



Transcript of SPARK Talk on “Zero Suicide”
Speaker: Michael Hogan, PhD, Hogan Health Solutions LLC

We want to make health care suicide safe. This may sound like an idea that should have been taken care of a long time ago, but tragically it's not. We call our approach **zero suicide** in health care, and it's strange that health care hasn't really focused on people who are suicidal except perhaps in emergency departments or inpatient psychiatric units, but strangely also, the suicide prevention field hasn't focused very much on health care, and we've come to understand that healthcare isn't safe.

It was said years ago that **100,000** Americans died every year because of errors in the healthcare system. These are mostly what I would call errors of commission—a wrong medicine, or a failure to follow through on somebody who had just received treatment, but of the **40,000 Americans** who die by suicide every year, I think there are many preventable errors as well. They're errors of omission. We fail to ask. If we ask, we fail to stay with somebody who is concerned about hurting themselves through their moment of crisis. We don't follow up with them when they're in transition. We don't develop a personal plan that they and their family can use to keep them safe. This is not acceptable anymore. It's time to ask for health care to be made suicide safe.

Making health care suicide safe or working toward zero suicide in health care does look a little different in different sectors of healthcare. It's perhaps most important in mental health programs where many people do live with concerns about self harm, and where surprisingly not all mental health programs are set up to pay attention to suicidality to help people through difficult transitions, to stay with them for example after they've been in an emergency department or a hospital, to reach out and touch them during that transition.

A giant area of concern is primary care where half of the individuals who have died by suicide we know have seen a primary care physician in the last 30 days. For older men, this is a stunning 70% that is, almost $\frac{3}{4}$ of older men who die by suicide have seen a primary care physician in the last 30 days. Primary care operates on a very fast speed,—doctors don't have enough time to spend with people, so one of the things that is very important to improve suicide care in primary care is to begin to introduce behavioral health people like social workers, psychiatric nurses into primary care settings where they're available for the doctor to immediately set up a visit and where we can expect that good suicide care can also be provided.

And we believe that health care organizations like a hospital chains or integrated delivery systems as they're called, or Accountable Care Organizations should work to make themselves **suicide safe across** their whole continuum of care—from primary care to the emergency department to the psychiatric programs in inpatient units, a lot has to be done.

We've now built with the help of the Suicide Prevention Resource Center a website at www.zerosuicide.com that contains all the elements and tools that any healthcare organization would need to attempt this approach. So this is an approach whose time has come. The health care delivery system is where people are at risk, it's where people in many cases can be saved, and it's where we have to do more.

