Overview of Zero Suicide

Julie Goldstein Grumet, PhD
July 20, 2015
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.
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

Create a leadership-driven, safety oriented culture

Suicide Care Management Plan
- Identify and assess risk
- Use effective, evidence-based care
- Provide continuous contact and support

Electronic health record

Develop a competent, confident, and caring workforce

CONTINUOUS

APPROACH

QUALITY

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

Launch: Perfect Depression Care

Suicide Deaths/100k HMO Members
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.
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
Contact

Julie Goldstein Grumet, PhD
Director of Prevention and Practice
Suicide Prevention Resource Center Education Development Center
Phone: 202-572-3721
E-mail: jgoldstein@edc.org