

# WE NEED TALK ABOUT SUIGIDE

February 2017

## **Agenda**

- Brief introduction to our speakers
  - Emma Stanton, MD
  - Clarence Jordan
  - Erick Messias, MD
  - Lynne Bakalyan, LPC
- Today's objectives
- A personal story
- Epidemiology
- Beacon's Zero Suicide story in Colorado
- The Zero Suicide framework
- Next steps

#### Today's objectives

#### Suicidal behavior disorder is a treatable condition in its own right

- Shift the mindset that suicide is the consequence of another co-occurring mental health condition
- Explore the Zero Suicide framework
- Know where to start in applying the Zero Suicide framework

I feel that suicide is the 'dirty little secret' of behavioral health and that we don't like to talk about it or focus on it. This is a mistake.

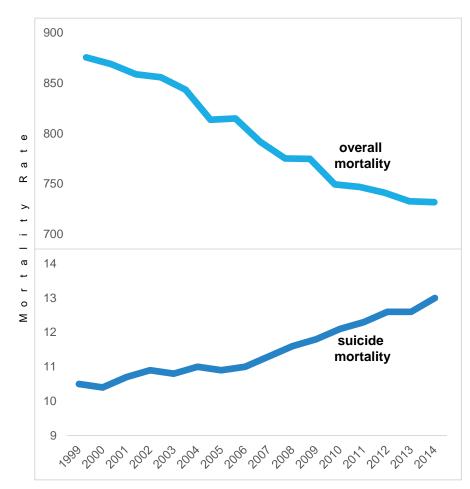
Surveyed Beacon employee

# A personal story



#### **Epidemiology**

- Suicide is the 10<sup>th</sup> leading cause of death in the United States
- US suicide rate (13.4/100,000) is above the world average (11.4/100,000)
- Age: Suicide affects peoples of all ages, but it is rarely seen under 5
- Gender: Females attempt suicide more frequently than males, but males die by suicide at higher rates
- Almost half (45%) of people who die from suicide visited their PCP in the month prior, but only a fifth (19%) visited mental health services



Data Source: Centers for Disease Control and Prevention

Suicide rates have increased by 24% from 1999 to 2014 compared to a decline in overall mortality for that same time period

#### **Turning tragedy into action - Beacon Colorado**

- In 2016, four teens died by suicide in a two-week period at a local high school in Colorado Springs
- Personally affected by these tragedies, four Beacon employees chose to attend the Zero Suicide Academy to learn best practices around suicidal behavior disorder



- Within three months, the Colorado office formed a Zero Suicide Implementation Strategy
  - Included IT, Quality, Administrative and Clinical departments

#### The power of Zero in Beacon's Colorado office

#### **Team action items**



1. Created a weekly discharge report per mental health center with member information, suicide rating scale at time of admit, and member contact information as well as a quarterly meeting with MHCs



2. Hosted a staff/community kick-off event to explain ZS principles



3. Implemented Lunch-and-Learns to train staff on what to do if someone answers YES to questions about feeling suicidal



4. Taught Mental Health First Aid to community and internal staff members



5. Developed a standardized screening tool



6. Created a Zero Suicide Office365 shared workspace



7. Circulated weekly research articles to internal staff members

Element	Description
Lead	Create a leadership-driven, safety-oriented culture committed to reducing suicide  • Assess organizational capacity  • Improve access to care through follow-up  • Promote a climate of continuous improvement
Train	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify	Systematically identify and assess suicide risk among people receiving care  • Develop policies around the assessment of suicidal risk  • Provide tools for assessment and screening (PHQ-9, C-SSRS)  • Improve coding for suicidal behavior disorder
Engage	<ul> <li>Ensure every individual has a pathway to care that is both timely and adequate</li> <li>Promote safety and wellness planning</li> <li>Improve access to 24/7 crisis services</li> <li>Restrict access to lethal means</li> </ul>
Treat	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition	<ul> <li>Provide continuous contact and support, especially after acute care</li> <li>Promote the continuity of care through technology and integration of BH and physical health care</li> <li>Support transitions through non-demand caring contacts; unscheduled same-day access etc.</li> </ul>
Improve (MPROVE)	<ul> <li>Apply a data-driven quality improvement approach to inform system changes</li> <li>Establish protocols to collect and review suicide-related data for a PDSA cycle</li> <li>Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements</li> </ul>

Element	Description
Lead	Create a leadership-driven, safety-oriented culture committed to reducing suicide
Train	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify	Systematically identify and assess suicide risk among people receiving care  Develop policies around the assessment of suicidal risk  Provide tools for assessment and screening (PHQ-9, C-SSRS)  Improve coding for suicidal behavior disorder
Engage	Ensure every individual has a pathway to care that is both timely and adequate  Promote safety and wellness planning Improve access to 24/7 crisis services Restrict access to lethal means
Treat	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition (TRANSITION)	Provide continuous contact and support, especially after acute care  • Promote the continuity of care through technology and integration of BH and physical health care  • Support transitions through non-demand caring contacts; unscheduled same-day access etc.
Improve	Apply a data-driven quality improvement approach to inform system changes  • Establish protocols to collect and review suicide-related data for a PDSA cycle  • Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements

Elemen	t	Description
Lead (	LEAD	Create a leadership-driven, safety-oriented culture committed to reducing suicide  • Assess organizational capacity  • Improve access to care through follow-up  • Promote a climate of continuous improvement
Train (	TRAIN	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify	IDANTIFY	<ul> <li>Systematically identify and assess suicide risk among people receiving care</li> <li>Develop policies around the assessment of suicidal risk</li> <li>Provide tools for assessment and screening (PHQ-9, C-SSRS)</li> <li>Improve coding for suicidal behavior disorder</li> </ul>
Engage	ENGAGE	<ul> <li>Ensure every individual has a pathway to care that is both timely and adequate</li> <li>Promote safety and wellness planning</li> <li>Improve access to 24/7 crisis services</li> <li>Restrict access to lethal means</li> </ul>
Treat (	TREAT	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition (	TRANSITION	<ul> <li>Provide continuous contact and support, especially after acute care</li> <li>Promote the continuity of care through technology and integration of BH and physical health care</li> <li>Support transitions through non-demand caring contacts; unscheduled same-day access etc.</li> </ul>
Improve (	IMPROVE	Apply a data-driven quality improvement approach to inform system changes  • Establish protocols to collect and review suicide-related data for a PDSA cycle  • Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements

Element		Description
Lead	Assess     Improv	leadership-driven, safety-oriented culture committed to reducing suicide sorganizational capacity re access to care through follow-up te a climate of continuous improvement
Train	• Promo	a competent and caring workforce te 100% completion of annual training on suicide e the conversation about suicide from the negative to positive stories of survival
Identify	Develo     Provid	atically identify and assess suicide risk among people receiving care op policies around the assessment of suicidal risk le tools for assessment and screening (PHQ-9, C-SSRS) we coding for suicidal behavior disorder
Engage	Promo Improv	every individual has a pathway to care that is both timely and adequate te safety and wellness planning te access to 24/7 crisis services access to lethal means
Treat	<ul><li>Identify</li><li>Promote</li></ul>	ence-based treatments that directly target suicidal thoughts and behaviors those providers who excel in treating suicidal behavior disorder te evidence-based clinical practices rage use of CAMS and leading interventions such as as DBT and CBT-SP
Transition (	Promo	continuous contact and support, especially after acute care te the continuity of care through technology and integration of BH and physical health care rt transitions through non-demand caring contacts; unscheduled same-day access etc.
Improve	• Establi	data-driven quality improvement approach to inform system changes sh protocols to collect and review suicide-related data for a PDSA cycle ct ongoing surveillance throughout care continuum; reassess aftercare requirements

Elemer	nt	Description
Lead	LEAD	Create a leadership-driven, safety-oriented culture committed to reducing suicide  • Assess organizational capacity  • Improve access to care through follow-up  • Promote a climate of continuous improvement
Train	TRAIN	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify	IDANTIFY	<ul> <li>Systematically identify and assess suicide risk among people receiving care</li> <li>Develop policies around the assessment of suicidal risk</li> <li>Provide tools for assessment and screening (PHQ-9, C-SSRS)</li> <li>Improve coding for suicidal behavior disorder</li> </ul>
Engage	engage	<ul> <li>Ensure every individual has a pathway to care that is both timely and adequate</li> <li>Promote safety and wellness planning</li> <li>Improve access to 24/7 crisis services</li> <li>Restrict access to lethal means</li> </ul>
Treat	TREAT	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition	TRANSITION	<ul> <li>Provide continuous contact and support, especially after acute care</li> <li>Promote the continuity of care through technology and integration of BH and physical health care</li> <li>Support transitions through non-demand caring contacts; unscheduled same-day access etc.</li> </ul>
Improve	IMPROVE	<ul> <li>Apply a data-driven quality improvement approach to inform system changes</li> <li>Establish protocols to collect and review suicide-related data for a PDSA cycle</li> <li>Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements</li> </ul>

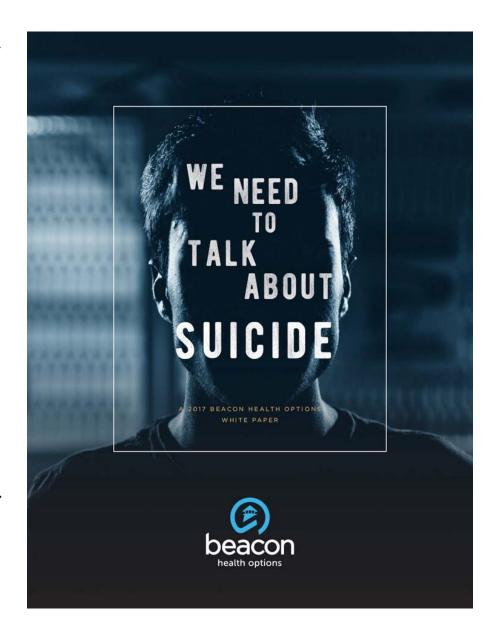
Elemen	nt	Description
Lead (	LEAD	Create a leadership-driven, safety-oriented culture committed to reducing suicide  • Assess organizational capacity  • Improve access to care through follow-up  • Promote a climate of continuous improvement
Train (	TRAIN	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify (	IDENTIFY	<ul> <li>Systematically identify and assess suicide risk among people receiving care</li> <li>Develop policies around the assessment of suicidal risk</li> <li>Provide tools for assessment and screening (PHQ-9, C-SSRS)</li> <li>Improve coding for suicidal behavior disorder</li> </ul>
Engage (	ENGAGE	<ul> <li>Ensure every individual has a pathway to care that is both timely and adequate</li> <li>Promote safety and wellness planning</li> <li>Improve access to 24/7 crisis services</li> <li>Restrict access to lethal means</li> </ul>
Treat (	TREAT	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition (	TRANSITION	<ul> <li>Provide continuous contact and support, especially after acute care</li> <li>Promote the continuity of care through technology and integration of BH and physical health care</li> <li>Support transitions through non-demand caring contacts; unscheduled same-day access etc.</li> </ul>
Improve (	IMPROVE	Apply a data-driven quality improvement approach to inform system changes  Establish protocols to collect and review suicide-related data for a PDSA cycle  Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements

Element	Description
Lead	Create a leadership-driven, safety-oriented culture committed to reducing suicide  • Assess organizational capacity  • Improve access to care through follow-up  • Promote a climate of continuous improvement
Train	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify	<ul> <li>Systematically identify and assess suicide risk among people receiving care</li> <li>Develop policies around the assessment of suicidal behavior disorder risk</li> <li>Provide tools for assessment and screening (PHQ-9, C-SSRS)</li> <li>Improve coding for suicidal behavior disorder</li> </ul>
Engage	<ul> <li>Ensure every individual has a pathway to care that is both timely and adequate</li> <li>Promote safety and wellness planning</li> <li>Improve access to 24/7 crisis services</li> <li>Restrict access to lethal means</li> </ul>
Treat	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition (TRANSITION)	<ul> <li>Provide continuous contact and support, especially after acute care</li> <li>Promote the continuity of care through technology and integration of BH and physical health care</li> <li>Support transitions through non-demand caring contacts; unscheduled same-day access etc.</li> </ul>
Improve	<ul> <li>Apply a data-driven quality improvement approach to inform system changes</li> <li>Establish protocols to collect and review suicide-related data for a PDSA cycle</li> <li>Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements</li> </ul>

Element	Description
Lead	Create a leadership-driven, safety-oriented culture committed to reducing suicide  • Assess organizational capacity  • Improve access to care through follow-up  • Promote a climate of continuous improvement
Train	<ul> <li>Develop a competent and caring workforce</li> <li>Promote 100% completion of annual training on suicide</li> <li>Change the conversation about suicide from the negative to positive stories of survival</li> </ul>
Identify	<ul> <li>Systematically identify and assess suicide risk among people receiving care</li> <li>Develop policies around the assessment of suicidal risk</li> <li>Provide tools for assessment and screening (PHQ-9, C-SSRS)</li> <li>Improve coding for suicidal behavior disorder</li> </ul>
Engage	<ul> <li>Ensure every individual has a pathway to care that is both timely and adequate</li> <li>Promote safety and wellness planning</li> <li>Improve access to 24/7 crisis services</li> <li>Restrict access to lethal means</li> </ul>
Treat	<ul> <li>Use evidence-based treatments that directly target suicidal thoughts and behaviors</li> <li>Identify those providers who excel in treating suicidal behavior disorder</li> <li>Promote evidence-based clinical practices</li> <li>Encourage use of CAMS and leading interventions such as as DBT and CBT-SP</li> </ul>
Transition (TRANSITION)	<ul> <li>Provide continuous contact and support, especially after acute care</li> <li>Promote the continuity of care through technology and integration of BH and physical health care</li> <li>Support transitions through non-demand caring contacts; unscheduled same-day access etc.</li> </ul>
Improve (MPROVE)	<ul> <li>Apply a data-driven quality improvement approach to inform system changes</li> <li>Establish protocols to collect and review suicide-related data for a PDSA cycle</li> <li>Conduct ongoing surveillance throughout care continuum; reassess aftercare requirements</li> </ul>

#### **Next steps**

- Encourage leadership to get on board with a Zero Suicide campaign
- Promote a culture of proactively identifying and treating suicide
- Focus training efforts on how to identify atrisk patients, such as role-playing in asking about suicidal thoughts
- Use the C-SSRS and PHQ-9 across the care continuum and not just in inpatient psychiatric care
- Establish protocols to collect and review suicide-related data
- To promote continuity of care, reassess your post-discharge aftercare requirements
- Use non-demand caring contacts during transitions of care



#### Other resources

- Download Beacon's white paper at <a href="http://beaconlens.com/white-papers/">http://beaconlens.com/white-papers/</a>
- Zero Suicide Website: <a href="http://zerosuicide.sprc.org/">http://zerosuicide.sprc.org/</a>
- Suicide Prevention Resource Center: <a href="http://www.sprc.org/">http://www.sprc.org/</a>
- National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/
- SAMHSA Website: <a href="http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention">http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention</a>
- CALM: Counseling on Access to Lethal Means: Suicide Prevention Resource Center website: <a href="http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means">http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means</a>
- National Suicide Prevention Lifeline: <a href="https://suicidepreventionlifeline.org/">https://suicidepreventionlifeline.org/</a>
- Mental Health Awareness: Suicide or Survive <a href="http://www.suicideorsurvive.ie/?gclid=CNqK0pLqhdlCFcmlswod6MoO6g">http://www.suicideorsurvive.ie/?gclid=CNqK0pLqhdlCFcmlswod6MoO6g</a>

For more information, contact Dale Seamans at dale.seamans@beaconhealthoptions.com

# Thank you

