

EMAILED FROM DR. ALEXANDRA MURPHY AND MOLLY PARKER (3RD PAGE)

Hi all,

Thank you for including me today. I'm adding to Molly's email with some citations for the Zero Suicide initiative (usually used in hospitals) and community-based programs recommended by the American Foundation for Suicide Prevention.

I think it's helpful to consider approaches like the Zero Suicide Initiative and Mental Health First Aid as systems-level approaches that work to **1) identify those at risk, 2) empower employees/community members to use evidence-based approaches (safety planning + means restriction + caring contacts) to reduce risk in the short term, then 3) if necessary, refer to mental health providers for longer term care.** These approaches are important because they empower those who *already* have relationships with youth to screen for and reduce risk.

Zero Suicide

Overview of the model - the clinical trial data has not yet been published:

Labouliere, C. D., Vasan, P., Kramer, A., Brown, G., Green, K., Rahman, M., ... & Stanley, B. (2018). "Zero Suicide"—A model for reducing suicide in United States behavioral healthcare. Suicidology, 23(1), 22.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6022755/pdf/nihms965856.pdf>

This one describes the approach with a specific screening and management tool - CAMS - which is wonderful:

Jobes, D. A., Gregorian, M. J., & Colborn, V. A. (2018). A stepped care approach to clinical suicide prevention. Psychological services, 15(3), 243.

https://cams-care.com/wp-content/uploads/2020/05/A_Stepped_Care_Approach_Suicide_prevention.pdf

Community-based approaches from the American Foundation for Suicide Prevention

<https://afsp.org/community-programs>

Many of these do less to address gaps in mental health providers in a community, but instead train up existing community members / points of contact in suicide prevention tools.

Mental Health First Aid is a good example - Seattle Childrens offers free virtual courses as part of a research study:

<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/youth-mental-health-first-aid/>

Most of the research that has been done to date focuses on those receiving the training (improvement in knowledge & practice) and less about those with suicidality.

Morgan, A. J., Ross, A., & Reavley, N. J. (2018). Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. PloS one, 13(5), e0197102.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5979014/>

Let me know how else I can be helpful, best,

Lexa

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On Thu, Jan 28, 2021 at 1:51 PM Parker, Molly <mparker@jeffersonhealthcare.org> wrote:

Here is the website for zero suicide to their adolescent page: <https://zerosuicide.edc.org/resources/resource-database/responding-system-zero-suicide-nationwide-childrens-hospital-0>

There is a 3 minute overview for it: <https://www.youtube.com/watch?v=Tz75ShIQIdI>

As you may (or may not) know, with the AIMS program we're doing at JH, primary care is already screening all people age 12 and up at well visits, diabetes visits, chronic pain visits, and first prenatal and postpartum visits for depression with the PHQ2 or PHQ 9. Screening rates have gone up over the past 2 years that we have implemented this. And we do have some systems in place for positive responses but there are holes in our systems, especially for kids. And there is room to expand this. I love Jenny's comment about us all being in silos. I have no idea how to connect a kid in my office with a school counselor other than to give them the phone number. That does not seem very reliable. So I really look forward to working on this from all angles. Thanks!

Thanks!

Molly P.