An Organizational Approach to Suicide Safer Care

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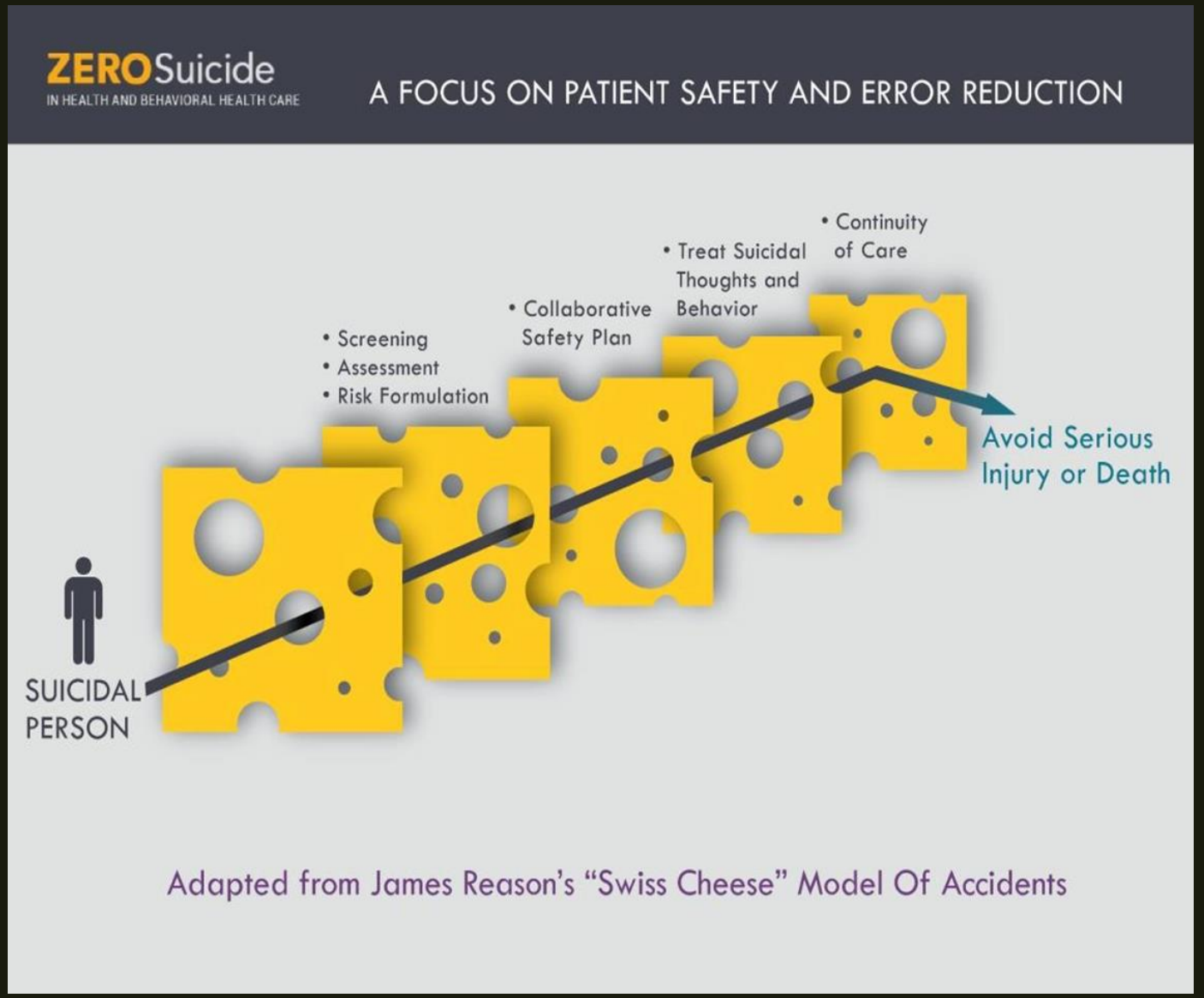
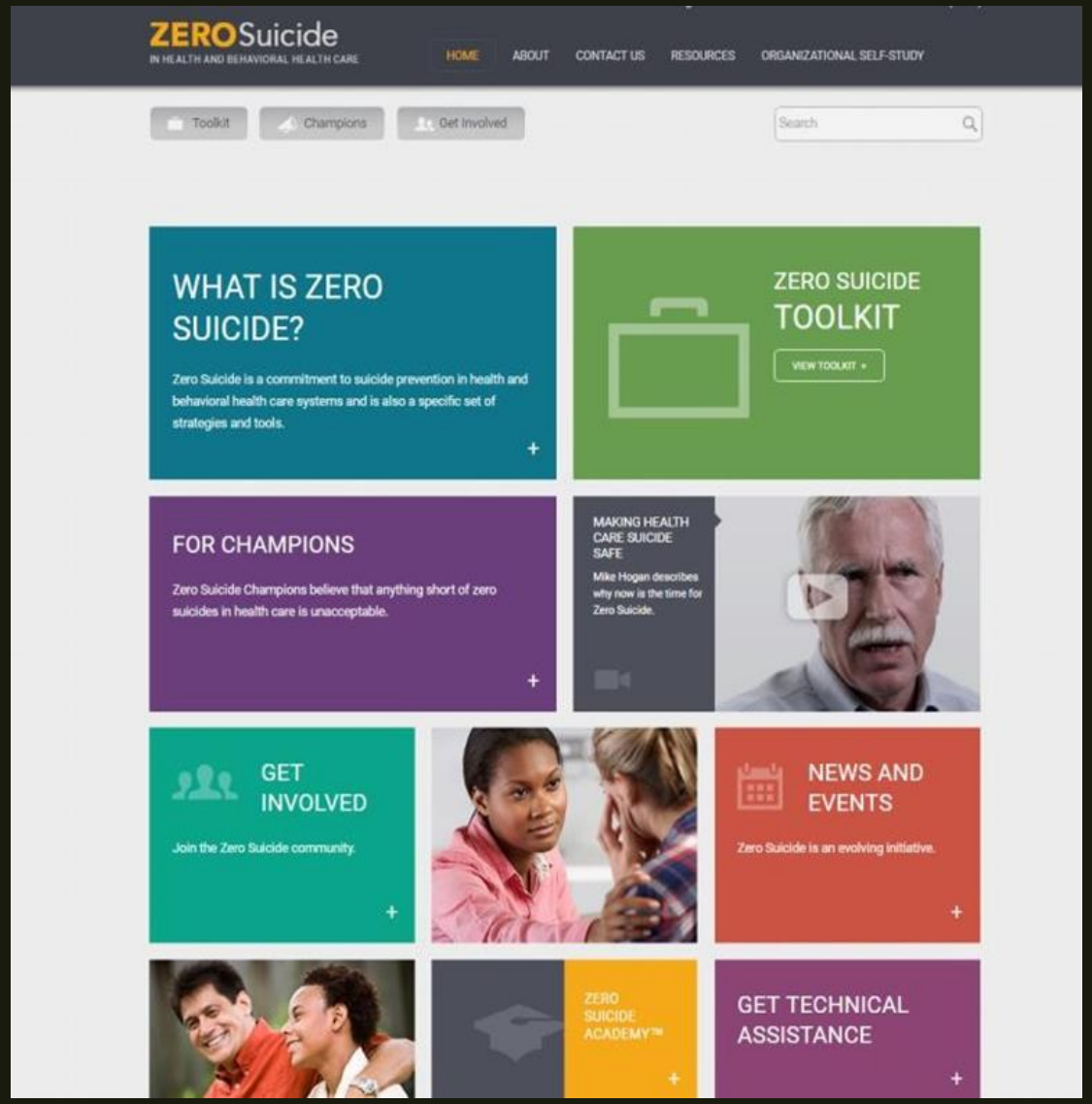
Patient Safety and Error Reduction



Zero Suicide



Access at:

www.zerosuicide.com

Providers, of all disciplines work to improve the health of others, and often sacrifice their own well-being to do so.

Systemic barriers and stigma can discourage self-care and help-seeking behaviors among workers, physicians in particular.

Suicide is the 10th leading cause of death in the United States overall.

Rates a particularly high among

physicians and healthcare providers.

Most people with mental illnesses are untreated or inadequately treated—and physicians are no exception.

ACU project did not go to a residency program…..

It is estimated that 300 physicians die by suicide each year, that is almost one a day

Past to Present

- For more than 150 years, it has been known that physicians have an increased propensity to die by suicide.

- A recent meta-analysis of 54 studies examined the prevalence of depression and depressive symptoms in physicians across decades.
  - *15.8% increase in depressive symptoms during the first year of residency, across all specialties and countries of training.*
  - *Over the course of training, 20.9% to 43.2% of residents reported depressive symptoms, with symptoms increasing over time.*

Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis.*Mata DA, Ramos MA, Bansal N, Khan R, Guille C, Di Angelantonio E, Sen SJAMA. 2015 Dec 8; 314(22):2373-83*

Medical Students and Residents

Suicide is the second leading cause of death among individuals age 10-34.

- The average age of matriculating medical students in 2017–2018 was 24.[1]

20% of medical residents meet criteria for depression

74% meet criteria for burnout

27.2% of medical students exhibit depressive symptoms, yet only 15.7% percent sought treatment.

28% of residents experience a major depressive episode during training,

- versus 7–8% of similarly aged individuals in the U.S. general population.

Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis.*Rotenstein LS, Ramos MA, Torre M, Segal JB, Peluso MJ, Guille C, Sen S, Mata DAJAMA. 2016 Dec 6; 316(21):2214-2236*

Physicians who died by suicide were less likely to be receiving mental health treatment than non-physicians who died by suicide…

…even though depression was found to be a significant risk factor at approximately the same rate in both groups.

Details on suicide among US physicians: data from the National Violent Death Reporting System. *Gold KJ, Sen A, Schwenk TL Gen Hosp Psychiatry. 2013 Jan-Feb; 35(1):45-9*

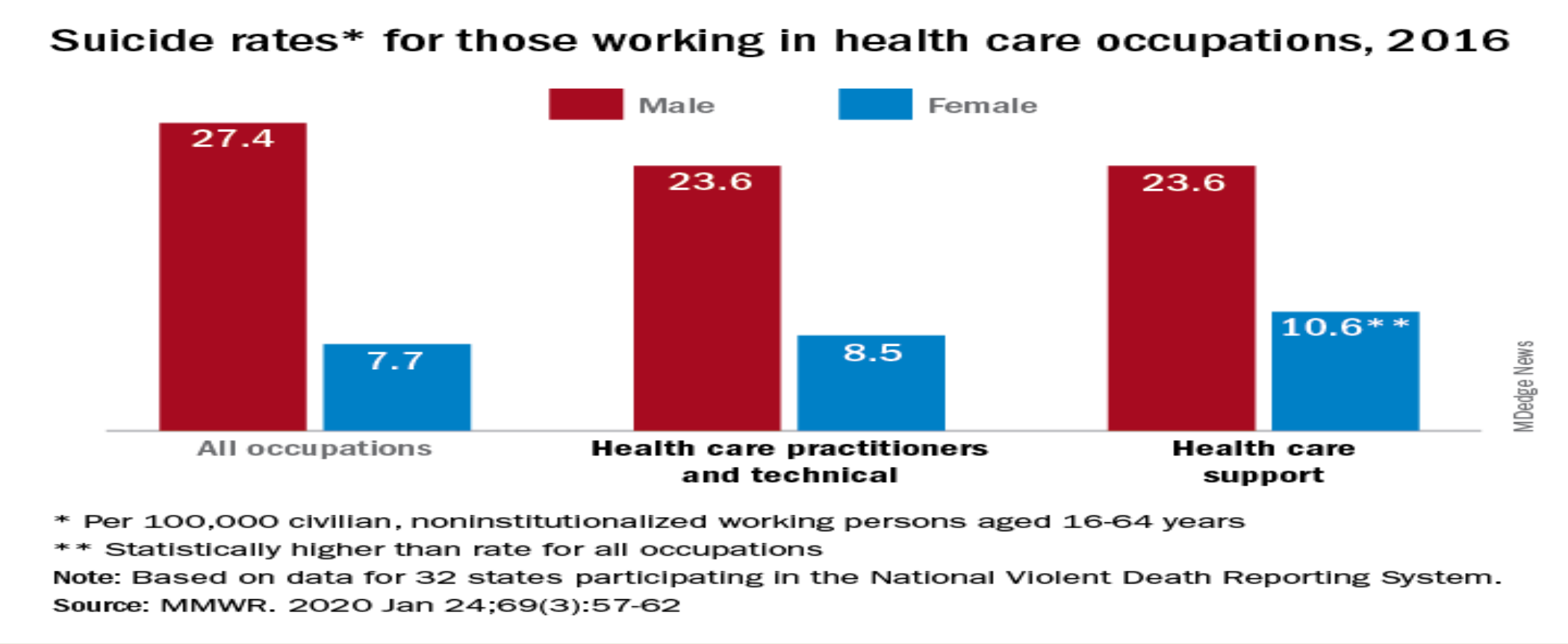
Sharing the Information

“ The news of her suicide was sent in an email to the department……We all went about our business as if suicide by a young colleague was usual…and in a way it is “

Suicide Among Nurses

- In July 2019 suicide among nurses was reviewed for the first time in 20 years.
- High rates of depression and anxiety
- Medications most common for women and guns for male nurses
- Female nurses are 23% more likely to die by suicide than women in the general population

Suicide Higher Among Those in Healthcare



Many barriers impede access to mental health care across the demographic spectrum.

- Physician suicide is poorly understood
- Despite training, physicians can struggle to identify depression and mental illnesses
- Stress and distress can be normalized in physician culture and training
- Lack of social support among peers, sometimes due to competition
- Stigma in the medical condition
- Physicians are less likely to receive routine medical care
  - *25% of physicians have no primary care provider[1] - Confidentiality concerns*
- Mental health issues seen as a weakness
  - *Shame, fear being outed by peers, reputation, fears of impact on medical licensure- seen as a weakness*

Center C, Davis M, Detre T, Ford DE, Hansbrough W, Hendin H, Laszlo J, Litts DA, Mann J, Mansky PA, Michels R, Miles SH, Proujansky R, Reynolds CF 3rd, Silverman MM. JAMA. 2003 Jun 18; 289(23):3161-6.)

Healthcare Team Members

- Are likely to experience burnout
- Are less likely to seek help
- Are at the front lines , between patient care and providers, systems

Suicides of two health care workers hint at the Covid-19 mental health crisis to come

By WENDY DEAN / APRIL 30, 2020

An ER doctor who continued to treat patients after she recovered from Covid-19 has died by suicide

By Taylor Romine, CNN

Updated 2:53 PM ET, Tue April 28, 2020

INCREASED SUICIDE RISK DURING COVID-19

Organizational Response

- Most do not include training on suicide safer care never mind suicide among staff
- Organizations do not ask employees specifically or do not train managers in how to respond
- Perhaps somewhere in an HVA is a place for staff suicide response ? Ties in with what communities are doing…..
- Zero suicide often does not include staff or human resources
- Is your EAP specifically aware of and trained in evidence based suicide care?
- The best response is one that is planned beforehand

Management Training

- .” As a workplace manager, you play a significant role in creating a culture of health that includes supporting the mental as well as physical health of your workers. You are also well-positioned to notice if your employees are struggling with overwhelming issues that may prompt warning signs that they are considering suicide. While it is not always easy to approach the topic of suicide with an employee, by recognizing and acting on these signs, you can help the employee find professional assistance to become healthier, happier and more productive”

HealthSolutions Advocate

Give Managers a Guide

- Know the Warning Signs
- Often, people considering suicide feel overwhelmed by stressful situations such as financial or legal pressures, a loss of a relationship, marital dispute, or a chronic illness. Or, they may have a history of depression or another mental health disorder.
- Whatever the underlying reason, people who are considering suicide often give hints about their intentions through comments to co-workers, or display certain behavior changes.
- Be alert to the following warning signs: • Talking about wanting to die or end their life • Making comments like "There's really no reason for living" "Soon you won't have to worry about me" and "Who cares if I'm dead, anyway?" • Changes in behavior or mood, such as sadness or de pression; uncharacteristic withdrawal; neglect of work or appearance • Suddenly talking about funeral preferences or making a will • Giving away favorite possessions • Looking for ways to end their life, such as buying or borrowing a gun
- Reach Out – Act Quickly
- There is no foolproof way of knowing that someone may be thinking of taking his or her life. However, if you become aware of the threats of suicide or notice the warning signs, you should act quickly to approach the issue with the employee. Approaching the employee with concern, support and understanding can have an impact on their willingness to receive professional help.
- Here's what to do: • Reach out to the person. Meet privately. Ask how he or she is doing. Give them time to share their tho ughts and listen without judging. • Mention that you have noticed changes in the person's behavior or how you became aware of their possible intenti ons. Ask if they have thoughts about ending their life. • Show your concern, but don't ask about their personal problems or offer advice. Offer hope that with appropriate support, there is help for their problem. Mention that you are not trained to help them but that they have access to Health Advocate EAP+Work/ Life Licensed Counselors who are trained experts in helping with personal problems. • Get them to agree to accept help by talking with an EAP Counselor and to not hurt themselves. • Mention that you will protect their privacy, but don't promise confidentiality. Say you will only share information as necessary to protect their safety.

HealthSolutions Advocate

Questions Employers Don’t Often Answer- A Barrier for Those in Need

- "Will my employer have access to my counseling records?"
- "Will a diagnosis hinder my chances for a promotion?"
- "What will this cost?"
- "Who will know if I use the employee assistance services provided by my workplace?"
- "What does counseling entail? What should I expect?"

Training Considerations / Tips

- Avoid “one and done”
- Existing vs. new employees
- Trainings for specific jobs (billing, human resources)
- “One size” does not fit all
- Train the trainer-how to maintain fidelity ?
- Consider training “modules” –combine with EMR training
- What would a successful training program look like ? How would we measure success ?

Training as Organizational Approach

- List all Departments and job titles – engage senior leadership
- Why should I care if my staff are trained – specific examples for areas such as billing or maintenance
- Infrastructure to track training efforts
- How does training get reinforced?

Suicide Safer Care-Systems Approach

- Top to bottom and bottom to top
- Suicide safer care is not a project or a program
- Need a population approach – two populations
- Quality improvement, safety , emergency preparedness, technology , performance evaluations
- Measure – metrics
- Who is a champion and why do we need them ?
- Tell providers/staff what is expected

Culture of Wellness

- Bringing up on clinical supervision
- Entrance into organization
- Wellness on daily computer messages
- Lifeline on entry with HR
- Benefits that encourage wellness
- Suicide is a word we say……
- Offer education opportunities

Times for Intervention

- Suicidal statements
- Facebook posts
- Information from collaterals
- Practice at staff meetings……

Postvention

- Think about it BEFORE
- Staff and patient suicides
- Fold into crisis response
- Separate support from review
- Reviews are not punitive, learning process
- Support for friends/family

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