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Zero Suicide Evaluation Workforce Survey (WS)

Description of Participation

Thank you so much for taking the time to speak with me today. My name is [NAME] and I work for Aptive/ ICF. The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is evaluating their Zero Suicide in Health Systems program. Aptive Resources along with its partner ICF (together as Team Aptive) are contracted by SAMHSA to conduct this evaluation. We are asking you to complete this survey to help us learn more about staff training and implementation of the Zero Suicide Framework. This survey will take about 30 minutes to complete.

Rights 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 your employer 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.

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. For any questions related to your rights as they related to this research, please contact the ICF IRB at IRB@icf.com.

Please click "PROCEED" box below to access the Workforce Survey. Please click the "PROCEED" button below to proceed to the Workforce Survey.

☐ **PROCEED**

Section 1. Your Work Environment

In this section, we would like to learn more about your current work environment and your role within that environment.

1. In which of the following settings do you work? [Required Item – used later for branching- Only respondents who select "Inpatient "or "Both" setting will answer Q7 and Q8.]
 - ☐ Inpatient setting
 - ☐ Outpatient setting
 - ☐ Both
2. How long have you worked in this setting?
 - ☐ < 1 year
 - ☐ 1-3 years
 - ☐ 3 –5 years
 - ☐ 5 years or more
3. Please indicate your Department/Unit from the following list. [Customized to each organization (question 3)]
 - ☐ Custom Answer 1
 - ☐ Custom Answer 2
 - ☐ Custom Answer 3
 - ☐ Custom Answer 4
 - ☐ Custom Answer 5
 - ☐ Custom Answer 6
4. Is this your first-time taking part in the Zero Suicide Workforce Survey at your current organization?
 - ☐ Yes
 - ☐ No
5. Please choose the one category below that best describes your primary professional role.
 - ☐ Management (Administrators, Supervisors, Managers, Coordinators)
 - ☐ Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)

- ☐ Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation)
- ☐ Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)
- ☐ Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation)
- ☐ Case Management
- ☐ Crisis Services
- ☐ Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant)
- ☐ Nursing (Nurse, Registered Nurse)
- ☐ Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)
- ☐ Technician (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician)
- ☐ Patient Observer
- ☐ Support and Outreach (Outreach, Faith, Family Support, Peer Support)
- ☐ Education (Teacher, Health Educator)

6. As part of this role, do you directly interact with patients either in person or from a distance during your day-to-day duties within the organization? This includes things such as answering phones, scheduling appointments, conducting check-ins, and providing caregiving and/or clinical services via telehealth.

- ☐ Yes
- ☐ No

Please indicate your agreement with each of the following statements. **Only Those Who Respond 'Inpatient or Both on Q1.'**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. I know the organizational protocols for ensuring a safe physical environment for patients at risk for suicide (including safety precautions around entry, visitors, patient belongings, and physical structures in the facility).					
8.. I know what to do when I have concerns about potential means for suicide in the physical environment in our facility.					

Section 2. Suicide Prevention with Your Work Environment

The next series of questions ask you to reflect on suicide prevention within your work environment. Please indicate your agreement with each of the following statements.

	Strongly				Strongly
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	Agree	Agree	Neutral	Disagree	Disagree
9. I am familiar with the “Zero Suicide” framework.					
10. I understand my role and responsibilities related to suicide prevention within this organization.					
11. I believe suicide prevention is an important part of my professional role.					
12. The leadership at this organization has explicitly indicated that suicide prevention is a priority.					
13. This organization has clear policies and procedures in place that define each employee’s role in preventing suicide.					
14. I have received training at this organization related to suicide prevention.					
15. This organization provides me with access to ongoing support and resources to further my understanding of suicide prevention.					
16. I feel this organization would be responsive to issues I bring up related to patient safety.					

17. While working at this organization, have you *EVER* directly or indirectly interacted with a patient who attempted suicide? [Required item]

- ☐ Yes, it has happened once [Complete 19]
- ☐ Yes, it has happened more than once [Complete 19]
- ☐ No [Skip to 20]
- ☐ I don’t know [Skip to 20]

18. In the PAST SIX MONTHS while working at this organization, have you directly or indirectly interacted with a patient who attempted suicide?

- ☐ Yes
- ☐ No

19. While working at this organization, have you *EVER* directly or indirectly interacted with a patient who ended his/her life by suicide? [Required Item]

- ☐ Yes, it has happened once [Complete 21]
- ☐ Yes, it has happened more than once [Complete 21]
- ☐ No [Skip to 22]

☐ I Don't Know [Skip to 22]]

20. In the PAST SIX MONTHS while working at this organization, have you directly or indirectly interacted with a patient who ended their life by suicide?

- ☐ Yes [Complete 22 through 24]
☐ No [Skip to 25]

Please indicate your agreement with each of the following statements. [Only if Yes to 21]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
21. I felt supported by this organization the last time when a suicide occurred.					
22. I felt blamed when a patient died by suicide.					
23. This organization has practices in place to support staff when a suicide occurs.					

Section 3. Recognizing When Patients May Be at Risk for Suicide

We are interested in learning about your knowledge and comfort related to recognizing when a patient may be at elevated risk for suicide. Please indicate your agreement with each of the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
24. I have the knowledge and training needed to <i>recognize</i> when a patient may be at elevated risk for suicide.					
25. I am knowledgeable about warning signs for suicide.					
26. I know what organizational procedures to follow when I suspect that a patient may be at elevated risk for suicide.					
27. I am confident in my ability to respond when I suspect a					

patient may be at elevated risk for suicide.					
28. I am comfortable asking patients direct and open questions about suicidal thoughts and behaviors.					

29. Have you ever received training on how to recognize the warning signs that a patient may be at elevated risk for suicide? [Required Item]

- ☐ Yes [Continue to 31]
- ☐ No [Skip to 32]

30. Has your current organization provided you with training on how to recognize the warning signs that a patient may be at elevated risk for suicide?

- ☐ Yes
- ☐ No

Section 4. Screening and Assessing Patients for Suicide Risk

[Only those who responded 'yes' to Interact with Patients in Q7 All other Respondents are sent to Q72]
These next questions are about screening patients who may be at elevated risk for suicide.

31. You indicated earlier that you directly interact with patients either in person or from a distance during your day-to-day duties within the organization. Which of the following groups do you primarily work with?

- ☐ Children (6-12 years old)
- ☐ Adolescents (13-18 years old)
- ☐ Adults (19-64 years old)
- ☐ Older adults (65 years and older)

32. Are you responsible for conducting screenings for suicide risk? [Required Item]

- ☐ Yes [Continue to 34]
- ☐ No [Skip to 38]

Please indicate your agreement with each of the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
33. I have the knowledge and skills needed to screen patients for suicide risk.					
34. I know our organizational procedures for screening					

patients for suicide risk.					
35. I am confident in my ability to screen patients for suicide risk.					
36. I am comfortable screening patients for suicide risk.					

Patients who screen positive for suicide risk should be assessed to inform clinical decision making. This is sometimes referred to as a suicide risk assessment.

37. Are you responsible for conducting suicide risk assessments for patients who screen positive for suicide risk? [Required Item]

- ☐ Yes [Sent to 39]
- ☐ No [Skip to 48]

Please indicate your agreement with each of the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
38. I have the knowledge and skills needed to conduct a suicide risk assessment.					
39. am knowledgeable about risk factors for suicide.					
40. I obtain information about risk and protective factors when conducting suicide risk assessments.					
41. I assess the patient's access to lethal means as part of a suicide risk assessment.					
42. I assess the patient's suicide plans and intentions as part of a suicide risk assessment.					
43. I know what organizational procedures exist regarding suicide risk assessments.					
44. I am confident in my ability to conduct a suicide risk assessment.					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
45. I am comfortable conducting a suicide risk assessment.					
46. I know the clinical workflow to follow when a suicide risk assessment indicates the patient needs additional clinical care.					

Section 5. Training on Screening and Assessment

The next questions are about any training you may have received on screening and suicide risk assessment- even if this is not part of your current professional duties.

47.. Have you ever received training on conducting suicide screenings or conducting suicide risk assessments? [Required Item]

- ☐ Yes [sent to 49]
- ☐ No [sent to 51]

48. Has your current organization provided you with training on conducting suicide screenings or conducting suicide risk assessments?

- ☐ Yes
- ☐ No

49. Which of the following trainings, if any, have you taken on screening or suicide risk assessment? (select all that apply)

- ☐ AMSR (Assessing and Managing Suicide Risk)
- ☐ CASE Approach (Chronological Assessment of Suicide Events)
- ☐ Commitment to Living
- ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
- ☐ QPRT Suicide Risk Assessment and Management Training (not basic QPR training)
- ☐ RRSR (Recognizing and Responding to Suicide Risk)
- ☐ SuicideCare
- ☐ An inservice or webinar training at my organization
- ☐ An inservice or webinar training at a former organization
- ☐ A different training on screening or suicide risk assessment (please specify): _____

50. Do you use a standard tool, assessment instrument, or rubric for suicide screening or risk assessment? [Required Item]

- ☐ Yes [sent to 52]
- ☐ No [sent to 53]

51. Which of the following tools, screening and assessment instruments, or rubrics, if any, do you use? (Select all that apply).

- ☐ Asking Suicide-Screening Questions (ASQ)
- ☐ Beck's Suicide Intent Scale (SIS)
- ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
- ☐ National Suicide Lifeline Risk Assessment Standards
- ☐ PHQ-3
- ☐ PHQ-9
- ☐ Risk Assessment Matrix (RAM)
- ☐ Risk of Suicide Questionnaire (RSQ)
- ☐ Risk Formulation with Risk Status and Risk State
- ☐ SAFE-T
- ☐ SuicideCare
- ☐ Suicide Ideation Questionnaire (SIQ or SIQ-JR)
- ☐ A tool, instrument, or rubric developed by my organization
- ☐ A different tool, instrument, or rubric (please specify): _____

Section 6. Providing Care to Patients at Risk

[Only those who responded 'yes' to Interact with Patients in Q7] These next questions are for staff responsible for providing care to patients determined to be at elevated risk for suicide.

52. Do you provide direct care to patients who have been identified as being at elevated risk for suicide based on their risk assessment? [Required Item]

- ☐ Yes [Continue to 54]
- ☐ No [Skip to 58]
- ☐ Not Sure [Skip to 58]

Please indicate your agreement with each of the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
53. I have the knowledge and skills needed to provide care to patients who have been identified as being at elevated risk for suicide.					
54. I am familiar with the clinical workflows at this organization related to things such as safety planning, access to lethal means,					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
documentation, and other procedures for caring for patients at elevated risk of suicide.					
55. I am confident in my ability to provide care to patients who have been identified as being at elevated risk for suicide.					
56. I am comfortable providing care to patients who have been identified as being at elevated risk for suicide.					

57. Have you taken the Safety Planning Intervention for Suicide Prevention course on the Zero Suicide website?

- ☐ Yes
- ☐ No

58. Have you taken the Counseling on Access to Lethal Means (CALM) course either online or in person?

- ☐ Yes
- ☐ No

Section 7. Use of Evidence-Based Treatments that Directly Target Suicidality

These next questions are for individuals who deliver clinical treatment (e.g. CAMS, CBT-SP, DBT) to patients identified as being at elevated risk for suicide.

59. Do you deliver clinical treatment (e.g. CAMS, CBT-SP, DBT) to patients who have been identified as being at elevated risk for suicide? [Required Item]

- ☐ Yes [Continue to 61]
- ☐ No [Skip to 65]
- ☐ Not Sure [Skip to 65]

Please indicate your agreement with each of the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

60. I have received training on suicide-specific evidence-based treatment approaches (e.g. CAMS, CBT-SP, DBT).					
61. I am confident in my ability to provide treatment to patients with suicidal thoughts or behaviors.					
62. I am comfortable providing treatment to patients with suicidal thoughts or behaviors.					

63. In which of the following suicide-specific evidence-based treatment approaches, if any, have you received training? (select all that apply)

- ☐ CAMS (Collaborative Assessment and Management of Suicide)
- ☐ CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)
- ☐ DBT (Dialectical Behavior Therapy)
- ☐ Another training (please specify): _____

Section 8. Care Transitions

These next questions are for individuals responsible for ensuring that patients identified as being at elevated risk for suicide are supported during transitions in care. For the following questions, transitions in care include safely discharging and/or transitioning patients following acute care admissions or changes in care.

64. Are you responsible for ensuring safe care transitions for patients who have been identified as being at elevated risk for suicide?

- ☐ Yes [Continue to 66]
- ☐ No [Skip to 72]

Please indicate your agreement with each of the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
65. I have the knowledge and skills needed to work with patients during their transitions in care.					
66. I am familiar with organizational procedures for working with patients during their transitions in care.					
67. I am confident in my ability to work with patients during their					

transitions in care.					
68. I am confident in my ability to work with family members or other support persons who may be involved during a patient's transitions in care.					
69. I am familiar with organizational procedures for ensuring that patient health information is shared during a patient's transitions in care.					
70. I am comfortable working with patients during their transitions in care.					

Section 9. Training and Resource Needs

Staff members should have the necessary skills, appropriate to their role, to provide care and feel confident and comfortable in their ability to provide care, clinical services and effective assistance to patients identified with suicide risk.

71. In which of the following areas, if any, would you like more training, resources, or support? (select all that apply)

-
- | | |
|--|--|
| ☐ Suicide prevention and awareness | ☐ Suicide-specific treatment approaches |
| ☐ Epidemiology and the latest research findings related to suicide | ☐ Aftercare and follow-up |
| ☐ Identifying warning signs for suicide | ☐ Family, caregiver, and community supports |
| ☐ Communicating with patients about suicide | ☐ Procedures for communicating about potentially suicidal patients |
| ☐ Suicide screening practices | ☐ Understanding and navigating ethical and legal considerations |
| ☐ Identifying risk factors for suicide | ☐ Policies and procedures within your work environment |
| ☐ Suicide risk assessment practices | ☐ Staff roles and responsibilities within your work environment |
| ☐ Determining appropriate levels of care for patients at risk for suicide | ☐ Reducing access to lethal means outside the care environment |
| ☐ Crisis response procedures and de-escalation techniques | ☐ Creating a safe physical environment for patients at risk for suicide |
| ☐ Managing suicidal patients | |
| ☐ Collaborative safety planning for suicide | |

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