

Safety for all: Adopting the Zero Suicide Framework - Partnering with Victorian health services

Frequently Asked Questions

OFFICIAL

Where did this initiative come from?

The Royal Commission into Victoria's Mental Health System recommended that the Mental Health Improvement Program at Safer Care Victoria support Victorian healthcare services to adopt the Zero Suicide Framework (ZSF) in order to improve the way health services provide suicide care.

How does this initiative fit in with the Suicide Prevention and Response Strategy?

The Royal Commission recommended that a new suicide prevention and response strategy be developed in partnership with people with lived experience of suicide. The strategy must be evidence-informed and systems-based and take a whole-of-government and community-wide approach to suicide prevention and response.

The Royal Commission recommended that 'working towards eliminating the suicides of Victorians being cared for in health services' is included as an initiative in the strategy (Royal Commission into Victoria's Mental Health system, Final Report, page 474). Safer Care Victoria and the Suicide Prevention and Response Office, in the Mental Health and Wellbeing Division, are working together to ensure the Zero Suicide Framework initiative is incorporated into the strategy.

The engagement process to develop the new strategy is currently underway, with the strategy anticipated to be released later in 2023.

What is this initiative aiming to achieve?

The aim for this initiative is to support Victorian health services to adopt the ZSF. The foundational premise of the ZSF is that suicide deaths for individuals under the care of health services are preventable.

The long-term aim for this initiative is expansion of the ZSF across all Victorian healthcare services, beginning with mental health settings.

What is the Zero Suicide Framework?

The Zero Suicide Framework was developed and launched in the US from 2010 to 2013 aiming to transform the way health systems provide care for consumers experiencing suicidality, their carers and support persons, through an evidence-based and holistic approach. The Zero Suicide Framework is made up of 7 elements – **Lead, Train, Identify, Engage, Treat, Transition, Improve and Lead**. Together, these elements operationalise Zero Suicide's foundational principles and represents the core components of providing safer and more effective suicide care. More information on each of the seven elements can be found via following link - <https://zerosuicide.edc.org/about/framework>.

What are the foundational principles of the ZSF?

Zero Suicide is underpinned by three foundational principles:

- **Core Values** - improving service access and quality and through practicing continuous quality improvement to drive belief and commitment that suicide can be eliminated.
- **Systems Management** - systems are to create a culture that no longer finds suicide acceptable, setting ambitious but achievable goals to eliminate suicide attempts and deaths, and organising service delivery and support accordingly.
- **Evidence-Based Clinical Care Practices** - adopt practices that are backed by research to reduce suicide deaths and behaviours that are delivered through the entire system of care.

concerns around self-harm, suicides, and suicide attempts within this demographic. This decision has been further informed through the positive impact this work will have on the future adult population.

An initial focus on a target population will enable efficiency of learnings for scale and spread across other demographics.

What if we don't work with young people or adolescents but are still eager to get involved with this work?

Whilst the initial focus is with child and adolescent mental health services, the opportunity to partake with this initiative will be available to all Victorian healthcare services in time.

Where else has the ZSF been adopted?

Since its launch, the framework has been implemented in over a thousand health systems, both nationally in the Australia and internationally. Here in Australia, the framework is being adopted in Queensland, South Australia, New South Wales, and Victoria.

More information on the adoption of the ZSF in QLD, SA and NSW, can be found on the reference page (page 6).

What is the timeframe for this initiative?

The Gold Coast initiative saw the adoption of the ZSF over a 24-month period. However, taking into account the current pressures on the healthcare sector, the Victorian initiative timeframe will be flexible. The first phase of this initiative will be testing the elements of the framework to ensure compatibility to the Victorian health system. Following this phase, the framework will be expanded across all Victorian healthcare services.

Why is the focus of this initiative on child and adolescents?

The initial focus of this initiative in child and adolescent care settings has been informed by rising

What components will we start with, and why?

It is highly recommended that improvement teams start with the components of Lead and Train, with a particular focus on workforce wellbeing and instilling a Restorative Just Culture (RJC). These two components will establish a strong foundation for your service before you begin testing change ideas. Beginning with these two framework elements was one of the key learnings from the Gold Coast, the first health service in Australia to implement the framework.

South Australia and New South Wales have also taken on this learning and have begun developing a RJC in their participating services.

How will participating services be supported?

The Safer Care Victoria team will support you through the entire lifespan of your improvement work. We use a combination of the following to support improvement teams on the ground:

- Workshops where we provide knowledge and upskilling in improvement science
- Email contact during action periods as required
- Coaching sessions - individual and interservice, throughout the project
- Data support with access to our Improvement Advisor and Improvement Coaches
- Site visits to develop an understanding of enablers and barriers for your team and help work through any issues
- Facilitation of interservice connections to “all teach all learn” throughout the process.

What is Improvement Science?

Improvement Science is a commonly used methodology to address identified problems in the clinical area. It involves identifying, defining, and diagnosing a problem, before developing change ideas and testing interventions that may address the identified issues.

Safer Care Victoria utilises the Model for Improvement as a framework to support healthcare services to test change in priority areas for improvement.

Why use the Model for Improvement (MFI)?

The MFI is an evidence-based tool for testing and supporting change in complex settings and has over 30 years of evidence supporting its efficacy in doing so.

The MFI ensures that theory and evidence are translated into everyday practice by working collectively as a sector to tailor changes to a specific health environment. The testing of these changes occurs on a small scale to learn whether they have a positive affect towards the aim of the project before being spread more widely throughout a system.

In supporting Victorian healthcare services to adopt the ZSF, the team at Safer Care Victoria will be working closely with participating service improvement teams to ensure successful testing, adoption and spread of the framework utilising the MFI, ensuring its components are tailored to service needs and contexts.

The MFI advises that the most effective and lasting large-scale changes are achieved by testing many small, sustainable changes which become part of a program’s processes and culture. By adopting this approach, your service can achieve large-scale change over time.

Who needs to be in our improvement team?

Your improvement team should be made up primarily of front-line staff who will be in a good position to test, observe and experience the impact of the changes you will be putting into place. Whilst supervisory, or management roles are not essential within the improvement team, involvement from leadership is crucial to ensure all levels of the service are committed to the work. Please see table below for role descriptions.

Who should be our executive sponsor?

Your executive sponsor should be a senior person in your organisation who supports the aim of the improvement project. Ideally it would also be someone who can approve the allocation of resources necessary to support your project. This will almost always be someone in a management role but does not necessarily need to be the most senior member of management, such as a Chief Operating Officer or Chief Executive Officer.

Why do we need a whole team rather than just one or two people?

Having a team available to take on different responsibilities helps to ensure that no one person is shouldering too much work related to the initiative. It also reduces the risk that the initiative might stall if staff take leave. Another advantage of involving a team of people in this work is that it is building capability in improvement science for your organisation which are transferable skills to other quality projects.

Who does what?

The following table outlines the makeup of the improvement team from your organisation and associated responsibilities.

Role	Responsibility
Executive Sponsor Essential to the success of your involvement in this improvement work is the support of an executive sponsor who will champion your teams work and provide targeted organisational support.	<ul style="list-style-type: none"> Accountability to the service for performance and results of improvement work Visible champion of the project with the management team and are the ultimate decision-maker, with final approval on all phases, deliverables and project scope changes Leading sessions within the improvement team as required
Project lead (e.g., A consistent member of the inpatient unit with working knowledge of the unit and well-formed working relationships with the broader team. May be ANUM / Allied health member, lived experience workforce)	<ul style="list-style-type: none"> Critical driver of the project Ensure changes are tested and implemented Work closely with SCV improvement coach and improvement advisor Close working relationship with executive sponsor
Data lead (e.g., member of quality and safety unit or team member within the unit with experience in quality improvement and data collection)	<ul style="list-style-type: none"> Oversee data collection Work closely with the SCV improvement advisor
Clinical lead (e.g., Nurse Unit Manager, Consultant Psychiatrist, Clinical Nurse Consultant)	<ul style="list-style-type: none"> Leadership for changes Primary responsibilities in unit affected by changes Key linkage with SCV Close working relationship with executive sponsor
Lived experience consumer lead (e.g., strong consumer voice, may be a peer worker – refer to section on engaging and recruiting to consumer/carer roles)	<ul style="list-style-type: none"> Leadership for changes Primary responsibilities in unit affected by changes Key linkage with SCV Close working relationship with executive sponsor
Lived experience family/carer/supporter member lead (e.g., strong family/carer/ supporter voice, may be a peer worker – refer to section on engaging and recruiting to consumer/carer roles)	<ul style="list-style-type: none"> Leadership for changes Primary responsibilities in unit affected by changes Key linkage with SCV Close working relationship with executive sponsor

What if we are already doing work in the area?

That's fantastic! Consider partnering with us to enhance the work you are currently undertaking by learning improvement science methodology and increasing your capability in service improvement.

What if we reach a point where we can't continue our commitment?

Our team is committed to helping you find ways to continue this work even when it is challenging. Improvement work can be flexible to the demands of your service. Our project team will work with your improvement team to devise ways of streamlining the work involved in the project. Clear lines of communication between your team and ours through coaching calls, site visits, email and phone contact will be essential to providing the support you need to continue this important work. We encourage you to discuss challenges you are experiencing with maintaining your commitment to the initiative as soon as you recognise these. This allows us to work with you to optimise your ability to sustain it.

What about privacy/confidentiality concerns?

At no time during the process of working with us to improve consumer outcomes will you be asked to violate your responsibility to protect the privacy and confidentiality of your staff, your consumers, or their families and carers. Data collected is fully de-identified and used only to measure the effectiveness of the change ideas put into action. A full privacy impact assessment is conducted when developing our measurement strategy.

How is this different to other initiatives?

Through partnering with Safer Care Victoria, your service's Improvement Teams will receive capability building and coaching support in project management and quality improvement methodology (The Model for Improvement). Through this capability building, your service's Improvement Team will develop the skills to ensure that the improvements made during the formal project timeframe can be sustained into the future through planned measurement and evaluation strategies. In addition, the ZSF is an evidence-based approach with positive results already generated in Australia and internationally.

When will we see results?

This depends on many factors related to the existing status and resourcing of your service with regards to suicide prevention, as well as the particular changes that you choose to implement. The Model for Improvement encourages small scale testing to learn whether a change idea has the potential to result in improvement before being applied more broadly throughout a system. In this sense, you can expect to see the results of certain changes within days to weeks, whilst results from other changes might take a few months or longer to be detected. This is largely also dependent on the accessibility of data that can tell us whether a change has resulted in improvement.

How do we ensure there are no adverse effects?

All changes carry some risk of unintended adverse effects. However, to minimise this possibility, Safer Care Victoria will design change ideas in consultation with a faculty of subject matter experts. These experts will represent consumer and carer lived experience, research professionals and healthcare workers. Further to this, in designing the measurement strategy for this project, balancing measures will be identified with both faculty

members and health service improvement teams to ensure that any potential unintended or adverse outcomes are detected and taken into consideration.

How will we see the improvement?

As part of this improvement initiative, we will be working with a faculty of subject matter experts as well as participating service improvement teams to develop a robust measurement strategy from which we can observe improvement. As the initiative progresses, you'll be able to use both quantitative and qualitative data to track how much impact the initiative is having at your service. It's also likely that you'll be getting feedback from other staff, consumers, and their carers.

What role does the faculty have in this work?

The faculty group brings a diverse group of subject matter experts, including lived/living experience, clinical and academia, together to share their knowledge and lived experience and support participating improvement teams to progress the initiative effectively.

The faculty will advise on a range of topics relevant to the suicide prevention initiative, depending on their subject matter expertise, including:

- formulating our specific aim
- guidance on language, approach, and suitability of change ideas
- identification of opportunities and risks for testing change ideas
- development and refining the measures to be used and our measurement strategy

Faculty positions will coincide with the initiative's timeframe. Time commitment is anticipated to be 2-3 hours per fortnight with possible fluctuations as needed. It is further anticipated that as the work begins within health services faculty meetings may reduce in frequency.

Who can we contact for further information?

You can reach Mary Tsiros, Project Lead at:

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Or the wider Mental Health Improvement team at:

Mentalhealthimprovement@safercare.vic.gov.au

References

For further information on the implementation of the Zero Suicide Framework across Australia, please see below:

Gold Coast Mental Health Specialist Survey, Queensland, Australia:

- (1) Turner, Kathryn et al. "Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework." *The Australian and New Zealand journal of psychiatry* vol. 55,3 (2021): 241-253.
- (2) Stapelberg, Nicolas J C et al. "Efficacy of the Zero Suicide framework in reducing recurrent suicide attempts: cross-sectional and time-to-recurrent-event analyses." *The British journal of psychiatry: the journal of mental science* vol. 219,2 (2021): 427-436.
- (3) Turner, Kathryn et al. "Inconvenient truths in suicide prevention: Why a Restorative Just Culture should be implemented alongside a Zero Suicide Framework." *The Australian and New Zealand journal of psychiatry* vol. 54,6 (2020): 571-581.

South Australia:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/campaigns+and+projects/towards+zero+suicide>

New South Wales:

<https://www.health.nsw.gov.au/towardszerosuicides/Pages/default.aspx>