

Zero Suicide Implementation During the COVID-19 Response

These are challenging times and the work you are doing is so very important. As we are all—individually, families and work teams—adjusting to the necessary physical distancing, telehealth, working from home, and so many other changes, our hearts and our minds are never far from our passionate work in suicide prevention.

Now more than ever we are aware of the great burdens these changes are placing on some of our most vulnerable—whether our current patients, those who will be seeking our care, those who have lost loved ones and friends, our educators, our emergency responders, our health care workers, and so many more.

Zero Suicide provides a practical framework to help support a system-wide focus on safer suicide care, even in these challenging times. Though every health care system is different and may be at varying points in their Zero Suicide journey as well as their COVID-19 response needs, the Zero Suicide elements allow systems to prioritize and focus on the unique needs of their organization at this time while continuing to provide effective, evidence-based suicide care for patients.

Consider the following recommendations, based on the [Zero Suicide elements](#), for priority action steps during this pandemic:

LEAD system-wide culture change committed to reducing suicides

- » Send regular encouraging communication from your [leadership team](#) with updates on personnel and practice changes as well as hopeful messages for your teams
- » Move barriers out of the way for staff to be able to use creative means to connect to their patients and families
- » Consider [caring contacts](#) for your teams given *everyone* can use a positive card or text in these trying times
- » Prioritize staff care by making opportunities for teams to talk about what is happening, having mental health support for staff available, ensuring 1:1 check-ins with staff to assess their stress, and encouraging self-care plans
- » Remember to celebrate successes—we all need to hear the positive, what is working and how we are making a difference

TRAIN a competent, confident, and caring workforce

- » Support training in [telehealth delivery](#) including safer suicide care
- » Ensure a supervision plan for those new to telehealth, whether through 1:1 supervision or team meetings with a focus on lessons learned as staff practice in new and creative ways
- » Send out an educational handout reminder to non-clinical staff with warning signs and risk factors as well as internal steps to ensure communication of patient concerns—remember that [everyone can have a role in suicide prevention](#) during these changing times

IDENTIFY individuals with suicide risk via comprehensive screening and assessment

- » Conduct [suicide screening for every patient at every encounter](#) now more than ever as individuals become more stressed over the life changes we are all experiencing
- » Ask specifically about how each person is personally being impacted by the pandemic and consider physical, emotional, social, and financial stressors
- » Assess increased risk factors such as social isolation, changes in family dynamics, job loss and financial stress, worries about personal health and health of loved ones, increases in depression, anxiety, fears, disruption of sleep and personal routines, and loss of support systems
- » Support staff in making the transition from screening in-person to screening via telehealth or through phone contacts by supporting use of the same tools and discussing importance of documentation
- » Review current policies and practices for full assessment and [risk formulation](#) when an individual screens positive for suicide risk through a phone or telehealth encounter
- » Remember the importance of communication with family and identified support persons
- » Remind staff of the importance of understanding the ambivalence in the patient's desire to die to relieve intolerable pain and of focusing on collaboration, empathy, and hope

ENGAGE all individuals at-risk of suicide using a suicide care management plan

- » Prioritize outreach to those [patients identified](#) as being at risk and/or on a suicide care pathway to ensure continuous engagement and safety

- » Increase phone check-ins and [caring contacts](#) during this time of change and increased stress and consider providing caring contacts for all patients regardless of risk status
- » Continue to use supervision and staffing to regularly review those patients on the [care pathway](#) and document this supervision and decisions on care
- » Utilize phone and/or telehealth visits to regularly review each patient's [collaborative safety plan](#) knowing there will be [a need to adjust](#) based upon our current requirements for physical distancing and limited availability for some distractions
- » In reviewing collaborative safety plans, remember to assess [lethal means safety](#) as individuals are staying home and may have more frequent access
- » Ensure patients continue to have easy access to their updated safety plans, whether through patient portals, pictures of the plan, texting, or use of an [app](#)

TREAT suicidal thoughts and behaviors using evidence-based treatments

- » Continue utilization of suicide specific [evidence-based treatments](#), all of which can be adapted to telehealth
- » Increase utilization of caring contacts especially for those transitioning from inpatient and emergency department care
- » Take time to develop organizational plans to provide care in the [least restrictive setting](#), especially now that inpatient care may provide added risks
- » Remember that [hope is the key to suicide prevention](#)—we cannot overemphasize the need for calm and compassion during this time

TRANSITION individuals through care with warm hand-offs and supportive contacts

- » Emphasize with treatment teams that care transitions are very high-risk times for patients
- » Identify where the responsibility for [follow-up and supportive contacts](#) lies and ensure that individuals on the care pathway are tracked and monitored closely as the transition from inpatient care, from emergency department to behavioral health and within primary care
- » Develop new or modify existing policies for follow-up after a missed telehealth appointment
- » Utilize collaborative safety plan review and caring contacts as key strategies for engagement and safety through [care transitions](#)

IMPROVE policies and procedures through continuous quality improvement

- » Focus on [fidelity to the framework](#) with an emphasis on monitoring screening, assessment and care transitions (including collaborative safety planning, lethal means safety and caring contacts)
- » May also be an opportunity to assess engagement and follow up through telehealth utilization, establishing some [baseline data](#) for those organizations new to telehealth delivery
- » Remember the importance of our focus on a just culture and a no-blame approach to improvement

Remember that we are all in this together as we strive to keep our eye and our energy on safer suicide care during these changing times. Please visit zerosuicide.com for more information about the Zero Suicide framework and for additional resources on managing COVID-19. We will be updating this site with new COVID-19 resources as they become available. Also consider joining our [email discussion list](#) to stay connected with colleagues who are also focused on delivering safer suicide care during this pandemic.