



# The Zero Suicide Initiative for Healthcare

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# **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**

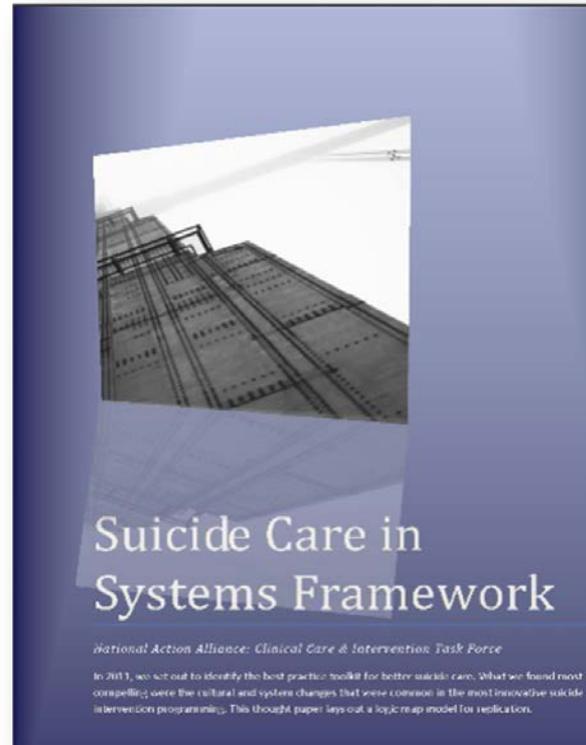
# Zero Suicide is...

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- 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](http://www.zerosuicide.com).

# Resource: Action Alliance Clinical Care and Intervention Task Force Report

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Access at: [www.zerosuicide.com](http://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

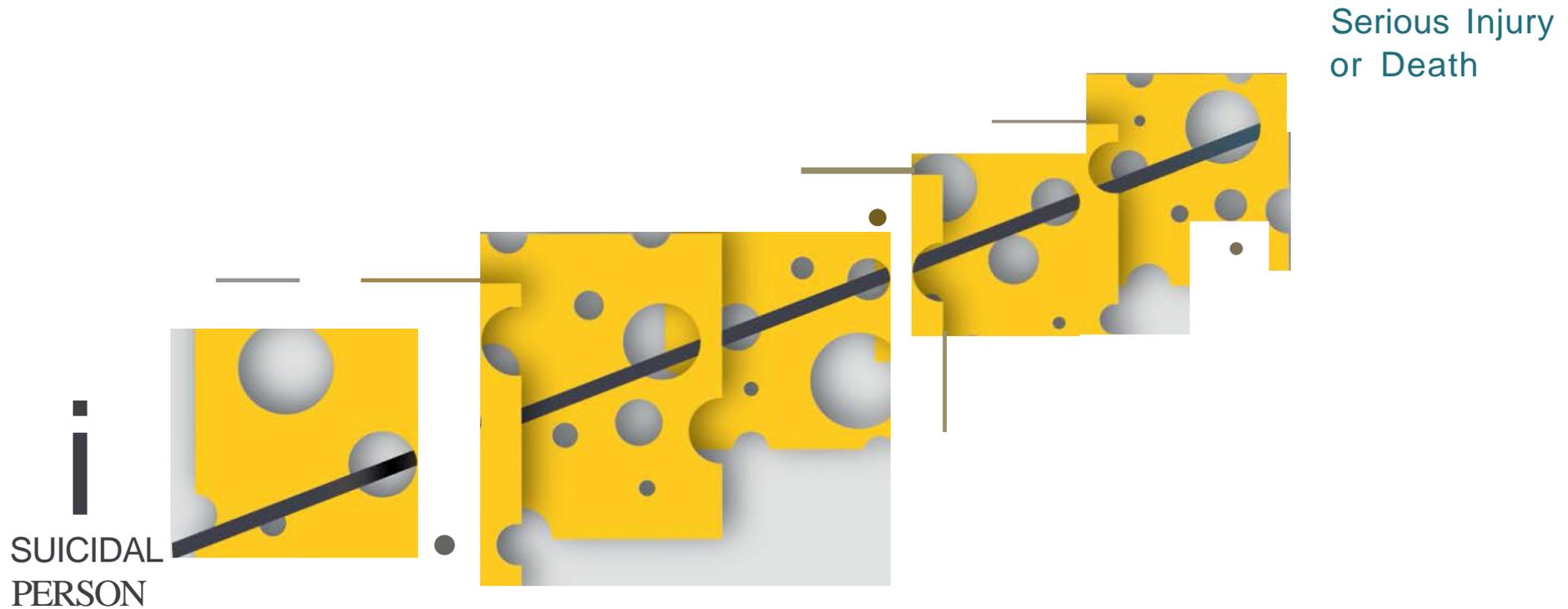
GOAL 8: Promote suicide prevention as a core component of health care services.

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

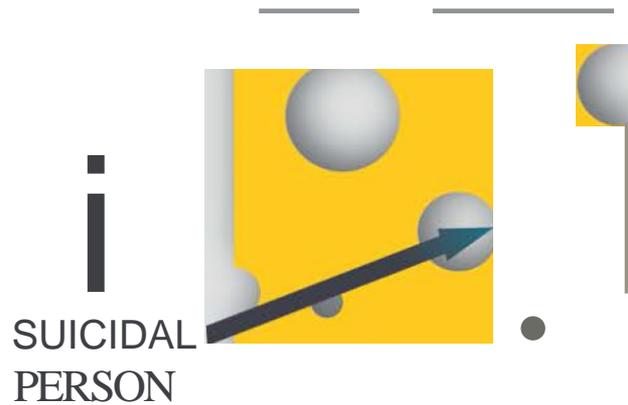
# Suicide and Mental Health contact

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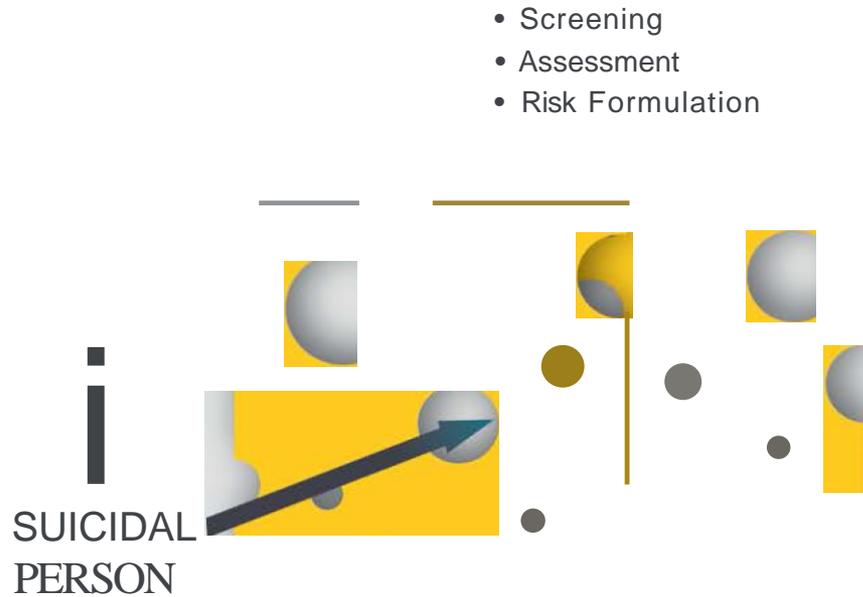
- **NVDRS**-approximately 25% of men and 50% of women who die by suicide had mental health contact within 60 days
- **Ohio: (2007-2011)**, 20.2% of people who died from suicide were seen in the public behavioral health system within 2 years.
- **New York:** In 2012 there were 226 suicide deaths among 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.



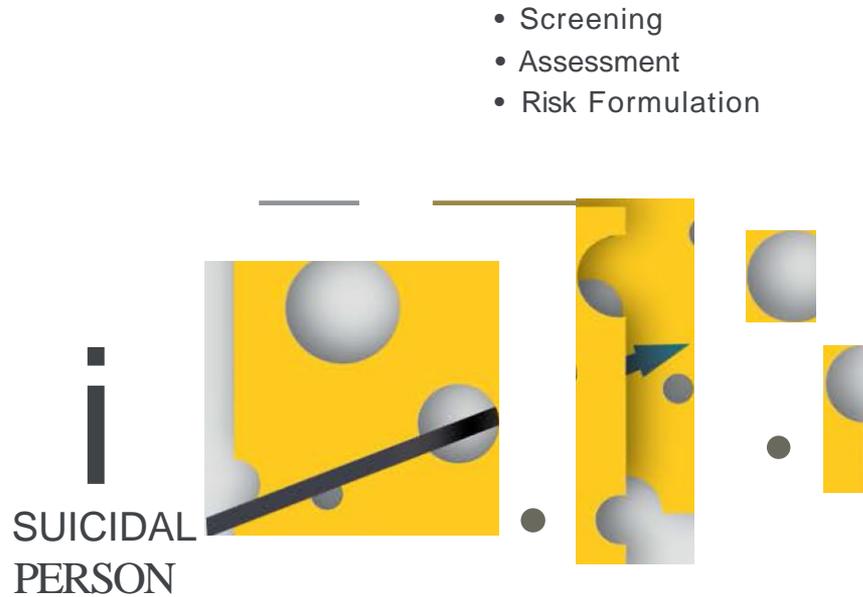
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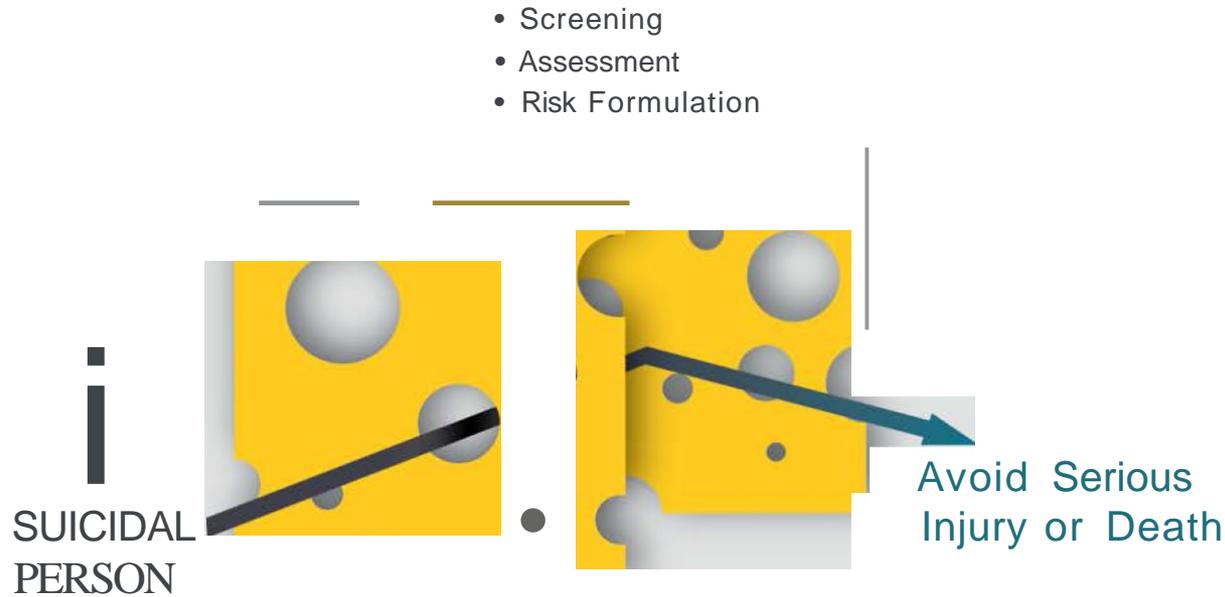
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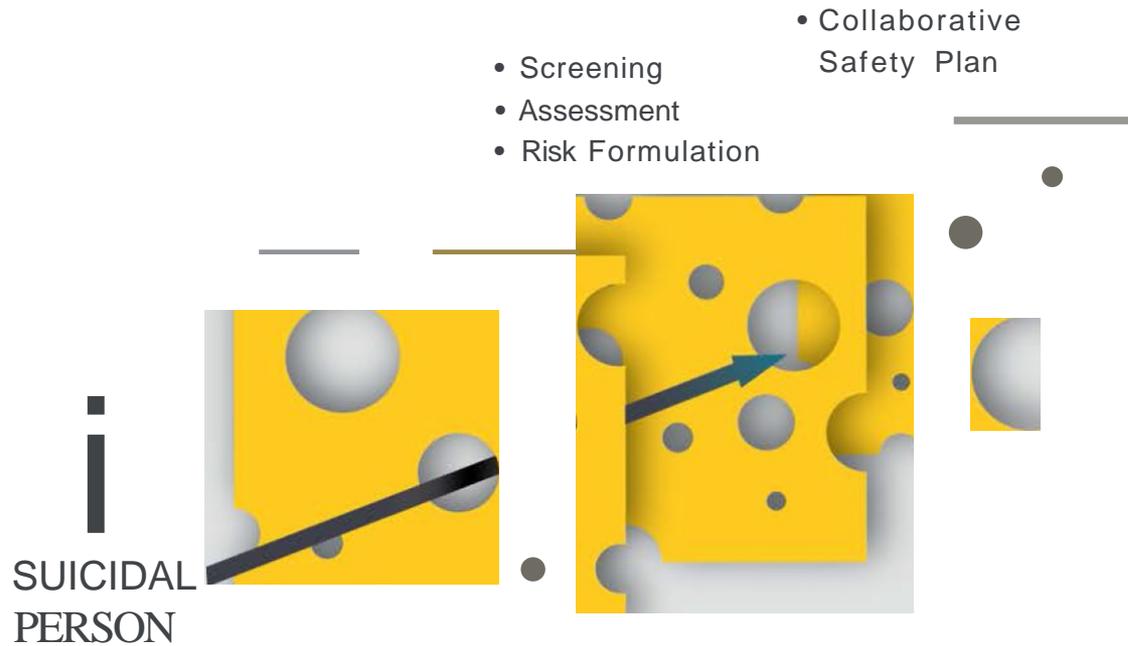
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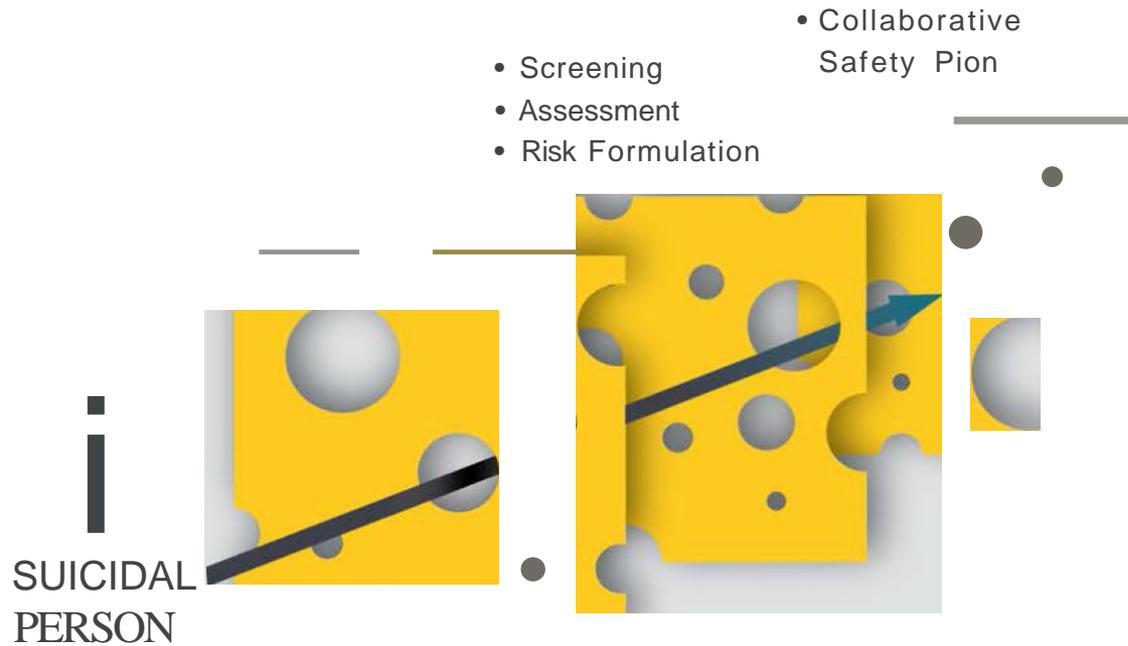
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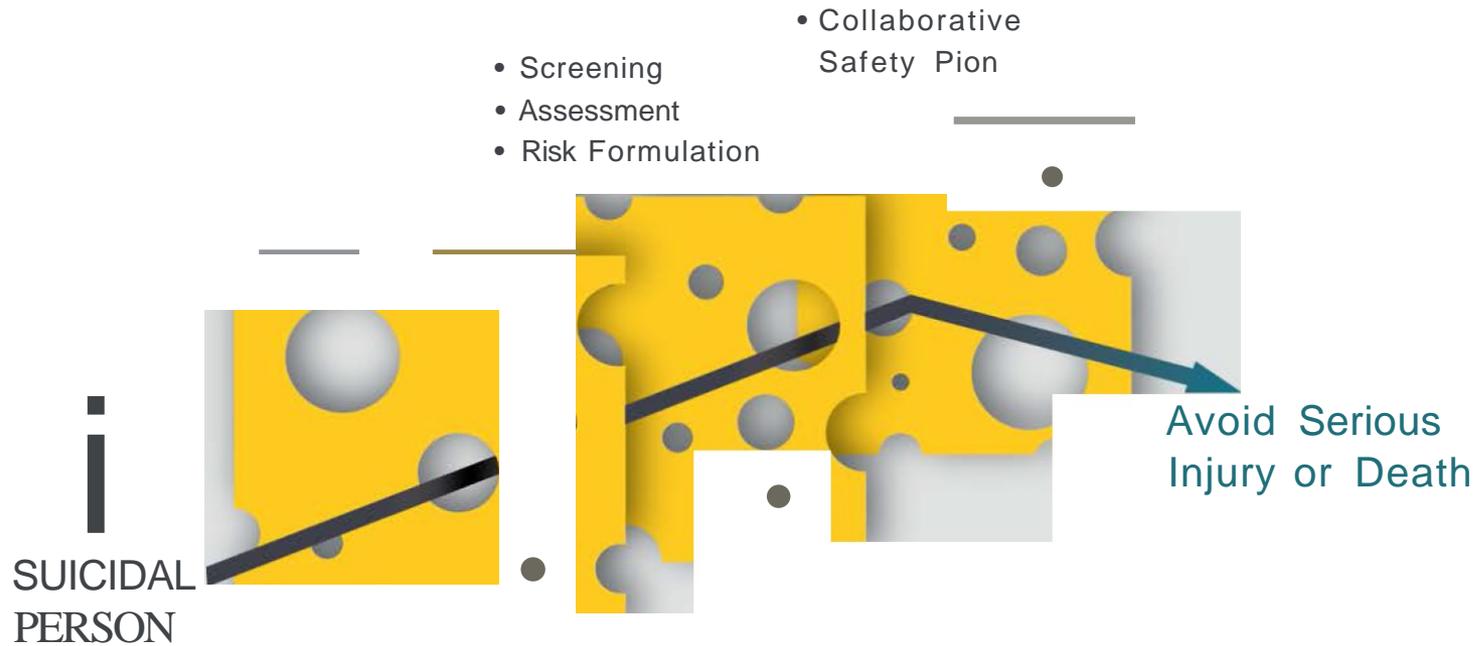
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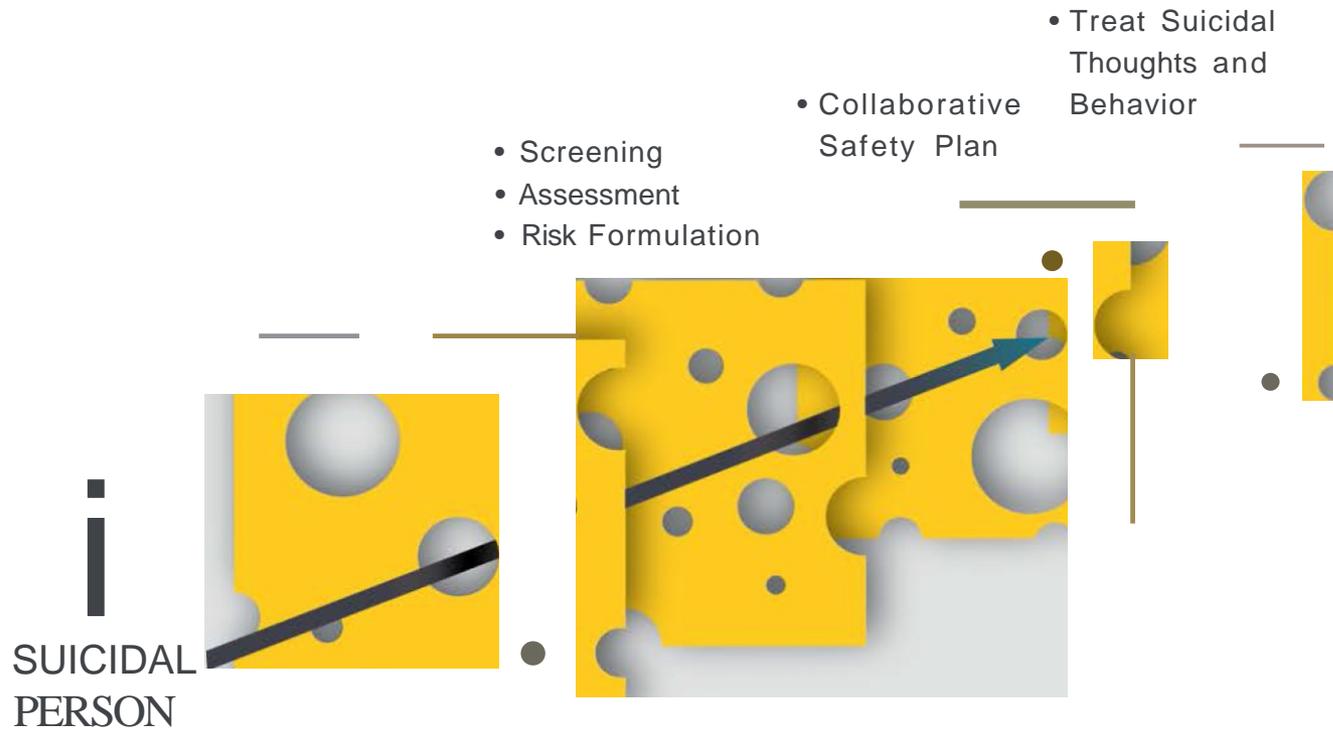
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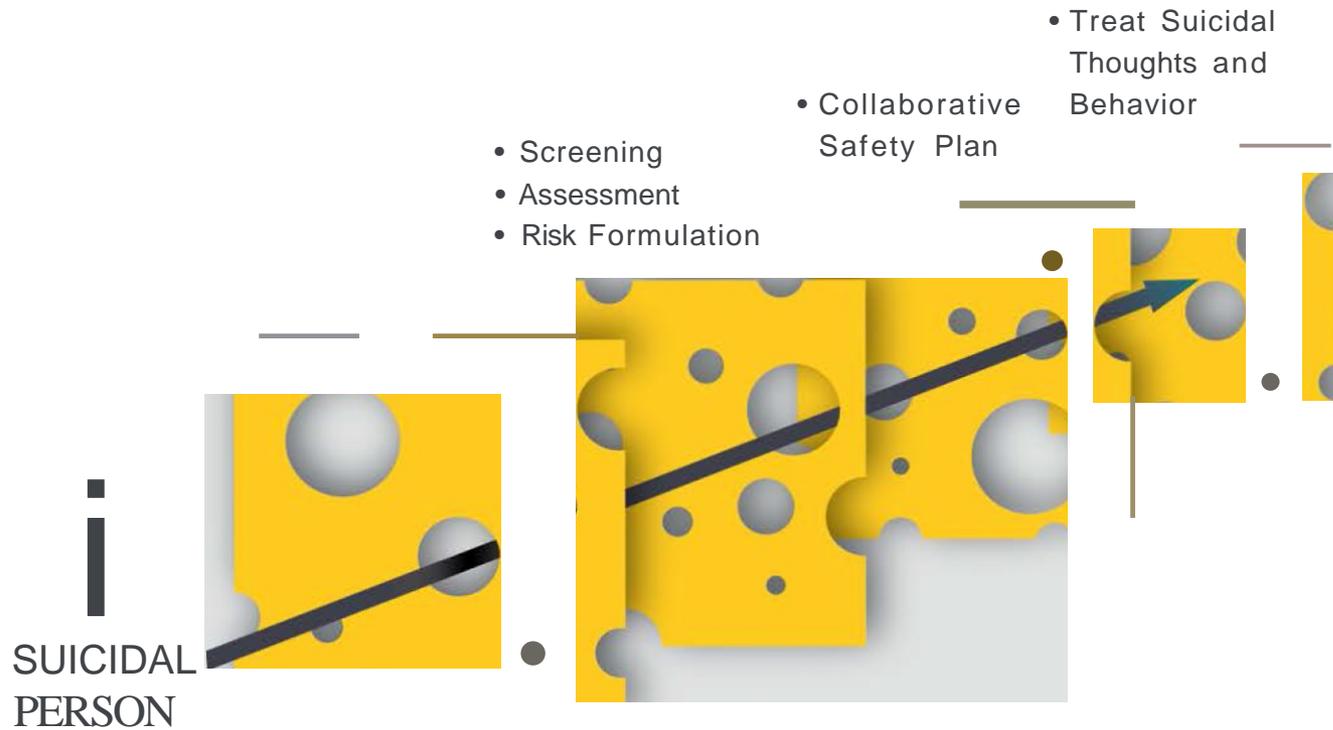
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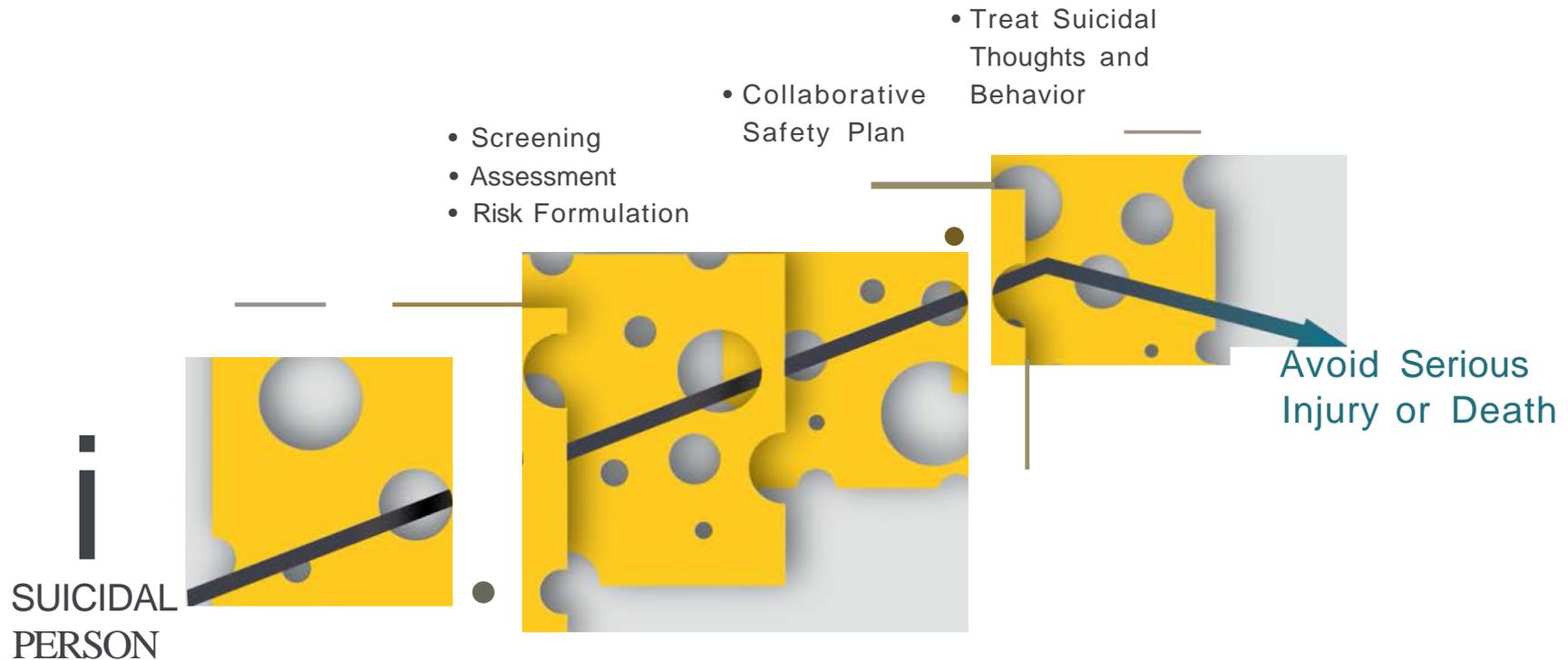
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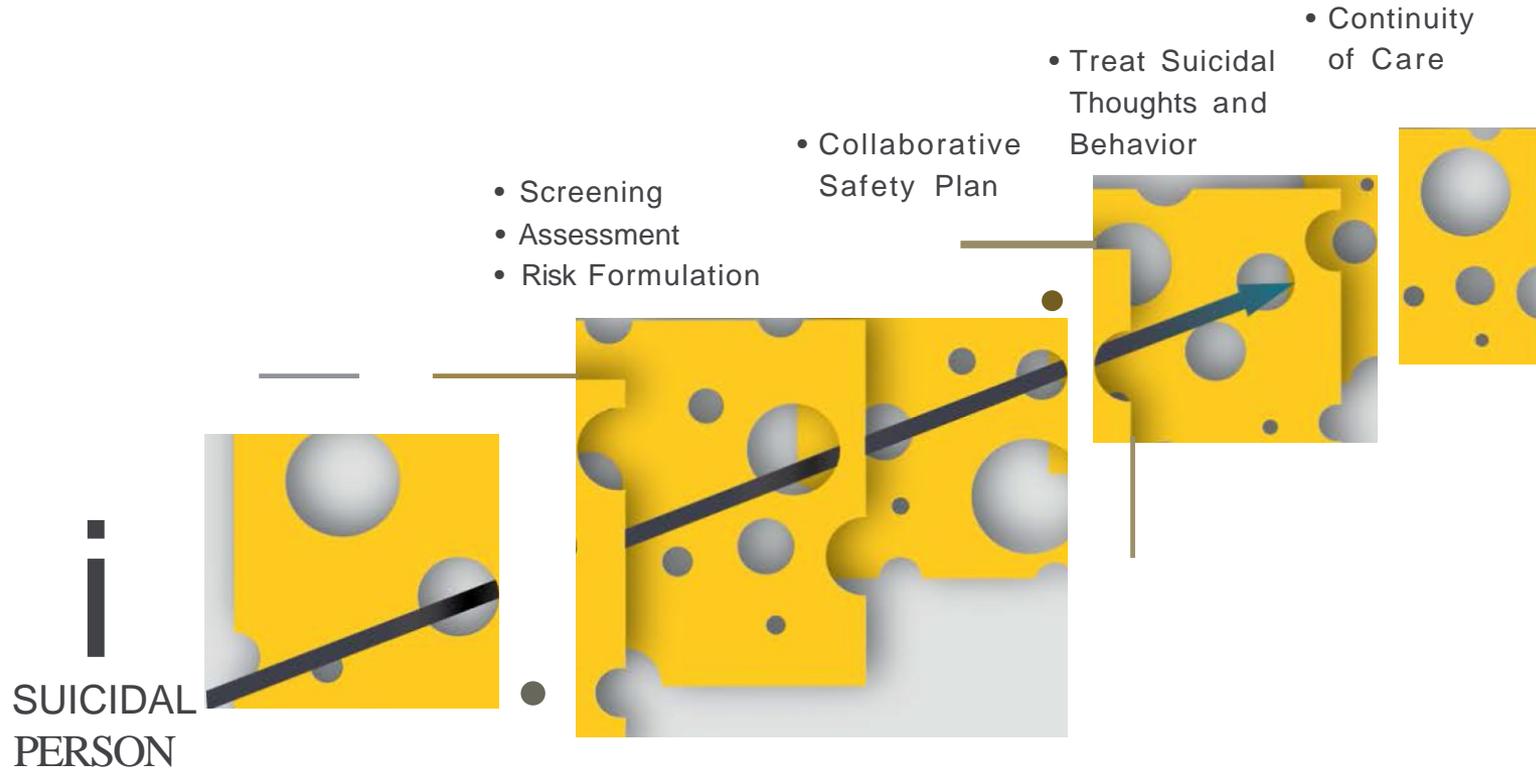
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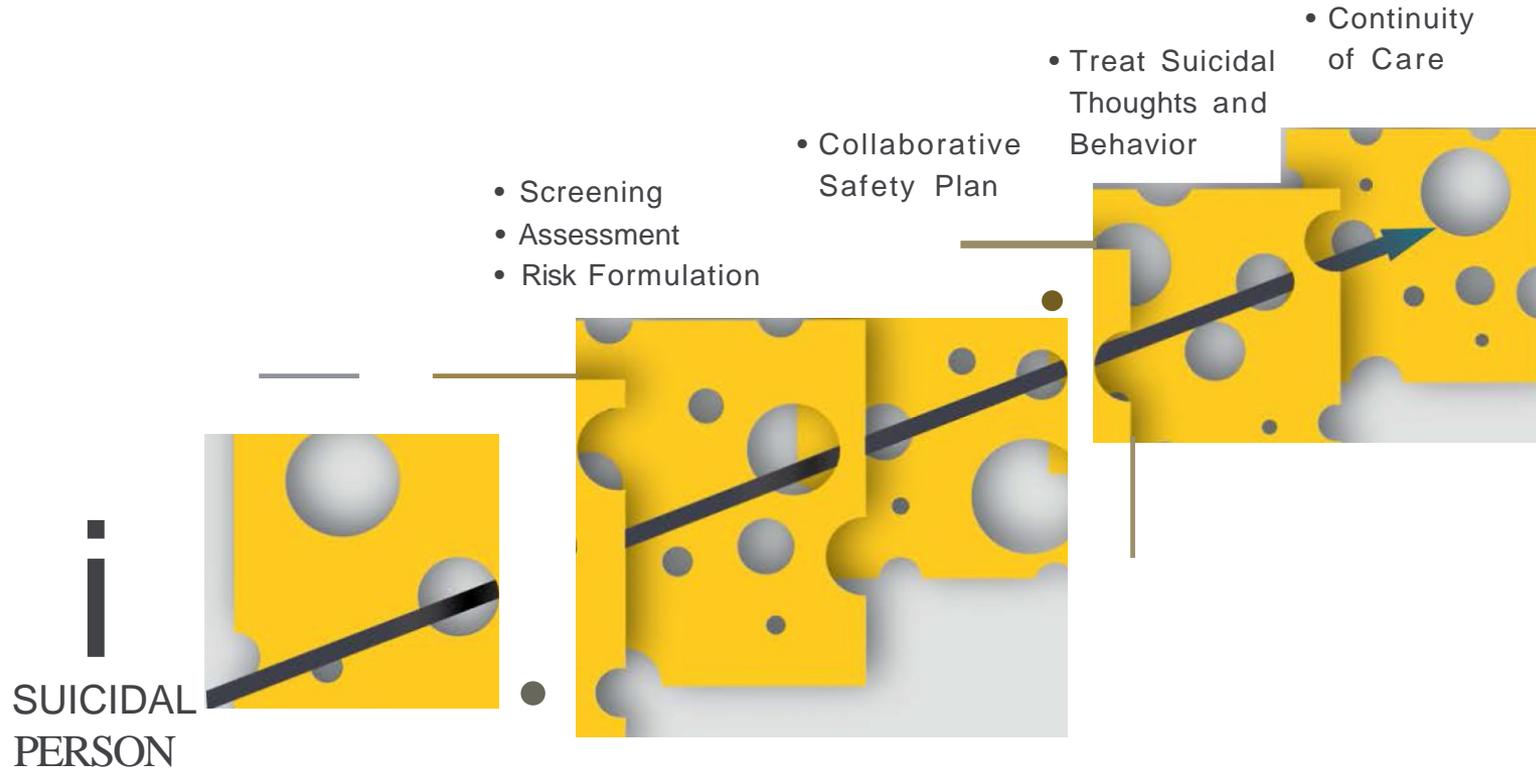
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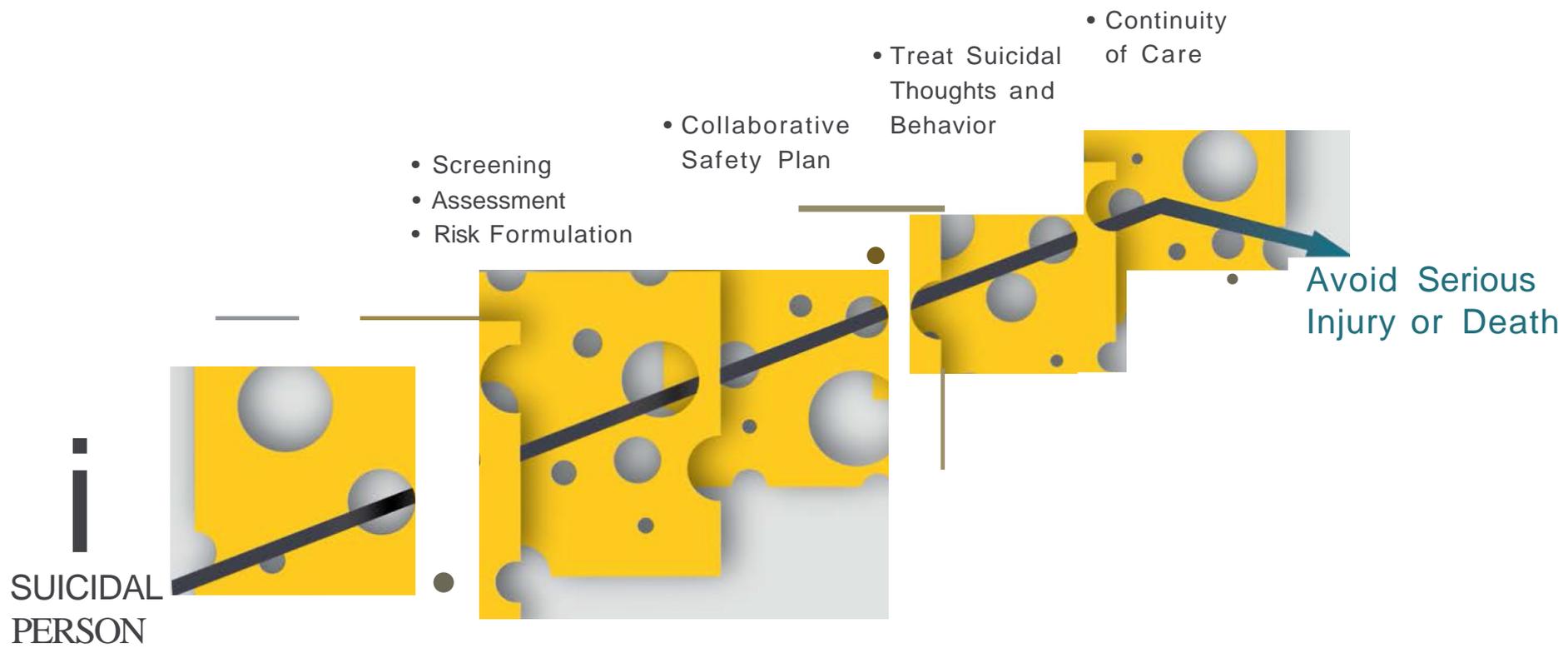
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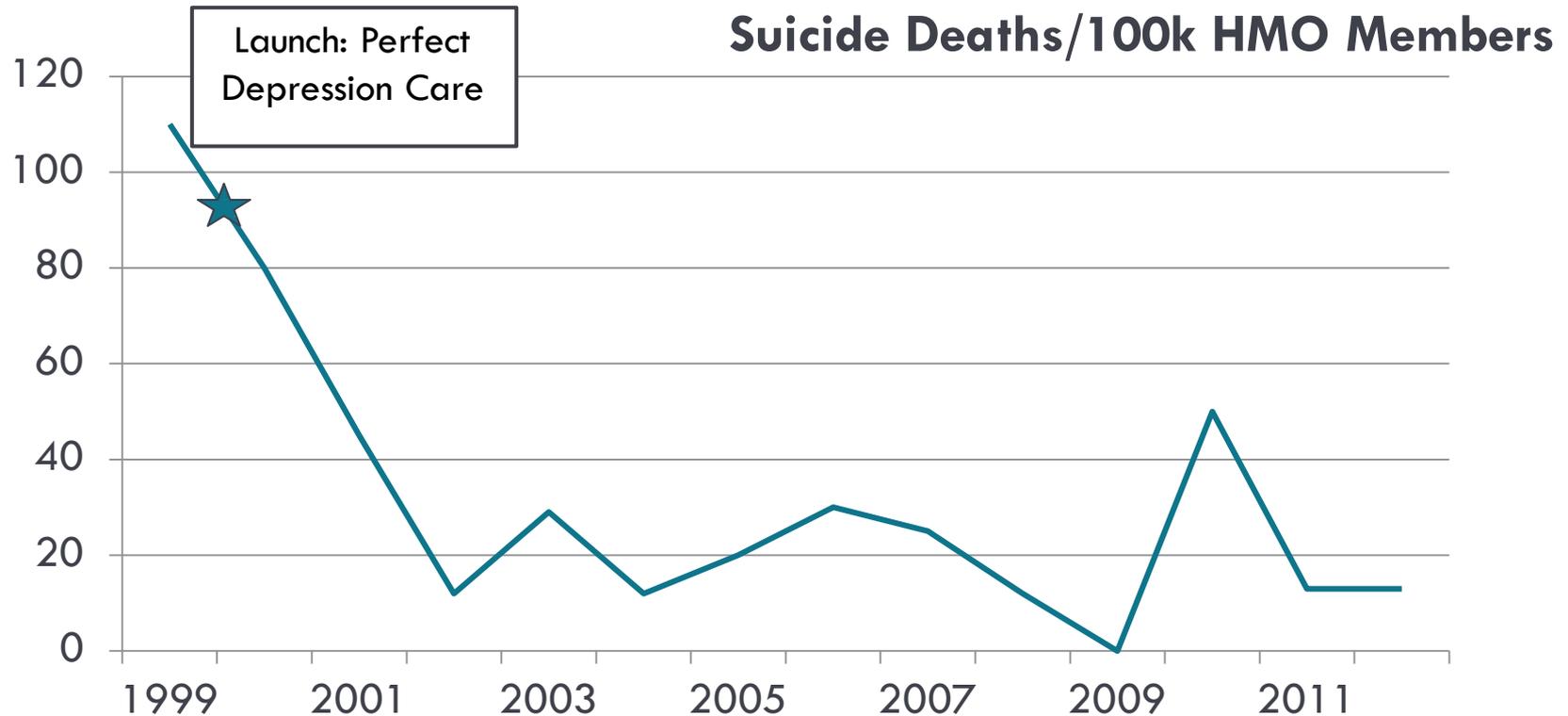
# What is Different in Zero Suicide?

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- 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

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# Resource: Explaining Zero Suicide

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**ZERO**Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE [www.zerosuicide.com](http://www.zerosuicide.com)

**WHAT IS ZERO SUICIDE?**

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.

- » LEAD
- » TRAIN
- » IDENTIFY
- » ENGAGE
- » TREAT
- » TRANSITION
- » IMPROVE

Its core propositions are 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.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care.

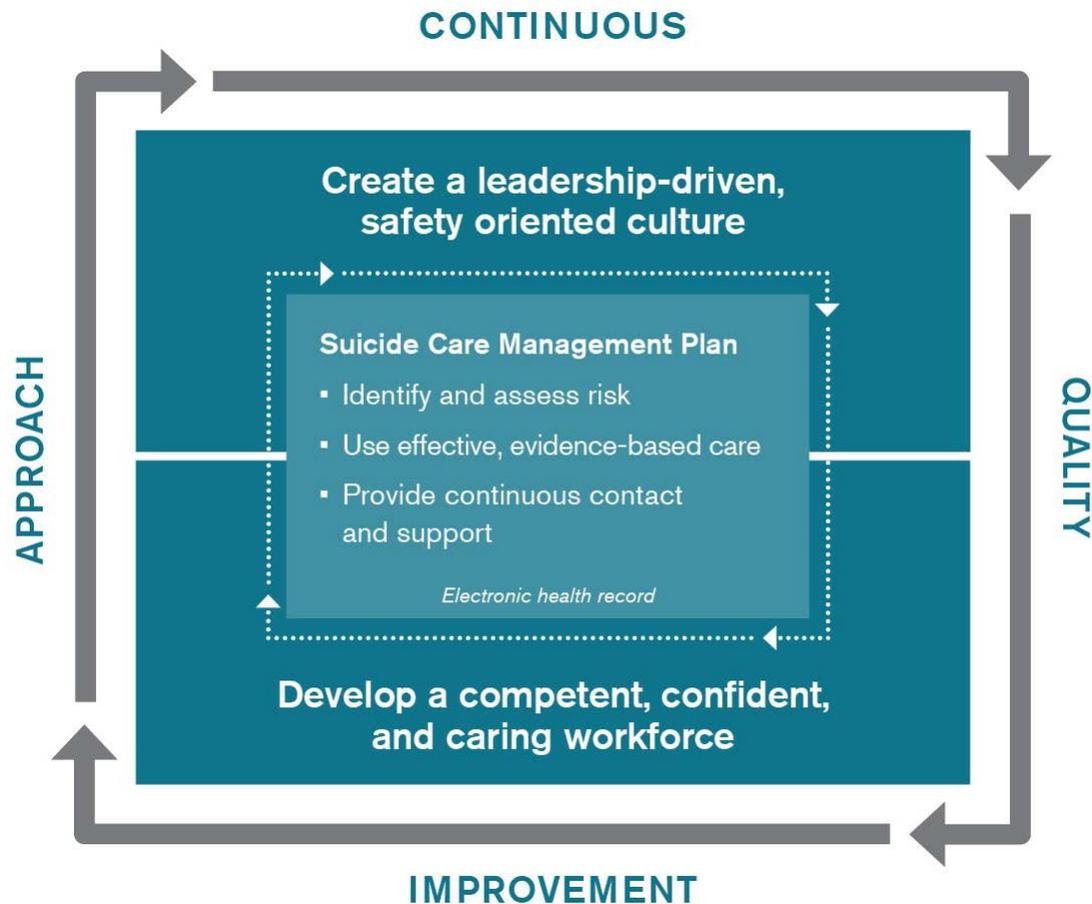
The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on work done in several health care organizations, including the Henry Ford Health System (HFHS) in Michigan. Like other leading health care systems, HFHS applied a rigorous quality improvement process to problems such as inpatient falls and medication errors. HFHS realized that mental and behavioral health care could be similarly improved. This insight led to the development of HFHS's Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

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Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# Elements of Zero Suicide

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# Screening and Assessment

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- 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

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Assessment of Suicidal Risk Using C-SSRS Exit

Menu

## Suicide Risk Identification and Triage Using the Columbia Suicide Severity Rating Scale



   
Center for Practice Innovations™  
of Columbia Psychiatry  
New York State Psychiatric Institute  
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# Safety Planning and Means Restriction

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- 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

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The screenshot shows a web-based video player interface. At the top left, the text reads "Safety Planning Intervention for Suicide Prevention" with a "Menu" link below it. At the top right, there is an "Exit" link. The main content area features the heading "Welcome to the Safety Planning Intervention for Suicidal Individuals" above a video player. The video player shows a man in a light green shirt. To the left of the video is a circular logo with the text "Suicide Prevention" and "New York State Office of Mental Health". To the right is the logo for the "New York State Office of Mental Health" and the "Center for Practice Innovations" at Columbia Psychiatry, New York State Psychiatric Institute, with the tagline "Building best practices with you." Below the video player is a copyright notice: "© 2013 Research Foundation for Mental Hygiene, Inc." At the bottom of the interface, there are navigation links: "Text Version", "Resources", "Play", "Replay", "Audio", and "Page 1 of 27 Next".

Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# Resource: Counseling on Access to Lethal Means

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The screenshot shows a web-based learning interface. At the top, the title 'Counseling on Access to Lethal Means' is displayed. Below the title is the logo for the Suicide Prevention Resource Center (SPRC). A navigation menu on the left includes options like 'Lifeline Contact Information', 'Welcome', 'Produced By', 'What This Course Covers', 'Before You Begin', 'Module 1: Introduction to Means Restriction', and 'Module 2: Counseling on Access to Lethal Means'. The main content area features a collage of images depicting people in various emotional states and counseling sessions. At the bottom of the main area, the text 'Counseling on Access to Lethal Means Online Learning' is visible, along with the Harvard Injury Control Research Center (HICRC) logo and the SPRC logo. A video player control bar at the bottom indicates 'SLIDE 2 OF 64', 'PAUSED', and a timer of '00:03 / 00:06'.

Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# Suicide Care Management Plan

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- 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)

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- 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

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

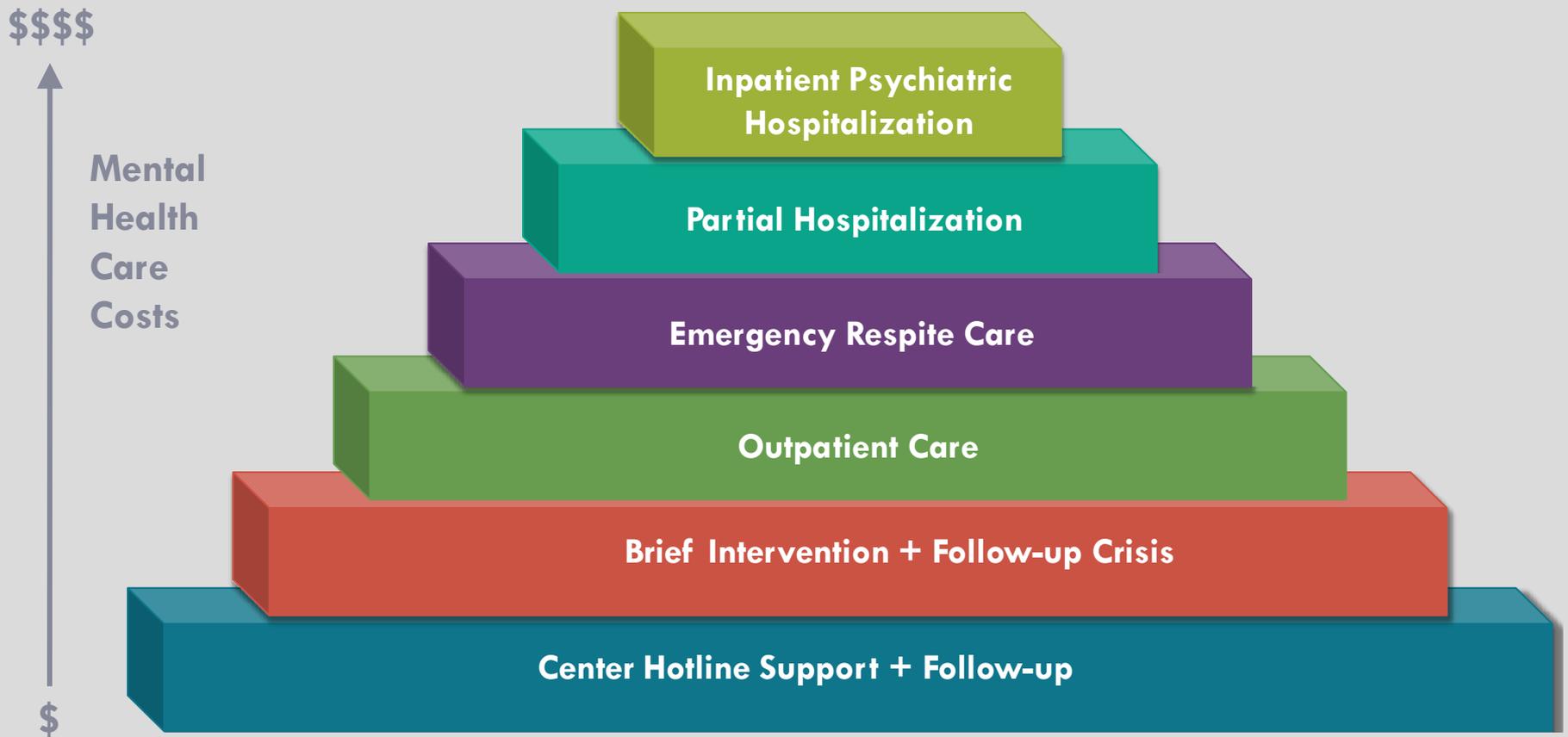
# Evidence-Based Treatments for Suicidality

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- 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)

# A Stepped Care Model for Suicide Care

**Suicide-specific Care at Each Step**  
From Least to Most Restrictive Intervention



# Follow-up and Engagement

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- 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

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Structured Follow-up and Monitoring Exit

Menu

## Welcome to Structured Follow-Up and Monitoring for Suicidal Individuals



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Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# Leadership Commitment and Culture Change

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- 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

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- 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

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**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.	<input type="radio"/>					
23. I have the skills to screen and assess a patient/client's suicide risk.	<input type="radio"/>					
24. I have the skills I need to treat people with suicidal desire and/or intent.	<input type="radio"/>					
25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.	<input type="radio"/>					
26. I am confident in my ability to assess a patient/client's suicide risk.	<input type="radio"/>					
27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior.	<input type="radio"/>					
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.	<input type="radio"/>					

0%  100%



# Resource: Suicide Care Training Options

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**ZERO**Suicide  
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## 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) <a href="http://www.livingworks.net/programs/asist">www.livingworks.net/programs/asist</a>	2 days (14 hours) In person	<ul style="list-style-type: none"><li>Workshop emphasizes teaching suicide first aid to help a person at risk stay safe and seek further help as needed</li><li>Standardized, customizable, and delivered by two trainers</li></ul>
Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) (NY State Office of Mental Health and Columbia University) <a href="http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/cssrs_web/course.htm">http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/cssrs_web/course.htm</a>	30 minutes Online, self-paced	<ul style="list-style-type: none"><li>Teaches how the C-SSRS is structured and how to administer the brief screening and full versions</li><li>Videos show how to use the scale's Suicidal Ideation and Suicidal Behavior sections in client interviews</li></ul>

Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

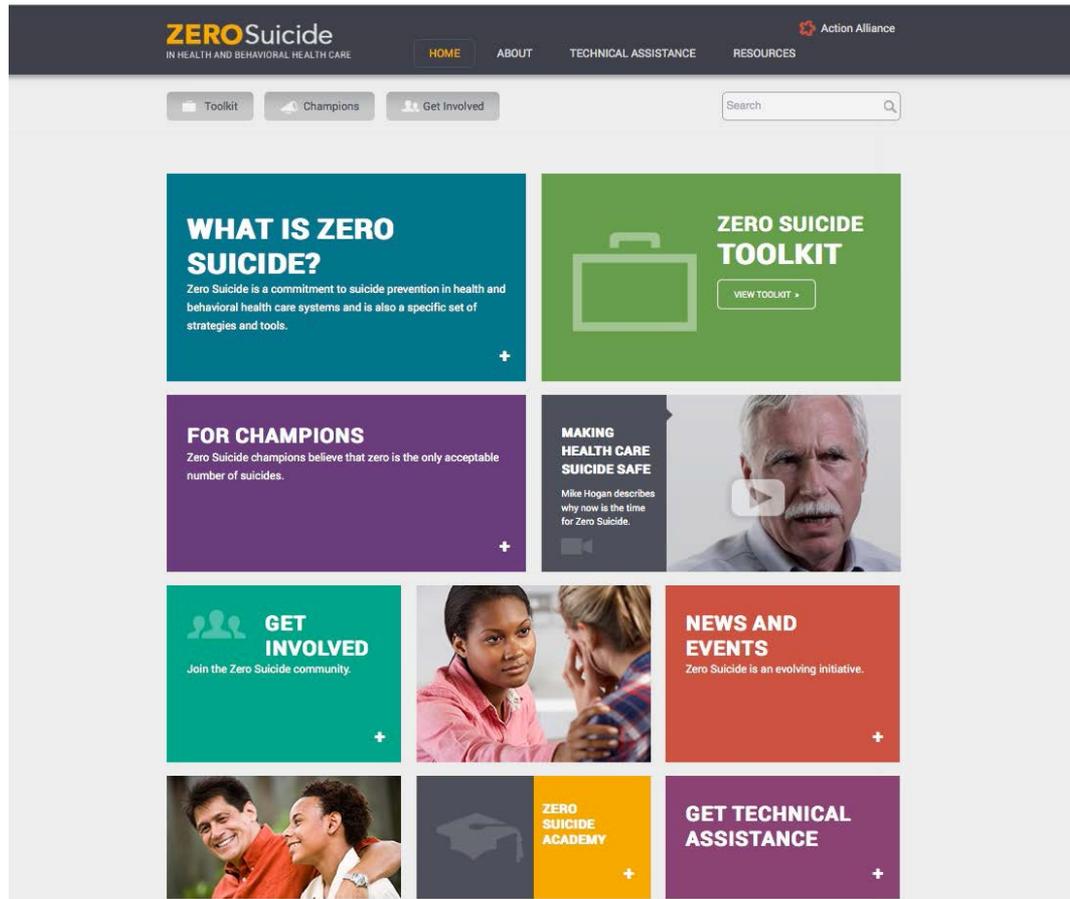
# Quality Improvement and Evaluation

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- 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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Contact Information:  
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