



## The Zero Suicide Movement and How Peers and Family Members Can Get Involved

Julie Goldstein Grumet, PhD  
Mike Hogan, PhD  
Leah Harris, MA

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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*.

# National Action Alliance for Suicide Prevention

4



## 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

# What Is Zero Suicide?

# Defining the Problem: Health Care is Not Suicide Safe

6

- Half of the people who die by suicide saw a GP in previous month...70% among older men
- 30% of people who died by suicide saw MH professional in previous 30 days
- South Carolina: 10% of all suicide deaths were people seen in ED in previous 60 days

# Defining the Problem: Behavioral Health Care is Not Suicide Safe

7

Generally: risk among people with depression and other mental health problems are 4-20x general population

People receiving care in public BH/MH system:

- Ohio: 20% of all suicides were among people who received community BH care
- Kentucky: 25% of all suicides were among people who received community MH care
- New York: 226 reported suicides in public MH system in 2012 (13% of suicide deaths in the state)
- Vermont: 28% of all suicides were among people who received community MH care

# Zero Suicide...

8

- 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.”

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

9



# What is Different in Zero Suicide?

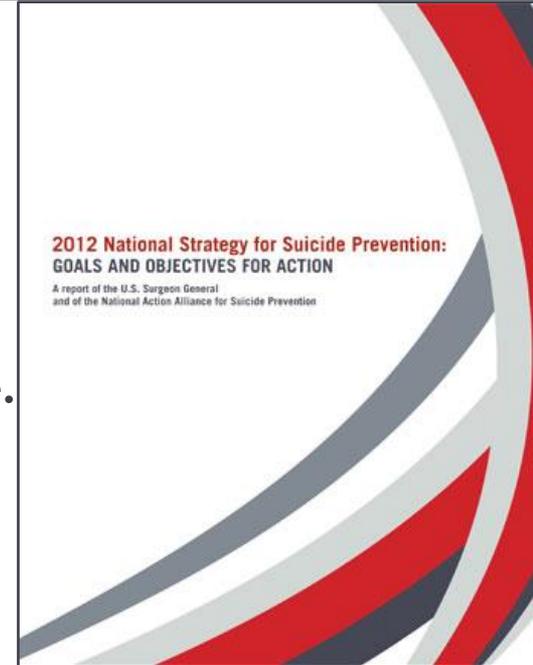
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| Shift in Perspective from:                | To:  |
|---|--|
| Accepting suicide as inevitable           | Every suicide in a system is preventable                                   |
| Assigning blame                           | Nuanced understanding: ambivalence, resilience, recovery                   |
| Risk assessment and containment           | Collaborative safety, treatment, recovery                                  |
| Stand alone training and tools            | Overall systems and culture changes  |
| Specialty referral to niche staff         | Part of everyone's job   |
| Individual clinician judgment & actions   | Standardized screening, assessment, risk stratification, and interventions |
| Hospitalization during episodes of crisis | Productive interactions throughout ongoing continuity of care              |
| "If we can save one life..."              | "How many deaths are acceptable?"  |

# Zero Suicide is...

11

- Embedded in the National Strategy for Suicide Prevention.
- A priority of the National Action Alliance for Suicide Prevention, supported by SPRC.
- A focus on error reduction and safety in healthcare.
- A set of best practices and tools available at [www.zerosuicide.com](http://www.zerosuicide.com).
- A mission and a movement.



# A Mission and a Movement

12



# Elements of Zero Suicide

13



# Leadership Commitment and Culture Change

14

- 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

15

- Screen specifically for suicide risk, using a standardized screening tool, in any health care population with elevated risk.

# Assessment

16

- Screening concerns lead to immediate clinical assessment by an appropriately credentialed, “suicidality savvy” clinician.

# Safety Planning and Means Restriction

17

- All persons with suicide risk have a safety plan in hand when they leave care.
- 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

18

- 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

19

- 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

20

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

# Follow-up and Engagement

21

- 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

22

- 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

23

## www.ZeroSuicide.com

The screenshot shows the homepage of www.ZeroSuicide.com. The header features the ZeroSuicide logo with the tagline 'IN HEALTH AND BEHAVIORAL HEALTH CARE' and navigation links for HOME, ABOUT, TECHNICAL ASSISTANCE, and RESOURCES. Below the header is a secondary navigation bar with 'Toolkit', 'Champions', and 'Get Involved' buttons, along with a search bar. The main content area is a grid of colorful tiles: 'WHAT IS ZERO SUICIDE?' (teal), 'ZERO SUICIDE TOOLKIT' (green), 'FOR CHAMPIONS' (purple), 'MAKING HEALTH CARE SUICIDE SAFE' (grey with video thumbnail), 'GET INVOLVED' (teal), 'NEWS AND EVENTS' (red), 'ZERO SUICIDE ACADEMY' (yellow), and 'GET TECHNICAL ASSISTANCE' (purple). Each tile includes a brief description and a '+' icon. The footer contains logos for UHS Universal Health Services, Inc., SPRC, Action Alliance, and the Suicide Alliance with contact information: 1-800-273-TALK (8255) and suicideprevention@uhsinc.org.

# Zero Suicide Toolkit

24

The screenshot shows the homepage of the Zero Suicide Toolkit website. At the top, there is a dark navigation bar with the Zero Suicide logo (IN HEALTH AND BEHAVIORAL HEALTH CARE) on the left and the Action Alliance logo on the right. The navigation menu includes HOME, ABOUT, TECHNICAL ASSISTANCE, and RESOURCES. Below the navigation bar, there are three buttons: Toolkit, Champions, and Get Involved, along with a search bar. The main content area features a video player on the left showing a man speaking, and a text block on the right that reads: "Welcome to the Zero Suicide Toolkit. Information, resources, and tools for systematic suicide prevention in behavioral health and health care." Below this, there is a paragraph: "Learn more about the fundamentals of providing suicide safer care and create a Zero Suicide work plan for each of seven key elements." At the bottom, there is a row of seven colored boxes representing the key elements: Lead, Train, Identify, Engage, Treat, Transition, and Improve.

Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# Zero Suicide Champions

25

Champions challenge and lead health and behavioral health care systems to improve the care provided for individuals at risk for suicide.

# Zero Suicide Champions

26

The screenshot shows the ZERO Suicide website's 'For Champions' page. At the top, the logo 'ZERO Suicide' is displayed in orange and black, with the tagline 'IN HEALTH AND BEHAVIORAL HEALTH CARE' below it. To the right of the logo, the text 'Suicide Prevention Lifeline 1-800-273-TALK (8255)' is visible. A navigation menu includes 'HOME', 'ABOUT', 'CONTACT US', and 'RESOURCES'. Below the navigation, there are three buttons: 'Toolkit' (with a briefcase icon), 'Champions' (with a megaphone icon), and 'Get Involved' (with a group of people icon). A search bar is located on the right side of the page. The main content area features a breadcrumb trail 'Home » For Champions' and a large heading 'For Champions'. Below the heading, a paragraph states: 'Champions challenge and lead health and behavioral health care systems to improve the care provided for individuals at risk for suicide.' A section titled 'Who are Zero Suicide Champions?' follows, with the text 'Potentially, *you are.*' and a paragraph explaining that Zero Suicide champions pursue safer, more effective suicide care approaches in health care systems and know that reducing suicides for those at risk is achievable. On the right side of this section, there is a video player showing a man in a suit, with a play button overlay. Below the video, a caption reads 'A Policy-Making Perspective Mike Hogan'.

**ZERO**Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE

Suicide Prevention Lifeline 1-800-273-TALK (8255)

HOME ABOUT CONTACT US RESOURCES

Toolkit Champions Get Involved

Search

Home » For Champions

## For Champions

Champions challenge and lead health and behavioral health care systems to improve the care provided for individuals at risk for suicide.

### Who are Zero Suicide Champions?

Potentially, *you are.*

Zero Suicide champions pursue safer, more effective suicide care approaches in health care systems and know that reducing suicides for those at risk is achievable.

A Policy-Making Perspective  
Mike Hogan

# How You Can Champion Zero Suicide

27

- Become familiar with the rationale for this comprehensive approach.
- Stimulate organizations to think differently about suicide care.
- Share and use resources available at <http://zerosuicide.sprc.org/champions>
- Join the Zero Suicide listserv

# Resource: Overview of Zero Suicide

28

**ZERO**Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE  
[www.zerosuicide.com](http://www.zerosuicide.com)

**WHAT IS ZERO SUICIDE?**  
Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.

» LEAD  
» TRAIN  
» IDENTIFY  
» ENGAGE  
» TREAT  
» TRANSITION  
» IMPROVE

Its core propositions are that suicide deaths for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care—and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care.

The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on work done in several health care organizations, including the Henry Ford Health System (HFHS) in Michigan. Like other leading health care systems, HFHS applied a rigorous quality improvement process to problems such as inpatient falls and medication errors. HFHS realized that mental and behavioral health care could be similarly improved. This insight led to the development of HFHS's Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

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Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# The Lived Experience Movement

29

- In the mental health/substance use field, 20 plus year history of involving persons with lived experience in programs, policies, and practices that affect them
- Suicide prevention has been way behind the curve, but that's changing!
- ZS model includes lived experience and peer support
- American Association of Suicidology's "Lived Experience Division"
- Suicide Attempt Survivor Task Force of the Action Alliance for Suicide Prevention
- *The Way Forward* – most comprehensive document created by people with lived experience of suicidal thoughts/actions
- We can now say that there is a growing movement of persons willing to publicly disclose their experiences with suicide and suicide care, forming support groups, blogging, social media

# Overview of “*The Way Forward*”

30

- The people with the most intimate information about suicidal acts are those who have lived through such experiences.
- This resource seeks to filter the evidence base used for suicide prevention through the lens of Core Values.
- The overarching goal of this document is to generate better support for the person experiencing suicidal thoughts and feelings, with the hope of saving lives and preventing future suicide attempts.

# SAS Task Force Core Values

31

Inspire **hope**,  
**meaning** and  
purpose

Preserve **dignity**,  
counter **stigma**,  
stereotypes,  
discrimination

Connect people  
to **peer supports**

Promote  
**community**  
**connectedness**

Engage and  
support **family**  
**and friends**

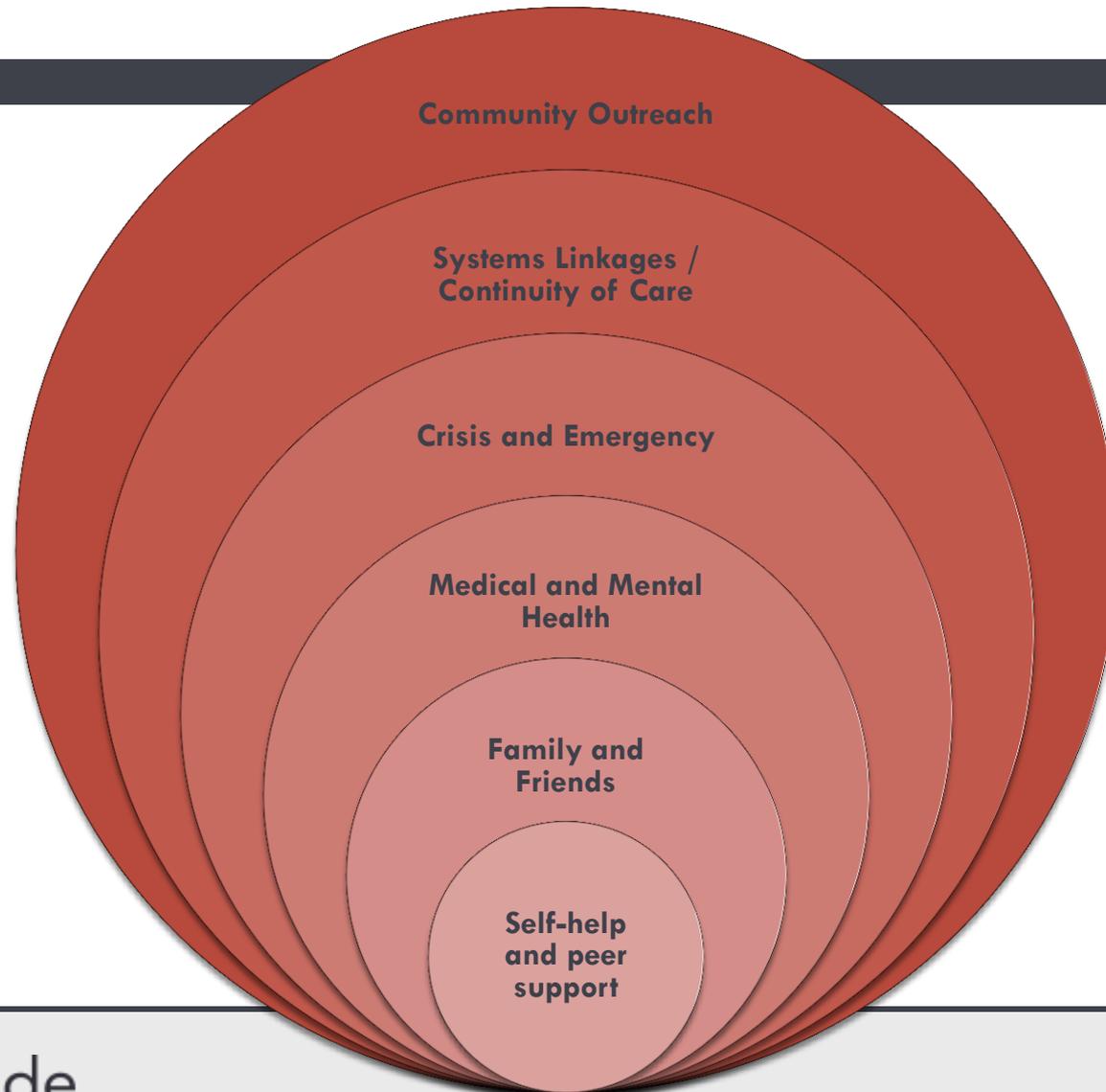
**Respect** and  
support cultural,  
spiritual **beliefs**  
**and traditions**

Promote **choice**  
and  
**collaboration**

Provide **timely**  
**access** to care  
and support

# Suicide Prevention Approaches

32



# Part 1: Self-Help, Peer Support, and Inclusion

33

- Practice Recommendation: Every attempt survivor should receive information about self-advocacy.
- Program Recommendation: Develop, evaluate, and promote support groups specifically for persons who have lived through a suicidal crisis; such groups are encouraged to use a peer leader or co-facilitator.
- Policy Recommendation: Agencies and organizations at all levels (federal, state, community, etc.) should explicitly endorse, or require, inclusion of attempt survivors in suicide prevention efforts.

# Part 2: Family, Friends, and Support Network

34

- Practice Recommendation: Every attempt survivor should define a support network for himself or herself; people can assist in the process but not insist on who should be included or excluded.
- Practice Recommendation: Offer training and/or educational materials to people identified by the attempt survivor as supports.
- **Program Recommendation: Develop, disseminate and promote programs specifically intended to help the family and friends of attempt survivors.**
- Note: There are few resources currently available for family (and almost no resources at all for friends) of attempt survivors.

# Part 3: Medical and Mental Health Services and Supports

35

- Practice Recommendation: Mental health providers should integrate principles of collaborative assessment and treatment planning into their practices.
- Practice Recommendation: Professional clinical education should include training on providing treatment to someone in a suicidal crisis, or recovering from crisis.
- Program Recommendation: Suicide prevention organizations should support and further develop resources like HelpPRO to help people identify therapists who are willing and able to help people in crisis.
- Policy Recommendation: Protocols for addressing safety and crisis planning should be based on principles of informed and collaborative care. (Coercion to be avoided at all costs.)

# Part 4: Crisis and Emergency Care

36

- Practice Recommendation: Training for healthcare providers and emergency department staff should include information about helping suicidal patients in ways that are collaborative, respectful, and preserve dignity.
- **Program Recommendation: Peer specialists should be available in emergency departments to help support and advocate for patients experiencing a suicidal crisis.**
- Policy Recommendation: Upon intake and discharge, patients as well as family or friends should be given information and resources that can help them understand the treatment process, patients' rights, and options for support such as crisis hotlines and warm lines.

# Part 5: Systems Linkages and Continuity of Care

37

- Practice Recommendation: Research and evaluation studies must be conducted to examine and improve new supports like online forums.
- Program Recommendation: Students who are coping with suicidal thoughts or mental/behavioral health challenges should have access to a peer specialist who can provide support and connect them to resources for additional care.
- Policy Recommendation: Hospitals and emergency departments should partner with community providers and peer supports to establish formal ties that can facilitate continuity of care practices.

# Part 6: Community Outreach and Education

38

- Practice Recommendation: People with personal experience from a suicidal crisis should be encouraged to publicly share their stories of recovery, and they should receive support and positive recognition for doing so.
- Survivor stories: [www.attemptsurvivors.com](http://www.attemptsurvivors.com), [www.livethroughthis.org](http://www.livethroughthis.org)
- Program Recommendation: Develop a network of professionals with lived experience to initiate and implement research projects to support suicide attempt survivors.
- Policy Recommendation: Suicide prevention communications efforts should engage attempt survivors throughout the process of developing, implementing, and evaluating initiatives or campaigns.

# How Peers and Families Can Get Involved

39

- Disseminate *The Way Forward* in your community
- Choose a recommendation or set of recommendations to champion
- Bring together a group of local advocates to work for change
- Start a lived experience speakers' bureau
- Start a peer-led support group for people who've been suicidal
- Ensure lived experience voices in all SP efforts, coalitions, etc

# What One Community Accomplished

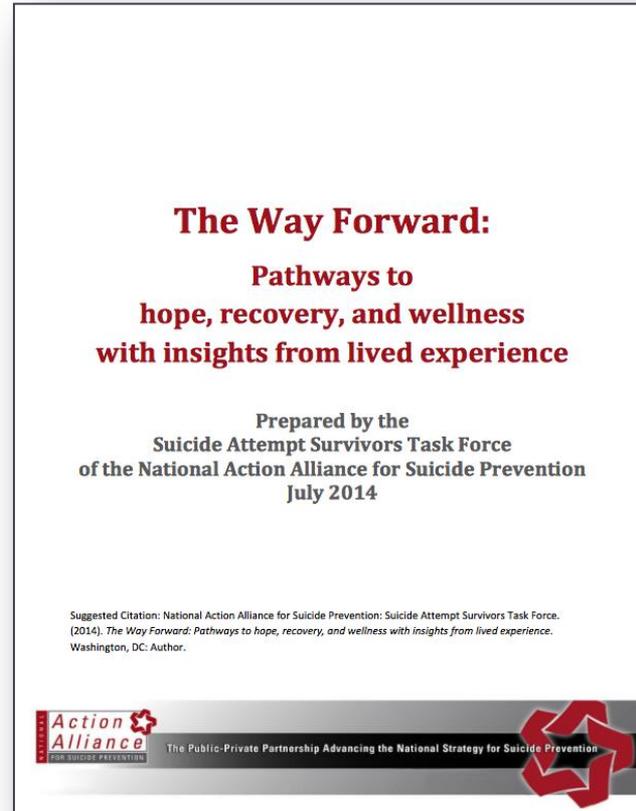
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University of Florida – lived experience faculty member used *The Way Forward* to advocate for:

- Coordinated Counseling and Wellness Center services (e.g. individual and group therapy, life skills groups, online activities)
- An Intentional Peer Support (IPS) community at UF
- Wellness Recovery Action Plan (WRAP) to promote student responsibility and crisis self-management strategies
- Drop-in Resource and Recovery Center
- Trauma-informed therapists and psychiatrists

# Resource: The Way Forward

41



Access at: <http://bit.ly/1k2nGvy>

# Contact for questions

42

- Leah Harris: [leahharris2@gmail.com](mailto:leahharris2@gmail.com)
- Twitter: @leahida