Overview of Zero Suicide

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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

Substance Abuse and Mental Health Services Administration SAMHSA www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

National Action Alliance for Suicide Prevention

VISION

The Action Alliance envisions a nation free from the tragic experience of suicide.

MISSION

To advance the NSSP by:

- *Championing* suicide prevention as a national priority
- *Catalyzing* efforts to implement high priority objectives of the NSSP
- *Cultivating* the resources needed to sustain progress

GOAL

To save 20,000 lives in five years

Defining the Problem: Health Care is Not Suicide Safe

- 45% of people who died by suicide had contact with **primary care** providers in the month before death. Among older adults, it's 78%.
- 19% of people who died by suicide had contact with **mental health** services in the month before death.
- South Carolina: 10% of people who died by suicide were seen in an **emergency department** in the two months before death.

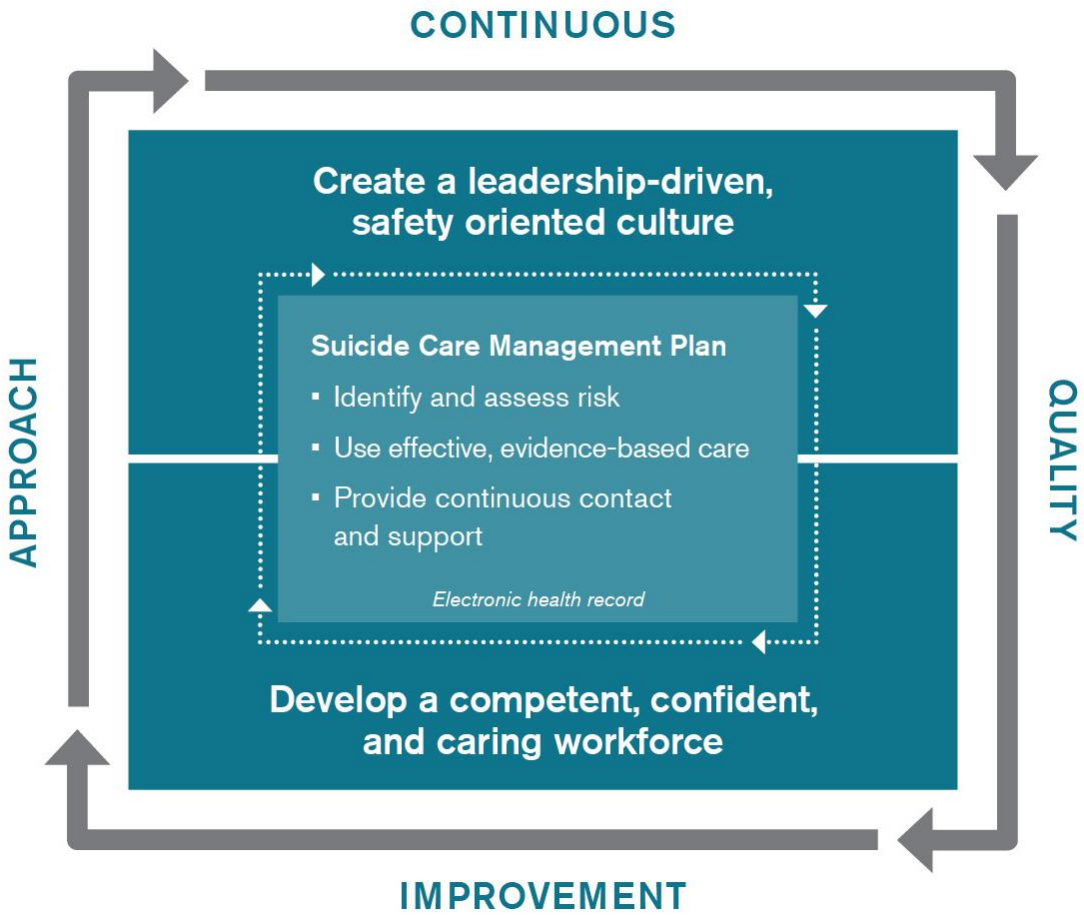
Defining the Problem: Behavioral Health Care is Not Suicide Safe

- **Ohio:** Between 2007-2011, 20.2% of people who died from suicide were seen in the public behavioral health system within 2 years of death.
- **New York:** In 2012 there were 226 suicide deaths among consumers of public mental health services, accounting for 13% of all suicide deaths in the state.
- **Vermont:** In 2013, 20.4% of the people who died from suicide had at least one service from state-funded mental health or substance abuse treatment agencies within 1 year of death.

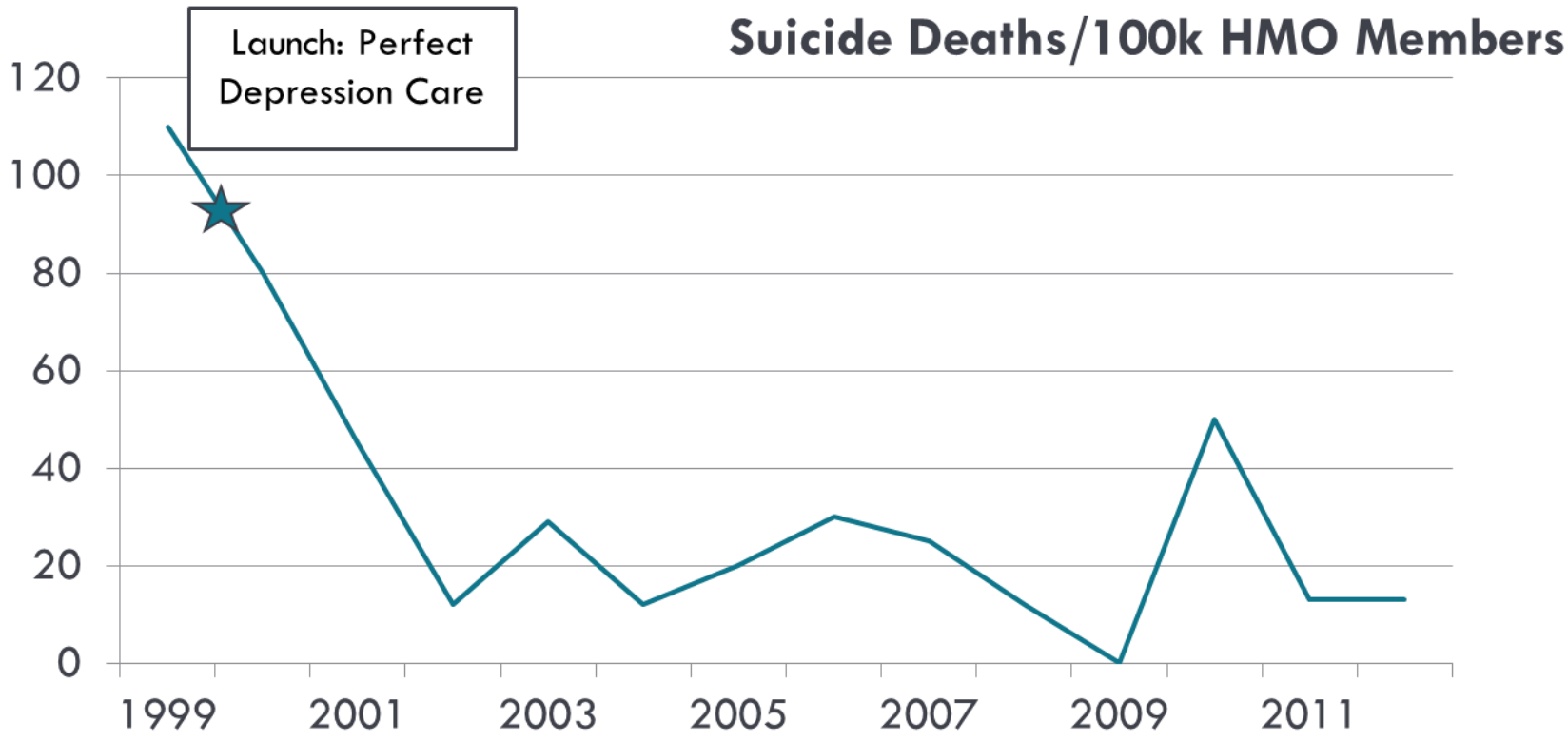
Zero Suicide…

- Makes suicide prevention a core responsibility of health care
- Applies new knowledge and proven tools for suicide care
- Supports efforts to humanize crisis and acute care
- Is a systematic approach in health systems, not "the heroic efforts of crisis staff and individual clinicians."
- Is embedded in the National Strategy for Suicide Prevention (NSSP).

Elements of Zero Suicide



A System-Wide Approach Saved Lives: Henry Ford Health System



Leadership Commitment and Culture Change

- Leadership makes an explicit commitment to reducing suicide deaths among people under care and orients staff to this commitment.
- Persons with lived experience are supported, and participate in program design and delivery.
- 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.

Screening and Risk 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.

Safety Planning and Means Restriction

- All persons with suicide risk have a safety plan in hand when they leave care on same day as the assessment.

- Safety planning is collaborative and includes: communication with family members and other caregivers, and regular review and revision of the plan.

- Means restriction is comprehensive, includes family, and confirmation that access to means has been removed.

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.

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

Effective, Evidence-Based Treatment

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

Follow-up and Engagement

- Persons with suicide risk get timely and assured transitions in care. Providers ensure the transition is completed.

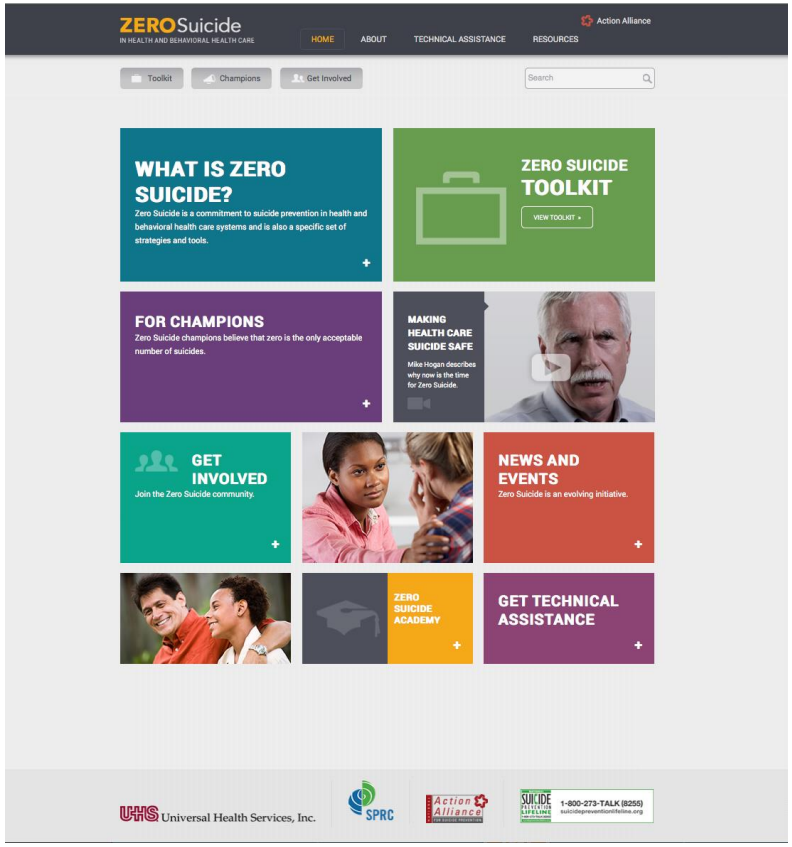
- Persons with suicide risk get personal contact during care and care transitions, with method and timing appropriate to their risk, needs, and preferences.

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.

Resources and Tools

www.ZeroSuicide.com



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