
Gold Coast Health Journey to Zero

Initiative Type

Service Improvement

Status

Deliver

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<https://clinicalexcellence.qld.gov.au/improvement-exchange/gch-journey-zero>

Summary

Following a review of frameworks at a state, national and international level in Dec 2016, the GCMHSS implemented their Suicide Prevention Strategy 2016-2018. This strategy focused on a service-wide Zero Suicide framework approach to suicide prevention, the first of its kind for a public mental health service in Australia. This framework provides a vital systems approach to suicide prevention within a healthcare setting, with critical components including leadership instilling the

belief that suicide can be prevented in people under the care of a health setting, the enhancement of staff skills, attitudes and beliefs through high quality training; a pathway of care that identifies those at risk, the provision of enhanced assessment, treatment planning and risk formulation as well as interventions that directly target suicidality. The pathway incorporates safe transitions of care whilst embedding this within a continuous quality improvement framework, developed within a learning and Just Culture. While a central outcome has been the development and implementation of a Suicide Prevention Pathway, multiple activities and working groups are supporting a broader systems approach to suicide prevention at the GCMHSS. **Partnerships** The GCMHSS collaborated with many individuals and services that includes, Dr Shawn Shea and his development of the Chronological Assessment of Suicide Events approach, Professor Anthony Pisani et al, Associate Professor of Psychiatry and Paediatrics at the Center for the Study and Prevention of Suicide at University of Rochester and the Prevention Orientated Risk Formulation, Barbara Stanley and Gregory K. Brown for the use of their Safety Plan Template. Partnering with the Queensland Centre for Mental Health Learning (QCMHL) to modify the SRAM-ED training, to support specific training in the SPP, addressing attitudes and beliefs, and supporting skills and knowledge required for implementation of the SPP. Partnering with the Primary Health Network:

- To commission a non-clinical support service, co-located with the GCMHSS Acute Care Team, to engage with consumers of the SPP, to provide enhanced support for their transition to follow up care in primary care or the private sector.
- For education and training provided to approximately 90 private practitioners providing services to people with suicidality, to familiarize them with the SPP, Safety Planning, Counseling on Access to Lethal Means and the Prevention Oriented Risk Formulation.
- Partnering with the Australian Institute of Suicide Research and Prevention (AISRAP) to investigate Patient reported outcomes.

The project was highly commended in the Delivering Healthcare category at the 2017 Queensland Health Awards for Excellence.

Key dates

Jan 2017

Dec 2017

Implementation sites

Gold Coast Hospital and Health Service Mental Health and Specialist Service consumers only and includes Mental Health Community & Inpatient Services

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Aim

The Gold Coast Mental Health and Specialist Services (GCMHSS) Zero Suicide approach is based on the realisation that suicide is preventable and that consumers need not fall through the cracks of often fragmented health care systems. The focus is about reducing the incidence of suicide and its devastating impact on everyone it touches.

Benefits

Provides systematic steps taken in organisations and systems of care aimed at creating a safety culture that no longer finds suicide acceptable, while supporting the clinical personnel who do this difficult work.

Background

Suicide affects people of all ages and all walks of life. In 2016 alone 2,866 people died by suicide in Australia, almost 8 people per day (ABS). Suicide was the leading cause of death among all people 15-44 years of age, and the third leading cause of death among those 45-54 years of age. A small number of these consumers tragically end their life whilst under the care of the Gold Coast Mental Health Service the impact of these tragic events are felt across the service by families, consumers and by our staff. The Gold Coast Mental Health and Specialist Service is committed to reducing Suicide of consumers in our care. This commitment has seen the development and endorsement of a

new approach to suicide prevention across the service. Built on previous achievements the *Gold Coast Suicide Prevention Strategy 2016 -2018* takes a step further and commits to reducing suicide of our consumers by 25% over the next two years. Zero Suicide is a new approach that is premised on the firm belief that suicide deaths for people under care can be preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. A Zero Suicide framework represents a commitment to patient safety—the most fundamental responsibility of health care—as well as the safety and support of clinical staff, who perform the demanding work of treating and supporting people who are suicidal. The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care. Better performance and accountability for suicide prevention and care should be core expectations of health care programs and systems. While we do not yet have proof that suicide can be eliminated in health systems, we do have strong evidence that system-wide approaches can be more effective.

Solutions Implemented

1. Conversation (Culture Shift)
 2. Strategy (Systems approach)
 3. Pathways (Specific interventions)
- Engagement of many staff at multiple levels of the service, to ensure both a top down and bottom up approach.
 - The development of a Suicide Prevention Strategy (“*Our Journey to Zero through leadership, support and continuous improvement*”) that clearly stepped out the actions required to implement the Zero Suicide framework.
 - Development of a Suicide Prevention Pathway (SPP) that supports staff in optimal management of patients who present with a suicide attempt or past history of suicide attempt presenting with Suicidal ideation.
 - Critical elements of the SPP include use of the Chronological Assessment of Suicide Events; Prevention Oriented Risk Formulation (by Pisani et al); A Safety Planning Intervention, including Counseling on Access to Lethal Means; Brief Patient and Carer Information; rapid face to face follow up in the community following discharge; structured follow up; and enhanced and safe transitions of care.
 - Partnering with the Queensland Centre for Mental Health Learning (QCMHL) to modify the SRAM-ED training, to support specific training in the SPP, addressing attitudes and beliefs, and supporting skills and knowledge required for implementation of the SPP. (A 4th Online Module was created by GCMHSS, that incorporated the important aspects of the SPP; and the day face to face training was modified in partnership with GCMHSS; a GCMHSS Manual, support materials was created)
 - Training has been delivered to over 500 staff and is now embedded into the Orientation process for new staff. (4 online modules and a day face to face training). Aspects of GCMHSS Pathway have now been incorporated into statewide training.

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- Staff Support prioritised, with the development of a framework for a 3 tier staff support process following adverse incidents, including trained Peer Supporters. This will be launched at the end of 2017.

Evaluation and Results

- Pre-implementation Staff survey to measure attitudes, beliefs, confidence; and perceived training needs.
- Repeat Staff Survey currently underway, including evaluation of Just Culture.
- The development of a GCMHSS Suicide Prevention Research and Evaluation strategy.
- Training evaluated with evidence of high levels of satisfaction, including the belief that they can immediately apply the knowledge within their workplace; and Improvements in perceived knowledge and confidence.
- Data feedback to staff in a very timely and accessible way, (fidelity to the pathway); with follow up supervision and coaching by a senior psychologist to enhance and embed new skills and behaviours – in a continuous quality improvement cycle, with measurable improvements in fidelity to the Safety Planning Intervention and formulation.
- Pre and Post Pathway data (Comparison of 2 months of data prior to and post SPP implementation (2015/2017)).
 - Substantial reduction in risk stratification (**88.6 per cent to 10.8 per cent**). Highlights the shift away from traditional risk stratification (low/medium/high), to a more dynamic approach to risk assessment as formally introduced by the Prevention Oriented Risk Formulation. The previous risk stratification has poor predicative validity, inter-rater reliability and clinical utility.
 - Improved quality of patient management and follow-up - A large increase in the development and quality of Safety Plans for consumers (**0.8 per cent to 52.7 per cent**) (this has further increased in recent months). In real terms, more consumers are leaving the hospital with a personalised strategy aimed to promote their safety since the implementation of the SPP.
 - Increase in addressing lethal means (an important, evidence based strategy that can reduce risk); (**11.4 per cent to 68.4 per cent**).
 - Substantially more are receiving community follow up post discharge from the Emergency Department. For example, for people presenting with a suicide attempt, in 2015, we were seeing **13.6 per cent** of people within 2 weeks of being discharged from the emergency department, and in March/April 2017, we were seeing **46.3 per cent**, which represented a very significant improvement only 4 months after implementing the Pathway. This has further increased. For example, in July, 45 patients out of an eligible 47 patients on the SPP were seen within the 2 weeks, **with 74 per cent within 48 hours**.
 - We will undertake an analysis of repeat suicide attempts and suicides over the next 2 years to look at outcomes for patients who have been placed on the pathway.

Lessons Learnt

Focus groups across the service, to examine staff experiences following a critical incident such as a suicide; with the identification of themes and recommendations to address these concerns, including work to improve staff resilience and reflective practice; support for staff from both a practical point of view and a psychological support following a critical incident; work to improve the post incident critical incident review process to ensure it is conducted within the principals of a Just Culture, that maximizes learning.

Resources

[Suicide Prevention Strategy 2016-18](#)

PDF saved 16/01/2025