Our Journey Toward Zero Suicide and Medication Assisted Treatment

The Mental Health Center of Greater Manchester
What’s the buzz from bill…

• The “Why” behind The MHCGM Zero Suicide Initiative

• SUDs & Special Vulnerabilities

• MAT at MHCGM

• What is Zero Suicide

• The MHCGM Path into Zero Suicide
You ask: Why Zero Suicide??

Suicide prevention is everyone's business.

National Suicide Prevention Month
September 2018
AAS365.org
#AAS365#Bethere
Why Zero Suicide and MAT?

• Our Mission and Guiding Values & Principals

• Identified as a priority on the MHCGM Strategic Plan.

• It’s the right thing to do.

• Enhancing staff to advance their comfort and competence in working with high risk individuals.

• The data!
• In 2016, nearly **45,000** suicides were reported to the CDC, making suicide the **10th** leading cause of death for Americans.

• Nearly 50% of people who die by suicide saw a healthcare provider in the previous 30 days. (Opportunity to intervene!)

• 95% of people with MI/SUDs do not die by suicide, but 90% of individuals who die by suicide have MI/SUDs (Risk factors: 1: depression, 2: Alcoholism).
In NH:

- Suicide rates have increased by 48% since 1999,
- The 3rd largest increase in the country. (Growing problem)

In the USA:

- 135 people are affected for every 1 death by suicide
  (Suicide affects nearly everyone in some way)
2016 NH Data

All ages suicide rate in NH 2016:

- 235 Total
- 173 male, 62 Female
- <24 = 28
- 25 – 44 = 76
- 45 – 64 = 78
- 65+ = 52
2016 NH Data – Cont’d.

NH:
• For every homicide there are 10 suicides

USA:
• For every homicide there are 2 suicides
2016 Youth Suicide Rates in NH

- 28 total
- 21 male, 7 female
- 12 were less than 17 years old
- 16 were 20 – 24 years old
- 14 were from gun shot wound
- 13 were from hanging/asphyxiation
- 1 was from drug/poison
Suicide and Substance Use

- 1,456 current open cases at MHCGM have active co-occurring disorders

- Youth are at 75% greater risk for suicide when using substances than when not using.

- 1 in 4 people who die by suicide are found to be intoxicated.

- New data suggesting some OD’s may in fact be suicides
Suicide & Substance Use Disorders

• Folks with SUDs are highly vulnerable to suicide:
  • Trigger depression
  • Creates disinhibition
  • Compounds life’s problems / consequences of addiction
    • Legal, Financial, Housing, Family
  • Snuffs out hope
  • Painful emotions - without drugs
  • Clear mind = increased ability to carry our suicide
  • People with Alcohol Use Disorder are 6x more likely to die by suicide than the general population
1 in 4 of those who die by suicide are intoxicated at the time of their deaths

afsp.org
Medication Assisted Treatment

Medicated-Assisted Treatment (MAT) is:

• Use of FDA-approved medications

• In combination with counseling and behavioral therapies

• Providing a “whole-patient” approach to the treatment of substance use disorders.
MAT – Cont’d.

• MHCGM now:
  • Vivitrol (or Naltrexone):
    • non-addictive opioid antagonist that blocks the effects of other narcotics;
    • daily pill or monthly injection.
  • Office based
  • Dual Disorder Capability Scale
  • Subsequent Improvement Plan
MAT – Cont’d.

Next: Harm reduction/ safe use

• Naloxone

• Suboxone (Buprenorphine)

• Sublocade (Buprenorphine/sub-q/extended-r)
What is Zero Suicide??

• **Foundational belief is:** that suicide deaths for individuals under the care of health and behavioral health systems are preventable.

• **Zero Suicide:** Is an aspirational challenge with a practical framework for system-wide transformation toward safer suicide care.

• **Dedication:** to improving patient safety
What is Zero Suicide – Cont’d.

For health care systems, this approach represents a commitment:

• To patient safety, the most fundamental responsibility of health care

• To the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients
What is Zero Suicide – Cont’d.

• **Zero Suicide implementation requires:**
  
  • **Transformative change** that is not borne solely by the practitioners providing clinical care.
  
  • **System-wide approach** to:
    • Close Gaps
    • Improve outcomes close
Elements of Zero Suicide

…And BTW most importantly…..

Zero Suicide is a call to relentlessly pursue a reduction in suicide and improve the care for those who seek help.
Core Elements of a Zero Suicide System

- Leadership-drive, safety-oriented culture
- Date-driven quality improvement approach
- Systematic assessment of suicide risk level
- Effective, evidence-based care
- Continuing contact and support
- Pathways to care
- Competent workforce
Path to Zero Suicide

• Zero Suicide identified as priority on Strategic Plan

• Sent a team of 7 staff to Zero Suicide Academy November 2017 representing all areas of the Center
Path to Zero Suicide – Cont’d.

• CEO Announcement
  • Declaring Zero Suicide a priority

• Formed Implementation Team
  • Diverse group of staff, clinical, non-clinical, lived experience/peers
Path to Zero Suicide – Cont’d

• Surveyed staff on their knowledge and comfort managing suicide (92% return rate)
  • Clear policies: Only 60% agreed
  • Training from MHCGM on Suicide management: 42%
  • Training on risk assessment ever: 43% (direct care staff)
• Identified role-based areas of training
• Identified priority areas/ gaps in service (Swiss cheese phenomena)
Home
Welcome to the MHCGM Staff Portal

Our Guiding Values and Principals

- We treat everyone with respect, compassion and dignity.
- We offer hope and recovery through individualized, quality mental health services.
- We provide evidence-based, culturally responsive, and consumer/family focused care.
- We support skilled staff members who work together and strive for excellence.
- We pursue partnerships that promote wellness and create a healthy community.
Zero Suicide Training Links

Safety Planning Training Section:


**Planning Guide**

[Safety Planning in Children's MH Agency](http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm) (Video)

[Safety Planning in Emergency Room Evaluation with Adolescent](http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm) (Video)

[Safety Planning in School Guidance Setting](http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm) (Video)

CALM (Counseling on Access to Lethal Means online course)


Columbia Suicide Severity Rating Scale training (C-SSRS):

Path to Zero Suicide – Cont’d

- Caring Contacts
  - Intensive Transitions Team
  - Mobile Crisis Response Team
    - Imbedded with first responders
- Developed a Guide for Families of those experiencing suicidal thoughts
- Standardization of education materials
Path to Zero Suicide – Cont’d.

Number of staff trained so far:

- **Foundations of Zero Suicide** (Clinical staff): 135
- **CONNECT** (Risk detection and referral for non-clinical): 86
- **Safety Planning**: 174
- **CALM**: 120
- **Next Priority**: Columbia (C-SSRS) training and implementation
Path to Zero Suicide – Cont’d

• Modification to EMR
  
  • To identify those at risk who are on a Suicide Care Pathway
  
  • Changes to clinical forms to ensure risk is assessed at every encounter
Path to Zero Suicide – Cont’d

Present EHR Developments:

• CCSA (Comprehensive Core Standardized Assessment)
  PHQ 3/9/A
• Herth Hope Scale
• Child Hope Scale
• Safety Plan (Translated into top 4 languages)
• After Hours Warning (Alert)
Path to Zero Suicide – Cont’d

Future:

• Risk Console - Dashboard of client risk

• MHCGM will be a Suicide Safe Zone

• MHCGM will work to spread this culture to our partners
DON'T FAN THE FLAMES OF DESPAIR. IGNITE THE SPARK OF HOPE INSTEAD.

-DOE ZANTAMATA

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