Beacon Maryland’s Presentation:

Zero Suicide Model

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Outline

- Introduction
- The Zero Suicide Model
- Preview of Beacon’s Provider Training:
  - Assessment & Screening
  - Treatment
- Resources
- Beacon’s Implementation Activities
- Additional Resources
The Zero Suicide Model
Suicide is preventable.

- Deaths by suicide have increased 24 percent over the past 15 years, keeping suicidal behavior disorder a leading cause of death even as overall mortality rates decline.

- Beacon believes that suicidal behavior disorder is a treatable condition in its own right, rather than being a side effect of depression or any other underlying mental health problem.

- Most behavioral health clinicians have never received formal training on treating suicidality.

- Ineffective or harmful practices that can increase suicide risk are rooted in persistent myths and old habits, such as the frequent practice of involuntary inpatient hospitalization or the use of “no suicide” contracts.
Decreasing mortality rates, increasing suicide rates – suicide not treated as a preventable condition

**Age-adjusted mortality rates per 100,000**

- **20% decrease in overall mortality** over 14 years
- **24% increase in suicide mortality** over 15 years

### Suicidality directly affects ~3% of Beacon’s membership annually

<table>
<thead>
<tr>
<th></th>
<th>National statistics</th>
<th>Beacon estimates</th>
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</thead>
<tbody>
<tr>
<td>Think about suicide</td>
<td>~9.3M adults</td>
<td>~1.4M mmbrs</td>
</tr>
<tr>
<td>Plan suicide</td>
<td>~2.7M adults</td>
<td>~408K mmbrs</td>
</tr>
<tr>
<td>Attempt suicide</td>
<td>~1.3M adults</td>
<td>~197K mmbrs</td>
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<tr>
<td>Complete suicide</td>
<td>&gt;40K adults</td>
<td>~6.5K mmbrs</td>
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- **10th leading cause of death overall**
- **2nd leading cause** for youth (10-24)
- **56% suicides** in middle age (45-64)
- **Highest rate** in older adults (>75)
- **Males >3x greater risk** of completion
- **Each suicide affects 6-32 survivors**

Sources: CDC/NCHS, National Vital Statistics System, Mortality

Notes: Rates for entire US population were used to estimate prevalence among Beacon membership. Figures are not adjusted for age mix of Beacon membership.
What is Zero Suicide?

▪ A priority of the National Action Alliance for Suicide Prevention
▪ A goal of the National Strategy for Suicide Prevention
▪ A project of the Suicide Prevention Resource Center
▪ A framework for systematic, clinical suicide prevention in behavioral health and health care systems
▪ A focus on safety and error reduction in health care
▪ A set of best practices and tools for health systems and providers

You can learn more at their website: www.zerosuicide.org

ZERO Suicide
In health and behavioral healthcare

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Zero Suicide: An effective approach for preventing suicides

Zero Suicide is an aspirational, optimistic framework that views suicide deaths as preventable for individuals under the care of health and behavioral health systems.

Zero Suicide Framework Components

- **LEAD**
  - Commitment by all members of organizations to prevention

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

- **IDENTIFY**
  - Screen for suicidality

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

- **TREAT**
  - Suicidality-informed CBT
  - Groups
  - DBT
  - CAMS

- **TRANSITION**
  - Continuous care contact after inpatient and ER visits

- **IMPROVE**
  - Measure outcomes

Zero Suicide strategies and tools facilitate intervention across individuals’ various touchpoints with the health care system.

Notes: Safety planning and reducing access to lethal means are informed by clinical practice and limited research.
Sources: Final Presentation, Advancing Prevention Project’s Introduction to Zero Suicide
Preview of Beacon’s Provider Training
Assessment & Screening

Beacon in collaboration with the National Council for Behavioral Health has selected Mental Health First Aid (MHFA) as the training platform for internal staff. MHFA is an eight-hour first aid course for the mind. It teaches signs and symptoms of mental illness and substance use disorders. It also provides a non-clinical triage approach for individuals displaying suicidal ideations. It is critical that aid is provided in a non-judgmental fashion that lessens the stigma associated with these conditions and MHFA offers us just that.

Other trainings:

- **safeTALK** – A half-day training to become a suicide-alert helper. Those trained in safeTalk will be able to identify warning signs of suicidal behaviors in others, and help connect individuals with appropriate intervention services.

- **Question Persuade Refer (QPR)** – A 6-8 hour course that teaches how to interview a potentially suicidal person, determine immediate risk of suicide, and help reduce the risk of suicide attempt or completion through a safety planning and referral process.

- **Assessing and Managing Suicide Risk (AMSR)** – A 6-8 hour course specifically for mental health professionals. The course presents the most common dilemmas faced by providers and the best practice for addressing suicide risk with consumers.

Source: Solano County Website. County of Solano 2016 Annual Report
In the event that an individual is identified to be at risk for suicide, steps must be taken to determine the level of risk, including conducting a screening and/or assessment and initiating crisis services in the event that the risk is imminent. The following strategies are recommended:

- Be direct but empathic
- Be a good listener
- Use self-reporting screening tools
- Do not be afraid to ask direct questions
- Employ a culturally and linguistically appropriate approach including infusion of spirituality
- Ensure that a thorough psycho-social assessment is completed
- Assess for use of substances and impact on mental health
- Assess for risk and protective factors
- Engage family or collateral supports to gather additional information
- Continue to screen for suicide risk after the crisis has passed
The following screening tools are recommended:

- **Patient Health Questionnaire-9 (PHQ-9)** or the PHQ-3
- **Columbia-Suicide Severity Rating Scale (C-SSRS)**
- **BECK Depression Inventory**
- **National Institute of Mental Health: Ask Suicide-Screening Questions (asQ)**
Evidence-based care should treat suicide directly and within the least restrictive setting.

The “stepped care treatment pathway” for suicide prevention offers numerous opportunities to access and engage in effective treatment.

- **Crisis Center Hotline Support + Follow-up**
- **Brief interventions (1-4 sessions) + follow-up**
- **Outpatient Care**
- **Emergency Respite Care**
- **Partial Hospitalization**
- **Inpatient Psychiatric Hospitalization**

**Least restrictive**

**Most restrictive**

**Treat suicide directly**

**Evidence-based practices:**
- Role for peers
- DBT, CBT, CAMS, non-demand caring contacts
- Safety planning and lethal means restriction
- Pairing hotline with range of crisis interventions (e.g. mobile crisis teams, walk-in clinics, peer-based crisis services)

**Universal suicide screening and risk assessment**
The following treatment approaches are encouraged:

- Client-centered and driven services
- Brief educational interventions
- Use a multi-modal approach: individual therapy, family therapy, couples therapy, group therapy
- Non-demand caring contacts
- Collaborative Assessment and Management of Suicidality (CAMS)
- Psychotherapy:
  - Dialectical Behavioral Therapy (DBT)
  - Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
  - Mentalization-Based Treatment (MBT)
  - Transference-Focused Psychotherapy (TFP)
  - Use of a trauma informed-approach, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- Pharmacotherapy
- Effective utilization of mental health peer specialists in treatment
- Support groups to include, but not limited to: grief, peer-facilitated, survivor, divorce groups, etc.
- Implementation of individualized Crisis Management Plans or Safety Plans
Evidence supports what works for suicide

The Zero Suicide framework emphasizes the importance of treating suicidality directly, independent of diagnoses, within the least restrictive settings possible. The following evidence-based treatments are to be delivered within the context of organizational-wide adoption of the Zero Suicide framework.

**Non-demand caring contacts**
- Post-discharge FU contacts with individuals at risk as adjuncts to treatment
- Engagement through letters, phone calls, in-person contact

**CBT for suicide prevention**
CBT-SP treats suicidality for both adults and adolescents and includes the following components:
- Cognitive restructuring strategies
- Emotion regulation strategy
- Behavior activation
- Problem-solving strategies

**Collaborative assessment and management of suicidality (CAMS)**
CAMS is designed to strengthen the outpatient therapeutic alliance and increase motivation. It is a framework that champions collaboration between individuals and clinicians in assessment and treatment planning.

**Dialectical behavior therapy (DBT)**
DBT addresses individuals’ readiness for acceptance and change and is comprised of four components:
- Weekly group skills training for 24 weeks
- Weekly individual treatment
- Phone coaching (upon request)
- Consultation team meetings

**Organizational adoption of Zero Suicide mentality requires the following cultural commitments:**
- Leadership’s acknowledgement of suicide prevention as a core responsibility
- Buy-in of all members of organization
- Creation of a safe environment for dialogue
- Dispelling of blame for suicide
- High regard for lived experience
Safety planning

- Safety plans or “wellness plans” are developed with the individual to indicate what they should do during a crisis and include:
  - Techniques to manage suicidal thoughts and experiences of intolerable distress or pain
  - Specific next steps if the individual feels unable to manage those thoughts
  - Voluntary plans to restrict access to lethal means (e.g., temporary removal from home).

- Wellness and Recovery Action Plan (WRAP) is more than a crisis plan and helps individuals to recognize their triggers and what to do to handle those triggers.

- It is important to note that safety and wellness planning is undertaken before the member is in crisis, and it is distinct from discharge planning.

- Additionally, for those individuals at elevated risk, it is recommended that these plans are updated at every visit.
Resources
Maryland Resources

Maryland Crisis Hotline

THERE IS HOPE
1-800-422-0009

Crisis Can Take Many Forms

Reach Out  Get Help  Learn More
1-800-422-0009

Download our app:
“There is Hope”
National Resources

Crisis Text Line
- Text “HOME” to 741741

Each Mind Matters
- Stigma Reduction Campaign
- www.eachmindmatters.org

Know the Signs
- Suicide Prevention Campaign
- www.suicideispreventable.org
- National Support

MY3: Suicide Prevention Phone App
- www.my3app.org

The Trevor Project: Suicide Prevention for LGBTQ Youth
- 24/7 Suicide Prevention Hotline for LGBTQ Youth
- 1-800-488-7386 call and text capabilities
- www.thetrevorproject.org

National Hotline
- 1-800-273-TALK (8255)

NAMI Helpline
- (800) 950-NAMI
- M-F, 10 AM - 6 PM ET
- Text "NAMI" to 741741
Beacon’s Implementation Activities
Examples of What Beacon Has Done Locally

2017 Q4

- Established a multi-disciplinary Implementation Team
- Conducted a thorough staff survey
- Developed a project plan

2018 Q1

- Took quick action from results of staff survey
  - Conducted requested training for all staff
  - Launched an inner-office Zero Suicide Newsletter to raise awareness, share personal stories, identify trainings and promote resources such as hotlines and apps
- Submitted “Behavioral Health Corners” to Maryland’s Managed Care Organizations addressing suicide screening tools.
- Developing provider trainings to be presented later this year.
Beacon Maryland’s Zero Suicide Newsletter

Zero Suicide Newsletter: Beacon Maryland
FEBRUARY 2018

The American Foundation for Suicide Prevention indicates that each year more than 44,000 Americans die by suicide. (https://afsp.org) This is more people than would fit in most major league baseball stadiums!

Know the Facts in Maryland

SUICIDE: MARYLAND 2017 FACTS & FIGURES

Suicide Death Rates

Number of Deaths by Suicide | Rate per 100,000 population | State Rank
--- | --- | ---
Maryland | 153 | 8.76 | 48
Nationwide | 44,303 | 13.26 |

Suicide is the 12th leading cause of death overall in Maryland.

On average, one person dies by suicide every 16 hours in the state.

Suicide cost Maryland a total of $586,391,000 of combined lifetime medical and work loss cost in 2018, or an average of $136,110 per suicide death.

IN MARYLAND, SUICIDE IS THE...

1st leading cause of death for ages 10-14
3rd leading cause of death for ages 15-14
5th leading cause of death for ages 35-44
4th leading cause of death for ages 15-14
10th leading cause of death for ages 35-44
18th leading cause of death for ages 65+

Deaths by suicide in Maryland reflect a total of 10,702 years of potential life lost (YPLL) before age 65.
One Example of What Beacon Has Done Nationally

Increasing capacity of PCP’s to better recognize Suicide Risk through education and identification of risk factors and warning signs. Available at 


PCP Toolkit

Let Us Help You When Behavioral Health Care is Needed for Your Patients

Primary care settings are increasingly the first line of identification for behavioral health (BH) issues, especially for depression. As your patients’ primary medical practitioner, you already know the large number of patients who present with both physical and behavioral health disorders. Beacon Health Options supports PCPs as the locus of treatment for a wide variety of BH diagnoses. To that end, we offer you this toolkit to help you with identification of BH conditions, as well as next steps in treatment of BH conditions. We are committed to leading the integration of medical and BH services with the goal of improved patient outcomes.
Provider Feedback for Healthcare System

1. Encourage leadership to get on board with a Zero Suicide campaign
2. Promote a culture of proactively identifying and treating suicide
3. Focus training efforts on how to identify individuals at risk, such as role-playing in asking about suicidal thoughts
4. Adopting a single screening tool organization wide (for training, consistency and data integrity purposes)
5. Establish protocols to collect and review suicide-related data
6. To promote continuity of care, reassess your post-discharge aftercare requirements
7. Use non-demand caring contacts during transitions of care
8. Out of the Darkness Walks
Additional Resources
Resources

- Download Beacon’s white paper at http://beaconlens.com/white-papers/
- Zero Suicide Website: http://zerosuicide.sprc.org/
- American Foundation for Suicide Prevention: https://afsp.org/ @afspnational
- Seize the Awkward: https://seizetheawkward.org/
- Suicide Prevention Resource Center: http://www.sprc.org/
- National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/
- National Alliance on Mental Illness (NAMI) Ending the Silence: https://www.nami.org/
- SAMHSA Website: http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention
- Mental Health Awareness: Suicide or Survive http://www.suicideorsurvive.ie/?gclid=CNqK0pLqhdICFcmIswod6MoO6g
Resources

- **CALM: Counseling on Access to Lethal Means: Suicide Prevention Resource Center website:**
  http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

  http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf ;

- Final Presentation: Advancing Prevention Project: An Introduction to Zero Suicide.  

- Mental Health Awareness: Suicide or Survive http://www.suicideorsurvive.ie/?gclid=CNqK0pLqhdICFcmIswod6MoO6g

- National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/

- National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org/

- SAMHSA Website: http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention

- Solano County Website. County of Solano 2016 Annual Report. 

- Suicide Care in Systems Framework. National Action Alliance: Clinical Care and Intervention Task Force 

- Suicide Prevention Action Network (SPAN): http://www.spanusa.org
Thank you

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#zerosuicide