The Zero Suicide Initiative for Healthcare

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Chief, Suicide Prevention Branch
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](http://www.zerosuicide.com).
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**: (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.
Adapted from James Reason's "Swiss Cheese" Model Of Accidents
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- Screening
- Assessment
- Risk Formulation
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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

Suicide Deaths/100k HMO Members

Launch: Perfect Depression Care
Resource: Explaining Zero Suicide

Access at: www.zerosuicide.com
Elements of Zero Suicide

- Create a leadership-driven, safety oriented culture
  - Suicide Care Management Plan
    - Identify and assess risk
    - Use effective, evidence-based care
    - Provide continuous contact and support
    - Electronic health record

- Develop a competent, confident, and caring workforce

CONTINUOUS

APPROACH

QUALITY

IMPROVEMENT
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)
A Stepped Care Model for Suicide Care

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

- Center Hotline Support + Follow-up
- Brief Intervention + Follow-up Crisis
- Outpatient Care
- Emergency Respite Care
- Partial Hospitalization
- Inpatient Psychiatric Hospitalization

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.
**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>○</td>
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<td>23. I have the skills to screen and assess a patient/client’s suicide risk.</td>
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<td>24. I have the skills I need to treat people with suicidal desire and/or intent</td>
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<td>25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.</td>
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<td>26. I am confident in my ability to assess a patient/client’s suicide risk.</td>
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<td>27. I am confident in my ability to manage a patient/client’s suicidal thoughts and behavior.</td>
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<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>
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## Suicide Care Training Options

**Training for the Non-Clinical Workforce (Page 1 of 2)**

<table>
<thead>
<tr>
<th>Training Name (Organization)</th>
<th>Website</th>
<th>Length &amp; Format</th>
<th>Program Highlights</th>
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</table>
| Applied Suicide Intervention Skills Training (ASISTS) (LivingWorks) | www.livingworks.net/programming | 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/resources_webresource.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 |

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