

**Becoming better listeners:
One health care organization's experience of committing to the
Zero Suicide approach**

Kim Walton is chief clinical officer for behavioral health at Community Health Network (CHN) in Indiana. She spoke with SPRC Training Specialist Diana Weisner about CHN's system-wide Zero Suicide Initiative.

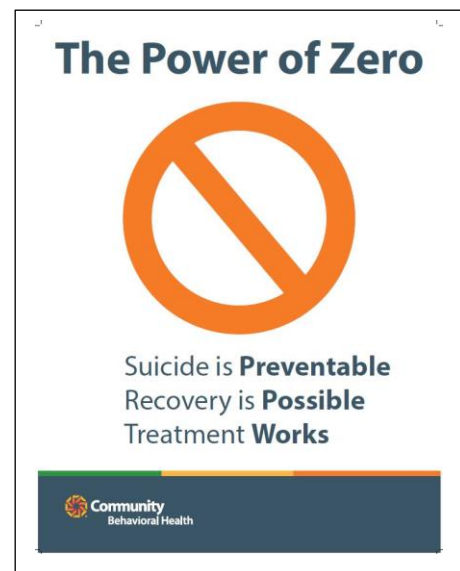


What made Community Health Network decide to implement the Zero Suicide Initiative?

We are fortunate to have a leader who is very passionate about suicide prevention and awareness. With her support, three of us from CHN's executive leadership team attended a [Zero Suicide Academy](#). That experience was pivotal for us and we came back to our CHN community to start the conversation about Zero Suicide. As staff began to share their own experiences with suicide, both professional and personal, it was clear that implementing a comprehensive suicide care initiative would fulfill a need for our professional staff and the patients we serve.

How did your initiative get underway?

We started with a Power of Zero kick-off in February of 2014. Power of Zero is a nationwide patient safety initiative, and we housed our Zero Suicide plans within this campaign. Multiple key stakeholder groups were invited to attend one of three sessions that day. Our invitees were from community mental health centers, schools, universities, law enforcement, and child welfare, as well as our internal Network leaders and our Behavioral Health Services staff. Zero Suicide initiatives then began to be implemented by all of our behavioral health teams – 25 programs representing our full continuum of care: Inpatient, outpatient, school-based, home-based, and residential.



What core elements of Zero Suicide has Community Health Network implemented?

Work teams have been established to address organizational culture, workforce development/training, pathways to care, and suicide assessment. All of our leadership staff were asked to sign a commitment to the Zero Suicide Initiative, and our entire clinical staff (over 600 individuals) has completed the [Counseling on Access to Lethal Means](#) (CALM) online training. We have implemented a reporting and tracking system for serious suicide attempts, and also closely track the suicide rate for those in our care. Our goal is full implementation in our behavioral health programs by the end of 2015. Early planning is underway to look at how we can spread Zero Suicide elements to our emergency departments and primary care practices.

How did you create support for the Zero Suicide Initiative at the leadership level?

Many professionals have been told that suicide is just an inevitable part of the behavioral health field: "That's how I was trained," we often heard. When conversations began around suicide being preventable in a realistic way, support for the initiative began to grow. We gathered volunteers from across our departments: from inpatient facilities to outpatient services, and even our IT department. Receiving support from across the departments was crucial, especially from our IT department for technology changes on our website and working with our electronic health records team.

What is the biggest benefit Community Health Network has seen to date?

It is amazing how many of our staff have been personally or professionally touched by suicide. Sharing those stories helped change the culture in our organization, taking suicide from something that happens to "other people," to something that can happen to their child, mother, grandparent, spouse, or friend. These shared experiences have garnered full commitment from our teams, which has most certainly been a benefit. We have become better listeners to those who speak about suicide, both individuals who are having suicidal thoughts and their friends and family members.

How have you overcome challenges Community Health Network has faced while implementing the initiative?

Our biggest challenges so far have been delays in updating our electronic health records database. We are working to rebuild it to support the practice changes we are ready to roll out.

What advice does Community Health Network have for a state government agency that wants to work with a nonprofit health care system to implement Zero Suicide?

Most state agencies have the advantage of data availability. Assessing the current state of suicide deaths and attempts and communicating to health care entities about the populations in highest need would be a first step to open doors. Questions to ask would be – is there already a health care system on the forefront in suicide awareness and prevention? Is there a natural relationship with a particular system, or a partnership that already exists? It is always easier to build on current positive relationships when possible. Funding availability can also assist in opening doors. We were very fortunate to partner with our state and apply for a Garrett Lee Smith suicide prevention grant.

Do you have any advice for health care systems interested in adopting the Zero Suicide approach?

Yes...Have patience! Don't try to do everything at one time. There is a feeling of "wanting it all yesterday" but taking time to build the foundation and then the infrastructure will ensure that all initiatives are integrated to make the experience smooth and easy for both the professional and the patient. It is crucial to find experts and resources to help your organization plan your implementation goals.

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Suicide Prevention Resource Center

Web: <http://www.sprc.org> | E-mail: info@sprc.org | Phone: 877-GET-SPRC (438-7772)