Changing the Prevention Paradigm

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In 2012, I had the honor of working with former Surgeon General Regina Benjamin and a strong and able team from the National Action Alliance for Suicide Prevention to revise the National Strategy for Suicide Prevention [1] (NSSP). During this process, we came to realize that the majority of health care providers, including primary care doctors and behavioral health specialists, were not adequately trained to identify and treat people at risk for suicide. This lack of training was not the fault of the health care providers themselves. It was a consequence of the fact that suicide prevention was not seen as a core responsibility of the health care systems in which they worked. Many health care systems also lacked basic components of suicide care, such as assessment and screening, follow-up, treatment, and, most importantly, effective linkages among these components.

When we revised the NSSP, we set out to move the paradigm of suicide prevention to a systems-informed approach that would help us recognize and close gaps in the delivery of suicide safer care. We wanted to encourage an approach that would utilize multiple, evidence-based practices within a coherent system of care that would track patient care, so that the next patient at risk would benefit from what we had learned from previous patients. The revised NSSP included two goals to improve the ability of health care systems and providers to prevent suicide: Goal 8. “Promote suicide prevention as a core component of health care services,” and Goal 9. “Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.”

We are still in the early phases of transforming health care to provide more effective suicide prevention, but since the publication of the revised NSSP, we have seen the emergence of what can only be described as a movement—the Zero Suicide Movement [2]. In the relatively short span of four years, Zero Suicide has made tremendous strides in shifting the responsibility of delivering suicide safer care from the heroic efforts of individual providers to the health care system itself. Many health systems are now taking a patient safety and quality improvement approach to suicide care to ensure that the entire system is focused on identifying, treating, and following up with patients at risk.

Following up with patients is essential to their care. We need to make certain that patients are receiving the
necessary care and, if not, figure out what can be done to help them receive it. We need to understand whether their condition is improving and, if not, what additional services may help them improve. Following up with patients also has benefits to the health care system itself, and is essential to improving the overall quality of suicide care in a health system. This type of continuous quality improvement can only be accomplished by listening to individuals and the families of individuals who have interacted with the health care system because of a suicidal crisis or suicide risk. The voices of persons with lived experience and suicide loss survivors are essential to this enterprise because they can increase our understanding of how to improve the patient experience.

We also need to be able to set objective quality measures that define what we as a society expect a health care system to do about suicide risk—regardless of whether this risk is detected in primary care, inpatient, emergency care, or behavioral health care settings. We cannot change the past. But we can—and we are—changing the future of suicide prevention and suicide care in this country. And we will not stop until those who enter our health care systems for suicide care get the best treatment possible and move forward on their path to wellness and recovery.

For More Information

This column was adapted from Jerry Reed's introductory remarks to a September 29, 2016 panel titled “Progress on Implementation of the 2012 National Strategy for Suicide Prevention,” which took place as part of the White House Making Health Care Better Series on Suicide Prevention. A video [3] of this event can be viewed on YouTube. Jerry Reed's presentation begins at the two-hour mark.

Links within this resource
[3] https://www.youtube.com/watch?v=m2Q2jf3vOMg