



The Sophie Fund

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Report on the Zero Suicide Model In Tompkins County

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The Sophie Fund’s strategic plan published in April 2017 highlighted the implementation of the Zero Suicide Model in Tompkins County as one of its four main goals. This report provides background about the Zero Suicide Model and The Sophie Fund’s initiative to promote its implementation.

The Zero Suicide Model

The Zero Suicide Model, sometimes called the “Suicide Safer Care Model,” holds that suicides can be prevented by closing cracks in healthcare systems—that suicide deaths for individuals under care within health and behavioral health systems are preventable.

Zero Suicide means making suicide prevention a core responsibility of healthcare. Specifically, this entails a systematic clinical approach in healthcare systems—training staff, screening for suicide ideation, utilizing evidence-based interventions, mandating continuous quality improvement, treating suicidality as a presenting problem—and not simply relying on the heroic efforts of crisis staff and individual clinicians.

As the Suicide Prevention Resource Center (SPRC) puts it:

“The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted healthcare system, and on the premise that a systematic approach to quality improvement is necessary.”

The facts make a compelling case that healthcare settings must play a critical role in preventing suicide. A review of New York State data of 3,564 suicides in 2013–2014 identified that 25 percent of the individuals who took their own lives had been discharged from emergency departments or inpatient facilities within just seven days prior to their suicide deaths.

The data also indicates a strong need to better train clinicians in suicide screening, assessment, intervention, and follow-up. Of 1,585 mental health providers surveyed by the New York State Office of Mental Health in 2014, 64 percent reported little or no

specialized training in suicide-specific interventions. Moreover, about 33 percent reported that they did not feel they had sufficient training to assist suicidal patients.

Zero Suicide is at the heart of the 2012 National Strategy for Suicide Prevention, released by the U.S. Surgeon General and the National Action Alliance for Suicide Prevention. The NSSP's Goal 8 is to "promote suicide prevention as a core component of healthcare services." Goal 9 is to "promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors."

Zero Suicide is explicitly embraced by the NYS Suicide Prevention Plan 2016–17, entitled *1,700 Too Many*. Implementing Zero Suicide in health and behavioral healthcare settings is the first pillar of the suicide prevention strategy outlined in the plan. The second pillar is to "create and strengthen suicide safer communities."

According to the U.S. Substance Abuse and Mental Health Services Administration, "There is strong evidence that a comprehensive public health approach is effective in reducing suicide rates."

The Zero Suicide Model builds on breakthroughs such as the Perfect Depression Care Initiative implemented in 2001 by the Henry Ford Health System in Michigan. Its comprehensive approach to mental and behavioral healthcare—incorporating suicide prevention as an explicit goal—demonstrated a 75 percent reduction in the suicide rate among Henry Ford health plan members.

The Joint Commission, a body that accredits and certifies nearly 21,000 healthcare organizations and programs (including Cayuga Medical Center) across the nation, is highlighting the imperative of improving suicide prevention in healthcare settings.

The commission's 2016 Sentinel Event Alert Issue 56, entitled "Detecting and Treating Suicide Ideation in All Settings," stated:

"The Joint Commission urges all healthcare organizations to develop clinical environment readiness by identifying, developing and integrating comprehensive behavioral health, primary care and community resources to assure continuity of care for individuals at risk for suicide."

The Sentinel Event Alert recommended detailed actions for suicide ideation detection; the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals; educating all staff about suicide risk; keeping health care environments safe for individuals at risk for suicide; and documenting their care.

The commission's focus on suicide prevention in healthcare settings stems from the belief that while being alert to risk factors and warning signs is important, it is not sufficient. There is no typical suicide victim: most people with risk factors don't attempt suicide, and others without risk factors do. Thus, the Alert stated:

“It’s imperative for healthcare providers in all settings to better detect suicide ideation in patients, and to take appropriate steps for their safety and/or refer these patients to an appropriate provider for screening, risk assessment, and treatment.”

The Alert reported that many communities and healthcare organizations presently do not have adequate suicide prevention resources, leading to the low detection and treatment rate of those at risk. It noted that although most people who die by suicide receive healthcare services in the year prior to their deaths, healthcare providers often do not detect their suicidal thoughts. “Supportive continuity of care for those identified as at risk for suicide is crucial,” the Alert said.

The Joint Commission reported that in 2014 many commission-accredited organizations were actually rated non-compliant with its National Patient Safety Goal 15.01.01 Element of Performance 1: “Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.”

The commission said its database recorded 1,089 suicides occurring from 2010 to 2014 among patients receiving care, treatment, and services in a staffed, around-the clock care setting or within 72 hours of discharge, including from a hospital’s emergency department. According to the Alert, “The most common root cause documented during this time period was shortcomings in assessment, most commonly psychiatric assessment.”

The Joint Commission said its Sentinel Event Alert aimed “to assist all healthcare organizations providing both inpatient and outpatient care to better identify and treat individuals with suicide ideation.” The Alert listed areas for improvement:

—Clinicians in emergency, primary, and behavioral healthcare settings particularly have a crucial role in detecting suicide ideation and assuring appropriate evaluation.

—Behavioral health professionals play an additional important role in providing evidence-based treatment and follow-up care.

—For all clinicians working with patients with suicide ideation, care transitions are very important. Many patients at risk for suicide do not receive outpatient behavioral treatment in a timely fashion following discharge from emergency departments and inpatient psychiatric settings.

The Sentinel Event Alert noted that suicide is the 10th leading cause of death in the United States, taking “more lives than traffic accidents and more than twice as many as homicides.” In 2011, according to data published by the U.S. Centers for Disease Control, suicide became the second leading cause of death for Americans aged 15-24.

In April 2016, the National Center for Health Statistics reported a 24 percent increase in the suicide rate in the United States from 1999 to 2014. While age-adjusted death rates

for heart disease and cancer have dramatically declined in the last two decades thanks to improved detection and treatment strategies, the suicide rate has skyrocketed.

On September 15, 2017, the U.S. National Institute of Mental Health reported that three interventions, which were designed for follow-up of patients identified with suicide risk in hospital emergency departments, save lives and are even more cost effective than usual care. The interventions were sending postcards to patients at risk; calling discharged patients to offer support and encourage follow-up treatment; and connecting patients to suicide-focused cognitive behavioral therapy programs.

Zero Suicide in Tompkins County Healthcare

In 2017–18, The Sophie Fund undertook various efforts to promote implementation of the Zero Suicide Model in Tompkins County:

The Watershed Declaration

The Sophie Fund sponsored The Watershed Declaration, in which community mental health stakeholders from 18 organizations on April 17, 2017 declared suicide a “serious public health concern” and pledged to intensify suicide prevention efforts in Ithaca and Tompkins County.

City of Ithaca Proclamation

Ithaca Mayor Svante Myrick issued a city proclamation on June 7, 2017 in support of The Watershed Declaration. The proclamation noted that “there is strong evidence that a comprehensive public health approach is effective in preventing suicide” and said “our health and behavioral health systems, schools, and communities need to collectively work to prevent suicide deaths using the best available information and practices.”

The Watershed Declaration Month

A proclamation by the Tompkins County Legislature on September 5, 2017 designated September 2017 as The Watershed Declaration Month and repeated the call for health and behavioral health systems to work collectively to prevent suicide deaths “using the best available information and practices.”

The Statler Hotel Briefing

The Sophie Fund, along with Ithaca’s Suicide Prevention & Crisis Service and the New York State Suicide Prevention Office, organized a four-hour expert briefing on Zero Suicide for Tompkins County’s senior healthcare leadership on October 16, 2017 at The Statler Hotel.

The 11 invited and participating healthcare leaders represented the Tompkins County Mental Health Department; Cayuga Medical Center; Family & Children’s Service of Ithaca; Suicide Prevention & Crisis Service; Cornell University; Ithaca College; and Tompkins Cortland Community College.

The briefing's presenters were two of the nation's leading authorities on suicide prevention:

—Michael Hogan, a developer of the Zero Suicide Model, who served as New York State Mental Health Commissioner (2007–2012), Ohio Department of Mental Health Director (1991–2007) and Connecticut Mental Health Commissioner (1987–1991).

—Sigrid Pechenik, Associate Director of the New York State Suicide Prevention Office.

To achieve comprehensive implementation of Zero Suicide in Tompkins County, “buy-ins” are needed from major healthcare systems including psychiatric units, emergency departments, and college health centers, as well as from primary care providers and substance use disorder treatment centers.

Full implementation in individual organizations is estimated to take up to two years. To assist healthcare organizations in implementing the seven fundamentals of Zero Suicide, SPRC established the Zero Suicide project offering online resources such as an organizational self-study, implementation toolkits, readings, and webinars, and an offline Zero Suicide Academy providing two-day trainings for healthcare leadership.

The New York State Office of Mental Health operates the New York Academy for Suicide Safer Care, which offers a 9-12 month program of webinars and coaching calls for organizations seeking to raise their standard of suicide care.

Reports on the Statler briefing and Zero Suicide were published by the *Cornell Daily Sun* on October 17, 2017 and the *Ithaca Voice* on October 18, 2017.

In December 2017, and in January and March 2018, The Sophie Fund asked the Statler participants to make commitments to implementing Zero Suicide and to conducting an annual SPRC self-assessment study monitoring implementation. While The Sophie Fund is encouraged by the generally positive responses it has received from all the Statler participants, it must report that to date none of the healthcare organizations has notified The Sophie Fund of a formal decision to make the commitments.

The Sophie Fund Zero Suicide Website Page

The Sophie Fund created a page devoted to Zero Suicide on its website at www.thesophiefund.org/zero-suicide/ to educate the general public about concept. The page lists key resources including videos explaining the Zero Suicide Model.

Comprehensive Zero Suicide Implementation

The Sophie Fund submitted a proposal to the Tompkins County Suicide Prevention Coalition on December 7, 2017 calling on the coalition to establish a subcommittee made up of representatives of the community's main health and behavioral health providers to promote and coordinate the implementation of the Zero Suicide Model.

RESOURCES

Zero Suicide Model for Tompkins County

<https://thesophiefund.org/2017/12/05/our-goal-zero-suicide-for-tompkins-county/>

Zero Suicide Model

<http://zerosuicide.sprc.org/>

Zero Suicide Fact Sheet

[http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/What is Zero Suicide.pdf](http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/What%20is%20Zero%20Suicide.pdf)

Zero Suicide Organizational Self-Study

http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/Zero%20Suicide%20Organizational%20Self-Study_0.pdf

Zero Suicide Work Plan Template

<http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/Zero%20Suicide%20Workplan%20Template%2012.6.17.pdf>

Suicide Prevention Resource Center

<http://www.sprc.org/>

2012 National Strategy for Suicide Prevention

https://www.ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf

1,700 Too Many: New York State's Suicide Prevention Plan 2016–17

<https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>

“Detecting and Treating Suicide Ideation in All Settings,” Sentinel Event Alert Issue 56, February 24, 2016, The Joint Commission

https://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf

“How We Dramatically Reduced Suicide,” New England Journal of Medicine Catalyst

<https://catalyst.nejm.org/dramatically-reduced-suicide/>

“Zero Suicide in Health and Behavioral Health Care,” Michael Hogan (2015)

<https://zerosuicide.sprc.org/files/zero-suicide-health-and-behavioral-health-care>

“Zero Suicide in Health Care,” Michael Hogan (2014)

<https://www.youtube.com/watch?v=6L3AeGnUbuQ>

“Zero Suicide: Providing Suicide Safer Care in New York,” Statewide Grand Rounds Continuing Medical Education (2016)

<https://www.omh.ny.gov/omhweb/bps/160420-zero.html>