Zero Suicide
A Systems Approach to Suicide Prevention

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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?

- Program
- Set of Practices
  - Screening
  - Continuity of Care
  - Workforce Training
  - Engagement

bringing wellness home
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”.

bringing wellness home
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

Launch: Perfect Depression Care

Suicide Deaths/100k HMO Members

1999 2001 2003 2005 2007 2009 2011
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 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 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
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.
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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
Contact

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