

# The Emerging Zero Suicide Paradigm

Reducing Suicide for Those in Care

**Julie Goldstein Grumet, PhD**

**Mike Hogan, PhD**

August 28, 2014

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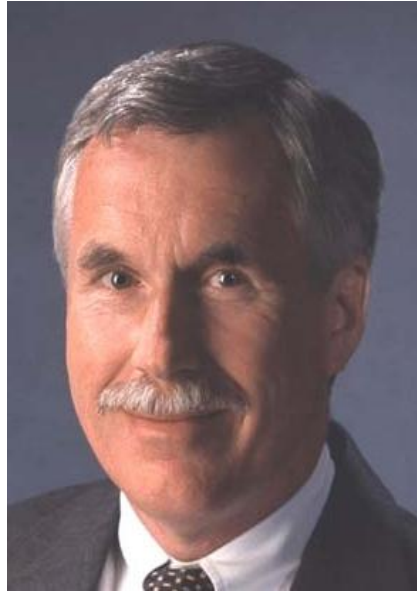


# Moderator and Presenters

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**Sarah A. Bernes, MPH, MSW**  
Research Associate, Suicide  
Prevention Resource Center



**Mike Hogan, PhD**  
Co-Chair, Zero Suicide  
Advisory Group



**Julie Goldstein Grumet, PhD**  
Director of Prevention and  
Practice, Suicide Prevention  
Resource Center



# Learning Objectives

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By the end of this webinar, participants will be able to:

1. Describe the seven dimensions of Zero Suicide and how they differ from the status quo of suicide care.
2. Discuss the tools and recommended next steps for healthcare organizations seeking to adopt a Zero Suicide approach.



Zero Suicide

# WHAT IS ZERO SUICIDE?



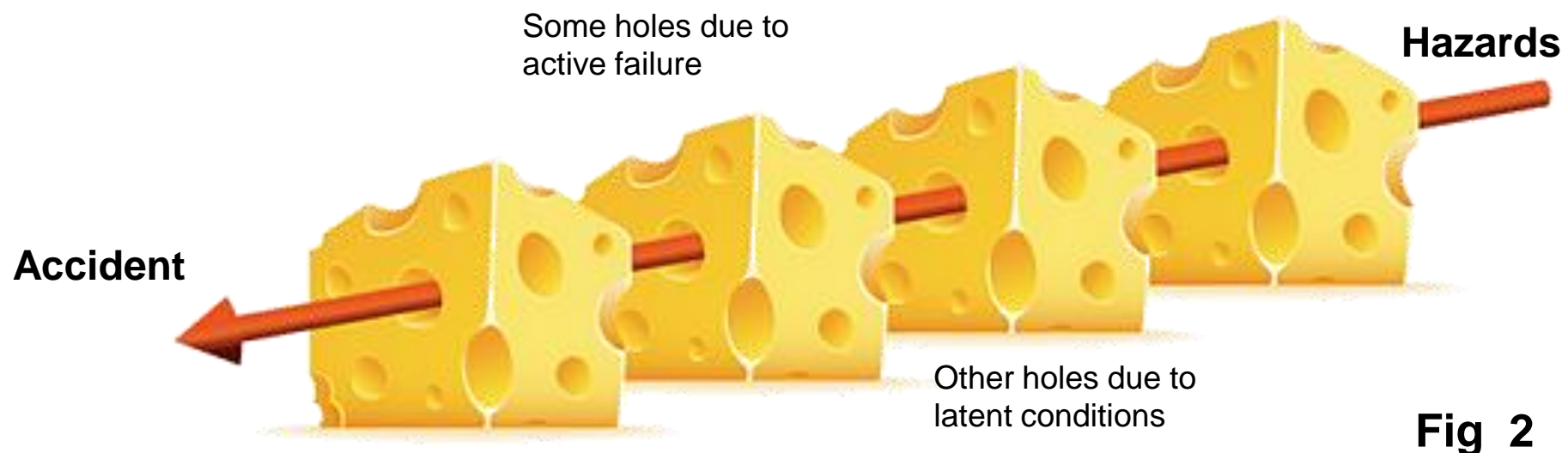
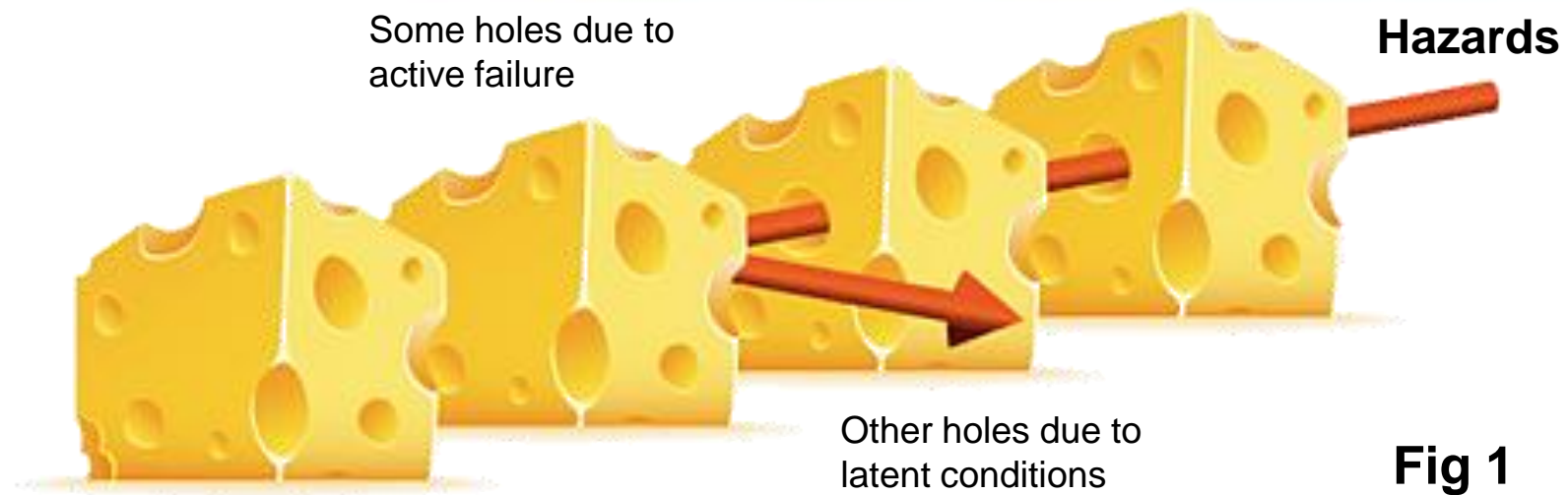
## **2012 National Strategy for Suicide Prevention:** **GOALS AND OBJECTIVES FOR ACTION**

**A report of the U.S. Surgeon General  
and of the National Action Alliance for Suicide Prevention**

GOAL 8: Promote suicide prevention as a core component of health care services.

GOAL 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.

# James Reason's "Swiss Cheese Model" of accidents





# Health Care is Not Suicide-Safe

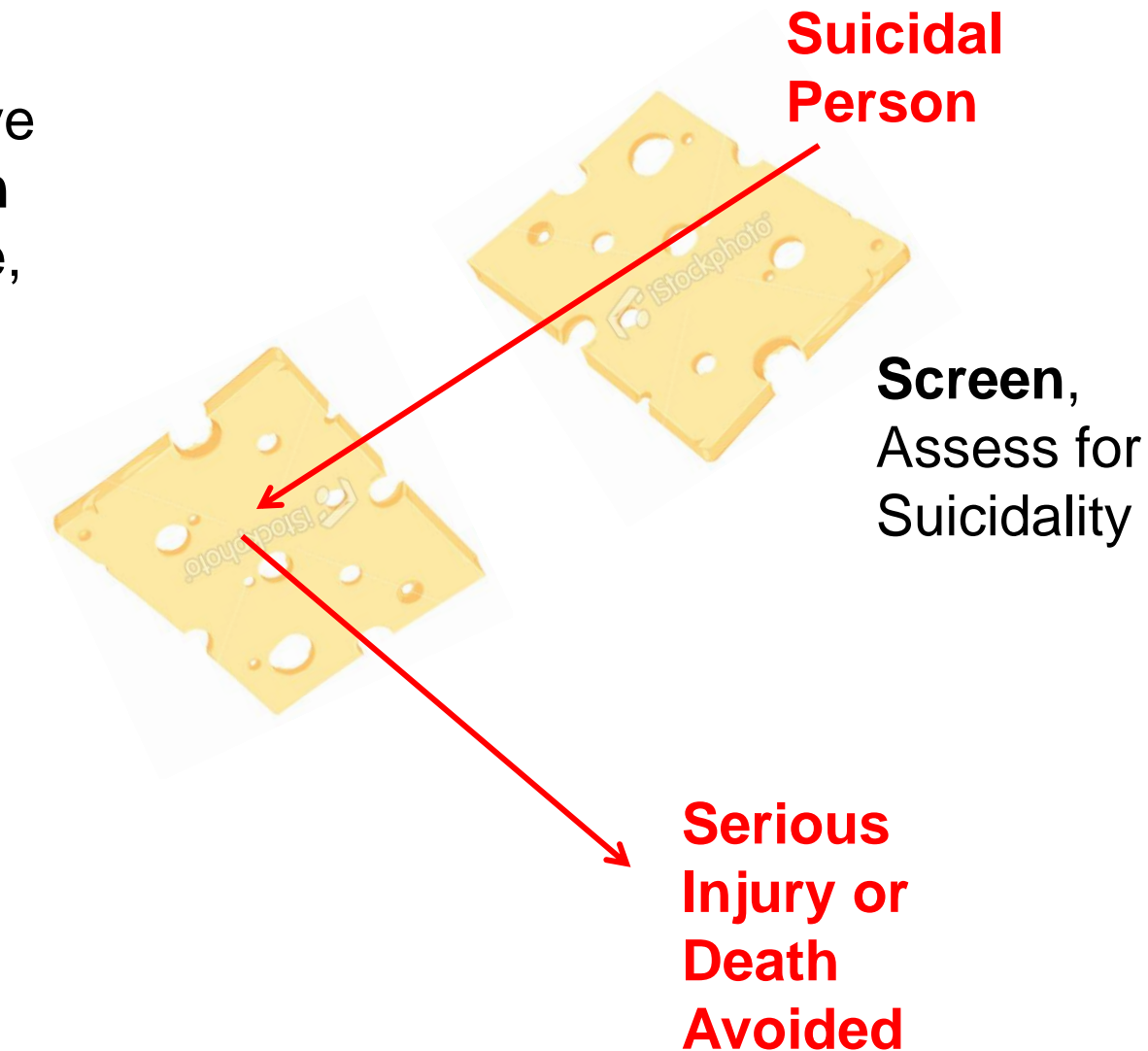






# Systematic Suicide Care Plugs the Holes in Health Care

Collaborative  
**Safety Plan**  
Put in Place,  
Followed







# Systematic Suicide Care Plugs the Holes in Health Care

Collaborative  
**Safety Plan**  
Put in Place

**Suicidal  
Person**

**Screen,  
Assess for  
Suicidality**

Treat Suicidality:  
**Suicide-Informed  
CBT,  
Groups/classes on  
Inpatient, DBT,  
CAMS**

**Serious  
Injury or  
Death  
Avoided**



# Systematic Suicide Care Plugs the Holes in Health Care

- Systematic Suicide Care

**Serious  
Injury or  
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Collaborative  
**Safety Plan**  
Put in Place

**Suicidal  
Person**

**Screen,  
Assess for  
Suicidality**

Continuity  
of Caring:  
**Follow-up**  
Calls after  
ED,  
Inpatient

Treat Suicidality:  
**Suicide-Informed  
CBT,  
Groups/classes on  
Inpatient, DBT,  
CAMS**



# What is Different in Zero Suicide?

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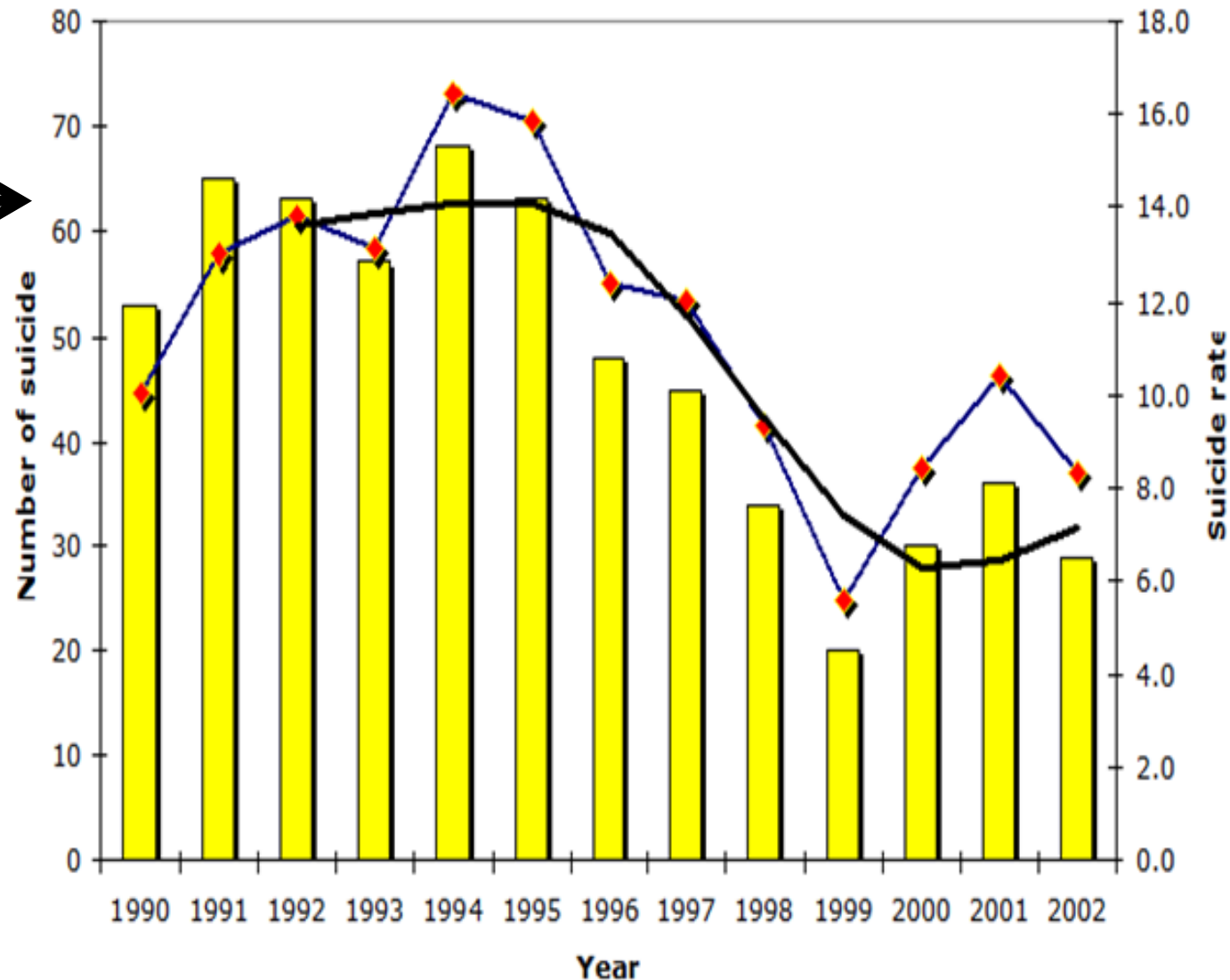
- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicidality and treating it directly
- A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- System-wide approaches have worked to prevent suicide:
  - United States Air Force Suicide Prevention Program
  - UK (While et al., 2009)

# Zero Suicide: A Systematic Approach *For Healthcare*



**U.S. AIR FORCE**

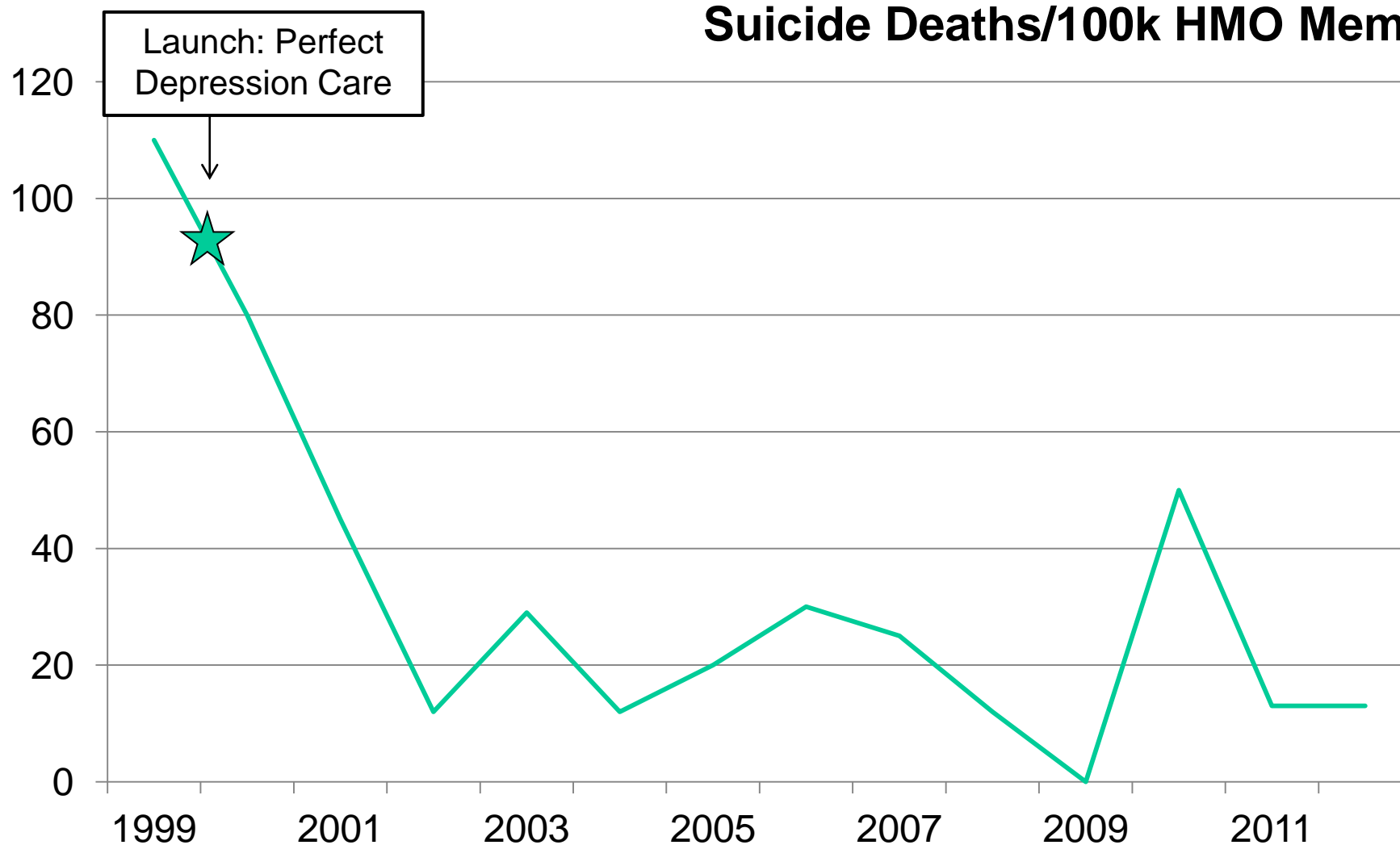
- A systems approach stressing social connectedness
- Would a systematic approach work in health care?





# Henry Ford Health System

## Suicide Deaths/100k HMO Members





**Ed Coffey, MD**

CEO, Behavioral Health Services

Henry Ford Health System

# What is Different in Zero Suicide?

Shift in Perspective from:	To:
Accepting suicide as inevitable	Every suicide in a system is preventable
Assigning blame	Nuanced understanding: ambivalence, resilience, recovery
Risk assessment and containment	Collaborative safety, treatment, recovery
Stand alone training and tools	Overall systems and culture changes
Specialty referral to niche staff	Part of everyone's job
Individual clinician judgment & actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalization during episodes of crisis	Productive interactions throughout ongoing continuity of care
"If we can save one life..."	"How many deaths are acceptable?"



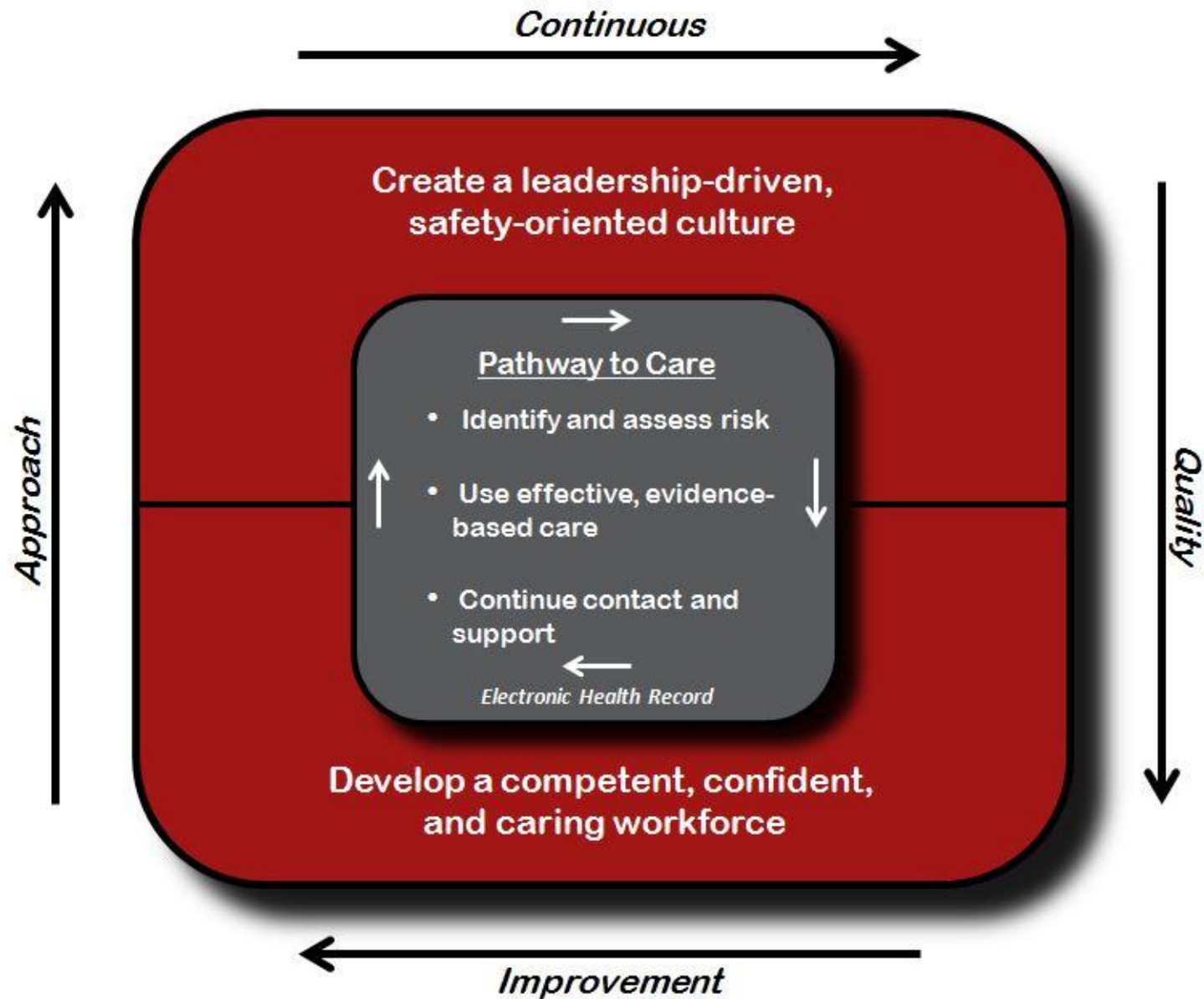


## Zero Suicide is...

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- A priority of the Action Alliance.
- Embedded in the National Strategy for Suicide Prevention.
- Applying patient safety to mental health care.
- A framework for systematic, clinical suicide prevention in behavioral health and healthcare systems.
- A set of best practices and tools including:  
[www.zerosuicide.com](http://www.zerosuicide.com).
- A fledgling movement and mission to keep people in our care alive and well...with your leadership and commitment.

# The Dimensions of Zero Suicide





Zero Suicide

# QUESTIONS?

## Zero Suicide in Health and Behavioral Health Care

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and also a specific set of tools and strategies. It is both a concept and a practice. Its core proposition is that suicide deaths for people under care are preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.

The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety--the most fundamental responsibility of health care--and also to the safety and support of clinical staff who do the demanding work of treating and supporting suicidal patients.

[Read more...](#)

### Zero Suicide Toolkit

The Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention identified essential dimensions of suicide prevention for health care systems, including health care plans or care organizations serving a defined population of consumers, such as behavioral health programs, integrated delivery systems, and comprehensive primary care programs. These dimensions are described in the Zero Suicide Toolkit.



**Creating the Zero Suicide Culture**



**Ensuring Every Person Has a Pathway to Care**



**Developing a Competent Workforce**



**Identifying and Assessing Suicide Risk Level**



**Using Effective, Evidence-based Care**



**Continuing Contact After Care**

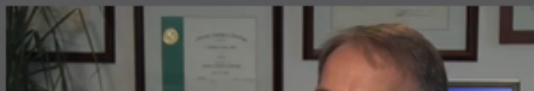
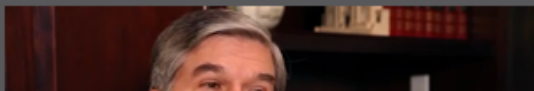


### New eLearning workshops available!

- **Safety Planning Intervention for Suicide Prevention**
- **Assessment of Suicidal Risk Using C-SSRS**

Made possible by the NY State Office of Mental Health and Columbia University.

### Meet Our Champions

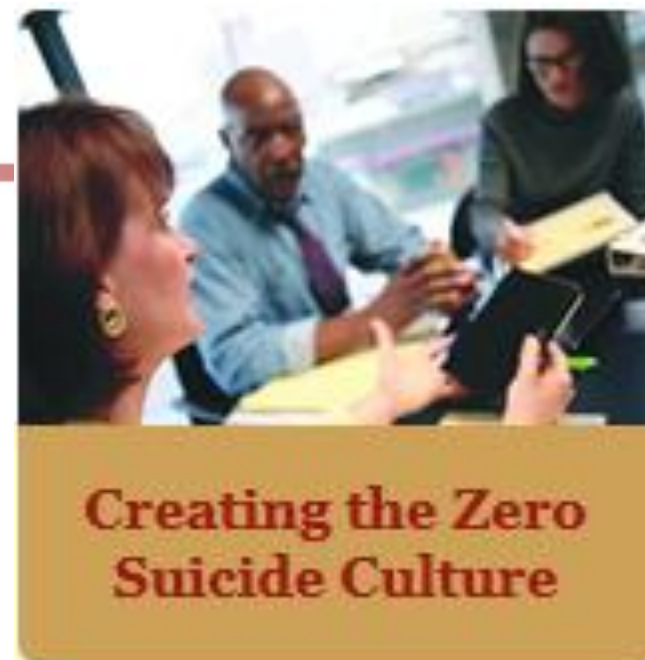


**Receive the Zero Suicide Newsletter!**



## Zero Suicide Dimension 1

CREATING A LEADERSHIP DRIVEN,  
SAFETY-ORIENTED CULTURE THAT  
COMMITTS TO DRAMATICALLY  
REDUCING SUICIDE AMONG PEOPLE  
UNDER CARE THAT INCLUDES SUICIDE  
ATTEMPT AND LOSS SURVIVORS AS  
PART OF THEIR LEADERSHIP AND  
PLANNING.





# Leadership Commitment and Culture Change

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- Leadership makes an explicit commitment to reducing suicide deaths among people under care and orient staff to this commitment.
- Organizational culture focuses on safety of staff as well as persons served; opportunities for dialogue and improvement, without blame; and deference to expertise, instead of rank.



## Lived Experience

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- Co-created, accessible, and ongoing support is provided to loss and attempt survivors.
- Attempt and loss survivors are active participants in the guidance of suicide care.





**Leah Harris, MA**

Communications and Development Coordinator  
National Empowerment Center



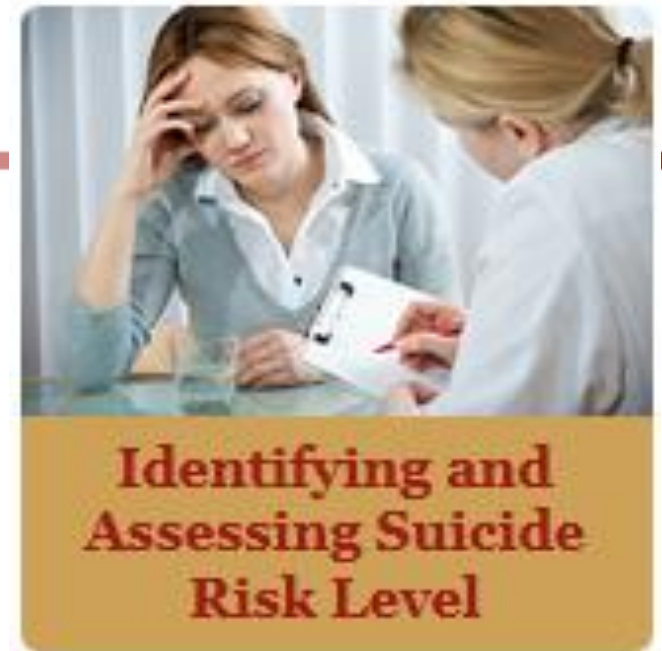
# TYPE IN THE CHAT

How does or can your organization engage suicide attempt and loss survivors in planning suicide prevention programs?



## Zero Suicide Dimension 2

SYSTEMATICALLY IDENTIFYING AND  
ASSESSING SUICIDE RISK LEVEL  
AMONG PEOPLE AT RISK.





# Screening and Assessment

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- **Screen** specifically for suicide risk, using a credible screening tool, in any health care population with elevated risk.
- Screening concerns lead to immediate clinical **Assessment** by an appropriately credentialed, “suicidality savvy” clinician.



# POLL QUESTION

Which option best describes how your organization assesses for suicide risk?

## Assessment of Suicidal Risk Using C-SSRS

Exit

Menu

### Suicide Risk Identification and Triage Using the Columbia Suicide Severity Rating Scale



**Center for Practice Innovations<sup>SM</sup>**  
at Columbia Psychiatry  
New York State Psychiatric Institute  
*Building best practices with you.*

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Forms



Text Version



Resources



Play

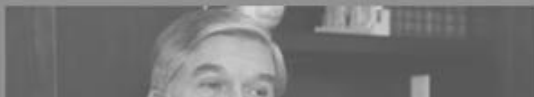


Replay

Audio

Page 1 of 25 Next

#### Meet Our Champions



Receive the Zero Suicide Newsletter!



## Zero Suicide Dimension 3

ENSURING EVERY PERSON HAS A PATHWAY TO CARE THAT IS BOTH TIMELY AND ADEQUATE TO MEET THEIR NEEDS.







# Pathway to Care

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- Design and use a care **Pathway** that defines care expectations for all persons with suicide risk, to include:
  - Identifying and assessing risk
  - Using effective, evidence-based care
  - Safety planning
  - Continuing contact, engagement, and support



## Zero Suicide Dimension 4

DEVELOPING A COMPETENT,  
CONFIDENT AND CARING  
WORKFORCE.



**Developing a  
Competent  
Workforce**



# Employee Assessment and Training

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- Employees are assessed for the beliefs, training, and skills needed to care for persons at risk of suicide.
- All employees, clinical and non-clinical, receive suicide prevention training appropriate to their role.

# Zero Suicide Work Force Survey

## Section 4. Training and Skills

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
22. I have received the training I need to engage and assist those with suicidal desire and/or intent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have the skills to screen and assess a patient/client's suicide risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have the skills I need to treat people with suicidal desire and/or intent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am confident in my ability to assess a patient/client's suicide risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am confident in my ability to treat a patient/client's suicidal thoughts and behavior using an evidence-based approach such as DBT or CBT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

0%  100%






**Becky Stoll, LCSW**

Vice President of Crisis & Disaster Management  
Centerstone of Tennessee



## Zero Suicide Dimension 5

USING EFFECTIVE, EVIDENCE-BASED CARE INCLUDING COLLABORATIVE SAFETY PLANNING, RESTRICTION OF LETHAL MEANS, AND EFFECTIVE TREATMENT OF SUICIDALITY.



**Using Effective,  
Evidence-based Care**



# Effective, Evidence-Based Treatment

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- Care directly targets and treats suicidality and behavioral health disorders using effective, evidence-based treatments.





# Safety Planning and Means Restriction

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- All persons with suicide risk have a safety plan in hand when they leave care.
- Safety planning is collaborative and includes: aggressive means restriction, communication with family members and other caregivers, and regular review and revision of the plan.



# POLL QUESTION

Which option best describes your organization's approach to safety planning?

## Safety Planning Intervention for Suicide Prevention

Exit

Menu

### Welcome to the Safety Planning Intervention for Suicidal Individuals



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at Columbia Psychiatry  
New York State Psychiatric Institute  
*Building best practices with you.*

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[Text Version](#)

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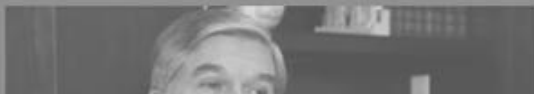
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Page 1 of 27 [Next](#)


### Meet Our Champions



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# Highlighted Resource: Means Restriction

**Counseling on Access to Lethal Means** | TOOLS & RESOURCES | COURSE NAVIGATION | EXIT





**Menu** | Narration Text | Search

- Lifeline Contact Information
- Welcome**
- Produced By
- What This Course Covers
- Before You Begin
- Module 1: Introduction to Means Restriction
- Module 2: Counseling on Access to Lethal Means



**Counseling on Access to Lethal Means**  
Online Learning



SLIDE 2 OF 64 | PAUSED | 00:03 / 00:06

Access at: [training.sprc.org](https://training.sprc.org)



## Zero Suicide Dimension 6

CONTINUING CONTACT AND  
SUPPORT, ESPECIALLY AFTER  
ACUTE CARE.





# Follow-up and Engagement

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- Persons with suicide risk get timely and assured transitions in care. Providers ensure the transition is completed.
- Persons with suicide risk get personal contact during care and care transitions, with method and timing appropriate to their risk, needs, and preferences.





# TYPE IN THE CHAT

How can or does your organization engage individuals with suicide risk who do not show up for scheduled appointments?





## **Zero Suicide Dimension 7**

APPLYING A DATA-DRIVEN QUALITY  
IMPROVEMENT APPROACH TO  
INFORM SYSTEM CHANGES THAT  
WILL LEAD TO IMPROVED PATIENT  
OUTCOMES AND BETTER CARE FOR  
THOSE AT RISK.



# POLL QUESTION

How does your organization measure suicide deaths for the population under care?



# Electronic Health Records (EHRs)

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- The pathway to care, screening, assessment, treatment, safety planning, and continuing contact and engagement are embedded in the electronic health record and clinical workflow.



# Quality Improvement and Evaluation

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- Suicide deaths for the population under care are measured and reported on.
- Continuous quality improvement is rooted in a Just Safety Culture.



Zero Suicide

# NEXT STEPS



# Developing an Implementation Team

## MEMBERSHIP SUGGESTIONS:

- REPRESENTATIVES FROM EXECUTIVE LEADERSHIP, ALL DEPARTMENTS/UNITS
- CLINICAL LEADER(S) AND LINE STAFF
- SURVIVOR(S)
- QUALITY/PERFORMANCE IMPROVEMENT EXPERTISE
- I.T. STAFF





# Implementation Team Functions

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- Meet monthly and as needed
- One-year commitment
- Functions
  - Maintain organizational enthusiasm and commitment
  - Orient all staff
  - Draft and implement work plan
  - Determine how to address gaps and needs
  - Evaluate initiative; continuous quality improvement





## With Your Implementation Team...

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- Take *Zero Suicide Organizational Self-Assessment*
- Complete *Zero Suicide Organizational Work Plan Template*
- Determine how to educate all staff about adoption of Zero Suicide approach
- Administer *Zero Suicide Work Force Survey*



# Zero Suicide Organizational Self-Assessment

**Ex. Systematically identifying and assessing suicide risk levels:** How does the organization screen suicide risk in the people we serve?

1	2	3	4	5
There is no use of a validated suicide screening measure.	A validated screening measure is utilized at intake for a identified subsample of individuals (e.g., crisis calls, adults only, behavioral health only)	A validated screening measure is utilized at intake for all individuals receiving care from the organization.	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals receiving care from the organization.	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals receiving care from the organization. Suicide risk is reassessed or reevaluated at every visit for those at risk.



# Zero Suicide Organizational Work Plan Template

**Creating a leadership-driven, safety-oriented culture that commits to dramatically reducing suicide among people under care and includes suicide attempt and loss survivors in leadership and planning roles**

	Timeline				Staff Responsible
	Q1	Q2	Q3	Q4	
Implementation team established. Tasks and roles of members clearly defined.					
Announcement of Zero Suicide philosophy to staff and ongoing communication about initiative.					
Consider ways to link Zero Suicide to other initiatives (e.g., trauma-informed care, substance abuse)					
Management training on new initiative (e.g. develop power point for staff trainings).					
Conduct presentation to Board on Zero Suicide, where applicable.					
Budget established to implement Zero Suicide (e.g. purchase screeners, training)					



# Educate all staff about adoption of Zero Suicide approach

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- Letter from CEO or Implementation Team to all staff
- *Zero Suicide Work Force Survey*
- All-staff orientation; staff meetings
- Regularly share information
  - Opportunities for questions and conversations about safe and just culture

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**Creating the Zero Suicide Culture**



**Ensuring Every Person Has a Pathway to Care**



**Developing a Competent Workforce**



**Identifying and Assessing Suicide Risk Level**

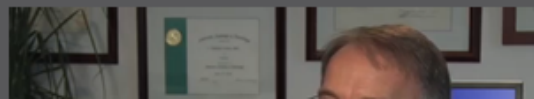


**Using Effective, Evidence-based Care**

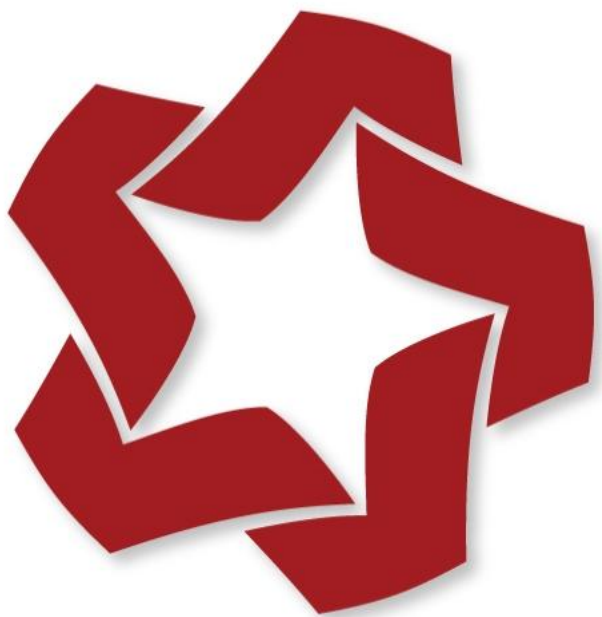


**Continuing Contact After Care**

## Meet Our Champions

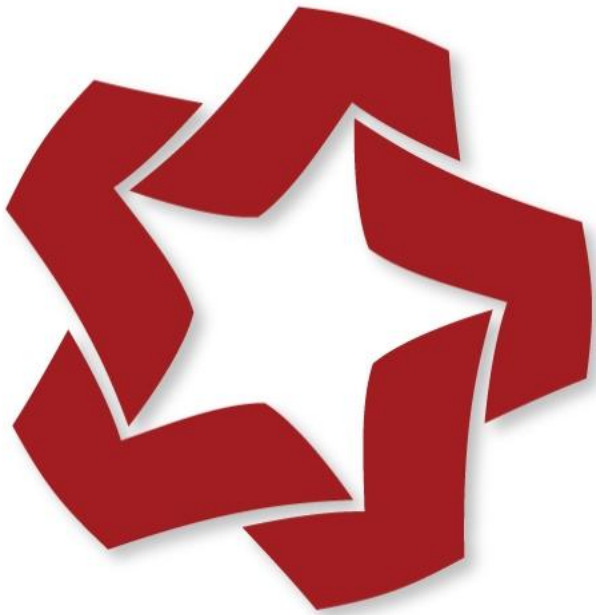


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# Questions?

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# Contact

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