

Regional Policy Council

Zero Suicide

A Systems Approach to Suicide Prevention

August 11, 2016

Regional Policy Council

Presenters

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Training Overview

- **Why Zero Suicide?**
- **What is Zero Suicide?**
- **Development of Zero Suicide**
- **Elements of Zero Suicide**
- **Zero Suicide in Wisconsin**
- **Resources**

Why Zero Suicide?

Wisconsin Violent Death Reporting System:

Of those who died by suicide:

51% had mental health issues

43% were under care

26% had alcohol issues

13% had substance abuse issues

Why Zero Suicide?

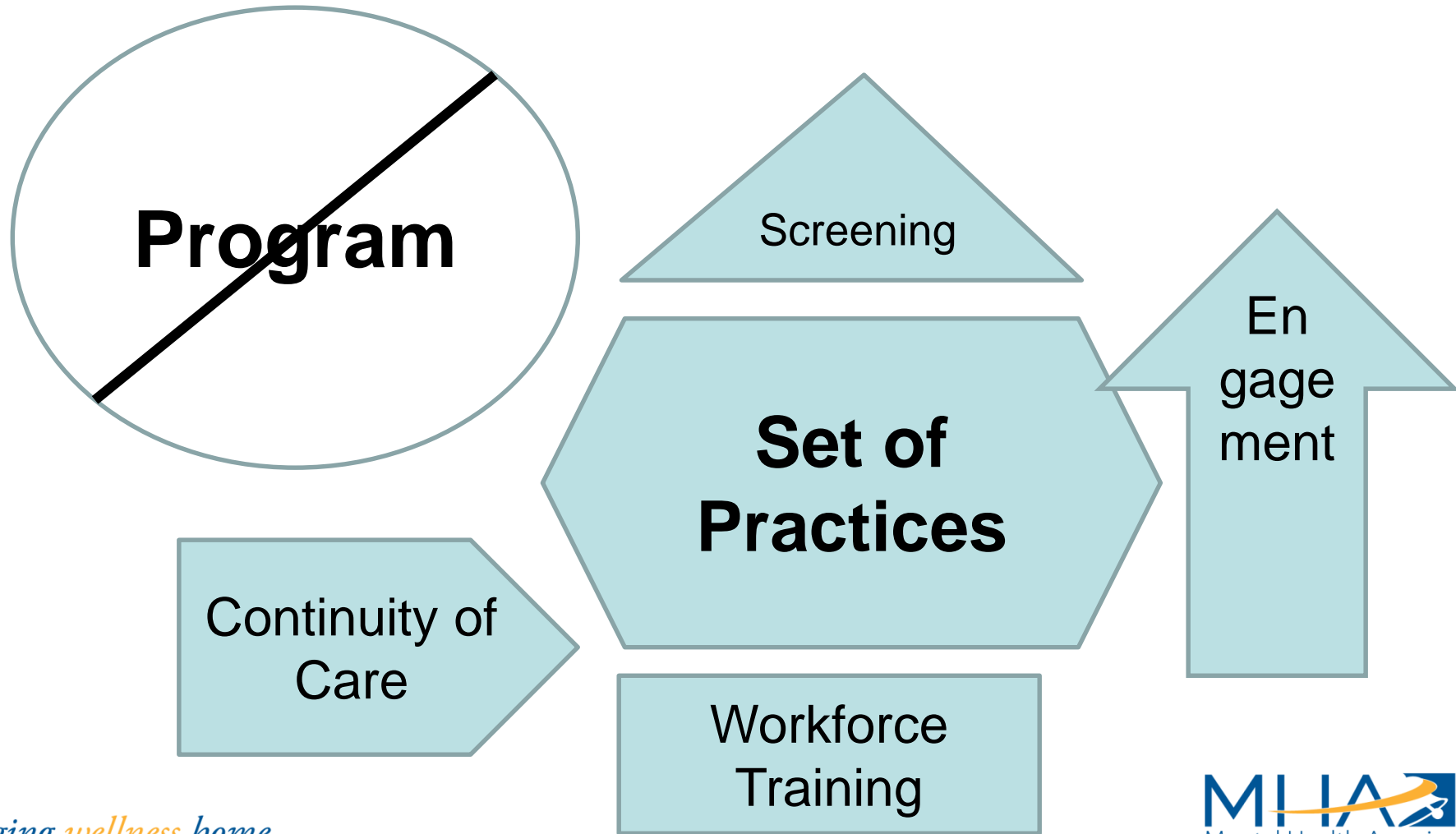
In the month before their death:

- Half saw a general practitioner
- 30% saw a mental health professional

In the 60 days before their death:

- 10% were seen in an emergency department

What is Zero Suicide?



What is Zero Suicide?

Both a bold goal and an aspirational challenge

A set of best practices, tools and strategies

It is both a **CONCEPT** and a **PRACTICE**

Lives and breathes as a Just Culture

What is Zero Suicide?

Culture Shift

The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

Suicide should be a “never event”.

What is Zero Suicide

Over the decades, there have been many instances where individual mental health clinicians have made heroic efforts to save lives, but systems of care have done very little.

Dr. Richard McKeon
Suicide Branch Chief
SAMHSA

Development of Zero Suicide

Henry Ford Health System

Perfect Depression Care Project:
Challenged to set a bold goal

**If we're providing perfect depression care
no one will complete suicide.**

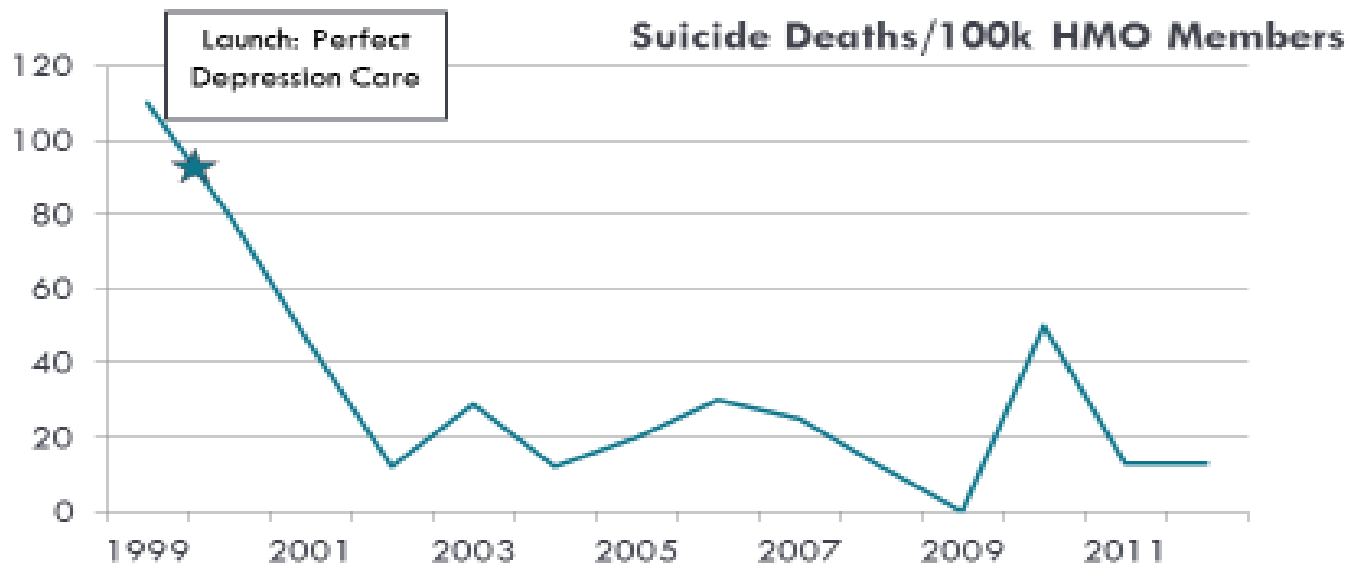
Development of Zero Suicide

- Screening all clients.
- Protocols based on level of risk.
- Means restriction.
- Use of evidence-based treatments.
- Root cause analysis following deaths.

Development of Zero Suicide

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

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ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

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Henry Ford Health America

Development of Zero Suicide

Behavioral health is sometimes thought to be more elusive, but Dr. Coffey and his team successfully adapted a systematic model...

-Donald Berwick

Institute for Health Care Improvement

Later CMS

Development of Zero Suicide

Air Force Suicide Prevention Initiative

- Suicides dropped by 1/3 over six years.

Maricopa Suicide Deterrent System Project

- 38% reduction among SMI

All three programs demonstrate the ability to dramatically reduce suicide in a “boundaried” population.

Development of Zero Suicide

National Action Alliance for Suicide Prevention

Clinical Care and Intervention Task Force

- Suicide Care in Systems Framework

Suicide Prevention Resource Center

- Toolkit
- Academies

Elements of Zero Suicide

Lead-Train-Identify-Engage Treat-Transition-Improve

Toolkit:

- Narrative
- Readings
- Tools

Lead

- Make an explicit, top down commitment to reduce suicide deaths
- Organizational Self-Assessment
- Develop a communications plan/obtain buy-in.

Train

Develop a confident, competent and caring workforce.

Many licensed clinicians are not prepared

- 39% report they don't have the skills to engage and assist those at risk for suicide
- 44% report they don't have the training

Train

- Workforce survey; for all staff (not just clinicians)
- Trainings; for all staff (not just clinicians)
 - Table of trainings
- Treating the suicidality vs. treating the mental illness

Identify

- Screen EVERY person; no one in BH setting is at 0 risk for suicide.
- Incorporate into EMR if possible
- Popular tools:
 - C-SSRS – free online training, reduces false positives
 - PHQ-9 – screening in physicians' offices
 - PSC – for youth

Engage

Engage clients in a suicide care management plan

- Assessment should be collaborative
- Develop a safety plan
- Utilize motivational interviewing to determine readiness for change
- Utilize those with lived experience

Treat

Treat suicidal thoughts and behaviors directly

- Multisystemic Therapy (MST)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Trauma-informed Care (TIC)

Transition

Follow patients through every transition in care

- Use of common screening tool across settings is helpful.
- Warm hand-offs
- Follow-up calls/cards

Improve

Apply data-driven quality improvement

- No-blame approach/Just Culture
- Death review teams
- Utilize root cause analysis to identify if/where system failed.

Zero Suicide in Wisconsin

Wisconsin Perfect Depression Care Learning Community:

- Competitive Application Process
- Attend Workshop at HFHS
- Begin implementation.
- Present to others.
- Report on barriers/facilitators.

Zero Suicide in Wisconsin

Zero Suicide Academies

- Held in State
- Facilitated by SPRC
- 7 orgs in 2015; 14 in 2016
- Quarterly consultation calls; adding quarterly topic calls.

Zero Suicide in Wisconsin

Results

- Most organizations have been successful in implementing at least some elements within one year.
- Leadership changes are a challenge.
- A number of organizations are working to disseminate this to others in their area.

Zero Suicide in Wisconsin

Results

- North Central Health Care
 - Serves 10,000 lives in public MH system
 - 18 different programs, all of which were using different screening methodology when they started.
 - Initial resistance from some medical staffs.
 - Strong Executive leadership.

Zero Suicide in Wisconsin

North Central Health Care Deaths by Suicide

2012: 7

2013: 6

2014: 3

2015: 0

Resources

Zero Suicide Toolkit:

<http://zerosuicide.sprc.org/toolkit>

- Links to readings/tools; many public domain

Webinars:

[http://zerosuicide.sprc.org/resources?type_1\[\]=webinar](http://zerosuicide.sprc.org/resources?type_1[]=webinar)

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