most participants with neurodevelopmental disorders in a pilot study reported positive experiences with suicide risk screening, with 9 out of 15 describing it as "comfortable" and indicating that discussing their feelings led to happiness and feeling better (Mournet et al. 2021). However, some individuals with neurodevelopmental disorders expressed discomfort or worry about screening questions, especially if they were being asked about suicide for the first time (Mournet et al. 2021).

Cognitive and attentional difficulties associated with some disabilities can pose challenges for suicide risk screening. Voluntary cognitive screening during the intake/assessment interview can also improve the identification of disorders, alert staff to the need to adapt services, including appointment reminders and simplified materials, and help staff understand reduced stamina, impaired judgment, and memory problems (SAMHSA 2019). APA guidelines note that issues like "reduced or variable attention span or ability to process content" may require adaptations to standard suicide risk assessment procedures, such as "changing the session structure" to include "shorter, more frequent sessions or augmenting in-person sessions with telehealth check-ins" to "meaningfully engage in assessment" (APA 2022).

In terms of facilitators for identifying suicide risk among individuals with a disability, the APA guidelines also recommend directly screening for a history of abuse (e.g., childhood physical abuse, sexual abuse, emotional abuse) and "intervening appropriately" as a way to identify heightened suicide risk among disabled clients (APA 2022). Health care providers often fail to ask disabled individuals about possible abuse (Oschwald et al. 2009 and Powers et al. 2002, 2008, as cited in APA 2022), which is a key risk factor for suicidality and depression. Not inquiring about abuse history can lead to under-identification of suicide risk (APA 2022). A recent study found that self-reported experiences classified as childhood maltreatment accounted for a substantial proportion of mental health conditions among adults in the general population, including 41 percent of suicide attempts (Grummitt et al. 2024). Children with disabilities are at least three times more likely to experience some type of abuse than children without disabilities (Legano et al. 2021), highlighting the urgency of identifying a history of child maltreatment in screening and treating suicidality among these adults.

In a study that included disabled people but did not focus on disability or report disability type, SMS text messaging was found to potentially encourage self-disclosure of depressive symptoms by providing

a private space with less social desirability bias compared with in-person interviews, especially for those with higher personal depression stigma (Jin and Wu 2020).

Addressing Provider Lack of Awareness of the Experience and Needs of Disabled Individuals

Providers may also initiate screening at low rates for this population because of biases, including biases that lead providers to assume that disabled people believe their quality of life is inherently low and to be pessimistic about disabled people's resilience, adaptability, and ability to grow (Budd, Haque, and Stein 2020).

Ageism among health care providers is another barrier that can lead to missed opportunities for appropriate diagnosis and intervention for suicidality in older adults, a population with a high rate of disability, but conveying hope and focusing on strengths can improve care for this group (Wand, McKay, and Pond 2022).

EXPERT INTERVIEWS

Need for Universal Screening

First, interviewees emphasized that individuals with disabilities should be screened for suicidality, even if the provider may be hesitant to do so. One interviewee suggested that "people with mild and maybe even moderate intellectual disabilities, do have these feelings… [and] thoughts, [but] may not have agency, which is a factor, but [they] do have suicidal [thoughts] and maybe some behaviors." Furthermore, one expert noted that for those with physical disabilities, "motor problems can be a factor to prevent [suicidal] behaviors, but I've no doubt that those with physical disabilities… [are at increased risk] for depression and mental health issues in adolescence and adulthood." Generally, interviewees reported that most individuals with disabilities can participate in screening for suicidality, although those with more severe intellectual disabilities may not be able to.

"Once you get put in the suicidal bucket, there's a loss of agency, so if you're already somebody with a lot of logistical challenges, and maybe also depression, all of a sudden you may be put in a place against your will, which may not actually accommodate your mental or physical disabilities, that can actually exacerbate things."
—Interviewed person with lived expertise

Need for Access to Health Care, Providers Trained in Suicidality, and Validated Screeners

Several barriers to screening for suicidality in adults with disabilities were identified. One expert stated that a significant barrier is a lack of access to care, especially transportation issues in rural areas. Additionally, lack of provider skill and training was mentioned as a barrier, with one expert stating, "A lot of providers aren't trained in effective suicide risk assessment and intervention," and another noting that "primary care [providers] are probably not well equipped and comfortable in [suicidality or depression] screening for adults" with disabilities. Research experts did not discuss innovations that rely less on the availability of skilled providers, such as text messaging and other technical tools, to identify people with suicide risk. Another barrier discussed by one expert is that screeners are often not validated for disabled populations, explaining: "Generally, there have been no measures validated for the disability community."

Need for Respectful Response to Positive Screens and for Medical Systems to Improve Their Patient Trustworthiness

One expert noted that patients may underreport suicidality because of fears of consequences like involuntary hospitalization. Interview participants with lived expertise also reiterated the concern about involuntary commitment and other unwanted treatment.

Another participant with lived expertise reported that screening tools often fail to capture the nuances of suicidality, including the following: "Clinicians don't understand that desire and even intent doesn't mean there's a plan." Several discussants noted that many people with disabilities quickly learn to manipulate screening tools to avoid unwanted outcomes like involuntary commitment.

These findings highlight the need for medical systems and providers to improve their trustworthiness and potentially re-evaluate and redesign screening tools and protocols. Involving people with lived expertise of the redesign process and helping medical systems and providers be trustworthy is essential to ensure these tools better serve the population.

"Patients tend to underreport suicide risk due to concerns about the consequences of doing so. Typically, there's an assumption that 'if I report any level of suicidal ideation, then I'm going to be sent to an inpatient unit or locked up in some way, or the police are going to be called."

—Interviewed person with lived expertise

Need for Relatable Screeners Because of Negative Societal Attitudes Toward Disability

One discussant with lived expertise of disability, suicidality, and SUD emphasized the need for behavioral health screening to be conducted by someone the person with a disability can relate to, ideally a person with a disability.

Another discussant noted that negative societal attitudes toward disability are a major risk factor, exacerbated by media portrayals of physician-assisted suicide, which often overlook the harm of such views for people with a disability.

"I would be more comfortable talking to someone who lives with an identifiable disability… and documentation shows that interactions go better when the person who is being screened can relate to the screener… [Racial concordance] cuts back on interviewer's biases, but when it comes to screening disabled people, most places don't even hire disabled people, which is another can of worms."

—Interviewed person with lived expertise

Screening Tools for Suicide in People with Disabilities

RAPID REVIEW

Accessibility of Screening Tools

Although some screener tools may be available with a limited number of accessibility options, in general, accessibility options were not described in the literature. To ensure equitable access and accommodate the diverse needs of individuals with disabilities, suicide risk screening tools should ideally offer a range of accessibility features such as large text formatting, braille versions, audio/narrated options, screen reader compatibility, language translation, and easy-to-understand plain language formats.

Suggested Tools for Various Disability Populations

Various tools have been suggested for use in various disability populations (APA 2022; Goldenshteyn 2021), however many of these tools do not have information that relates to any specific disability (table 1). Ludi et al. (2012) note the lack of suicide screening tools designed specifically for individuals with intellectual disabilities, stating that "Suicide screening measures designed specifically for the

intellectual disabilities population do not exist" (Ludi et al. 2012). Although this study and many others on this topic focus on youth, the statement may also apply to adults. In a study focused on screening in pediatric neurodevelopmental disorder clinics, Rybczynski et al. (2022) found that the Ask Suicide-Screening Questions tool was feasible for use in neurodevelopmental clinics but cautioned that "Ongoing education to parents and caregivers regarding suicide risk could increase future participation in screenings" and "Further research is needed to assess the validity of suicide risk screening tools in children with neurodevelopmental disorders" (Rybczynski et al. 2022). Mournet et al. (2021) focused on a similar patient group and suggested that brief instruments like the Ask Suicide-Screening Questions and the Patient Safety Screener "may be particularly apt for this population due to their brevity" but do not empirically compare their performance (Mournet et al. 2021). Patients who screen positive for suicide risk on one of the short screeners are intended to receive follow-up care such as a brief suicide safety assessment conducted by a trained clinician (e.g., social worker, nurse practitioner, physician assistant, physician, or other mental health clinicians) to determine whether a more comprehensive mental health assessment is indicated.

TABLE 1

Common Adult Suicide Risk Screening Tools

Screening tool	Description
Columbia-Suicide Severity Rating Scale (C-SSRS) [a]	A screener administered by health care professionals or those with no formal mental health training for assessing suicide risk, including ideation and behavior.
Ask Suicide-Screening Questions (ASQ) tool [b]	A brief assessment administered by health care professionals in a variety of settings (emergency department, inpatient medical unit, primary care clinics) to gauge suicide risk in patients.
Modified Scale for Suicide Ideation (MSSI) [c]	A self-reported measure to assess the presence or absence of suicide ideation in the previous 48 hours and the degree of its severity.
The Patient Safety Screener (PSS-3) [d]	A brief screening tool administered by health care professionals to detect suicide risk in emergency departments and inpatient medical settings with patients ages 12 years and older.
Patient Health Questionnaires (PHQ-9) [e]	A self-reported instrument for screening and measuring the severity of depression, the PHQ-9 has nine items focused on the presence and frequency of suicidal ideation over the past two weeks; however, the performance varies widely across subgroups.[f]

Source: Author compilation.

Notes: [a] "The Columbia Lighthouse Project," Action Alliance and American Foundation for Suicide Prevention, accessed January 7, 2025, https://cssrs.columbia.edu/.

[b] SAMHSA, "Ask Suicide-Screening Questions (ASQ) Toolkit," accessed December 9, 2024, https://www.samhsa.gov/resource/dbhis/ask-suicide-screening-questions-asq-toolkit.

[c] Ivan W. Miller, William H. Norman, Stephen B. Bishop, and Michael G. Dow, "The Modified Scale for Suicidal Ideation," accessed December 9, 2024.

[d] SAMHSA, "The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings," accessed December 9, 2024, https://www.samhsa.gov/resource/dbhis/patient-safety-screener-pss-3-brief-tool-detect-suicide-risk-acute-care-settings.

[e] APA, "Patient Health Questionnaire (PHQ-9 and PHQ-2)," accessed December 9, 2024, https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.
[f] Peter J. Na, Satyanarayana R. Yaramala, Jihoon A. Kim, Hyelee Kim, Fernando S. Goes, Peter P. Zandi, Jennifer L. Vande Voort et al., "The PHQ-9 Item 9 Based Screening for Suicide Risk: A Validation Study of the Patient Health Questionnaire (PHQ)-9 Item 9 with the Columbia Suicide Severity Rating Scale (C-SSRS)," *Journal of Affective Disorders* 232 (May 2018):34–40. https://doi.org/10.1016/j.jad.2018.02.045.

Validity of Screening Tools for Mental Health Conditions

Among the most widely used shortened screeners for general mental health conditions, including depression and suicidality, are the Kessler Psychological Distress Scale with 10 items (K10) or six items (K6) and a short version of the General Health Questionnaire with 12 items (GHQ- 12), which have been tested among people with disabilities (Cornelius et al. 2013). The study by Cornelius et al. (2013) examined the performance of the K10, K6, and GHQ-12 questionnaires in identifying people with current mental disorders, including depression and suicidality, among those claiming disability benefits. However, these screeners do not contain any components that specifically assess suicidality or depression. The K10 and K6 questionnaires had good accuracy in suggesting who may have a mental disorder among a sample of individuals who were claiming disability benefits and not employed; however, the GHQ-12 was less accurate compared with the K10 and K6 in identifying those with mental disorders, including depression and suicidality (Cornelius et al. 2013). One study explored the measurement properties of the Suicidal Behavior Questionnaire-Revised (SBQ-R) in autistic adults and found that although the SBQ-R has good internal consistency, its items were interpreted differently by autistic adults compared with the general population, suggesting the need for adaptations to improve its validity for this group (Cassidy et al. 2020).

A self-reported instrument for screening and measuring the severity of depression, the Patient Health Questionnaire-9 (PHQ-9) has the last item focused on the presence and frequency of suicidal ideation over the past two weeks; however, the performance varies widely across subgroups (Na et al. 2018). In the study that included but did not focus on individuals with disability, authors conducted both depression and disability screeners via SMS text message—the PHQ-8 depression screening (which does not include the suicidality question) delivered by SMS text messaging had good internal consistency, test-retest reliability, and concordance with in-person interviews, but the much shorter PHQ-2, Generalized Anxiety Disorder 2-item (GAD-2), and Sheehan Disability Scale performed more poorly in the text message format (Jin and Wu 2020).

Efficacy Across Disability Groups

For efficacy across disability groups, the APA guidelines do not directly compare the effectiveness of different screening tools for specific disability groups. However, they suggest that the "use of a

screening tool that includes disability-specific questions, such as the Abuse Assessment Screen-Disability (McFarlane et al. 2001), increases disclosure compared with abuse screening tools without disability-specific questions or professional judgment alone" (APA 2022). This implies that incorporating disability-relevant items may enhance the efficacy of screening for abuse—a major suicide risk factor—compared with generic tools or unstructured screening.

EXPERT INTERVIEWS

Insights from Clinical and Research Experts

Overall, the insights from clinical and research experts highlight the gap in validated screening tools for populations with a variety of disabilities, and the perspectives of individuals with lived expertise underline the importance of context, autonomy, and the involvement of disabled people in developing these tools.

Research experts report that no specific screening tools have been validated for disability populations other than potentially in the autism/intellectual disability realm. One expert interview participant emphasized that, in general, screening tools need to be adapted and validated to be accessible and appropriate for various disabilities. Another clinical expert reported that work is ongoing in adapting a pediatric suicidality screening tool for autism and other developmental disabilities but was not aware of any tools validated or being validated for adult populations with these types of disabilities.

Perspectives of Individuals with Lived Expertise

Several interview participants with lived expertise suggested current suicidality screening tools are often ineffective for people with disabilities, as they do not account for the full context of an individual's situation, rely too heavily on simple yes/no questions, and are easily manipulated by people who want to avoid more restrictive levels of care. Another interview participant with lived expertise suggested that having people with disabilities involved in designing screening instruments could help make them more effective and appropriate across different disabilities and that this was more important than ensuring that the provider conducting the screening also experiences disability. Another participant recommended collaborating with people with a disability to improve screening for both SUD and suicidality, which the participant considered to be often interconnected.

Preserving Individual Autonomy in Suicide Screening

Several participants with lived expertise emphasized that a critical factor in suicide screening is preserving individual autonomy. As an alternative approach, this participant proposed a screening and

early intervention model that ramps up logistical, mental health, legal, and social support when warning signs appear, but in a way that maintains the individual's autonomy as much as possible.

"Instead of placing someone in restrictive care, I wish we could say, 'Hey, we're seeing this person getting close to that line of needing help. And we don't want to have them lie to make it look like they're under the line or pop over the line and still not get the right care. We can say this might be a really good time to ask: Do you have good therapy? Do you have logistical challenges [with getting care]? Do you have the assistive devices you need? Do you have a support network?"
—Interviewed person with lived expertise

Research Gaps Related to Suicide Screening in People with Disabilities

RAPID REVIEW

Lack of a Comprehensive Framework

Current research reveals the lack of a framework for developing, implementing, and evaluating effective screening and intervention strategies for suicidality among individuals with disabilities. One framework that could be drawn on to inform a strategy for people with disabilities is the Zero Suicide model (an approach that orients health care systems to the goal of eliminating suicide), which is based on findings that suicide can be substantially reduced with changes in health care system practice (Hogan and Grumet 2016). In some places, the Zero Suicide implementation has focused on specialist mental health services, however, researchers have proposed adaptations for primary care and populations that do not frequently use specialist mental health services (McKay, Pond, and Wand 2022). In a study about older adults, McKay et al. (2022) proposed first understanding where older adults use health care and community services relevant to suicide treatment and transition. The authors emphasized the importance of "navigators," who are individuals with training to help (1) providers and at-risk patients access Zero Suicide services, (2) at-risk patients transition between services, (3) providers communicate with one another, and (4) facilitate links to support the patient's family or another carer.

General Lack of Validated Screening Tools

The literature reveals several notable gaps related to screening individuals with disabilities for suicide risk, suicidality, and depression. The APA guidelines highlight a general lack of research validating screening tools and interventions for disabled populations, noting that "Mikton, Maguire, and Shakespeare (2014) and Lund (2011) caution that research validating the effects of interventions is limited" (as cited in APA 2022). Although the guidelines offer some recommendations based on risk factors and clinical considerations, they acknowledge the dearth of empirical evidence for applying standard screening and intervention practices to disabled client groups. More research is needed to evaluate the performance of screening instruments and the outcomes of interventions for individuals with various disabilities. The guidelines also lack direct comparisons between tools for particular disability populations, underscoring the need for more instrument validation studies. Limited research has examined the unique risk factors and considerations for screening and preventing suicide in people with physical, sensory, and intellectual disabilities.[6]

Validation and Adaptation Needs for People with Neurodevelopmental Disorders and Intellectual Disabilities

In a study by Mournet et al. (2021), the authors concluded that the lack of suicide risk screening tools validated for the neurodevelopmental disorder population is a key research gap. Beyond validating existing tools, the authors emphasize investigating adaptations to screening instruments and procedures for the neurodevelopmental disorder population. They also note the limited research on screening implementation and training needs for clinicians working with this group (Mournet et al. 2021).

Ludi et al. (2012) emphasized the absence of suicide screening measures designed specifically for youth with intellectual disabilities despite their heightened risk. They assert that "Currently, there are no measures that screen for suicide risk designed specifically for individuals with intellectual disabilities," even though "direct suicide screening can rapidly and effectively detect suicide risk and facilitate further clinical evaluation and management" in other populations (Ludi et al. 2012).

Health Care Biases Toward Physically Disabled Individuals

In addition, Budd, Haque, and Stein (2020) point out the paucity of research on health care biases toward physically disabled individuals, such as those with spinal cord injury, "despite the behavioral patterns of avoidance seen in the presence of persons with physical disabilities." They assert the importance of further investigating how biases among health care providers impact the care and screening of people with all types of disabilities.

EXPERT INTERVIEWS

Lack of Validated Screening Tools for Various Disability Populations

Research expert interviews and discussions with individuals with lived expertise of disability and suicidality revealed several research gaps related to screening for suicidality or depression in disabled people. As noted above, research experts highlighted the lack of validated screening tools for various disability populations, as validation is often limited to different languages rather than disability populations. A research expert pointed out the lack of research on suicidality risk factors in individuals with autism, ADHD, and learning disabilities, suggesting that language, social isolation, and social development may contribute to suicidal thinking and behavior in these populations, with impulsivity being a likely risk factor for suicidality in those with ADHD. One expert also mentioned that the disability advocacy community has generally not focused significantly on the issue of suicide and that their engagement could increase interest in addressing research gaps.

Collaboration with Disability Community for Improved Screenings and Early Intervention Models

Individuals with lived expertise also provided valuable insights into research gaps. As mentioned previously, many participants recommended collaborating with disabled people to improve screenings. The importance of involving people with lived expertise of developing screening tools and educational materials was emphasized. One participant also suggested developing early intervention models that augment screening tools to mobilize support in multiple domains without resorting to overly restrictive measures, including examining how preserving autonomy in the screening and early intervention process impacts outcomes and better understanding the unintended negative consequences that can arise when someone with a disability is flagged as suicidal and loses agency.

"Go to your disability community. They're the ones that know; they're the ones that know what questions need to be."

—Interviewed person with lived expertise

Co-occurrence of Suicidality and SUDs

In addition, several individuals noted that suicidality and SUDs are often co-occurring. One participant suggested that more research is needed on effective screening for suicidality among adults with co-

occurring disabilities and SUDs, drawing from their personal experience of suicidality and SUD without being screened for treatment in a clinical setting.

Discussion

The findings from the rapid review and interviews provide new insights into the facilitators, barriers, screening tools, and research gaps related to screening individuals with disabilities for suicidality.

For facilitators and barriers to conducting effective screenings, the rapid review highlighted potential challenges such as lack of awareness of the needs and experiences of disabled people among health care providers, instruments that are too taxing for individuals with cognitive and attentional difficulties, inaccessible facilities, and materials that are inaccessible and not adapted to the needs of these individuals. In the rapid review, facilitators to conducting effective screenings for suicidality included adapting screening processes and, with some groups, using text messaging to encourage self-disclosure. Expert interviews emphasized the importance of screening individuals with disabilities for suicidality, even if providers are hesitant. Barriers mentioned in the interviews included inaccessible facilities, insufficient provider awareness of the experience and needs of disabled individuals, lack of validated and accessible screeners for disabled populations, and patient concerns about consequences such as involuntary hospitalization.

Research gaps identified in the rapid review and the interviews also included a general lack of research validating screening tools and interventions for disabled populations, including the absence of suicide screening measures designed for those with intellectual disabilities, limited research on health care biases toward physically disabled individuals, and the need for more studies on unique risk factors and screening considerations for people with various disabilities.

The lack of a framework for screening and intervention strategies for suicidality and depression among individuals with disabilities could be addressed by health care systems adapting the Zero Suicide approach to people with disabilities, which would entail identifying where disabled people access health care and social services and ensuring that people in the "navigator" role have a nuanced awareness of the experience and needs of disabled individuals. This approach of screening where people with disabilities access health care and social services is also supported by a recent study finding a need for more nuanced suicide care, including focusing on individuals with physical and behavioral health conditions seeking physical or primary health care (Xiao et al. 2024).

This synthesis of the rapid review and expert interview findings sets a compelling research agenda for future studies. Key priorities could include the following:

1. Identifying gaps in screening tool efficacy by people's type of disability.
2. Developing and validating suicide screening tools tailored, as necessary, to various disability populations in collaboration with diverse disabled people.
3. Investigating risk factors, protective factors, and screening considerations for people with specific disabilities.
4. Improving provider recruitment, education, and training to close gaps in providers understanding of the experience and needs of disabled people. This would include advancing solutions for health care provider biases that suicide screening and care for individuals with a disability.
5. Exploring innovative screening approaches that preserve autonomy and mobilize early intervention across multiple support domains.
6. Studying the intersection of disability, suicidality, and SUDs to inform more effective screening and treatment.
7. Cementing disability as a core feature of suicidality research and screening practice.

Researchers, health system leaders, and other stakeholders must urgently address these critical gaps to improve suicide screening for individuals with disabilities. Collaborative efforts engaging health care providers, researchers, and diverse people with a disability are essential to drive progress.

Conclusion

The elevated risks of suicidality among disabled people necessitate strategic efforts to optimize suicide screening as well as prevention and treatment. This research report has presented an exploratory synthesis of evidence from a rapid review and expert interviews to identify facilitators, barriers, screening tools, and research gaps related to screening this at-risk population for suicidality. The findings underscore the urgent need for research to identify gaps in screening tool efficacy by people's type of disability, develop and validate screening tools tailored as necessary to various disabilities, investigate unique risk factors and considerations, improve providers' understanding of the experience and needs of disabled people, explore innovative screening approaches, and study the intersection of disability, suicidality, and SUDs. Researchers must collaborate with diverse disabled people to address

these critical gaps and drive meaningful progress in supporting the mental health and well-being of individuals with disabilities. Through focused research efforts and evidence-based practices, we can work toward a future where all individuals, regardless of disability status, receive effective, accessible, and compassionate screening, prevention, and care for suicidality.

Appendix A. Literature Search Terms

The Google Scholar search used the following search string: allintitle: (disabilities OR disabled OR disability) AND (screening OR assessment OR evaluation OR identification) AND (“suicidality” OR “self-harm” OR “suicide” OR “suicidal”)

The PubMed search used the following search string: (“disabilities”[Title] OR “disabled”[Title] OR “disability”[Title]) AND (“screening”[Title] OR “assessment”[Title] OR “evaluation”[Title] OR “identification”[Title]) AND (“suicidality”[Title] OR “self-harm”[Title] OR “suicide”[Title] OR “suicidal”[Title]) AND (“2010/01/01”[PDAT] : “3000”[PDAT])

Appendix B. Data Extraction Table

TABLE A.1

Key Features of Articles Found in the Literature Search

Citation	Summary	Study design/methodology	Main findings	Limitations
American Psychological Association (APA) Guidelines for Assessment and Intervention with Persons with Disabilities. (2022).	These guidelines provide comprehensive recommendations for psychologists on assessing and intervening with individuals with various disabilities, emphasizing inclusive and culturally sensitive practices. The guidelines cover a range of disabilities including physical, sensory, cognitive, developmental, and mental health conditions.	The guidelines are based on an extensive review of existing literature and expert consensus, integrating evidence-based practices from psychological, medical, rehabilitation, vocational, and educational fields. The review includes both quantitative and qualitative studies focusing on assessment tools, intervention strategies, and barriers to effective care.	The guidelines highlight the necessity of using accessible and adaptable screening tools tailored to specific disabilities. They emphasize the role of interdisciplinary collaboration and the importance of addressing systemic barriers such as healthcare provider biases, cognitive and attentional difficulties, and inaccessible facilities. Specific screening tools and interventions are discussed for various disability populations, including those with mobility impairments, sensory disabilities (e.g., blindness and deafness), communication disorders, neurological impairments, and mental health issues.	While comprehensive, the guidelines may require further specification for particular subgroups within the disability population. The aspirational nature of the guidelines means they are not mandatory, which could limit their enforcement and impact. Implementation may also vary based on available resources and training.
Budd, M. A., Sutton, O., & Stein, M. A. (2020). Biases in the evaluation of self-harm in patients with disability due to spinal cord injury. Spinal Cord Series and Cases, 6(1), 43.	This paper explores biases in clinicians' evaluation of self-harm in patients with spinal cord injury, identifying three main biases: ineffectual bias, fragile friendliness bias, and catastrophe bias.	The paper uses case presentations and literature review to illustrate how biases affect clinical decision-making in assessing self-harm risk among spinal cord injury patients.	The study identifies biases such as ineffectual bias, fragile friendliness bias, and catastrophe bias can lead to misdiagnosis, inappropriate treatment, and skewed prognostic outlooks. It underscores the need for bias-awareness training for clinicians. Unchecked biases toward patients with disabilities can undermine ethical caregiving and lead to inaccurate assessments, impacting decision-making and harming the therapeutic relationship.	The study is primarily theoretical and based on case presentations, which may limit the generalizability of the findings. Empirical validation of the identified biases and their impact on clinical outcomes is needed.

Citation	Summary	Study design/methodology	Main findings	Limitations
Cassidy, S. A., Bradley, L., Cogger-Ward, H., Shaw, R., Bowen, E., Glod, M., Baron-Cohen, S., & Rodgers, J. (2020). Measurement Properties of the Suicidal Behaviour Questionnaire-Revised in Autistic Adults. Journal of Autism and Developmental Disorders, 50(10), 3477–3488.	This study explores the appropriateness and measurement properties of the SBQ-R for autistic adults.	The study involved 188 autistic adults and 183 general population adults completing the SBQ-R online, with a sub-sample of 15 interviewed while completing the tool. Multi-group factorial invariance analysis was conducted.	The SBQ-R showed metric non-invariance for items on communication of suicidal intent and likelihood of future suicide attempts, indicating that autistic adults interpret these items differently. Cognitive interviews confirmed these differences.	The SBQ-R may not be fully valid for use in autistic adults without modifications, as it does not fully capture their unique experiences of suicidality. Further research is needed to adapt the tool for this population.
Cornelius, B. L., Groothoff, J. W., van der Klink, J. J., & Brouwer, S. (2013). The performance of the K10, K6 and GHQ-12 to screen for present state DSM-IV disorders among disability claimants. BMC Public Health, 13(1), 128.	This study evaluates the psychometric properties of the K10, K6, and GHQ-12 scales to predict present state DSM-IV disorders among disability claimants.	Observational study, prospective, single-site, with a one-year follow-up period in the Netherlands. A representative sample of 293 disability claimants completed the K10, K6, and GHQ-12 scales, with the Composite International Diagnostic Interview serving as the gold standard for diagnosing DSM-IV disorders.	The K10 and K6 scales showed high reliability and validity, with Cronbach's alphas of 0.919 and 0.882, respectively. Optimal cut-off scores were identified as 24 for K10 and 14 for K6. The GHQ-12 was outperformed by both K10 and K6.	The study had a relatively low response rate (24.3%), and findings may not be generalizable beyond the specific population of Dutch disability claimants. The cross-sectional design limits causal interpretations.
Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W., & Horowitz, L. (2012). Suicide Risk in Youth with Intellectual Disability: The Challenges of Screening. Journal of Developmental and Behavioral Pediatrics : JDBP, 33(5), 431–440.	This study explores the challenges of screening for suicide risk in youth with intellectual disabilities and proposes potential solutions.	The study reviews existing literature and presents case studies to identify common barriers to effective suicide risk screening in youth with intellectual disabilities.	The study finds that children and adolescents with intellectual disabilities are at risk for suicidal thoughts, behaviors, and death by suicide, with rates as high as 42 percent, and that there is a lack of appropriate suicide screening measures specifically designed for this population. The study identifies significant challenges, including communication difficulties, lack of validated screening tools, and healthcare provider biases. It suggests the need for adapted screening tools and training for providers.	The study is primarily descriptive and based on existing literature and case studies, which may limit the generalizability of its findings. Empirical validation of proposed solutions is needed.

Citation	Summary	Study design/methodology	Main findings	Limitations
McKay, R., Pond, D., & Wand, A. (2022). Towards Zero Suicide for older adults: Implications of healthcare service use for implementation. Australasian Psychiatry, 30(3), 294–297.	This paper discusses the implications of implementing the Zero Suicide approach for older adults in Australia, emphasizing the need for model adaptations and the role of primary care in identifying factors contributing to suicidal ideation.	The study reviews existing literature on suicide prevention frameworks, with a focus on the Zero Suicide approach, and analyzes healthcare service use data for older adults.	The study highlights that primary healthcare providers are crucial in identifying and addressing suicidal ideation in older adults. It emphasizes the importance of adapting the Zero Suicide model to account for physical conditions and disabilities prevalent in this population.	The study relies on existing literature and secondary data analysis, which may limit the ability to generalize findings to all healthcare settings. Further empirical research is needed to validate the proposed adaptations to the Zero Suicide model.
Mournet, A. M., Greenbaum, R., Thurm, A., Weinheimer, L., Lowry, N. J., Bridge, J. A., Pao, M., & Horowitz, L. M. (2021). Opinions on Youth Suicide Risk Screening from Individuals with Neurodevelopmental Disabilities and Their Therapists: A Pilot Study. Adolescents, 1(4), Article 4.	This pilot study assesses the opinions of individuals with NDD and their therapists on suicide risk screening to inform best practices.	Qualitative data for this pilot study were collected from 17 participants with NDD and their therapists through surveys and interviews about their experiences with suicide risk screening.	The study found that most participants (9/15) and nearly all therapists (14/15) supported suicide risk screening for individuals with NDD. Themes included the therapeutic value of screening, interpersonal benefits, and the need for universal screening.	The small sample size and selection bias, as participants were already engaged in mental health treatment, limit the generalizability of the findings. Further research is needed to develop and validate specific screening tools for NDD populations.
Rybczynski, S., Ryan, T. C., Wilcox, H. C., Van Eck, K., Cwik, M., Vasa, R. A., Findling, R. L., Slifer, K., Kleiner, D., & Lipkin, P. H. (2022). Suicide Risk Screening in Pediatric Outpatient Neurodevelopmental Disabilities Clinics. Journal of Developmental & Behavioral Pediatrics, 43(4), 181–187.	This study investigates the feasibility and effectiveness of suicide risk screening in pediatric outpatient NDD clinics.	Observational study with a retrospective design. The study involved screening youth with NDD at outpatient clinics using the Ask Suicide-Screening Questions tool. Data were collected on screening outcomes and follow-up actions.	The Ask Suicide-Screening Questions was found to be a feasible tool for suicide risk screening in pediatric NDD clinics, with a positive screening rate of 21 percent. The study highlighted the need for follow-up mental health evaluations and interventions.	The study's scope was limited to specific clinics, and the generalizability of the findings may be restricted. Further research is needed to explore long-term outcomes and refine screening processes.

Citation	Summary	Study design/methodology	Main findings	Limitations
Willison, K. (2023, April 17). Don't Forget People With Disabilities When You Talk About Suicide Prevention. The Mighty.	This article emphasizes the importance of including people with disabilities in suicide prevention efforts and addresses the unique challenges they face.	The article is a narrative review and commentary based on the author's personal experiences and existing literature on disability and suicide prevention.	The author highlights systemic barriers, such as healthcare provider biases and societal discrimination, that contribute to the high risk of suicide among people with disabilities. Mainstream suicide prevention efforts often overlook people with disabilities, who are at higher risk due to factors like bullying and the fear of being a burden, leading to misconceptions about suicide. The article calls for more inclusive and tailored suicide prevention strategies.	The article is based on personal experiences and may lack empirical data. It serves as a call to action rather than a rigorous scientific study, and further research is needed to support its recommendations.

Source: Author compilation from literature review.

Notes: SBQ-R = Suicidal Behavior Questionnaire-Revised; NDD = neurodevelopmental disabilities.

Appendix C. Interview Protocol

This protocol was used for research experts, and a slightly modified interview protocol was used for experts with lived experience:

1. Could you please introduce yourself and describe your role, current or relevant prior employment, and experience related to services for suicide or depression screening or treatment for people experiencing disability?
2. Before we dive into some specific topics, we have two questions about the framing of this research study: We sent our preliminary research questions and a summary of the rapid review. Did you have comments before we get into some specific questions?
3. We would like to include some specific information on suicide screening and treatment related to one or two specific populations of people with disabilities. Could you suggest one or two types or combinations of disability for us to focus on?
4. We want to start off with a few general questions that relate to both screening and treatment: How does stigma around disability and suicide or depression affect the screening and treatment process, and what policy measures could help mitigate this?
5. In your experience, what are the most significant challenges that individuals with disabilities face when accessing screening for suicide risk or depression?
    a. How do physical or intellectual accessibility issues in health care settings affect suicide or depression screening and treatment?
    b. To what extent do other clinical needs overshadow or divert attention from suicide risk?
    c. How do communication barriers affect the screening/treatment process for suicide and/or suicide risk in patients with disabilities?
6. How do current screening tools succeed or fail to accommodate the unique needs of individuals with disabilities, and what adaptations to existing tools are needed (e.g., inclusive norming, modified cut-off points, visual aids, accommodations)?
7. Are there any screening tools that are adapted for people with disabilities besides the validated cut-points for the K10 and K6 to screen for present state DSM-IV disorders in Cornelius et. al 2013?

a. Are there any screening tools that are adapted for people with disabilities besides the validated cut-points for the K10 and K6 to screen for present state DSM-IV disorders in Cornelius et. al 2013?
b. How might current screening tools be adapted (e.g., C-SSRS, ASQ, MSSI, PSS, PHQ-9, etc.)?

8. Do you have suggestions about improving provider training for suicide screening?
9. Should our study also focus on depression screening?
10. There is some research describing the adaptation of CBT, DBT, and some other suicide and depression counseling treatments for people with autism spectrum conditions, but there is not a lot of research in the treatment space. In your experience, what treatment adaptations to evidence-based therapies are most helpful for different disability populations?
11. Research identifies promising treatments like repeated ketamine infusions for people with disabilities and suicidality. What are your thoughts on medication treatments for this population?
12. The perspectives of people with disabilities are underrepresented in suicide or depression treatment research. How can we improve the development of more inclusive, effective interventions?
13. Can you describe any successful models of care or programs that have effectively facilitated suicide or depression screening/treatment for people with disabilities?
14. What are policy measures that could improve the availability and quality of suicide or depression screening and treatment for people with disabilities?
15. Given your expertise, what are the outstanding research questions that need to be addressed to improve suicidality or depression care for individuals with disabilities?
16. Is there anything else you'd like to add or think we should know?

Notes

[1] "Changing the Course on Suicide: The Launch of a New National Strategy for Suicide Prevention." June 5, 2024. https://www.samhsa.gov/blog/changing-course-suicide-launch-new-national-strategy-suicide-prevention.

[2] "Rapid Review Protocol," Virginia Commonwealth University, accessed December 6, 2024, https://guides.library.vcu.edu/c.php?g=240398&p=1598530.

[3] Karin Willison, "Don't Forget People with Disabilities When You Talk About Suicide Prevention," *The Mighty*, April 17, 2023, https://themighty.com/topic/disability/suicide-prevention-disability/.

[4] Willison, "Don't Forget People with Disabilities When You Talk About Suicide Prevention."

[5] Willison, "Don't Forget People with Disabilities."

[6] Willison, "Don't Forget People with Disabilities."

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About the Authors

Lisa Clemans-Cope is a senior research fellow in the Health Policy Division at the Urban Institute. Her areas of expertise include substance use disorder and opioid use disorder and treatment, health use and spending, access to and use of health care, private insurance, Medicaid and the Children's Health Insurance Program, people dually eligible for Medicare and Medicaid, health reform legislation and regulation, and health-related survey and administrative data. She has led qualitative and quantitative research projects examining the impacts of policies to integrate physical, behavioral, and substance use treatment; assessing treatment interventions for opioid use disorder; and assessing policies to increase access to treatment. Her research includes analyses of the Affordable Care Act, Medicaid program costs and quality, hospital costs under Medicaid and Medicare, access to care under Medicare, and private health insurance.

Clemans-Cope has published her research in the *New England Journal of Medicine*, *Health Affairs*, *Pediatrics*, and *Inquiry*. Her work has been widely cited in the media, including the *New York Times*, *Wall Street Journal*, *Los Angeles Times*, *Bloomberg*, *Forbes*, *National Journal*, FactCheck.org, *Huffington Post*, *Incidental Economist*, and *Modern Healthcare*. She has appeared on *NPR* and *Fox News*. Clemans-Cope has a BA in economics from Princeton University and a PhD in health economics from the Johns Hopkins Bloomberg School of Public Health.

Victoria Lynch is a principal research associate at the Health Policy Division. Lynch has expertise in substance use disorder, mental health, disability, and adolescent, young adult and maternal health, Medicaid, health care use and expenditure, as well as health surveys, enrollment, claims and encounter data, and quality metrics. Lynch coleads a project investigating suicide and substance use disorder among people experiencing disability and another project evaluating the effectiveness of policies to improve access to mental health and substance use disorder for underserved populations. Lynch has numerous publications from research examining survey methods, participation in Medicaid/CHIP, prevalence and characteristics of people with behavioral health conditions, gaps in recommended health services, and other health services topics.

Before joining Urban, Lynch was a consultant to the US Census Bureau. Lynch was also a political speechwriter and appointee in the Executive Office of the White House and the US Department of Labor.

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