ZERO SUICIDE in Nebraska

TRANSFORMING HEALTH & BEHAVIORAL HEALTH CARE FOR SAFER CARE

Why Now is the Time to Take a Different Approach?

SUICIDE DEATHS OF INDIVIDUALS IN OUR CARE CAN BE PREVENTED

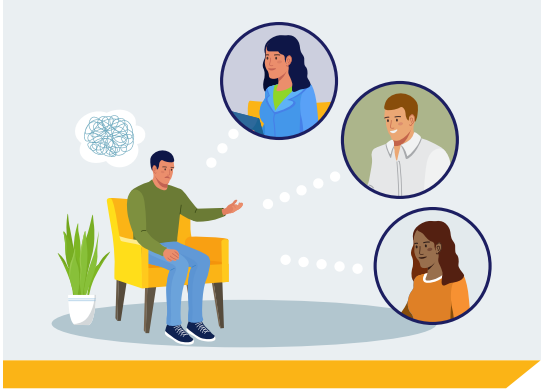
People who are dying by suicide are touching our health and behavioral health care systems. Many suicide deaths occur among people who have been recently seen by a medical or mental health professional or are currently in care.

Key Statistics of Those Who Have Died by Suicide

~45%
had contact with a primary care provider in the month prior their death.[1,2]

~19%
had contact with mental health services in the month prior to their death.[1]

300x
more likely a person is to die by suicide in their first week after discharge than the general population.[3]



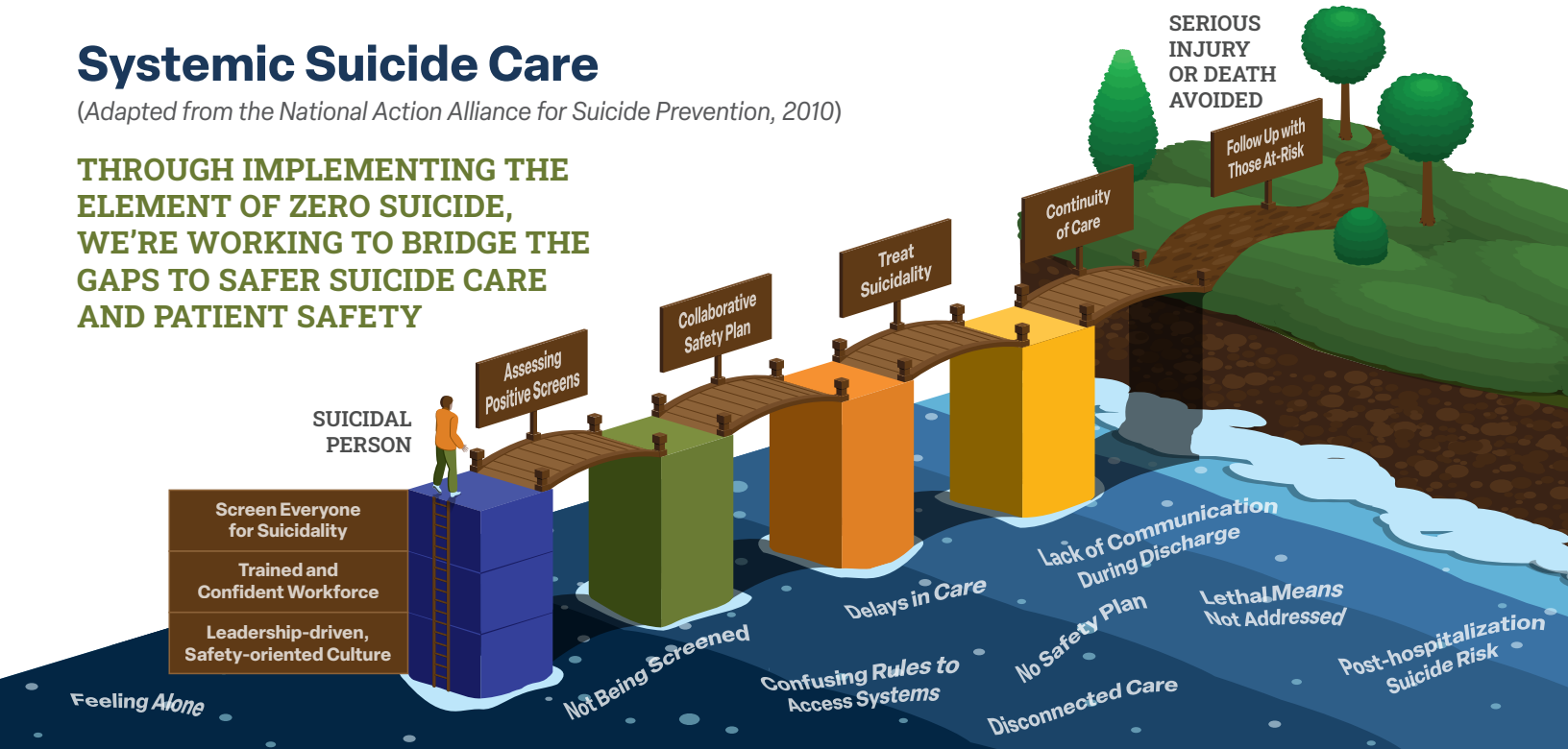
Why Are We Taking a Different Approach?

Typically, individuals pass through numerous providers and services while receiving treatment. This process has historically been disjointed, causing some high-risk individuals to fall through the cracks in the system. At any point during this process, we can identify those at risk for suicide and provide treatment. Our most fundamental responsibility as health and behavioral health care systems is patient safety. A coordinated system, where everyone shares the responsibility for continuity of care, has the greatest chance of saving lives and ensuring patient safety.

Systemic Suicide Care

(Adapted from the National Action Alliance for Suicide Prevention, 2010)

THROUGH IMPLEMENTING THE ELEMENT OF ZERO SUICIDE, WE'RE WORKING TO BRIDGE THE GAPS TO SAFER SUICIDE CARE AND PATIENT SAFETY



What is Zero Suicide?

Zero Suicide (ZS) is a comprehensive evidenced-based approach to suicide prevention that is focused on ensuring that all individuals who are at risk of suicide are identified and receive the care and support they need to stay safe. In contrast to traditional approaches to suicide safety, which rely on a patchwork of uncoordinated prevention efforts, ZS emphasizes system-wide cultural change and the coordination of distinct services to more effectively reach at-risk individuals. Based on the elements listed below, ZS focuses on identifying and addressing the underlying causes of suicide, providing individuals with access to evidence-based treatments and interventions, and supporting individuals throughout the entire process of recovery.

- A leadership-driven, safety-oriented culture
- A competent, confident, and caring workforce
- Screening all individuals for suicide risk at intake
- Creating a collaborative safety plan for at risk patients
- Providing evidence-based suicide specific treatment
- Ensuring continuity of care and collaborative practices
- Following up with high-risk patients

Successes with Zero Suicide

HENRY FORD HEALTH

Researchers demonstrated an association between clinics' use of ZS organizational best practices and lower suicidal behaviors of patients under their care.[4] **With a focus on suicide care, Henry Ford Health System demonstrated stunning results—a 75% reduction in the suicide rate among their health plan members).**[5]

centura

Centura Health implemented quality improvement measures that resulted in a 33% increase in the number of individuals appropriately referred to the program, and a 49% increase in the program's approval rating from the individuals served, over a six-month period. (2022)

CENTERSTONE

Centerstone, one of the nation's largest not-for-profit community mental health centers (CMHC), saw a dramatic reduction in suicide deaths after implementing ZS for 3 years. Their rate of suicide deaths dropped from 35 to 13 per 100,000 patients.

Aspire Indiana Health

From 2014 to 2018, Aspire Indiana, who serve 11% of Indiana's total population, measured a 70% reduction in suicide deaths among the people they serve after implementing Zero Suicide.

REFERENCES

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[3] Chung, D., Hadzi-Pavlovic, D., Wang, M., Swaraj, S., Olfson, M., & Large, M. (2019). Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalisation. BMJ open, 9(3), e023883.

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ZERO SUICIDE Toolkit

zerosuicide.edc.org/toolkit