

Remember These?





So What Does Suicide Have To Do With Public Health?

Zero Suicide Initiatives: Prevention and Data

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Objectives

- ✓ Recognize the public health impact of suicide
- ✓ Understand the Zero Suicide initiative and why data collection is important
- ✓ Outline the steps needed to engage and screen individuals at risk for suicide
- ✓ Identify the role of first responders in aiding the Zero Suicide effort

Suicide as a Public Health Crisis



Prevalence

10 Leading Causes of Death by Age Group, United States – 2013

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,758	Unintentional Injury 1,316	Unintentional Injury 746	Unintentional Injury 775	Unintentional Injury 11,619	Unintentional Injury 16,209	Unintentional Injury 15,354	Malignant Neoplasms 46,185	Malignant Neoplasms 113,324	Heart Disease 488,156	Heart Disease 611,105
2	Short Gestation 4,202	Congenital Anomalies 476	Malignant Neoplasms 447	Malignant Neoplasms 448	Suicide 4,878	Suicide 6,348	Malignant Neoplasms 11,349	Heart Disease 35,167	Heart Disease 72,568	Malignant Neoplasms 407,558	Malignant Neoplasms 584,881
3	Maternal Pregnancy Comp. 1,595	Homicide 337	Congenital Anomalies 179	Suicide 386	Homicide 4,329	Homicide 4,236	Heart Disease 10,341	Unintentional Injury 20,357	Unintentional Injury 17,057	Chronic Low. Respiratory Disease 127,194	Chronic Low. Respiratory Disease 149,205
4	SIDS 1,563	Malignant Neoplasms 328	Homicide 125	Congenital Anomalies 161	Malignant Neoplasms 1,496	Malignant Neoplasms 3,673	Suicide 6,551	Liver Disease 8,785	Chronic Low. Respiratory Disease 15,942	Cerebro-vascular 109,602	Unintentional Injury 130,557
5	Unintentional Injury 1,156	Heart Disease 169	Chronic Low. Respiratory Disease 75	Homicide 152	Heart Disease 941	Heart Disease 3,258	Homicide 2,581	Suicide 8,621	Diabetes Mellitus 13,061	Alzheimer's Disease 83,786	Cerebro-vascular 128,978
6	Placenta Cord. Membranes 953	Influenza & Pneumonia 102	Heart Disease 73	Heart Disease 100	Congenital Anomalies 362	Diabetes Mellitus 684	Liver Disease 2,491	Diabetes Mellitus 5,899	Liver Disease 11,951	Diabetes Mellitus 53,751	Alzheimer's Disease 84,767
7	Bacterial Sepsis 578	Chronic Low. Respiratory Disease 64	Influenza & Pneumonia 67	Chronic Low. Respiratory Disease 80	Influenza & Pneumonia 197	Liver Disease 676	Diabetes Mellitus 1,952	Cerebro-vascular 5,425	Cerebro-vascular 11,364	Influenza & Pneumonia 48,031	Diabetes Mellitus 75,578
8	Respiratory Distress 522	Septicemia 53	Cerebro-vascular 41	Influenza & Pneumonia 61	Diabetes Mellitus 193	HIV 631	Cerebro-vascular 1,687	Chronic Low. Respiratory Disease 4,619	Suicide 7,135	Unintentional Injury 45,942	Influenza & Pneumonia 56,979
9	Circulatory System Disease 458	Benign Neoplasms 47	Septicemia 35	Cerebro-vascular 48	Complicated Pregnancy 178	Cerebro-vascular 508	HIV 1,246	Septicemia 2,445	Septicemia 5,345	Nephritis 39,080	Nephritis 47,112
10	Neonatal Hemorrhage 389	Perinatal Period 45	Benign Neoplasms 34	Benign Neoplasms 31	Chronic Low. Respiratory Disease 155	Influenza & Pneumonia 449	Influenza & Pneumonia 881	HIV 2,378	Nephritis 4,947	Septicemia 28,815	Suicide 41,149

Data source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Prevalence



- ❖ Increase in age adjusted rate of suicide from 11.3/100,000 in 2004 to 14.2/100,000 in 2014.
- ❖ Suicide is the 2nd leading cause of death among 15 – 34 year olds in Indiana
- ❖ More Hoosiers died from suicide than homicide (964 vs 388 per INVDRS).

Zero Suicide Initiative

- 9/10/12 – the National Action Alliance for Suicide Prevention and the U.S. Surgeon General released the revised National Strategy for Suicide Prevention
- Priorities of the National Strategy include:
 - Transform health care systems to significantly reduce suicide.
 - Change the public conversation around suicide and suicide prevention.



What is Zero Suicide?

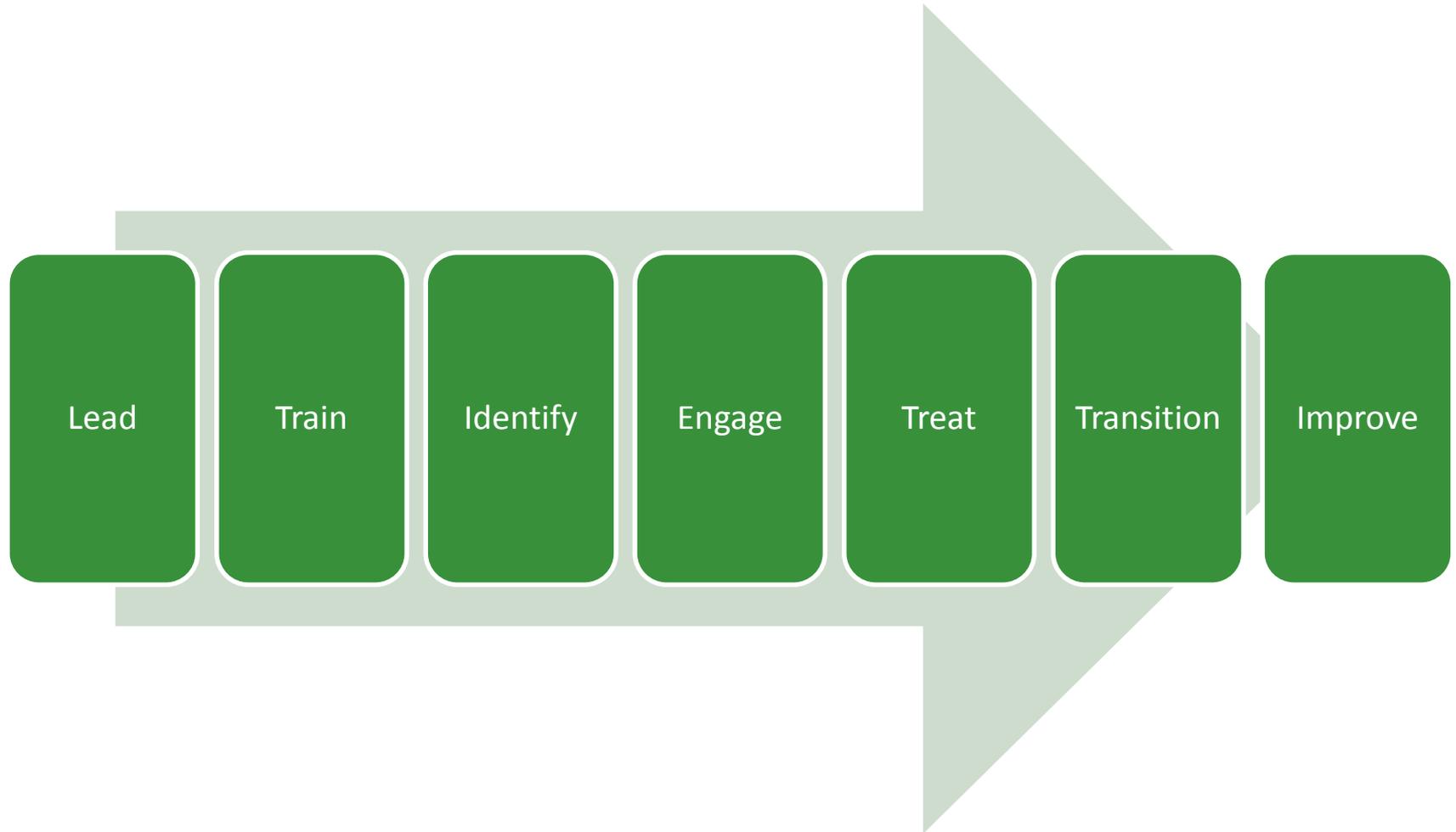
“Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.”

--www.zerosuicide.com

Culture Shift to Zero Suicides

Shift in perspective from :	To:
Accepting suicide as inevitable	Every suicide in a system is preventable
Assigning blame	Improved understanding – recovery and resiliency
Risk assessment and containment	Collaborative safety planning, treatment and recovery
Stand alone training and tools	Overall systems and culture changes
Specialty referral to niche staff	Part of everyone’s job
Individual clinician judgment and actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalizations during episodes of crisis	Productive interactions throughout ongoing continuity of care
“If we save one life.....”	“How many deaths are acceptable?”

Essential Elements of Suicide Prevention for Health Care Systems (from sprc.org)





Essential Elements of Suicide Prevention for Health Care Systems (from sprc.org)

- Identify: Screen every consumer at every health care encounter for suicide, using an evidence-based screening tool such as Columbia Suicide Severity Rating Scale (C-SSRS), developed by Columbia University
- Engage: Offer a “pathway to care” to every at-risk individual that includes safety planning, restriction of lethal means, and frequent contact with healthcare provider
- Improve: Using data to examine processes and improve client outcomes

Essential Element #3: IDENTIFY

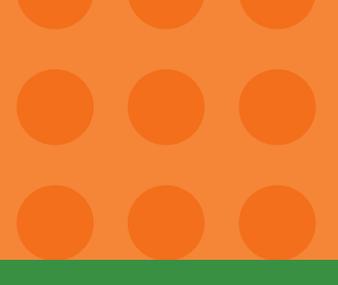
- Identify: “Systematically identify and assess **suicide risk** among **people receiving care**” (zerosuicide.com)
 - **Suicide risk** = One of the risk factors for suicide is a previous suicide attempt. At Community Health Network/Gallahue Mental Health Centers, we use the CDC definition of suicide: “a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; may or may not result in injury”
 - **People receiving care** = The person must be active with Gallahue MHC (includes inpatient) or have a future scheduled appointment at the time of the attempt

Identification/Screening Tool



Columbia Suicide Severity Rating Scale (C-SSRS)

- Developed by leading experts/evidenced based
- Feasible, low burden (typical administration time: 5 minutes)
- Assesses *both* behavior and ideation
- Assesses and tracks all suicidal events
- Uniquely address the need for summary measure of suicidality
- Assesses lethality of attempts
- Assesses other features of ideation
 - ✓ Frequency
 - ✓ Duration
 - ✓ Controllability
 - ✓ Reason for Ideation
 - ✓ Deterrents



Essential Element #7 - IMPROVE

“It is critically important to design for zero even when it may not be theoretically possible. When you design for zero, you surface different ideas and approaches that, if you’re only designing for 90 percent, may not materialize.”

--Thomas Priselac, Cedars-Sinai Medical Center

The challenge of “designing for zero” involves being able to identify, treat, and engage people before they complete suicide, and then continually improve this process

Is This Event Reportable?



Looking at the Variables: Tracking & Trending

Data are collected and analyzed in aggregate to maintain client privacy and confidentiality

Age

Gender

Zip Code

Substance Use

Last physician appointment

Method of attempt

Most recent ACE (Assessment of Childhood Events) score:

- speaks to trauma-informed care

Co-occurring medical diagnoses

Level of mental health services at time of event

How Can Data Collection Help With Suicide Prevention?

- Community Health Network collected information on suicide attempts reported in 2015
- Of 55 reported suicide attempts, the most common method of attempt was overdose (62.2%)
- The Indianapolis Coalition for Patient Safety reports that prescription opioids + heroin contributed to 90% of poisoning deaths in Marion County
- Effective July 1, 2016, naloxone (Narcan), the opioid overdose intervention drug, will be available over the counter; there is no way to track its use by consumers
- EMS Commission will track the use of Narcan by ambulance services
- How can this information from the EMS Commission be used to help suicide prevention efforts?

Other Ways to Collect Data?

- ICD-10 codes from ER: these have not been useful, due to the number of possible codes related to suicide attempts
 - For example: to document an intentional overdose, a provider must code the substance used, then determine level of harm, to what parts of the body, and then the intent
- Internal audits: inpatient BHS staff audits admission records to find and report suicide attempts by current patients

Other Ways to Collect Data?

- Coroner's Reports: these are public records and often contain valuable information about manner and means of death; not available upon request from every county
- Obituaries: may be possible to infer that the person died by suicide
- Health care records: protected by privacy laws, must have a "need to know" to open a client's records; only available for our hospital system
- Personal reports: in some cases, family members or primary care physician reports a client's death to the mental health provider, including manner and means of death

Other Ways to Collect Data?

- Indiana Violent Death Reporting System (INVDRS): funded by the CDC and intended to improve the planning, implementation, and evaluation of violence prevention programs; includes homicides, suicides, undetermined intent deaths, and unintentional firearm deaths
- First responders: Their reports can help the Zero Suicide effort by bridging the gap between health care and law enforcement
- Does your agency collect data on suicide attempts? If so, is the information publicly available?

Anyone can screen/collect data



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Don't Be Afraid to Engage

QPR stands for Question, Persuade and Refer, three steps anyone can learn to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives.



The fundamental premise of QPR's effectiveness is based on the belief, and growing research, that those most at-risk for suicide do not self-refer. To locate these individuals, identify their suicidal communications and get them to needed services is at the heart of the QPR approach to suicide prevention.

Essential Element #4 - ENGAGE

Counseling on Access to Lethal Means

TOOLS & RESOURCES | COURSE NAVIGATION | EXIT



Menu | Narration Text | Search

- Lifeline Contact Information
- Welcome
 - Produced By
 - What This Course Covers
 - Before You Begin
- Module 1: Introduction to Means Restriction
- Module 2: Counseling on Access to Lethal Means



Counseling on Access to Lethal Means
Online Learning

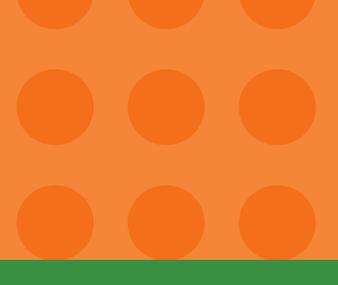


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From Engaging to Safety Planning

Safety Plan Example

SAFETY PLAN	
Step 1: Warning signs:	
1.	Suicidal thoughts and feeling worthless and hopeless
2.	Urges to drink
3.	Intense arguing with girlfriend
Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:	
1.	Play the guitar
2.	Watch sports on television
3.	Work out
Step 3: Social situations and people that can help to distract me:	
1.	AA Meeting
2.	Joe Smith (cousin)
3.	Local Coffee Shop
Step 4: People who I can ask for help:	
1.	Name Mother Phone 333-8666
2.	Name AA Sponsor(Frank)Phone 333-7215
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name Dr John Jones Phone333-7000 Clinician Pager or Emergency Contact #555 822-9999
2.	Clinician Name Phone Clinician Pager or Emergency Contact #
3.	Local Hospital ED City Hospital Center Local Hospital ED Address222 Main St Local Hospital ED Phone 333-9000
4.	Suicide Prevention Lifeline Phone: 1-800-273-TALK
Making the environment safe:	
1.	Keep only a small amount of pills in home
2.	Don't keep alcohol in home
3.	



Conclusion (Video) and Q & A Time

References

- World Health Organization (www.who.int)
- The Joint Commission (www.jointcommission.org)
- Centers for Disease Control and Prevention (www.cdc.gov)
- Suicide Prevention Resource Center (www.sprc.org)
- Columbia Suicide Severity Rating Scale (www.cssrs.columbia.edu)
- QPR Institute (www.qprinstitute.com)
- Indiana State Department of Health (www.in.gov/isdh)
- National Action Alliance for Suicide Prevention (www.actionallianceforsuicideprevention.org)
- Indianapolis Coalition for Patient Safety (www.indypatientsafety.org)



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