

# The National Zero Suicide Initiative: Levers for Maternal Mental Health

Hosted by  
2020 Mom

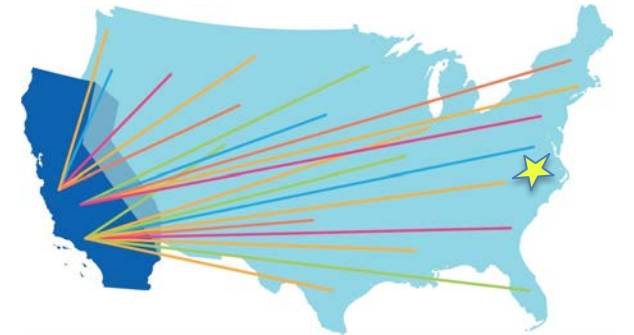


November 12, 2020

[www.2020Mom.org](http://www.2020Mom.org)

# Who is 2020 Mom?

Mission: To Close Gaps in Maternal Mental Health Care



We provide tools and convenings to support champions in health care settings, public health and those with lived experience, to improve diagnosis, treatment and support.

# Meet our Speakers



**Joy Burkhard, 2020 Mom**  
Founder & Executive Director



**Cindy Herrick, 2020 Mom**  
Maternal Suicide Campaign Lead  
Strategic Partnerships Lead



**Julie Goldstein Grumet, PhD**  
Director, Zero Suicide Institute



**Edwin Boudreaux, PhD**  
Professor, University of  
Massachusetts Medical School  
Departments of Emergency  
Medicine, Psychiatry, and  
Population and Quantitative  
Health Sciences

A smiling female healthcare professional with dark hair, wearing light blue scrubs and a yellow stethoscope, is the central focus of the image. The background is a solid blue color with a decorative pattern of yellow and white dots in the top left corner.

# The National Zero Suicide Initiative: Levers for Maternal Mental Health

**November 12, 2020**



# Zero Suicide Institute®

Zero Suicide Institute at EDC guides organizations in their implementation of Zero Suicide by providing consultation, training, and resources to make suicide care safer.



[www.zerosuicideinstitute.com](http://www.zerosuicideinstitute.com)

# EDUCATION DEVELOPMENT CENTER (EDC)

EDC designs, implements, and evaluates programs to improve education, health, and economic opportunity worldwide. Collaborating with both public and private partners, we strive for a world where all people are empowered to live healthy, productive lives.  
[www.edc.org](http://www.edc.org)



**EDC**

Education  
Development  
Center



## Suicide Prevention: We All Have a Role to Play

— —

The nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.

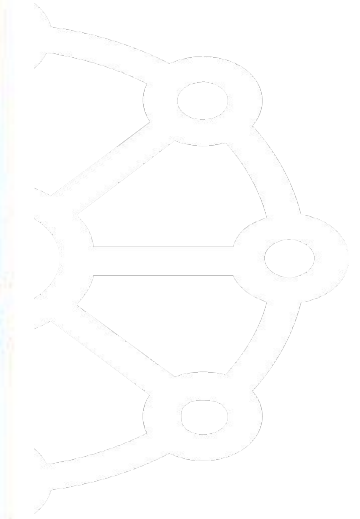
[www.sprc.org](http://www.sprc.org)



We all have a role to play.  
**Together, we can save lives.**

Effective prevention starts with *you*.

- ➡ Make a plan to prevent suicide
- ➡ Find a suicide prevention program
- ➡ Measure your program's success
- ➡ Improve suicide care for your patients
- ➡ Take action after a suicide



## Featured Resources

### DIRECTOR'S CORNER



### WEBINAR



**The Intersection of Opioid Abuse, Overdose, and Suicide:**

### SPRC RESOURCE



**After a Suicide: A Toolkit for Schools, Second Edition**

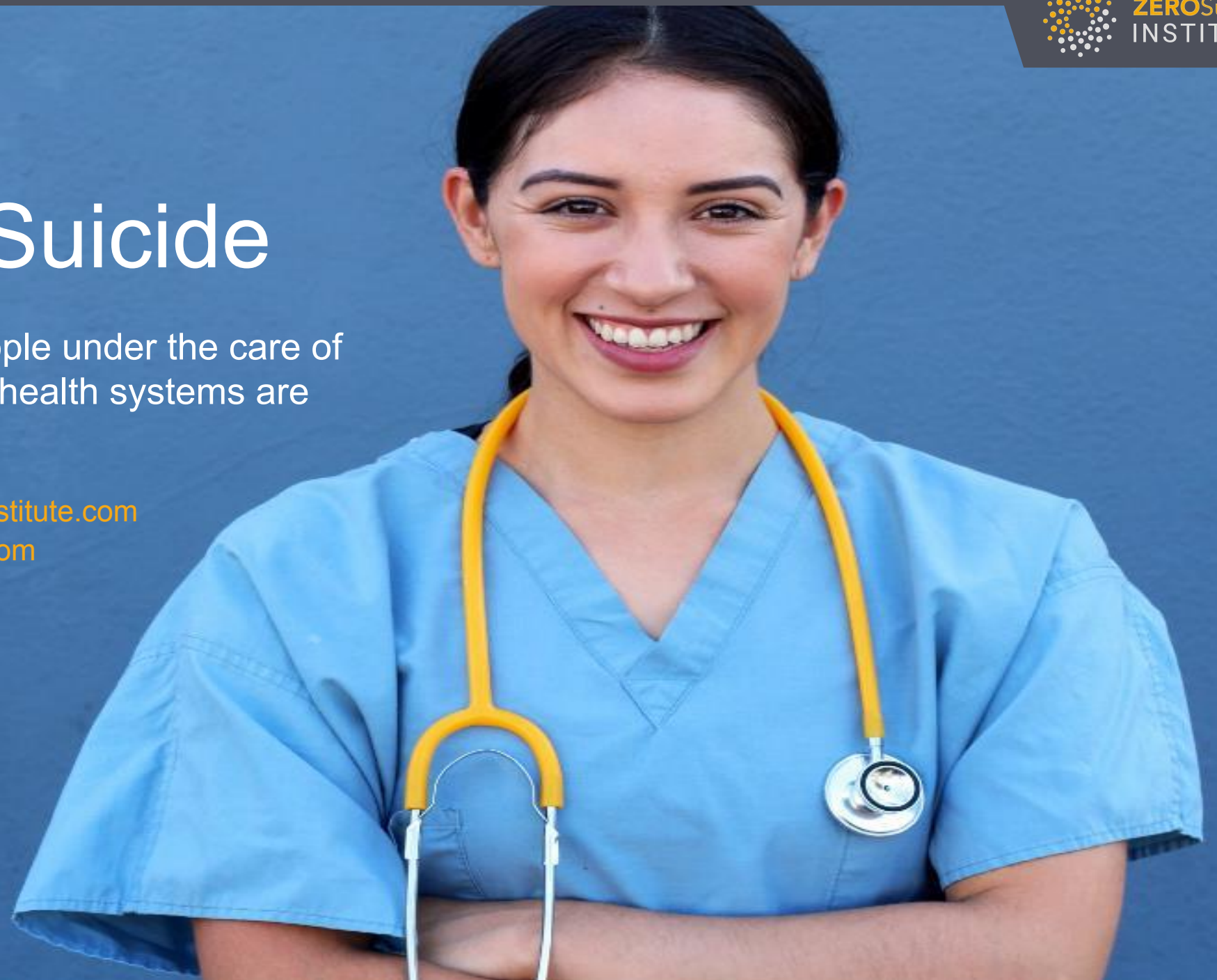


# ZERO Suicide

Suicide deaths for people under the care of health and behavioral health systems are preventable.



[www.zerosuicideinstitute.com](http://www.zerosuicideinstitute.com)  
[www.zerosuicide.com](http://www.zerosuicide.com)



# Seven Elements of Zero Suicide



[www.zerosuicide.com](http://www.zerosuicide.com)

The National Action Alliance for Suicide Prevention outlined seven core components necessary to transform suicide prevention in health care systems:

## LEAD

Lead system-wide culture change committed to reducing suicide.

## TRAIN

Train a competent, confident, and caring workforce.

## IDENTIFY

Identify individuals at-risk of suicide via comprehensive screening and assessment.

## ENGAGE

Engage all individuals at-risk of suicide using a suicide care management plan.

## TREAT

Treat suicidal thoughts and behaviors using evidence-based treatments.

## TRANSITION

Transition individuals through care with warm hand-offs and supportive contacts.

## IMPROVE

Improve policies and procedures through continuous quality improvement.

# Why focus on health care?

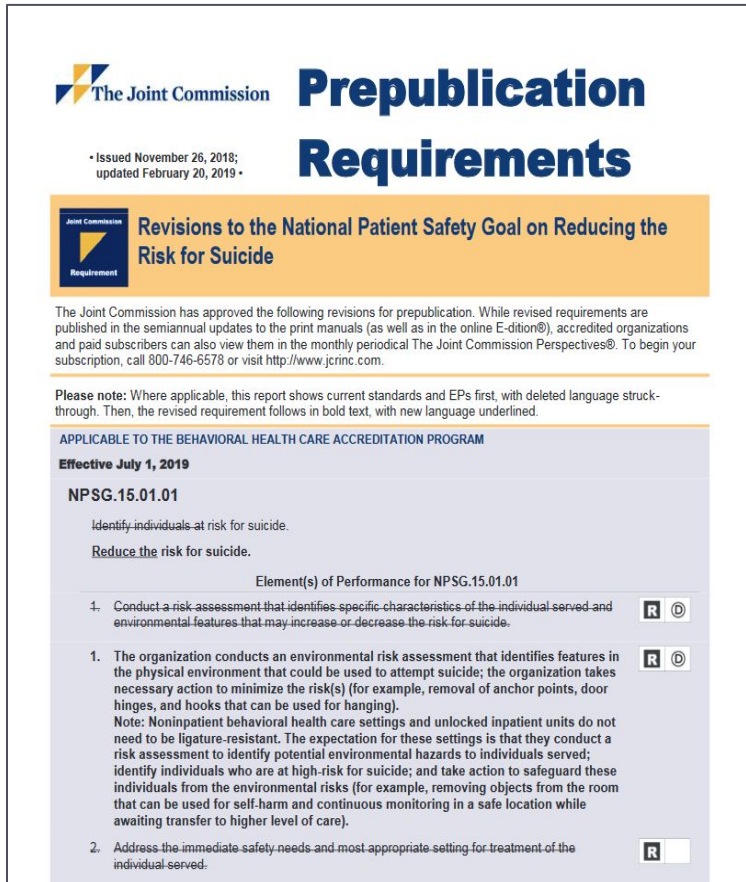
- » 84% of those who die by suicide have a health care visit in the year before their death.<sup>(1)</sup>
- » 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.<sup>(1)</sup>
- » Almost 40% of individuals who died by suicide had an ED visit but not a mental health diagnosis.<sup>(2)</sup>



(1) Ahmedani, B. K., et al. (2014). Health care contacts in the year before suicide death. *J Gen Intern Med* 29(6):870-7. 10.1007/s11606-014-2767-3

(2) Ahmedani, B. K., Stewart, C., Simon, G. E., Lynch, F., Lu, C. Y., Waitzfelder, B. E., ... & Hunkeler, E. M. (2015). Racial/ethnic differences in healthcare visits made prior to suicide attempt across the United States. *Medical care*, 53(5), 430.

# The Joint Commission National Patient Safety Goal 15.01.01: Reduce the Risk for Suicide



**The Joint Commission Prepublication Requirements**

• Issued November 26, 2018; updated February 20, 2019 •

**Revisions to the National Patient Safety Goal on Reducing the Risk for Suicide**

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcinc.com>.

**Please note:** Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE BEHAVIORAL HEALTH CARE ACCREDITATION PROGRAM

**Effective July 1, 2019**

**NPSG.15.01.01**

~~Identify individuals at risk for suicide.~~  
**Reduce the risk for suicide.**

Element(s) of Performance for NPSG.15.01.01

1. ~~Conduct a risk assessment that identifies specific characteristics of the individual served and environmental features that may increase or decrease the risk for suicide.~~ R Ⓞ
1. **The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).** R Ⓞ  
 Note: Noninpatient behavioral health care settings and unlocked inpatient units do not need to be ligature-resistant. The expectation for these settings is that they conduct a risk assessment to identify potential environmental hazards to individuals served; identify individuals who are at high-risk for suicide; and take action to safeguard these individuals from the environmental risks (for example, removing objects from the room that can be used for self-harm and continuous monitoring in a safe location while awaiting transfer to higher level of care).
2. ~~Address the immediate safety needs and most appropriate setting for treatment of the individual served.~~ R

“The new and revised requirements address:

- » Environmental risk assessment and action to minimize suicide risk
- » Use of a validated screening tool to assess patients at risk
- » Evidence-based process for conducting suicide risk assessments of patients screened positive for suicidal ideation
- » Documentation of patients’ risk and the plan to mitigate
- » Written policies and procedures addressing care of at-risk patients, and evidence they are followed
- » Policies and procedures for counseling and follow-up care for at-risk patients at discharge
- » Monitoring of implementation and effectiveness, with action taken as needed to improve compliance”

# Zero Suicide

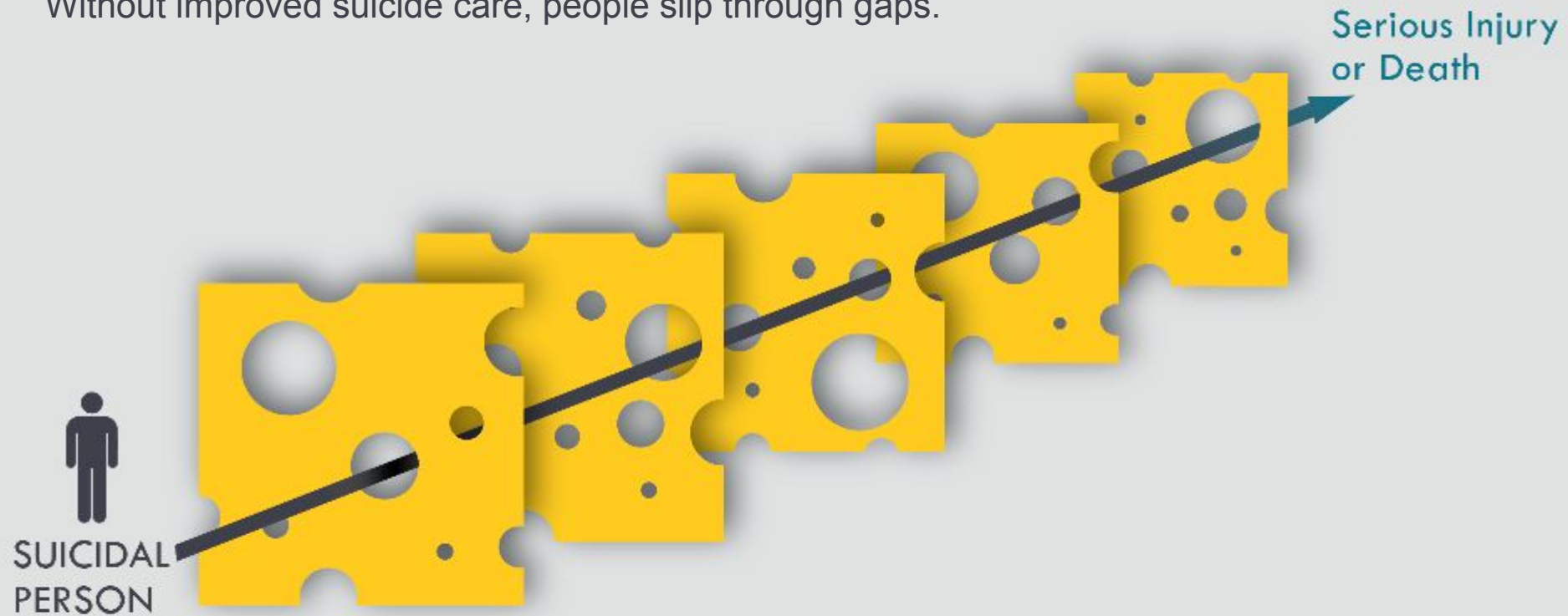


- » Is an aspirational goal
- » Focuses on error reduction & continuous quality improvement
- » Fills in the gaps that exist in suicide care
- » Supports the use of evidence-based practices



## A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION

Without improved suicide care, people slip through gaps.



Adapted from James Reason's "Swiss Cheese framework of Accidents"

## What's Different About Zero Suicide?

- » Suicide prevention is accepted as a core responsibility of health care
- » Patient deaths by suicides are not treated as inevitable
- » Emphasizes data, best practices, and continuous quality improvement
- » A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”





# ZERO Suicide Framework





# LEAD

Lead system-wide culture change  
committed to reducing suicides.

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE



# TRAIN

Train a competent, confident,  
and caring workforce.



# IDENTIFY

Identify individuals with suicide risk  
via comprehensive screening and assessment.



# ENGAGE

Engage all individuals at-risk of suicide using a suicide care management plan.



# TREAT

Treat suicidal thoughts and behaviors  
using evidence-based treatments.

LEAD TRAIN IDENTIFY ENGAGE **TREAT** TRANSITION IMPROVE



# TRANSITION

Transition individuals through care with warm hand-offs and supportive contacts.

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION IMPROVE



# IMPROVE

Improve policies and procedures  
through continuous quality improvement.

LEAD TRAIN IDENTIFY ENGAGE TREAT TRANSITION **IMPROVE**

# Zero Suicide Toolkit

**ZERO** Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE

Contact Us | Login | Suicide Prevention Lifeline 1-800-273-TALK (8255)

» Suicide Prevention Resource Center » Zero Suicide Institute

HOME

ABOUT

TOOLKIT

CHAMPIONS

RESOURCES

Search

## ZERO SUICIDE

The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an



[www.zerosuicide.com](http://www.zerosuicide.com)

The online Zero Suicide Toolkit offers free and publicly available tools, strategies, and resources, plus links and information to:

- » Get key implementation steps and research information
- » Explore tools, readings, webinars and other public resource
- » Access templates from implementers across the country
- » Connect with national implementers on the Zero Suicide email list

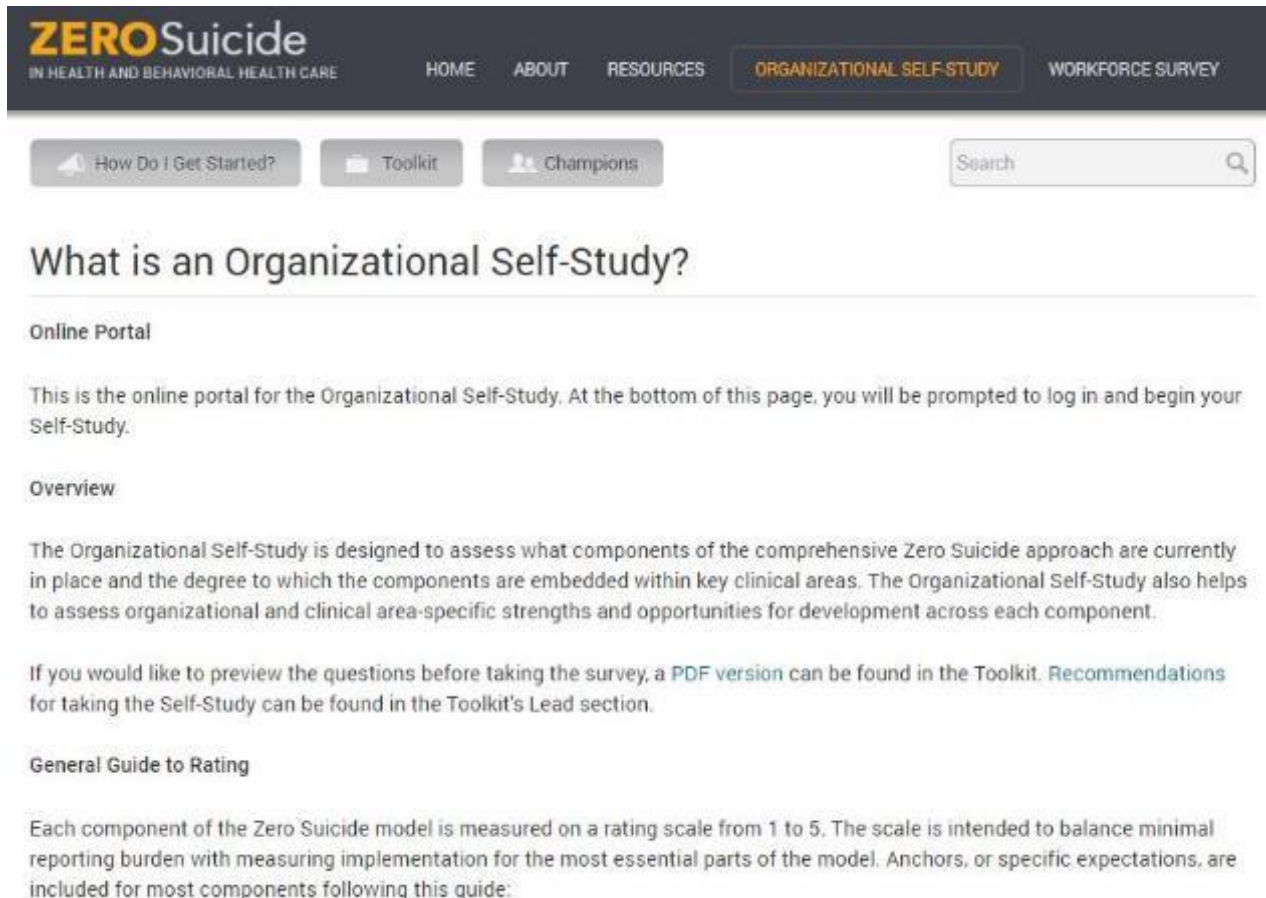




# GETTING STARTED

# Toolkit: Organizational Self-Study

- » Review your Organizational Self-Study responses every year
- » Version specifically for inpatient psychiatric settings available as well



The screenshot shows the website for the ZERO Suicide Organizational Self-Study. The header includes the ZERO Suicide logo and navigation links for HOME, ABOUT, RESOURCES, ORGANIZATIONAL SELF-STUDY (highlighted), and WORKFORCE SURVEY. Below the header are three buttons: 'How Do I Get Started?', 'Toolkit', and 'Champions', along with a search bar. The main content area is titled 'What is an Organizational Self-Study?' and contains three sections: 'Online Portal', 'Overview', and 'General Guide to Rating'.

**ZERO** Suicide  
IN HEALTH AND BEHAVIORAL HEALTH CARE

HOME ABOUT RESOURCES **ORGANIZATIONAL SELF-STUDY** WORKFORCE SURVEY

How Do I Get Started? Toolkit Champions Search

## What is an Organizational Self-Study?

### Online Portal

This is the online portal for the Organizational Self-Study. At the bottom of this page, you will be prompted to log in and begin your Self-Study.

### Overview

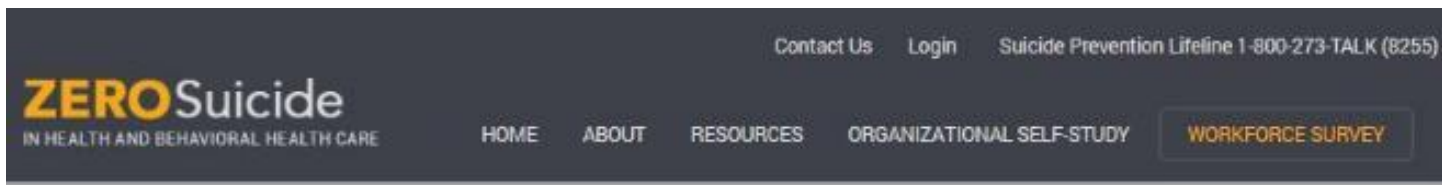
The Organizational Self-Study is designed to assess what components of the comprehensive Zero Suicide approach are currently in place and the degree to which the components are embedded within key clinical areas. The Organizational Self-Study also helps to assess organizational and clinical area-specific strengths and opportunities for development across each component.

If you would like to preview the questions before taking the survey, a [PDF version](#) can be found in the Toolkit. [Recommendations](#) for taking the Self-Study can be found in the Toolkit's Lead section.

### General Guide to Rating

Each component of the Zero Suicide model is measured on a rating scale from 1 to 5. The scale is intended to balance minimal reporting burden with measuring implementation for the most essential parts of the model. Anchors, or specific expectations, are included for most components following this guide:

# Toolkit: Zero Suicide Work Force Survey



Home » [Zero Suicide Workforce Survey Resources](#)

## Zero Suicide Workforce Survey Resources

The five items below comprise a package of resources intended to support your administration of the Zero Suicide Survey.

- [Online Workforce Survey Request Form](#)
- [Workforce Survey Questions](#)
- [Guidelines for Administering the Workforce Survey](#)
- [Sample Letter to Staff about Zero Suicide Workforce Survey](#)
- [Workforce Survey Rollout Tips](#)
- [Sample Workforce Survey Results Report](#)
- [Template for Reviewing New Workforce Survey Results as a Team](#)

<http://zerosuicide.sprc.org/resources/zero-suicide-workforce-survey-resources>

**Toolkit Keywords:**

- Train
- Work Force Readiness

**Category:**

- Web

October 13, 2017 | 2  
[www.zerosuicide.com](http://www.zerosuicide.com)

## ZERO Suicide

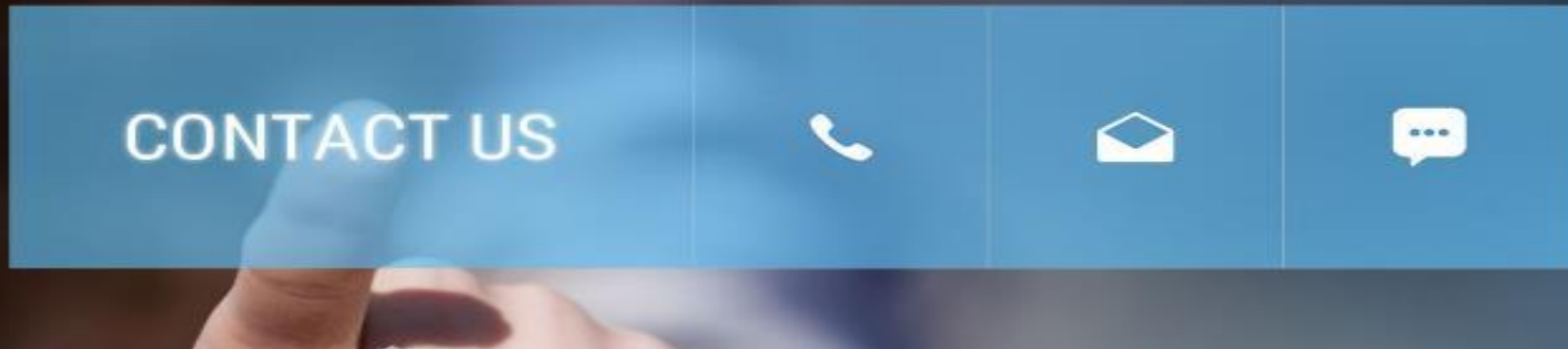
IN HEALTH AND BEHAVIORAL HEALTH CARE

### Section 1. Your Work Environment

Thank you for participating in this survey. In the first series of questions we would like to learn more about your work environment and your role within that environment.

- In which of the following settings do you work? (choose one)
  - Direct Intake Facility
  - Prison
- Please indicate your Department/Unit from the following list. (choose one)
  - General Housing Unit
  - Specialized Restrictive Status Housing Unit (Administrative Segregation, Restrictive Housing, Security Risk Group, Protective Custody)
  - Specialized Housing Unit (Mental Health Housing, Infirmary Units, Orientation Units)
  - S&T Post not working in a housing unit
- Please identify many years you have been with our department. (choose one)
  - 0-5 years
  - 6-10 years
  - 11- 15 years
  - 16-20 years
  - 21 years or more

# Stay Connected



## Zero Suicide

([www.zerosuicide.com](http://www.zerosuicide.com)):

- » Review the Zero Suicide Toolkit
- » Join the Zero Suicide Email List
- » Take the Organizational Self-Study

## Zero Suicide Institute

([www.zerosuicideinstitute.com](http://www.zerosuicideinstitute.com)):

- » Learn more about our ZSI services
- » Join the ZSI Email List
- » Reach out to schedule a consultation

# ZERO Suicide

Thank you for joining systems nationwide striving for zero suicide among patients in care.



[www.zerosuicideinstitute.com](http://www.zerosuicideinstitute.com)  
[www.zerosuicide.com](http://www.zerosuicide.com)



# SOS Implementation 2016-Present



Small Lean Teams, Worked on Mapping Current State, Building Future State, Building EHR Tools, Implement at Unit Level.

Lot's of Effort = Modest Progress



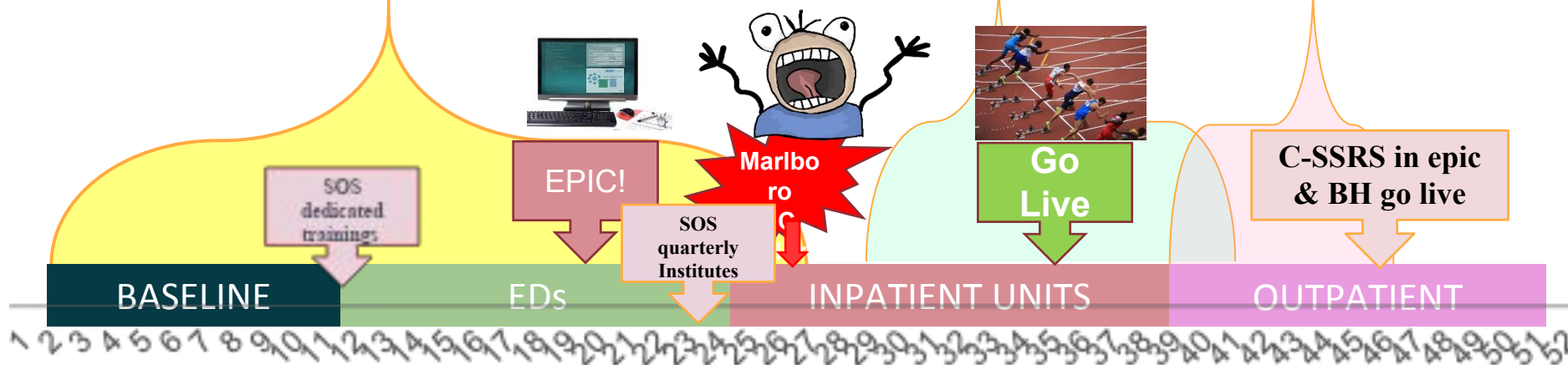
Strong Leadership Sponsorship, Steering Committee with Authority, Program Management, Stakeholder Engagement, Iterative Feedback, Multi-Modal Training, Epic Tools

Lot's of Effort = Transformative Progress



Leadership Transition, Lack of Project Management Support, Clinic Variability, COVID-19

Lot's of Effort = Modest Progress



# Fireside Chat



**Joy Burkhard, 2020 Mom**  
Founder & Executive Director



**Julie Goldstein Grumet, PhD**  
Director, Zero Suicide Institute



**Edwin Boudreaux, PhD**  
Professor, University of  
Massachusetts Medical School  
Departments of Emergency  
Medicine, Psychiatry, and  
Population and Quantitative  
Health Sciences



**2020 mom**<sup>™</sup>  
*Suicide awareness  
campaign*

#KnowMomFacts  
*because*  
#MomsAreNotImmune

Learn More >

[www.2020mom.org](http://www.2020mom.org)



Thank you!