ZERO Suicide

Readiness-Building Guide

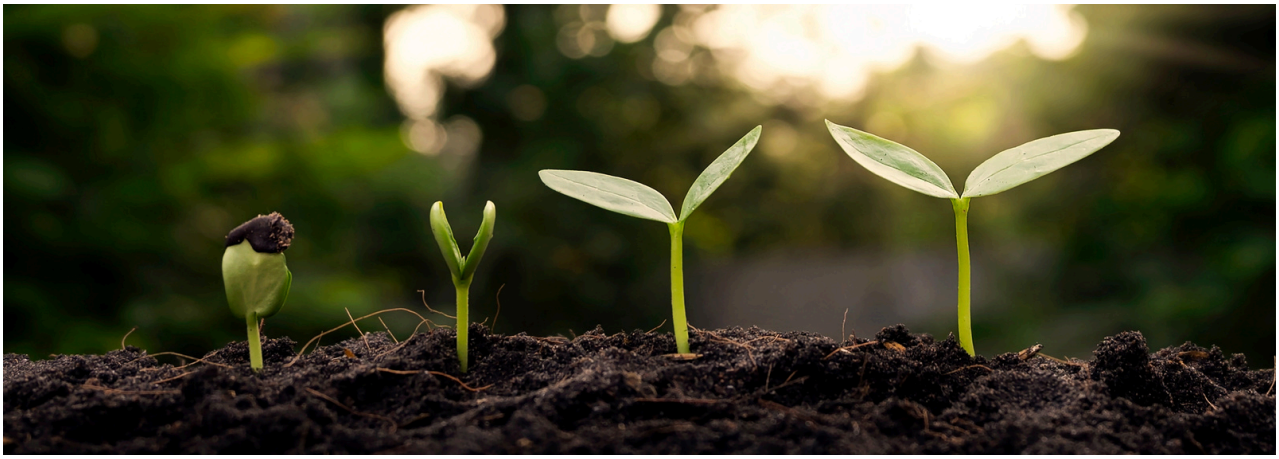
Welcome to the ZERO Suicide Readiness-Building Guide

This Zero Suicide Readiness-Building Guide is intended to help you use communication to build readiness for the implementation and improvement of your Zero Suicide efforts.

Why is communication important to build readiness?
In the quest for organizational change, one crucial tool is communication. Often, we equate information with communication, as in, people need to know something, so we tell them what we want them to know. Communication can do more than inform or instruct people. It can motivate, educate, inspire, and cultivate readiness for change. All of those are important ingredients to make Zero Suicide successful.

What is readiness?
Some people call it buy-in, willingness to change, open to change, or readiness. Essentially, we want people to change something or start something new. The different or new thing could be a screening process, follow up procedure, or a policy change. People need to be ready to do something different.

Some researchers think that for people to be ready to change they need to be motivated and have capacity. People need to want to change and be able to change.



One way to think about **readiness**

Building readiness is like growing seeds. First you plant them, then give them water, sunshine, fertilizer, and protect the early shoots so they can grow. Readiness isn't a static way of being. It is dynamic and can change along the way. Zero Suicide is a journey that never ends and even when you are sustaining practices you need to continue to support readiness.

Typically, when an organization implements a new process or workflow there is (at least) one training. Generally, we assume training will be enough; that people will learn what they need during the training and embrace the change. After all, they now have the information on how to do the new thing.

It takes more than knowledge to change.

How do we know people are ready to **change**?

We're going to use the stages of change model to think about readiness. Many people recognize the stages of change from Motivational Interviewing or substance misuse treatment. It's also applied to organizational change. Simply put, the theory says that people are in different stages of change (see definitions below) and they need encouragement to move along the change continuum until they are sustaining the new behavior. Below are descriptions of the stages of change that people can experience.

Pre-Contemplative: If someone is in the pre-contemplative stage that means they don't know the problem exists or they don't want to change.

Example:
Staff members use the following phrases when talking about patients with suicidal thoughts and behaviors: "committed suicide," "attention seeking," "unsuccessful suicide attempt," "frequent flyer."

They either don't know these phrases are stigmatizing or they don't think language makes a difference (or some variation of this).

Contemplative: If someone is contemplative, they are aware of the problem but aren't decided to change just yet.

Example:
Staff members have been educated on the importance of language and stigma. Some staff aren't sure that the language change is necessary.

They are more aware of language and understand that some think this language is stigmatizing or unhelpful but haven't decided to change their language yet.

Preparation: If someone is in the preparation phase they intend to change, to do the new thing but they haven't yet.

Example:
Some staff are thinking about changing their language. They notice when they do say things like 'commit suicide,' 'frequent flyer,' and realize that it doesn't sound right and feels "off."

They are planning to change the language they use when talking about people with suicidal thoughts and behaviors.

Action: If someone is in the action phase they are doing the new thing.

Example:
Staff are using the new language and correcting themselves when they use the "old" language.

Relapse: If someone is in the relapse stage they used to do the thing, but they've stopped.

Example:
Staff have been using more person-centered, trauma-informed language when talking about people who experience suicidal thoughts and behaviors and now have slipped back into using the old language.

They might be pre-contemplative (I used the new language, and I don't think it matters), contemplative (I can see that language is important but I'm not sure about this change), or planning (I'm going to get back to using the new language).

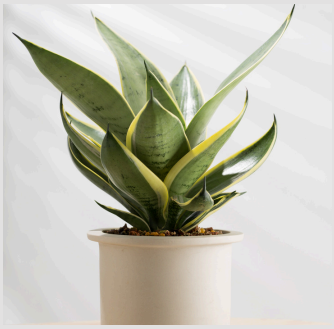
This is where communication can help. Intentional messaging can help move individuals along the continuum of change. When you use language that takes into consideration their stage of change and why they might be in that stage you can increase their readiness.

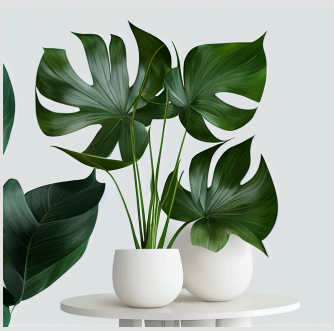
How do you figure out why they might not be in the action stage yet?

It can be helpful to gather information about why people aren't in the action stage yet. This can help you craft your message.

We know that information and training are not always enough for people to sustain new behavior. So why might people be in these stages of change?

Here are some ways to categorize feelings that can contribute to someone's stage of change and craft your messaging to build readiness for change.





Belief about capabilities: Staff might feel like they aren't capable of doing the new thing; beyond not having the needed skills and knowledge.

Example:
Staff might feel they can't work with people who are at high risk of suicide.

Professional role: They might feel asking patients about suicide isn't part of their role.

Example:
Many medical professionals who don't screened patients for suicide feel it isn't part of their job.

Belief about consequences: They might feel that there will be negative consequences to themselves or their patients if they do "the thing."

Example:
Staff might believe that if you ask someone about suicide you could give them the idea to kill themselves. Staff might be concerned about liability or being fired if their patient attempts suicide or dies.

Emotions: The new "thing" might cause emotional reactions in staff.

Example:
Fear, uncertainty, discomfort, sadness, frustration, worry are emotions that people can experience while working with someone who is suicidal. Emotions can sometimes be the drivers of decision-making and responses to someone in crisis.

Group norms/group conformity: An entire team, department, or people in the same role (e.g., physicians, case managers, nurses) might think that it isn't their role, or are against the change.

Example:
Most department members are against screening patients for suicide because they think it will take too much time.

Cognitive overload/fatigue/burnout: Cognitive overload and fatigue can lead to burnout which makes change difficult. When people are tired or experiencing cognitive overload, they are more likely to rely on habits (making it more difficult to do something different).

Example:
Staff put off developing a safety plan with an at-risk patient. Staff forget to call a care pathway patient who doesn't attend an appointment.

How do we use this information to build readiness?

Understanding what their readiness stage is and why they are not ready to change can inform how you craft your message.

Think about messages that might help someone who thinks suicide screening is not part of their role.

- People who die by suicide are seen in healthcare regularly.
- Healthcare staff are a vital part of the safety net for patients
- We care about the whole person including their mental health.

What might be some messaging for people who are worried about consequences; that they will be blamed for a suicide death?

- Explain what happens if there is a lawsuit filed against the organization because of a suicide death.
- Explain the post-death and suicide attempt review process including what part they will have and what will happen after the review

Communication is more than written or spoken words.

We know that asking a person about suicide is more than reading the words on the screening tool. How the words are spoken, including the tone, eye contact, and body language, can say a lot more than the recited words.

This also applies to communication in an organization. What we say and how we say it can increase readiness and improve organizational culture.

Who is the message for and who do they need to hear it from?

Who should be the author of the message? Who do staff have a good relationship with and trust? Who do they need to hear from?

How do the people who are going to get the message best hear and absorb information?
People need to be able to read or hear, comprehend, and retain information to do something new. It's not always easy to do all three parts.

Some research shows that within 1 hour after learning something new, people have forgotten 50% of the information. We need to think about when and how the message and information is delivered to maximize people's ability to retain the information.

What are the channels you are using to get the message out?
Email is probably the most used channel of communication in organizations. Unfortunately, an email is also something easily read quickly forgotten.

Consider the channels you have available and use multiple channels that deliver information differently (i.e., email, announcement at meetings, company newsletter).

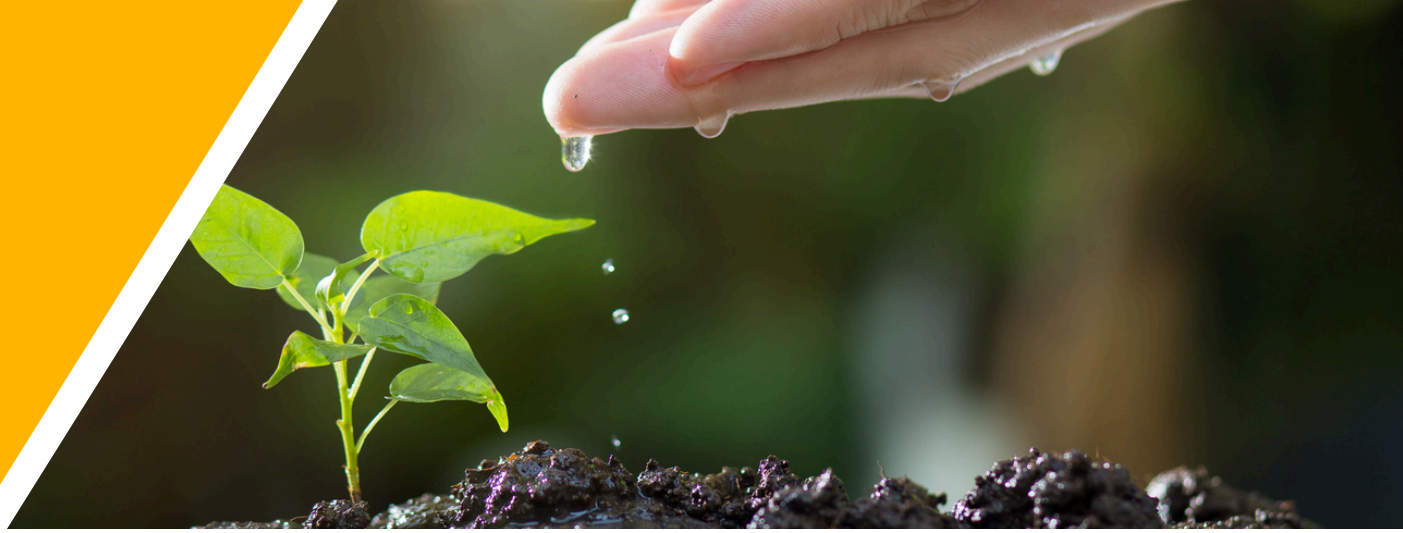
You also want to assure that things are accessible. You might have staff who are hard of hearing, have dyslexia, or a visual impairment and this could make standard messaging difficult for them to receive.

Feedback Loops

Good communication includes feedback because a conversation is better than an announcement. Feedback channels are as important as message channels. They should be easily accessible and include a way to provide it anonymously.

The feedback you receive can inform the continuous quality improvement that is foundational to Zero Suicide.

You want to have a plan to respond to the feedback. Responding to feedback in a transparent way can communicate to staff that their input is important.



RESOURCES AT A GLANCE

- Zero Suicide Readiness Presentation
- Zero Suicide Communications Planner
- Zero Suicide Mini Articles
- Zero Suicide FAQs

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