

## Suicide Care Insights: Patient Loss Video Transcript

**Shelby:** When I lost a patient to suicide, it was devastating. I was heartbroken for my client, someone who I saw as artistic and funny and with an entire life ahead of her. I was heartbroken for her family and entire community.

Professionally, it made me question my skills as a provider and a supervisor. It made me question everything about how we treated our patients. It made me doubt myself. The experience was terrible and still affects me today almost ten years later.

**Diana:** I had five attempts and so after each attempt I was hospitalized. And pretty much I would say that the first four went the same basically with different people in different hospitals. They sent me home with nice pill bottles and some prescriptions to refill. I had thought the hospital was going to be the answer, the solution. And when it wasn't that was when I pretty much lost all hope.

**Shelby:** Once I was able to move through the numbness that I experienced in the wake of this loss, I was determined. There had to be some way that I could do better for my patients—that our healthcare system could do better. In my searching, I found the Columbia Suicide Severity Rating Scales, I found Dialectical Behavior Therapy, and I found the Zero Suicide framework.

I realized that like so many well-meaning healthcare systems, my system assumed that depression underscored suicide. And we only treated the symptoms of depression. We didn't speak openly about access to lethal means. We managed shorter lengths of stay by skipping family sessions. And like in Diana's story, we were a system who discharged patients with nice, full bottles of medications that were a critical part of a patient's suicide plan.

**Diana:** My last attempt, I went to a different hospital and from the moment I spoke to the people—all the staff involved—I knew it was different.

**Shelby:** The Zero Suicide framework put all the pieces of effective care into a comprehensive effort toward better, safer care. I knew it could make a difference for our patients. And at the very least, I knew that it would help me to feel more confident that I was doing the very best to care for the patients that entrusted us with their lives every day.

Diana: They spoke to me as a person. They addressed me by my name. she made sure to tell me that it was always okay and even expected of me to ask questions about them, because I was in an environment that I wasn't familiar with. And I really was, because I had never had that kind of attention directed to me after an attempt.

Shelby: I wanted this for my hospital. I wanted to be sure that our patients got what Diana tells us made the difference. Healthcare providers come into the field to help people. And too often they don't get all they need to treat people at risk of suicide, because most clinical education programs did not specifically address suicidality.

Diana: To me, being suicidal really is not having any hope that your situation will ever change. I could tell they had the confidence that I could get better, so that gave me hope that I could get better.

Shelby: Our healthcare workforce shouldn't have to carry the guilt, blame, or uncertainty that come from wondering if they did the right thing for their patient. When I brought the framework to our chief nursing officer and vice president, she became our biggest champion. Over the years of our implementation, it was her voice at the highest levels of our enterprise leadership that removed barriers and supported our success.

To experience the loss of a patient is devastating. I found that Zero Suicide was what I needed as a supervisor and provider to do more, to do better for our patients. Diana tells about how different care was for her. I can tell you, Zero Suicide makes care different for providers, too.

This transcript is for "Suicide Care Insights: Patient Loss," part of the *Suicide Care Insights: Stories & Tips to Cultivate Your Implementation* series on [ZeroSuicide.com](https://ZeroSuicide.com).

© 2022 Zero Suicide Institute at Education Development Center