Free Webinar

Creating a Brighter Future for Suicide Care

October 19, 2022

10-11 am PT | 1-2 pm ET

Q&A and Resources
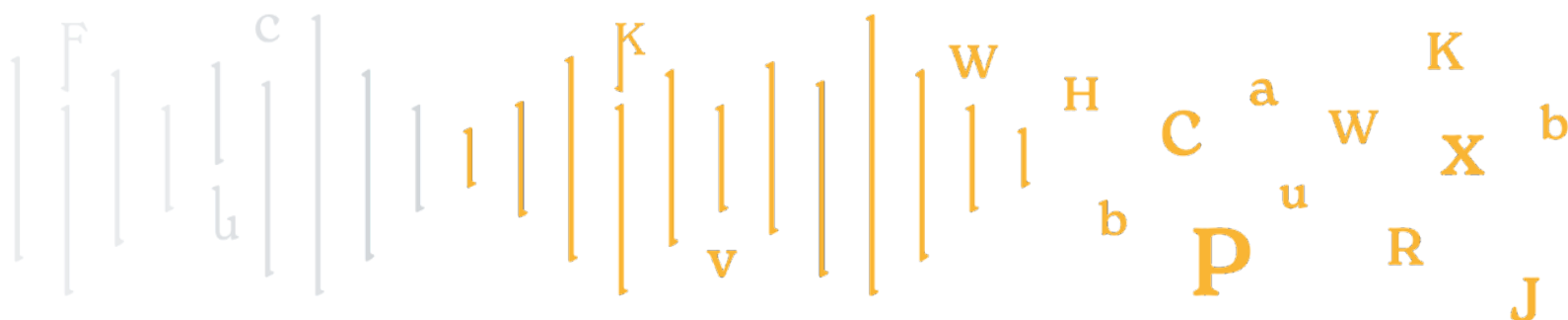
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Q&A

Clinical

- What EBPs are most recommended to clinicians within their therapeutic interventions when working with an individual with SI?
  - You can read about the treatment and support of persons with suicide risk in the [Treat](#) section of the Zero Suicide Toolkit.
  - It can be helpful to see what trainings options are available, by role, as you consider how all individuals in the organization are involved in caring for those at risk of suicide. You can find a helpful chart, [Suicide Care Training Options](#), in the [Train](#) section of the Zero Suicide Toolkit.
- How does the Zero Suicide methodology take into account the particular struggles faced by impoverished community members?
  - The Zero Suicide framework operationalizes the core components necessary for health care systems to transform suicide care. The framework, and the free tools in the framework, such as the Organizational Self-Study, are resources to help systems identify the key areas they need to consider for their populations, to include their providers and their patients. When systems are working to implement Zero Suicide, they will make decisions and create policies that include adapting aspects such as determining which screening tool will be implemented, how safety plans will be developed, and how family members will be engaged that are crafted around the unique needs of their patients and families.
  - We have two current versions of the Zero Suicide Toolkit:
    - [Zero Suicide Toolkit](#)
    - [Zero Suicide Toolkit adaptations for Indian Country](#)
- Screening
  - How is the Columbia assessment incorporated into this model?
    - The Zero Suicide framework covers screening and assessment in the [Identify](#) element of the toolkit, and there is a link to a free, online course as well that provides an overview of the Columbia Suicide Severity Rating Scale instrument and teaches how and when to administer it. Not all sites use the CSSRS, nor is it a requirement of the Zero Suicide framework. Rather, it is imperative that a standardized assessment tool be incorporated, that all clinicians are trained on how to use the tool, and that fidelity to the tool is routinely examined.
  - What are the screening recommendations for inpatient settings? Specifically, if using the Columbia—with what frequency should the screener be utilized with residential behavioral health clients with/without history of SI?
    - The Zero Suicide framework encourages that all patients are screened for suicide risk at every visit, though not all systems do so. The tool that is used, and the frequency it is used in inpatient settings varies, based on the providers and the patient population. A good article

regarding universal screening can be found here:
https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.20220258
- The Inpatient Organizational Self Study is a free tool that will help guide systems to evaluate and determine what policies, practices and procedures need to be in place for the provision of safer suicide care.
- The recent webinar from the Suicide Prevention Resource Center, Suicide Prevention and Health Care Accreditation: A Panel Discussion with the Joint Commission may also be a helpful resource.
- How do you improve non-behavioral health provider buy-in for screening at primary care offices?
- Transforming systems for safer suicide care can be shared to help explain why and how to use Zero Suicide
- From the National Action Alliance for Suicide Prevention, the Recommended Standard Care Report describes the basic elements of suicide care that should be standard in health care settings.
- Use the activity, Overcoming Resistance to Zero Suicide, to explore different beliefs around suicide prevention and how they may affect the ability to identify patients at risk for suicide.
- Often times, the evidence of how Zero Suicide, including screening, is transforming outcomes can be helpful.
- Clarifying the next steps, and what resources are available, are a key part of implementing screening for suicide risk. Ensure that policies, procedures, and any necessary agreements are in place to ensure that a comprehensive suicide risk assessment will be completed for all patients who screen positive. The Engage element explains how to develop a suicide care management plan for individuals at risk of suicide.
- The Transition element includes guidance on how to develop policies for safe care transitions with outside organizations.
- Although the webinar title is Suicide Care, I'm very interested in the preventive aspect as well as treatment and follow up. Thank you for providing such critical, pertinent health information.
- Suicide is a complex issue that requires a multi-pronged approach to address effectively. The Suicide Prevention Resource Center's Effective Suicide Prevention Model shows how identification and treatment are part of the larger plan to prevent and reduce suicide.
- The Education Development Center (EDC) has recently launched a Community Led Suicide Prevention website to help communities come together to create and reach their suicide prevention goals. The web toolkit provides step-by-step information and how-to tools for comprehensive suicide prevention.

Statistics

- What are the current trends related to youth and deaths from suicide?
- Suggest using CDC for various stats/data sources. Please also visit: https://www.sprc.org/populations/adolescents

- Is there any research linking COVID to an increase in suicide deaths?
  - There had been a decline in suicide deaths in 2019 and 2020, however provisional data shows an increase of approximately 4% in 2021.
  - There is still a concern about what impact the pandemic will have on suicide, and the long-term impacts are not yet known.
  - EDC has curated resources for [Providing safe and effective suicide care during the on-going pandemic](#)
  - Suggest using [CDC](#) for various stats/data sources

Training

- What are the best training models/resources for professional development?
  - The Train element of the Zero Suicide framework details why and how to [ensure](#) all staff in the organization have the appropriate level of suicide specific training.
  - It can be helpful to see what trainings options are available, by role, as you consider how all individuals in the organization are involved in caring for those at risk of suicide. You can find a helpful chart, [Suicide Care Training Options](#), in the [Train](#) section of the Zero Suicide Toolkit.
  - [Zero Suicide Institute](#) offers a number of training opportunities for organizations and individuals seeking professional development.
    - [Zero Suicide Academies](#)
    - [Zero Suicide Workshops](#)
    - [Assessing and Managing Suicide Risk](#) trainings
    - Other [clinical courses](#)
- I would love to know more about organizational goals to become a Zero Suicide-certified workplace
  - There is no certification for Zero Suicide; however, using the toolkit will assist in ensuring that the criteria for using the framework are being met.
  - Using the [Organizational Self-study,](#) at implementation for a baseline and then on-going as a measure, will help you measure your progress.
  - From the [Improve](#) element, you can identify and develop quality assurance and improvement measures to ensure your system is achieving improved patient outcomes and better care for those at risk of suicide.
  - Connect with the [Zero Suicide Institute](#) to receive the latest resources, guidance, and training opportunities.
- What are the best methods to educate and prevent suicide in first responders?
  - The Suicide Prevention Resource Center has recourses and tools for [Health Care settings](#) that could be shared with first responders. Please also see: https://www.sprc.org/settings/first-responders. You may also be interested in [this resource](#)
  - The [Assessing and Managing Suicide Risk](#) (AMSR) training and courses may be appropriate for this population. AMSR is offered for a variety of populations and settings and can be completed in live training or in asynchronous courses.

Operations

- I am interested in learning from a grant writer perspective and a person with lived experience of having a completed suicide in my family.
    - The evidence of how Zero Suicide, including screening, is transforming outcomes can be helpful for grant applications. Also, please reach out anytime to the Zero Suicide Institute, we would be happy to meet with you and discuss what approach and services could be included in your grant application.
    - Thank you for attending, we are sorry for the loss of your family member. The Suicide Prevention Resource Center has resources for Engaging Persons with Lived Experience.
- How are you integrating peer support into your Zero Suicide implementation?
    - Lived experience is a key aspect of Zero Suicide, and it begins in the Lead element, where it is encouraged to have members of the implementation team who have lived experience with suicide.
    - There is a specific section in Lead, on Lived Experience, that goes into more detail on how on to include lived experience, and a link to a recorded webinar on the Role of Peer Support Services in Caring for Those at Risk of Suicide
- What are some challenges when applying suicide care?
    - Knowing where to start, and how to help practitioners, can be a challenge for systems. The Zero Suicide Toolkit is designed to support organizations through the implementation and plan for ongoing quality improvement.
    - The Zero Suicide Institute has resources, products, training, and consultation available to guide organizations.

Additional Resources

Eleos Health

Visit www.eleos.health
Email: info@eleos.health

Zero Suicide Institute

Visit www.ZeroSuicideInstitute.com
Email: info@zerosuicideinstitute.com

Coleman Health Services

Visit www.colemanservices.org
Email: howtohelp@colemanservices.org