

# Bridging the Gap: Applying Zero Suicide Elements to Community Prevention Efforts

JOIN THE CONVERSATION!

SUICIDE WINNEBAGO OUTAGAMIE CALUMET

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**Our goal:** Zero suicides in the community

Our strategy: Translate seven elements of Zero Suicide for health care and behavioral health into the community setting

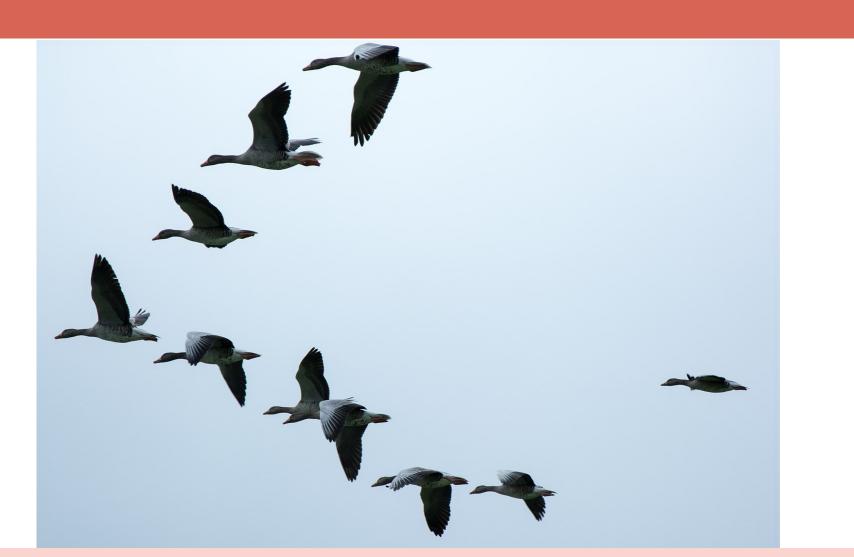
Our community: Winnebago, Outagamie, and Calumet counties

Our partners: Health care, schools, public health, non-profit, faith, law enforcement, and more

It is our hope that when community members in crisis are outside their health care system, our community is equipped to embrace and support them.

## SUICIDE WINNEBAGO OUTAGAMIE CALUMET

### LEAD

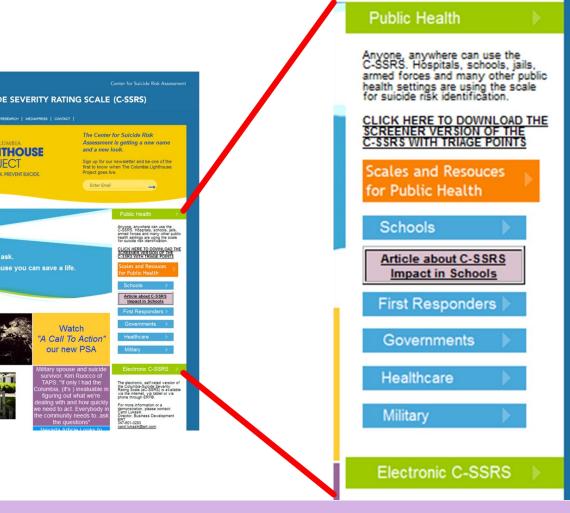


Leadership and organizational commitment are essential for culture change.

#### What can be done in the community?

- Lead by example in order to get buy-in and foster support for community philosophy shift.
- Have leaders from academia, health care, non-profit, schools, law enforcement, business, and public health driving projects forward and bringing the conversation back to their organizations as a
- Have all organizations step back, assess themselves, and ask:
- Do we have a culture that inhibits suicidal thinking or actions?
- . Do we have policies that support staff who may be experiencing a crisis?
- What policies and procedures do we have in place that can support the philosophy shift?

### IDENTIFY



Address standardized screening and assessment, which is traditionally done in the clinical setting.

#### What can be done in the community?

Severity Rating Scale or C-SSRS.

health care provider.

 Screening can be done by professionals in the community, including law enforcement, case workers, and school personnel, with the Gold Standard for Screening: The Columbia- Suicide

. Many county mental health staff have been trained using the Columbia screening tool, why not all health and human services

staff? Why not all social workers? Public health nurses? Law enforcement personnel? School teachers and counselors?

. A positive screen should route the person in need to the proper

Action plan—three workgroups:

### ENGAGE



Empower the client or patient (and family) to identify ways they can control a crisis situation.

#### What can be done in the community?

Community members can promote available resources to be utilized and supported. For example, the National Suicide Prevention Lifeline should be visible and in the hands of anyone

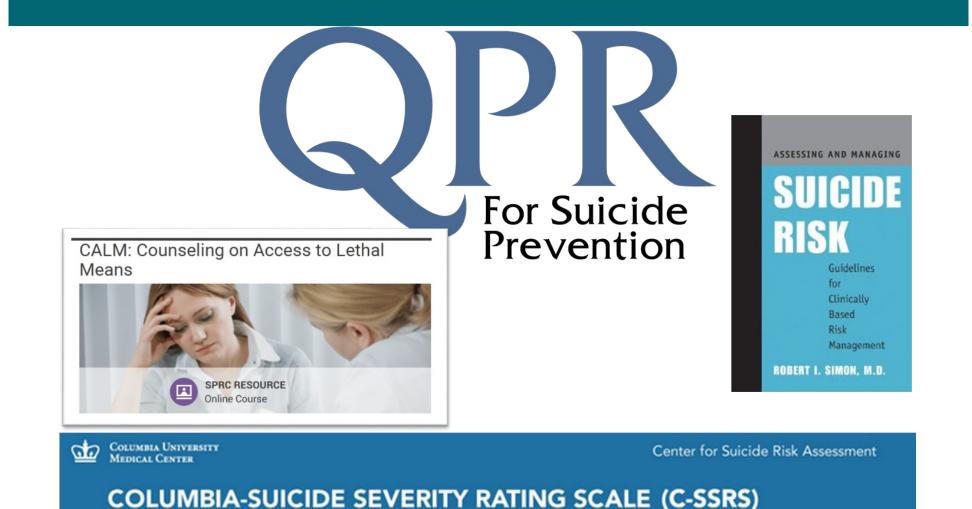
who might need it. Promote lethal means restriction efforts such as gun locks, safe storage education, and holding weapons during a crisis.

Provide education about keeping homes safe.

permanent sites at local pharmacies or police stations.

Encourage family support and communication. Promote drug drop boxes: single day take-back efforts and

#### TRAIN



Build skills in appropriate audiences and support workforce development.

#### What can be done in the community?

- Provide and promote QPR (Question, Persuade, Refer) suicide prevention training.
- Train appropriate audiences to use the Columbia-Suicide Severity Rating Scale to improve patients' access to care—whether it be crisis, respite, hospital, or clinic.
- Provide and promote Youth Mental Health First Aid trainings.
- Ensure clinicians have access to CALM and AMSR (Assessing and Managing Suicide Risk) trainings.
- . Many of these trainings are supported by Mental Health America of Wisconsin.

#### TREAT



Use effective, evidence-based treatment; interpreted as effective, evidence-based interventions or programs in the community.

#### What can be done in the community?

- Promote evidence-based suicide prevention programs
- Health Care: Zero Suicide in Health Care and Behavioral Health http://zerosuicide.sprc.org/
- Worksite: Working Minds http://workingminds.org/
- Faith: The Role of Faith Communities in Suicide Prevention http://www.sprc.org/sites/default/files/migrate/ library/2010FaithLeaderGuideBookweb.pdf
- Schools: Preventing Suicide: A Toolkit for High Schools http://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf

### TRANSITION

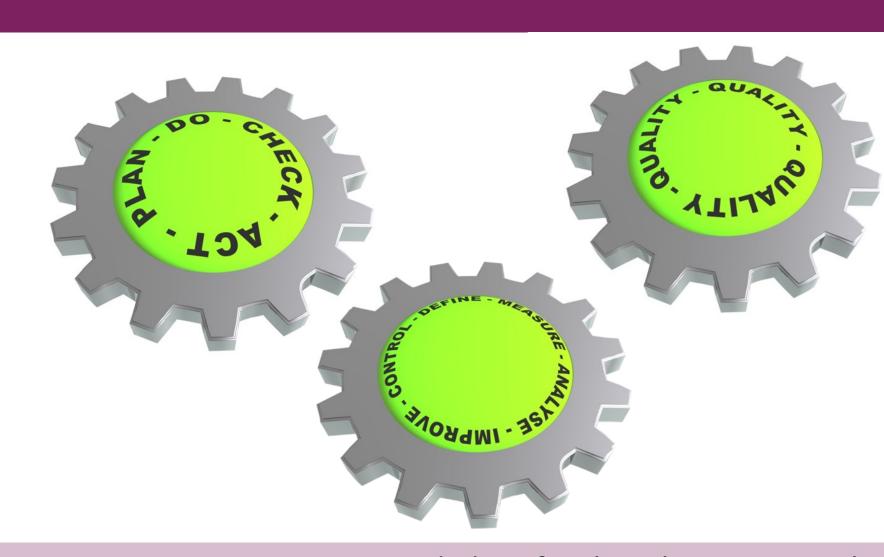


Provide appropriate follow-up care.

#### What can be done in the community?

- Make the community a welcoming place for a person to come
- back to after treatment from a health care system. Implement policies and programs to support survivors, people i
- crises, and people who are healing.
- Reduce stigma, not only in the broad sense, but considering re-entry into the workplace, faith community, school, and community after treatment.
- Support families and caregivers.
- Transition is not always easy, and that's ok! Support people takir time to find their new normal as an individual, family, team, cohort, organization.

### IMPROVE



Examine current processes and identify what changes to make to achieve better results.

#### What can be done in the community?

- Become a data repository. This should include both outcome data (such as the number of suicides per quarter or year) and process data (what we are doing to affect change on our numbers of
- Support data collection and analysis for partners in our community. One key example of this is a Workforce Survey our health care systems conducted.
- Provide data findings back to the community.
- Become a Technical Assistance resource for all of the sectors involved (e.g., Health Care, Schools, Worksites, non-profit, etc.).

## Timeline for Implementation

### Fall 2014

#### **SETTING THE STAGE** for collaborating on suicide prevention

Initially called "Collaboration on Suicide"; Current, active partners include: **Appleton School District Boys and Girls Club of the Fox Valley Calumet County** Catalpa Health **Center for Suicide Awareness CHAPS Academy** City of Oshkosh **Community for Hope** Family Services **Kimberly School District** 

N.E.W. Mental Health Connection

NAMI Fox Valley Neenah School District Outagamie County Health & Human Services' Mental **Health Division** Outagamie County Public Health Prevent Suicide Fox Cities Retired police officer Retired psychologist and Lawrence University professor Samaritan Counseling ThedaCare Winnebago County Health Department Winnebago County Human Services

### Spring 2015

ZERO SUICIDE COALITION FORMED: created a logic model and action plans eering Committee attended Zero Suicide Academy. Pursued grant opportunities. Finalized action plans. ogic model: identified target populations (10-24 year old youth and 45-64 year old men)

- 1. Data & Evaluation: evaluate current community efforts, create universal reporting form, and collect and analyze data.
- Objective: Identify gaps in prevention/intervention efforts reaching target populations. 2. Communication Plan and Awareness Campaign: spread community awareness about suicide prevention.
- Objective: identify successful messaging campaigns specific to suicide prevention, identify marketing tools, and identify possible funding sources.
- 3. Integration of Zero Suicide Philosophy and Efforts: engage primary care providers and mental health agencies in Zero Suicide implementation.

### Winter 2015

#### LINKING ZERO SUICIDE ELEMENTS TO COMMUNITY PREVENTION EFFORTS Split into two subcommittees:

- 1. Behavioral Health Providers and Health Systems: Provider agencies began using the Zero Suicide Workforce Survey (adapted to use online) to identify gaps in staff training and skills related to suicide treatment and care.
- 2. Community Group (including public health, non-profits, community members): Began collaboration with Prevent Suicide Fox Cities to host symposiums with Dr. Sally Spencer-Thomas of the Carson J. Spencer Foundation. This group also began editing the Zero Suicide Organizational Self-Assessment, but realized that the traditional Zero Suicide model does not work for community-based efforts. Community group decided to focus on education, training, supporting leadership, and awareness. The group also began researching evidence-based practices to bring to

our communities.

## Spring 2016

#### IMPLEMENTING AND EDUCATING ON ZERO SUICIDE ELEMENTS IN THE COMMUNITY

- Dr. Sally Spencer-Thomas presented on Suicide Prevention in the Workplace and Men's Mental Health. Began sending Weekly Digest emails to members with relevant news articles, research, and upcoming
- Changed focus of the Community Group to align efforts within the Zero Suicide philosophy using the seven elements of Zero Suicide.
- Increased coalition attendance to the Zero Suicide Academy. Created new logo and started tracking presentations on our efforts to community and statewide conferences.

#### Presented Zero Suicide philosophy and seven elements to MCH Learning Community participants.

### Summer 2016

ero Suicide Workforce Survey (adapted online as a Google form for agencies to use) mmunity educational speakers listing

rearm Safe Keeping Locations document fe-Guard Your Home guide

CREATE AND DISTRIBUTE RESOURCES

