# ZERO SUICIDE WORKFORCE SURVEY QUESTIONS

**The Zero Suicide Workforce Survey is the ideal tool to use to assess staff knowledge, practices, and confidence. To administer the Zero Suicide Workforce Survey in your organization, submit a request through the Zero Suicide toolkit in the train section.**

<ORGANIZATION NAME> is making a commitment to improve care for our clients who are at risk for suicide. This survey is part of an overall organizational mission to adopt a system-wide approach to caring for individuals who are suicidal. The results of this survey will be used to help us determine the training needs of our staff.

All responses are anonymous. Please answer items honestly so that we can best serve both our staff and clients. Please be thoughtful about your answers even if you do not work directly with suicidal clients. We believe that suicide prevention is a shared responsibility among everyone in our organization. Unless otherwise indicated, please mark only one answer. It is anticipated that this survey will take you 5-15 minutes to complete. By answering this survey, you give your consent to participate; however, you may terminate your participation at any time.

We thank you in advance for your participation and for your dedication to this important issue!

# Section 1. Understanding the prevalence of suicide

1. The rate of suicide in my state is lower than the national average.

- ❍ True
- ❍ False
- ❍ Don't Know

2. Youth aged 10 to 24 have a significantly greater risk of suicide than individuals aged 65 or older.

- ❍ True
- ❍ False
- ❍ Don't Know

3. The rate of suicide among those with severe mental illnesses is how many times that of the general population?

- ❍ 1x
- ❍ 2x
- ❍ 3x
- ❍ 4x
- ❍ 6x

## Section 2. Beliefs about suicide

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know |
|---|---|---|---|---|---|---|
| 4. If a person is serious about suicide, there is little that can be done to prevent it. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 5. Suicidal people want to die. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 6. Suicide is always unpredictable. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 7. If you talk to someone about suicide, you may inadvertently give that person permission to seriously consider it. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 8. Depression indicates a suicide risk. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 9. Individuals with Borderline Personality Disorder frequently discuss or gesture suicide but do not really intend to kill themselves; instead they intend to provoke or manipulate others. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 10. People have a right to suicide. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 11. Few people want to kill themselves. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

## Section 3. Current actions to address suicide

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know | N/A |
|---|---|---|---|---|---|---|---|
| 12. I am comfortable asking direct and open questions about suicide. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 13. I always ask about suicide with new clients. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 14. I bring up the topic of suicide with clients whenever I suspect they may be at risk. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 15. I bring up the topic of suicide with clients when their record indicates any history of suicidal thoughts or behaviors. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know | N/A |
|---|---|---|---|---|---|---|---|
| 16. I know how to gather information about suicide warning signs, risk factors, and protective factors from suicidal clients. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 17. I use supervision when working with suicidal clients. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 18. I develop a collaborative safety plan with all suicidal clients. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 19. I address access to lethal methods (e.g., firearms) with all clients who report thoughts of suicide and involve family members in the removal or restriction of means. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know | N/A |
|---|---|---|---|---|---|---|---|
| 20. I involve family members or other supportive persons in my treatment and discharge plans for clients at risk for suicide. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 21. I am comfortable connecting my suicidal clients with the resources they need in the community (e.g., housing, transportation, vocational programs, volunteer opportunities, additional treatment providers, etc.) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

## Section 4. Training and Skills

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know | N/A |
|---|---|---|---|---|---|---|---|
| 22. I have received the training I need to engage and assist those with suicidal desire and/or intent. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 23. I have the skills to screen and assess a patient/client's suicide risk. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 24. I have the skills I need to treat people with suicidal desire and/or intent. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 25. I have the support/supervision I need to engage and assist people with suicidal desire and/or intent. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 26. I am confident in my ability to assess a patient/client's suicide risk. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Don't Know | N/A |
|---|---|---|---|---|---|---|---|
| 28. I am confident in my ability to treat a patient/client's suicidal thoughts and behavior using an evidence-based approach such as DBT or CBT. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

## Section 5. About You: Please tell us about your background, current professional work, and status

29. I have worked with a patient/client who ended his/her life by suicide.

❍ Yes, it has happened once
❍ Yes, it has happened more than once
❍ No
❍ Don't know

30. While this is not an exhaustive list, please choose the category that ***best*** describes your position.
My primary professional role is:

- ❍ 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)
- ❍ Support and Outreach (Outreach, Faith, Family Support, Peer Support)
- ❍ Education (Teacher, Health Educator)

31. I work primarily with:

- ❍ Elderly
- ❍ Adults
- ❍ Adolescents
- ❍ Children
- ❍ My primary role is administration.
- ❍ I don't work directly with patients/clients, and my primary role is not administration.

32. I work primarily at the following department/unit:

- ❍ Customized Answer 1
- ❍ Customized Answer 2
- ❍ Customized Answer 3
- ❍ Customized Answer 4…

❍ 33. What specific training(s) have you received? (please mark all that apply)

- ❑ AMSR (Assessing and Managing Suicide Risk) (1 day)
- ❑ ASIST (Applied Suicide Intervention Skills Training) (2 days)
- ❑ CAMS (Collaborative Assessment and Management of Suicidality)
- ❑ CASE (Chronological Assessment of Suicide Events) Approach
- ❑ CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)
- ❑ DBT (Dialectical Behavior Therapy)
- ❑ Kognito At-Risk in Primary Care (1-2 hours)
- ❑ Kognito At-Risk in the ED (1-2 hours)
- ❑ QPR (Question, Persuade, Refer) Gatekeeper Training (1-2 hours)
- ❑ QPR (Question, Persuade, Refer) for Nurses (6 hours)
- ❑ QPR (Question, Persuade, Refer) for Physicians, Physician Assistants, and Nurse Practitioners (6 hours)
- ❑ QPRT (Question, Persuade, Refer) Suicide Risk Assessment and Management Training (8-12 hours)
- ❑ RRSR (Recognizing and Responding to Suicide Risk) (2 days)
- ❑ RRSR (Recognizing and Responding to Suicide Risk) in Primary Care (1 hour)
- ❑ safeTALK (3 hours)
- ❑ Suicide Care
- ❑ I don't remember the name of the training I took.
- ❑ I have not completed training specifically in suicide prevention.
- ❑ I have completed a training not listed here. (please describe) _____

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

- ❑ Suicide prevention and awareness
- ❑ Epidemiology and the latest research findings
- ❑ Identifying risk factors and warning signs
- ❑ Formal screening and assessment practices
- ❑ Procedures for referring potentially suicidal patients/clients
- ❑ Communicating with patients/clients
- ❑ Determining appropriate levels of care
- ❑ Managing suicidal patients/clients
- ❑ Safety planning
- ❑ Suicide-specific treatment approaches
- ❑ Aftercare and follow-up
- ❑ Family, caregiver, and community supports
- ❑ Crisis response procedures and de-escalation techniques
- ❑ Understanding and navigating ethical and legal considerations
- ❑ Policies and procedures within your work environment
- ❑ Staff roles and responsibilities within your work environment

Thank you for your participation in this survey. When results are tabulated, they will only be reported in aggregate form. Please direct comments and questions to <name> at <email address> or <phone>. Thank you again!