Creating a System of Safety: Healthcare System and Communities Working Together

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Edwin D. Boudreaux, PhD
Emergency Medicine, University of Massachusetts Medical School

Celine Larkin, PhD
Emergency Medicine, University of Massachusetts Medical School
Learning Objectives:

1. To improve understanding of systems-based suicide prevention approaches within healthcare organizations.

2. To explore ways that healthcare systems can work collaboratively with the communities they serve to improve suicide prevention approaches.

References:


Suicide In Massachusetts, 2003-2013
MA Dept of Public Health Data brief, Winter 2016

Preview: Suicide numbers in MA up again to 608 in 2014
Suicide In Massachusetts, 2013
MA Dept of Public Health Data brief, Winter 2016

- 585 Deaths by suicide
- 4,129 hospital discharges for self-inflicted injury
- 6,885 ED visits for self-inflicted injury

(Unknown quantity of untreated/undetected self-inflicted injury)
Hidden Risk: ED as an Example

- Suicide risk in ED patients presenting for medical disorders:
  - 8% current suicidal ideation
  - 12% past suicide attempt
  - 15% ideation or past attempt

- MANY OF THESE PATIENTS ARE NOT IDENTIFIED, AND, EVEN WHEN IDENTIFIED, NOT TREATED WITH BEST PRACTICES
Basic Principles of System Change

- Use continuous quality improvement
- Build clinical workflows that are clear and compatible
- Train, monitor, reinforce performance
- Build EHR tools to facilitate implementation
  - Templated screening tools
  - Alerts with Guidance
  - Patient and family information and resources
- Performance reporting
- Community engagement
  - Community providers
  - Patients and families
ED-SAFE 1:
Time Series Plot: Detection of Non-negligible Suicide Risk

System of Safety (SOS)

- SOS is a collaborative effort between UMMHC and UMMS to improve suicide prevention throughout the UMMHC.
- The basic principles of system change will be used to transform care and reduce suicide and suicide attempts.
- We will encompass all levels of care (ED, inpatient, outpatient), all five hospitals, medical and behavioral health patients, and adults and children.
- Includes engagement and collaboration with community.
Learning Objectives:

✓ To improve understanding of systems-based suicide prevention approaches within healthcare organizations.

2. To explore ways that healthcare systems can tap into the communities they serve to improve suicide prevention approaches
Transitioning to Community

- Those who present to care with suicidal behavior are at increased risk of future suicidal behavior (Carroll et al., 2014)
  - Estimated 1-year rate of non-fatal repeat self-harm is 16.3%
  - One in 25 patients presenting to hospital for self-harm die by suicide in the subsequent 5 years

- Transitions from hospital to community-based care incomplete
  - Of the adults who reported that they had attempted suicide in the past 12 months, 60% did not participate in any outpatient mental health visit (2008–2012 National Survey of Drug Use and Health)
  - Transition is a core component of the effective suicide prevention models
Repeated post-DC follow-up contacts may reduce suicidal behavior (Luxton et al., 2013)

- Caring letters, telephone contact, postcards
- These can be tracked and managed in the electronic health record
- Have been shown to be cost-effective (Richardson et al., 2014)

Organizational policies for safe care transitions
Memoranda of agreement with crisis services
Engaging the Community

- **Leverage partnerships with crisis hotlines** (recommended by NASMHPD, JC, and VA; Murphy et al., 2010)
  - Performance of crisis center volunteers is comparable to professional paid crisis center staff (Mishara et al., 2016)

- Meaningfully engage in community-based suicide prevention efforts
  - Sharing resources and experiences
  - Raising awareness in order to reduce stigma

- Find ways to make materials freely and easily available (toolkits)

- Incorporate voices with lived experience in practice and research
  - Service planning
  - Acceptability of interventions
Audience Challenge

• What are ways we can engage the community at a deeper level to prevent suicide?
• What barriers can we anticipate as we attempt to engage the community?
Engaging the Community

Challenges

- Healthcare settings are highly regulated and time-sensitive
- Healthcare professionals’ incentives, priorities, and experience may differ from those of the community
- Competing demands within healthcare system and from funding agencies
- It requires significant effort and time to build strong partnerships

Suicide prevention is everyone’s business

www.sprc.org/effective-suicide-prevention