ZERO SUICIDE

in Your Community:
An implementation guide for community organizations

Introduction

INTRODUCTION

Welcome to the **Zero Suicide in Your Community: An implementation guide for community organizations**. You are about to embark on some incredible and lifesaving work.

This Toolkit has been designed specifically to support organizations that are not a formal part of the health care sector access tools to enhance suicide prevention. The information presented follows an adapted version of the Zero Suicide Toolkit which was originally designed for health care settings. As you flip or scroll through the pages, you will also notice that this Toolkit guides you through principles of project management and shares experiences of two health care organizations that have implemented Zero Suicide. It is our hope that this Toolkit will be practical and expand the potential for suicide prevention within your organization and for the clients you serve.

A few notes about using the Toolkit:

- Each section of the Toolkit will follow a similar format, beginning with an overview of what the section will cover and a list of resources we encourage you to have on hand (or screen!).
- Despite our best efforts to adapt the Zero Suicide framework and associated resources for non-health care settings you may still occasionally notice "health care related language." As we continue to embark embark on tool adaptations the Suicide Prevention Resource Centre, new iterations and changes to these resources will be made.
- The Zero Suicide framework and many of its suggested evidence-based practices were evaluated in health care settings. We encourage you to think about the unique context of your organization, adapting content in meaningful and safe ways when deemed necessary (e.g., culture, age, gender identity, ethnicity, etc.). We also encourage you to embark on your own research evaluation (covered in this Toolkit), so that you can contribute to this emerging body of knowledge. Community organizations have a very important role to play in suicide prevention, and recognizing how your organization can contribute to this comprehensive work helps contribute to the broader public health goals to reduce and eliminate suicide. A Comprehensive Approach to Suicide Prevention | Suicide Prevention Resource Center (sprc.org)
- Please note, some of the training and resources listed throughout the Toolkit have a cost attached/for profit. We hope you find the best resources that fit your organization.
- This Toolkit will undergo updates at regular intervals based on community organizations' feedback and as changes in data and evidence-based practice are updated. Please check the Niagara Region Public Health frequently to ensure you have the most up to date version.

With that, let's get started.

In this section of the Toolkit we will review:

- An Introduction to Suicide in Canada and the Zero Suicide Framework
- Zero Suicide at St. Joseph's Health Care London
- Zero Suicide at Niagara Region Mental Health
- Zero Suicide at Your Organization

Resources to have on hand (or screen!):

Zero Suicide Toolkit website: https://zerosuicide.edc.org/toolkit (Note: spend some time exploring this website and bookmark or save as a "Favorite" on your browser- you will be here often!)

Zero Suicide Toolkit website > Lead > Quick Guide to Getting Started with Zero Suicide

An Introduction to Suicide in Canada and the Zero Suicide Framework

Suicide has been recognized as a public health priority throughout North America. In Canada, suicide is the ninth leading cause of death overall, and the second leading cause of death among youth and young adults (15-34 years).[1]

> **An average of 10 people die each day by suicide and another 210 will attempt.**[1]

> **7-10 people are profoundly affected by each suicide loss.**[1]

> **Populations experiencing inequalities are disproportionately impacted by suicide.**[2]

Unfortunately, a lack of standardized suicide prevention and treatment has led to poor outcomes across communities.[3,4] Numerous studies have found that upwards of 83% of those who die by suicide were involved with the health care system in the year before their death[5-8] – signifying that referral to health care provides an opportunistic time for health care providers to intervene with individuals at risk of suicide. However, even despite best efforts, not all deaths by suicide are preventable. Evidence suggests that a large proportion of people having thoughts of suicide do not seek help.[9,10] What we can do as a community, is be better prepared to recognize those at risk, and support people in seeking and receiving help.

In 2001, the Henry Ford Behavioral Health System in Detroit, Michigan, pioneered a vision of "Zero Suicide". As a large mental health organization that serves individuals with acute and serious mental illness, the application of evidence-based suicide prevention practice led to a 75% reduction in the rate of death by suicide.[11] Another large organization, Centerstone, demonstrated a reduction in suicide deaths from 35 per 100,000 to 13 per 100,000 clients after implementing Zero Suicide for 3 years.[12] These promising results led to the National Action Alliance for Suicide Prevention creating and developing a systems-based framework for suicide care: **Zero Suicide**.

The name "Zero Suicide" sets an aspirational goal for suicide prevention, focused on the premise that ***one life lost is one too many***. This does not mean that suicide deaths will not occur, and it does not mean that staff are to blame or are not doing the demanding work of suicide prevention.

Image: Suicide Prevention Resource Centre, (2018)[12]

Fundamental to the Zero Suicide framework is a multi-level system strategy/approach on suicide prevention, comprised of three core elements:[13]

1) An organizational commitment to the aspirational goal of zero suicide deaths;

2) A direct approach to suicidal behaviors; and

3) Continual improvement of the quality and safety of care processes.

Zero Suicide represents a culture shift away from fragmented suicide care, and strives towards a holistic and comprehensive approach to client safety and quality improvement.[12] The framework also aims for safety and support for the staff who do the difficult work of caring for and treating clients who are suicidal.[12]

The Zero Suicide framework was designed for health and behavioral health care settings and includes seven core elements:

Image: © 2020 Zero Suicide Institute at EDC.

The totality of the seven elements of the Zero Suicide framework contribute to its effectiveness by incorporating use of evidence-based tools, systematic practices, training, and embedded workflows to ensure safe, quality care.[12]

Despite the fact that suicide prevention is a core responsibility of mental health and non-mental health care,[12] evidence suggests that the majority of people who experience suicidality do not ask for help in these formalized settings.[9,10] Suicide impacts people everywhere- in their homes, workplaces, schools, places of worship, and beyond. For this reason, our communities are important settings for suicide prevention.[14] With the exception of the Zero Suicide framework's fifth element (i.e. "Treat"), community organizations can adopt the six remaining elements of the framework. The authors of this Toolkit, suggest that community partners who are not formally part of the health care sector consider reframing element five, "Treat" to *"Referral to Effective Treatment"*.

While the Zero Suicide framework originally focused on health care settings, we believe that suicide prevention is everyone's responsibility. Our hope is that your organization will use this Toolkit to become part of the collective, system-wide effort to prevent suicide.

Image: International Association for Suicide Prevention (IASP) (2020).[15]

Zero Suicide at St. Joseph's Health Care London

The first Zero Suicide Initiative in Canada was launched at St. Joseph's Health Care London (St. Joseph's) in July 2016. St. Joseph's is a five-site tertiary care organization located in a mid-size urban city and is a leading client care, teaching, and research centre. Services include day/short stay surgery; complex, chronic disease management; specialized mental health care; rehabilitation; complex continuing care; palliative care; long term care; and veteran's care. Implementation of the Zero Suicide Initiative began with mental health programs and components of the framework have been expanded to other non-mental health care areas.

St. Joseph's values of respect, excellence, and compassion were embedded throughout the Zero Suicide Initiative. The organization embraces each client's unique life journey and values the lives of those who receive care with an evidence-based platform to assess, treat, and prevent suicidality. Suicide prevention is a corporate priority and at St. Joseph's, we believe that, "*Patients experiencing suicidality deserve the best we have to offer*". [16]

"Suicide is a major public health issue in Canada and Southwestern Ontario. In spite of our dedication to provide care to individuals at risk for suicide, our own three-year case series of consecutive deaths by suicide (from 2012-2014) in Southwestern Ontario indicated that the majority of individuals who died by suicide (75%) had, had contact with mental services, over half of the decedents (51%) had a previous admission to a mental health unit and two-thirds (67%) of individuals who died by suicide had consulted their primary care physicians prior to their deaths. Although our health and mental health professionals were providing care to these individuals, they were still dying by suicide. In Detroit, during my tenure as Chief of Psychiatry at St. Joseph's, the Zero Suicide approach had been developed with the aim of improving care for individuals at risk of suicide in health and mental health care systems.

The approach relies on a system-wide tactic to improve outcomes and close gaps rather than on the heroic efforts of individual health professionals. This quality improvement initiative has crucial core components at three levels: a direct practice level that focuses on identifying the risk of suicidal behavior and necessitates treating the risk of suicide behavior as a distinct syndrome using best practice interventions; a process level related to quality and safety improvement to provide accessible, reliable, and continuous care to patients; and an organizational level that promotes a safety culture and a system-wide commitment to the aspirational goal of zero suicides.

We felt Zero Suicide held great promise to improve the care of patients treated at St. Joseph's. Our organization boldly became a Canadian leader in asserting that suicide deaths for individuals under care within health and mental health systems are preventable and seeking for zero deaths by suicide."

- **Dr. Paul Links**, St. Joseph's Zero Suicide visionary and advocate

To date, some key outcomes from the Zero Suicide Initiative at St. Joseph's include:

- Improved confidence and competence of clinicians.
- Improved confidence and competence of clinicians caring for those at risk of suicide.
- Effective policies and procedures on suicide prevention, assessment, and interventions.
- Clients and families have provided positive feedback on the Zero Suicide Initiative.

Niagara Region

Zero Suicide at Niagara Region Mental Health

In early 2019, the Niagara region was unfortunately in the midst of responding to a cluster of suicide deaths at a particular location. On average, the Niagara region experiences one suicide death every nine days, and 11% are youth between the ages of 10-24 years old. Amidst a volume of media attention, Niagara Region Mental Health (NRMH) responded, having suicide prevention recently become a priority in 2018. NRMH serves its residents, businesses, and visitors through leadership, partnership, and community focused services while adhering to the values of respect, service, honesty, choice, and partnerships. Aligning with the organization's mission and values, community need, and collaboration with St. Joseph's London, the Zero Suicide Initiative at NRMH began. The Initiative began with a focus on implementing a standardized suicide screening tool in the Electronic Medical Record (EMR), training the workforce, creating structures to support staff in suicide prevention, and developing a collaborative implementation evaluation plan.

While the comprehensive evaluation is still to come, early outcomes are promising:

- Staff report greater confidence and comfort when assessing suicide risk.
- Suicide risk has been identified by the Columbia Protocol in several cases, and led to appropriate intervention.
- Positive feedback from clients, such as, "*You saved my life*".

The next phase of NRMH's Zero Suicide Initiative has led to ongoing collaboration with St. Joseph's to develop this Zero Suicide Community Implementation Toolkit with the intent to extend the framework into communities to ensure the safety of individuals at risk of suicide.

Zero Suicide at Your Organization

Why get involved?

1) Become part of a universal and system-wide approach to prevent suicide.
2) Help eliminate the stigma associated with talking about suicide.
3) Establish safety at the core of any organization, workplace, and community.
4) Staff gain critical skills in suicide prevention.
5) Help people who are struggling find hope and recovery.

Image: Coco Masuda. Illustration Source. [17]

If your organization is ready to begin this lifesaving work, then let's get started!

References

1. Public Health Agency of Canada. (2016). *Suicide in Canada: Infographic*. Government of Canada. https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-infographic.html#:~:text=Public%20Health%20Agency%20of%20Canada%20analysis%20of%20Statistics,to%20avoid%20labeling%20or%20reporting%20deaths%20as%20suicides.
2. Public Health Agency of Canada. (2018). *Inequalities in death by suicide in Canada*. Pan-Canadian health inequities reporting initiative. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/phac-suicide-en.pdf
3. Covington, D., Hogan, M., Abreu, J., Berman, A., Breux, P., Coffey, E., ... & Dixon, H. (2011). *Suicide care in systems framework*. National Action Alliance: Clinical Care & Intervention Task Force. https://theactionalliance.org/resource/suicide-care-systems-framework
4. Labouliere, C. D., Vasan, P., Kramer, A., Brown, G., Green, K., Rahman, M., ... & Stanley, B. (2018). "Zero Suicide" - A model for reducing suicide in United States behavioral healthcare. Suicidologi, 23(1), 22–30. https://pdfs.semanticscholar.org/89bb/1e45d0e60e50f6142d740c0f35a589c3a75e.pdf
5. Ahmedani, B. K., Simon, G.E., Stewart, C., Beck, A., Waitzfelder, B.E., Rossom, R., … Solberg, L.I. (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine*, 29(6), 870-877. doi: 10.1007/s11606-014-2767-3
6. Cross, W. F., West, J. C., Pisani, A. R., Crean, H. F., Nielsen, J. L., Kay, A. H., & Caine, E. D. (2019). A randomized controlled trial of suicide prevention training for primary care providers: A study protocol. *BMC Medical Education*, 19(58), 1-9. https://doi.org/10.1186/s12909-019-1482-5
7. Hultsjö, S., Wärdig, R., Rytterström, P. (2019). The borderline between life and death: Mental healthcare professionals' experience of why patients commit suicide during ongoing care. *Journal of Clinical Nursing*, 28(9), 1623– 1632. https://doi.org/10.1111/jocn.14754
8. McClatchey, K., Murray, J., Chouliara, Z., Rowat, A., & Hauge, S. (2019). Suicide risk assessment in the emergency department: An investigation of current practice in Scotland. *International Journal of Clinical Practice (Esher)*, 73(4), e13342–n/a. https://doi.org/10.1111/ijcp.13342
9. Carpiniello, B., & Pinna, F. (2017). The reciprocal relationship between suicidality and stigma. *Frontiers in Psychiatry, 8*(35), 1-9. https://doi.org/10.3389/fpsyt.2017.00035
10. Han, J., Batterham, P. J., Calear, A. L., Randall, R. (2018). Factors influencing professional help-Seeking for suicidality. Crisis, 39(3), 175-196. doi:10.1027/0227-5910/a000485
11. Hampton, T. (2010). Depression care effort brings dramatic drop in large HMO population's suicide rate. *JAMA*, 303(19), 1903-1905. doi:10.1001/jama.2010.595
12. Suicide Prevention Resource Centre. (2018). *ZERO Suicide in health and behavioral health care*. http://zerosuicide.edc.org/sites/default/files/Transforming%20Systems.pdf

13. Mokkenstorm, J. K., Kerkhof, A., Smit, J. H., & Beekman, A. (2018). Is it rational to pursue zero suicides among patients in health care? *Suicide & Life-Threatening Behavior*, 48(6), 745–754. https://doi.org/10.1111/sltb.12396
14. Suicide Prevention Resource Centre. (2020). *Communities*. https://www.sprc.org/settings/communities
15. International Association for Suicide Prevention (IASP). (2020). *International Association for Suicide Prevention World Suicide Prevention Day*. https://www.iasp.info/wspd2020/
16. Jobes, D. A. (n.d.). *CAMS framework* [video file]. https://cams-care.com/about-cams/
17. Masuda, Coco. Image retrieved from Illustration Source - Stock Illustration