

## Develop a competent, confident, caring workforce.

Train all staff—clinical and non-clinical—to identify individuals at risk and respond effectively, commensurate with their roles.

### Overview: The Need to Train for Safer Suicide Care

It is essential that all staff members have the necessary skills to provide excellent care, which in turn will help staff feel more confident in their ability to identify and to provide caring and effective assistance to patients with suicide risk. Safer suicide care begins the moment a patient initiates contact, and it is critical that all staff understand their role and are trained to provide excellent care appropriate to that role.

Training is a key component of Zero Suicide because health and behavioral health professionals have regular contact with individuals at risk for suicide. Despite the frequency of these encounters and the significance of suicide risk, studies show that many behavioral health professionals do not receive the training or have the confidence to effectively interact with suicidal individuals.<sup>1,2</sup> This lack of expertise impacts their ability to provide comprehensive quality care for individuals at risk for suicide.<sup>2</sup>

Of all the people who died by suicide, 45 percent of individuals had contact with their primary care provider in the month before death. 77 percent had contact with their primary care provider in the year before death.<sup>3</sup> Over 70 percent of older adults who died by suicide had contact with a primary care provider within a month of death.<sup>4</sup> In South Carolina, 10 percent of persons who died by suicide were seen in an emergency department in the two months before death.<sup>3</sup> Therefore, there are opportunities to screen, identify, intervene, and treat only if 1) health and behavioral health professionals are trained to do so and 2) health and behavioral health systems include this as a part of standard protocols and procedures.

### Recommendation: Comprehensive Training for Suicide-Specific Care

There is evidence that training has an impact on professionals' confidence, practices, and policies in providing suicide care.<sup>1,2,5</sup> One study assessed whether training in an empirically-based assessment and treatment approach to suicidality administered through a workshop could impact practices, policy, clinician confidence, and beliefs. According to Oordt et al., in the 6-month follow-up "results found 44 percent of practitioners reported increased confidence in assessing suicide risk, 54 percent reported increased confidence in managing suicidal patients, 83 percent reported changing suicide care practices, and 66 percent reported changing clinic policy."<sup>5</sup>

Health care organizations should assess employees' beliefs, training, and skills, and provide training appropriate to staff roles. [The Zero Suicide Workforce Survey](#) is designed to assess staff self-perception of knowledge, skills, and comfort with patients who are at risk for suicide. This tool can provide an opportunity to assess the competency, culture, and comfort of staff in addition to letting staff know their input throughout the launch and implementation of the system-wide Zero Suicide initiative is desired. As a part of continuous quality improvement and the Improve Element of Zero Suicide, health care organizations should reassess staff with the Workforce Survey throughout Zero Suicide implementation, especially after initiating a training plan.

## Conclusion: Safer Suicide Care is Everyone's Responsibility

According to the Joint Commission, "Clinicians in emergency, primary and behavioral health care settings particularly have a crucial role in detecting suicide ideation and assuring appropriate evaluation."<sup>7</sup> Therefore, an investment in comprehensive training is required.

Training should include:

- Screening and identification for all levels of staff that include risk factors, protective factors, warning signs, and early identification
- Internal policies and procedures for all levels of staff that outline role-specific training plans and competencies
- Assessing suicide risk, safety planning, suicide care management plans, continuity of care, referrals, and care transitions for health and behavioral health professionals

### Citations

<sup>1</sup> National Action Alliance for Suicide Prevention: Clinical Workforce Preparedness Task Force. (2014). Suicide Prevention and the Clinical Workforce: Guidelines for training. Washington, DC. Retrieved from <http://actionallianceforsuicideprevention.org/resources/suicide-prevention-and-clinical-workforce-guidelines-training>

<sup>2</sup> Schmitz, W.M., Allen, M.H., Feldman, B.N., Gutin, N.J., Jahn, D.R., Kleespies, P.M., Quinnett, P., & Simpson, S. (2012). Preventing suicide through improved training in suicide risk assessment and care: an American Association of Suicidology Task Force report addressing serious gaps in U.S. mental health training. *Suicide and Life-Threatening Behavior*, 42(3): 292-304. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00090.x/abstract>

<sup>3</sup> Abed-Faghri, N., Boisvert, C.M., & Faghri, S. (2010). Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): Enhancing the assessment and treatment of psychiatric conditions. *Mental Health in Family Medicine*, 7(1), 17-25.

<sup>4</sup> Trados, G., & Salib, E. (2007) Elderly suicide in primary care. *International Journal of Geriatric Psychiatry*, 22(8): 750-756. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/gps.1734/full>

<sup>5</sup> Oordt, M., Jobes, D., Fonseca, V., & Schmidt, S. (2009). Training mental health professionals to assess and manage suicidal behavior: can provider confidence and practice behaviors be altered? *Suicide and Life-Threatening Behavior*, 39(1), 21–32. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1521/suli.2009.39.1.21/abstract>

<sup>6</sup> Smith, A.R., Silva, C., Covington, D.W., & Joiner, T.E. (2014). An assessment of suicide-related knowledge and skills among health professionals. *Health Psychology*, 33(2), 110-119. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23379384>

<sup>7</sup> The Joint Commission. (2016). Sentinel Event Alert, Issue 56: Detecting and treating suicide ideation in all settings. Retrieved from [http://www.jointcommission.org/assets/1/18/SEA\\_56\\_Suicide.pdf](http://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf)

Visit [www.zerosuicide.sprc.org/toolkit](http://www.zerosuicide.sprc.org/toolkit) for additional tools, resources, & more.