

'Suicide Deterrent System' Provides a Safety Net for Those with Mental Illness

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Written for Pilar Vargas, Prevention Division Director

When considering the people most at risk for suicide, a number of groups come to mind: Native Americans, veterans and active duty military, and lesbian, bisexual, gay and transgendered (LGBT) youth. But while all of these groups are at higher than average risk, the group at highest risk for suicide is individuals with serious mental illness (SMI). These people take their lives at a rate that is 6 to 12 times that of the general population.

Given this fact—and the concerning numbers of suicides among the people in the publicly funded behavioral health system—Magellan Health Services of Arizona partnered with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), Magellan's network of service providers, and other community stakeholders to form the Arizona Programmatic Suicide Deterrent System in 2009. What began as an initiative focused on training behavioral health staff to help the more than 20,000 members in the system with SMI has since evolved into comprehensive national model for driving the suicide rate to zero. This Deterrent System now provides a safety net to more than 80,000 adults and children in the behavioral health system in central Arizona.

Getting started

ADHS/DBHS and Magellan began by building a community collaborative to tackle the problem of suicide in the system of care. Leaders from many organizations formed a steering committee to provide support and guidance. The steering committee developed six essential tenets of the Arizona Programmatic Suicide Deterrent System:

- Providing training for *all* agency staff in suicide intervention and prevention using a national best-practice program: Applied Suicide Intervention Skills Training (ASIST)
- Ensuring the availability of attempt survivor support groups to supplement the care plan for those at risk for suicide
- Engaging family and natural supports to intervene at the outset
- Developing and implementing standardized approaches to clinical care and intervention, including risk stratification, accessibility, and follow-up
- Engaging/integrating community supports and resources
- Ensuring culturally appropriate approaches.

The work begins

From 2009 to 2011, the 12 largest behavioral health service agencies in central Arizona trained their workforce in best-practice ASIST. To date, more than 3,000 provider staff members have completed the two-day ASIST. Confirmed by multiple workforce surveys, the training has given participants the skills, knowledge, and self-confidence to identify and intervene with those at most risk of attempting suicide.

In the program's next stage, its leaders developed support groups for those who have survived a suicide attempt or who have persistent suicidal thoughts. Launched in 2011, attempt survivor support groups give participants the resources to help them manage situations when they have suicidal thoughts and to support their ongoing recovery. The groups are peer facilitated with clinical support from a licensed clinician.

A task team also developed Family Engagement Training in partnership with the National Alliance on Mental Illness. Conducted for providers, the training is now a part of new employee orientation. The task team also created a Family Engagement Packet to help the recipient's "family of choice" better understand the system and provide support.

In 2011, program leaders began the *Driving Suicides to Zero* initiative, which developed a clinical care and intervention model in partnership with the National Action Alliance for Suicide Prevention. The model's areas of focus include defining

levels of risk, identifying best practices for intervention, providing follow-up, and engaging and educating professionals and members.

The initiative leaders reviewed best practices, evidence-based research, existing tools in the community and elsewhere, and every day operations. From this, the group developed screening tools and guidelines for administering and scoring the tools for adults, adolescents, and children. It also developed risk assessments and processes for appropriate interventions. Many of the tools were adapted from the Harvard Medical School Guide to Suicide Assessment and Intervention and the Henry Ford Health System. Piloted in 2012, this clinical care and intervention model will launch system-wide in 2013.

Moving toward the goal of zero suicides

Through community collaboration, intensive education of mental health professionals, dedication of time and resources, and strong commitment, suicide intervention is now a priority. It is viewed as a “core mission” for the largest mental health service providers in central Arizona. But beyond this, mental health providers in the system now believe suicides are preventable—and can be driven to zero.

The Arizona Programmatic Suicide Deterrent System was highlighted in the four key priorities for the National Action Alliance for Suicide Prevention in 2012, in “Zero Suicide in Healthcare Systems.” Magellan has begun replicating the project with its public sector management contracts in Pennsylvania (five counties) and New York (central region).

To date, the program has received the following awards:

- Council of State Governments, Western Conference, 2012 Innovations Award winner
- National Council for Community Behavioral Healthcare, 2012 Award of Excellence in Service Innovation winner
- International Association of Suicide Prevention, 2011 Lee Award, Best Practices of Suicide Prevention award winner

Progress continues toward the goal of zero suicides. Since 2007, the suicide rate has fallen approximately 30% for members with serious mental illness and about 50% for members in the overall system. In 2013, we will continue to strengthen the Arizona Programmatic Suicide Deterrent System by focusing efforts on outreach, community integration, and culturally appropriate interventions to continue reducing suicide rates.

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