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# Zero Suicide Evaluation

## Consumer Key Informant Interview Guide

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### Description of Participation

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is evaluating SAMHSA's Zero Suicide in Health Systems program. Aptive Resources along with its partner ICF (Team Aptive) are contracted by SAMHSA to conduct this evaluation. This survey will take about 60 minutes to complete.

### Right Regarding Participation

Your participation in this survey is completely voluntary.

There are no penalties or consequences to you if you do not participate.

You may stop the survey or skip a question at any time for any reason.

You may contact the evaluation principal investigator with any questions you have before, during, or after completion.

### Privacy

We will take every precaution to protect your privacy.

All survey responses will be confidential. Your name will never appear in any report. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals. If you are selected to participate in follow-up surveys your responses across administration will be linked with a unique identifier, but —your name and responses will not be linked. Your individual responses will not be shared with anyone, including ..... r or other grantee-funded staff.

Contact information will be entered into a password-protected database which can only be accessed by a limited number of individuals (selected Team Aptive staff) who require access.

### Benefits

Your participation will not result in any direct benefits to you. However, your input will contribute to a national effort to prevent suicide.

### Incentive

In appreciation of your time the respondent will receive a \$30 electronic gift card for completing this survey the first time and a \$30 electronic gift card after you complete the 6 month follow-up survey.

### Risks

Completing this survey poses few, if any, risks to you. Some questions may make you feel uncomfortable. You can choose not to answer any question for any reason. You may choose to stop the survey at any time, or not answer a question for whatever reason. You will not be penalized for stopping. You can contact the principal investigator of the project at any time.

### Contact Information

If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, principal investigator, at (646) 695-8154 or [christine.walrath@icf.com](mailto:christine.walrath@icf.com).

For any questions related to your rights as they related to this research, please contact the ICF IRF at [IRB@icf.com](mailto:IRB@icf.com).

**SCRIPT:** Before we start, there are a few important things you should know about this interview. The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is conducting an evaluation to learn more about the kinds of care provided by healthcare organizations who have received a Zero Suicide grant, including your healthcare provider. SAMHSA is conducting this evaluation with help from Team Aptive. Team Aptive includes two research and evaluation companies, Aptive Resources and ICF, who are contracted by SAMHSA for the evaluation. In this interview, we will ask you questions about the services that you received, the crisis events that led to these services, what you thought about your experiences with this healthcare provider, and any suggestions you have to help improve care in the future.

If you agree to participate, here are some things you should know:

- You may ask questions at any time before, during or after the interview.
- Participation in this interview is up to you. There are no penalties or consequences for if you decide not to participate. You may stop answering questions at any time, for any reason, and may also choose to skip any question at any time without any impact to you or any services received.
- We will take every precaution to protect your identity privacy unless otherwise determined by law. We will keep your answers to interview questions private, and we will not use names or other identifying information when summarizing today's discussion.
- We think the risks in participating in this interview are very small. However, it is possible that talking about the topics of behavioral health crisis, including self-harm and suicide, may bring up uncomfortable thoughts, memories, or emotions. If this occurs, please let me know so that I can help you access the right resources.
- There are no direct benefits to participating in this interview. However, because we learn things from these interviews, the information provided may help others who seek crisis services in the future.
- Participants will receive a \$30 gift card for participating in this interview. I will email the gift card to you within 2 business days of completing the interview.
- We would like to get your permission to record this interview to ensure that we capture everything you say.
- The interview should take about 1 hour.
- If you have any concerns about your participation in this study or have any questions about the evaluation, please contact Christine Walrath, Principal Investigator at [christine.walrath@icf.com](mailto:christine.walrath@icf.com) or at 646-695-8154.
- For any questions related to your rights as they related to this research, please contact the ICF IRF at [IRB@icf.com](mailto:IRB@icf.com).

Do you have any questions about what I just shared, or about other information from the consent form?

Do you consent (agree) to participate in this interview?

Do we have your permission to record this interview?

Great! I just want to share one more note before we get started. Today, I will ask you a couple of questions about your experiences accessing help related to suicidal risk, ideation, or behavior. We appreciate your willingness to share your story. It's important to us to understand what helped you – or

didn't help you – so that we can keep making services better and ensure that everyone has access to the kind of help they need. We understand that remembering and sharing difficult moments in our lives can be hard. If at any point you would like to pause or stop the interview, just let me know. I want to create a safe space in this interview so that you can be comfortable sharing what you think and feel.

### **[INTRODUCTION]**

1. To get us started, I'd like to learn a little bit about when you first got in touch with [grantee or provider name], and how long you've been working with them. Are you still currently receiving services from [grantee name]?
  - a. [If yes] About how long have you been receiving services from them?
  - b. [If no] About how long did you receive services from them?
2. Think back to when you first started receiving services from [grantee or provider name]. What was that process like for you?
  - a. Why did you choose to reach out to [grantee or provider name], compared to other service providers?
  - b. How did you first become connected with [grantee or provider name]?
  - c. What was your experiences like when you set up your first appointment?
  - d. Did your care team at [grantee or provider name] refer you to any other additional supports or services when you first started receiving care from them? If so, what did this look like?

### **[ZERO SUICIDE: IDENTIFY]**

3. Next, I'd like to know more about how you talked about suicide risk with your care team at the beginning of your services. Suicide risk can include things like wishing you could go to sleep and not wake up, thoughts about suicide, or plans to end your own life. How did your care team first ask you about suicide risk?
  - a. Were you asked questions about suicide risk during your first appointment with [grantee or provider name], or at any point during your care? Tell me more about what kinds of things you were asked about, and when you were asked these questions.
    - i. [If yes at first appointment] Did your care team ask these questions again later in your care? How often do you typically answer specific questions like this during your care?
    - ii. How did your care team use the information that you shared when you answered these questions?
4. I would like to hear your story of what was going on in your life at the time when you first started receiving services related to your suicide risk from [grantee or provider name]. Please share all that you would like to share.
  - a. Probe if needed: suicidal crisis, behavioral health symptoms, relevant life losses or situations that led to crisis event

### **[ZERO SUICIDE: TRANSITION]**

5. Thanks for sharing that story with me. What were some of the challenges you faced when you first started receiving behavioral health services for suicide risk? By behavioral health services, we mean things like counseling or therapy, case management, or medication management that is related to your mental health or substance use.
  - a. Did your team at [grantee or provider name] do anything that helped with these challenges? If so, can you give me some examples?
  - b. What concerns did you have, or barriers did you face, in getting connected with behavioral health services at [grantee or provider name]?

6. When you missed an appointment with [grantee or provider name] related to your behavioral health, how did your care team help you reschedule?
  - a. Did your care team ever follow-up with you when you miss an appointment? What did this typically look like?
  - b. Are there other times when your care team has followed up with you outside of your regular appointments? This could be between appointments, or perhaps related to a crisis or other particularly difficult life event.

**[ZERO SUICIDE: ENGAGE]**

7. Sometimes care providers will also ask people who might be at risk of suicide to complete a safety plan. Safety plans can help you think through what steps you would take and who you would ask for help if you started thinking about suicide. Did you complete a safety plan during your care with [grantee or provider name]?
  - i. [If yes] When you were working on your safety plan, did you or your care team involve anyone else in your life, like a family member or friend? How were they involved?
  - ii. [If yes] When did you first start working on a safety plan during your care?
  - iii. [If yes] Did you revisit or make any updates to your safety plan throughout your care?
8. Did you discuss any ways to make your home or other environments safer with your care team? This can sometimes include things like medication or firearm storage.
  - a. [If yes] How did this conversation go?

**[ZERO SUICIDE: TREAT]**

9. After you were connected with services, can you tell me more about your experiences receiving behavioral health services at [grantee or provider name]?
  - a. What kinds of behavioral health services do or did you receive at [grantee or provider name]?
  - b. Are you still receiving these services? If not, how long did you receive services for your behavioral health needs at [grantee or provider name]?
  - c. How did your care team incorporate suicide risk into your treatment?
    - i. Probe if needed: use of safety plan, specific treatment approaches
  - d. Next, I'd like to ask you to think about the parts of your culture that are important to your identity, or who you are as a person. This can include race, gender, ethnicity, age, social class, disability status, size, religion, sexual orientation, and many other cultural factors. How did your care team incorporate elements of your culture or identity into your treatment?
10. What were some of the reasons that you stayed engaged - or did not stay engaged - in your behavioral health services? By engagement, we mean actively participating in your services by doing things like honestly sharing how things are going and attending follow-up appointments.
  - a. Did any individuals have an impact on your decision to stay/not stay engaged in care?
11. If you were to begin working with a new behavioral health provider, how might they best engage you in care? Are there any particular strategies that would work well?

**[OUTCOMES]**

12. Overall, how well have the suicide-specific services you received met your needs?
  - a. What parts of your care made you feel this way? Were there parts of your care that were most or least helpful?
13. How has your mental health or substance use changed in the time since you first started receiving services from your provider? Why do you think this has stayed the same/changed?

14. What things happened – positive or negative – because of the services you've received?
15. What, if anything, would you like others to know/understand about you and your experiences with care related to suicide?
16. What do you think the biggest barriers are to engaging in suicide-specific care, either personally or for others?
17. What would you like to see change about the way that care is provided for individuals at risk for suicide?

**[CLOSING]**

18. Is there anything else you would like to share with me about the experience of receiving care for suicide risk that you have not yet had a chance to share today?