

Preventing Suicide In ALL Healthcare Settings: *How Do We Do What Must Be Done?*

Boise Idaho

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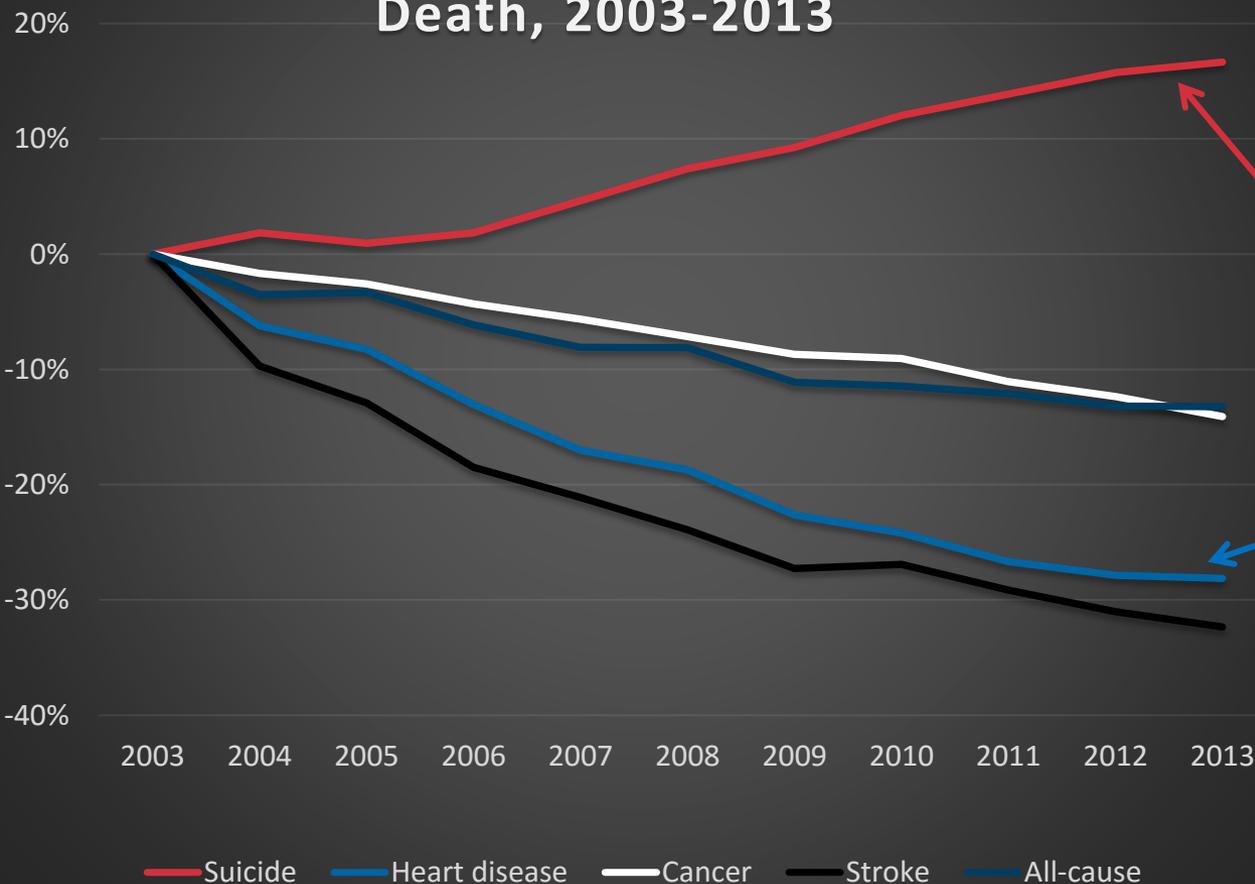
Zero Suicide Working Session

2

- What are Your Questions and Interests?
- Review of Implementation Resources, Experiences
- Discussion

Raising Our Game in Suicide Prevention

Percent Change in Age-Adjusted Death Rates since 2003 by Cause of Death, 2003-2013



We CAN
make
suicide care
more like
heart care

Suicide and Healthcare Settings: A Problem, and Places to Intervene

4

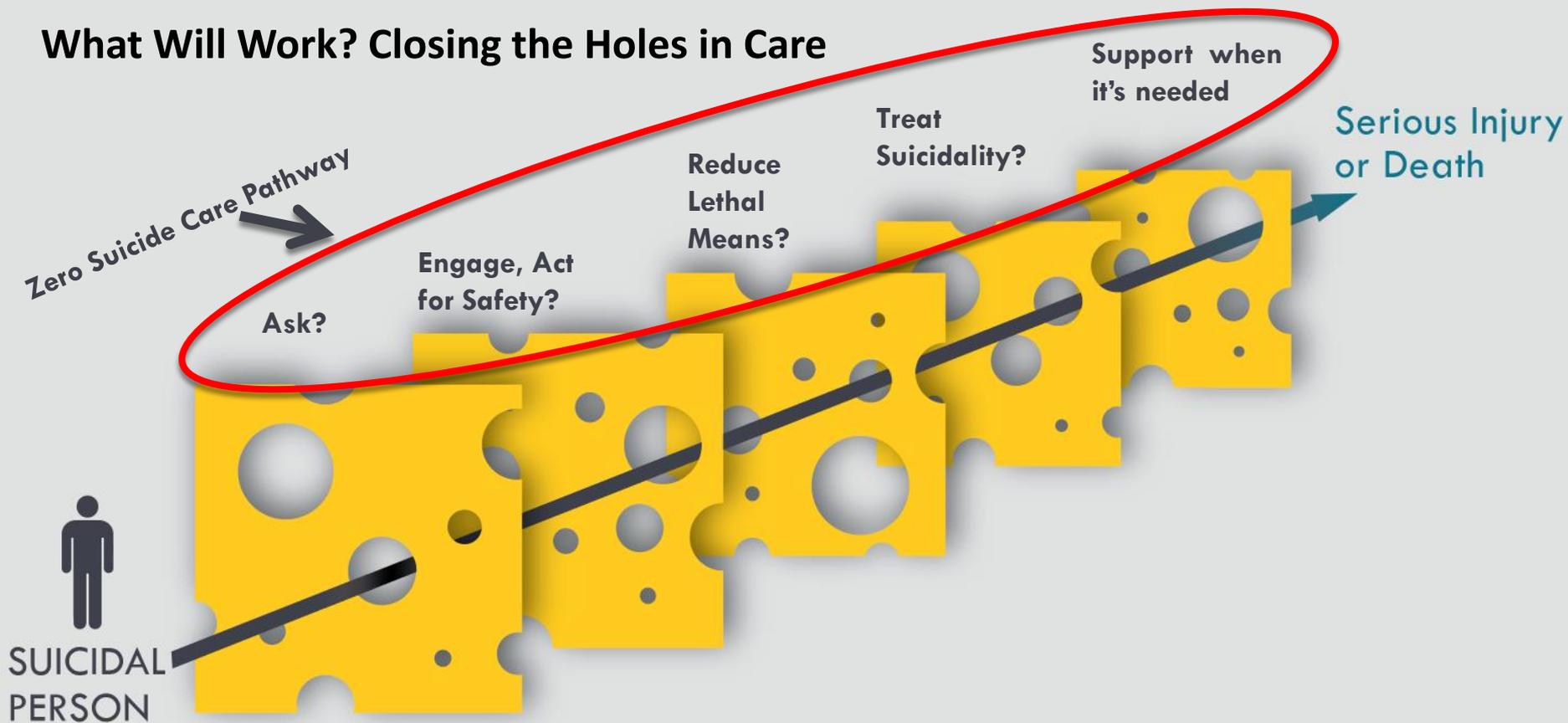
- Over 80% of people dying by suicide (>90% with attempts) had healthcare visits in the prior 12 months
 - 45% of people who died by suicide had a primary care visit in the month before death.
 - 19% of people who died by suicide had contact with mental health services in the month before death.
 - 37% had a recent emergency department visit
 - The risk of suicide death following inpatient psychiatric discharge is 44x the population rate
- *Each of these care settings must be made “suicide safe”*

What Won't Work

5

- Doing the same thing over and expecting different results:
 - Incomplete implementation of community based approaches
 - Don't ask, don't tell
 - Trying to fix everything else (e.g. depression, trauma, addiction) and hoping suicide just goes away
- Half measures...
 - A training
 - Screening and referral
 - Getting suicidal people into the hospital and expecting that to solve the problem
- This is serious, hard work. "It's a marathon, not a sprint"

What Will Work? Closing the Holes in Care



Adapted from James Reason's "Swiss Cheese" Model Of Accidents

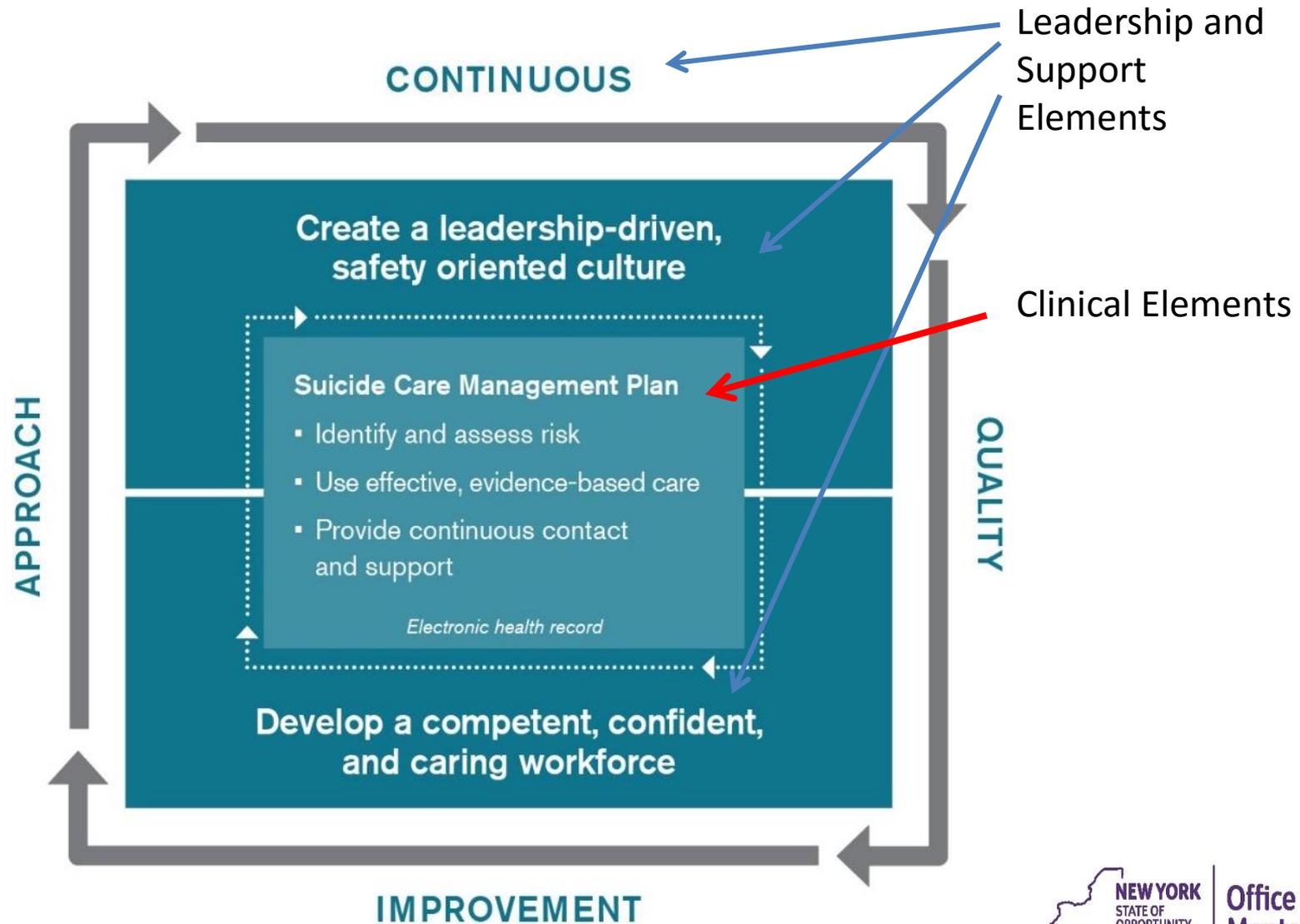
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Next Steps: What the Evidence Says

7

- Screening (with needed followup) in healthcare settings
- For most people, *brief interventions done well are sufficient*:
 - Safety Planning Intervention/Crisis Response Plan
 - Restricting means
 - Restricting Means
 - Caring contacts: calls, letters, cards, texts, visits
- For some people with unremitting thoughts+plan+intent: An evidence based therapy: DBT, CAMS, CT/SP
- Implemented *reliably*

Elements of Zero Suicide



How to Begin

9

- If you are in a healthcare setting, get leadership commitment to form a team. If you're not in healthcare, advocate relentlessly
- Considerations for leadership team: “3 P’s”
- Assess how we're doing now
 - zerosuicide.sprc.org/organizational-self-study
- If you have the resources, bring in a Zero Suicide Academy
 - <http://zerosuicideinstitute.com/zero-suicide/academy>
- If that's not feasible, you **can** implement by yourself
 - All the resources are at www.zerosuicide.com
 - Except...
 - Fearsome commitment
 - Relentless leadership

Expert Advice About Making Change

10

It must be considered that there is nothing more difficult to carry out nor more doubtful of success nor more dangerous to handle than to initiate a new order of things; for the reformer has enemies in all those who profit by the old order, and only lukewarm defenders in all those who would profit by the new order; this lukewarmness arising partly from the incredulity of mankind who does not truly believe in anything new until they actually have experience of it.

Niccolo Macchiavelli, c 1500

How to Begin II

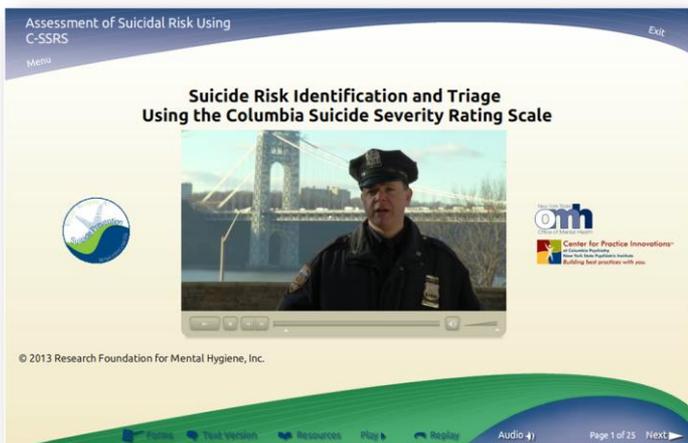
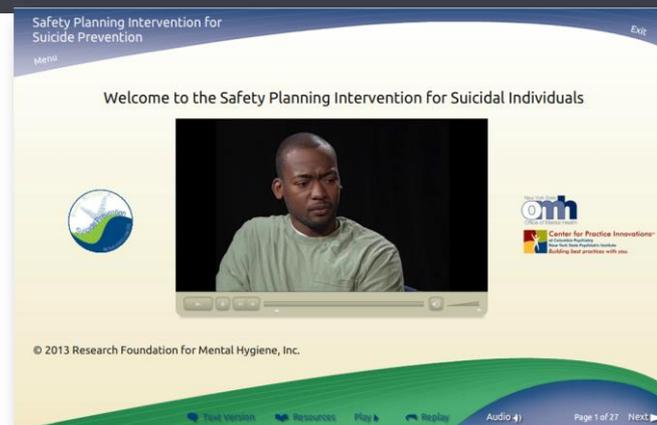
11

- Make a 90 day plan, get leadership support for it
 - Opportunity for concerns to be raised and heard
 - Communicate, communicate. Launch event
 - Possible 90 day goals
 - Complete workforce survey
 - <http://zerosuicide.sprc.org/resources/guidelines-administering-workforce-survey>
 - Launch initial training
 - Design initial clinical flow including screening, safety planning
- Measure/monitor/report from day 1

Tools to do the work: zerosuicide.com

12

- Organizational Self Study
- Workforce Survey
- Listserv
- Streaming video courses



Questions and Discussion

Contact: dr.m.hogan@gmail.com