Suicide Prevention through COA's Standards

July 19, 2016

Agenda

Project Overview

Types of Updates

Examples of Updated Standards

1. Project Overview

- Why did COA add suicide prevention standards now?
  - More definitive research findings (causes, interventions)
  - Change in societal attitudes (suicide can be prevented, focus on recovery)
  - Awareness that a comprehensive and coordinated approach to suicide prevention is required (extends beyond clinicians)
  - Attention and momentum at the national level

  - COA's takeaway:
    - COA accredited organizations serve many individuals at risk
    - COA can play a role in preventing suicide
    - Suicide prevention is an inherent component of *all* programs, not a stand-alone service

1. Project Overview

COA's standards development process

- Review of research literature, best practices, and policy recommendations
- Two panel meetings with subject matter experts to review updates
  - American Foundation for Suicide Prevention, Suicide Prevention Resource Center, National Suicide Prevention Lifeline, National Council for Behavioral Health
- Field comment period (July 15 – Aug 5, 2015)
- Internal COA staff review
- Standards updates published (October 7, 2015)
- Free webinar by AFSP and COA (Dec 1, 2015)
  - www.coanet.org > Trainings and Resources > An Introduction to Suicide Prevention: Key Facts, Best Practices, and How You Can Make a Difference

1. Project Overview

Updated sections of standards (Oct 7, 2015):

- Crisis Response and Information Services (CRI)
  - Crisis Intervention Services
  - Crisis Hotline Services
  - Information and Referral Services
- Counseling, Support, and Education Services (CSE)
  - Counseling and Support Services
  - Education and Support Groups
  - Information and Referral Services
- Services for Mental Health and/or Substance Use Disorders (MHSU)
  - Community-based services for diagnosable conditions
- Administrative and Service Environment (ASE)
  - Address: accessibility, emergency response preparedness, disease prevention, health, and physical safety
- Training and Supervision (TS)
  - Address: training opportunities and supportive supervision

2. Types of Updates

	ASE	TS	CSE	CRI	MHSU
Suicide prevention through screenings and assessments			✓	✓	✓
Suicide prevention through staff training (how to assess & respond)	✓	✓	✓	✓	✓
Safety Plan Intervention			✓	✓	✓
Care coordination & continuity of care				✓	✓
Peer support services for family members & attempt survivors			✓		✓
Supports for staff in the event of a suicide		✓	✓	✓	✓
Develop an organization-wide response plan to suicide events			✓	✓	✓

2. Types of updates: assessments

(FP) CRI 2.03

An ongoing, rapid risk assessment is conducted in a culturally responsive manner to determine:

a. if the individual is in imminent danger;
b. potential lethality including harm to one's self or others and risk for suicide;
c. the individual's emotional status and imminent psychosocial needs;
d. individual strengths and available coping mechanisms;
e. resources that can increase service participation and success; and
f. the most appropriate and least restrictive service alternative for the individual.

Interpretation: *To assess the risk for suicide among crisis hotline callers, staff should ask questions to learn if the individual is currently thinking of suicide, has thought about suicide recently, and/or has ever attempted suicide. An affirmative answer to any of these questions would require a comprehensive suicide risk assessment with the individual using an evidence-based suicide risk assessment tool.*

When an individual calling a crisis hotline is considered to be at imminent risk for suicide, staff should have a written protocol directing staff to: (1) practice "active engagement" to promote the caller's collaboration in securing his/her own safety, (2) use the least invasive intervention and consider involuntary emergency interventions as a last resort, and (3) initiate "active rescue" (i.e., immediately dispatching emergency rescue interventions with or without the callers consent) if the caller remains unwilling and/or unable to take action on their own behalf.

2. Types of updates: assessments

continued…

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c. the individual's emotional status and imminent psychosocial needs;
d. individual strengths and available coping mechanisms;
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f. the most appropriate and least restrictive service alternative for the individual.

Interpretation: *All programs should maintain an evidence-based suicide risk assessment protocol. All suicide risk assessment tools are required to include information related to the four core principles of: suicidal desire, capability, intent, and buffers/protective factors.*

2. Types of updates: staff training

TS 2.04

Direct service personnel demonstrate competence in, or receive training on, as applicable:

a. positive engagement with individuals and families receiving services;

b. the needs of individuals and families in crisis including recognizing and responding to mental health crisis and the special service needs of victims of violence, abuse, or neglect and their family members;

c. recognizing and responding to signs of suicide risk;

d. basic health and medical needs of the service population;

e. procedures for working with foreign language speakers and persons with communication impairments; and

f. public assistance and government subsidies.

Interpretation: *Mental Health First Aid (MHFA) is one way to prepare staff to recognize, understand, and respond to service recipients and colleagues experiencing a mental health crisis. Similarly, "gatekeeper training" programs prepare staff to recognize, interpret, and respond to signs of suicide risk.*

2. Types of updates: safety planning

CRI 6.01, CSE 4.04 (abbreviated), and MHSU 4.05

Interpretation: *A safety plan is a prioritized written list of coping strategies and sources of support that individuals who have been deemed to be at high risk for suicide can use. Individuals can implement these strategies before or during a suicidal crisis.*

A personalized safety plan and appropriate follow-up can help suicidal individuals cope with suicidal feelings in order to prevent a suicide attempt or possibly death. The safety plan should be developed once it has been determined that no immediate emergency intervention is required. Components of a safety plan include: recognition of warning signs, internal coping strategies, socialization strategies for distraction and support, family and social contacts for assistance, professional and agency contacts, and lethal means restriction.

2. Types of updates: continuity of care

(FP) MHSU 2.02

Prompt, responsive intake practices:

a. ensure equitable treatment;

b. give priority to urgent needs and emergency situations;

c. facilitate the identification of individuals and families with co-occurring conditions and multiple needs;

d. enable access to a comprehensive assessment process;

e. support timely initiation of services; and

f. provide for placement on a waiting list, if desired.

Interpretation: *Screening and intake procedures should direct staff on how to identify and respond to individuals or families experiencing emergency situations to ensure that they receive expedited treatment planning and are connected to more intensive services. For example, individuals discharged from emergency rooms or psychiatric inpatient facilities after a suicide attempt remain a high-risk group post discharge. To reduce the risk of suicide re-attempt, these individuals should be contacted within 24 hours, receive access to services within three to seven calendar days, and active outreach should be initiated in cases of a missed appointment until contact is made. Organizations should have the capacity to refer individuals in crisis to the appropriate services, which may include 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines.*

2. Types of updates: staff support

MHSU 13.02

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;
b. process and debrief following a crisis or traumatic event;
c. create an atmosphere of problem-solving and learning;
d. build and maintain morale;
e. provide constructive ways to approach difficult situations with service recipients; and
f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Interpretation: *The suicide attempt or death of a service recipient can be a traumatic experience for staff and appropriate supports and avenues for grief are often not provided. Staff may feel responsible for the individual's death, professionally inadequate, and ashamed. Individuals exposed to suicide can also be at elevated risk for suicide. To help staff process the loss of a service recipient to suicide, voluntary non-judgmental support services should be made available to help the affected staff and other personnel grieve and prepare for future contact with individuals at risk for suicide.*

2. Types of updates: organizational plan

MHSU 13.02

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;
b. process and debrief following a crisis or traumatic event;
c. create an atmosphere of problem-solving and learning;
d. build and maintain morale;
e. provide constructive ways to approach difficult situations with service recipients; and
f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Interpretation: *Before a crisis or traumatic event occurs, the organization should establish a coordinated plan detailing its organization-wide response strategy (see also ASE 7), in accordance with all applicable confidentiality laws and regulations. For example, response plans in the event of a suicide can include: procedures for managing information about the death, coordination of internal or external resources, supports for those affected by the death, commemoration of the deceased, and follow-up with anyone at elevated risk for suicide.*

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