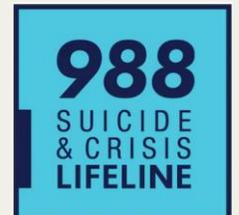


SUICIDE PREVENTION BEGINS WITH ALL OF US.

*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.



988
SUICIDE
& CRISIS
LIFELINE

There is hope

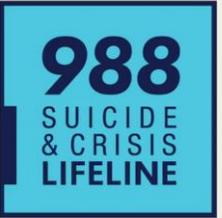
Talk with us. If you or someone you know needs support now, call or text 988 or chat 988lifeline.org

FEF22-06-03-004

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

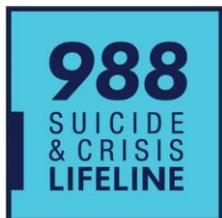
AGENDA



- 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



49,449

Suicide deaths in the U.S. in 2022.

80%

Of the suicide deaths in the U.S. were men.

55%

Firearms are the most common method.

2.6%

Deaths by suicide increased from 2021 to 2022.

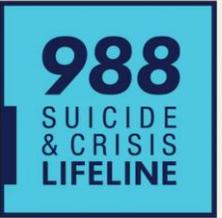
22.4 per 100,000

People ages 85 and older have the highest rates.

23rd

U.S. Suicide Mortality ranking.

IMPACT OF SUICIDE IN MICHIGAN



1,482

Suicide deaths in Michigan in 2021.

80%

Of the suicide deaths in Michigan were men.

1.5x

Women attempt more than men.

2nd

Leading cause of death for ages 10-34.

55%

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

34th

Michigan's Suicide Mortality ranking.

What is Zero Suicide?



WHAT IS ZERO SUICIDE?



© 2020 Zero Suicide Institute at EDC.

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

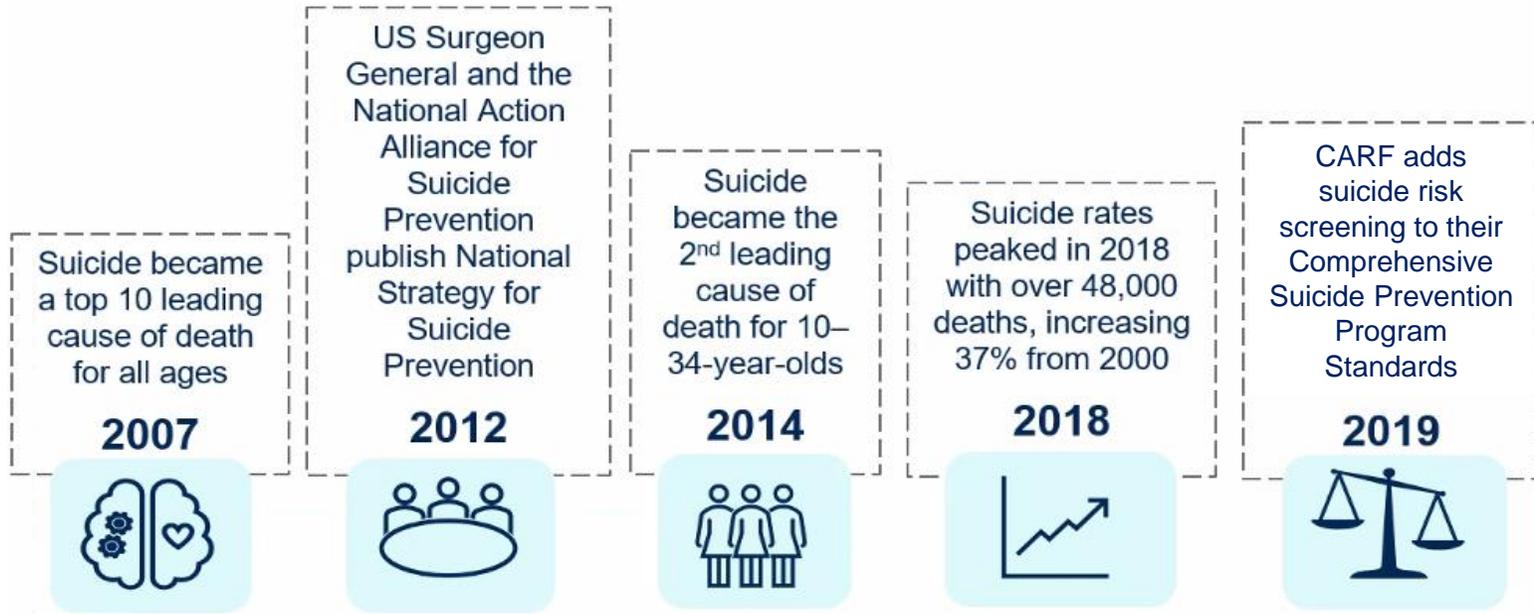


Continuous care contact after visits

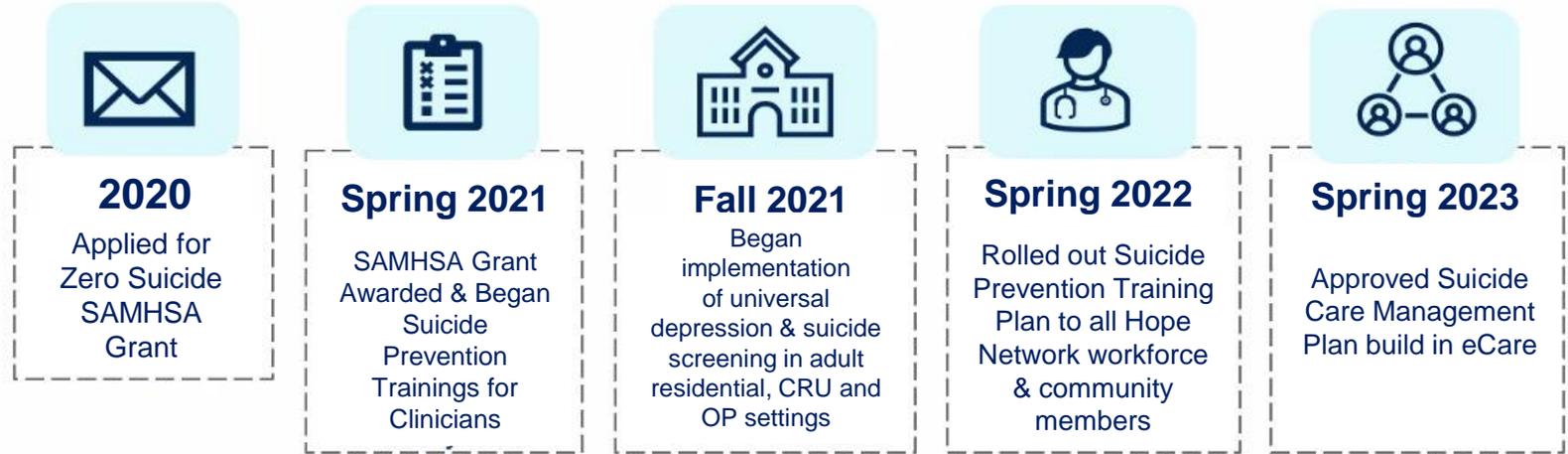


Measure outcomes

WHY



HOW



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

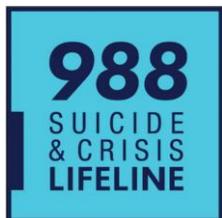
- System-wide culture change committed to reducing suicides
- Awarded SAMHSA Zero Suicide Grant in March 2021
- Suicide Prevention Leadership Team (Implementation Group)
- Development of organization policies and procedures

From?	To:
Pessimism: Seeing suicide as inevitable.	A Systems Approach can lead to prevention of suicides.
A culture of Blame	A Just Culture that supports staff.
Risk Assessment and Containment	Collaborative safety, treatment, recovery.
Stand alone training and tools	Overall Systems and culture change
Hospitalization during episodes of crisis	Productive interactions throughout ongoing continuity of care.
Consider suicidality only a symptom of an underlying disorder	Treat suicidality directly with specific interventions.

SUICIDE PREVENTION POLICY

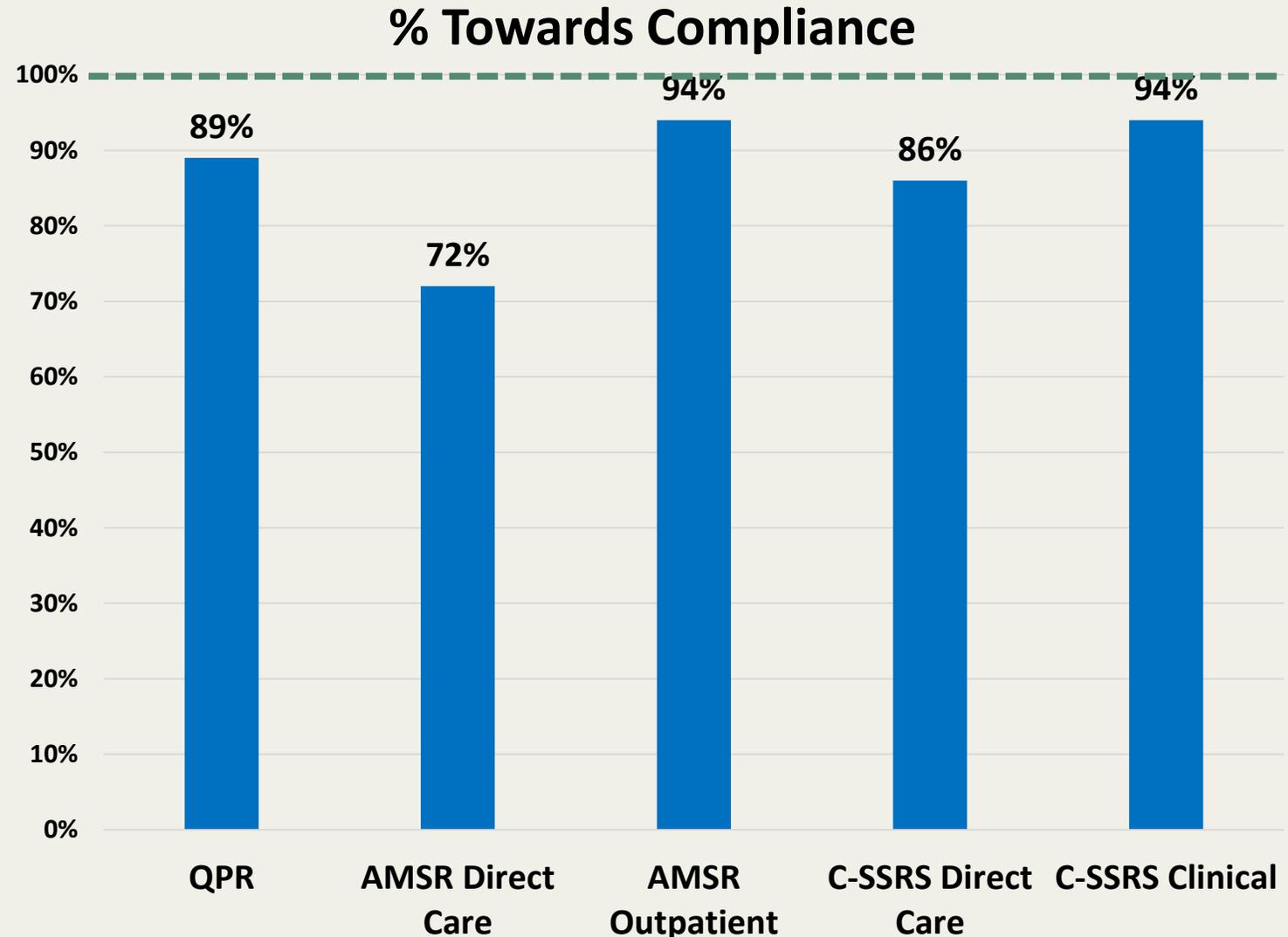
- All workforce members are expected to follow best practice as delineated by Hope Network's Suicide Prevention Policy.
- All workforce members will receive suicide prevention training appropriate to their role. Upon completion of training, a certificate of completion is tracked in Hope Network's Learning 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)**



COMMUNITY ORGANIZATIONS TRAINED: STATEWIDE



COMMUNITY ORGANIZATIONS TRAINED: GLOBALLY



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES



Nebraska



SOUTH SIOUX CITY
COMMUNITY SCHOOLS



TRAINING IMPACT

“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.”

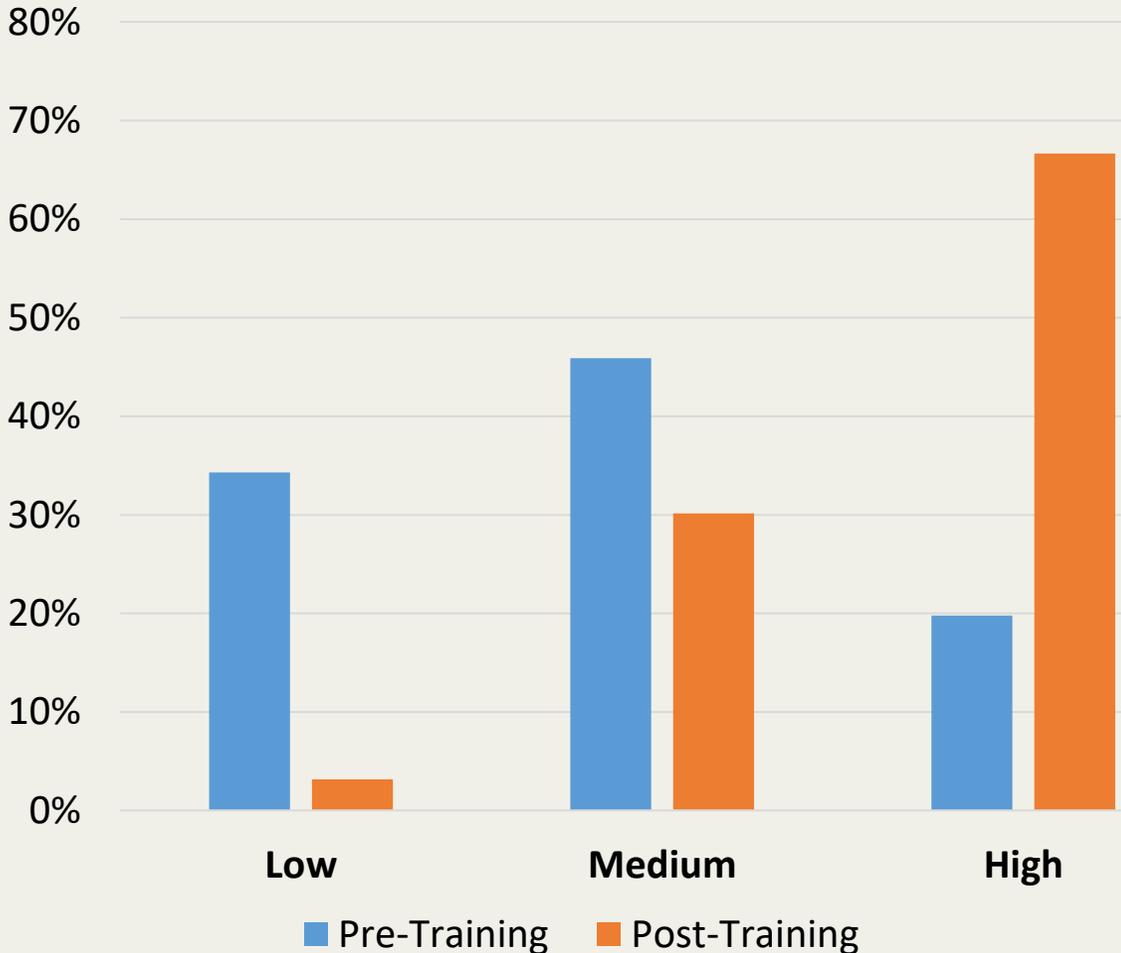
– Training Participant

“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



How to Ask Someone about Suicide



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)

	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk

IDENTIFICATION

The **Columbia Suicide Severity Rating Scale (C-SSRS)** supports the assessment through a series of simple, plain-language questions that anyone can ask.

CSSRS - Low Risk

Low Risk - CSSRS Screening Date: 09/10/2021
[View consumer CSSRS records](#)

CSSRS - Medium Risk

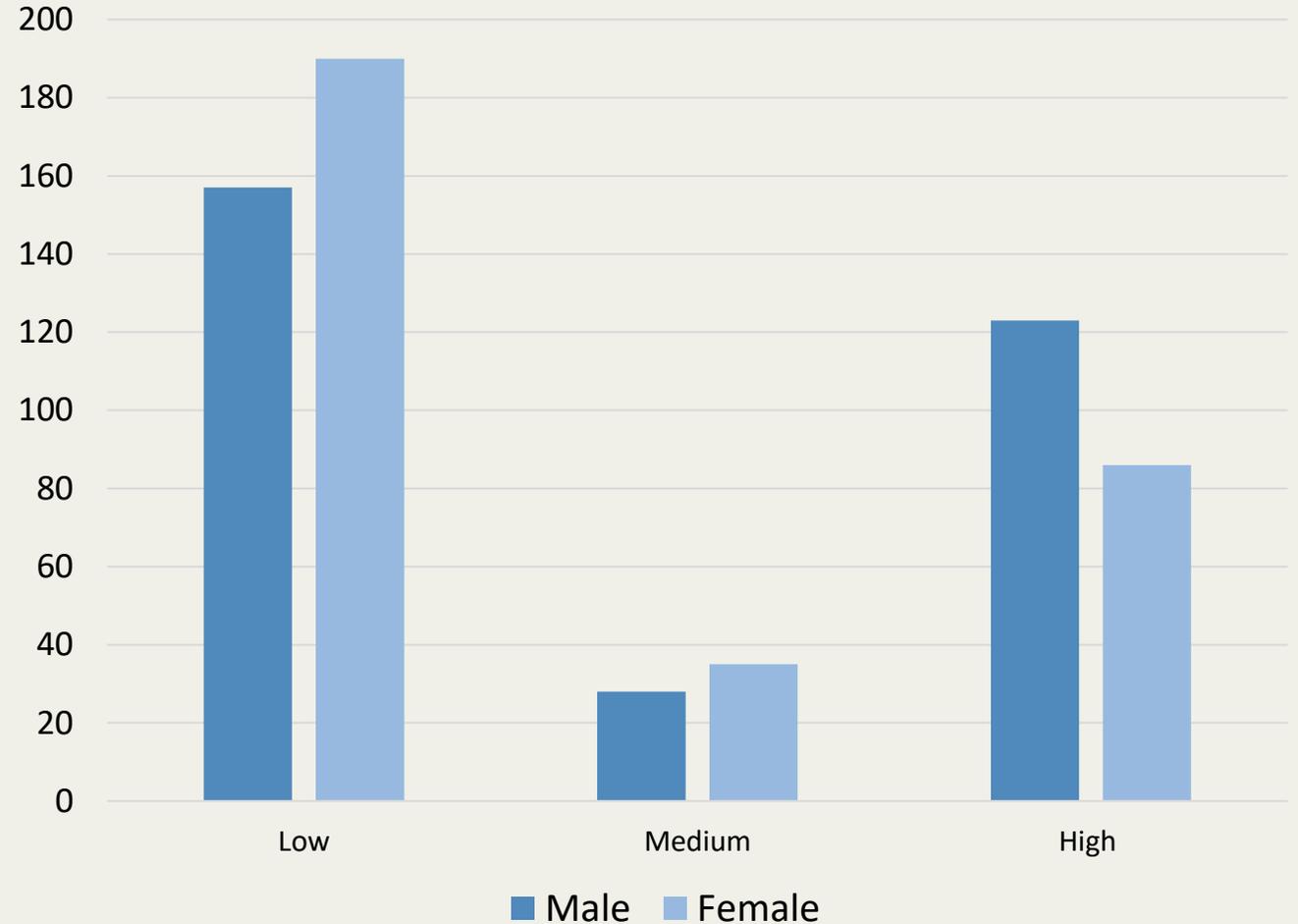
Medium Risk - CSSRS Screening Date: 10/13/2021
[View consumer CSSRS records](#)

CSSRS - High Risk

High Risk - CSSRS Screening Date: 08/16/2021
[View consumer CSSRS records](#)

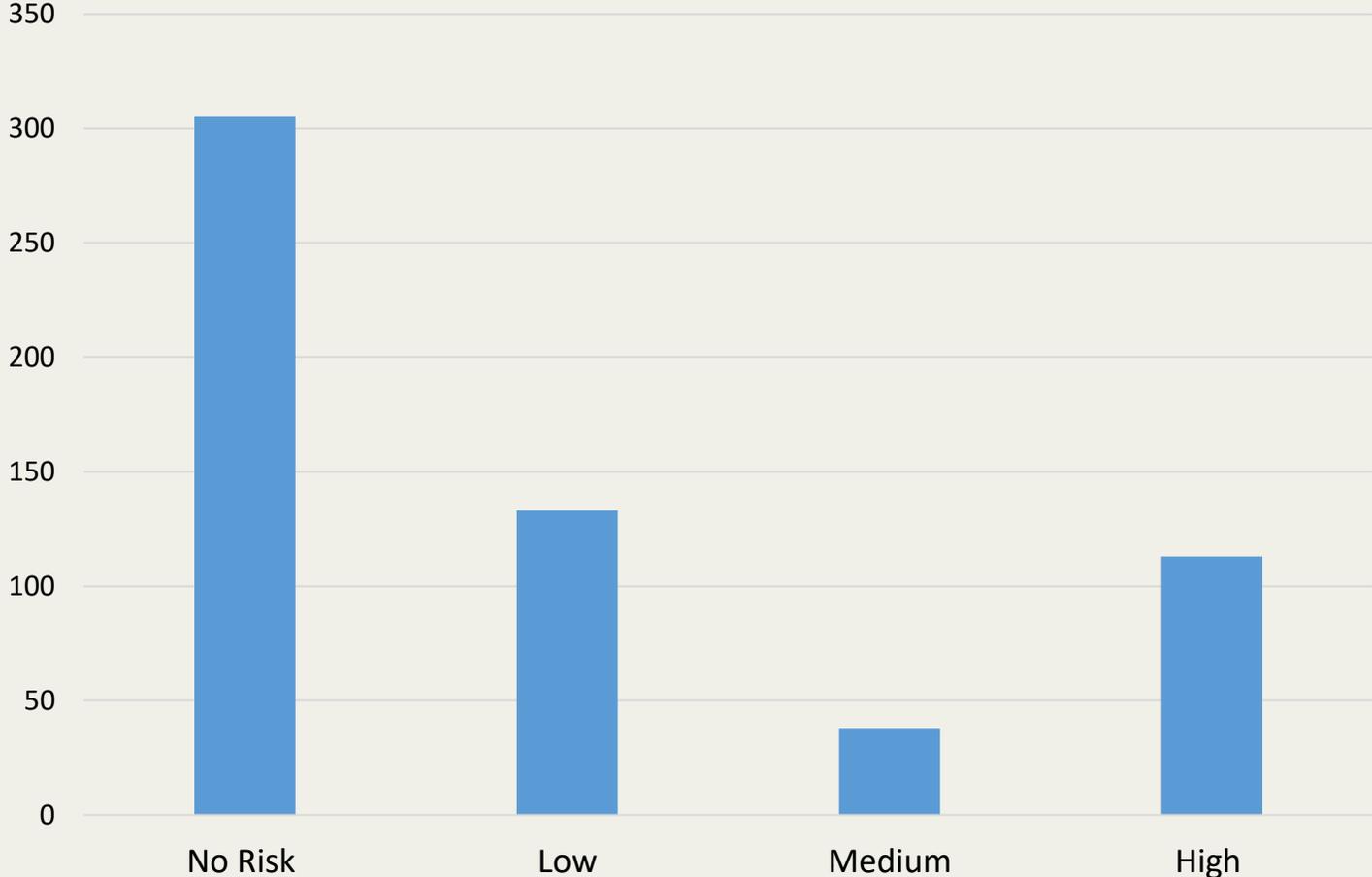
- **Persons served who received a screener:**
 - Year 1: 15% screened
 - Year 2: 52% screened
 - ***37% increase from year 1 to year 2!!***
- **Of those screened, 32% found to be at risk for suicide.**
 - 33.9% at high risk
 - 10.3% at medium risk
 - 55.8% at low risk

**Total Screened at Risk vs Gender
April 1, 2022 - March 31, 2023**

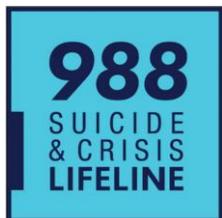


**Suicide Risk with Depression Diagnosis
(Major Depressive Disorder)
April 1, 2022 - March 31, 2023**

- 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

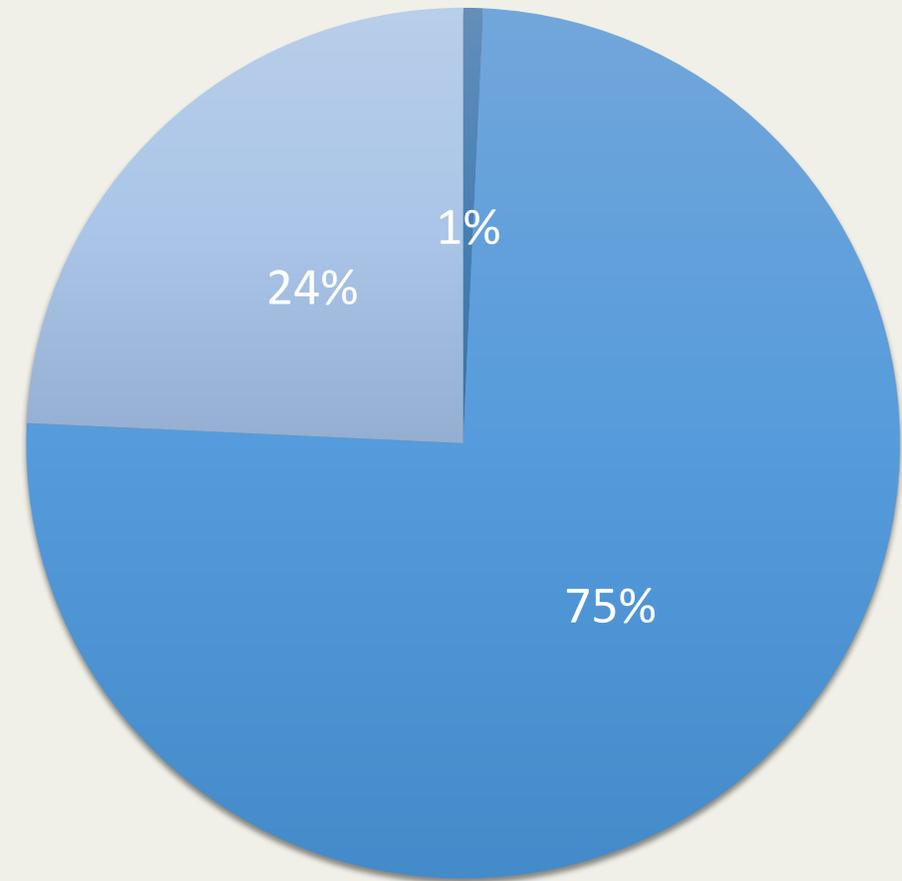


SUICIDE-SPECIFIC EVIDENCE-BASED TREATMENTS AND CARE OPTIONS FOUND TO REDUCE SUICIDE RISK

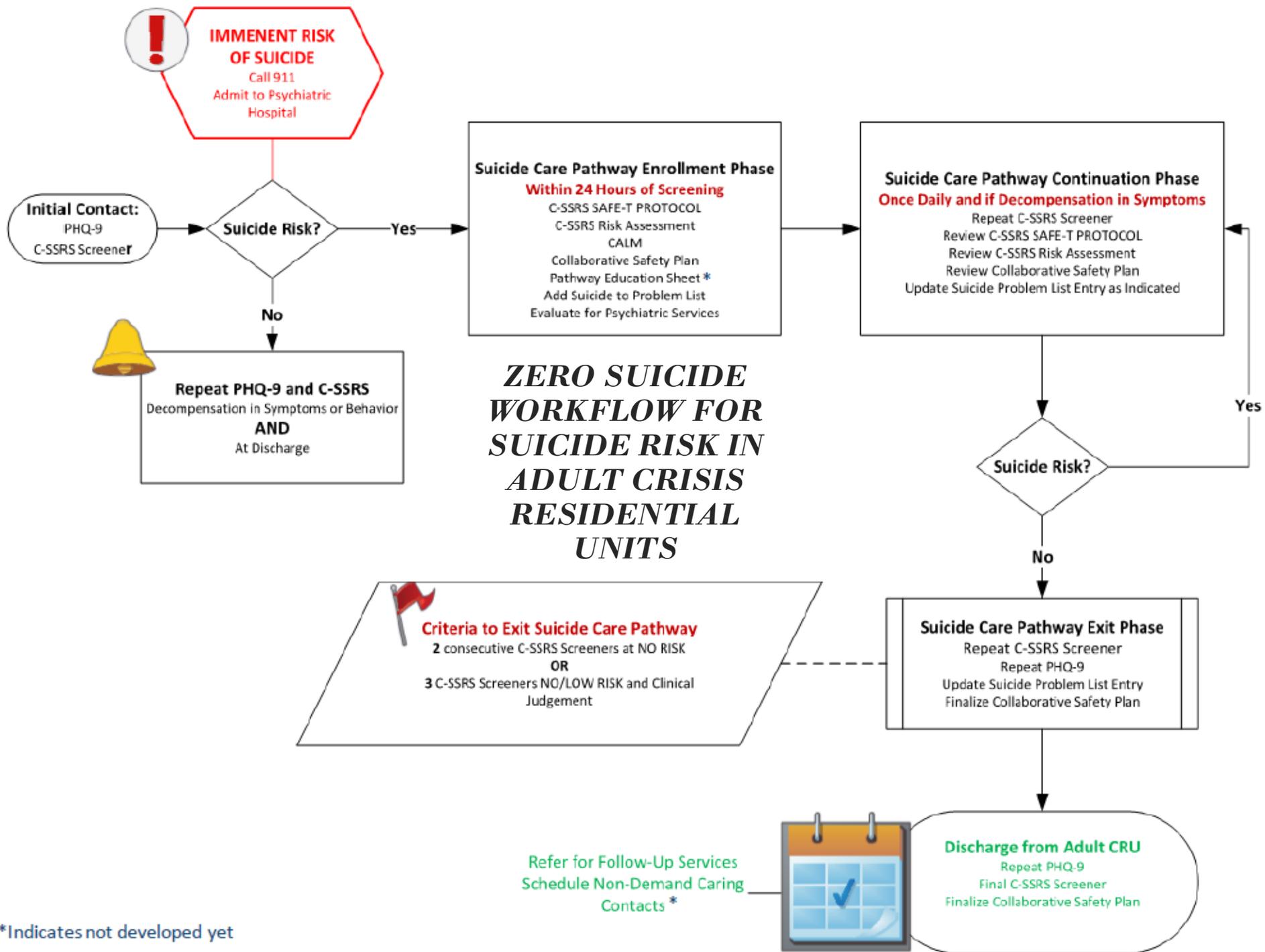
- Cognitive Behavior Therapy (CBT)
- Cognitive Behavior Therapy for Suicide Prevention (CBT-SP)
- Dialectical Behavior Therapy (DBT)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Pharmacotherapy

Incident Reports Reviewed From April 1, 2022 to March 31, 2023

- Of all suicide related incident reports reviewed, about 75% involved a threat, 24% involved an attempt and 1% a death.

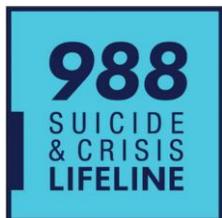


■ Suicide Death ■ Suicide Threat ■ Suicide Attempt



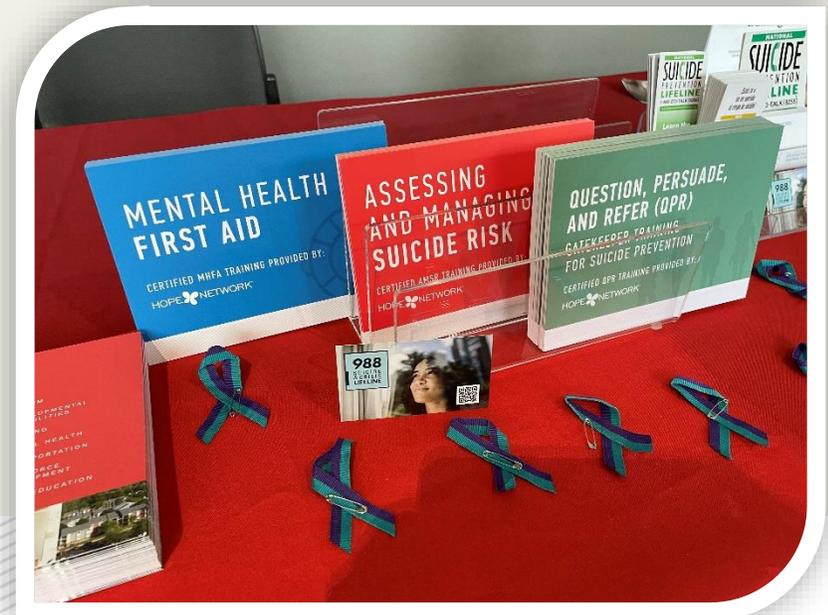
*Indicates not developed yet

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**



**Michigan Suicide
Prevention Commission**



Ways to Get Involved

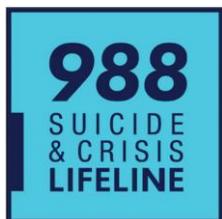


WAYS TO GET INVOLVED

- **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

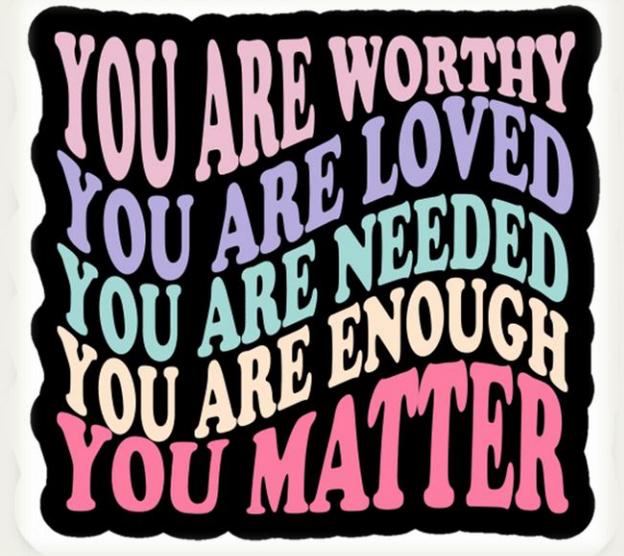


Resources



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





1

#BeThe1To Ask

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

2

#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.

3

#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.

4

#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.

5

#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.

The way we talk about suicide matters



- 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



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Thank you!



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