



Moving Beyond the Tipping Point

Zero Suicide International 4 | Rotterdam

Lead | Train | Identify | Engage | **Treat** | Transition | Improve

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Preface

On September 3 - 4, 2018, over 100 leaders from nearly 20 countries convened at the **Zero Suicide International 4** summit in Rotterdam, the Netherlands. Here they designed the revision of the 2015 International Zero Suicide Declaration. The declaration you are about to read now clarifies the commitment of these leaders to improve healthcare suicide prevention in complement to public health and community suicide prevention initiatives.

What is Zero Suicide Healthcare?

Rooted in universal human values and based on scientific evidence *Zero Suicide Healthcare* is a worldwide emergent transformative approach that aims for a shift of mindset in healthcare and society: from passive acceptance to active prevention. Its inspirational goal drives healthcare systems to continually improve the quality of care. Zero Suicide offers healthcare leaders clear ways and principles to learn to protect ever more patients, relatives and staff against the disaster of suicide.

To those who turn to healthcare Zero Suicide offers a better experience when feeling suicidal. They will experience that suicidality can be discussed openly, is treated directly and managed in a least restrictive, recovery-oriented way. As they transition through the system they have chosen, no person falls through the cracks. *Zero Suicide Healthcare* is not an isolated strategy. It is a complement to other community-based suicide prevention initiatives which will be running simultaneously.

Why is it important?

Because lives, many lives, are at stake. More than 800, 000 people die of suicide every year. Evidence shows that many more suicides are prevented in healthcare systems that provide better suicide prevention care. Radical system transformation can drive down suicide rates to zero. Knowing this, there is no time to lose. To make inroads we need systemic change.

Who is it for?

First, it is for healthcare leaders across the globe. They are the drivers of the *Zero Suicide Healthcare* model and within their system protectors of a safe and just culture of learning and improving. Second, it is for all staff working in healthcare. Working in a Zero Suicide organization they are well trained and supported to provide excellent suicide prevention care; and feel safe to find and repair root causes underlying adverse events. Last but not least, it is for all partners, for governments and politicians; media; industries and employers; public health and suicide prevention organizations; persons with lived experience and scientists. With their force, expertise and willingness they partner together with healthcare systems to move the needle and drive down population suicide rates.

The Rotterdam Declaration

The Rotterdam Declaration is supported by healthcare leaders who attended the Summit. We urge all to join the growing international learning community and use this Declaration to find the tipping points in your healthcare system that will deliver the change you want to see. Bold visions have put a man on the moon and eradicated polio. There's no more time for half measures. Only with insightful leadership committed to the pursuit of Zero Suicide, will we be able to make strides towards this important vision.

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The Rotterdam Declaration

Every minute of every day suicide impacts the lives of hundreds of people across the globe. It robs families of loved ones, young people of their future, workplaces of colleagues and communities of their most valuable resource - their people.

We, the participants at the fourth **Zero Suicide International** summit in Rotterdam September 2018, and representing a diverse group of healthcare leaders, academic institutions, civil society, the private sector, governments and persons with lived experience:

Accept: The World Health Organization Report: *Preventing Suicide: a global imperative* key message: Suicides are preventable. For national responses to be effective a comprehensive multisectoral suicide prevention strategy is needed and this should include making suicide prevention a core responsibility of health systems, with collaboration between health and non-health sectors at governmental and nongovernmental levels.ⁱ

Acknowledge: Article 25 of the Universal Declaration of Human Rights which says the enjoyment of the highest attainable standard of health is a fundamental human right.ⁱⁱ

Recognise: The United Nations Sustainable Development Goal (3) which targets by 2030, a reduction by one third of premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Measured by the suicide mortality rate.ⁱⁱⁱ

Understand: The devastating impact that suicides have on the health workforce, families, workplaces and communities.

The Zero Suicide Healthcare Framework

The model offers both a realistic and effective approach to eliminating suicides. *Zero Suicide Healthcare* is a systematic, leadership-driven, continuous quality improvement approach to reducing suicides in care. The framework equips institutions with training, access to evidence-based treatments and supports and care pathways that have demonstrated exceptional results in healthcare systems.

We commit to:

1. Leadership centred on a just, safety-driven culture informed by evidence and lived expertise

- Health systems leaders create a culture founded on a relentless pursuit to prevent and eliminate suicide. We believe a suicide event (attempt or death) is an avoidable outcome of care in a modern healthcare setting.
- Recovery, healing, learning and improvement after losing a patient to suicide are integral to the culture of the healthcare system. Blame, punishment or retribution is unacceptable
- Hospital and healthcare staff are compassionate, confident and competent as they identify and care for those with suicidal behaviour.

2. A teamwork approach when engaging those who are suicidal

- For those who seek help through healthcare systems, their pain and distress is acknowledged in a timely, respectful and caring manner, free from discrimination
- Person-centred, treatment-oriented screening and assessment for suicidality is practised, including direct enquiry regarding suicidal thoughts and behaviours

- Interventions include direct treatment for suicidality in the least restrictive settings using collaborative, research-informed practice techniques including safety planning and caring contacts.
- Care management is determined through productive patient/staff interactions
- Decisions from one level of care (e.g., hospital care) are communicated in a timely way to other necessary levels of care (e.g., intensive outpatient, private therapist, pharmacological therapy).

3. Active participation of patients, health professionals and family members or carers in safety planning and transition to aftercare

- Active involvement in safety planning, including means restriction, ahead of being discharged from care. This will include where possible active engagement and education for family members and loved ones
- Shared service responsibilities and communication between clinical staff within the hospital and providers in the wider community
- Active outreach from the hospital before the next appointment
- Peer support offered from within the hospital system and through community-based support services.

4. Data and implementation science deliver continuous improvement

- Continuous quality improvement has its foundations in data collection and analysis and importantly, its application
- Open access to data is available within the constraints of privacy legislation
- Clinicians and teams use data to monitor ongoing performance, refine services and evaluate impact, always with a view to enabling improved outcomes
- Learning is facilitated through expansion of new and ongoing implementation approaches across the world and a commitment to shared learning through publication of outcomes
- New approaches are explored and supported through increased investment in research, particularly translational & implementation science research for real-world relevance.

5. Synergy in collaborative networks with general and public healthcare or community suicide prevention initiatives.

Conclusion

For healthcare systems: efficiency without quality is unthinkable. Quality without efficiency is unsustainable. The *Zero Suicide Healthcare* model represents quality and efficiency – it is the synthesis of ambition and science.^{iv}

Zero Suicide Healthcare represents joined up care so that no person need die alone and in despair from suicide.

Need more information?

ZeroSuicide.org for global learning community. ZeroSuicide.com for fidelity toolkit & resources

Participants

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ⁱ World Health Organization: Preventing Suicide: a global imperative. Page 9. Luxembourg 2014

ⁱⁱ Universal Declaration of Human Rights; <http://www.un.org/en/universal-declaration-human-rights/>

ⁱⁱⁱ United Nations Sustainable Development Goals <https://sustainabledevelopment.un.org/sdg3#targets>

^{iv} Kruk M et al; The Lancet Global Health – *High-quality health systems in the Sustainable Development Goals era: time for a revolution*, The Lancet Vol 392, September 2018.



Learn more at:
zerosuicide.org