

It Takes a Community to Prevent Suicide: What is Zero Suicide Concept and Practice? Part 2

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Learning Objectives

1. List critical skills for behavioral health staff
2. Identify the advantages of suicide prevention as a core component for health care
3. List types of follow up care for individuals at risk

Disclaimer

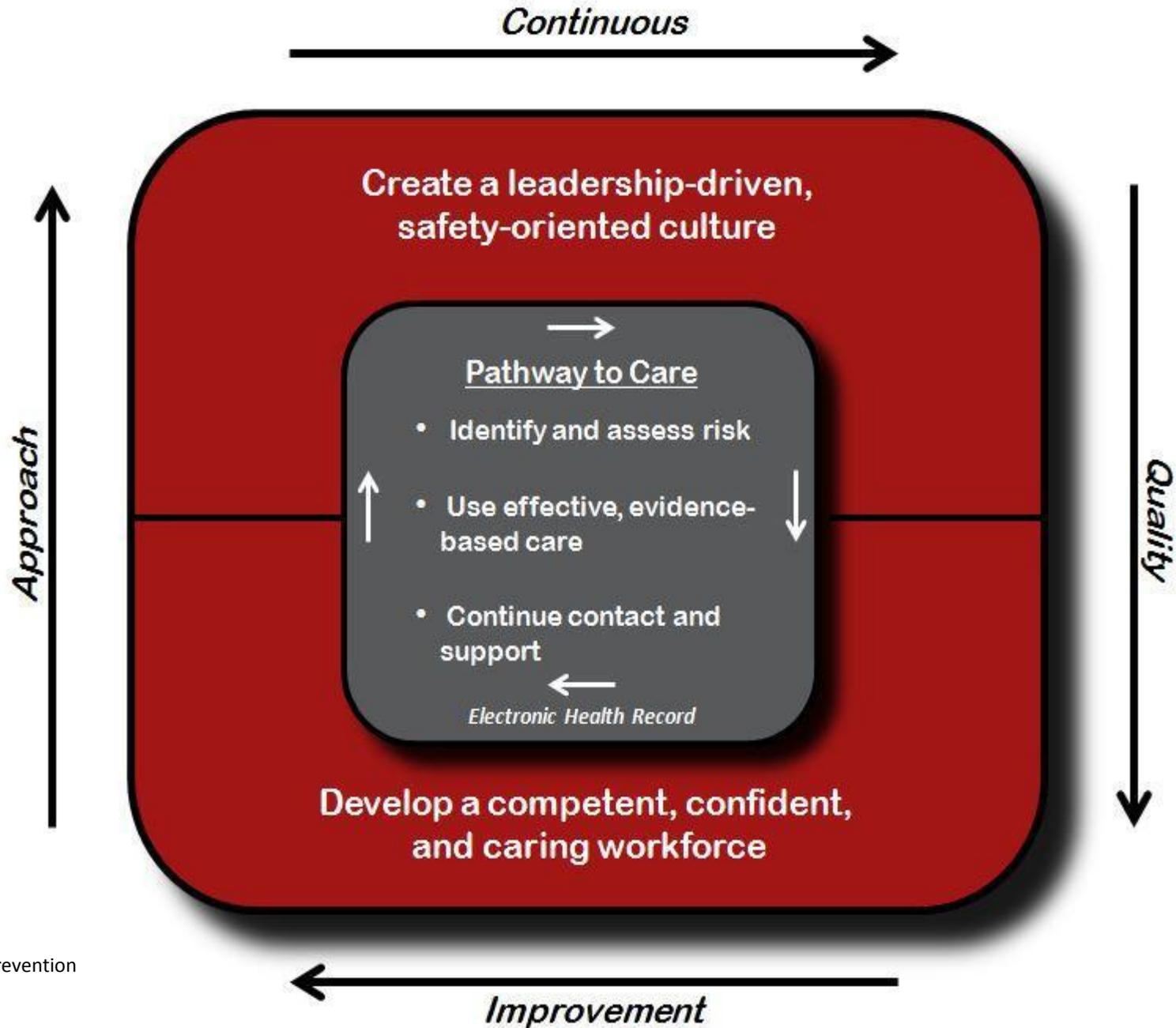
- Dr. Bereiter and Laura Rombach have no financial relationship to this program

Suicide Prevention Webinar Series

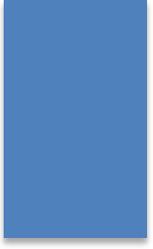
The Suicide Prevention Webinar Series is presented through the National Strategy of Suicide Prevention in New Mexico

In collaboration with the University of New Mexico, State of New Mexico, Human Services Department, Behavioral Health Services Division and Indian Health Services

The Dimensions of Zero Suicide



What is Different in Zero Suicide?



Shift in Perspective

From:

Accepting suicide as inevitable

Assigning blame

Risk assessment and containment

Stand alone training and tools

Specialty referral to niche staff

Individual clinician judgment & actions

Hospitalization during episodes of crisis

“If we can save one life...”

To:

Every suicide in a system is preventable

Nuanced understanding: ambivalence, resilience, recovery

Collaborative safety, treatment, recovery

Overall systems and culture changes

Part of everyone’s job

Standardized screening, assessment, risk stratification, and interventions

Productive interactions throughout ongoing continuity of care

“How many deaths are acceptable?”

Rates of Suicide in the United States

- Nearly 40,000 people in the United States die from suicide annually
- The suicide rate has been rising over the past decade
- Much of the increase is due to suicides in mid-life
- The highest number of suicides among both men and women occurred among those aged 45 to 54
- There are 3.6 male suicides for every female suicide
- From 1999 to 2010, the age-adjusted suicide rate for adults aged 35 to 64 in the United States increased significantly (28.4%). Half of these deaths occur by use of a firearm
- The highest rates of suicides (suicides per 100,000) occurred among men aged 75 and up and among women aged 45 to 54

Substance Abuse and Mental Health Services Administration

2014

New Mexico

- Over the past 30 years, NM has consistently had among the highest alcohol-related death rates, and the highest drug-induced death rate in the nation (SAMHSA, 2013).
- NM also has the highest prescription drug overdose death rate in the nation.
- Mental illness increases the risk for both attempted suicide and suicide completion
- Approximately 90% of suicide victims in NM had a diagnosable behavioral health condition, most commonly a mood or substance use disorder (IBIS, 2012).

Most vulnerable

The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves (non-suicidal self-injury)
- People who have previously attempted suicide
- People with medical conditions
- People with mental and/or substance use disorders
- People who are lesbian, gay, bisexual, or transgender
- Members of the military and veterans
- Men in midlife and older men

Essential Elements of Suicide Prevention for Healthcare Systems

Part One

- ❖ Lead
- ❖ Train
- ❖ Identify
- ❖ Engage

Covered in Part Two

- ❖ Treat
- ❖ Transition
- ❖ Improve
- ❖ How to get started

Essential Elements of Suicide Prevention for Healthcare Systems

- **Part Two**
 - ❖ Treat
 - ❖ Transition
 - ❖ Improve
 - ❖ How to get started

Suicide Prevention as Core Component of Zero Suicide

- Providing seamless system of care for individuals at risk
- Providing good depression care
- Creating a just culture that is supportive and not punitive **if the goal is not reached**
- Reducing rate of suicides

TREAT

- Develop a competent workforce (competent in suicide prevention)
- Ask about suicide
- Screen for suicidality
- Put a collaborative safety plan in place
- Provide evidence based treatment

Treat: Begin with a Competent Workforce

“Just as “CPR” skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid.”

Training on Suicide Prevention Within A Community

- Community Readiness
 - Webinar April 20th - The Community Readiness Survey and CONNECT Suicide Prevention, Intervention and Postvention Best Practice Model: Mobilizing Communities for Change

Competent Workforce

- **Ensuring that everyone in a setting is trained in suicide prevention**
 - **Within an Organization:**
 - Workforce Survey
 - Training for everyone --clinical, behavioral health, medical, administrative, support staff

Work Force Survey

- Survey of all staff
- Responses are anonymous
- Used to learn about staff's beliefs about suicide prevalence and risk
- How staff address suicide risk is addressed
- Training needs

Competent Workforce

- **Community and Staff**
 - safe TALK
 - ASIST
 - QPR Gatekeeper Training
 - Mental Health First Aid

safeTALK half-day workshop

Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives.

safeTALK is a half-day alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK-trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

+ Who should attend a safeTALK workshop?

+ Who provides safeTALK workshops?

+ What can I expect at a safeTALK workshop?

+ Does safeTALK provide CEU credits?

+ How does safeTALK integrate with ASIST?

+ How much does it cost to attend?

safe TALK

- For anyone over the age of 15
 - Used by students, teachers, community volunteers, first responders, military personnel, police, public and private employees, and professional athletes, among many others
- Become a suicide-alert helper and connect people to lifesaving resources
- Half day training alertness workshop
- Hands-on skills practice and development
- TALK steps: Tell, Ask, Listen, and Keep Safe

ASIST

Applied Suicide Intervention Skills Training (ASIST) is for everyone 16 or older—regardless of prior experience—who wants to be able to provide suicide first aid. Shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community.

Virtually anyone age 16 or older, regardless of prior experience or training, can become an ASIST-trained caregiver. Developed in 1983 and regularly updated to reflect improvements in knowledge and practice, ASIST is the world's leading suicide intervention workshop. During the two-day interactive session, participants learn to intervene and help prevent the immediate risk of suicide. Over 1,000,000 people have taken the workshop, and studies have proven that the ASIST method helps reduce suicidal feelings for those at risk.

Workshop features:

- Presentations and guidance from two LivingWorks registered trainers
- A scientifically proven intervention model
- Powerful audiovisual learning aids
- Group discussions
- Skills practice and development
- A balance of challenge and safety

+ Who should attend an ASIST workshop?

+ Who provides ASIST workshops?

+ What are the core features of an ASIST workshop?

+ What is the structure of an ASIST workshop?

+ Does ASIST provide CEU credits?

+ How much does it cost to attend?

+ What is ASIST 11?

+ What is the Suicide Intervention Handbook?

ASIST

- For anyone age 16 or older, regardless of prior experience or training
 - Used by students, teachers, community volunteers, first responders, military personnel, police, public and private employees, and professional athletes, among many others
- Two-day interactive session
- Participants learn to intervene and help prevent the immediate risk of suicide
- Presentations and guidance from two LivingWorks registered trainers



Latest news

Follow Dr. Quinnett's new blog: [On Suicide](#)



QPR and our Veterans - [view video](#)



QPR for Schools - [Executive Summary](#)

What they are saying about QPR

QPR Gatekeeper Training for Suicide Prevention

QPR stands for **Question, Persuade and Refer**, three steps anyone can learn to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives.

Individuals Online QPR Gatekeeper Training

[Enroll Now](#)



Organizations Bring QPR Online Gatekeeper Training to your organization, school or college..

[Information](#)

Become a Certified QPR Gatekeeper Instructor Learn to teach three simple steps everyone needs to know to help prevent suicide. For any person or organization interested in preventing suicide in their community. [Information](#)

QPR Suicide Prevention Courses for the Professional

HB2366: Approved training required for Washington state healthcare providers

Licensed healthcare provider impacted by new laws requiring training in suicide risk assessment, treatment, and management? Answers to 20 questions about our training program.

The QPR Institute provides CE-approved advanced online evidence-based and peer-reviewed training programs for a wide range of students and professionals including: mental health professionals, school counselors, crisis line workers, substance abuse professionals, EMS/firefighters, law enforcement, physicians, nurses and correctional workers. All courses may be completed from any high-speed internet connection, including from your mobile device. These courses are listed in the SPRC Best Practice Registry [here](#).

The QPR Institute's Suicide Risk Reduction Program [Please visit our library of advanced online courses](#)

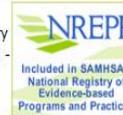
Complete List of QPR Gatekeeper Instructors



QPR Instructors per state

Free e Book *Suicide: The Forever Decision* Available in French, Serbian and Spanish [Read Now!](#)

QPR Gatekeeper Training for Suicide Prevention Listed in the National Registry of Evidence-based Practices and Policies - [Information](#)



[NREPP Program Adoption Recommended Questions and Answers](#)

RESOURCES

[Instructor Resources](#)
[About QPR](#)
[QPR Mission Statement](#)
[QPR Theory](#)
[QPR Faculty](#)
[Evidence for QPR](#)

TRAINING PROGRAMS

[QPR Gatekeeper Training](#)
[QPR Suicide Triage Training](#)
[QPR Suicide Risk Assessment and Risk Management](#)
[Online Counseling and Suicide Intervention Specialist Training](#)
[QPR Courses for EMS/Firefighter](#)
[Law Enforcement](#)

Bookstore

[The Forever Decision \(free book\)](#)
[QPR Gatekeeper Training Certificate](#)
[QPR in the Classroom](#)

QPR FOR ORGANIZATIONS

[Business](#)
[Community](#)
[Healthcare](#)
[Law Enforcement](#)
[Mental Health](#)
[Schools](#)

QPR

- QPR gatekeeper training
 - For an emergency response to someone in crisis
 - Online one hour training or in person training
- QPR suicide prevention course
 - For mental health professionals, school counselors, crisis line workers, substance abuse professionals, EMS/firefighters, law enforcement, physicians, nurses and correctional workers.



MENTAL HEALTH FIRST AID



INSTRUCTOR LOGIN

TAKE A COURSE BECOME AN INSTRUCTOR ABOUT NEWS & UPDATES



Learn the skills to identify, understand, and respond to signs of mental illnesses and substance use disorders

DISCOVER WHAT YOU WILL LEARN

Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis.

Sign up for a Mental Health First Aid class near you

Mental Health First Aid teaches you:



Signs of addictions and mental illnesses



5-step action plan to assess a situation and help



Impact of mental and substance use disorders



Local resources and where to turn for help

LEARN MORE

FIND A COURSE



Ready to become a Mental Health First Aid instructor?

[Apply for Instructor Training](#)

DONATE NOW



“I've taken regular first aid, and I've used both, but certainly the opportunities to use Mental Health First Aid are much more abundant.”

-Nathan Krause, Pastor, Olney Seventh-day Adventist Church, Maryland

READ SUCCESS STORIES

SUBMIT YOUR STORY

Mental Health First Aid

- In-person training that teaches how to help people who are experiencing a mental health problem or crisis.
 - Youth Mental Health First Aid
 - For parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions
 - Adult Mental Health First Aid
 - For anyone 18 years and older who wants to learn how to help a person who may be experiencing a mental health related crisis or problem

Competent Workforce

Critical Skills for Behavioral Health Staff

- Assessment of suicide risk and protective factors
- Formulation of a risk summary to inform the choice of intervention
- Use of best practice interventions to ensure safety
 - Including lethal means restrictions
- Treatment of suicide risk
- Follow up to ensure continuity of care

Why is it Important to Screen for Depression and Substance Use?

Comorbidity

- More than 90% of people who dies by suicide have a mental health disorder or substance abuse disorder or both
- More than 50% of suicides are associated with a major depressive disorder
- Approximately 25% of suicides are associated with a substance abuse disorder
- Ten percent of suicides are associated with psychotic disorders

Why Is It Important to Screen for Suicidality?

- “Suicidality is a co-occurring disorder.”

Mike Hogan, PhD

- People won't always tell you, you need to ask

Common Concerns re: Asking About or Assessing Suicide Risk

- Will asking about it upset someone, or put those thoughts in their mind?
- What about cultures in which suicide is never discussed—is it culturally appropriate to ask?
- We don't have enough behavioral health services available for the patients we already know about—what will we do with the new patients we find?
- I don't have enough time as it is to get through all I have to do with patients. I don't have time to ask about suicide.
- I'm not sure what to say/what to do/how to follow up.

Fear Based vs Hope Based Responses to Suicide

- When afraid, we may
 - Ignore/not ask about suicidal ideation & behavior
 - Refer everyone for further evaluation no matter how they present clinically
 - Move into “control mode”, sending patient for treatment against their will even if this is not necessary
 - Drop suicidal patients from treatment because they are “too high risk” or need “more treatment than I can give”

Other Concerns-Provider and Systems

- What are our own attitudes about suicide?
- What are our own attitudes about non-suicidal self injury?
- What are our fears?
 - Of litigation
 - Of “getting in trouble” with supervisor
 - Of it being “my fault”
 - Of harm coming to a patient

Polling Question

- How does your organization screen for suicide risk?
 - A. Standardized screening
 - B. Staff ask question about self harm or suicidal thoughts.
 - C. No screening is done for suicide risk

Treat-Identify Patients at Risk of Suicide

- **Standardized screening and assessment**
 - Patient Health Questionnaire 9 (PHQ9) and PHQ3
 - Screens for depression
 - Columbia Suicide Rating Scale – CSSRS
 - Assesses for suicidality
 - DAST 10
 - Screens for substance use
 - AUDIT C
 - Screens for alcohol use

Polling Question 1

I develop a collaborative safety plan with all suicidal clients.

- Yes
- No
- Sometimes

Polling Question 2

I address access to lethal methods (e.g., firearms) with all clients who report thoughts of suicide and involve family members in the removal or restriction of means.

- Yes
- No
- Sometimes

From Zero Suicide Workforce Survey

Treat-Safety Planning

- Means restriction
 - Guns, pills, alcohol and drugs
- Teach brief problem solving & coping skills
- Increase social support and identify emergency contacts
- Motivational enhancement for further treatment

Treat-Use Evidence Based Therapy

- Mindfulness
- Interpersonal Skills
- **Dialectical Behavioral Therapy**
Emotional Regulation Skills
- Distress Tolerance

CBT- Suicide Prevention

- Case conceptualization
- Precipitating factors, vulnerabilities, thoughts and feelings
- Safety Planning
- Skill building and problem solving
- Manage emotional arousal
- Relapse Prevention

Question

- What are some of the ways that your agency follows up with patients?
- A. Phone calls
- B. Text messages
- C. Mailing cards or letters
- D. None

Transition

- Provides a “continuity of caring”
- Keeps patients from falling through the cracks
- Plugs the holes in care

Transition-Contact Between Care and After Care

- After acute care
- Phone call follow up
- Text messaging
- Postcards or letters
- Home visits
- Groups for people with lived experience
- Suicide Prevention apps

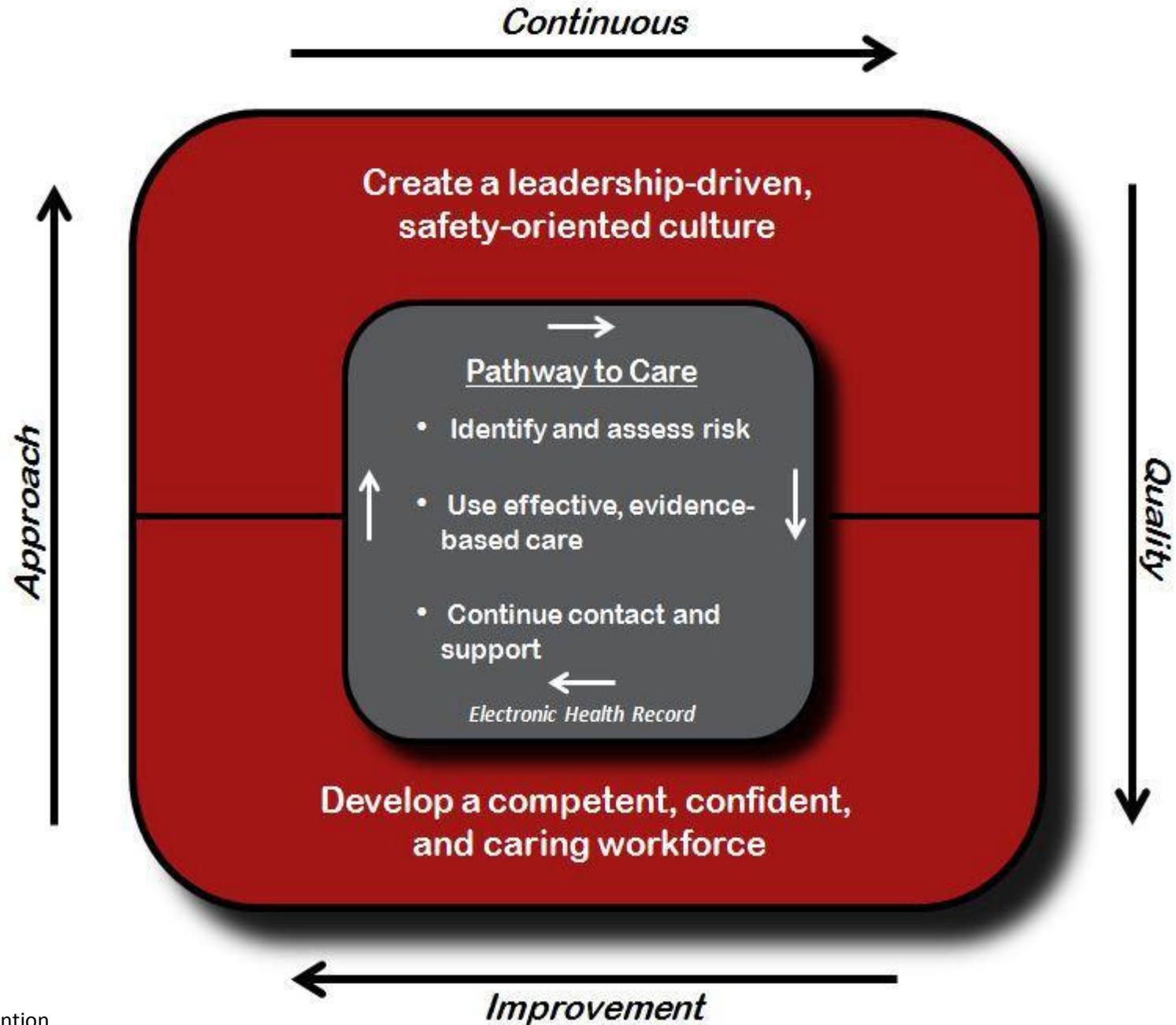
Linkage of Systems-Where are the Gaps?

- Who does the screening for depression, substance use, suicidality?
- Who needs to know the results of the screening?
- Who does further screening?
- Where are the screening instruments kept?
- How is the management plan communicated?
- Who in your community provide services for people at risk?

Improve

- **Applying a data driven quality improvement approach**
 - Build flow of assessments and screens and care into electronic health record
 - Data Informs system changes
 - Improves care

The Dimensions of Zero Suicide



How to Get Started with Zero Suicide

- Zero Suicide Toolkit
- Encourage your organization to adopt a comprehensive approach to suicide care
- Develop a Zero Suicide implementation team
 - Community members
 - Family members and people with lived experiences
 - Providers

How to Get Started with Zero Suicide-Next Steps

- Zero Suicide Organizational Self-Study
- Workforce Survey
- Create a work plan and set priorities
- Review and develop processes and policies for screening, assessment, risk formulation, treatment, and care transitions.
- Formulate a plan to collect data and evaluate progress and measure results.

Suicide Prevention Webinars

- April 20, 2015, 12-1 pm (MST) The Community Readiness Survey and CONNECT Suicide Prevention, Intervention and Postvention Best Practice Model: Mobilizing Communities for Change
- April 27, 2015, 12-1 pm (MST) Using Evidenced Based Practice: An Overview of Cognitive Behavioral Therapy for Suicide Prevention
- May 18, 2015, 12-1 pm (MST) Screening and Safety Planning for People at Risk of Suicide

Resources

- Action Alliance for Suicide Prevention- <http://zerosuicide.actionallianceforsuicideprevention.org/>
- Suicide Prevention Resource Center - <http://www.sprc.org/>
 - American Indian and Alaska Native Suicide Prevention Programs
 - Garrett Lee Smith State/Tribal Suicide Prevention Program
- Suicide Prevention Life Line 1-800-273-TALK (8255)
- SAMHSA – Substance Abuse and Mental Health Services Administration
- Military One Source <http://www.militaryonesource.mil/>
- Columbia-Suicide Severity Rating Scale Training <http://www.cssrs.columbia.edu/>

Resources

- Mental Health First Aid <http://www.mentalhealthfirstaid.org/cs/>
- ASIST – Applied Suicide Intervention Skills - <https://www.livingworks.net/programs/asist/>
- QPR – Question, Persuade and Refer - <https://www.qprinstitute.com/gatekeeper.html>
- CALM-Counseling on Access to Lethal Means
http://www.sprc.org/library_resources/items/calm-counseling-access-lethal-means
- safe TALK <https://www.livingworks.net/programs/safetalk/>