



ZERO Suicide FAQS

This guide can help you answer frequently asked questions (FAQs) or concerns about Zero Suicide. They are not intended to be used exactly as written. You'll want to adjust the message to fit your organization. However, these can help you start thinking about how to respond to people's questions about Zero Suicide.

What is Zero Suicide?

The Zero Suicide framework is a comprehensive approach to suicide prevention in healthcare organizations and systems. Its aim is to change the organizational culture around suicide care. It employs a systematic continuous quality approach that works to close any gaps where patients with suicide risk might be missed. It seeks to make suicide prevention a core component of healthcare culture and practice.

The Zero Suicide framework is a way to improve the way healthcare systems handle suicide prevention. It's not just about what individual providers do—it's about changing the whole system. Zero Suicide aims to make sure everyone gets better care, which means fewer gaps and better patient outcomes. For healthcare systems, it means promising to keep patients safe and supporting staff who work with patients at risk of suicide.

What if I'm uncomfortable with the “zero” part of Zero Suicide?

In Zero Suicide we aim for zero and we also plan for when a patient dies by suicide. When we aim for zero, we have a different mindset than when we aim for a reduction in suicide deaths. Ask yourself, is there an acceptable number of suicide deaths? The Zero Suicide framework includes implementation of postvention support for staff, a Just Culture that focuses on gaps in the system instead of blaming individuals, and a focus on supporting staff wellness so they can continue to do the hard work of supporting patients who are at risk of suicide.





How long will it take to implement?

Zero Suicide is something that we will be working on for a long time. It's a continuous quality improvement framework, which means that we keep looking at what we're doing and look for ways to improve it. The initial implementation might take a year or two, but we're going to be working on this for as long as we serve our patients.

There won't be a lot of changes all at once, we're going to implement things step by step. This way we can hear from you on how it is working, and what we might do to improve things for staff and patients.

Why do I need training in suicide? I work in billing (or some other non-patient facing role). I don't work with patients.

In Zero Suicide the belief is that everyone in an organization has a role in suicide prevention, even those who are in non-clinical roles. You might be talking to a patient on the phone about a bill, insurance, or scheduling an appointment, and with some training you could recognize when a patient says something that alerts you that they might be at risk of suicide.

Training can help you be more comfortable and confident supporting a patient while getting them to someone who can further support their needs. And, we all have friends and family members who come to us with questions or concerns because they know we work in healthcare or behavioral healthcare. This training will also help you support them and know where to get them the help they need.

Why do we have to fill out the Zero Suicide Workforce Survey?

The [Zero Suicide Workforce Survey](#) is a way for leadership and the implementation team to understand how you feel about your own comfort, confidence, skills, and knowledge working with patients who are at risk of suicide. It's an anonymous survey and we will share the results once we've received all the responses and have reviewed it.

The Zero Suicide Workforce Survey will let us know if you feel supported by this organization to work with individuals at risk of suicide. It also asks about what additional training you'd like to receive. The results will guide our implementation efforts so we can provide staff with the support they want and need.



How are we going to be able to afford to do this? Is it expensive?

There are many ways that we can finance the different things associated with implementation of Zero Suicide. We have (this is applicable if you have grant or other funding) funding that will support some of the training that we are going to do. Many other things we implement will be woven into current workflows. For example, we already screen and assess some patients for suicide risk. The change we will be using is a standardized or evidence-based tool.

We already closely follow our patients who are at high risk of suicide. Now we're going to make it easier by identifying them in our EHR and clarifying our related policies and procedures. Many times, what is most costly about the implementation of Zero Suicide is the time it takes to review, plan, decide, and change workflows. We can take our time implementing changes. Slow and steady wins the race.