The Emerging Zero Suicide Paradigm
Reducing Suicide for Those in Care

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Mike Hogan, PhD
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Moderator and Presenters

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Co-Chair, Zero Suicide Advisory Group

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Director of Prevention and Practice, Suicide Prevention Resource Center
By the end of this webinar, participants will be able to:

1. Describe the seven dimensions of Zero Suicide and how they differ from the status quo of suicide care.

2. Discuss the tools and recommended next steps for healthcare organizations seeking to adopt a Zero Suicide approach.
Zero Suicide

WHAT IS ZERO SUICIDE?
2012 National Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION
A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention

GOAL 8: Promote suicide prevention as a core component of health care services.

GOAL 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.
James Reason’s “Swiss Cheese Model” of accidents

Some holes due to active failure

Other holes due to latent conditions

Accident

Hazards

Fig 1

Some holes due to active failure

Other holes due to latent conditions

Hazards

Fig 2
Health Care is Not Suicide-Safe

- Screen, Assess for Suicidality… Or “Don’t Ask, Don’t Tell’
- Treat Suicidality, or Send to Inpatient Care and Hope for the Best
- Take Concrete Steps for Safety, or… No Action
- Continuity of Caring, or Refer and Hope

Serious Injury or Death

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Systematic Suicide Care
Plugs the Holes in Health Care

Collaborative Safety Plan
Put in Place, Followed

Screen, Assess for Suicidality

Suicidal Person

Serious Injury or Death Avoided
Systematic Suicide Care Plugs the Holes in Health Care

Collaborative Safety Plan Put in Place

Screen, Assess for Suicidality

Suicidal Person

Treat Suicidality:
Suicide-Informed CBT,
Groups/classes on Inpatient, DBT, CAMS

Serious Injury or Death Avoided
Systematic Suicide Care
Plugs the Holes in Health Care

- Systematic Suicide Care

  Serious Injury or Death Avoided

  Collaborative Safety Plan Put in Place

  Screen, Assess for Suicidality

  Continuity of Caring: Follow-up Calls after ED, Inpatient

  Treat Suicidality: Suicide-Informed CBT, Groups/classes on Inpatient, DBT, CAMS
What is Different in Zero Suicide?

- Suicide prevention is a core responsibility of health care

- Applying new knowledge about suicidality and treating it directly

- A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”

- System-wide approaches have worked to prevent suicide:
  - United States Air Force Suicide Prevention Program
  - UK (While et al., 2009)
Zero Suicide: A Systematic Approach For Healthcare

- A systems approach stressing social connectedness
- Would a systematic approach work in health care?
### What is Different in Zero Suicide?

<table>
<thead>
<tr>
<th>Shift in Perspective from:</th>
<th>To:</th>
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<tbody>
<tr>
<td>Accepting suicide as inevitable</td>
<td>Every suicide in a system is preventable</td>
</tr>
<tr>
<td>Assigning blame</td>
<td>Nuanced understanding: ambivalence, resilience, recovery</td>
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<tr>
<td>Risk assessment and containment</td>
<td>Collaborative safety, treatment, recovery</td>
</tr>
<tr>
<td>Stand alone training and tools</td>
<td>Overall systems and culture changes</td>
</tr>
<tr>
<td>Specialty referral to niche staff</td>
<td>Part of everyone’s job</td>
</tr>
<tr>
<td>Individual clinician judgment &amp; actions</td>
<td>Standardized screening, assessment, risk stratification, and interventions</td>
</tr>
<tr>
<td>Hospitalization during episodes of crisis</td>
<td>Productive interactions throughout ongoing continuity of care</td>
</tr>
<tr>
<td>“If we can save one life…”</td>
<td>“How many deaths are acceptable?”</td>
</tr>
</tbody>
</table>
Zero Suicide is...

- A priority of the Action Alliance.
- Embedded in the National Strategy for Suicide Prevention.
- Applying patient safety to mental health care.
- A framework for systematic, clinical suicide prevention in behavioral health and healthcare systems.
- A fledgling movement and mission to keep people in our care alive and well...with your leadership and commitment.
The Dimensions of Zero Suicide

Create a leadership-driven, safety-oriented culture

Pathway to Care
- Identify and assess risk
- Use effective, evidence-based care
- Continue contact and support

Develop a competent, confident, and caring workforce

Continuous

Approach

Quality

Improvement
Zero Suicide

QUESTIONS?
Zero Suicide in Health and Behavioral Health Care

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and also a specific set of tools and strategies. It is both a concept and a practice. Its core proposition is that suicide deaths for people under care are preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.

The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care—and also to the safety and support of clinical staff who do the demanding work of treating and supporting suicidal patients. Read more...

Zero Suicide Toolkit

The Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention identified essential dimensions of suicide prevention for health care systems, including health care plans or care organizations serving a defined population of consumers, such as behavioral health programs, integrated delivery systems, and comprehensive primary care programs. These dimensions are described in the Zero Suicide Toolkit.

New eLearning workshops available!

- Safety Planning Intervention for Suicide Prevention
- Assessment of Suicidal Risk Using C-SSRS

Made possible by the NY State Office of Mental Health and Columbia University.

Meet Our Champions

Receive the Zero Suicide Newsletter!
Zero Suicide Dimension 1

CREATING A LEADERSHIP DRIVEN, SAFETY-ORIENTED CULTURE THAT COMMITS TO DRAMATICALLY REDUCING SUICIDE AMONG PEOPLE UNDER CARE THAT INCLUDES SUICIDE ATTEMPT AND LOSS SURVIVORS AS PART OF THEIR LEADERSHIP AND PLANNING.
Leadership makes an explicit commitment to reducing suicide deaths among people under care and orient staff to this commitment.

Organizational culture focuses on safety of staff as well as persons served; opportunities for dialogue and improvement, without blame; and deference to expertise, instead of rank.
Lived Experience

- Co-created, accessible, and ongoing support is provided to loss and attempt survivors.

- Attempt and loss survivors are active participants in the guidance of suicide care.
Leah Harris, MA
Communications and Development Coordinator
National Empowerment Center
How does or can your organization engage suicide attempt and loss survivors in planning suicide prevention programs?
Zero Suicide Dimension 2
SYSTEMATICALLY IDENTIFYING AND ASSESSING SUICIDE RISK LEVEL AMONG PEOPLE AT RISK.
Screening and Assessment

- **Screen** specifically for suicide risk, using a credible screening tool, in any health care population with elevated risk.

- Screening concerns lead to immediate clinical **Assessment** by an appropriately credentialed, “suicidality savvy” clinician.
POLL QUESTION

Which option best describes how your organization assesses for suicide risk?
Suicide Risk Identification and Triage Using the Columbia Suicide Severity Rating Scale

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Zero Suicide Dimension 3

ENSURING EVERY PERSON HAS A PATHWAY TO CARE THAT IS BOTH TIMELY AND ADEQUATE TO MEET THEIR NEEDS.
Design and use a care **Pathway** that defines care expectations for all persons with suicide risk, to include:

- Identifying and assessing risk
- Using effective, evidence-based care
- Safety planning
- Continuing contact, engagement, and support
Zero Suicide Dimension 4

DEVELOPING A COMPETENT, CONFIDENT AND CARING WORKFORCE.
Employee Assessment and Training

Employees are assessed for the beliefs, training, and skills needed to care for persons at risk of suicide.

All employees, clinical and non-clinical, receive suicide prevention training appropriate to their role.
### Section 4. Training and Skills

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. I have received the training I need to engage and assist those with suicidal desire and/or intent.</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
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<td>23. I have the skills to screen and assess a patient/client's suicide risk.</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
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<tr>
<td>24. I have the skills I need to treat people with suicidal desire and/or intent.</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
</tr>
<tr>
<td>25. I have support/ supervision I need to engage and assist people with suicidal desire and/or intent.</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
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<td>27. I am confident in my ability to manage a patient/client’s suicidal thoughts and behavior.</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
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<tr>
<td>28. I am confident in my ability to treat a patient/client’s suicidal thoughts and behavior using an evidence-based approach such as DBT or CBT.</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
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Becky Stoll, LCSW
Vice President of Crisis & Disaster Management
Centerstone of Tennessee
Zero Suicide Dimension 5

USING EFFECTIVE, EVIDENCE-BASED CARE INCLUDING COLLABORATIVE SAFETY PLANNING, RESTRICTION OF LETHAL MEANS, AND EFFECTIVE TREATMENT OF SUICIDALITY.
Care directly targets and treats suicidality and behavioral health disorders using effective, evidence-based treatments.
All persons with suicide risk have a safety plan in hand when they leave care.

Safety planning is collaborative and includes: aggressive means restriction, communication with family members and other caregivers, and regular review and revision of the plan.
POLL QUESTION

Which option best describes your organization’s approach to safety planning?
Welcome to the Safety Planning Intervention for Suicidal Individuals

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Highlighted Resource: Means Restriction

Access at: training.sprc.org
Zero Suicide Dimension 6

CONTINUING CONTACT AND SUPPORT, ESPECIALLY AFTER ACUTE CARE.
Follow-up and Engagement

- Persons with suicide risk get timely and assured transitions in care. Providers ensure the transition is completed.

- Persons with suicide risk get personal contact during care and care transitions, with method and timing appropriate to their risk, needs, and preferences.
How can or does your organization engage individuals with suicide risk who do not show up for scheduled appointments?
Zero Suicide Dimension 7

APPLYING A DATA-DRIVEN QUALITY IMPROVEMENT APPROACH TO INFORM SYSTEM CHANGES THAT WILL LEAD TO IMPROVED PATIENT OUTCOMES AND BETTER CARE FOR THOSE AT RISK.
How does your organization measure suicide deaths for the population under care?
The pathway to care, screening, assessment, treatment, safety planning, and continuing contact and engagement are embedded in the electronic health record and clinical workflow.
Quality Improvement and Evaluation

- Suicide deaths for the population under care are measured and reported on.

- Continuous quality improvement is rooted in a Just Safety Culture.
Zero Suicide

NEXT STEPS
MEMBERSHIP SUGGESTIONS:

- REPRESENTATIVES FROM EXECUTIVE LEADERSHIP, ALL DEPARTMENTS/UNITS
- CLINICAL LEADER(S) AND LINE STAFF
- SURVIVOR(S)
- QUALITY/PERFORMANCE IMPROVEMENT EXPERTISE
- I.T. STAFF
Implementation Team Functions

- Meet monthly and as needed
- One-year commitment

Functions
- Maintain organizational enthusiasm and commitment
- Orient all staff
- Draft and implement work plan
- Determine how to address gaps and needs
- Evaluate initiative; continuous quality improvement
With Your Implementation Team...

- Take *Zero Suicide Organizational Self-Assessment*

- Complete *Zero Suicide Organizational Work Plan Template*

- Determine how to educate all staff about adoption of Zero Suicide approach

- Administer *Zero Suicide Work Force Survey*
**Ex. Systematically identifying and assessing suicide risk levels:** How does the organization **screen** suicide risk in the people we serve?

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<tr>
<td>1</td>
<td>There is no use of a validated suicide screening measure.</td>
<td>2</td>
<td>A validated screening measure is utilized at intake for a identified subsample of individuals (e.g., crisis calls, adults only, behavioral health only)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>A validated screening measure is utilized at intake and when concerns arise about risk for all individuals receiving care from the organization.</td>
<td>5</td>
<td>A validated screening measure is utilized at intake and when concerns arise about risk for all individuals receiving care from the organization. Suicide risk is reassessed or reevaluated at every visit for those at risk.</td>
<td></td>
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Creating a leadership-driven, safety-oriented culture that commits to dramatically reducing suicide among people under care and includes suicide attempt and loss survivors in leadership and planning roles

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
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<tr>
<td>Implementation team established. Tasks and roles of members clearly defined.</td>
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<td>Announcement of Zero Suicide philosophy to staff and ongoing communication about initiative.</td>
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<tr>
<td>Consider ways to link Zero Suicide to other initiatives (e.g., trauma-informed care, substance abuse)</td>
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<tr>
<td>Management training on new initiative (e.g. develop power point for staff trainings).</td>
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<tr>
<td>Conduct presentation to Board on Zero Suicide, where applicable.</td>
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<tr>
<td>Budget established to implement Zero Suicide (e.g. purchase screeners, training)</td>
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Educate all staff about adoption of Zero Suicide approach

- Letter from CEO or Implementation Team to all staff
- *Zero Suicide Work Force Survey*
- All-staff orientation; staff meetings
- Regularly share information
  - Opportunities for questions and conversations about safe and just culture
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Creating the Zero Suicide Culture
Ensuring Every Person Has a Pathway to Care
Developing a Competent Workforce
Identifying and Assessing Suicide Risk Level
Using Effective, Evidence-based Care
Continuing Contact After Care

Meet Our Champions

Receive the Zero Suicide Newsletter!
Questions?
Contact

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Phone: 202-572-5365