2015 NATIONAL BEHAVIORAL HEALTH CONFERENCE

Behavioral Health Integration With Primary Care

Zero Suicide

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Suicide Prevention Resource Center

ZEROSuicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

Leading the Way to Suicide Safer Care in Health Care Settings

August 6, 2015

SPRC

National Action Alliance for Suicide Prevention

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Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.

EDC Learning transforms lives.

www.sprc.org

SAMHSA

Zero Suicide is…

- Embedded in the National Strategy for S
- A priority of the N
- in behavioral health
- including www.zerosuicide.com.

Developing a competent, confident and caring workforce. One that is supportive and supported.

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Learning Objectives

1) Describe the core elements of Zero Suicide

2) Describe the tools available to healthcare organizations seeking to adopt a Zero Suicide approach

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Defining the Problem

- 30% of people who died by suicide saw MH professional in previous 30 days
- Risk among people with depression and other mental health problems are 4-20x general population
- Many AI/AN individuals are resistant to accessing mental health treatment because they view it as a perpetrator of White norms and values (Grandbois, 2005)
- Historical and intergenerational trauma impacts the physical and mental wellness of many Native Americans

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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.

What is Different in Zero Suicide?

- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicide 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

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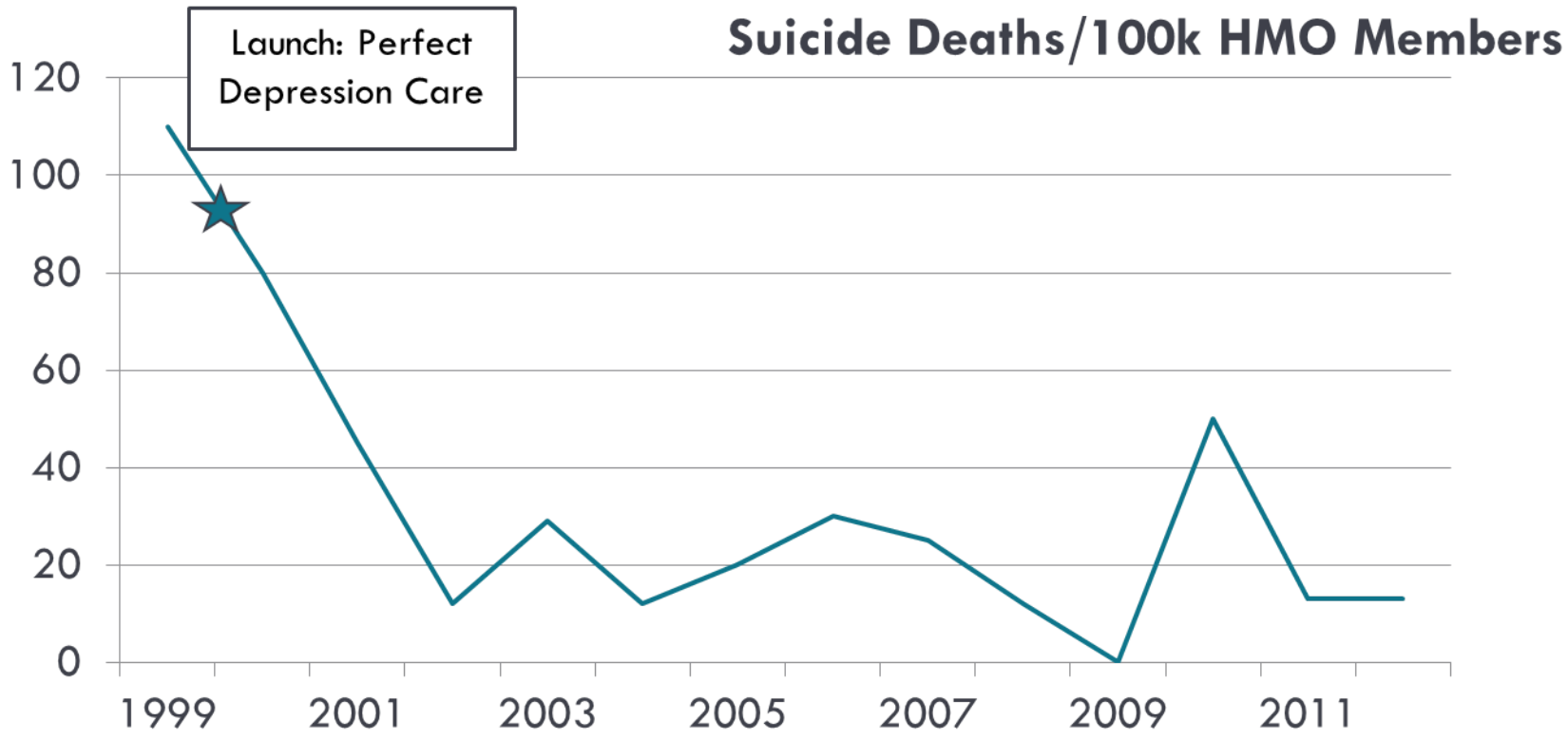
A System-Wide Approach for Health Care: Henry Ford Health System



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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?"

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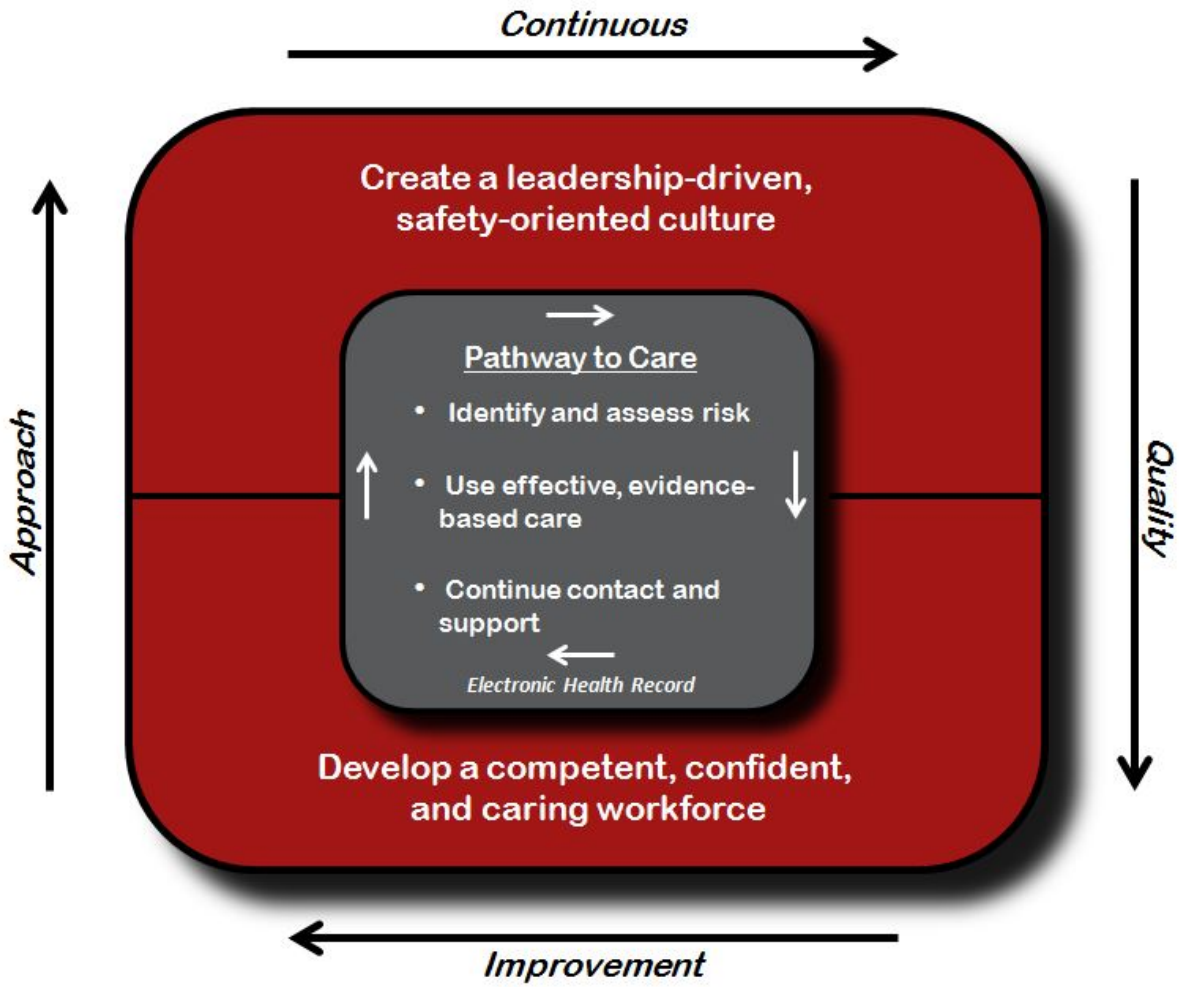
The Dimensions of Zero Suicide



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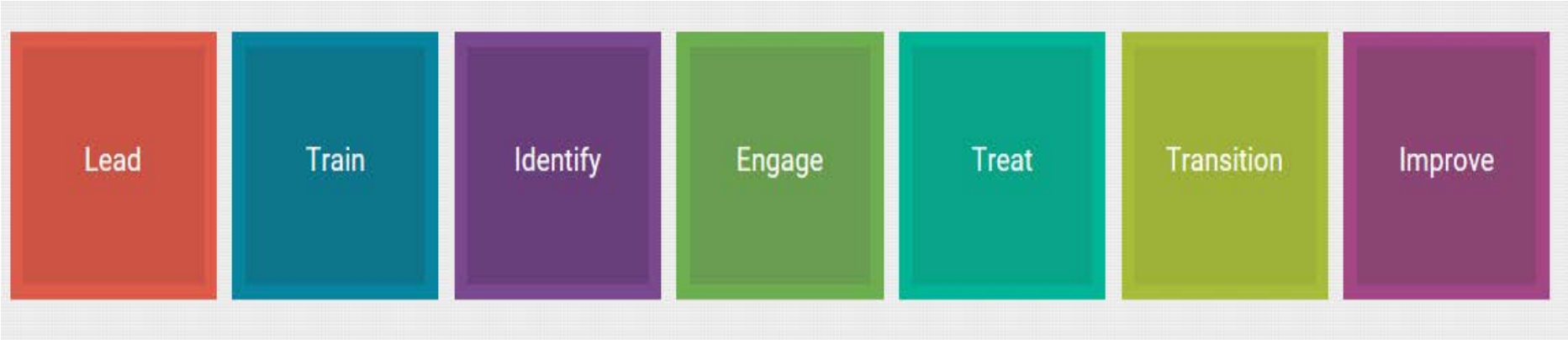
7 Key Elements to Zero Suicide



http://zerosuicide.sprc.org/toolkit

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LEAD

Leadership Commitment and Culture Change

- 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.

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Lived Experience

- 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.

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#WeNeedYouHere

#WeNeedYouHere

Impulsive, reckless behavior

Extreme behavior changes

Decreased interest in appearance

Loneliness

Feeling sad or hopeless

Feeling helpless

Saying things like, "All of my problems will end soon" or "I just can't take it any more"

A mental health condition

Giving away possessions

Withdrawal from others

Loss of interest in sports and leisure

Misuse of drugs or alcohol

SUICIDE WARNING SIGNS CAN ALSO INCLUDE

RESTRICTING ACCESS TO LETHAL MEANS CAN GREATLY REDUCE SUICIDE RATES.

Firearms are the most common means of suicide.

Use gun locks and gun safes, and limit the number of people who know where the key is or what the combination is.

Ask your police department to store your firearms.

Prescription drug overdoses can be prevented.

Store medications in locked cabinets.

Return unused medication to the pharmacy.

Know how many pills should be in each medicine bottle (to prevent someone from taking pills slowly).

Report lost or stolen prescriptions to the prescribing physician or law enforcement.

To GIVE help or GET help:

Call 911 if you or someone you know is in immediate danger.
Call the Suicide Prevention Lifeline: 1-800-273-TALK (8255).
Chat online at www.SuicidePreventionLifeline.org.
Text START to 741741 to chat via text.
Visit www.wernative.org.

Talk to trusted elders, healers, friends, family, clergy or health professionals.

(Pl. add order for local resources sticker)

Northwest Portland Area
Indian Health Board
www.npaihb.org

THRIVE

TRAIN

Employee Assessment and Training

- 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.

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Resource: Suicide Care Training Options

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SUICIDE CARE TRAINING OPTIONS

TRAINING FOR THE NON-CLINICAL WORKFORCE (PAGE 1 OF 2)

TRAINING NAME (Organization) Website	LENGTH & FORMAT	PROGRAM HIGHLIGHTS
Applied Suicide Intervention Skills Training (ASIST) (LivingWorks) www.livingworks.net/programs/asist	2 days (14 hours) In person	• Workshop emphasizes teaching suicide first aid to help a person at risk stay safe and seek further help as needed • Standardized, customizable, and delivered by two trainers
Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) (NY State Office of Mental Health and Columbia University) http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/cssrs_web/course.htm	30 minutes Online, self-paced	• Teaches how the C-SSRS is structured and how to administer the brief screening and full versions • Videos show how to use the scale's Suicidal Ideation and Suicidal Behavior sections in client interviews

SPRC | Action Alliance for Suicide Prevention

Access at: www.zerosuicide.com

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IDENTIFY

Screening and Assessment

- Screen specifically for suicide risk, using a standardized screening tool, in any health care population with elevated risk.

- Screening concerns lead to immediate clinical assessment by an appropriately credentialed, "suicidality savvy" clinician.

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ENGAGE

Suicide Care Management Plan

- Design and use a care Suicide Care Management Plan, or pathway to care, 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

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Safety Planning and Means Restriction

- 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.

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Electronic Health Records (EHRs)

- Screening, assessment, the suicide care management plan, treatment, safety planning, and continuing contact and engagement are embedded in the electronic health record and clinical workflow.

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TREAT

Effective, Evidence-Based Treatment

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

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TRANSITION

Follow-up and Engagement

- 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.

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IMPROVE

Quality Improvement and Evaluation

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

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Getting Started

1) Read the online Zero Suicide Toolkit.

2) Challenge your organization to adopt a comprehensive approach to suicide care.

3) Convene your Zero Suicide implementation team.

4) Discuss and complete the *Zero Suicide Organizational Self-Study*.

5) Create a work plan and set priorities, using the *Zero Suicide Workplan Template*.

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ZERO SUICIDE ORGANIZATIONAL SELF-STUDY

Name of Organization

City, State

Date Study Completed

Team members completing study:

Name Role

Name Role

Name Role

Name Role

Name Role

Background:

The organizational self-study is designed to allow you to assess what components of the comprehensive Zero Suicide a your organization currently has in place. The self-study can be used early in the launch of a Zero Suicide initiative to ass organizational strengths and weaknesses and to develop a work plan. Later in your implementation efforts, the self-study be used as a fidelity check to determine how closely the components of the Zero Suicide model are being followed and opportunity to identify areas for improvement. We recommend taking the self-study at launch and then at 12-month inter

Staff involved in the policymaking for and care of patients at risk for suicide should complete the self-study as part of a implementation team. The team should complete this tool together during one of their initial meetings. (Information abo putting together a Zero Suicide implementation team can be found on our website.) While the self-study is not exhaust with regard to all issues that can affect patient care and outcomes, it does reflect components that define the Zero Sui approach. For more information or clarification regarding any of the items in this self-study, please visit www.zerosuicid

Each component of the Zero Suicide model is measured on a rating scale from 1 to 5, described below. The scale is in to balance minimal reporting burden with measuring implementation for the most essential parts of the model. This tool be completed by members of the implementation team who are responsible for developing and implementing the orga Zero Suicide initiative.

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General guide to rating:

Anchors, or specific expectations, are included for most components following this guide.

Rating	Description
1	Routine care or care as usual for this item. The organization has not yet focused specifically on developing or embedding a suicide care approach for this activity.
2	Initial actions toward improvement taken for this item. The organization has taken some preliminary or early steps to focus on improving suicide care.
3	Several steps towards improvement made for this item. The organization has made several steps towards advancing an improved suicide approach.
4	Near comprehensive practices in place for this item. The organization has significantly advanced its suicide care approach.
5	Comprehensive practices in place for this item. The organization has embedded suicide care in its approach and now relies on monitoring and maintenance to ensure sustainability and continuous quality improvement.

Zero Suicide Website http://zerosuicide.sprc.org/

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Action Alliance

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WHAT IS ZERO SUICIDE?
Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools.

ZERO SUICIDE TOOLKIT
VIEW TOOLKIT »

FOR CHAMPIONS
Zero Suicide champions believe that zero is the only acceptable number of suicides.

MAKING HEALTH CARE SUICIDE SAFE
Mike Hogan describes why now is the time for Zero Suicide.

GET INVOLVED
Join the Zero Suicide community.

NEWS AND EVENTS
Zero Suicide is an evolving initiative.

ZERO SUICIDE ACADEMY

GET TECHNICAL ASSISTANCE

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Zero Suicide Toolkit

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HOME ABOUT TECHNICAL ASSISTANCE RESOURCES

Toolkit Champions Get Involved

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Welcome to the Zero Suicide Toolkit

Information, resources, and tools for systematic suicide prevention in behavioral health and health care.

Learn more about the fundamentals of providing suicide safer care and create a Zero Suicide work plan for each of seven key elements.

Lead | Train | Identify | Engage | Treat | Transition | Improve

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Envision Your Nation Free From the Tragic Experience of Suicide

What would native health or behavioral health agencies need to **DO** to begin a Zero Suicide Initiative?

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SPRC General:

info@sprc.org or 877-438-7772

OR

http://zerosuicide.sprc.org/technical-assistance