ZEROSuicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

The Role of Peer Support Services in Caring for Those at Risk of Suicide

June 2, 2015

SPRC

National Action Alliance for Suicide Prevention

Moderator

Julie Goldstein Grummet, PhD
Director of Prevention and Practice
Suicide Prevention Resource Center

Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.

Learning Objectives

By the end of this webinar, participants will be able to:

1) Explain the important role of embedding peer supports and those with lived experience in a comprehensive Zero Suicide Model

2) Understand how to engage, hire, and collaborate with peer support professionals

3) Recognize the importance of using programs designed specifically to support attempt survivors

4) Describe crisis or emergency services who offer peer support services

#zerosuicide

Presenters

Rick Grant-Coons, PsyD, Lead Clinical Supervisor, Didi Hirsch-Suicide Prevention Center

Jill Amos, Coordinator of Recovery and Support Services, Oklahoma Department of Mental Health and Substance Abuse Services

Lora "Lori" Johnson, PhD, Suicide Prevention Coordinator, Robley Rex VA Medical Center

Ted Spencer, Peer Support Specialist, Robley Rex VA Medical Center

Discussant

Leah Harris, MA
Trauma Informed Care Specialist/Director of Consumer Affairs
National Association of State Mental Health Program Directors (NASMHPD)

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WHAT IS ZERO SUICIDE?

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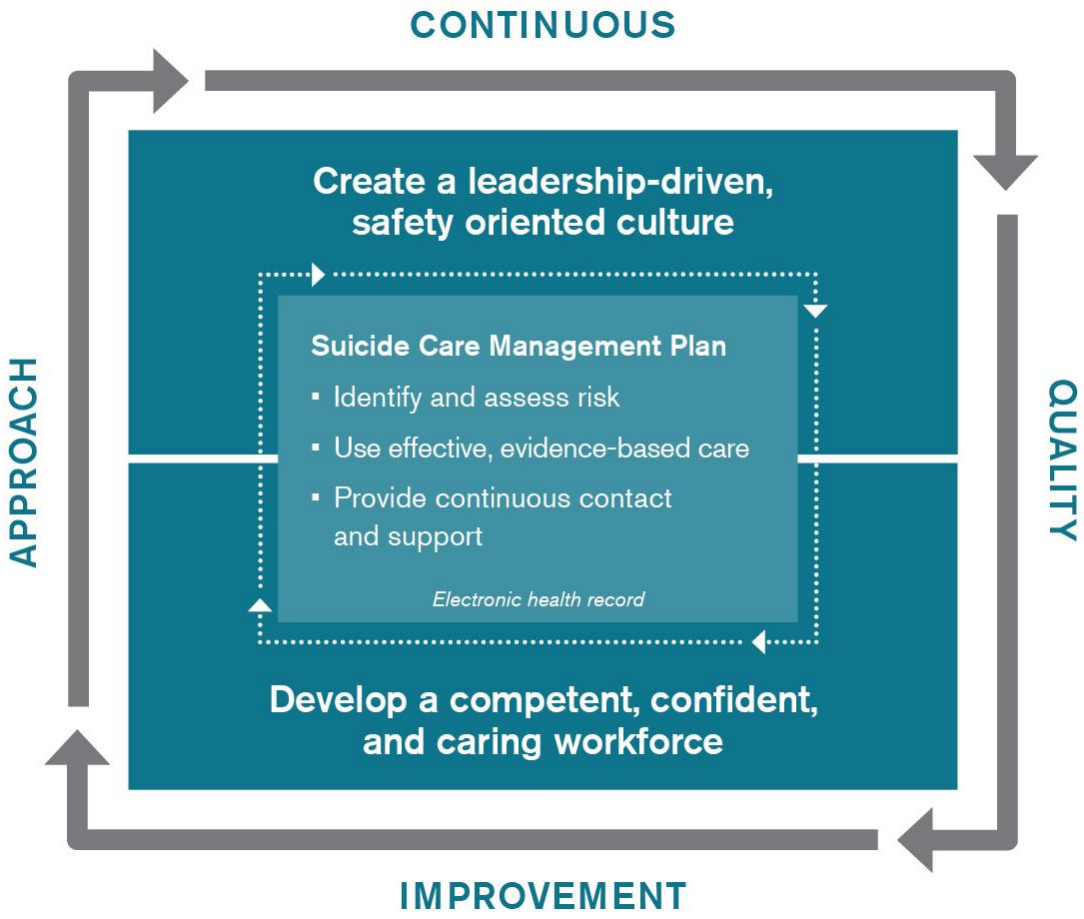
Zero Suicide is…

- Embedded in the National Strategy for Suicide Prevention.
- A priority of the National Action Alliance for Suicide Prevention and a project of the Suicide Prevention Resource Center.
- 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.

Elements of Zero Suicide

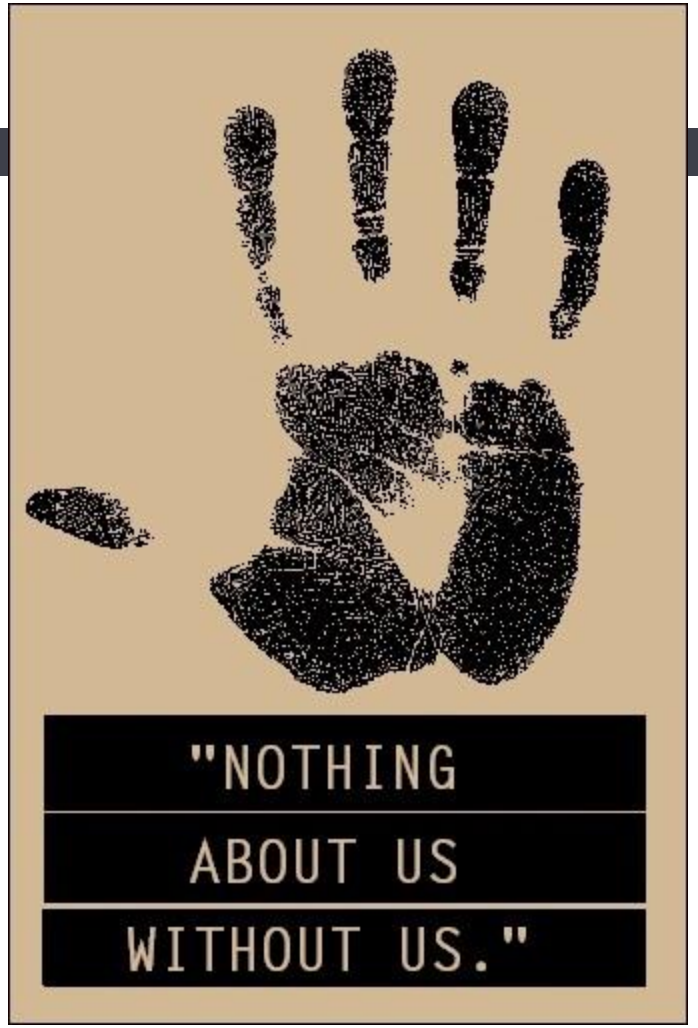


Zero Suicide and Peer Support

- Peer-to-peer support is an evidence-based practice
- Promotes crucial protective factors such as connectedness and hope
- Promotes recovery and resilience
- Promotes choice and voice in treatment
- Challenges negative stereotypes

Peer support…

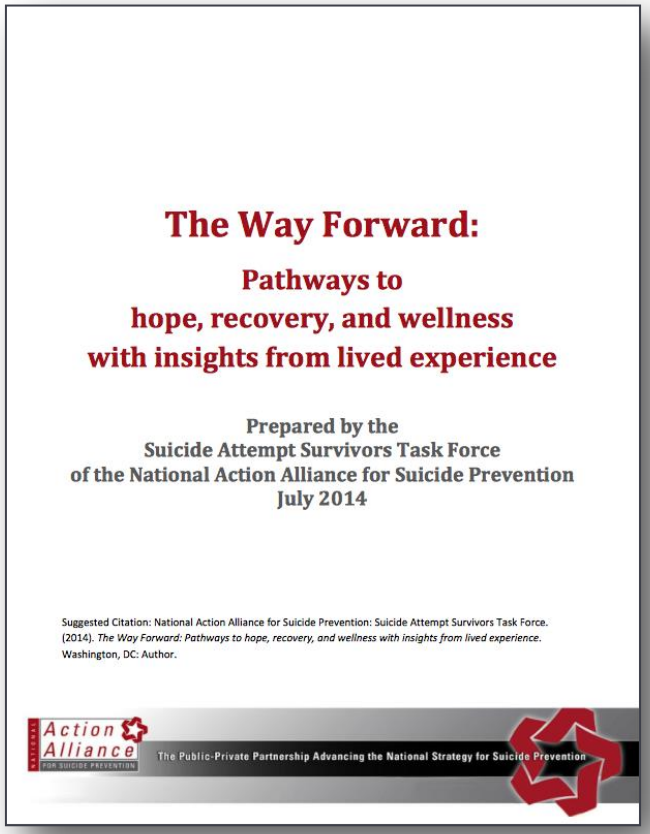
- Is an essential part of getting to zero suicide
- Is NOT just an “add on” to clinical services
- Should be incorporated throughout systems of care, and accessible in community



Peer Roles in the Zero Suicide Movement

- Developing screening and assessment instruments
- Outreach and engagement
- Emergency departments
- Mobile crisis teams
- Treatment teams
- Safety planning
- Peer to peer support groups and networks
- Follow up care/facilitating connections to services, natural community supports and resources
- Research and evaluation

Resource: The Way Forward



Access at: www.zerosuicide.com

TYPE IN THE CHAT

How do you currently incorporate peer-to-peer supports into your organization?

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INTEGRATING LIVED EXPERIENCE IN AN ATTEMPT SURVIVORS SUPPORT GROUP

Rick Grant-Coons, Psy.D
Didi Hirsch-Suicide Prevention Center
Los Angeles, CA

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SOSA Overview

- **S**urvivors **o**f **S**uicide **A**ttempts support group
- Began in 2011
- 19 cycles
- 8 sessions a cycle
- Ages 18 and over
- Listed on SPRC's Best Practices Registry Section III

Peer Facilitators

- Began organically after several cycles
- Provided support in & out of group
- Turned into an official role in 2013
- Currently have two with one in training

What Peer Facilitators Do

- Models successful recovery
- Example of hope
- Provides valuable feedback & insight
- Available for support outside of group
  - Non-crisis
  - Grounding exercises
  - Self-care
  - Risk assessment

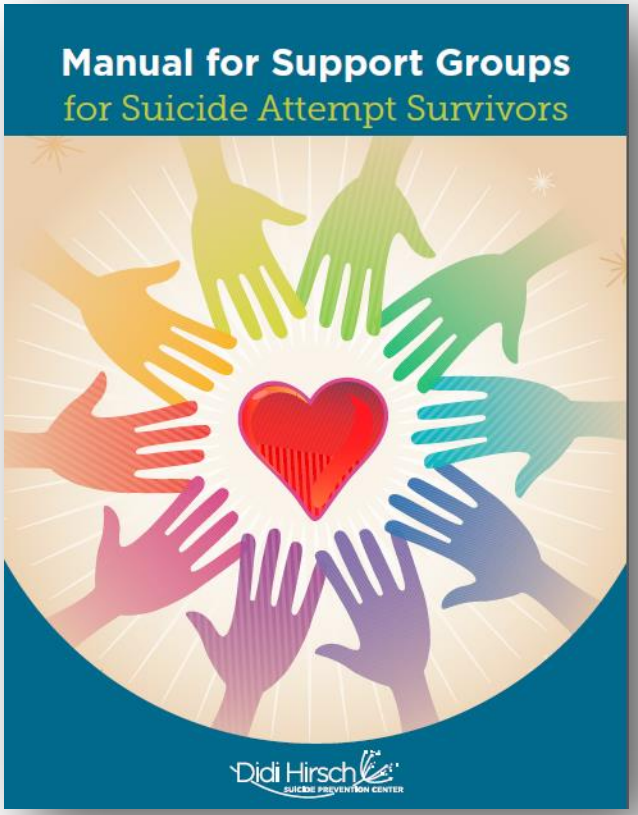
Peer Facilitator Qualifications

- Former group participant
- Peer Facilitator training
- Suicide intervention training
- Ability to share personal information & provide helpful feedback in group
- Approachable & available outside of group
- Ability to set & maintain boundaries
- Practice adequate self-care

Why it Works

Balances clinical experience with lived experience

Resource: Manual for Support Groups



http://www.sprc.org/bpr/section-III/manual-support-groups-suicide-attempt-survivors

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OKLAHOMA'S URGENT RECOVERY CARE (URC) CENTERS

Jill Amos
Oklahoma Department of Mental Health and Substance Abuse Services

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Crisis Treatment Prior to URC

- Symptoms escalate
- Behavior becomes disruptive, bizarre, or dangerous
- Individual, family/support system, or police bring the individual to Crisis Center
- Evaluation
- Admission vs. non-admission
- Bed shortages across state

Once Admitted…

- Could be held up to 72 business hours
- Observation
- Medications
- Locked Facility
- If symptoms not reduced enough to be considered "no longer a danger to self or others," judge is petitioned
- Likely ordered to longer-term psychiatric hospitalization at new facility

A Tweak is Made…

- Some individuals would remain in crisis care for more than 72 actual hours due to weekends and holidays.
- Often times, those extra days could help individual get better and longer-term court commitment could be avoided.
- State Law was changed to make Crisis Care available for up to 120 business hours.
- Helped reduce court commitments, but increased need for crisis beds.

Challenges:

- Cuts in funding and lack of available beds
- Large state with scattered locations required long law enforcement vehicle rides.
- Separation from home and loved ones
- Many folks needed care more *urgent* than outpatient, but could not be admitted to crisis unless they were "suicidal or homicidal."

Challenges (cont.)

- A wave of people were taught by their peers or even their clinicians to "tell them you're suicidal" in order to get help.
- Or worse, a person would have to get sicker and suffer longer to become eligible.

The Presenting Needs

- Lower Costs
- Free up beds for individuals who need them most
- Reduce the likelihood that an individual would reach Crisis Care criteria.
- Avoid removing individual from home community and supports

The Solution…

- Providing local crisis care that could be voluntary and short term.
- Urgent Recovery Centers were born.
- ODMHSAS received enough funding to start 3 pilot centers across the state.
- URC's would be built into existing mental health centers and/or crisis centers

Treatment Now…

- An individual is experiencing increased symptoms and stress.
- Individual will arrive at Crisis Center by police or voluntarily.
- Individual who may not present as an immediate risk to self or others could relax in URC for up to 23:59 clock hours.
- They could be evaluated, referred to other levels of care, receive medications, get some rest/food/ connection with others, etc.

Benefits

- Lowers costs
- Reduces the likelihood that person will be returned home with no help.
- Helps law enforcement have a place to take a person in distress in lieu of jail or a hospital that will not have space.

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PEERS IN SUICIDE PREVENTION WORK

Lora Johnson, PhD
Robley Rex VAMC
Louisville, KY

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General Roles of Peer Support Specialist (PSS) in Suicide Prevention in VA

- "Empower, not Enable"
- Outreach PLUS
  - Materials distribution, Tell story, training (SAVE, ASSIST), VCL education, personal connections/training with community case managers, MH staff, etc., rap groups, meeting Veterans where they congregate in the community
- Care coordination (ICUs, SUD programs)
  - Help with engaging and re-engaging in care
- Help navigating other parts of VA (e.g., VBA)
- Health and welfare checks (with other staff member)
- Assist in contacts with High Risk Flag follow-up
- Advocacy (getting facility to endorse important trainings/changes to support Veteran needs)

Advantages of PSS in SP

- People connect differently (and usually more quickly) with the peer
- People who are initially reluctant to engage may later remember the peer and contact him/her back for assistance
- Unique perspective providers don't usually have – subject matter experts
- The peers create the link between the Veteran and VA services
- Peers not only support the Veterans, they support the clinicians, as well
- Offer multiple unique and insightful ideas and suggestions for outreach, teaching, & training

Suggestions from PSS in SP

- From PSS perspective
  - Train and guide your Veteran, AND trust him/her, allow the PSS to be creative
  - They share the goal of keeping the Veteran on the path toward recovery
  - Peers are NOT clinicians (and most don't want to be)
    - Allow peers to be themselves in what they do (e.g., might not follow same dress code)

Suggestions from those providing supervision to PSS in SP

- Include PSS as part of the team
- Respect, inclusion, no talking down, and no purposeful use of jargon, but also
- Expect professionalism and supervise for professionalism
- Respectful, open relationship with open and honest feedback

Veterans in Support of Peers – Examples from Louisville

- 2009 group – Veterans with suicidality start talking about the benefits they are feeling from hearing from others who can "understand what I've been through"
- Emergence of Volunteers
  - Tell story
  - Help with crisis line/suicide prevention information distribution
  - Many ended up getting official peer support training with the state of KY

Veterans in Support of Peers – Examples from Louisville

- 2013 - Patient Safety Center for Inquiry – Veterans start going on home safety planning visits as subject matter experts
  - Additional training in lethal means restriction and background information in motivational interviewing
- Also still doing community outreach
  - Survey of why some Veterans don't use VA services

Veterans in Support of Peers – Examples from Louisville

- 2014 – 3 Veteran Peers trained as QPR trainers
- In addition to the ongoing community outreach, and home visits, Veteran Peers help in QPR training

Lessons Learned

- Importance of Supervision
  - About the job (e.g., learning additional ways to interact therapeutically with others)
  - About the person (e.g. recovery issues that come up as they would in any other "work" setting)
    - Interpersonal dynamics with other staff in the environment
    - Stresses of creating a new program (administrative as well as how the program actually rolls out)
    - Triggers to individual history with suicide

Ted Spencer - Peer Support Specialist

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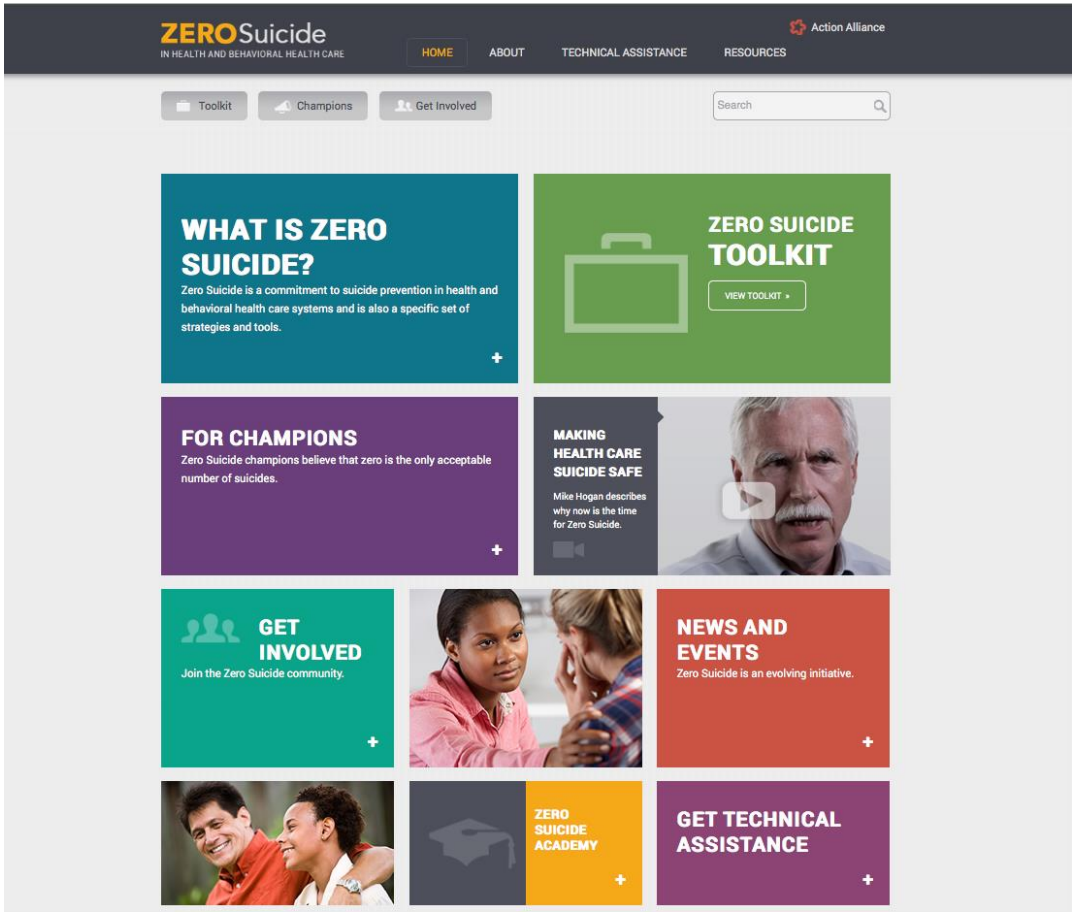

Additional Resources

- Alternatives to Suicide Peer-to-peer Support Groups:
  http://www.westernmassrlc.org/alternatives-to-suicide
- Manual for Support Groups for Suicide Attempt Survivors
  http://www.sprc.org/bpr/section-III/manual-support-groups-suicide-attempt-survivors
- Skills for Safer Living and Peers for Safer Living
  http://self-help-alliance.ca/services/skills-for-safer-living/

TYPE IN THE CHAT

What questions do you have for any of our presenters?

Contact

Julie Goldstein Grumet, PhD
Director of Prevention and Practice
Suicide Prevention Resource Center Education Development Center
Phone: 202-572-3721
E-mail: jgoldstein@edc.org