Preventing Suicide in the Health Care Workforce: Evidence-Informed Interventions

American Hospital Association

Rebecca Chickey, MPH and Jordan Steiger, MPH, MA, LSW

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Speakers

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Today’s Agenda

12:00 - 12:05	Welcome and Overview	Rebecca Chickey, MPH – Senior Director, Behavioral Health, AHA
12:05 – 12:40	Presentation: Preventing Suicide in the Health Care Workforce: Evidence-Informed Interventions	Rebecca Chickey & Jordan Steiger, MPH, MA, LSW – Senior Program Manager, Clinical Affairs and Workforce
12:40 – 1:00	Discussion and Q&A	All

Today's Objectives

1

Discuss the current state of mental well-being and suicide prevention programming, research, and outcomes.

2

Identify the three key drivers of suicide in the health care workforce.

3

Understand how the 12 evidence-informed interventions to impact the key drivers can be implemented individually or in combination at a hospital or health care system.

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Poll: Choose the position that most closely aligns with your role in your organization.

C-Suite
Hospital Administration
Human Resources
Clinical Director or Clinical Manager
Program Management
Chaplaincy or Spiritual Health
Employee Wellbeing or Wellness Services
Patient Care Provider (MD, DO, RN, LCSW, etc.)
Consultant
EAP, Benefits, Compensation Services
Zero Suicide Initiative
Other (Please specify in chat)

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Background

- During the pandemic, health care workers across the country have felt the intensified effects of caring for their patients, families, and communities
- Research shows that health care workers have reported higher levels of psychological distress, stress, anxiety, depression, burnout, sleep impairments, and work impairments as compared to before the pandemic
- Hospital and health system leaders play a critical role in preventing suicide among their teams by ensuring that the workforce has the tools and resources needed to maintain their mental health and well-being
- The need for evidence-informed suicide prevention and well-being programs for the health care workforce is greater than ever

Suicide Prevention in the Health Care Workforce (HCW): The Current State

- Health care workers are at an elevated risk for suicide as compared to other professions – we know this to be especially true for physicians and nurses
  - This is especially true for female-identifying nurses and physicians
- Workplace factors contribute to suicidality in HCWs in addition to general population risk factors
- Intervention programs can struggle to show an impact on outcomes because the incidence of HCW suicide is low, but there are evidence-informed approaches that have shown promise and are highly replicable
  - AFSP's Interactive Screening Program, peer-to-peer support, bystander training, dedicated in-house mental health support teams

Project Vitals

- Funder: Centers for Disease Control and Prevention, National Institute of Occupational Safety and Health
- Purpose of work: pilot project to identify/assess evidence-based interventions for suicide risk among health care workers
- Duration: October 1, 2021 – September 29, 2023

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Project Goals

Year One Goals (Oct. 2021 – Sep. 2022)

- Understand the current landscape of health care worker suicide prevention programs at hospitals and health systems
- Develop and distribute a resource showcasing current existing and emerging approaches

Year Two Goals (Oct. 2022 – Sep. 2023)

- Amplify the distribution of the resource created in Year One
- Engage hospitals and health systems in operationalizing and implementing suicide prevention practices and enhancing workforce wellbeing practices

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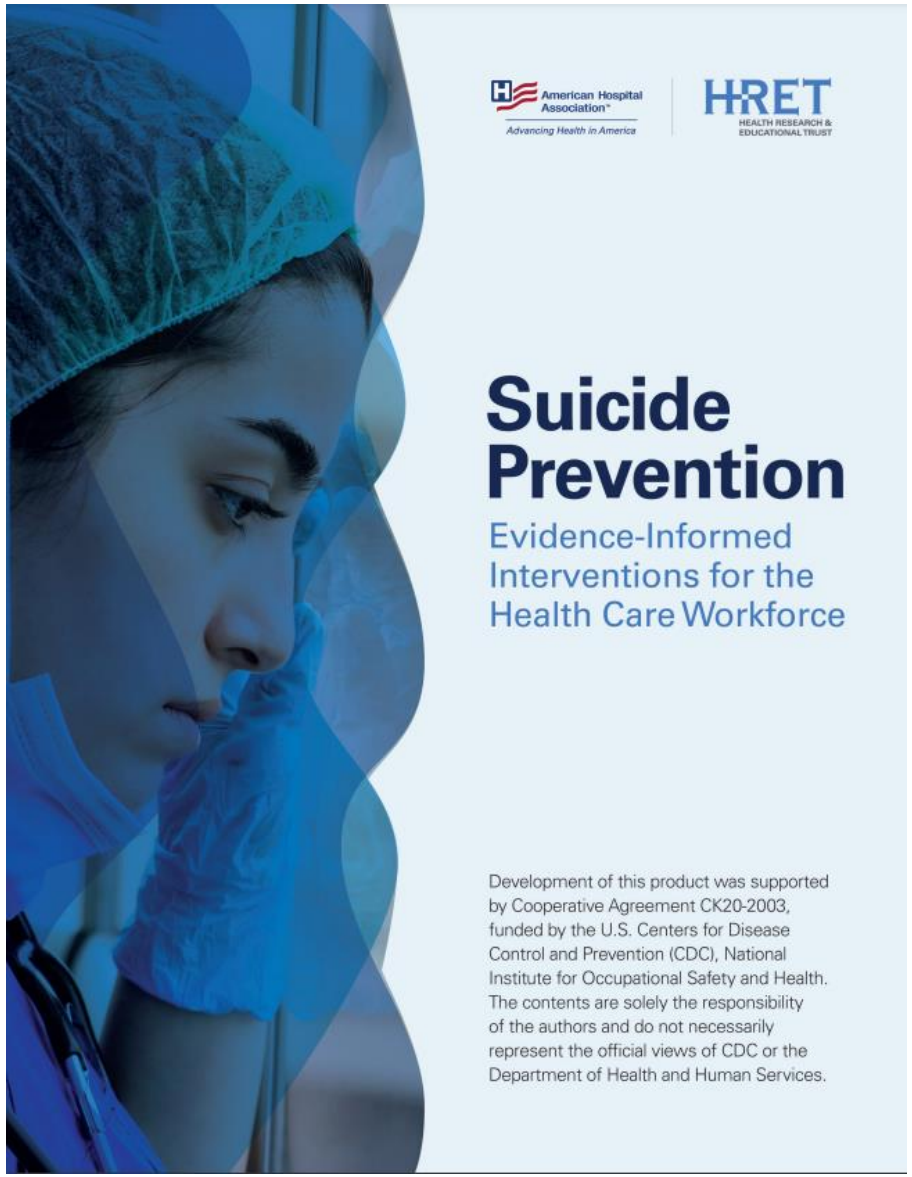
AHA's Health Care Worker Suicide Prevention Guide



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Poll: Are you familiar with our guide?

Yes

No

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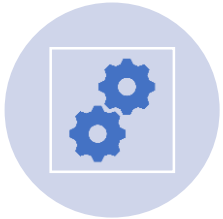
Process for Creating the Guide

LITERATURE REVIEW

SURVEYS

INTERVIEWS & FOCUS GROUPS

DATA ANALYSIS TO IDENTIFY KEY THEMES



INPUT/REVIEW FROM SUBJECT MATTER EXPERTS

PUBLISH IN SEPTEMBER 2022

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Driver 1: Stigma associated with talking about and seeking behavioral health care

- Fear from clinicians that seeking care may have a detrimental effect on their ability to renew or retain their state medical license
- Fear of losing hospital privileges via the credentialing process
- Fear of being perceived as "weak" or unable to perform on the job
- Feeling of being judged or unsupported by peers, managers, and/or senior leadership for seeking behavioral health care
- Fears about treatment confidentiality, especially when care is accessed at or provided by clinicians practicing at the same hospital or health system as the person receiving care

Driver 2: Inadequate access to behavioral health education, resources, and treatment options

- Long wait times between referrals and starting care
- Behavioral health providers in the employee's health network not having convenient office hours that accommodate a health care worker's schedule
- Out-of-pocket expenses for treatment exceeding the individual's ability to pay for care
- Uncertainty about how to access resources from the Employee Assistance Program (EAP) or Human Resources

Driver 3: Job-Related Stressors

- Repeated exposure to death and dying
- Workplace violence
- Emotionally draining work
- Lack of support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients
- Lack of appropriate rewards (financial, social or intrinsic)
- Lack of connection with others in the workplace
- Lack of perceived fairness and mutual respect
- Mismatch between personal values and leadership/organizational values or organizational values and actual practice
- Insufficient control over resources needed or insufficient authority to pursue work more effectively

Interventions with Key Drivers Addressed

Interventions	Key Drivers Addressed
INTERVENTION TYPE: INCREASING ACCESS TO SERVICES	
Engage all hospital employees in an on-demand, anonymous and encrypted screening and referral program for behavioral health disorders	Stigma, Access
Offer on-demand behavioral health resources and flexible treatment options to employees, medical staff and their families	Access
Ensure that licensed behavioral health clinicians who provide care to employees are trained to provide culturally appropriate mental health care	Stigma, Access
INTERVENTION TYPE: OPERATIONAL ENHANCEMENTS	
Remove or modify questions from hospital and system-based credentialing, peer review and application policies and processes that stigmatize seeking care for a behavioral health disorder	Stigma, Job-related stressors
Employ staff who are responsible for overseeing and supporting employee behavioral health and well-being	Stigma, Access, Job-related Stressors
Debrief sentinel events, involving patients and/or health care workers, including suicide, using non-punitive risk management strategies	Job-related stressors

Interventions with Key Drivers Addressed

Interventions	Key Drivers Addressed
INTERVENTION TYPE: ORGANIZATIONAL CAMPAIGNS	
Engage employees in systemic campaign, such as story sharing about behavioral health to normalize seeking treatment, provide education about behavioral health disorders, behavioral health disorders and treatment, and/or ensure representation of diverse voices when talking about behavioral health	Stigma
Create/build on an existing hospital-wide stigma reduction campaign to encourage improved language and behaviors for discussing behavioral health disorders	Stigma
INTERVENTION TYPE: TRAINING	
Train and educate all employees about behavioral health and improve skill and capability to respond to colleagues who need behavioral health support	Stigma, Access
Offer peer-to-peer support training programs	Access
Provide access to evidence-based, continuing behavioral health treatment services such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT)	Access
Train employees to act when witnessing harassment, discrimination, incivility and lateral violence	Stigma, Job-related Stressors

Why Evidence-Informed and not Evidence-Based?

Evidence-Based:

Practices, methods, interventions, procedures, and techniques that are based on high-quality scientific evidence and proven improvement in outcomes (Ham-Bayoli et. al, 2020)

Evidence-Informed:

An evidence-informed approach blends knowledge from research, practice and people experiencing the practice. (Australian Institute of Family Studies, 2022)

Barriers to Implementation

- Competing organizational priorities
- Limited staff availability to champion and implement a new project
- Limited buy-in from the workforce on participating in suicide prevention and mental well-being programming
- Limited financial resources to implement and maintain an intervention
- Limited leadership support

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Resources and More Information

Website

- Suicide Prevention in the Health Care Workforce

Podcasts

- Preventing Suicides in the Health Care Workforce: Lifesaving Steps from Providence
- Preventing Suicides in the Health Care Workforce: The Role of Resilience
- Finding the Right Words to Support your Health Care Peers

Videos

- You're Not Alone: Addressing Behavioral Health Related Stigma in Health Care
- Taking Action at St. Luke's Health

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Poll: Which of the 12 interventions might you consider implementing at your own organization?

For More Information

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www.aha.org/suicideprevention/health-care-workforce

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