SUICIDE PREVENTION BEGINS WITH ALL OF US.

Zero Suicide: A Suicide Prevention Initiative

Kasie Pickart, MPH
Amy Haun, MA, LPC
If you or someone you know is struggling or in crisis, help is available.

When overwhelmed with personal, work or life stressors, private, confidential and mental health counseling is available. Check to see if your employer has an Employee Assistance Program.

Sending Love to Those...

- who have struggled thoughts of suicide
- who have lost someone to suicide
- who are loving someone who is currently struggling
- who feel like they are alone or a burden on others
- who are facing mental health stigma
- who are currently struggling with thoughts of suicide
AGENDA

• Overview of Hope Network
• Impact and Prevalence of Suicide
• What is Zero Suicide?
• Where We Are At
• Limitations + Lessons Learned
• Where We Are Headed
• Ways to Get Involved
• Resources
Overview of Hope Network
WE’VE GOT MICHIGAN COVERED:

13,000+ persons served last year
2,000+ dedicated staff
200+ locations
83 counties
Incidence and Prevalence of Suicide
**IMPACT OF SUICIDE ACROSS THE NATION**

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>49,449</strong></td>
<td>Suicide deaths in the U.S. in 2022.</td>
</tr>
<tr>
<td><strong>55%</strong></td>
<td>Firearms are the most common method.</td>
</tr>
<tr>
<td><strong>22.4 per 100,000</strong></td>
<td>People ages 85 and older have the highest rates.</td>
</tr>
<tr>
<td><strong>80%</strong></td>
<td>Of the suicide deaths in the U.S. were men.</td>
</tr>
<tr>
<td><strong>2.6%</strong></td>
<td>Deaths by suicide increased from 2021 to 2022.</td>
</tr>
<tr>
<td><strong>23rd</strong></td>
<td>U.S. Suicide Mortality ranking.</td>
</tr>
</tbody>
</table>
IMPACT OF SUICIDE IN MICHIGAN

1,482
Suicide deaths in Michigan in 2021.

1.5x
Women attempt more than men.

55%
Of the suicide deaths in 2021 were fire-arm related.

80%
Of the suicide deaths in Michigan were men.

2nd
Leading cause of death for ages 10-34.

34th
Michigan’s Suicide Mortality ranking.
What is Zero Suicide?
WHAT IS ZERO SUICIDE?

A commitment to suicide prevention in health and mental health care systems and is also a specific set of strategies and tools.
ZERO SUICIDE FRAMEWORK
How’s it going?

Commitment by all members of organization to prevention

Train clinical and non-clinical staff to respond appropriately to individuals at risk

Screen for suicidality

- Create collaborative safety plans
- Teach problem solving and coping skills
- Enhance social support
- Motivate for continued treatment

Suicidality – informed CBT
- Groups
- DBT
- CAMS

Continuous care contact after visits

Measure outcomes
Suicide became the 2nd leading cause of death for 10-34 year-olds.

Suicide rates peaked in 2018 with over 48,000 deaths, increasing 37% from 2000.

CARF adds suicide risk screening to their Comprehensive Suicide Prevention Program Standards.

Applied for Zero Suicide SAMHSA Grant


Suicide became a top 10 leading cause of death for all ages.

Suicide Prevention Trainings for Clinicians

2007

2012

2014

2018

2019

2020

Spring 2021

Fall 2021

Spring 2022

Spring 2023

2020

2012-2016

2017-2018

2019-2020

2021

Applied for Zero Suicide SAMHSA Grant

SAMHSA Grant Awarded & Began Suicide Prevention Trainings for Clinicians

Began implementation of universal depression & suicide screening in adult residential, CRU and OP settings

Rolled out Suicide Prevention Training Plan to all Hope Network workforce & community members

Approved Suicide Care Management Plan build in eCare

2021

2023
WHERE ARE WE NOW… 2.5 YEARS IN

- Implemented **network wide** suicide prevention policies, procedures, and protocols
- Trained **4,350** individuals in at least one suicide prevention related training (77% towards 5-year goal)
- Screened over **2,000** persons served for suicide risk (37% increase from year one to year 2; 75% of persons served in year 3 already)
- Supported over **200** Hope Network programs in implementing Zero Suicide (and other mental health-related) suicide prevention practices and activities as part of general operations
- Integrated evidence-based tools to screen for suicide, assessment and treatment in **eCare**
- Participated in over **76** suicide prevention/mental health events in the community across the State of Michigan
- Reviewed over **500** incident reports and participated in over **50** team meetings to review (saw a 50% reduction in deaths by suicide from year one to year two)
- Hosted over **25** zero suicide leadership team and implementation meetings (30% of individuals with lived experience)
- Incorporated Zero Suicide into **new hire orientation and onboarding**

**Year 1:** March 31, 2021-March 31, 2022
**Year 2:** April 1, 2022-March 31, 2023
**Year 3:** April 1, 2023-YTD
Lead...
LEADERSHIP DRIVES

• System-wide culture change committed to reducing suicides
• Awarded SAMHSA Zero Suicide Grant in March 2021
• Suicide Prevention Leadership Team (Implementation Group)
• Development of organization policies and procedures

<table>
<thead>
<tr>
<th>From?</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pessimism: Seeing suicide as inevitable.</td>
<td>A Systems Approach can lead to prevention of suicides.</td>
</tr>
<tr>
<td>A culture of Blame</td>
<td>A Just Culture that supports staff.</td>
</tr>
<tr>
<td>Risk Assessment and Containment</td>
<td>Collaborative safety, treatment, recovery.</td>
</tr>
<tr>
<td>Stand alone training and tools</td>
<td>Overall Systems and culture change</td>
</tr>
<tr>
<td>Hospitalization during episodes of crisis</td>
<td>Productive interactions throughout ongoing continuity of care.</td>
</tr>
<tr>
<td>Consider suicidality only a symptom of an underlying disorder</td>
<td>Treat suicidality directly with specific interventions.</td>
</tr>
</tbody>
</table>
• All workforce members are expected to follow best practice as delineated by Hope Network’s Suicide Prevention Policy.

• All workforce members will receive suicide prevention training appropriate to their role. Upon completion of training, a certificate of completion is tracked in Hope Network’s Learning Management System.

• Each service line will document suicide risk and depression screening as outlined in procedures.

• Provide evidence based treatment to all persons served in the least restrictive setting.
Training
TRAINING AND DEVELOPMENT

- Question, Persuade, Refer (QPR)
- Assessing and Managing Suicide Risk (AMSR)
  - Outpatient
  - Direct Care
- C-SSRS Clinical Curriculum
  - Columbia Suicide Severity Rating Scale
  - SAFE-T Protocol and Risk Assessment
  - Collaborative Safety Planning
  - Counseling on Access to Lethal Means
- C-SSRS Direct Care Curriculum
  - Columbia Suicide Severity Rating Scale
- New Hire Orientation
- Suicide Prevention Annual Refresher
- Mental Health First Aid (MHFA)
- Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)

% Towards Compliance

<table>
<thead>
<tr>
<th></th>
<th>QPR</th>
<th>AMSR Direct Care</th>
<th>AMSR Outpatient</th>
<th>C-SSRS Direct Care</th>
<th>C-SSRS Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>89%</td>
<td>72%</td>
<td>94%</td>
<td>86%</td>
<td>94%</td>
</tr>
</tbody>
</table>
COMMUNITY ORGANIZATIONS TRAINED: STATEWIDE
COMMUNITY ORGANIZATIONS TRAINED: GLOBALLY
"This is something that was very hard for me since I have suffered from mental health and have suicidal thoughts. It has been really eye opener at the number of individuals impacted by suicide, and I am very thankful for the information and resources I can offer the people we serve and myself when I need them."

– Training Participant

“I’ve done a few of suicide prevention trainings, and this one was the most informative and in-depth. Being a mom with my own mental health struggles raising kids who follow my lead, was that you provided the extra resource tools with the webinar. None of the other trainings were as in-depth. Having the information there and readily available is important in being able to help save lives. My aunt and other people in my life have died by suicide and with stress and global issues becoming more tense, we need to be trained more than ever.”

– Training Participant
Screening
SCREENING OPTIONS TO IDENTIFY SUICIDE RISK

- Patient Health Questionnaire – 9 (PHQ-9)
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Columbia SAFE-T Protocol
- Columbia Risk Assessment
- Ask Suicide-Screening Questions (ASQ)
IDENTIFICATION

The Columbia Suicide Severity Rating Scale (C-SSRS) supports the assessment through a series of simple, plain-language questions that anyone can ask.
• Persons served who received a screener:
  • Year 1: 15% screened
  • Year 2: 52% screened
  • 37% increase from year 1 to year 2!!

• Of those screened, 32% found to be at risk for suicide.
  • 33.9% at high risk
  • 10.3% at medium risk
  • 55.8% at low risk
• Nearly a third of persons served 25 ages and older had a depression diagnosis.
• Half of those diagnosed with depression had a risk of suicide.
Evidence-Based Treatments
SUICIDE-SPECIFIC EVIDENCE-BASED TREATMENTS AND CARE OPTIONS FOUND TO REDUCE SUICIDE RISK

• Cognitive Behavior Therapy (CBT)
• Cognitive Behavior Therapy for Suicide Prevention (CBT-SP)
• Dialectical Behavior Therapy (DBT)
• Collaborative Assessment and Management of Suicidality (CAMS)
• Pharmacotherapy
• Of all suicide related incident reports reviewed, about 75% involved a threat, 24% involved an attempt and 1% a death.
**ZERO SUICIDE WORKFLOW FOR SUICIDE RISK IN ADULT CRISIS RESIDENTIAL UNITS**

**Initial Contact:**
- PHQ-9
- C-SSRS Screen

**Suicide Risk?**
- **Yes**
  - Repeat PHQ-9 and C-SSRS
  - DEP: Self-harm or parasuicide in 24 hours
  - Review C-SSRS Safe-T Protocol
  - Review C-SSRS Risk Assessment
  - Review Collaborative Safety Plan
  - Pathway Education Sheet
  - Add Suicide to Problem List
  - Evaluate for Psychiatric Services

**Suicide Care Pathway Enrollment Phase**
- Within 24 Hours of Screening
- Review C-SSRS Safe-T Protocol
- Review C-SSRS Risk Assessment
- Review Collaborative Safety Plan
- Update Suicide Problem List Entry as Indicated

**Criteria to Exit Suicide Care Pathway**
- 2 successive C-SSRS Screeners at NO RISK OR
- 3 C-SSRS Screeners NO/LOW RISK and Clinical Judgment

**Suicide Care Pathway Exit Phase**
- Repeat C-SSRS Screener
- Update Suicide Problem List Entry
- Finalize Collaborative Safety Plan

**Discharge from Adult CRU**
- Repeat PHQ-9
- Final C-SSRS Screener
- Finalize Collaborative Safety Plan

**Update**
- *Indicates not developed yet
Successes & Barriers
LIMITATIONS + LESSONS LEARNED

• External EHR Systems
• Infrastructure and rollout
• eCare build

• Workforce shortage and staffing turnover
• Trainer capacity
• EHR/Data collection and outcomes tracking
• NOMS collection

• Standardization across organization
• Resistance to change in processes
• Accreditations and rollout
What’s Next
WHAT’S NEXT?

SPREADING AWARENESS + REDUCING STIGMA

• Rollout of Suicide Prevention Clinical Care Pathway
• Expansion across the organization: Children and Adolescents (including Centers for Autism)
• NOMS rollout
• Quality improvement
• Sustainability
• Community engagement
• Persons with lived experience
• Expanding trainings – Mental Health First Aid

• Continued collaboration across the State of MI
• Annual Workforce Survey
• Veteran’s focus
Ways to Get Involved
WAYS TO GET INVOLVED

• In our work:
  • Visit Hope Network’s Zero Suicide Initiative Website Page
  • Join Hope Network’s Suicide Prevention Leadership Team or Statewide Implementation Group

• Education yourself:
  • Learn the warning signs and questions to ask if you suspect a person may be at risk for suicide
  • Sign up for a suicide prevention training
  • Become a trainer

• In your community:
  • Attend an upcoming event in the community you serve
  • Join your local suicide prevention coalition
  • Listen to monthly Governor’s Commission on Suicide Prevention Meetings
  • Advocate
HELP IS AVAILABLE

- **Hope Network’s Employee Assistance Program**: Dial 1-800-788-8630 or visit encompass.us.com (Company code: hopenet)

- **988 Suicide & Crisis Lifeline**:
  - English – Call or text 988 or chat at 988lifeline.org
  - Spanish – Dial 988 then press 2 or text AYUDA to 988
  - **Veterans Crisis Line**: Dial 988 then press 1 or text 838255
  - Deaf, Hard of Hearing, or Hearing Loss: [Call 988 Videophone, online chat](#) or text 988

- **Crisis Text Line**: Text “HELLO” to 741741

- **Trevor Lifeline (LGBTQ)**: Dial 1-866-488-7386. TrevorText is available by texting “START” to 678678.

- **Trans Lifeline**: Dial 1-877-565-8860

- **SAMHSA's National Helpline**: Dial 1-800-662-HELP (4357)

- **Disaster Distress Helpline**: Dial 1-800-985-5990

- **Behavioral Health Treatment Services Locator**: findtreatment.samhsa.gov
#BeThe1To Ask

Ask the tough question. When somebody you know is in emotional pain, ask them directly: "Are you thinking about killing yourself?"

#BeThe1To Be There

If your friend is thinking about suicide, listen to their reasons for feeling hopeless and in pain. Listen with compassion and empathy and without dismissing or judging.

#BeThe1To Keep Them Safe

Is your friend thinking about suicide? Ask if they’ve thought about how they would do it and separate them from anything they could use to hurt themselves.

#BeThe1To Help Them Connect

Help your friend connect to a support system, whether it’s the 988 Lifeline, family, friends, clergy, coaches, co-workers or therapists, so they have a network to reach out to for help.

#BeThe1To Follow Up

Check in with the person you care about on a regular basis. Making contact with a friend in the days and weeks after a crisis can make a difference in keeping them alive.
X Saying ‘committed suicide adds to stigma and suggests suicide is illegal, which it isn’t.

✓ Instead say took his/her/their own life or died by suicide.

X There’s evidence that mentioning the method or location of a suicide can lead to further suicides, so avoid doing this.

✓ Do post sources of support and share stories of hope and recovery.

X If you’re worried about someone, try not to use language that could come across as judgmental. For example, ‘don’t do anything stupid’.

✓ Instead ask if they’re feeling suicidal, and help get them the support they need.

X Don’t share or repost anything that talks about suicide or self-harm in an unsafe way.

✓ Do report content you see and think might be harmful.
CONTACT INFORMATION

Kalie Pickart, MPH
Project Director,
Zero Suicide Initiative
KPickart@hopenetwork.org

Amy T. Haun, MA, LPC
Program Manager,
Crisis Stabilization
AHaun@hopenetwork.org
REFERENCES


