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**ZERO** Suicide

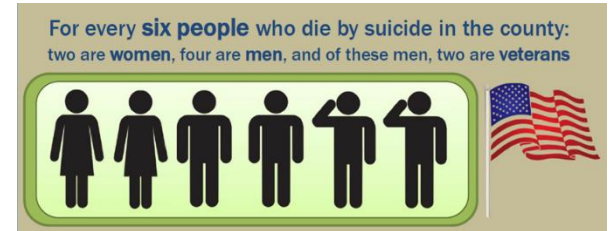
# What is the Zero Suicide Initiative?

- **Zero Suicide promotes the belief** that suicide deaths for individuals under care within health and behavioral health systems are preventable. The Zero Suicide Initiative originates from the National Strategy for Suicide Prevention (NSSP).
- **Zero Suicide is a way of acting and thinking** within health care settings based on the best and most promising practices to prevent suicide and save lives.
- **Taking a Zero Suicide approach means:**
  - Compassionately asking the people we serve about suicide/suicidal thoughts.
  - Completing assessments and making referrals, as appropriate, for those who screen positive for suicidal thoughts.
  - Treating suicidality, no matter the additional diagnoses.
  - Following up with clients to determine if they need additional care.

# What Are the Stats?

## Nationally

- One person dies by suicide every 12.3 minutes
- Male suicide deaths are three and a half times that of female suicide deaths
- Suicide rates increased 24 percent between 1999 and 2014, with the pace of increase greater after 2006



## Oregon

- Oregon has the eighth highest suicide rate in the country
- Suicide is a leading cause of death for Oregon youth (10-24)
- Suicide is the leading cause of death for Oregon veterans under age of 45

Sources: American Association of Suicidology

National Center for Health Statistics. (2016). Increase in Suicide in the United States, 1999-2014.

<http://www.cdc.gov/nchs/products/databriefs/db241.htm>

Suicide Prevention Council of Washington County (OR) <http://www.co.washington.or.us/hope>

# What Are the Stats?

Across the nation, most people who die by suicide come into contact with a health care system in the year leading up to their death. Of those people who died by suicide:

- ✓ 83% received health services in the year prior to death.
- ✓ 50% made a medical visit within four weeks of death.
- ✓ 70% of older men had contact with primary care within a month before suicide.
- ✓ 67% of those who attempt suicide receive medical attention as a result, opening a further door to health care follow up for individuals at higher risk.
- ✓ Non-fatal injuries due to self-harm cost an estimated \$2 billion annually for medical care.
- ✓ The risk of suicide attempts and death is highest within the first 30 days after a person is discharged from an ED or inpatient psychiatric unit, yet as many as 70 percent of suicide attempt patients of all ages never attend their first outpatient appointment.

Sources: Primary Care: A Crucial Setting for Suicide Prevention.” Jerry Reed, PhD, MSW, Director, Suicide Prevention Resource Center. [www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care](http://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care)

American Foundation for Suicide Prevention; 2013 SAMHSA study



# Zero Suicide at LifeWorks NW

*“LifeWorks NW is extremely pleased and proud to be involved in the Zero Suicide Initiative. Nothing is a higher priority than ensuring the safety of our clients and community.”*

– Mark Lewinsohn, Ph.D., VP LWNW Clinical Services

# Zero Suicide at LifeWorks NW

- Suicide is preventable, and understanding how to prevent it is part of everyone's job at LWNW.
- LifeWorks NW approaches its clients with care and compassion.
- Our approach to preventing suicide will incorporate and implement best practices, evidence-based screenings and assessments and appropriate interventions as we treat and aid those clients that are most vulnerable to suicidal thoughts/behaviors.
- Our approach to care for suicidal or potentially suicidal clients will be conducted in a collaborative, supportive learning environment.
- In all our work, we place a strong focus on safety of the client, our staff and the community.

# Zero Suicide: The First Steps

- In October 2015, LWNW created a Zero Suicide Initiative Implementation Team.
- An all employee survey was conducted to establish our baseline understanding about suicide and suicide prevention.
- The results – summarized following in this presentation – will drive the training courses that we launch to help all staff increase knowledge and understanding.
- Ongoing, Zero Suicide will become part of our everyday language and approach as we conduct our daily work.
- It aligns well with our organizational values that include acting from a platform of Trauma-Informed Care, AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) and CCBHC (Certified Community Behavioral Health Clinics) practices.

# The Survey Results

## Demographics

The following provides highlights of the demographics and learnings from the 2015 Zero Suicide Initiative Survey. The survey helps us identify our current levels of understanding about suicide – and where we can begin to implement training and education to help us as an agency (and individually as staff) – apply the best practices to aid vulnerable clients.

- **Number of surveys completed:** 211 respondents or approximately 32% of staff
- **Breakdown of respondents per role:**
  - 38%: Behavioral Health Clinician (Counselor, SW, SA Counselor, Therapist, Psychologist)
  - 22% Management (Administrators, Supervisors, Managers, Coordinators)
  - 12% Business, Administrative, and Clerical (Accounting, Reception, HR, Billing, IT)
  - 08% Case Management
- **Breakdown of respondents per client type served:**
  - 46%: Adults
  - 17%: Administration (no clients)
  - 14%: Adolescents
  - 13% Children
- **Breakdown of respondents per functional area:**
  - 25%: Adult Outpatient Mental Health
  - 16%: Child and Family Outpatient Mental Health
  - 10%: Prevention
  - 09%: Rehabilitation
  - 09%: Clinical Support



# The Survey Results

## Demographics cont.

- **Breakdown of respondents who have exposure to suicide:**
  - 65%: No exposure
  - 18%: One episode
  - 10%: More than one episode
- **Breakdown of respondents who have received suicide prevention training:**
  - 41%: No training
  - 26%: DBT
  - 22%: Mental Health First Aid
  - 22%: ASIST
  - 18%: Don't remember the name of the training or wasn't listed

# The Survey Results

To see the full summary of results per survey question go to:

<http://intranet.lifeworksnw.org/lwnw/toolsReference/tools.html>

## Based on Survey Responses: We understand...

- ✓ Oregon has a higher rate of suicide than the national average.
- ✓ The vast majority of people contemplating suicide don't really want to die. They are seeking an end to intense mental and/or physical pain.
- ✓ There almost always warning signs that someone is thinking about suicide.
- ✓ Talking about suicide gives the person an opportunity to express thoughts and feelings about something they may have been keeping secret – and is one of the most helpful things someone can do.
- ✓ People with personality disorders who discuss suicide are not typically being manipulative. They are approximately three times as likely to die by suicide than those without such disorders.

# The Survey Results

Based on Survey Responses: Where there are gaps in our understanding...

- ✓ Nationally, the risk of suicide for those 65+ is higher than that of youth aged 10-24 years. In Oregon, nearly 23% of suicides in 2013 occurred among veterans. (LWNW respondents: 42% said youth have a higher risk)
- ✓ The rate of suicide among those with severe mental illnesses is 6-12x that of the general population. (LWNW respondents: 45% said three times more)
- ✓ Only approximately two to 15% of persons who have been diagnosed with major depression die by suicide. Depression combined with family history, other mental illnesses or additions are at higher risk. (LWNW respondents: 56% agreed depression indicates suicide risk)

