ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

CAN SUICIDE BE A NEVER EVENT?

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People At Risk For Suicide Are Falling Through the Cracks in Our Health Care System

In the month before their death by suicide:

- Half saw a general practitioner
- 30% saw a mental health professional

In the 60 days before their death by suicide:

- 10% were seen in an emergency department

"Suicide represents a worst case failure in mental health care. We must work to make it a 'never event' in our programs and systems of care."

Dr. Mike Hogan
NY Office of Mental Health

Suicide Care in Behavioral Health Care Settings

- Suicide prevention is a core responsibility for behavioral health care systems
- Many licensed clinicians are not prepared
  - 39% report they don't have the skills to engage and assist those at risk for suicide
  - 44% report they don't have the training

"Over the decades, individual (mental health) clinicians have made heroic efforts to save lives… but systems of care have done very little."

Dr. Richard McKeon
SAMHSA

Suicide is the SECOND LEADING cause of death in youth.

Suicide Death in South Carolina

- Deaths have gone up 12% from 2015-2017
- Most are white and male, mostly by firearms (59%)
- Largest increases 1999-2017 are by 15-19 (28%)
- Recent trends (2015 to 2017) show an increase in ages 18-19 (104%) and 10-14 (39%), along with a 114% increase in the Hispanic population

Suicide Attempts in South Carolina

- Attempts have gone up 7% from 2015-2017
- 67% are female, 69% are white, 24% are black
- Highest rates in 15-19
- Most often Poisoning/toxic effects used (54%), followed by Cutting/piercing (32%)
- Highest increase in rate from 1999-2017 is for 10-14 (15%)

Suicide in South Carolina

- On the self-reported 2017 Youth Behavioral Risk Survey, SC youth reported:
  - 33% reported feeling sad or hopeless for more than 2 weeks in the prior year
  - 19% reported seriously considering suicide and 15% reported making a plan.
  - Both LGBTQ youth and Hispanic youth reported higher rates of feeling sad of hopeless, seriously considering suicide and making a plan. LGBTQ youth also reported higher rates of suicide attempts.

What is Zero Suicide?

- *A priority* of the National Action Alliance for Suicide Prevention
- *A goal* of the National Strategy for Suicide Prevention
- A *project* of the Suicide Prevention Resource Center
- *A framework* for systematic, clinical suicide prevention in behavioral health and health care systems
- *A focus* on safety and error reduction in healthcare
- *A set of best practices* and tools for health systems and providers

"It is critically important to design for zero even when it may not be theoretically possible…It's about purposefully aiming for a higher level of performance."

Thomas Priselac
President and CEO of Cedars-Sinai Medical Center

Better Approaches to Suicide Care Are Available, Effective, and Fill The Cracks in Our Health Care System

What makes the greatest impact?

- If half the people who purchase firearms are **exposed to suicide prevention education**, we can expect an estimated 9,500 lives saved through 2025.

- By identifying one out of every five at-risk people in large healthcare systems – such as during primary care and behavioral health visits – and providing them with **short-term intervention and better follow-up care**, we can expect an estimated 9,200 lives saved through 2025.

Zero Suicide Core Components

- Leadership commitment
- Standardized screening and risk assessment
- Suicide care management plan
- Workforce development and training
- Effective, evidence-based treatment
- Follow-up during care transitions
- Ongoing quality improvement and data collection

Zero Suicide Is Feasible

Health and behavioral health care organizations have found:

- It's feasible—without additional funding.
- It's working—lives are being saved.

For resources and additional information:

www.ZeroSuicide.com