



## Zero Suicide Workforce Development Survey

**ADAPTED BY VT SUICIDE PREVENTION CENTER**

**CONTACT: *JoEllen Tarallo joellen@healthandlearning.org***

You are being invited to take this survey because you work with an organization that is committed to implementing suicide-safe pathways to care. The survey is designed for people who work in mental health, healthcare and other fields who care for people who may be at risk for suicide. The survey is being conducted by the Vermont Suicide Prevention Center in partnership with Department of Mental Health and health care organizations. An overview for the Vermont Zero Suicide initiative can be found [HERE](#).

This survey is voluntary and anonymous. Your responses will not be shared in a way that will identify you. The survey will not be used to evaluate your performance in any way. Completing this survey helps inform the workforce development strategy at your organization and is important for us to understand what is working well with Zero Suicide implementation as well as what changes need to be made.

Even if you participated in a similar Zero Suicide survey in the past, we ask that you complete this survey.

Most people will be able to complete this survey in about 10 minutes.

Thank you

\*

## I. POSITION AND EXPERIENCE

These questions will help us understand your experience working with people who might be at risk for suicide, as well as your role in the organization where you work.

While this is not an exhaustive list, please choose the category that best describes your position.

**My primary professional role is:** *Please choose only one.*

- Management** (Administrators, Supervisors, Managers, Coordinators)
- Business, Administrative and Clerical** (Accounting, Reception, Human Resources, Billing, Records, Information Technology)
- Facility Operations** (Dietary, Housekeeping, Maintenance, Security, Transportation)
- Mental/Behavioral Health Clinician** (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)
- Adjunct Therapist** (Activity, Occupational, Physical, Rehabilitation)
- Case Management**
- Crisis Services**
- Medical Provider** (Physician, Nurse Practitioner, Physician Assistant, Emergency Department)
- Nursing** (Nurse, Registered Nurse)
- Psychiatry** (Psychiatrist, Psychiatric Nurse Practitioner)
- Technician** (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician)
- Support and Outreach** (Community Health Worker, Outreach, Faith, Family Support, Peer Support)
- Education** (Teacher, Health Educator)

**How many years have you been in that role?** *Please choose only one.*

- 1 year or less
- 2 to 3 years
- 4 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- More than 20 years

**I am an employee of:** *Please choose only one.*

- Health Care Organization: Primary Care
- Designated Mental Health Agency (please name in the box below)
- Hospital
- Community Health Team (please name the region in the box below)
- Community Health Centers
- Home Care
- Independent Contractor/Private Practice
- Other (please write in your place of work in the box below)

Comment Box



## Zero Suicide Workforce Development Survey

**What trainings on suicide prevention for healthcare professionals have you participated in? Please check all that apply.**

- CASE (Chronological Assessment of Suicide Events) Approach
- CBT (Cognitive Behavior Therapy)
- CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)
- CALM (Counseling On Access to Lethal Means)
- DBT (Dialectical Behavior Therapy)
- QPR (Question, Persuade, Refer) for Nurses (6 hours)
- RRSR (Recognizing and Responding to Suicide Risk) (2 days)
- Emergency Department Training: Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments (ED suicide prevention guide)*
- I don't remember the name of the training I took.
- I completed a training that is not listed here:



## Zero Suicide Workforce Development Survey

### II. SUICIDE PREVENTION ISSUES

**This set of questions focuses on your thinking about issues related to suicide prevention. Please select the choice that best matches how much you agree with each of the following statements.**

**How comfortable are you asking direct and open questions about suicide?** *Please choose only one.*

- Extremely comfortable
- Very comfortable
- Somewhat comfortable
- Slightly comfortable
- Not comfortable

**How consistently do you ask new clients about suicide?** *Please choose only one.*

- Always
- Often
- Sometimes
- Rarely
- Never

**How consistently do you bring up the topic of suicide with clients when you suspect they may be at risk?** *Please choose only one.*

- Always
- Often
- Sometimes
- Rarely
- Never

**How consistently do you bring up the topic of suicide with clients when their record indicates any history of suicidal thoughts or behaviors?** *Please choose only one.*

- Always
- Often
- Sometimes
- Rarely
- Never

**How consistently do you involve family members or other supportive persons in your treatment and discharge plans for clients at risk for suicide?** *Please choose only one.*

- Always
- Often
- Sometimes
- Rarely
- Never

**How consistently do you address access to lethal methods (e.g., firearms) with your clients who report thoughts of suicide and involve family members in the removal or restriction of means?** *Please choose only one.*

- Always
- Often
- Sometimes
- Rarely
- Never

**How consistently do you use supervision when working with suicidal clients?** *Please choose only one.*

- Always
- Often
- Sometimes
- Rarely
- Never

**How confident are you in your ability to gather information about suicide warning signs and risk factors from suicidal clients?** *Please choose only one.*

- Extremely confident
- Very confident
- Somewhat confident
- Slightly confident
- Not confident

**How confident are you in your ability to assess a client's suicide risk?** *Please choose only one.*

- Extremely confident
- Very confident
- Somewhat confident
- Slightly confident
- Not confident

**How confident are you in your ability to treat people with suicidal desire and/or intent?** *Please choose only one.*

- Extremely confident
- Very confident
- Somewhat confident
- Slightly confident
- Not confident

**Are the appropriate work flows in place to screen for a client's suicide risk?** *Please choose only one.*

- Yes
- To some degree
- No

**Have you received the training you need to engage and assist those with suicidal desire and/or intent?** *Please choose only one.*

- Yes
- To some degree
- No

**Do you have access to resources for supervisory or clinical support when working with suicidal clients?** *Please choose only one.*

- Yes
- To some degree
- No

**Are you a behavioral health provider?**

- Yes
- No

**Have you participated in CAMS training?**

- Yes
- No





## Zero Suicide Workforce Development Survey

### Have you participated in CAMS consult calls?

- Yes, I completed six out of eight calls
- Yes, I partially completed this training
- No

### Did you participate in CAMS-care online training?

- Yes, I completed this training
- Yes, I partially completed this training
- No

### Have you participated in a face to face or role play training on the CAMS model?

- Yes, I completed the training
- Yes, I partially completed this training
- No

### Have you used CAMS with any of your clients? *Please choose only one.*

- Yes
- No



## Zero Suicide Workforce Development Survey

**Approximately how many clients have you used CAMS with since you first participated in a CAMS training?** *Please choose only one.*

- 1 client
- 2 to 3 clients
- 3 to 4 clients
- 5 to 6 clients
- 7 or more clients

**Thinking about the clients you have used CAMS with, what are the things about the model that have been useful or helpful?**

**Still thinking about your use of CAMS with clients, what are some things that you want additional support on?**

**Thinking about the clients you have used CAMS with, how helpful do you think they have found the CAMS work you have done together?** *Please choose one of the following.*

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful



## Zero Suicide Workforce Development Survey

### II. SUICIDE PREVENTION ISSUES

**This set of questions focuses on your thinking about issues related to suicide prevention. Please select the choice that best matches how much you agree with each of the following statements.**

**I have provided services to a client/patient who ended his/her life by suicide. *Please choose only one.***

- Yes, it has happened once.
- Yes, it has happened more than once.
- No
- I don't know.

**Depression indicates a suicide risk. *Please choose only one.***

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**If a person is serious about suicide, there is little that can be done to prevent it. *Please choose only one.***

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**If you talk to someone about suicide, you may inadvertently give that person permission to seriously consider it.** *Please choose only one.*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**Few people want to kill themselves.** *Please choose only one.*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**Suicide is always unpredictable.** *Please choose only one.*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**Suicidal people want to die.** *Please choose only one*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**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. Please choose only one.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**How confident are you in your understanding of risk factors and warning signs for suicide? Please choose only one.**

- Extremely confident
- Very confident
- Somewhat confident
- Slightly confident
- Not confident

**How confident are you in your ability to respond appropriately when someone indicates suicidal intent or shows a warning sign for suicide? Please choose only one.**

- Extremely confident
- Very confident
- Somewhat confident
- Slightly confident
- Not confident

**How confident are you in your ability to connect people who are suicidal to helpful resources? Please choose only one.**

- Extremely confident
- Very confident
- Somewhat confident
- Slightly confident
- Not confident

**What proportion of employees in your agency understand the pathways for care of suicidal patients?** *Please choose only one.*

- All
- Most
- Some
- Few
- None

**Do you have the support/supervision you need to engage and assist people with suicidal desire and/or intent?** *Please choose one of the following.*

- Yes
- To some degree
- No

**Do you have specific protocols for follow-up with suicidal patients that include ongoing caring contacts?** *Please choose only one.*

- Yes
- To some degree
- No

**Is there a protocol in your organization about suicide-specific care coordination?** *Please choose only one.*

- Yes
- To some degree
- No

**Is there a protocol in your organization about timely follow-up with suicidal patients?** *Please choose only one.*

- Yes
- To some degree
- No

**How knowledgeable are you regarding the resources in your community for helping people who are suicidal?** *Please choose only one.*

- Extremely knowledgeable
- Very knowledgeable
- Somewhat knowledgeable
- Slightly knowledgeable
- Not knowledgeable

**How knowledgeable are you regarding the national resources for helping people who are suicidal?** *Please choose only one.*

- Extremely knowledgeable
- Very knowledgeable
- Somewhat knowledgeable
- Slightly knowledgeable
- Not knowledgeable





## Zero Suicide Workforce Development Survey

### III. PREVIOUS TRAININGS

**What trainings on suicide prevention for gatekeepers have you participated in?** *Please check all that apply.*

- ASIST (Applied Suicide Intervention Skills Training) (2 days)
- CALM (Counseling On Access to Lethal Means)
- Kognito At-Risk in Primary Care (1-2 hours)
- Kognito At-Risk in the ED (1-2 hours)
- QPR (Question, Persuade, Refer)
- QPRT (Question, Persuade, Refer) Suicide Risk Assessment and Management Training (8-12 hours)
- RRSR (Recognizing and Responding to Suicide Risk) in Primary Care (1 hour)
- safeTALK (3 hours)
- Umatter Awareness or Gatekeeper (1.5-3.5 hours)
- Umatter for Schools (1 or 2 days)
- Umatter for Community Professionals (Prevention or Postvention)
- I don't remember the name of the training I took.
- I completed a training that is not listed here:



## Zero Suicide Workforce Development Survey

### IV. TRAINING AND RESOURCES

**In which of the following areas, if any, would you like more training, resources or support? Please 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, e.g., confidentiality
- Policies and procedures within your work environment
- Primary Care Toolkit
- Staff roles and responsibilities within your work environment
- Other (please specify)



Zero Suicide Workforce Development Survey

**Thank you for completing this survey. It will be used to plan workforce development in your organization.**