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Zero Suicide Implementation and Outcomes in Health Systems

Crisis Jam – April 2024

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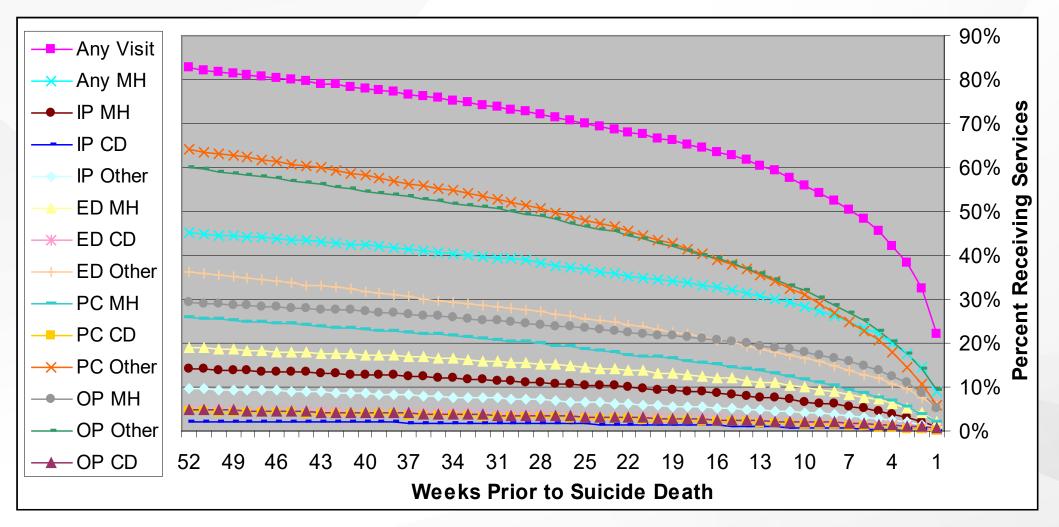
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Background / Significance

- Suicide is the 10th leading CoD in the US
 - -#1 cause of injury-related death
- >48,000 people die of suicide each year in the US
 - -14.5/100,000 nationally
- 1.7 million suicide attempts each year in the US
- >10 million people have suicide thoughts each year in the US
- US suicide rates have not improved over time
 - Rates are ~25% higher than in 2000; the only top 10 leading cause of death with rising rates
- We think Health Care plays an important role in Suicide Prevention.
 - Research remains in its infancy stages, but we have made significant progress.

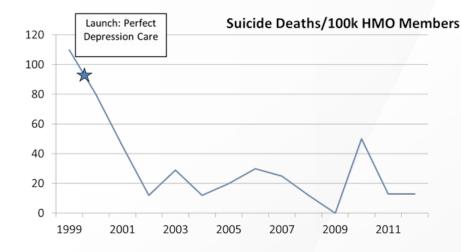
Health care systems are an important environment to prevent suicide



Ahmedani, et al (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. PMID: 24567199.

The Evolution of Zero Suicide

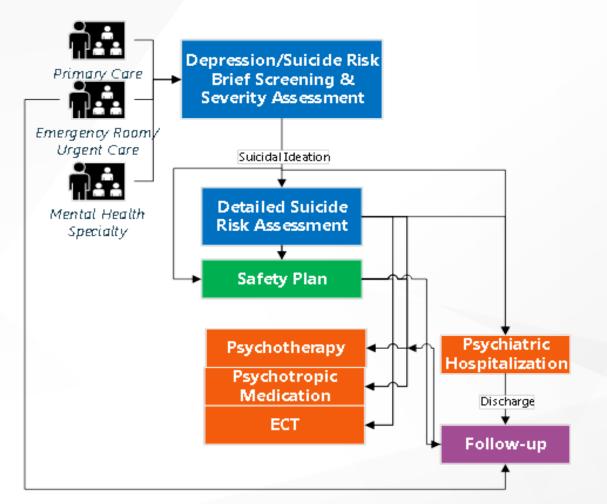
- Originally pioneered at Henry Ford in 2001.
- The research evolved throughout the 2000s.
- National Action Alliance formed to create a new National Strategy – Focus on Zero Suicide.
- Zero Suicide adopted by SAMHSA supporting toolkit through SPRC.
- Health systems across the US begin implementation.
- International Zero Suicide movement begins.



MHRN Zero Suicide Implementation Study

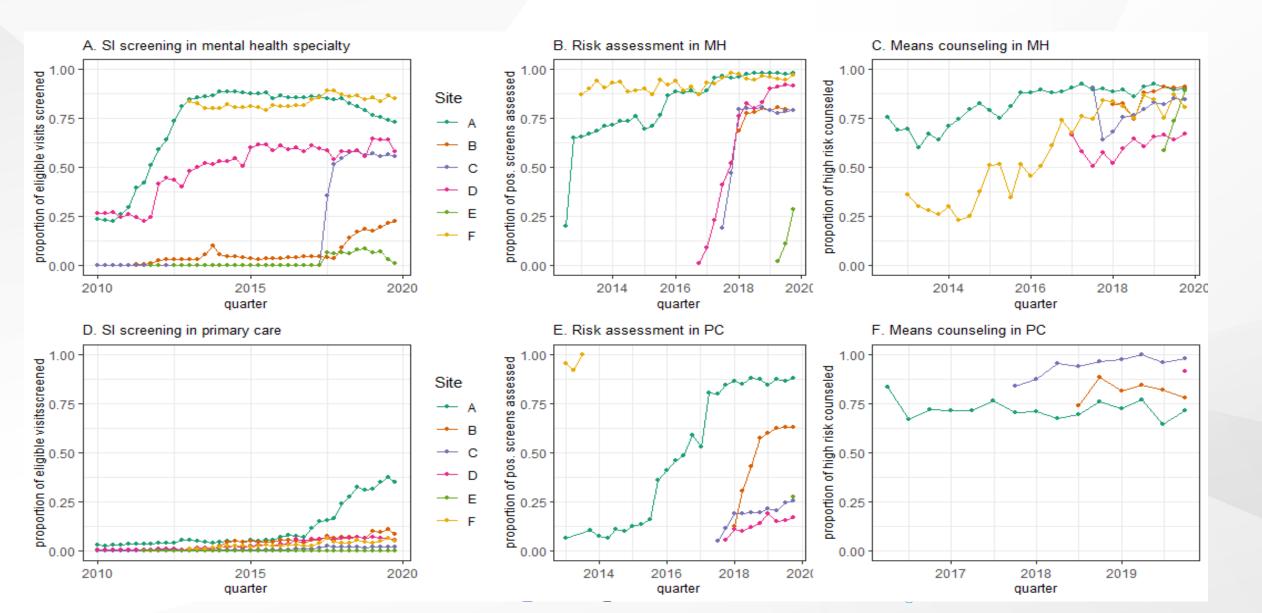
- Title: An Evaluation of the National Zero Suicide Model Across Learning Healthcare Systems (U01MH114087).
- Sites: Henry Ford Health, KP Washington, KP Northwest, KP Southern California, KP Northern California, KP Colorado
- ZS 'Operational' Components (Aim 1 collaboration)
- ZS 'Clinical' Components (Aim 1-3 measurement)
 - Suicide Risk Identification (PHQ-9, C-SSRS, other)
 - Care Coordination and Follow Up (Caring Contacts)
 - Treatment (Safety Plan; Suicide-Specific Psychotherapy)
- Measurement tracking via the Electronic Health Record Systems (Epic), Insurance Claims, and Mortality Records.
 - Established data sources in MHRN Virtual Data Warehouse.
 - New ZS data sources in Epic/Claims.
 - State and government mortality records.

Making Sense of the Clinical Pathway Across Settings

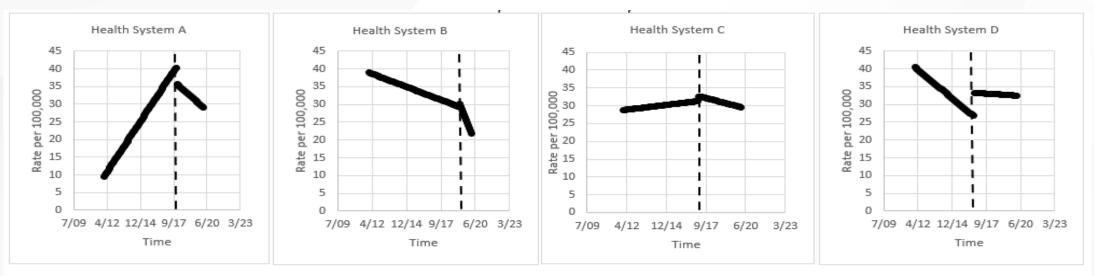


Richards, et al. An implementation evaluation of "Zero Suicide" using normalization process theory to support high-quality care for patients at risk of suicide. Implement Res Pract. 2021 Jan 1;2:10.

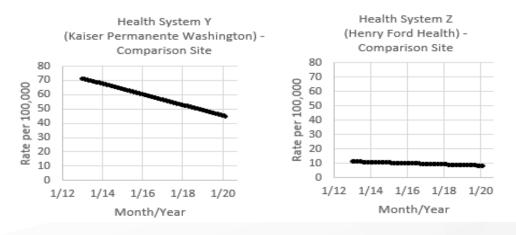
Visit Based Screening, Assessment, Safety Planning/Lethal Means Counseling



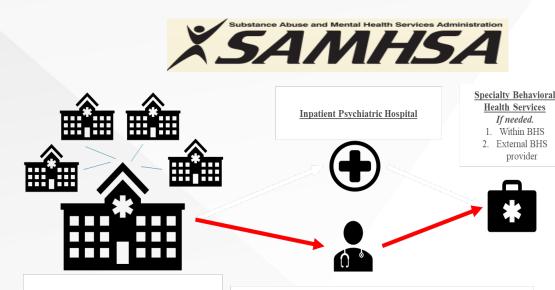
Suicide Attempt Rates in MH Specialty



Panel B: Comparison Group Sites



Research Leading to Broad Implementation



Emergency Department

 Universal Suicide Risk Screening via PSS-3.
 Behavioral Health Consultation (in-person at HFH or via telemedicine at partner EDs) for positive suicide risk screens (positive question #2 or 3) – <u>Proposed Pathway</u>.
 Suicide Risk Assessment 2b. Safety Plan
 Means Counseling
 Amily/Support Involvement
 Treatment Planning

2.f. Discharge to Inpatient Hospital or Behavioral Health Integration ED <u>Proposed Pathway</u>
 Contact within 48 hours post-discharge (Virtual, phone, preferred contact method).
 1a. Caring Contact (Care Coordinator)
 1b. Suicide Risk Re-Assessment. (Care Coordinator and/or BHI / BHS)
 1c. Care Coordination (Care Coordinator)

Behavioral Health Integration "ED Bridge" Expansion

1d. Safety Plan Review (BHI / BHS)
1e. Means Counseling Review (BHI / BHS)
1f. Family/Support Review (BHI / BHS)
1g. Community and Self-Help Resources (BHI / BHS)

1h. Virtual Bridge Psychotherapy (**BHI**)

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Questions

