Suicide Safer Care: Developing Comprehensive Care on Campuses

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GLS Meeting
Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.

www.sprc.org
National Action Alliance for Suicide Prevention

VISION
The Action Alliance envisions a nation free from the tragic experience of suicide.

MISSION
To advance the NSSP by:
• Championing suicide prevention as a national priority
• Catalyzing efforts to implement high priority objectives of the NSSP
• Cultivating the resources needed to sustain progress

GOAL
To save 20,000 lives in five years
Defining the Problem: Health Care is Not Suicide Safe

- 45% of people who died by suicide had contact with primary care providers in the month before death. Among older adults, it’s 78%.

- 19% of people who died by suicide had contact with mental health services in the month before death.

- South Carolina: 10% of people who died by suicide were seen in an emergency department in the two months before death.
Defining the Problem: Suicidal Individuals in Behavioral Health on Campus

- 2/3 students seen in college counseling centers have seriously considered suicide
- 1/4 students seen in college counseling centers have made an attempt
- Only 14-19% of college student suicides in past year had sought counseling center assistance
Zero Suicide...

- Makes suicide prevention a core responsibility of health care
- Applies new knowledge and proven tools for suicide care
- Supports efforts to humanize crisis and acute care
- Is a systematic approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- Is embedded in the National Strategy for Suicide Prevention (NSSP).
What Zero Suicide is Not

- Social Marketing Campaign
- Quick Fix
- An Approach Looking to Place Blame
- A Campus Wide Model for Suicide Prevention
Elements of Zero Suicide

Create a leadership-driven, safety oriented culture

- Suicide Care Management Plan
  - Identify and assess risk
  - Use effective, evidence-based care
  - Provide continuous contact and support

Develop a competent, confident, and caring workforce

CONTINUOUS

IMPROVEMENT

QUALITY

APPROACH
Leadership Commitment and Culture

- Leadership makes an explicit commitment to reducing suicide deaths among students and orients staff to this commitment.

- Organizational culture focuses on safety of staff as well as persons served.

- Opportunities for dialogue and improvement without blame; and deference to expertise instead of rank.

- Persons with lived experience are supported, and participate in program design and delivery.

- Cross-departmental leadership team for campus suicide care approach and collaboration
Employee Assessment and Training

- Campus staff are assessed for the beliefs, training, and skills needed to care for persons at risk of suicide.

- All campus staff, clinical and non-clinical, receive suicide prevention training appropriate to their role.

- All campus health care workers receive training in suicide care.
Screening and Risk Assessment

- Screen specifically for suicide risk, using a standardized screening tool, for any student entering counseling center services.

- Screening concerns lead to immediate clinical assessment by an appropriately credentialed, “suicidality savvy” clinician.

- Screen at every visit, especially those with elevated risk.

- Screen at all medical encounters.
Safety Planning and Means Restriction

- All students with suicide risk have a safety plan in hand when they leave care on same day as the assessment regardless of setting.

  - Safety planning is collaborative and includes regular review and revision of the plan.

  - Specific training to those written in to plan so they know steps to take to assist.

  - Means restriction is assessed for all at risk and includes confirmation that access to means has been removed.
Suicide Care Management Plan

- Design and use a care Suicide Care Management Plan, or pathway to care, that defines care expectations for all persons with suicide risk, to include:
  - Identifying and assessing risk
  - Using effective, evidence-based care
  - Safety planning
  - Continuing contact, engagement, and support

- Transparency and education about sharing risk status with others

- Plans for missed appointments
Effective, Evidence-Based Treatment

- Care directly targets and treats suicidality and behavioral health disorders using effective, evidence-based treatments.

- Refer to providers who use best practices.
Follow-up and Engagement

- Persons with suicide risk get timely and assured transitions in care. Providers ensure the transition is completed.

- Persons with suicide risk get personal contact during care and care transitions, with method and timing appropriate to their risk, needs, and preferences.

- Strengthen relationships with local hospitals and crisis lines.

- Improve off campus referral networks and employ case managers to coordinate care outside of counseling center.

- Behavioral intervention teams to take campus-based referrals and follow-up.
Quality Improvement and Evaluation

- Suicide deaths for student population are measured and reported on.

- Continuous quality improvement is rooted in a Just Safety Culture.

- Fidelity to Zero Suicide model is assessed.
Summary: Zero Suicide On a College Campus

- Develop clear policies and protocols in advance of an adverse event
- Identify youth at risk regardless of the setting where they are receiving care
- Refer and provide optimal care
- Provide resources to those at risk
- HIPAA and FERPA – Students should be kept safe but know the limits of confidentiality
- Build a caring community

- Can you do better?
Resources and Tools

www.ZeroSuicide.SPRC.org
Resources and Tools

- SPRC webinar clips on addressing campus mental health clinical capacity: [http://go.edc.org/Capacity](http://go.edc.org/Capacity)
- The Jed Foundation, Student Mental Health and the Law: [http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf](http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf)
- The Jed Foundation, Framework for Developing Institutional Protocols: [https://www.jedfoundation.org/assets/Programs/Program_downloads/Framework_colored.pdf](https://www.jedfoundation.org/assets/Programs/Program_downloads/Framework_colored.pdf)
- University of Michigan Campus Mind Works Resources (example of tools to support students transitioning back to campus after a hospitalization): [http://campusmindworks.org/students/hospitalization/default.asp](http://campusmindworks.org/students/hospitalization/default.asp)
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