Zero Suicide Implementation in Health Systems

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International Academy of Suicide Research

American Foundation for Suicide Prevention

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- Special thanks to the clinicians and health system leaders, who chose to implement Zero Suicide, as well as our partner research teams, who worked on the project (especially, Julie Richards, Scott Stumbo, Jennifer Boggs, Karen Coleman, Robert Penfold, Bobbi Jo Yarborough, Stacy Sterling, and Gregory Simon).

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
- 14.3/100,000 rate in Michigan (14.5/100,000 nationally)
- 1.4 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 (except COVID)
- $1.2 million per suicide in lost work productivity and medical costs.
- We think Health Care plays an important role in Suicide Prevention.
- Research remains in its infancy stages, but we have made significant progress.

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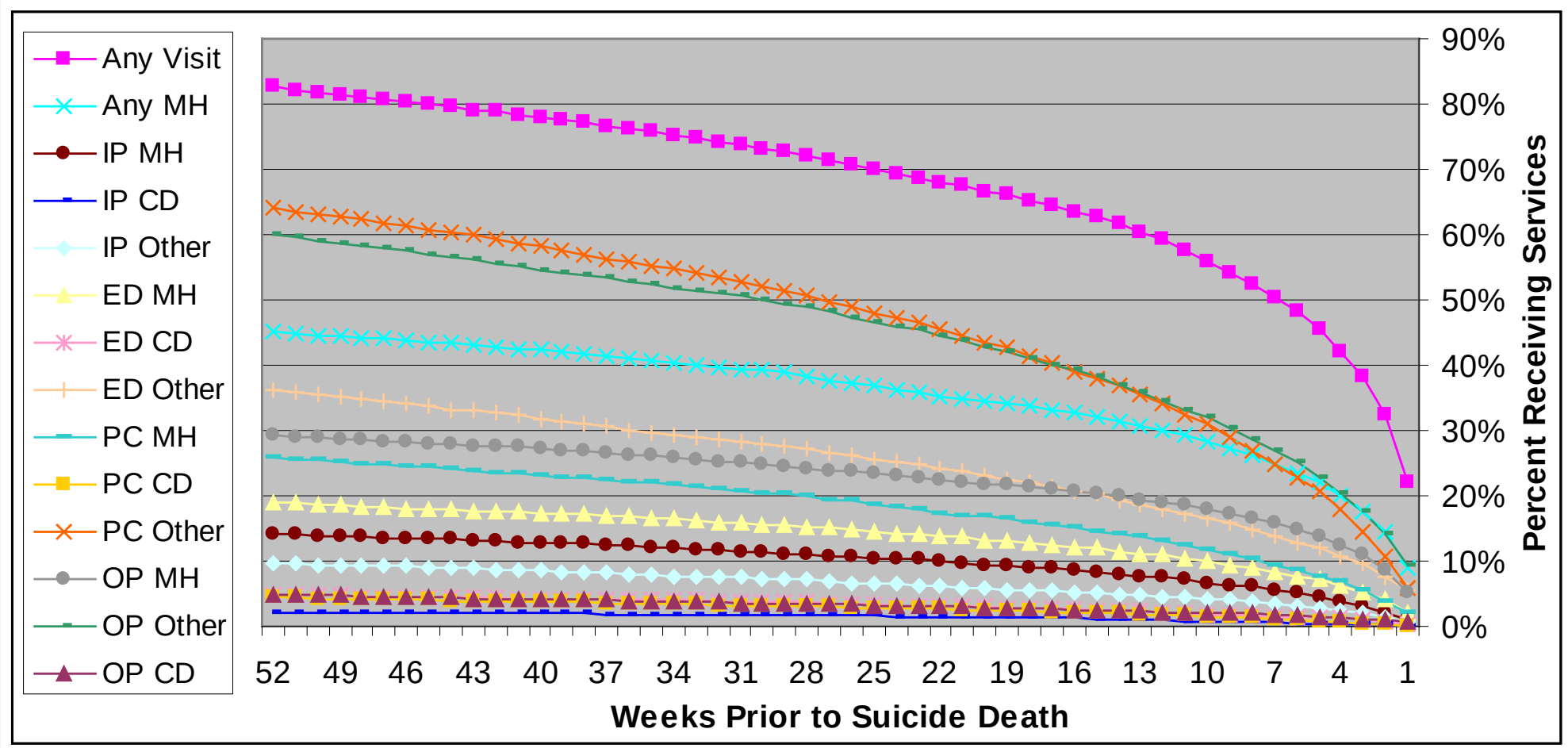
Health care systems are an important environment to prevent suicide



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.

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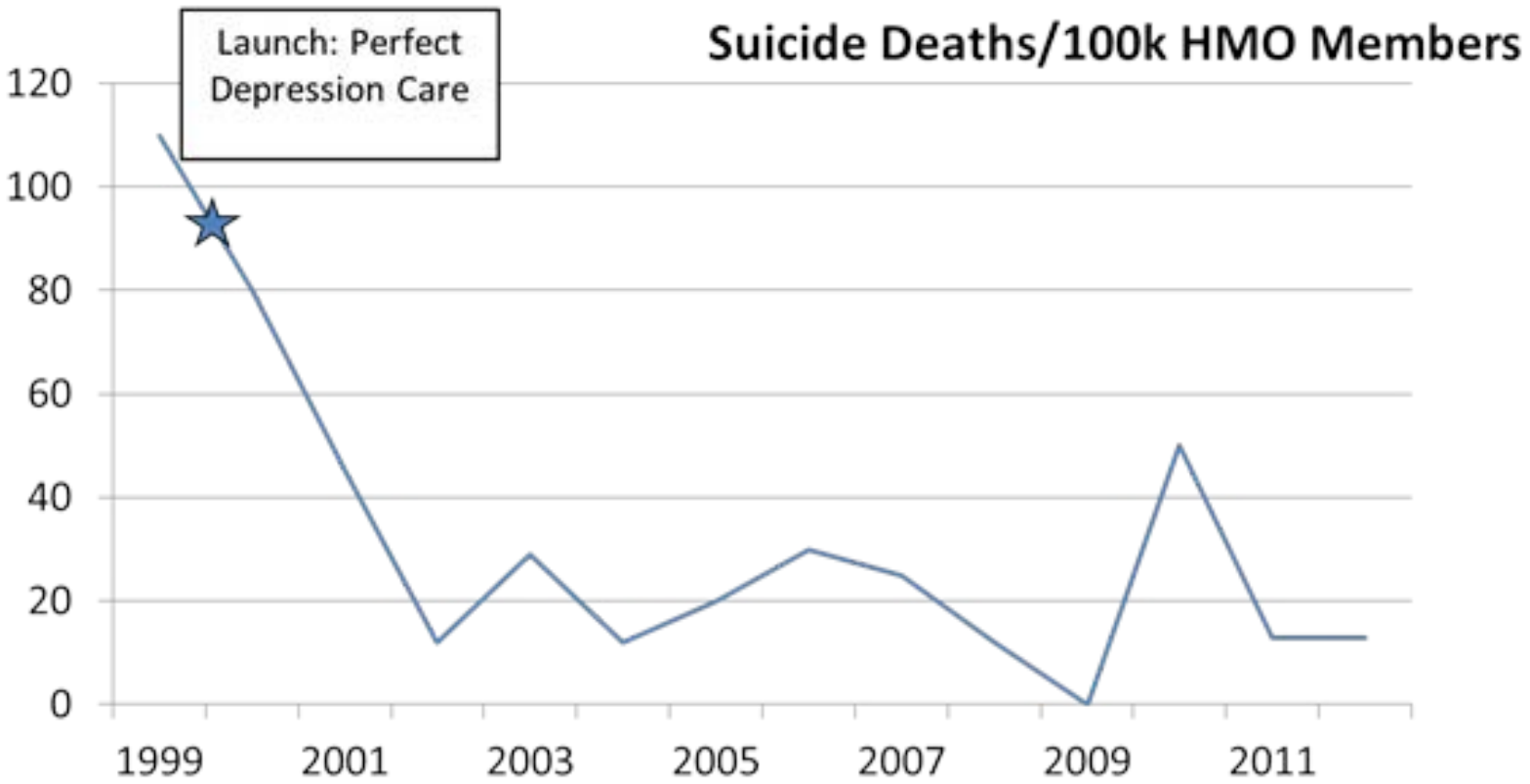
What can we do: Identification, Treatment and Intervention

- Universal
  - Low-intensity approaches delivered broadly (e.g., asking the question).
  - There are screening tools that work!
  - Talking with people and offering support is one of the strongest interventions, but we have to be able to ask the question and talk.
- Selective
  - Moderate to High intensity approaches delivered to individuals at increased risk in health systems.

- Originally began at Henry Ford (Perfect Depression Care) 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.
- International Zero Suicide movement begins.
- Health systems across the US begin implementation.



HFH Success:

Dramatic reduction in suicide rates (by 80 percent in our health plan members) by carefully assessing patients for risk of suicide and adopting measures to reduce the likelihood that a patient will attempt suicide

Title: *An Evaluation of the National Zero Suicide Model Across Learning Healthcare Systems* (U01MH114087).

Sites

- **Henry Ford Health (Ahmedani)**
- **KP Washington (Simon)**
- **KP Northwest (Yarborough / Clarke)**
- **KP Southern California (Coleman)**
- **KP Northern California (Sterling)**
- **KP Colorado (Beck / Boggs)**

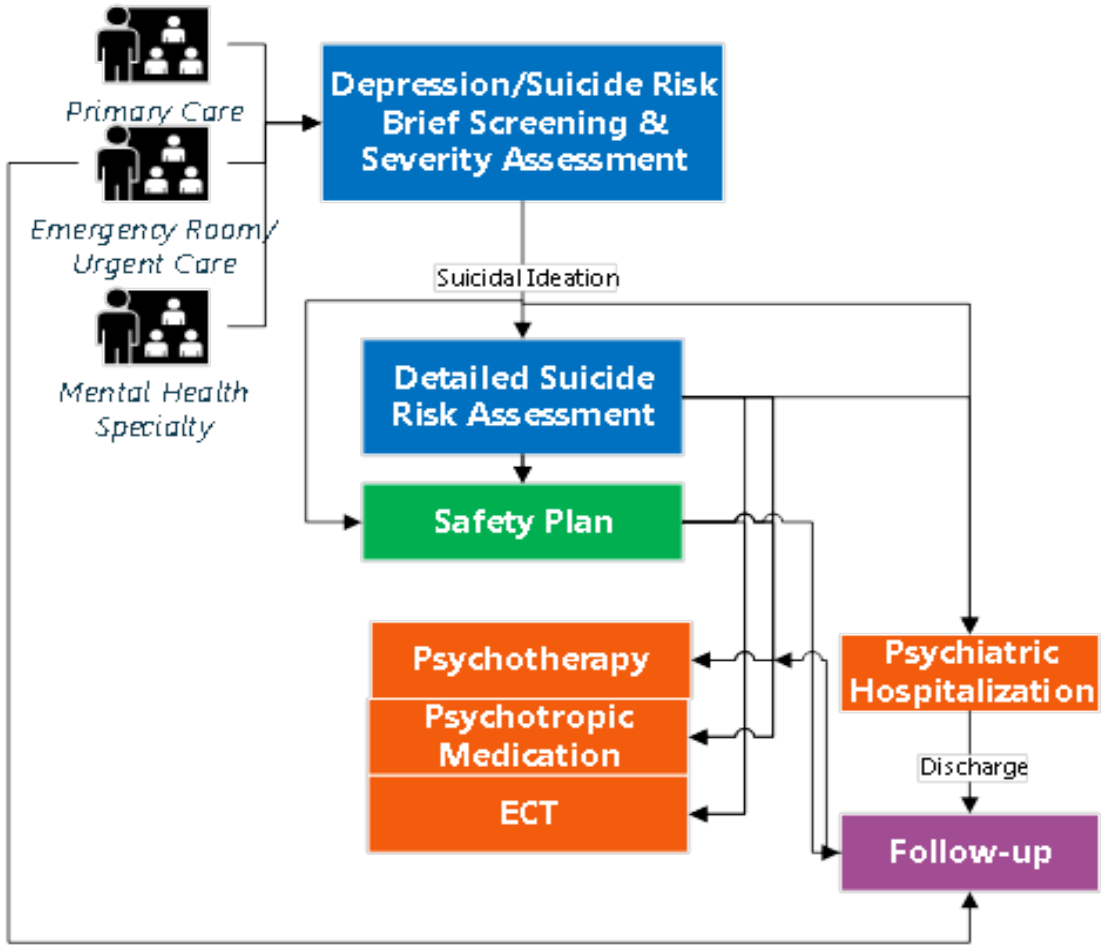
Collaborators

- **NIMH (Schoenbaum, Pearson, O’Connor)**
- **SPRC (Goldstein-Grumet)**
- **Northwestern (Beidas)**

ZS Components

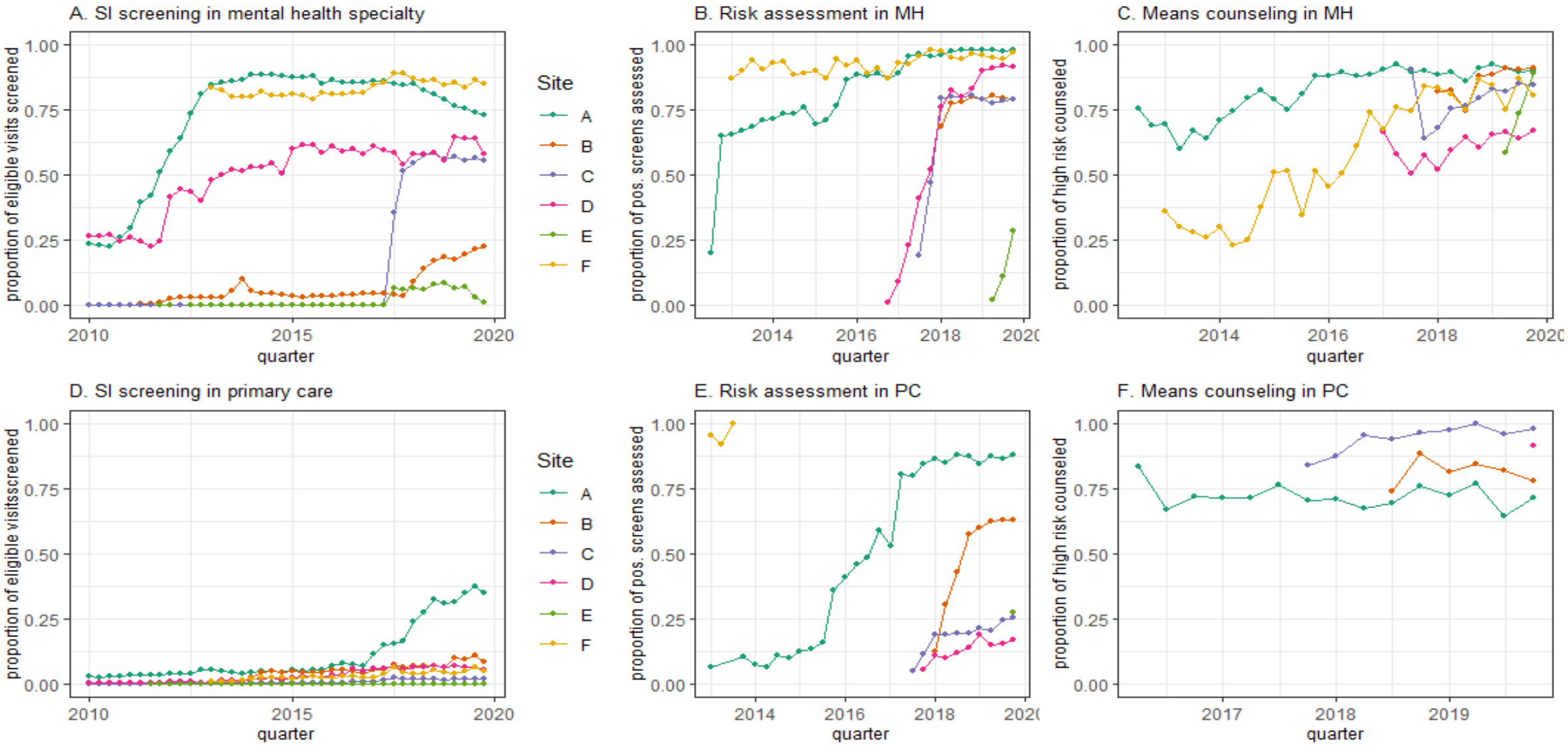
- ZS ‘Operational’ Components (Aim 1 collaboration)
- ZS ‘Clinical’ Components (Aim 1-3 measurement)
- Identification of Risk – screening and assessment (PHQ-9, C-SSRS, other)
- Engagement in care (Care coordination, collaborative care)
- Brief intervention and treatment (safety plans, specialty psychotherapy)
- Transition (Post-Discharge follow-up, Caring Contacts, Visits after Referral)
- 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

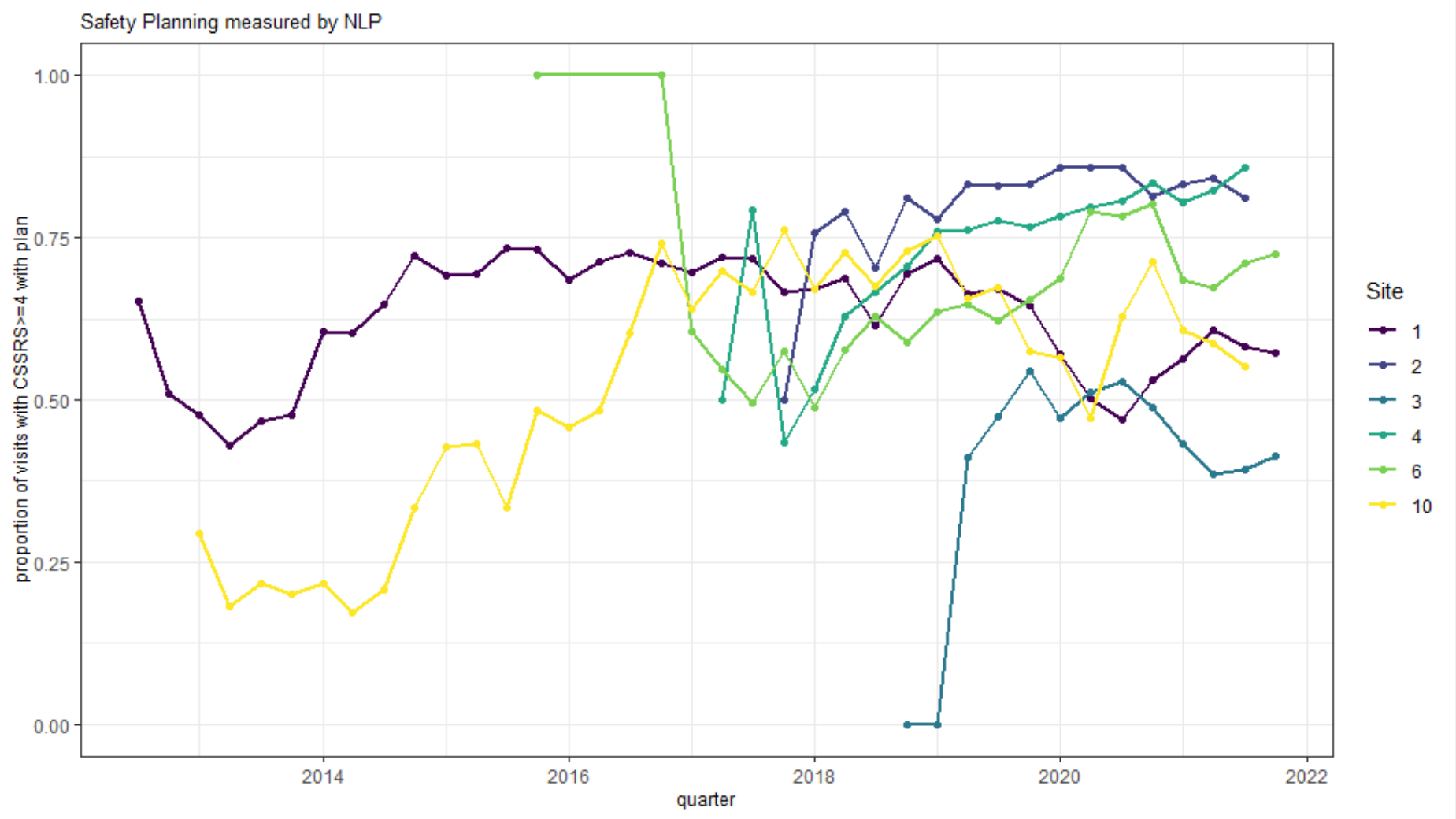


Richards, et al. An implementation evaluation of "Zero Suicide" using normalization process theory to support high-quality care for patients at risk of suicide. Implement Res Pract. 2021 Jan 1;2:10.

Visit Based Screening, Assessment, Lethal Means Counseling



Professional contacts + Lethal means assessment using NLP among patients with CSSRS >= 4.



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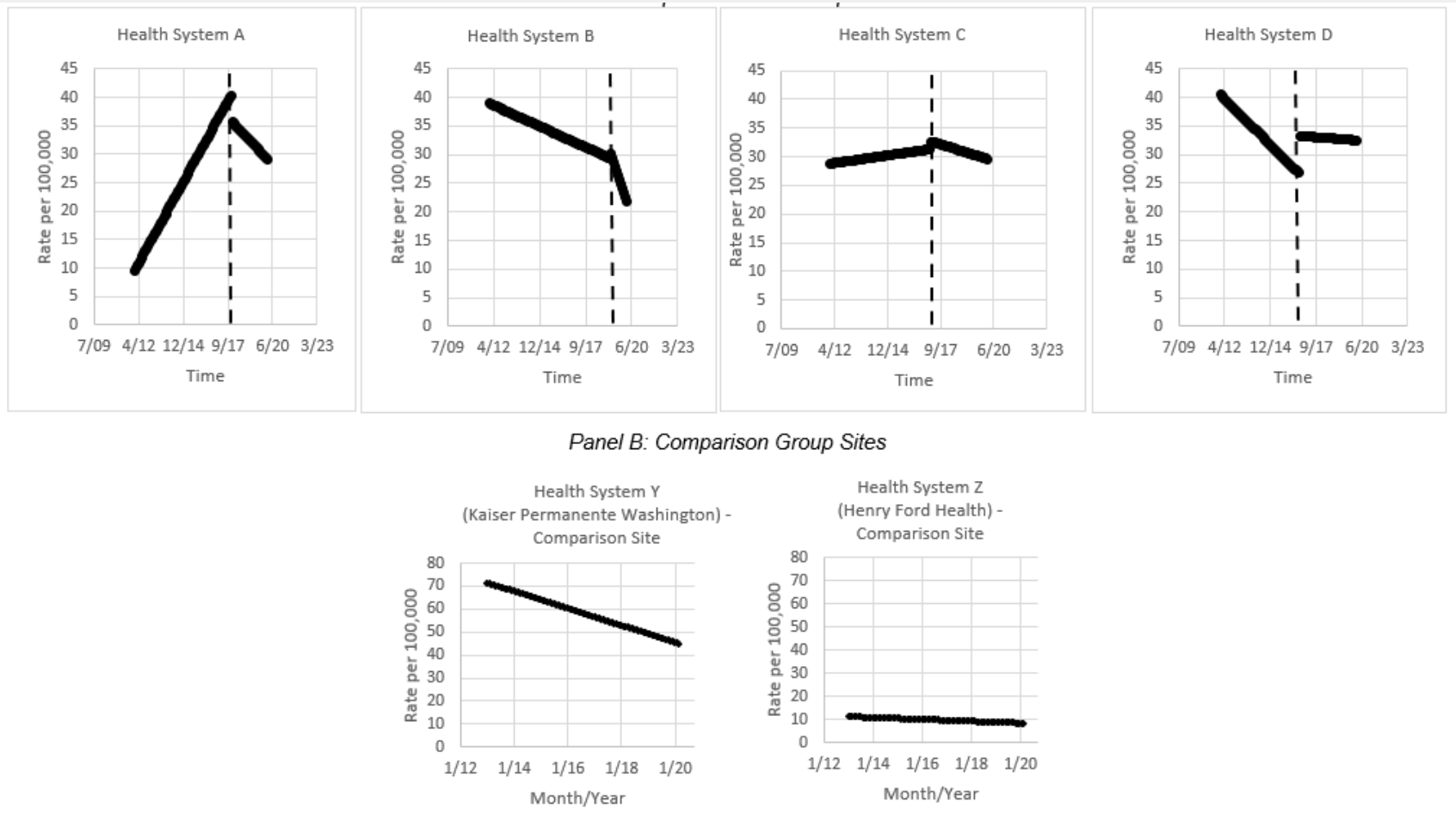
Suicide Attempt Rates in MH Specialty



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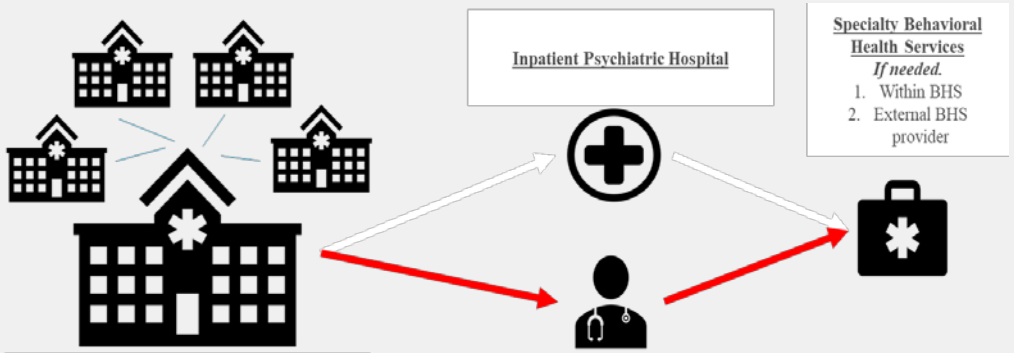
Research Leading to Broad Implementation

Substance Abuse and Mental Health Services Administration
SAMHSA



MIMiND

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