

Suicide in Health Care is a Problem: The Data

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- Half of the people who die by suicide saw a GP in previous month...70% among older men
- 30% of people who died by suicide saw MH professional in previous 30 days
- South Carolina: 10% of all suicide deaths were people seen in ED in previous 60 days

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Suicide in Health Care is a Problem

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People receiving care in public mental health system:

- **The Research:** Risk among people with depression and other mental health problems are 4-20x general population
- **New Data from states:**
 - Ohio: Suicide was the second leading cause of premature community death in a mortality study of people in the public system
 - Kentucky: 25% of all suicide deaths were among people who got community mental health care
 - New York: 226 reported suicides in public MH system in 2012 (13% of estimated 1500 suicide deaths in the state)
 - Vermont: 28% of all suicide deaths were among people who received community mental health care
- The most concentrated risk is in an area where we have the tools to make change, save lives

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Health Care is Not Suicide-Safe: The Holes in Care that People Fall Through

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Do we Take Concrete Steps for Safety, or... Send them home?

Do we Screen, Assess for Suicidality?... Or "Don't Ask, Don't Tell"

Do we Treat Suicidality, or Commit to Hospital Care and Hope for the Best?

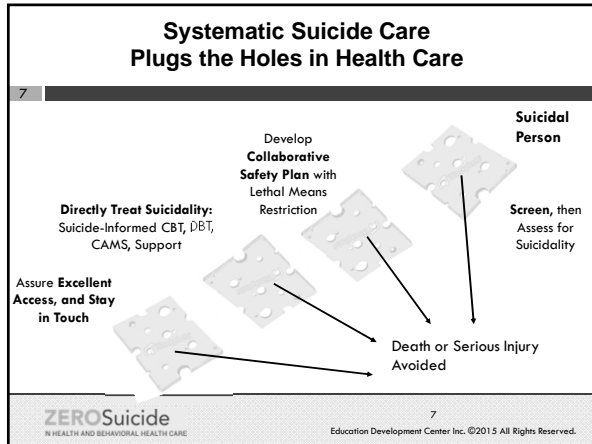
Do we provide Continuity of Caring, or Refer and Hope?

Death or Serious Injury

Suicidal People "Seen" in Healthcare

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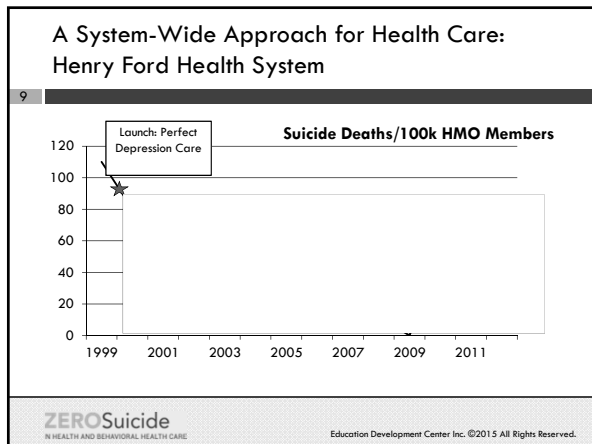
What is Different in Zero Suicide?

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- Accepting suicide prevention as a core responsibility of health care
- Applying new knowledge about suicide and treating it directly...
- Via a systematic clinical approach, not "the heroic efforts of crisis staff and individual clinicians."

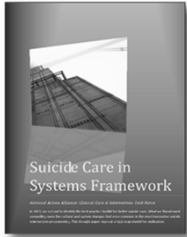
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**Action Alliance Clinical Care and Intervention
Task Force Report**

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**Suicide Care in
Systems Framework**

Access at: www.zerosuicide.com

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2012 National Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide
Prevention

GOAL 8: Promote suicide prevention as a core component of health care services. *New Goal*

GOAL 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.

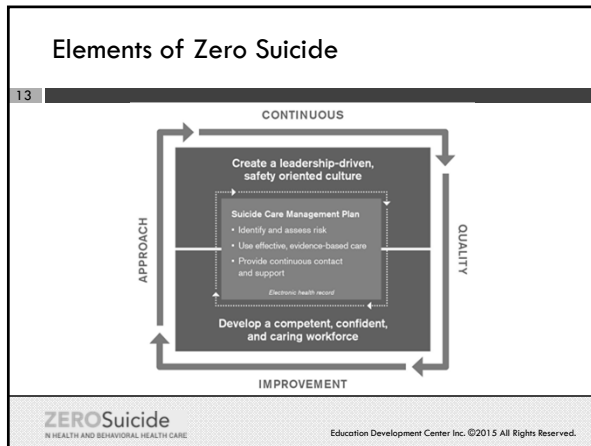
A New Mindset, and New Actions

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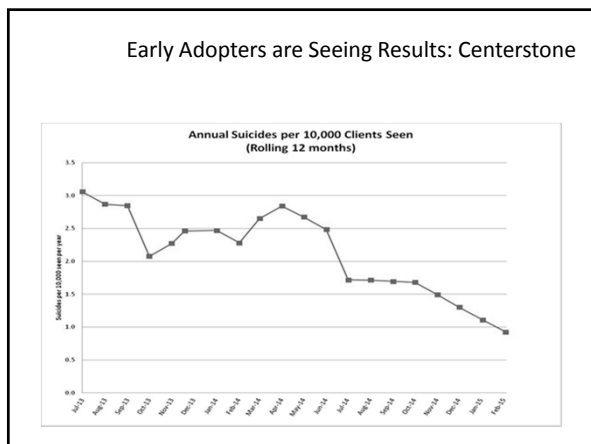
Shift in Perspective from:	
Accepting suicide as inevitable	
Assigning blame	
Risk assessment and containment	
Stand alone training and tools	
Specialty referral to niche staff	
Individual clinician judgment & actions	
Hospitalization during episodes of crisis	
"If we can save one life..."	

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- ### Zero Suicide is...
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- Embedded in the National Strategy for Suicide Prevention.
 - A priority of the National Action Alliance for Suicide Prevention.
 - A project of the Suicide Prevention Resource Center.
 - A focus on error reduction and safety in healthcare.
 - A framework for systematic, clinical suicide prevention in behavioral health and healthcare systems.
 - A set of best practices and tools including www.zerosuicide.com.
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Accepting a Mission, and Joining a Movement

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Resource: Explaining Zero Suicide

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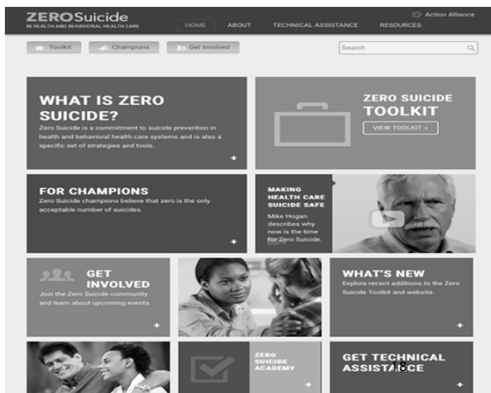


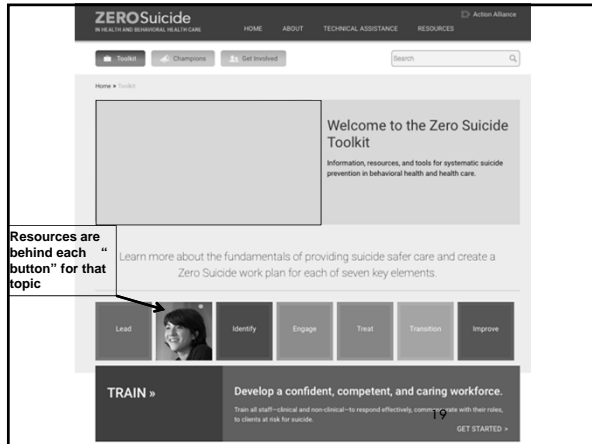
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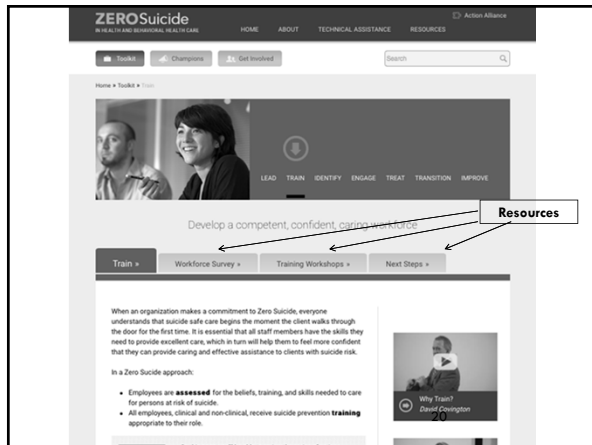
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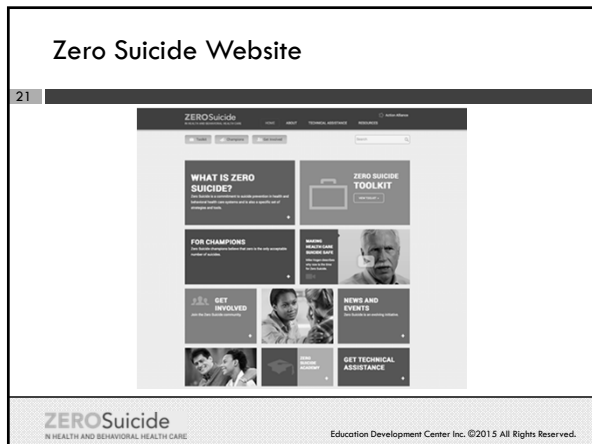
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Resources at: www.zerosuicide.com












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Workshop Session:
Tools, Resources, and
How to Get Started

Breakout Session Later



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• Thank You!

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