ZERO SUICIDE
WORKFORCE SURVEY
Zero Suicide in Indian Country

The Zero Suicide Workforce Survey is a tool to assess staff knowledge, practices, and confidence.

This survey is part of our organizational mission to adopt a system-wide approach to caring for individuals who are at risk for suicide. Recognizing that variability exists in staff education and experience treating people at risk for suicide, we intend to use the results of this survey to help determine the training needs of our staff.

All responses are anonymous. Please answer honestly so that we can best serve both our staff and individuals in our care. Be thoughtful about your answers even if you do not work directly with individuals served by our organization. We believe that suicide prevention is a shared responsibility among everyone in our organization. Unless otherwise indicated, please mark only one answer. There are 9 sections. **It is anticipated that it will take you 10-15 minutes to complete this survey.** By answering this survey, you give your consent to participate; however, you may terminate your participation at any time.

We thank you in advance for your participation and for your dedication to this important issue!

Section 1. Your Work Environment

Thank you for participating in this survey. In the first series of questions we would like to learn more about your work environment and your role within that environment.

1. In which of the following settings do you work? <mark>[Required Item – used later for branching]</mark>

    ☐ Inpatient setting ☐ Outpatient setting ☐ Both

2. Please indicate your Department/Unit from the following list. <mark>[Customized to each organization]</mark>

    ☐ Custom Answer 1 ☐ Custom Answer 2 ☐ Custom Answer 3…

3. Please choose the one category below that **_best_** describes your primary professional role. (choose one)

    ☐ Management (Administrators, Supervisors, Managers, Coordinators)

    ☐ Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)

    ☐ Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation)

    ☐ Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)

    ☐ Traditional Healer

    ☐ Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation)

    ☐ Case Management

    ☐ Crisis Services

    ☐ Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant)

    ☐ Nursing (Nurse, Registered Nurse)

    ☐ Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)

    ☐ Technician (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician)

    ☐ Patient Observer

    ☐ Support and Outreach (Outreach, Faith, Family Support, Peer Support)

    ☐ Education (Teacher, Health Educator)

4. As part of this role, do you _directly interact with individuals who may be at risk for suicide_ either in person or from a distance during your day-to-day duties within the organization? This includes things such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services. <mark>[Required Item]</mark>

    ☐ No ☐ Yes

Please indicate how much you disagree or agree with each of the following statements. <mark>[Only for Inpatient]</mark>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. I know the organizational protocols for ensuring a safe physical environment for individuals at risk for suicide (including safety precautions around entry, visitors, individuals' belongings, and physical structures in the facility).	☐	☐	☐	☐	☐
6. I know what to do when I have concerns about potential means for suicide in the physical environment in our facility.	☐	☐	☐	☐	☐

Section 2. Suicide Prevention within Your Work Environment

The next series of questions ask you to reflect on suicide prevention within your work environment.

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I am familiar with the "Zero Suicide" framework.	☐	☐	☐	☐	☐
8. I understand my role and responsibilities related to suicide prevention within this organization.	☐	☐	☐	☐	☐
9. I believe suicide prevention is an important part of my professional role.	☐	☐	☐	☐	☐
10. The leadership at this organization has explicitly indicated that suicide prevention is a priority.	☐	☐	☐	☐	☐
11. This organization has clear policies and procedures in place that define each employee's role in preventing suicide.	☐	☐	☐	☐	☐
12. I have received training at this organization related to suicide prevention.	☐	☐	☐	☐	☐
13. This organization provides me access to ongoing support and resources to further my understanding of suicide prevention.	☐	☐	☐	☐	☐
14. I feel that my organization would be responsive to issues that I bring up related to the safety of individuals at risk for suicide.	☐	☐	☐	☐	☐

15. While working at this organization, I have directly or indirectly interacted with an individual who ended their life by suicide? [Required Item]
☐ Yes, it has happened once   ☐ Yes, it has happened more than once   ☐ No   ☐ I Don't Know

If either YES response to Q15:

16. While working at this organization, have you directly or indirectly interacted with an individual who ended their life by suicide in the PAST SIX MONTHS? [Required Item]
☐ Yes ☐ No

Please indicate how much you disagree or agree with each of the following statements. [Only if Yes to #15]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17. I felt supported by this organization the last time a suicide occurred.	☐	☐	☐	☐	☐
18. I felt blamed the last time an individual died by suicide.	☐	☐	☐	☐	☐
19. This organization has practices in place to support staff when a suicide occurs.	☐	☐	☐	☐	☐

Section 3. Recognizing When Individuals May Be at Risk for Suicide

We are interested in learning about your knowledge and comfort related to recognizing when an individual may be at elevated risk for suicide.

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
20. I have the knowledge and training needed to *recognize* when an individual may be at elevated risk for suicide.	☐	☐	☐	☐	☐
21. I understand the ways in which the people of the Tribes we serve talk about death by suicide.	☐	☐	☐	☐	☐
22. I understand the ways in which the people of the Tribes we serve think about death by suicide.	☐	☐	☐	☐	☐
23. I am knowledgeable about warning signs for suicide.	☐	☐	☐	☐	☐
24. I know what organizational procedures to follow when I suspect that an individual may be at elevated risk for suicide.	☐	☐	☐	☐	☐
25. I am confident in my ability to respond when I suspect an individual may be at elevated risk for suicide.	☐	☐	☐	☐	☐
26. I am comfortable asking direct and open questions about suicidal thoughts and behaviors in ways that will not offend the people of the Tribes we serve.	☐	☐	☐	☐	☐
27. There is regular opportunity for me to engage with Tribal people in informal settings (health fairs, community gatherings, powwows, homecomings, etc.).	☐	☐	☐	☐	☐
28. I have received adequate training on the cultures of the Tribes served by our organization.	☐	☐	☐	☐	☐

29. Have you <u>ever</u> received training on how to *recognize* the warning signs that an individual may be at elevated risk for suicide?........ ☐ No [sent to #29]   ☐ Yes [sent to #28] [Required Item]

30. Has <u>your current organization</u> provided you with training on how to *recognize* the warning signs that an individual may be at elevated risk for suicide?........ ☐ No ☐ Yes

Section 4. Screening and Assessing Individuals for Suicide Risk
[Only Those Who Interact with Individuals in Care Q4. All Other Respondents Are Sent to #77]

These next questions are about screening individuals who may be at elevated risk for suicide.

31. You indicated earlier that you directly interact with individuals who may be at risk for suicide either in person or from a distance during your day-to-day duties within the organization. Which of the following groups do you *primarily* work with?
    ☐ Children ☐ Adolescents ☐ Adults ☐ Elderly

32. Are you responsible for conducting *screenings* for suicide risk? .... ☐ No [sent to #37] ☐ Yes [sent to #31] [Req]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33. I have the knowledge and skills needed to screen individuals for suicide risk.	☐	☐	☐	☐	☐
34. I understand the ways in which intergenerational, historical, and modern-day trauma impact the health and behavioral health of the Tribal people and families served by this system.	☐	☐	☐	☐	☐
35. I understand both the risk and protective factors impacting the Tribal individuals and families served by this system.	☐	☐	☐	☐	☐
36. I know our organizational procedures for screening individuals for suicide risk.	☐	☐	☐	☐	☐
37. I am confident in my ability to screen individuals for suicide risk.	☐	☐	☐	☐	☐
38. I am comfortable screening individuals for suicide risk.	☐	☐	☐	☐	☐

Individuals who screen positive for suicide risk should be assessed to inform clinical decision making. This is sometimes referred to as a suicide risk assessment.

39. Are you responsible for conducting *suicide risk assessments* for individuals who screen positive for suicide risk? ☐ No [sent to #47] ☐ Yes [sent to #38] [Required Item]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
40. I have the knowledge and skills needed to conduct a suicide risk assessment.	☐	☐	☐	☐	☐
41. I am knowledgeable about risk factors for suicide.	☐	☐	☐	☐	☐
42. I obtain information about risk and protective factors when conducting suicide risk assessments.	☐	☐	☐	☐	☐
43. I assess the individual's access to lethal means as part of a suicide risk assessment.	☐	☐	☐	☐	☐
44. I assess the individual's suicide plans and intentions as part of a suicide risk assessment.	☐	☐	☐	☐	☐
45. I know what organizational procedures exist	☐	☐	☐	☐	☐

regarding suicide risk assessments.					
46. I am confident in my ability to conduct a suicide risk assessment.	☐	☐	☐	☐	☐
47. I am comfortable conducting a suicide risk assessment.	☐	☐	☐	☐	☐
48. I know the clinical workflow to follow when a suicide risk assessment indicates the individual needs additional clinical care.	☐	☐	☐	☐	☐

Section 5. Training on Screening and Risk Assessment

These next questions are about any training you may have received on screening and suicide risk assessment – even if this is not part of your current professional duties.

49. Have you <u>ever</u> received training on conducting suicide screenings or conducting suicide risk assessments?...... ☐ No [sent to #50]   ☐ Yes [sent to #48] [Required Item]

50. Has <u>your current organization</u> provided you with training on conducting suicide screenings or conducting suicide risk assessments?........ ☐ No ☐ Yes

51. Which of the following trainings, if any, have you taken on *screening* or *suicide risk assessment*?
    ☐ AMSR (Assessing and Managing Suicide Risk)
    ☐ CASE Approach (Chronological Assessment of Suicide Events)
    ☐ Commitment to Living
    ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
    ☐ QPRT Suicide Risk Assessment and Management Training (not basic QPR training)
    ☐ RRSR (Recognizing and Responding to Suicide Risk)
    ☐ suicide to Hope
    ☐ An inservice or webinar training at my organization
    ☐ An inservice or webinar training at a former organization
    ☐ A different training on *screening* or *suicide risk assessment* (please specify): _____

52. Do you use a standard tool, assessment instrument, or rubric for suicide screening or risk assessment?
    ☐ No [sent to #54]   ☐ Yes [sent to #51] [Required Item]

53. Which of the following tools, screening and assessment instruments, or rubrics, if any, do you use?
    ☐ Asking Suicide-Screening Questions (ASQ)
    ☐ Beck's Suicide Intent Scale (SIS)
    ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
    ☐ National Suicide Lifeline Risk Assessment Standards
    ☐ PHQ-3
    ☐ PHQ-9
    ☐ Risk Assessment Matrix (RAM)
    ☐ Risk of Suicide Questionnaire (RSQ)
    ☐ Risk Formulation with Risk Status and Risk State
    ☐ SAFE-T
    ☐ suicide to Hope
    ☐ Suicide Ideation Questionnaire (SIQ or SIQ-JR)
    ☐ A tool, instrument, or rubric developed by my organization
    ☐ A different tool, instrument, or rubric (please specify): _____

54. Has your system made changes to any of the screening or assessment tools to make them more culturally appropriate for use with the Tribal people served by the organization?
    ☐ No [sent to #53]   ☐ Yes [sent to #54] [Required Item]

55. Has your system provided you with training on ways in which to ask screening or assessment questions that make them culturally resonant with the Tribal individuals and families coming for services?
    ☐ No ☐ Yes

Section 6. Providing Care to Individuals at Risk

These questions are for staff responsible for providing care directly related to an individual's elevated risk for suicide.

56. Do you provide care directly related to an individual's elevated risk for suicide based on their risk assessment?
     ☐ No [sent to #63]   ☐ Yes [sent to #55] [Required Item]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
57. I have the knowledge and skills needed to provide care to individuals who have been identified as being at elevated risk for suicide.	☐	☐	☐	☐	☐
58. I am knowledgeable about the specific cultural nuances related to loss of life by suicide of the Tribes with whom we work.	☐	☐	☐	☐	☐
59. I understand that a mix of western and Traditional medicines and interventions is often very effective, especially for Tribes that are considered to be more traditional in their ways.	☐	☐	☐	☐	☐
60. I am familiar with the use of Traditional Healers and medicines by some Tribal people and families.	☐	☐	☐	☐	☐
61. I am familiar with the clinical workflows at this organization related to things such as safety planning, access to lethal means, documentation, and other procedures for caring for individuals at elevated risk of suicide.	☐	☐	☐	☐	☐
62. I am confident in my ability to provide care to individuals who have been identified as being at elevated risk for suicide.	☐	☐	☐	☐	☐
63. I am comfortable providing care to individuals who have been identified as being at elevated risk for suicide.	☐	☐	☐	☐	☐
64. I am comfortable offering Traditional Healers and medicines as effective interventions for those who use them.	☐	☐	☐	☐	☐

65. Have you taken a *Safety Planning Intervention for Suicide Prevention* training?
     ☐ No ☐ Yes

66. Have you taken the *Counseling on Access to Lethal Means* (CALM) course?
     ☐ No ☐ Yes

Section 7. Use of Evidence-Based Treatments That Directly Target Suicidality

These questions are for individuals who deliver *clinical treatment* (e.g. CAMS, CBT-SP, DBT) to individuals identified as being at elevated risk for suicide.

67. Do you deliver clinical treatment (e.g. CAMS, CBT-SP, DBT) to individuals who have been identified as being at elevated risk for suicide?
☐ No [sent to #70]   ☐ Yes [sent to #66] [Required Item]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
68. I have received training on suicide-specific evidence-based treatment approaches (e.g. CAMS, CBT-SP, DBT).	☐	☐	☐	☐	☐
69. I am confident in my ability to provide treatment to individuals with suicidal thoughts or behaviors.	☐	☐	☐	☐	☐
70. I am comfortable providing treatment to individuals with suicidal thoughts or behaviors.	☐	☐	☐	☐	☐

71. In which of the following suicide-specific evidence-based treatment approaches, if any, have you received training? (select all that apply)
☐ CAMS (Collaborative Assessment and Management of Suicide)
☐ CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)
☐ DBT (Dialectical Behavior Therapy)
☐ Another training (please specify): _____

Section 8. Care Transitions

These questions are for individuals responsible for ensuring that individuals identified as being at elevated risk for suicide are supported during transitions in care.

For the following questions, _transitions in care_ include safely discharging and/or transitioning individuals following acute care admissions or changes in care.

72. Are you responsible for ensuring safe care transitions for individuals who have been identified as being at elevated risk for suicide?...... ☐ No [sent to #77]   ☐ Yes [sent to #71] [Required Item]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
73. I have the cultural knowledge, skills, and humility needed to work with Tribal individuals and families during their transitions in care.	☐	☐	☐	☐	☐
74. I am familiar with organizational procedures for working with individuals during their transitions in care.	☐	☐	☐	☐	☐
75. I am confident in my ability to work with individuals during their transitions in care.	☐	☐	☐	☐	☐
76. I am confident in my ability to work with family members or other support persons who may be involved during a Tribal individual's transitions in care.	☐	☐	☐	☐	☐
77. I am familiar with organizational procedures for ensuring that an individual's health information is shared during transitions in care.	☐	☐	☐	☐	☐
78. I am comfortable working with Tribal people during their transitions in care.	☐	☐	☐	☐	☐

Section 9. Training and Resource Needs

Staff members should have the necessary skills, appropriate to their role, to provide care and feel confident in their ability to provide caring and effective assistance to individuals with suicide risk.

79. In which of the following areas, if any, would you like more training, resources, or support? (select all that apply)
    - ☐ Suicide prevention and awareness
    - ☐ Epidemiology and the latest research findings related to suicide
    - ☐ Identifying warning signs for suicide
    - ☐ Communicating about suicide
    - ☐ Working specifically with Tribal people
    - ☐ Suicide screening practices
    - ☐ Identifying risk factors for suicide
    - ☐ Suicide risk assessment practices
    - ☐ Determining appropriate levels of care for individuals at risk for suicide
    - ☐ Crisis response procedures and de-escalation techniques
    - ☐ Supporting the care of individuals at risk for suicide
    - ☐ Collaborative safety planning for suicide
    - ☐ Suicide-specific treatment approaches
    - ☐ Aftercare and follow-up
    - ☐ Family, caregiver, and community supports
    - ☐ Procedures for communicating about individuals who may be at risk for suicide
    - ☐ Understanding and navigating ethical and legal considerations
    - ☐ Policies and procedures within your work environment
    - ☐ Staff roles and responsibilities within your work environment
    - ☐ Reducing access to lethal means outside the care environment
    - ☐ Creating a safe physical environment for individuals at risk for suicide