Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

The Zero Suicide Initiative for Healthcare

Richard McKeon, Ph.D.
Chief, Suicide Prevention Branch

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

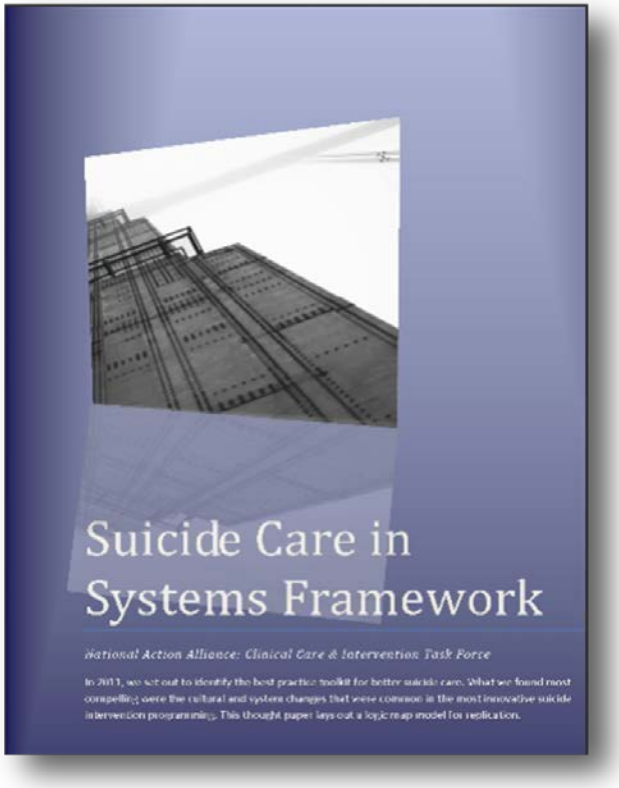
SAMHSA Support for Zero Suicide Initiative

- **SPRC Zero Suicide Academies, Learning Collaboratives, Toolkit/website-over 50 healthcare organizations in 30 states**
- **Incorporation into all SAMHSA suicide prevention grants**
- **Consultation with Indian Health Service**

Zero Suicide is…

- Embedded in the National Strategy for Suicide Prevention.
- A focus on error reduction and safety in healthcare.
- A framework for systematic, clinical suicide prevention in behavioral health and healthcare systems.
- A set of best practices and tools including www.zerosuicide.com.

Resource: Action Alliance Clinical Care and Intervention Task Force Report



Access at: www.zerosuicide.com

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

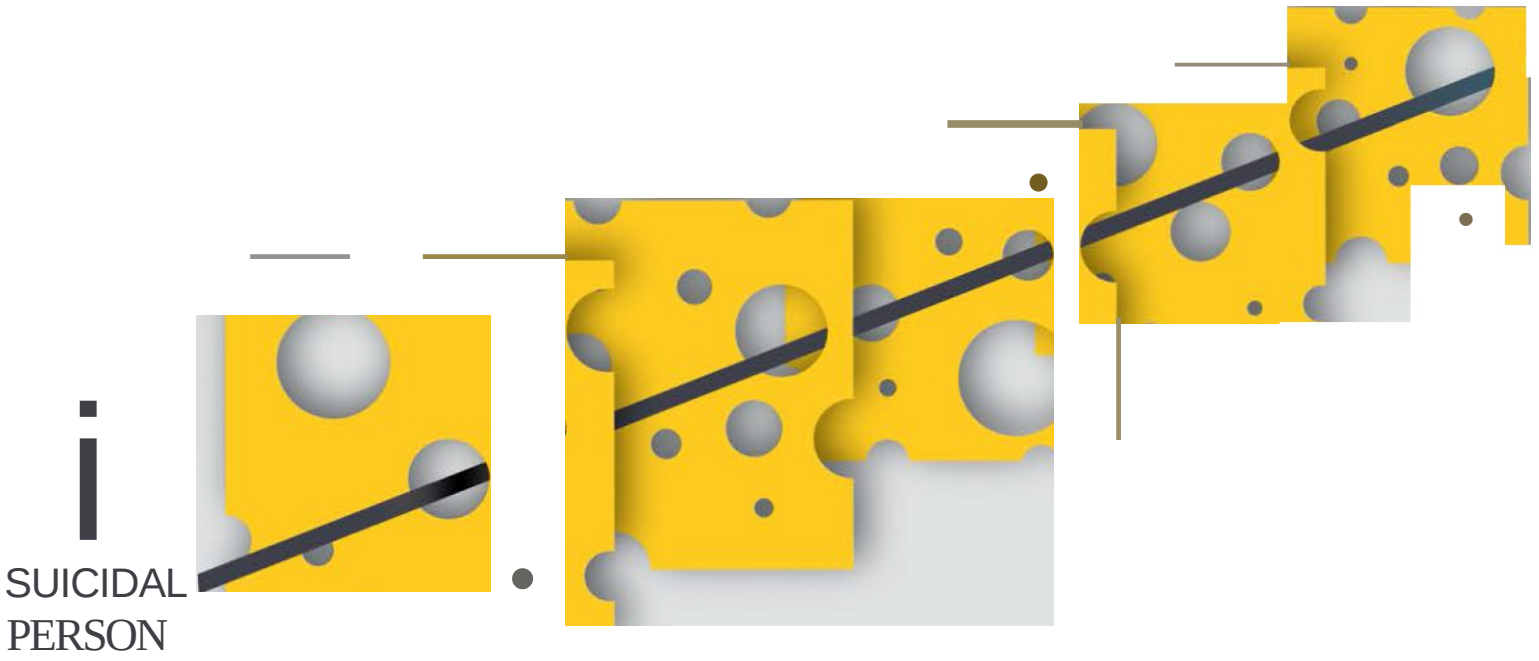
GOAL 8: Promote suicide prevention as a core component of health care services.

GOAL 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.

Suicide and Mental Health contact

- **NVDRS-**approximately 25% of men and 50% of women who die by suicide had mental health contact within 60 days
- **Ohio: (2**007-2011), 20.2% of people who died from suicide were seen in the public behavioral health system within 2 years.
- **New York:** In 2012 there were 226 suicide deaths among consumers of public mental health services, accounting for 13% of all suicide deaths in the state.
- **Vermont:** In 2013, 20.4% of the people who died from suicide had at least one service from state-funded mental health or substance abuse treatment agencies within 1 year of death.

Serious Injury or Death



Adapted from James Reason's "Swiss Cheese" Model Of Accidents

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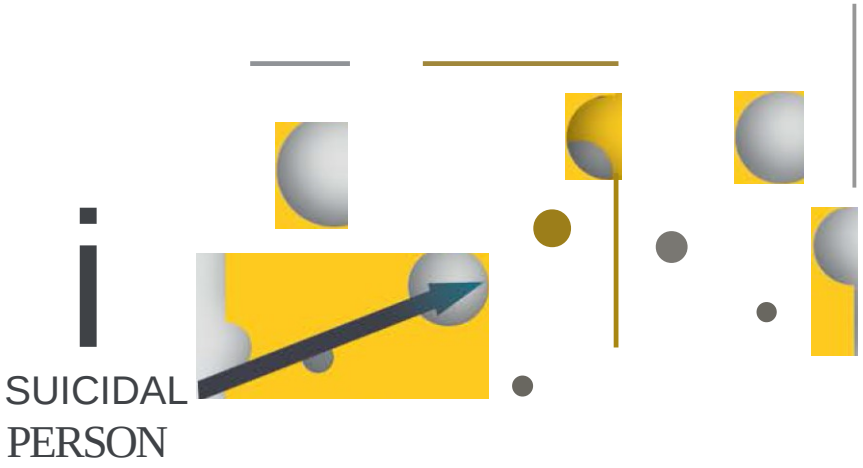
- Screening
- Assessment
- Risk Formulation



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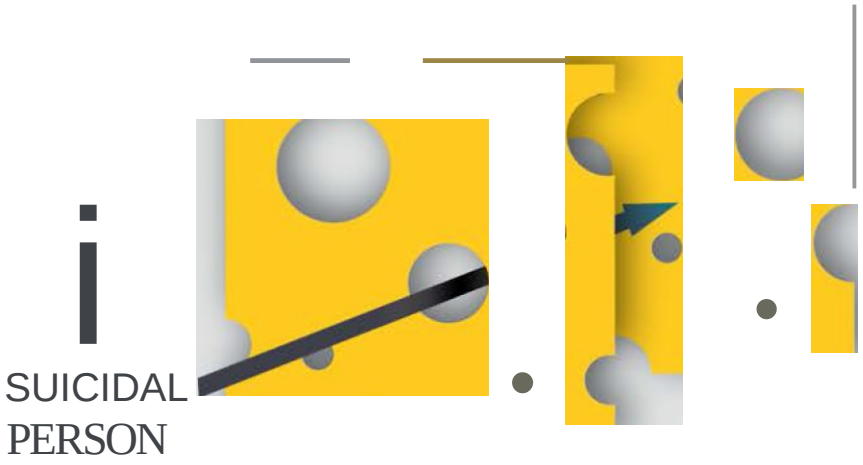

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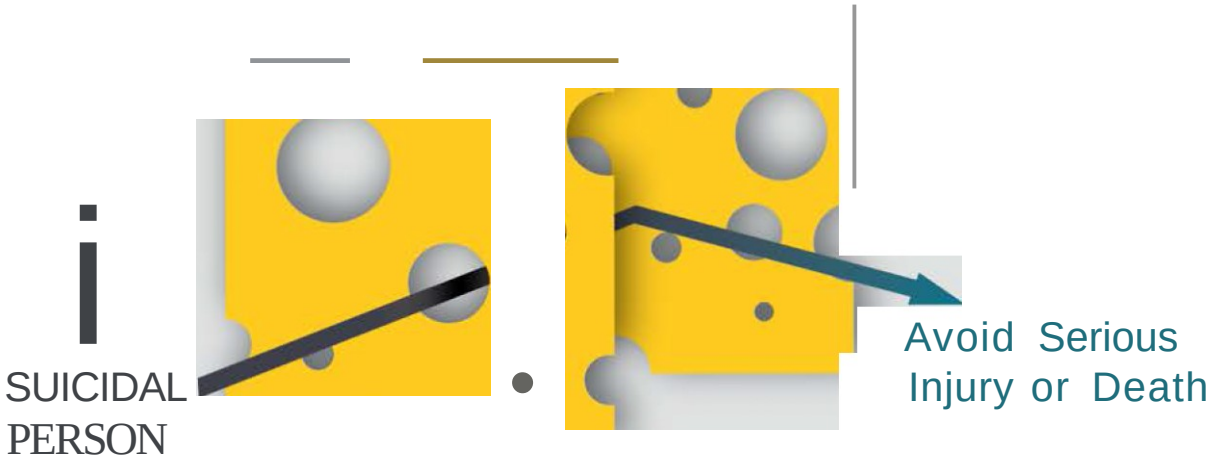

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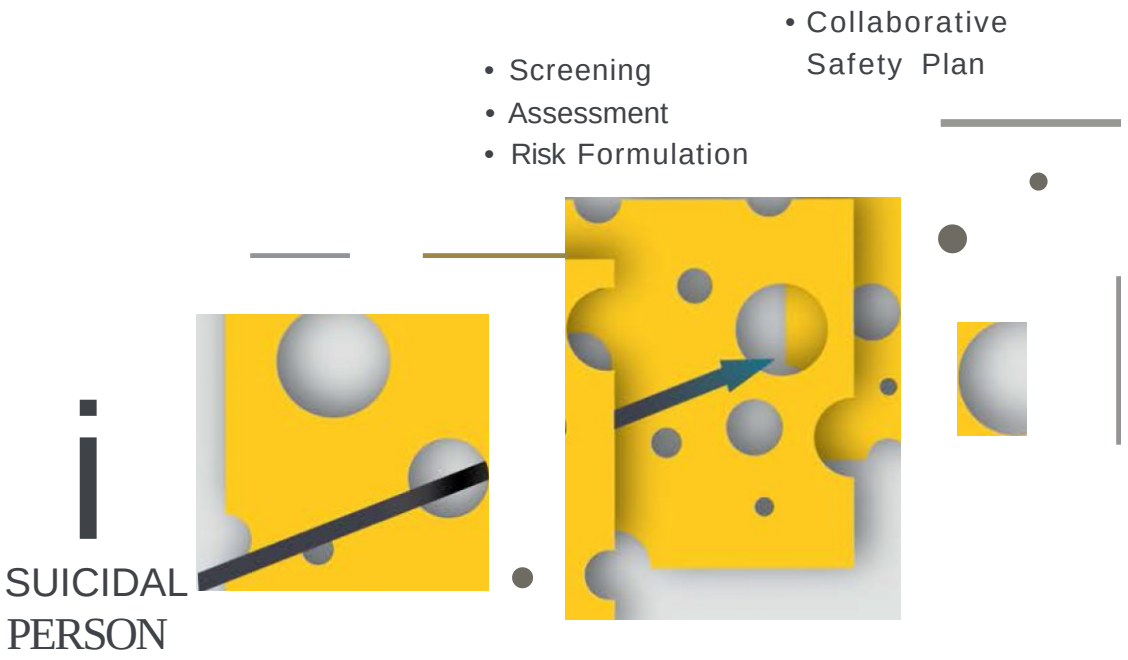

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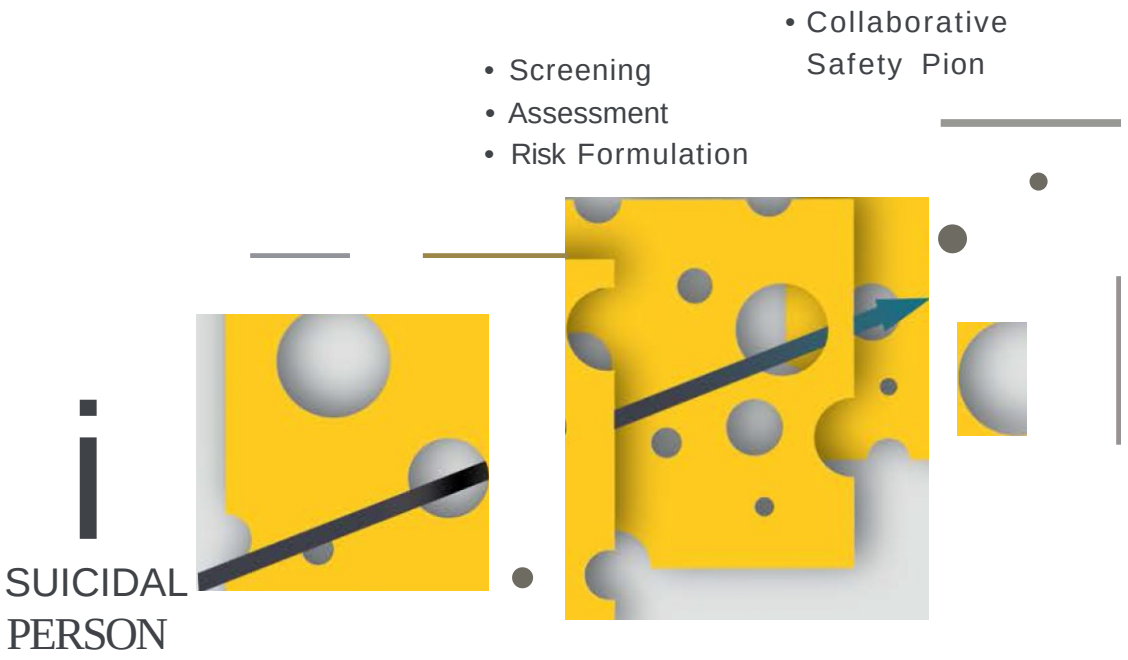
A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION



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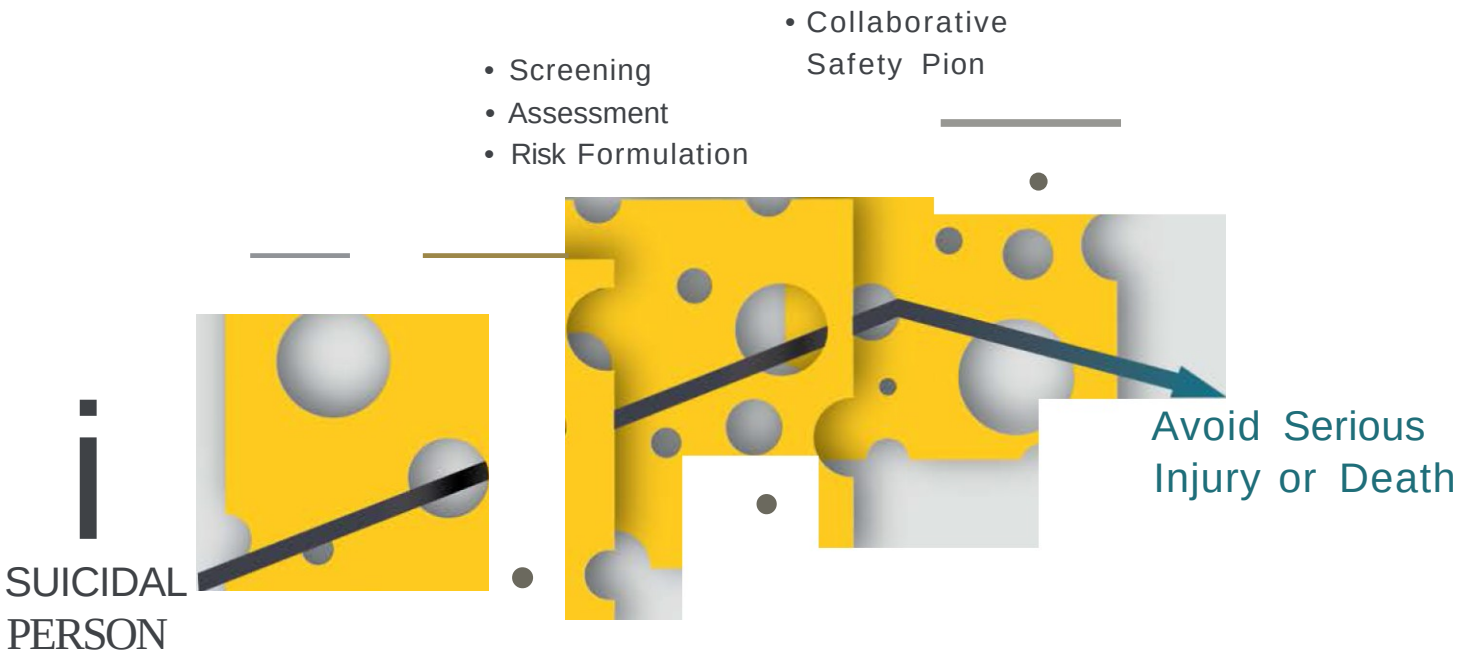

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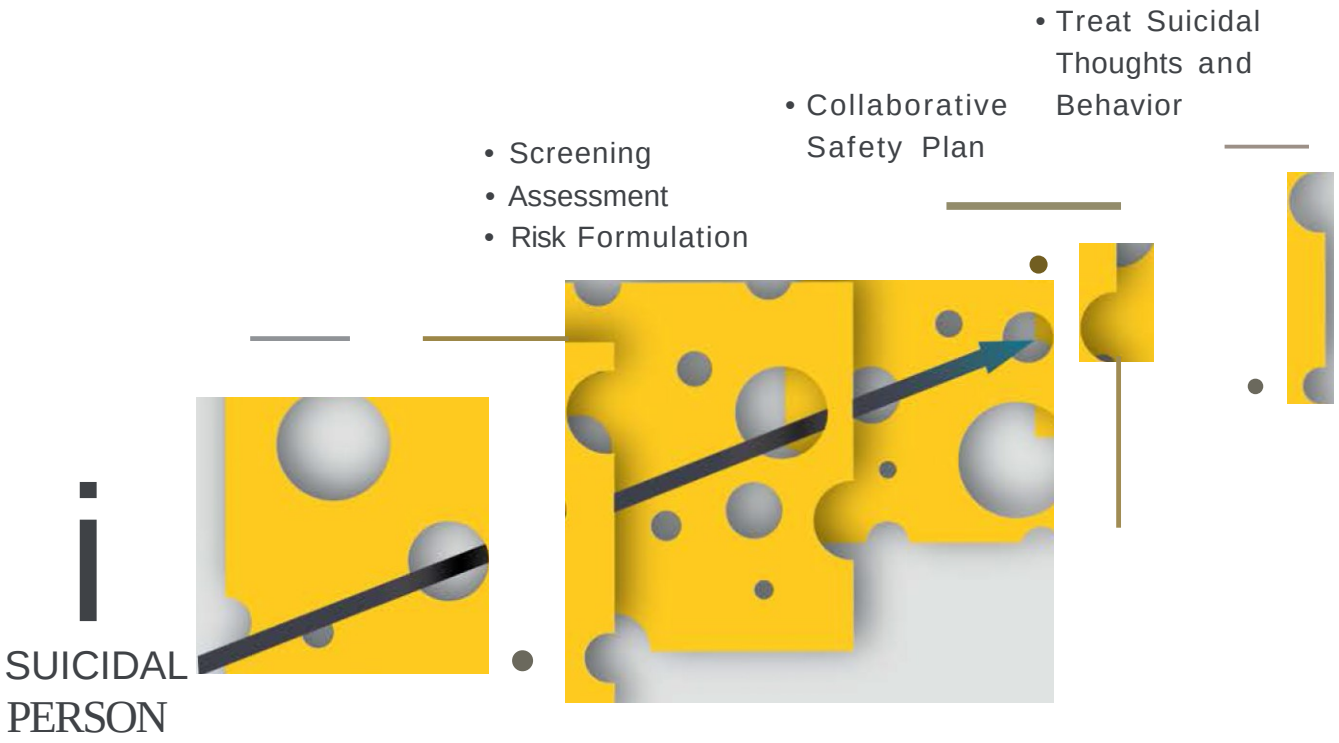

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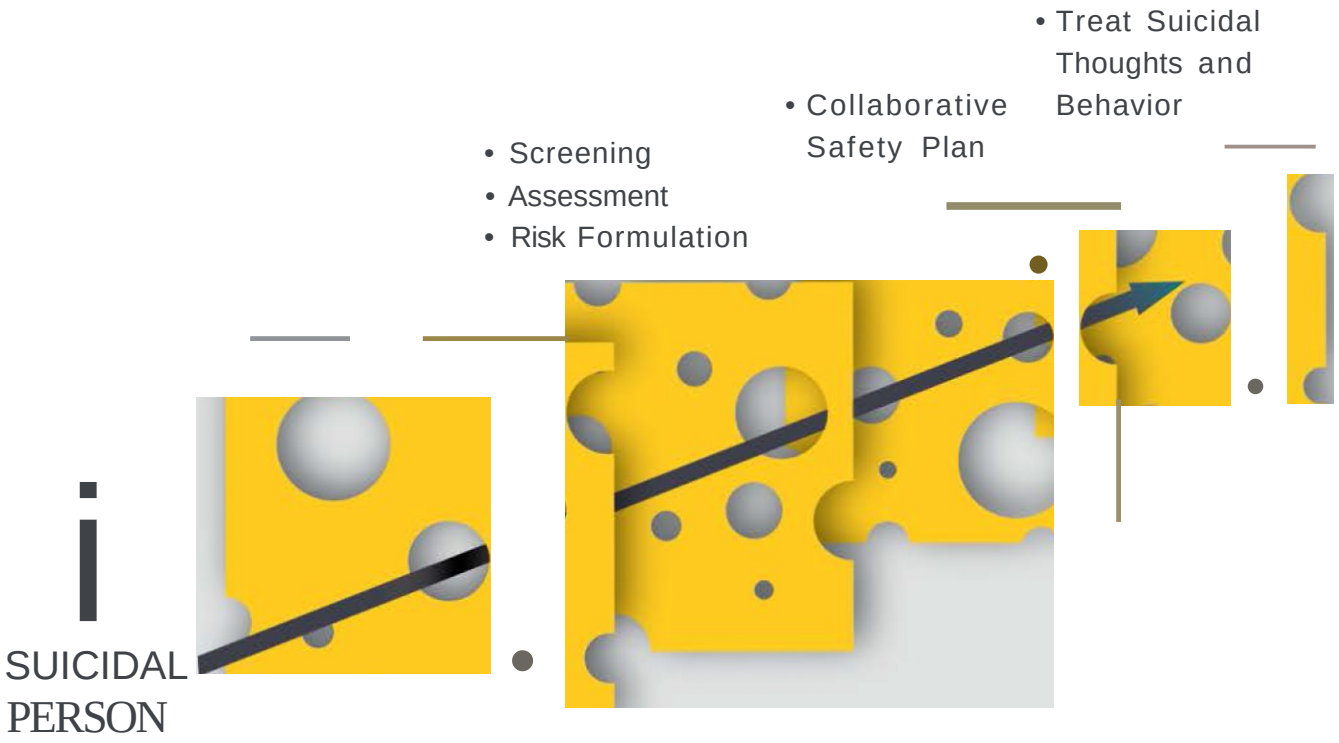

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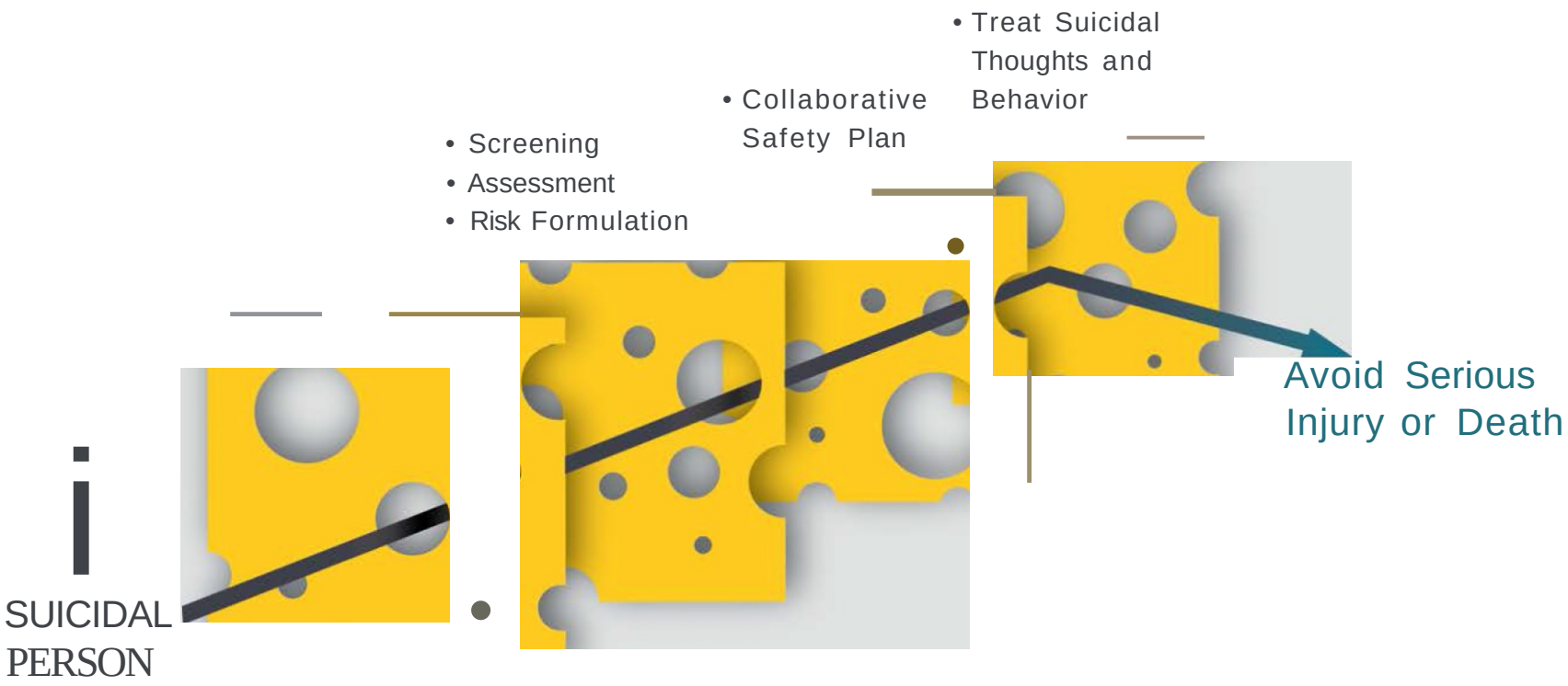

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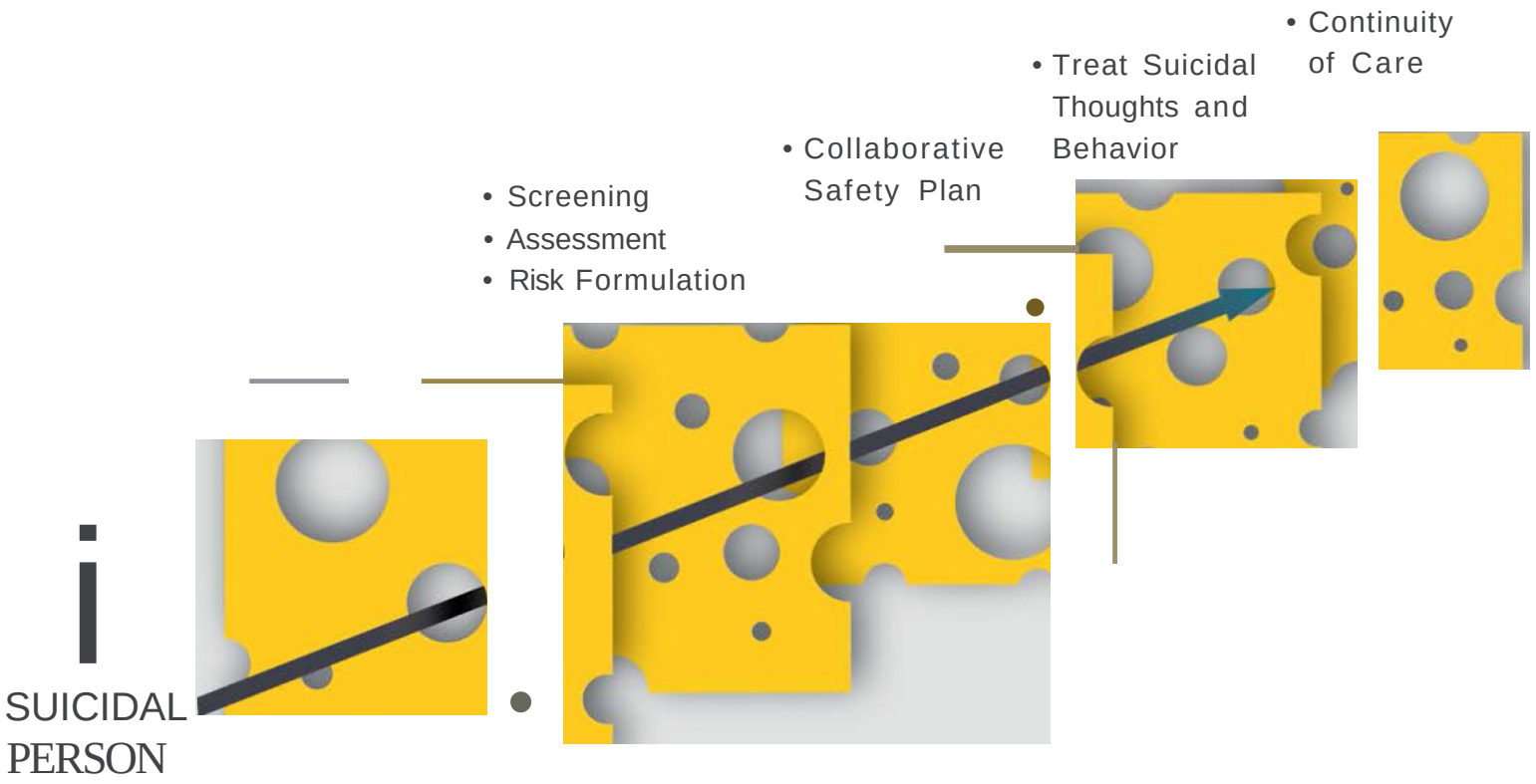

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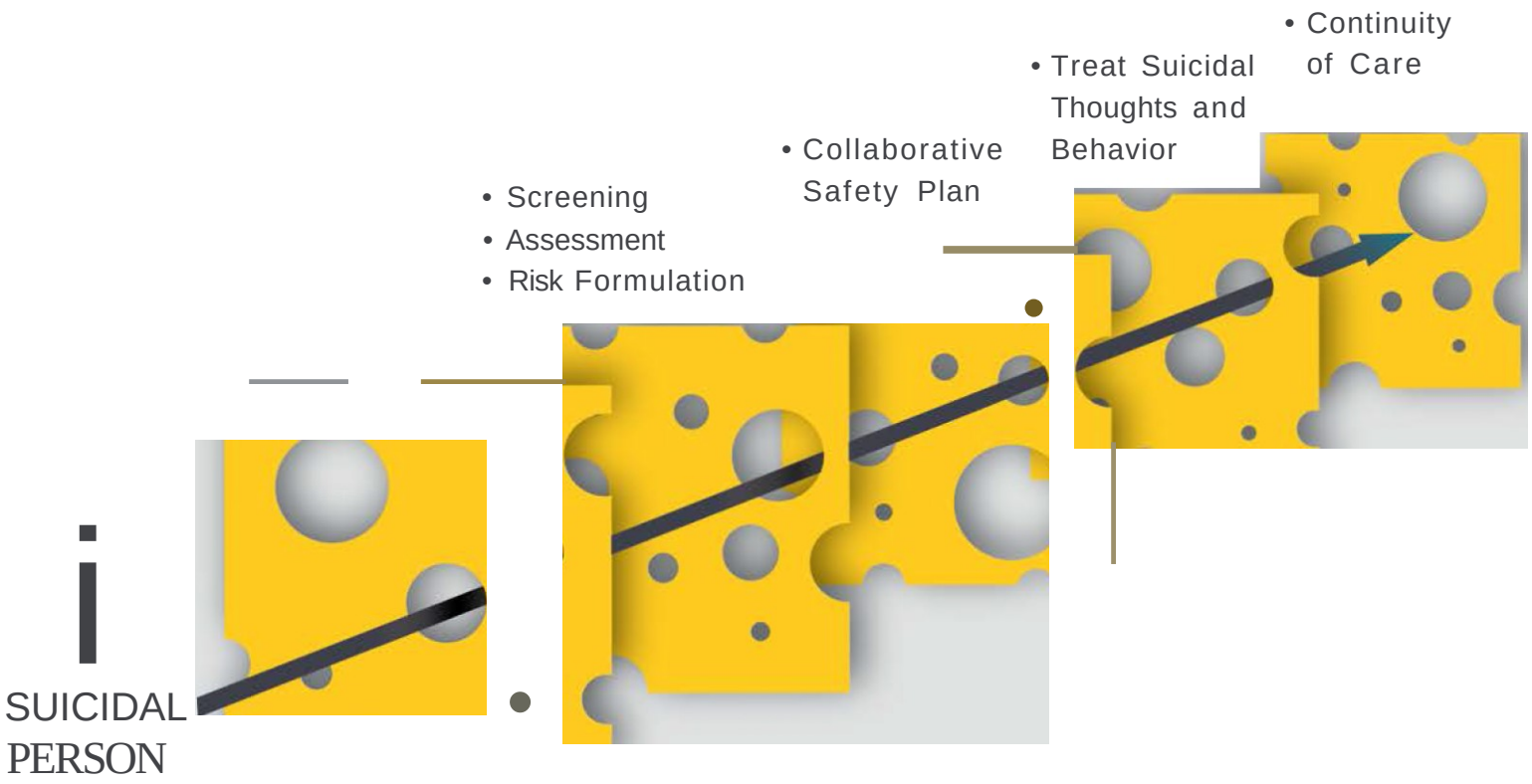

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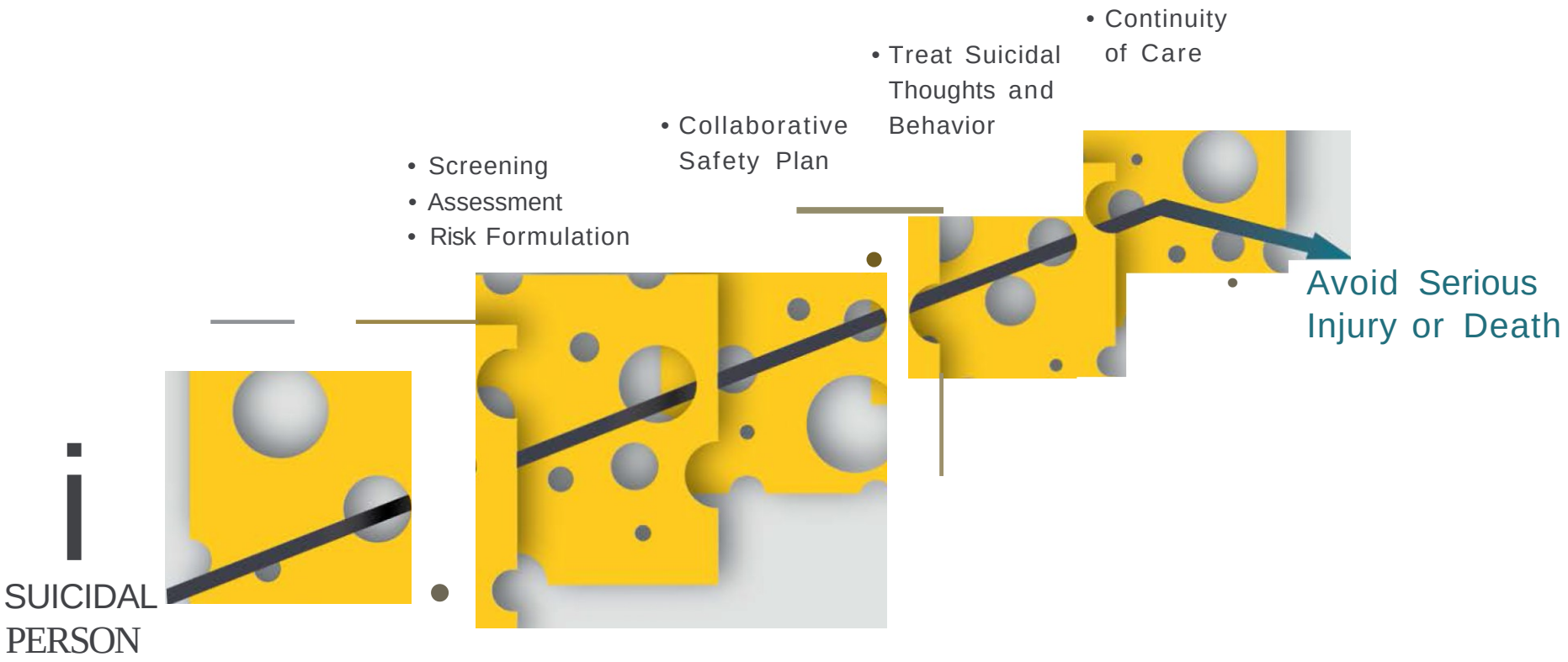

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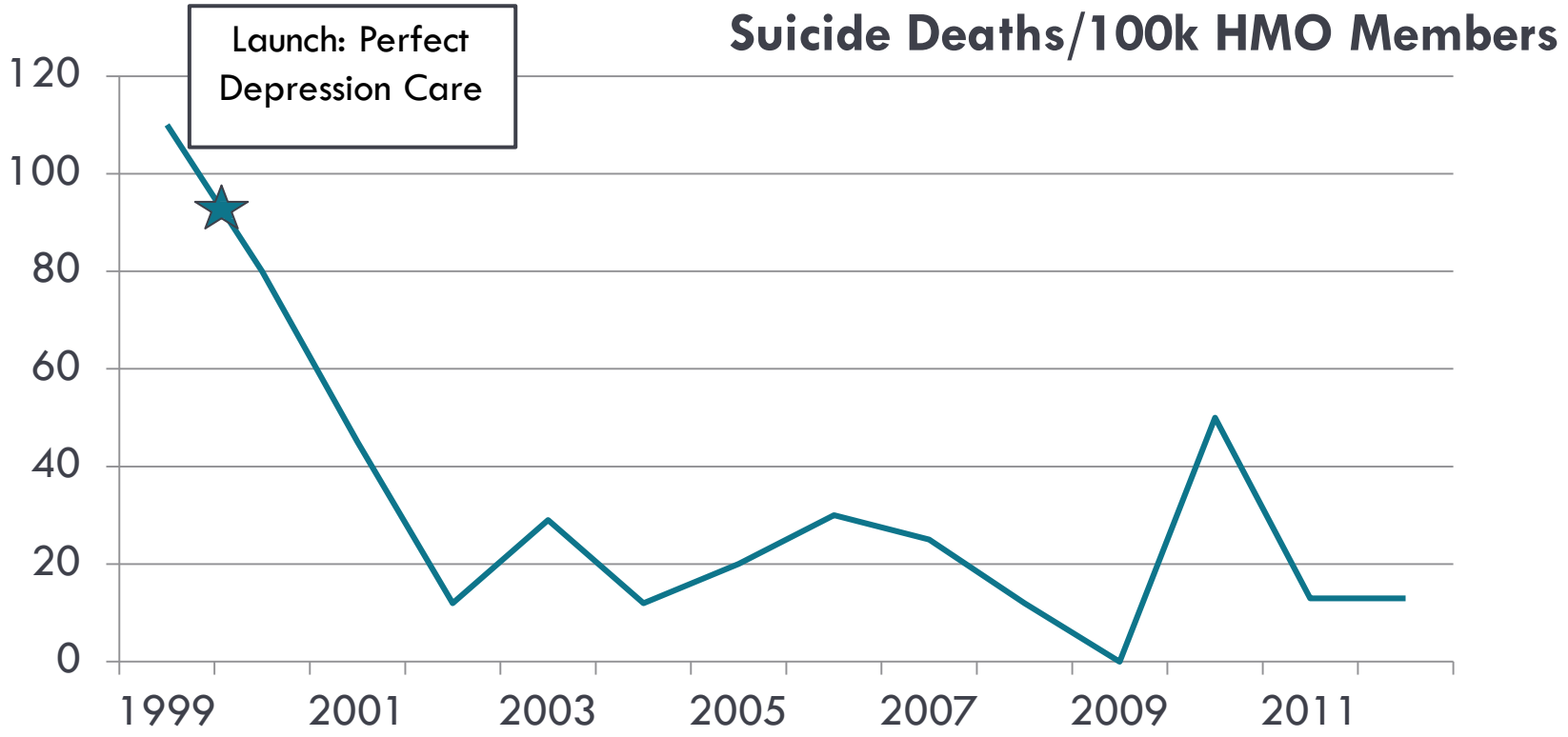
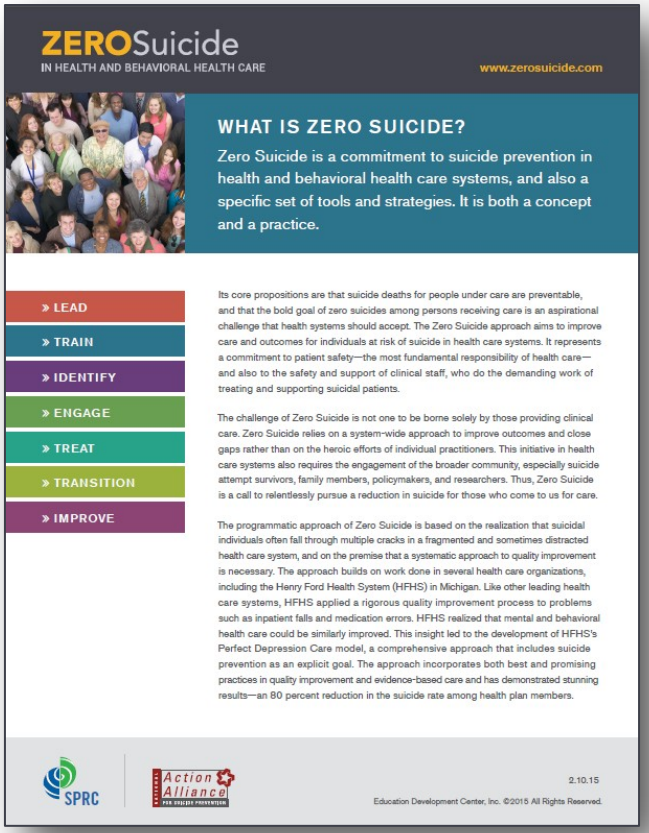
What is Different in Zero Suicide?

- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicide 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)

A System-Wide Approach for Health Care: Henry Ford Health System

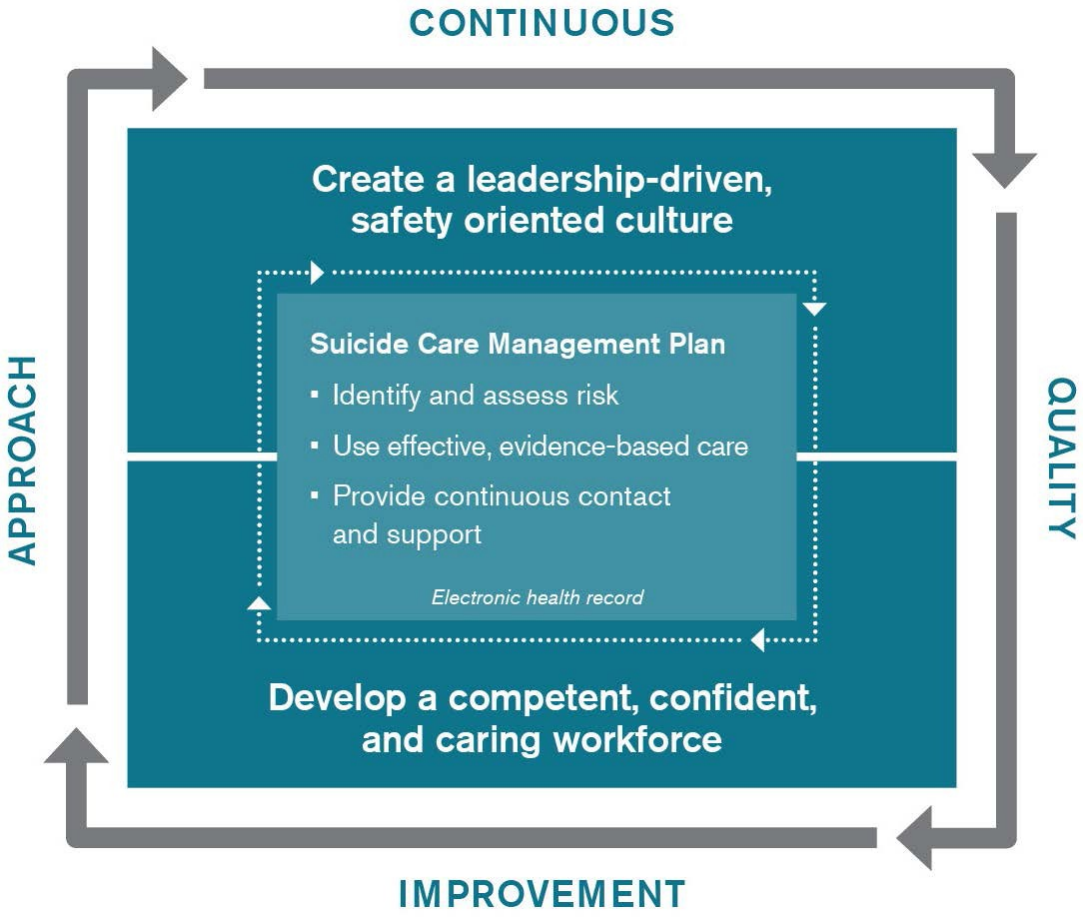


Resource: Explaining Zero Suicide



Access at: www.zerosuicide.com

Elements of Zero Suicide

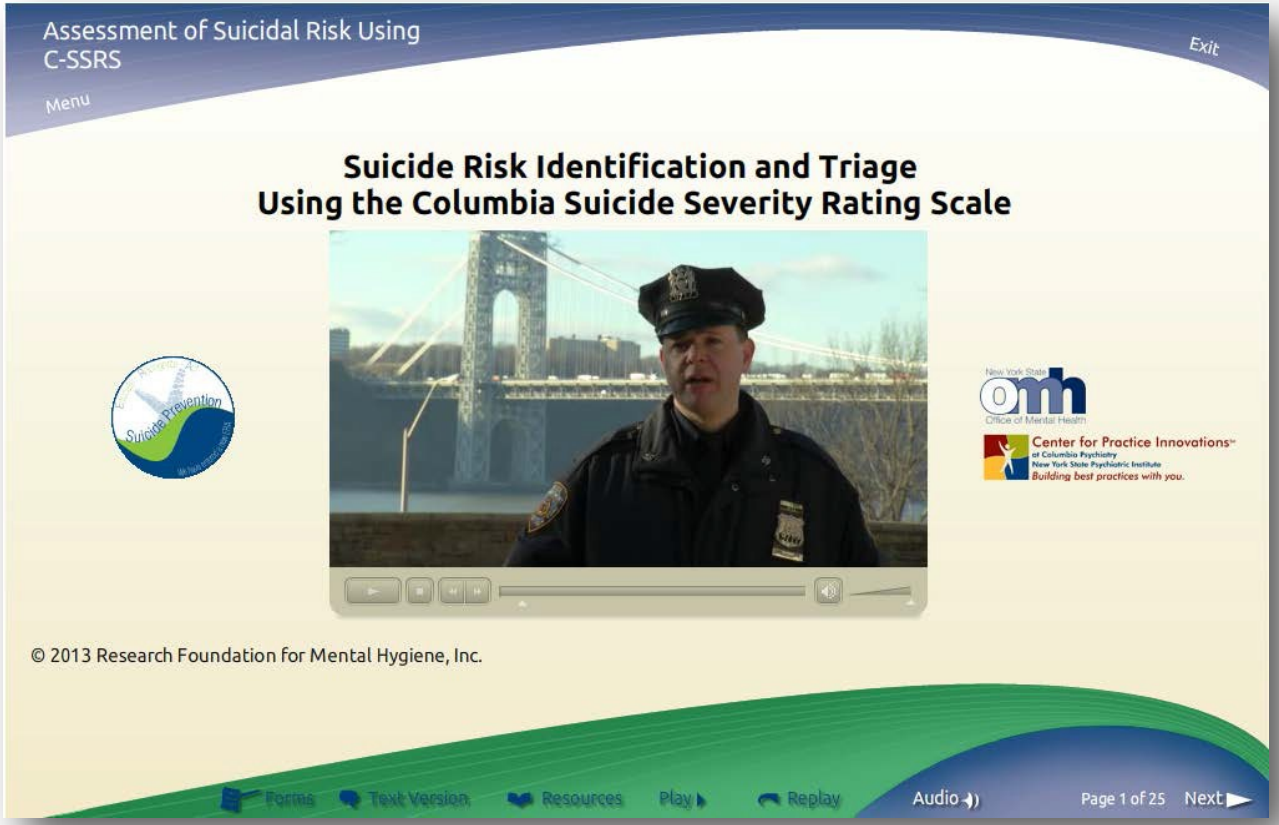


Screening and Assessment

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

- Screening concerns lead to immediate clinical assessment by an appropriately credentialed, "suicidality savvy" clinician.

Resource: Using the C-SSRS



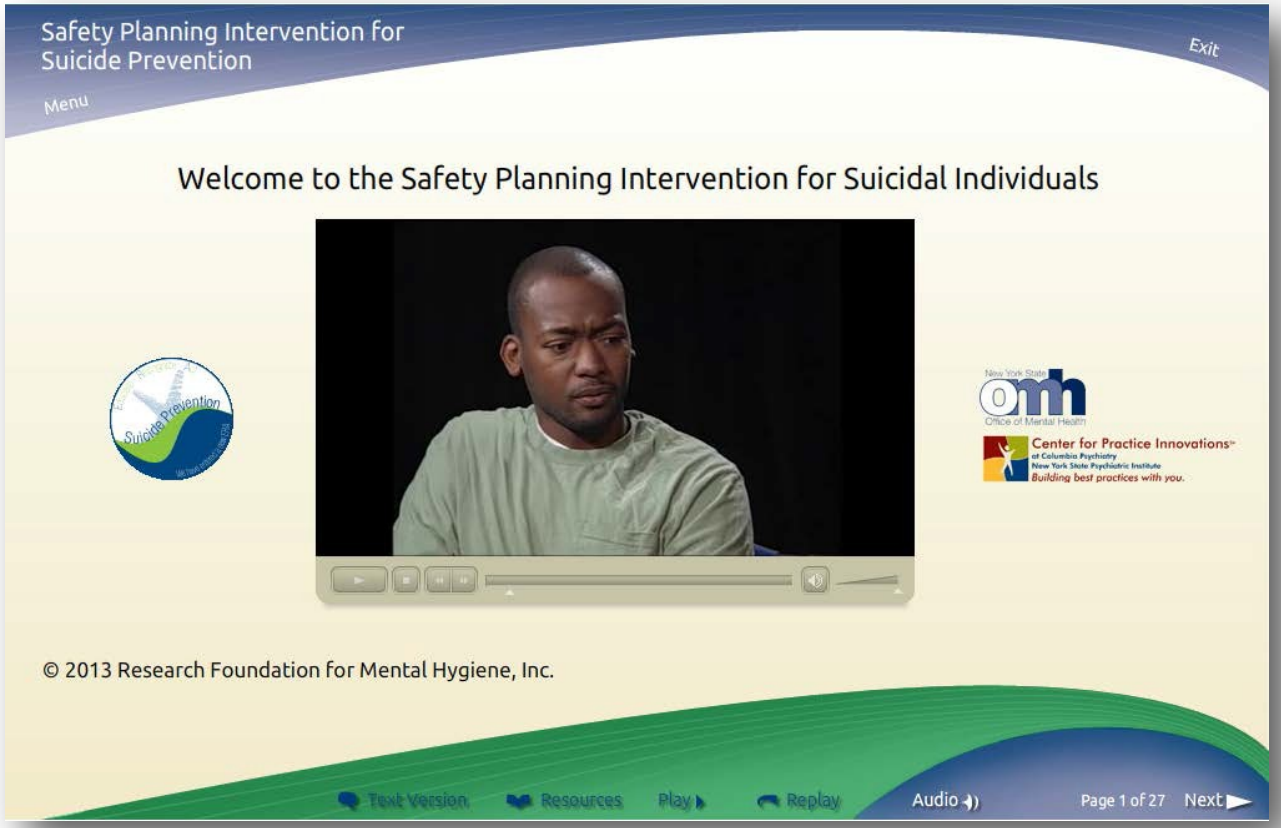
Access at: www.zerosuicide.com

Safety Planning and Means Restriction

- 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.

Resource: Safety Planning Intervention



Access at: www.zerosuicide.com

Resource: Counseling on Access to Lethal Means

Access at: www.zerosuicide.com

Suicide Care Management Plan

- Design and use a Suicide Care Management Plan, or pathway to care, 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

Electronic Health Records (EHRs)

- Screening, assessment, the suicide care management plan, treatment, safety planning, and continuing contact and engagement are embedded in the electronic health record and clinical workflow.

Effective, Evidence-Based Treatment

- Care directly targets and treats suicidality *and* behavioral health disorders using effective, evidence-based treatments.

Evidence-Based Treatments for Suicidality

- With 50+ studies there are few evidence-based treatments
- There is little RCT support for medication-only or hospitalization
- RCT's and *replications* support:
  - Dialectical Behavior Therapy (DBT)
  - Cognitive Therapy for Suicide Prevention (CBT-SP)
  - Collaborative Assessment and Management of Suicidality (CAMS)
  - Non-demand follow-up contact (caring contacts)

Slide courtesy of David Jobes

A Stepped Care Model for Suicide Care

Suicide-specific Care at Each Step

From Least to Most Restrictive Intervention

Adapted from Jobes, D. (2014)

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.

Resource: Structured Follow-up and Monitoring

Access at: www.zerosuicide.com

Leadership Commitment and Culture Change

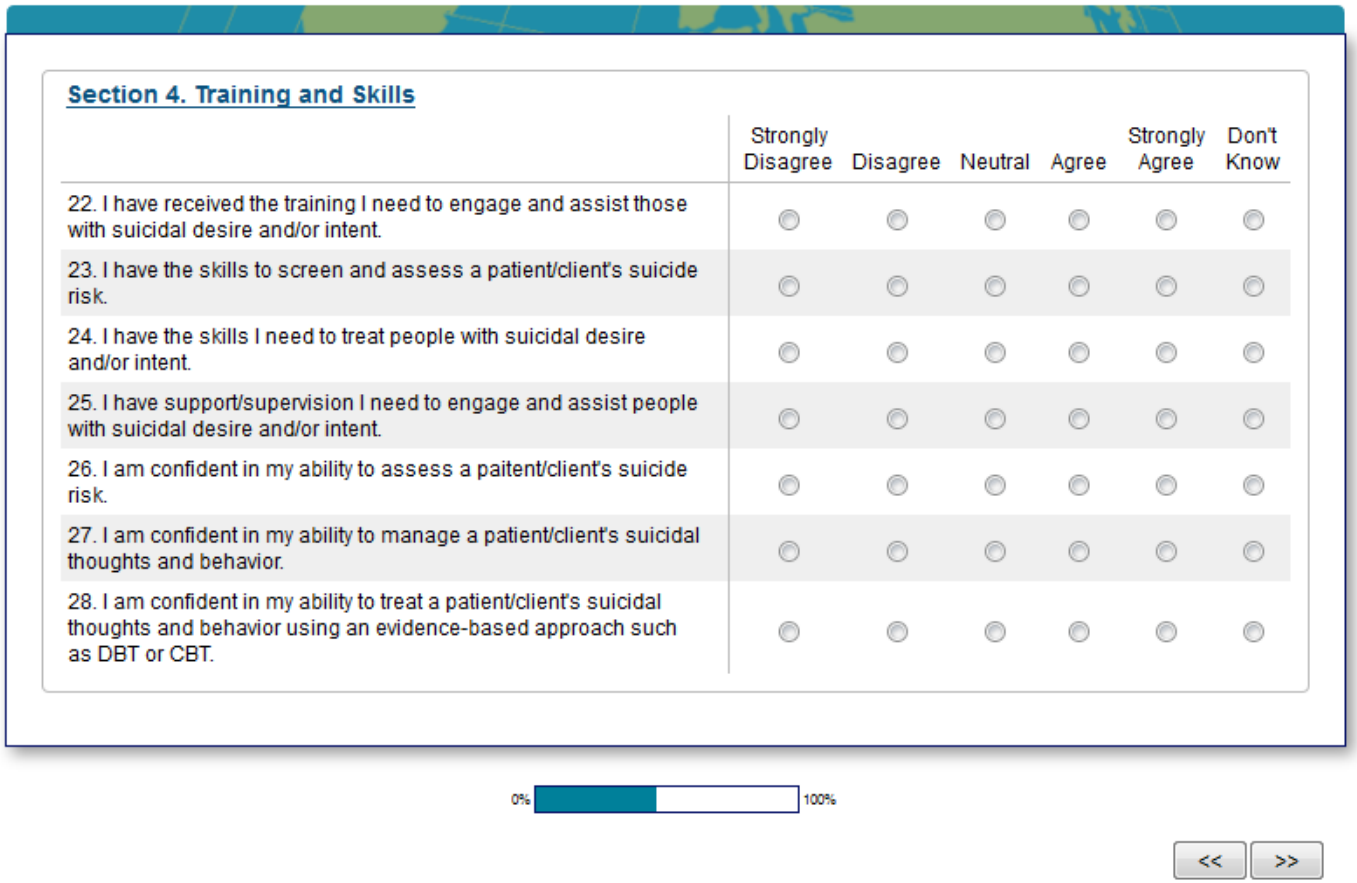
- Leadership makes an explicit commitment to reducing suicide deaths among people under care and orient staff to this commitment.
- Organizational culture focuses on safety of staff as well as persons served; opportunities for dialogue and improvement without blame; and deference to expertise instead of rank.
- Attempt and loss survivors are active participants in the guidance of suicide care.

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.

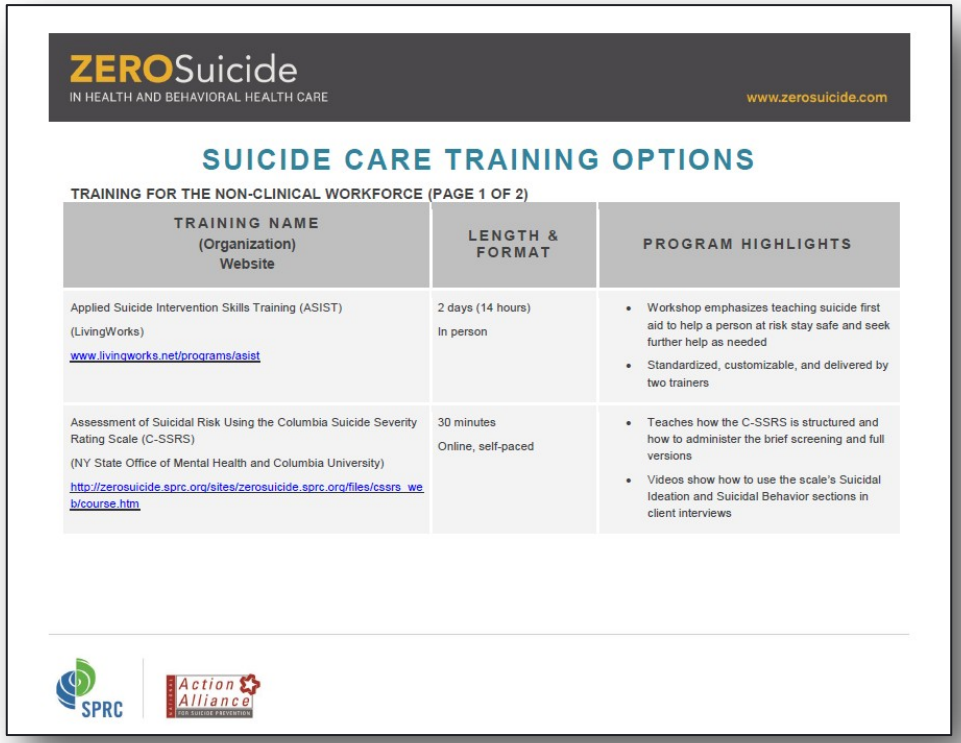
Zero Suicide Workforce Survey



Section 4. Training and Skills

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
22. I have received the training I need to engage and assist those with suicidal desire and/or intent.	○	○	○	○	○	○
23. I have the skills to screen and assess a patient/client's suicide risk.	○	○	○	○	○	○
24. I have the skills I need to treat people with suicidal desire and/or intent.	○	○	○	○	○	○
25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.	○	○	○	○	○	○
26. I am confident in my ability to assess a paitent/client's suicide risk.	○	○	○	○	○	○
27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior.	○	○	○	○	○	○
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.	○	○	○	○	○	○

Resource: Suicide Care Training Options



ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE
www.zerosuicide.com

SUICIDE CARE TRAINING OPTIONS

TRAINING FOR THE NON-CLINICAL WORKFORCE (PAGE 1 OF 2)

TRAINING NAME (Organization) Website	LENGTH & FORMAT	PROGRAM HIGHLIGHTS
Applied Suicide Intervention Skills Training (ASIST) (LivingWorks) www.livingworks.net/programs/asist	2 days (14 hours) In person	• Workshop emphasizes teaching suicide first aid to help a person at risk stay safe and seek further help as needed • Standardized, customizable, and delivered by two trainers
Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) (NY State Office of Mental Health and Columbia University) http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/cssrs_web/course.htm	30 minutes Online, self-paced	• Teaches how the C-SSRS is structured and how to administer the brief screening and full versions • Videos show how to use the scale's Suicidal Ideation and Suicidal Behavior sections in client interviews

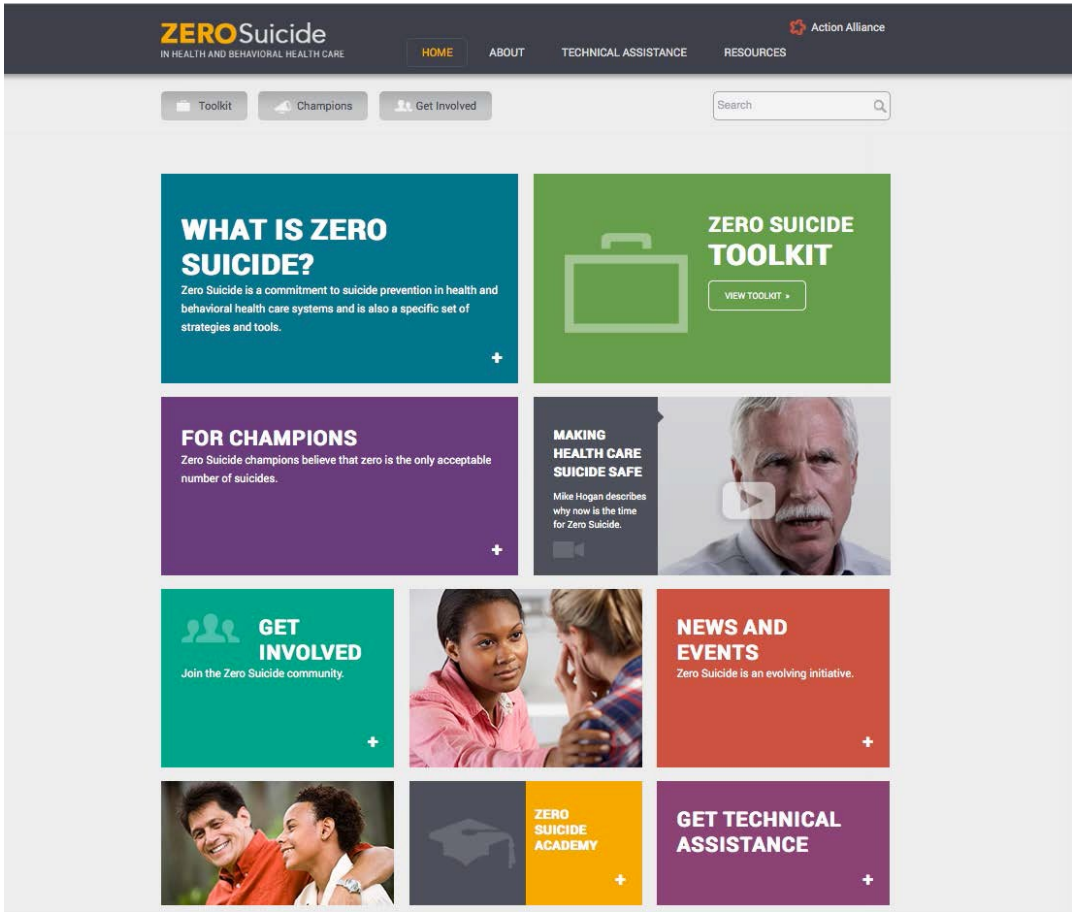
SPRC | Action Alliance for Suicide Prevention

Access at: www.zerosuicide.com

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.
- Fidelity to the Zero Suicide model is examined at regular intervals.

Zero Suicide Website



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