

ZERO SUICIDE WORKFORCE SURVEY

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? [Required Item – used later for branching]
 - Inpatient setting
 - Outpatient setting
 - Both
2. Please indicate your Department/Unit from the following list. [Customized to each organization]
- 2a. Is this your first time taking part in the Zero Suicide Workforce Survey at your current organization? (choose one)
 - No
 - Yes
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)
 - 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. [Required Item]
 - No
 - Yes

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

	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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know what to do when I have concerns about potential means for suicide in the physical environment in our facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand my role and responsibilities related to suicide prevention within this organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I believe suicide prevention is an important part of my professional role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The leadership at this organization has explicitly indicated that suicide prevention is a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. This organization has clear policies and procedures in place that define each employee’s role in preventing suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have received training at this organization related to suicide prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. This organization provides me access to ongoing support and resources to further my understanding of suicide prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt blamed the last time an individual died by suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. This organization has practices in place to support staff when a suicide occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <i>recognize</i> when an individual may be at elevated risk for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am knowledgeable about warning signs for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I know what organizational procedures to follow when I suspect that an individual may be at elevated risk for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am confident in my ability to respond when I suspect an individual may be at elevated risk for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am comfortable asking individuals direct and open questions about suicidal thoughts and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you ever received training on how to *recognize* the warning signs that an individual may be at elevated risk for suicide?..... No [\[sent to #26\]](#) Yes [\[sent to #25\]](#) **[Required Item]**

26. Has your current organization 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 #66]

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

27. 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

28. Are you responsible for conducting *screenings* for suicide risk? ... No [sent to #32] Yes [sent to #28] [Req]

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
29. I have the knowledge and skills needed to screen individuals for suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I know our organizational procedures for screening individuals for suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am confident in my ability to screen individuals for suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I am comfortable screening individuals for suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

33. Are you responsible for conducting *suicide risk assessments* for individuals who screen positive for suicide risk? No [sent to #42] Yes [sent to #33] [Required Item]

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
34. I have the knowledge and skills needed to conduct a suicide risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I am knowledgeable about risk factors for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I obtain information about risk and protective factors when conducting suicide risk assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I assess the individual's access to lethal means as part of a suicide risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I assess the individual's suicide plans and intentions as part of a suicide risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I know what organizational procedures exist regarding suicide risk assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I am confident in my ability to conduct a suicide risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I am comfortable conducting a suicide risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I know the clinical workflow to follow when a suicide risk assessment indicates the individual needs additional clinical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

43. Have you ever received training on conducting suicide screenings or conducting suicide risk assessments?..... No [sent to #45] Yes [sent to #43] [Required Item]
44. Has your current organization provided you with training on conducting suicide screenings or conducting suicide risk assessments?..... No Yes
45. Which of the following trainings, if any, have you taken on *screening* or *suicide risk assessment*? (select all that apply)
- 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): _____
46. Do you use a standard tool, assessment instrument, or rubric for suicide screening or risk assessment?
 No [sent to #47] Yes [sent to #46] [Required Item]
47. Which of the following tools, screening and assessment instruments, or rubrics, if any, do you use? (select all that apply)
- 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): _____

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.

48. Do you provide care directly related to an individual’s elevated risk for suicide based on their risk assessment?

- No [sent to #52] Yes [sent to #48] [Required Item]

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
49. I have the knowledge and skills needed to provide care to individuals who have been identified as being at elevated risk for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. I am confident in my ability to provide care to individuals who have been identified as being at elevated risk for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. I am comfortable providing care to individuals who have been identified as being at elevated risk for suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Have you taken a *Safety Planning Intervention for Suicide Prevention* training?

- No Yes

54. 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.

55. 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 #59] 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
56. I have received training on suicide-specific evidence-based treatment approaches (e.g. CAMS, CBT-SP, DBT).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. I am confident in my ability to provide treatment to individuals with suicidal thoughts or behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. I am comfortable providing treatment to individuals with suicidal thoughts or behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. 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.

60. Are you responsible for ensuring safe care transitions for individuals who have been identified as being at elevated risk for suicide?..... No [sent to #66] Yes [sent to #60] [Required Item]

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
61. I have the knowledge and skills needed to work with individuals during their transitions in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. I am familiar with organizational procedures for working with individuals during their transitions in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. I am confident in my ability to work with individuals during their transitions in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. I am confident in my ability to work with family members or other support persons who may be involved during an individual's transitions in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. I am familiar with organizational procedures for ensuring that individuals' health information is shared during transitions in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. I am comfortable working with individuals during their transitions in care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

67. 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
- 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