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Articles

Hogan, M. F. & Grumet, J. G. (2016). **Suicide prevention: An emerging priority for health care**. *Health Affairs, 35*(6), 1084-1090.
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Suicide is the tenth leading cause of death in the United States, and the rate has been rising. In recent years, new treatment and management strategies have been developed, tested, and implemented in some organizations, but they are not yet widely used. This article examines the feasibility of improving suicide prevention in health care settings. In particular, we consider Zero Suicide, a model for better identification and treatment of patients at risk for suicide. The approach incorporates new tools for screening, treatment, and support; it has been deployed with promising results in behavioural health programs and primary care settings. Broader adoption of improved suicide prevention care may be an effective strategy for reducing deaths by suicide.
Rid84769

Large, M., Ryan, C., Carter, G., & Kapur, N. (2017). **Can we usefully stratify patients according to suicide risk?** *BMJ Practice, 359.*
Suicidal patients; patients who present to health services with suicidal ideas, self-harm, or suicide attempts; and patients who present as significantly distressed or mentally ill can be challenging to manage. Doctors are often advised to use suicide risk assessment to help them decide management plans. A wide variety of risk factors have been implicated in the stratification of potentially suicidal patients. Despite the ubiquity of advice to use suicide risk assessment in clinical practice, there is no evidence that these assessments can usefully guide decision making. All patients with suicidal thoughts or behaviours, should be offered evidence-based therapies for the treatable problems associated with suicide, such as substance misuse disorder and depression. The overwhelming majority of people who might be viewed as at high risk of suicide will not die by suicide, and about half of all suicides will occur among people who would be viewed as low risk.
Rid84770

Mokkenstorm, J. K., Kerkhof, A. J. F. M., Smit, J. H., & Beekman, A. T. F. (2018). **Is it rational to pursue zero suicides among patients in health care?** *Suicide & Life Threatening Behavior, 48*(6), 745-754.
Suicide prevention is a major health care responsibility in need of new perspectives. This study reviews Zero Suicide, an emerging approach to suicide prevention that embraces the aspirational goal of Zero Suicides among patients treated in health care systems or organizations. Zero Suicide is gaining international momentum while at the same time evoking objections and concerns. Fundamental to Zero Suicide is a multilevel system view on suicide prevention, with three core elements: a direct approach to suicidal behaviours; continual improvement of the quality and safety of care processes; and an organizational commitment to the aspirational goal of zero suicides. The rationale and evidence for these components are clarified and discussed against the backdrop of concerns and objections that focus on possible undesired consequences of the pursuit of zero suicide, in particular for clinicians and for those who are bereaved by suicide. It is concluded that it is rational to pursue zero suicides as an aspirational goal, provided the journey toward zero suicides is undertaken in a systemic and sustained manner, in a way that professionals feel supported, empowered, and protected against blame and inappropriate guilt.
Rid84772

Pisani, A. R., Murrie, D. C., & Silverman, M. M. (2016). **Reformulating suicide risk formulation: From prediction to prevention**. *Academic Psychiatry, 40*, 623-629.
Psychiatrists-in-training typically learn that assessments of suicide risk should culminate in a probability judgment expressed as "low," "moderate," or "high." This way of formulating risk has predominated in psychiatric education and practice, despite little evidence for its validity, reliability, or utility. This study presents a model for teaching and communicating suicide risk assessments without categorical predictions. It proposes alternative risk formulations which synthesize data into four distinct judgments to directly inform intervention plans: 1. risk status (the patient's risk relative to a specified subpopulation), 2. risk state (the patient's risk compared to baseline or other specified time points), 3. available resources from which the patient can draw in crisis, and 4. foreseeable changes that may exacerbate risk.
Rid84773

Stapelberg, N. J. C., Sveticic, J., Hughes, I., Almeida-Crasto, A., Gaee-Atefi, T., Gill , N., Grice, D., … Turner, K. (2020). **Efficacy of the Zero Suicide framework in reducing recurrent suicide attempts: Cross-sectional and time-to-recurrent-event analyses**. British Journal of Psychiatry, 219(2), 427–436.
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To evaluate the effectiveness of the Zero Suicide framework, implemented in a clinical suicide prevention pathway (SPP) by a large public mental health service in Australia, in reducing repeated suicide attempts after an index attempt. This paper demonstrates a reduction in repeated suicide attempts after an index attempt and a longer time to a subsequent attempt for those receiving multilevel care based on the Zero Suicide framework.
Rid84774

Turner, K., Sveticic, J., Almeida-Crasto, A., Gaee-Atefi, T., Green, V., Grice, D., … Stapelberg, N. J. C. (2021). **Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework**. *Australian and New Zealand Journal of Psychiatry, 55*(3), 241-253.
Request from Library
The Zero Suicide Framework, a systems approach to suicide prevention within a health service, is being implemented across a number of states in Australia, and internationally, although there is limited published evidence for its effectiveness. This paper aims to provide a description of the implementation process within Gold Coast Mental Health and Specialist Services and describes some of the outcomes to date and learnings from this process.
Rid84780

Turner, K., Stapleberg, N., Sveticic, J., & Dekker, S. (2020). **Inconvenient truths in suicide prevention: Why a Restorative Just Culture should be implemented alongside a Zero Suicide Framework**. *Australian and New Zealand Journal of Psychiatry, 54*(6), 571-581.
The prevailing paradigm in suicide prevention continues to contribute to nihilism regarding the ability to prevent suicides in healthcare settings and a sense of blame following adverse incidents. In this paper, these issues are discussed through the lens of clinicians' experiences as second victims following a loss of a consumer to suicide, and the lens of health care organisations. The current use of algorithms to determine culpability following adverse incidents, and a linear approach to learning, ignores the complexity of the healthcare settings and can have devastating effects on staff and the broader healthcare community. These issues represent 'inconvenient truths' that must be identified, reconciled and integrated into our future pathways towards reducing suicides in health care. The introduction of the Zero Suicide Framework can support the much-needed transition from relying on a retrospective focus on errors to a more prospective focus that acknowledges the complexities of healthcare, when based on the Restorative Just Culture principles.
Rid84782

Zero Suicides in Care Implementation: Recommended Reading

Turner, K., Stapleberg, N., Sveticic, J., & Pisani, A. (2021). **Suicide risk classifications do not identify those at risk: Where to from here?** *Australasian Psychiatry*. Advance online publication. doi: 10.1177/10398562211032233
Request from Library
Letter to editor, no abstract
Rid84783

Layman, D. M., Kammer, J., Leckman-Westin, E., Hogan, M., Goldstein Grumet, J., Labouliere, C. D., … Finnerty, M. (2021). **The relationship between suicidal behaviors and zero suicide organizational best practices in outpatient mental health clinics**. *Psychiatric Services*. Advance online publication. doi: 10.1176/appi.ps.202000525
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This study tested the hypothesis that fidelity of clinics to Zero Suicide (ZS) organizational practices is inversely related to suicidal behaviors of patients under clinical care. Using cross-sectional analyses, the authors examined the fidelity of 110 outpatient mental health clinics to ZS organizational best practices and suicidal behaviors of clinic patients in the year before a large-scale Zero Suicide implementation. The findings support an association between clinics' use of ZS organizational best practices and lower suicidal behaviors of patients under their care. Findings also support the validity of the ZS Organizational Self-Study instrument.
Rid84021

Richards, J. E., Simon, G. E., Boggs, J. M., Beidas, R., Yarborough, B. J. H., Coleman, K. J., … Ahmedani, B. K. (2021). **An implementation evaluation of 'Zero Suicide' using normalization process theory to support high-quality care for patients at risk of suicide**. *Implementation Research and Practice, 2*.
Using a key informant interview guide and data collection template, researchers who were embedded in each health care system cataloged and summarized current and future practices supporting the Zero Suicide (ZS) model, including, (1) the function addressed; (2) a description of practice intent and mechanism of intervention; (3) the target patient population and service setting; (4) when/how the practice was (or will be) implemented; and (5) whether/how the practice was documented and/or measured.
Rid84792