

# The Zero Suicide Mindset

restoring  
wellbeing  
through

**Contact**

‘No one should die alone, in despair, by suicide.’

(Jan Mokkenstorm, 113 online NL)

This quote arose from 20 nationwide encounters with mental health system leaders across the Netherlands, shaping the Zero Suicide Mindset.

In light of outstanding results from Prof Ed Coffey and his Ford Health Care Detroit leadership team, pursuing a system wide performance improvement drive for ‘perfect depression care’ 75% service improvement drove the suicide death rate to zero in three years. The ambitious project applied systems leadership culture change by visible service improvement championship at every level.

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If suicide is preventable (WHO, 2014), then care systems are responsible for suicide prevention results (Atlanta, IIMHL 2015)

The US National Action Alliance for Suicide Prevention Frameworks paper (2011), noted decades of Herculean efforts by individual clinicians & suicide prevention activists, while lamenting piecemeal, stop-start leadership efforts from systems of care.

Since 2012 the US Suicide Prevention Resource Centre (SPRC) has provided Zero Suicide Leadership Academy training to more than 60 health system leadership teams (including one NI HSC Trust).

# The Zero Suicide Mindset

Just Care Culture = Zero blame +100% Accountability

Serious Adverse Incident review evokes clinician dread.

Fear-based work cultures generate repeated mistakes, resulting in patient deaths. Transforming the fear zone to a learning culture will drive down suicide deaths in health care systems.

System-wide sustainable learning is only possible within a just and integrated work culture.

Where people feel trusted and supported by leadership, early alert systems, good training and standardised checklists can mitigate most human error. Just care requires championship.

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Competent, Caring, Confident Health Care Workforce

A first step when creating a 'suicide safer' health care workplace for staff and patients is the 'Workforce Preparedness Survey'.

Typically less than 50% of the workforce within pioneering Zero Suicide early adopter care systems report confidence when routinely faced with suicide risk assessment and treatment intervention planning.

# The Zero Suicide Mindset

## Screening, Safety Planning & Continuity of Care

Essential suicide prevention care planning includes:

1. Screening for low, moderate and high suicide risk.
2. Support service provision ensuring low to moderate risk inclusion and continuity of care at crisis point.
3. Safety planning routinely seeks engagement with safe adult / patient's loved ones.

# The Zero Suicide Mindset

Lived experience in service leadership & design

People bereaved by suicide have a long established influencing role in suicide prevention.

More recently, the role of suicide attempt survivors and people suffering from episodic suicidal ideation are finding their way to suicide prevention leadership and service design influencing roles.

Both forms of lived experience are essential guarantors to mitigate clinician privileged isolation.

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Zero Suicide Resources:

Zero Suicide Symposium, 11<sup>th</sup> Nov, Belfast, Titanic Ctr

[www.no-more.co.uk](http://www.no-more.co.uk)

[www.zerosuicide.sprc.org](http://www.zerosuicide.sprc.org)

[www.davidcovington.com/zshome/](http://www.davidcovington.com/zshome/)

[www.contactni.com](http://www.contactni.com)