

A Comprehensive Suicide Prevention Model for Healthcare Settings

NAMI Maine, working under contract with the Maine CDC, Injury Prevention Program, and in Partnership with the Maine Medical Association has delivered the training and technical assistance efforts for the Maine Suicide Prevention Program over the past 4 years. Working in concert with national recommendations and best practices, our goal is to support suicide prevention within a healthcare environment through the development of a system of care where:

- **Suicide prevention is a leadership supported initiative:** Leadership in the organization is engaged and supporting a best-practice approach to the identification and assessment of suicide risk as well as the management of care for a patient at increased risk for suicide.
- **Suicide Risk is recognized:** There are clearly articulated pathways to the identification of suicide risk, including depression screening, and behavioral flags in both inpatient, outpatient and primary care settings. All staff see suicide prevention as part of their role.
- **Suicide Risk Assessment is a standard of practice:** Suicide risk assessment is routinely done and documented using evidence-based structured instruments and treatment & management activities are correlated with the degree of assessed risk.
 - The Maine Suicide Prevention Program supports use of the Columbia Suicide Severity Rating Scale for assessment.
- **Safety Planning is done with patients at risk:** Collaborative Safety Planning, including lethal means restriction is done as a standard of care for all individuals assessed as at risk. The safety plan is one tool used to manage ongoing risk.
- **Follow-up contact with patients following intervention is a practice norm.** All individuals have confirmed follow-up contact actively managed within a defined time period following initial intervention or discharge, and access to appropriate outpatient services is supported.

How you can bring suicide prevention to your practice:

The work NAMI has been engaged in over the past 2 years includes working with individual practices to provide clinical and non-clinical training based on the needs of the group, to encourage and provide support for the development and implementation of protocols guiding suicide prevention, and to act as a trainer and TA consultant for supporting the effort. We have also been working with several larger healthcare organizations systems to implement these efforts within practices across their system.

Specific training opportunities include:

- Half-day suicide prevention protocol development training (best done with a small select team of clinical, administrative and managerial staff)
- Full day Suicide Prevention Gatekeeper training tailored to healthcare settings
- Half or full day Suicide Assessment training for staff working in clinical roles
- Shorter practice-based “lunch and learn” sessions targeting specific practices or groups of practices to bring knowledge and skills to the workplace setting.
- Technical support is available to practices developing and implementing protocols.

We recognize the impossibility of having a “one size fits all” approach to this work, so the specific details are tailored to the setting and the availability of resources in-house.

More information:

Greg Marley, LCSW Clinical Director, NAMI Maine: gmarley@namimaine.org - 207-622-5767

Dee DeHaas, Maine Medical Association: ddehaas@mainemed.com - 207-620-0608

