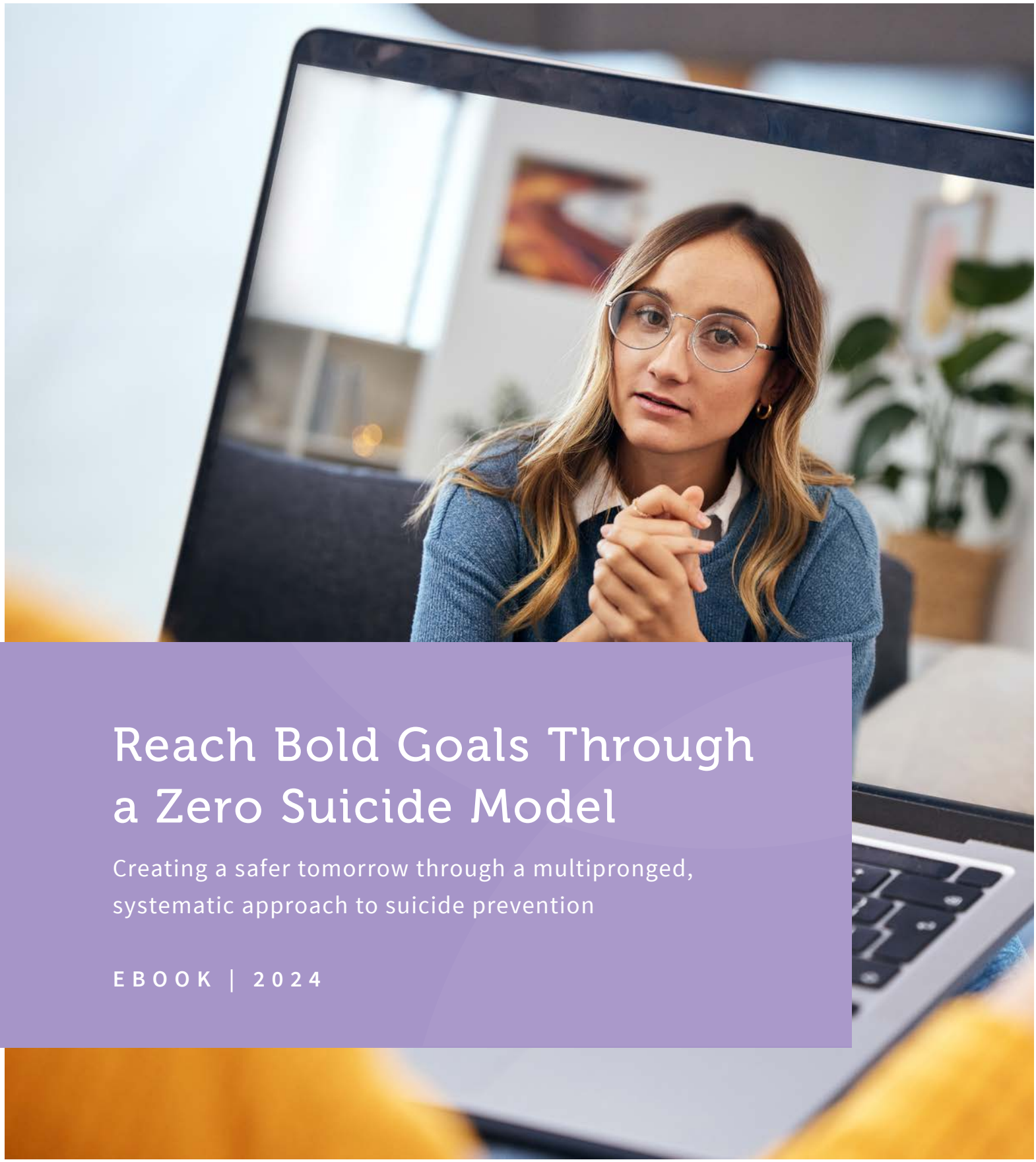


Reach Bold Goals Through a Zero Suicide Model

Creating a safer tomorrow through a multipronged, systematic approach to suicide prevention

EBOOK | 2024

array

The nation's leading virtual therapy & psychiatry practice.

About

This interactive eBook explores the story of how the Zero Suicide Model emerged as a strategy to combat suicide, which is a leading cause of death in the United States. We will uncover real life use-case scenarios and detail how Array implements Zero Suicide in its own practice to improve care and save lives.

Explore three areas of focus:

Zero Suicide Model

This approach aims to reduce suicide rates to zero across the healthcare ecosystem by emphasizing standardized screening to identify at-risk individuals. Increasing touchpoints or opportunities to connect individuals to mental healthcare can boost levels of access to timely interventions – potentially saving lives.

History and Implementation

In the early 2010s in the United States, the growing sentiment among the public health community was that suicide prevention was a collective responsibility. The U.S. Department of Health and Human Services (HHS) and The Joint Commission played key roles in promoting and integrating the Zero Suicide Model into the standard delivery of care. Research has shown a link between standardized screening and identifying more individuals at-risk of suicide and decreasing suicidal behaviors.

Telepsychiatry's Role

Telepsychiatry, provided by Array and others, supports the Zero Suicide Model by expanding access to psychiatric care. By facilitating timely psychiatric assessments, patients are connected to appropriate levels of care. Expert-led support with triaging and disposition decisions can relieve the burden of responsibility on urgent care staff, who are often at the front lines of the mental health crisis. Telepsychiatry is a crucial component in identifying and assisting those at risk of suicide.

Table of Contents

With suicide a **leading cause of death** in the United States, federal agencies have been sounding the alarm for decades about this public health issue.

Sadly, stats still show high rates of mental health concerns among children, teens, and adults of all ages. According to data from the Kaiser Family Foundation, about 23% of adults nationwide experience a mental health crisis within a 12-month period. In 2023, a survey by the CDC found that 40% of high school students reported persistent feelings of sadness or hopelessness.

In 2022, an estimated 13.2 million adults seriously thought about suicide and 1.6 million attempted suicide. We are currently in an "unprecedented" mental health crisis.

Suicide is preventable and standardized screening can be a critical step to identifying those at risk. Many individuals lack access to the care they need. In 2023, 2.7 million people felt they could have benefited from mental health treatment but did not receive it.

People who survive suicide attempts may experience long-term effects on their health that incur ongoing healthcare costs. When individuals die by suicide, the tragic loss of life affects loved ones, families, and communities – causing prolonged grief and possible symptoms of anxiety and depression. Beyond these important emotional and physical outcomes, suicide incurs significant societal economic costs.

Risk factors may include depression, family history, or the presence of guns and other firearms in the home. But suicide does not discriminate and can affect individuals of all genders, ages, and ethnicities.

Based on these concepts, the Zero Suicide Model is targeting a bold goal of reducing suicide rates to zero across the healthcare system. By increasing access to mental healthcare in hospitals, communities, and homes through technology and other resources, there is the potential to save thousands or even millions of lives.

This eBook explores how and why the Zero Suicide Model was developed and the role that telepsychiatry can play in helping meet its ambitious goals. Reaching Zero Suicide will require an all-hands-on-deck commitment, meaning health care staff – including primary care providers, community practitioners, and urgent care staff – should feel equipped and empowered to screen for suicide.

A brief history:

How the Zero Suicide Model emerged

Early 2000s

Grant-funded suicide prevention initiatives for youth – such as screening, community partnerships, and initiatives to identify at-risk youth – may have temporarily led to fewer suicide attempts and deaths in populations reached. When grants ran out, the observed reductions in suicide did not carry forward.

2010

Following a sentinel event, the Joint Commission sounded the alarm on the importance of frontline providers recognizing signs of suicide in patients who present to them for care.

2019

In a drive to redouble its efforts, The Joint Commission revised its National Patient Safety Goal for suicide prevention – integrating the Zero Suicide Model and universal, evidence-based screening of all behavioral care patients as a core element of its accreditation process.

1990s

The strategy for addressing suicide emphasized increasing public awareness and reducing the stigma for mental health care. The good news: In recent years, stigma around recognizing and seeking care for mental health has significantly decreased.

2007

The Joint Commission, an independent organization that certifies healthcare organizations and programs, introduced the National Patient Safety Goal for suicide prevention.

Early 2010s

Addressing suicide prevention is viewed as a collective responsibility among leading agencies. The U.S. Department of Health and Human Services (HHS) promotes the Zero Suicide Model as part of a national suicide prevention strategy.

2021

A study found that, when implemented in outpatient mental health clinics, the Zero Suicide Model was associated with lower suicidal behaviors in patients.

According to a 2022 New York State-based study of Medicaid claims involving suicide attempt or intentional self-harm, 97% had visited healthcare services in the year prior.

A 2021 study of 110 health clinics implementing Zero Suicide policies identified **seven best practices** most associated with reduction in suicidality.

Three related to administration included:

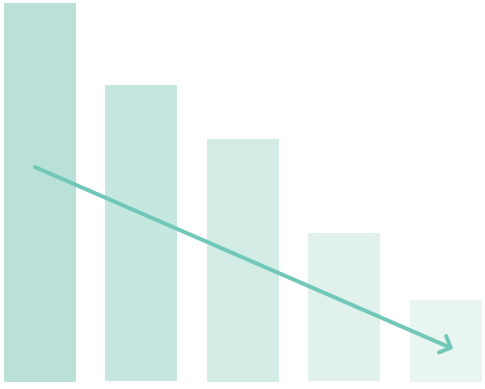
- Leadership
- Training
- Measuring outcomes and conducting quality improvement

Four related to suicide care included:

- Suicide screening and risk assessment
- Use of systemic suicide care protocols including safety planning and means reduction
- Evidence-based treatment to address suicidal thoughts and behaviors
- Provision of support during care transitions and follow up for acute care

In the year after implementation of Zero Suicide policies, several preliminary small-scale studies have demonstrated an approximate

70% reduction in suicide deaths



The gap in care that can leave individuals vulnerable

The Zero Suicide Model has gained traction among public health agencies and other organizations and received funding for implementation from the Substance Abuse and Mental Health Services Administration (SAMHSA). The direction from public health experts and advocates is that primary care providers should be encouraged to ask patients about depression and suicide.

Increasing research has emphasized the importance of suicide screening for prevention. Suicide screening is the process of identifying individuals who may be at risk for suicide and determining if they need further assessment and care. Stats on outcomes to ED visits clearly show a gap – those at risk of suicide may not present with or seek support for mental health concerns. According to a 2014 study:

Over 60%
of individuals made primary care and medical specialty visits without mental health diagnoses in the year before death by suicide.

1 in 5
patients who would go on to take their own life visited the ED in the four weeks prior to their death.

Over 85%
of individuals who died by suicide did not have experience with a psychiatric hospitalization before death.

One study found screening all emergency department (ED) patients, regardless of the reason for their visit, doubled the number of patients identified as being at risk for suicide. This could lead to the yearly identification of an estimated over 3 million additional adults at risk for suicide.

> **"Suicide screening needs to become a part of routine primary healthcare, like listening to someone's heart."**

Mark Alter, MD, PhD
Senior Vice President and Chief Medical Officer of Acute Care with Array

"There has historically been discomfort among general healthcare providers in asking questions about suicide. Or there is an assumption that because someone is smiling or appears emotionally positive when they are being seen, they are not at risk of suicide," said Dr. Alter.

A combination of approaches has shown promise in decreasing suicides including: training more primary care physicians and other healthcare professionals in identifying depression and suicidality, creating pathways active follow-up care, and restricting means.

According to Alter, it's important to dispel the persistent myth that speaking to the topic of suicide raises its likelihood. "We must get to a point where healthcare providers are screening everyone quickly and escalating when appropriate to access support from behavioral care specialists," said Alter. "If hospitals can simply mandate Zero Suicide policies, staff learn by practicing that the outcomes are more positive than they may have expected or that their fears around asking about suicide are not realized."

Reducing the burden on hospitals with **telepsychiatry**

While the implementation of Zero Suicide policies is a positive step, it can impose additional burdens on hospitals, healthcare providers, and clinics. This resource will detail how Array clinicians are actively embracing universal suicide screening as an integral component of delivering high-quality care. Efforts at addressing suicide in all patient encounters are intended to connect individuals to the care they need and to uncover concerns that may not be immediately apparent.

As a partner to hospitals, Array supports in meeting Joint Commission requirements by following the Zero Suicide model. This shifts the burden from urgent care and inpatient staff, allowing them to focus on other critical priorities. As mental health professionals, Array clinicians excel in building therapeutic relationships with patients and gathering essential information from friends, family members, and caregivers to inform care.

When an individual is identified as being at risk for suicide, the clinician will ensure their immediate safety needs and promptly notify onsite staff. The clinician will assist in providing care and safety recommendations and, when appropriate, inform the family. Clinicians are also available for reassessment at intervals determined by the established level of risk.

When discharging a patient to an outpatient setting, an Array clinician will:

- ☑ **Collaborate** with the patient on safety planning strategies and provide access to resources
- ☑ **Offer** counseling on reducing access to lethal means
- ☑ **Communicate** necessary interventions to onsite staff

Array clinicians document patient interactions, safety plans, risk assessments, interventions, and communication with onsite staff at partner sites to ensure consistency and collaboration. Through virtual care at home, Array can remain available to support patients through difficult moments.

Additionally, Array's quality team will closely monitor the effectiveness of policies and procedures related to suicide prevention, including the screening, assessment, and management of at-risk individuals across care settings. The data collected will inform targeted clinician training and drive the continuous improvement of suicide prevention and risk reduction strategies.

Array's model for **hospital care**

More than half of U.S. counties lack access to a psychiatrist who could link vulnerable or at-risk individuals to appropriate therapy and medication management. Unable to access psychiatric care in their communities, patients often present to already crowded hospital emergency rooms where they can wait hours or even days for behavioral care.

When they arrive at the hospital, anyone who presents with mental health struggles should be screened for suicide and access to firearms. These are obvious candidates for screening, but it is also good clinical practice to screen all patients with mental health and even physical concerns to better understand their risk profile.

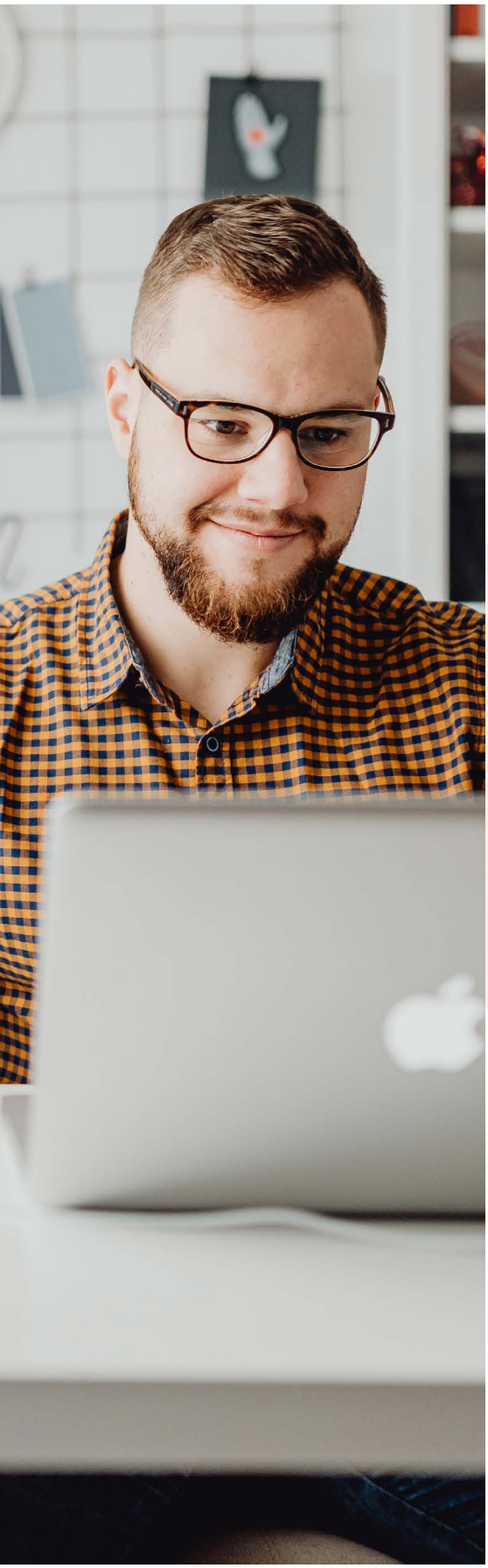
Telepsychiatry with a partner like Array expands access in the ED to standardized, psychiatric-led, patient-centered behavioral care, which can:

Identify who needs to be admitted to in-patient hospital care and who can be sent home with access to resources – supporting both the patient and the hospital operations.

Expand behavioral care programs at larger, well-resourced hospitals with higher demand for psychiatrists.

Provide effective care in cost-effective ways at smaller hospitals, without requiring that full-time staff be hired.

"We can help relieve the burden on hospitals to address the urgent mental healthcare crisis by taking on something that we do well and that helps the whole system function better," said Dr. Alter. "Using evidence-based standards of behavioral care, we can ensure that only the people who need the inpatient care are the ones admitted and those who are deemed safe to discharge are sent home with a safety plan in place. Better identifying and triaging patients can reduce strain on the urgent care, hospital, and inpatient systems."



Array's model for **healthcare clinics and at home**

When it comes to outpatient care – either at a health facility or at home – suicide screening is built into every clinical visit and is part of training with all partners. Screening is initiated at the start of each patient visit and is also implemented if the clinician has cause to believe there may be a false negative on a suicide screening or for any other reason.

"Suicide screening is such an important part of our evaluation because it is a core responsibility of all mental health professionals."

Shane W. Rau, MD, PhD
Medical Director for Measurement and Outcomes with Non-Acute Care and a telepsychiatrist with Array

"Someone receiving treatment with Array will never go through a visit where suicide is not addressed in some way because people sometimes just don't automatically feel comfortable telling you if they're feeling that way," said Dr. Rau.

By normalizing conversations around suicidality and self-harm, screening can help reduce the shame a patient may be experiencing to admit those thoughts, says Dr. Rau.

"It's a structure that you put in place to help the clinician and the patient not feel as stigmatized about having that discussion," added Rau. "That way, talking about suicide is just a part of the regular process. The other critical piece is standardizing the response a patient receives based on that screening."

Array implements **evidence-based and lifesaving screening model**

Across the continuum of care – from hospital to community to home – Array ensures individuals receive the appropriate levels of assessment and treatment. For those returning home post-discharge, Array provides close and continuous access to support for difficult moments and to address lingering suicidal thoughts.

All individuals treated by an Array clinician are screened for suicide risk using the PSS-3 (Patient Safety Screener), a brief three-question tool designed for quick assessment in acute care settings. If the PSS-3 indicates risk, clinicians conduct a more detailed evaluation using the ESS-6 (ED-Safe Patient Secondary Screener). These tools, selected for their efficiency and validation in emergency settings, ensure that each patient receives appropriate and thorough risk assessment and intervention. For youth aged 12 or under, the ASQ (Ask Suicide-Screening Questions) tool is used to identify suicide risk.

If an individual receives a positive result (indicating that they may have suicidality at that time), an additional screening is implemented. The ESS-6, or ED-Safe Patient Secondary Screener, enables risk stratification to better understand what next steps, treatment measures, or precautions should be taken.

A positive ESS-6 screening prompts the Stanley-Brown Safety Planning Intervention, "a brief, collaborative intervention between the clinician and the suicidal individual that aims to mitigate acute risk."

While these processes are standard, they aren't implemented mechanically. The clinician and care staff's expertise and judgment can still be critical to addressing patients' wellbeing.

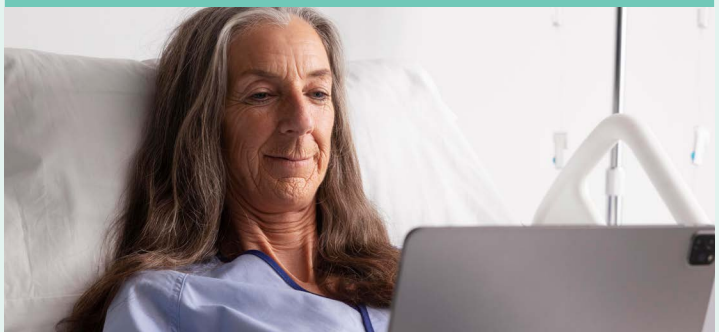
A case study:

"I think we saved a life that day."

As an example, Rau tells the story of a patient with Array who was waffling on one of the questions in the PSS-3. When asked by clinic nursing staff if they had any thoughts of suicide in the past two weeks, the patient indicated "maybe" – which didn't trigger the two "yes" responses required for a positive screening to instigate further interventions.

The nursing staff communicated concerns to the Array clinician, setting off another screening. Eventually, the patient admitted they had a plan in place for self-harm and as a result were connected to in-patient care. "I think we saved a life that day," said Rau.

"This individual was so grateful that we asked again, that we took the rating scale seriously, and that there was a person on the other end thinking critically about the response they were receiving. It wasn't just something being entered into a spreadsheet because the clinician could see what was going on with that patient that day, and knew the score wasn't quite right," said Rau.



Back to **Top**

Array as a **partner and ally** in suicide prevention

"With Array as a partner to hospitals, when we do send a patient home, we remain available and are here to support. The access to care across settings is a huge thing in terms of increasing continuity and consistency. Mental wellbeing can fluctuate and having accessible touchpoints for behavioral care can support improvements and longer-term goals."

Mark Alter, MD, PhD
Senior Vice President and Chief Medical Officer of Acute Care with Array

Timely Interventions

Through telehealth, Array offers timely assessments with psychiatrists and psychiatric nurse practitioners who can assess medical needs and create treatment plans when the urgency of suicidality presents. Rather than placing the burden on primary care providers and emergency staff to manage behavioral care treatment, a consultative partner like Array can help effectively connect to care.

Collaboration

Collaborating with hospital and primary care providers enables Array to determine the level of support an individual has access to through their communities – informing disposition decisions and preventing unnecessary hospital readmissions.

Support

Beyond the walls of a hospital, patients can feel supported in having difficult conversations around feelings of despair and intentions of self-harm. Across all treatment paths, screening for these provides buffers to guide treatment and potentially save lives.

Summary

Standardized suicide screening provides opportunities for opening the conversation on mental health with patients – whether their concerns are physical or mental. Alongside expanded access to mental healthcare in hospitals, communities, and homes, countless lives can potentially be saved.

The historical evolution of the Zero Suicide Model shifted the approach to prevention to emphasize a shared responsibility among all healthcare providers. A collective commitment is essential to achieving its goals. Normalizing conversations around self-harm and suicide through screenings can play a role in reducing the likelihood of suicide.

One of the challenges is the burden placed on hospitals, clinics, and healthcare providers, who are often overwhelmed with demand for behavioral care. Telepsychiatry, like the services provided by Array, offers an avenue for more individuals to reach high-quality, psychiatric-led behavioral care.

Array partners with hospitals and clinics to provide:

- A consistent approach and evidence-based screening model
- Compassionate and standardized behavioral care
- Timely assessments and treatment plans for patients in crisis
- Expertise to inform treatment paths and safe disposition decisions
- Connections to follow-up care and support

Are you a healthcare or hospital leader interested in learning more?

Connect with Array today on your needs and we can chat through possibilities. With Array by your side, access thoughtful, customized **solutions designed exclusively for your organization.**

Get In Touch ›