Just One Death is a Failure

The Empire State Takes a Systems Approach to Suicide Prevention

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Although New York has one of the lowest suicide death rates in the U.S., too many persons pass through its health and behavioral healthcare systems and tragically take their lives. Our view is that suicide deaths of persons in care are a system failure. Therefore, as part of its larger Suicide Prevention Initiative, which focuses on preventing suicide across the lifespan and across all communities, New York, led by The New York State Office of Mental Health, developed and is implementing a plan of action to effectively manage suicide risk, eliminate suicide deaths, and reduce suicide attempts by people receiving behavioral healthcare.

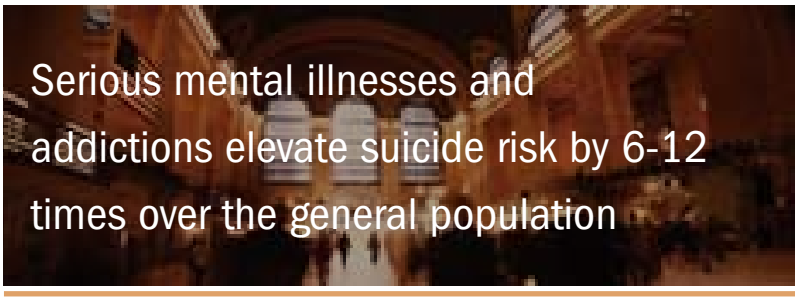
Some may ask why this special focus on people who are receiving behavioral healthcare. First, we know that serious mental illnesses and addictions elevate suicide risk by 6-12 times over the general population's. Second, we must elevate safety as the first responsibility of behavioral health settings. We have learned from many examples that comprehensive suicide care using a systems framework works. The Air Force, Henry Ford Health Service in Michigan, and Magellan Health Services of Arizona have experienced remarkable successes in reducing the number of suicide deaths, suicide attempts, and hospital visits by utilizing a comprehensive care framework.

Our plan is informed by the work of the National Action Alliance for Suicide Prevention. Its Clinical Care Task Force report, Suicide Care in Systems Framework, makes the new point that a systemic approach can comprehensively address suicide risk. The comprehensive framework includes three critical elements:

1. Leadership asserting core organizational values of safety and quality improvement, leading to a commitment that suicide deaths can and will be eliminated for people in care.
2. A management system that structures risk assessment and service protocols to achieve the goal of eliminating suicides.
3. Staff with the knowledge, skills, and confidence to deliver excellent care for patients with suicide risk.

Based on this framework of care, New York has begun employing comprehensive strategies to implement a systems approach in selected communities and systems. Initially, we are focusing on four areas:

- Taking all needed steps to reduce and hopefully eliminate suicide deaths in four state-operated psychiatric service systems, including both inpatient and outpatient care.
- Piloting our suicide care model in two county systems: Broome County and St. Lawrence County. In each county, the network will include county leadership, inpatient hospital care, residential providers, and outpatient providers bridging mental health and substance use care.



- Implementing a comprehensive approach to suicide care with Federated Employed Guidance Services, one of the largest non-profit behavioral healthcare providers in the U.S., which serves New York City and Long Island.
- Embedding suicide care in four major youth serving organizations across the state. Using federal Garrett Lee Smith Memorial Act funding, OMH has funded each organization to become youth suicide prevention training centers, beginning with their own operational environments and expanding to sister providers within each catchment area.

While New York has made suicide prevention a priority for over a decade, systematizing suicide care reflects an evolution in policy and practice. Our plan comprises a six-point strategy, collectively designed to comprehensively improve suicide care and eliminate suicide deaths in the four aforementioned sites.

We will work with each organization to assist them with setting an organizational vision of zero suicides, leading to "perfect suicide care." This includes helping them raise the level of staff support, and, with the assistance of Magellan Health Services, surveying staff on their knowledge and readiness for providing effective suicide care. Program performance in suicide care will be measured continuously and transparently in a quality improvement environment.

Each organization will receive assistance with creating management practices to achieve the vision of effective suicide care. This includes empowering clinicians to work with patients productively and as a team. It means each organization will create an expectation that suicide care is a shared responsibility delivered through team-based care. Suicide will be treated directly, not as a symptom of underlying mental health and/or substance use disorders. And, suicide care protocols will be incorporated within policies and procedures.

All patients will be screened for suicide risk. Positive screens will lead to specific suicide risk assessments that will trigger appropriate service responses in treatment plans. Staff will be trained in the Columbia Suicide Severity Rating Scale (C-SSRS), an evidence-based screening tool with robust predictive validity for future suicide attempts. Training for staff on C-SSRS will be provided by one of the instrument's developers.

Each patient with identified suicide risk will have a safety plan developed at intake and reviewed regularly. Using the model developed by Drs. Barbara Stanley at Columbia University and Greg Brown with the University of Pennsylvania, staff will receive training on how to develop and effectively use the safety plan. At the same time, OMH is working with Rennssalaer Polytechnic Institute to develop a telephone application safety plan that will allow patients that possess certain cellular phones to have their safety plan on their phones.

Clinical staff will be offered the opportunity to upgrade clinical skills, specifically in cognitive behavioral therapy, an evidence-based treatment modality for managing and treating suicide risk.

Staff will also be trained on appropriate follow-up protocols, including the critical importance of "warm handoffs" for patients with suicide risk – especially from inpatient to outpatient care. New York will also ensure that staff know the community and other resources available for patients with suicide risk, including the National Lifeline and crisis centers.

In addition to the targeted training activities described above, OMH will institutionalize educational opportunities through the development of online learning modules. To be developed in collaboration with Columbia and the New York State Psychiatric Institute, the first two modules (to be completed later this year) will address C-SSRS and safety planning. In early 2013, a third module will focus on follow-up after acute/emergency department care and "warm handoffs." New York will make these modules available nationally through the Suicide Prevention Resource Center

Many of the 1,500 persons who die by suicide each year in New York are not engaged in behavioral healthcare. We must also work to improve basic behavioral healthcare in primary care settings. Therefore, we are working with the New York State Department of Health to implement "collaborative care" in dozens of primary care settings. To reach additional persons at risk, we know expansion of specific suicide prevention competencies will be required in primary care and emergency departments. Yet, we believe that implementing the comprehensive suicide care framework described above in our behavioral health organizations will lead to safer, more effective care, and we believe it is our responsibility to start close to home. In turn, we expect to see fewer lives lost to suicide in New York.

Ms. Puorto Conte is the Director of Suicide Prevention Initiative for the New York State Office of Mental Health in Albany. She has statewide responsibility for planning, funding, and implementing a wide array of suicide prevention, intervention, postvention, and gatekeeper activities throughout the state. She is also an active member of the Statewide Veterans' and Families Advisory Work Group. Mrs. Puorto Conte is the Principal Investigator for New York's SAMHSA Garrett Lee Smith Youth Suicide Prevention grant and an adjunct professor at the Sage Graduate School's Forensic Mental Health program where she teaches a program in Suicide Prevention, Intervention, and Postvention to graduate students in Community Psychology, Forensic Mental Health, and Education.