Suicide Prevention and the Role of Crisis Contact Centers in State Crisis Systems

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Lifeline Mission

To effectively reach and serve all persons who could be at risk of suicide in the United States through a national network of crisis call centers.
About the Lifeline

• SAMHSA-funded
• Administered by Link2Health Solutions, an independent subsidiary of the Mental Health Association of NYC
• Project partners: NASMHPD, National Council of Behavioral Health, Columbia University and the Department of Veterans Affairs
• Comprised of **165 crisis centers** (and counting) in 49 states
• **JULY 2007**: VA & SAMHSA launch first national suicide hotline for Vets

• Calls routed through 800-273-TALK (press 1 for vets & active military service)

• 24-7 access to trained counselors at VA

• Lifeline Centers back-up service to ensure all calls are answered
The National Public Safety Net: Lifeline Crisis Centers
Lifeline’s Network of Collaborators

- SAMHSA
- VA
- Consumer-Survivor Committee
- Steering Committee
- Standards, Training & Practices Committee
- Lifeline
- Network Centers
Network Evaluation and QI Process

Identify Best Practices

Evaluations

Standards, Guidelines & Policies

Training & T.A.

Implement
In a 2014 evaluation by Rand of 10 California crisis centers:

Callers to Lifeline-member crisis centers were more likely to be assessed for suicidality and show reductions in distress by the end of the call.

R. Ramchand, et al, in press
Presentation Takeaways

Some essential components of healthcare reform are also central to:

- Crisis Care Systems
- Suicide Prevention

Many crisis contact centers are expert in providing these care components

Crisis contact centers are essential to *community* crisis care and suicide prevention, beyond healthcare system
Components of SP & Crisis Care
Essential to Healthcare

- Access to Care
- Person-centered Care/Engagement
- Continuity of Care
- Systems Coordination
States: Certified Community Behavioral Healthcare Centers

CCBHC Criteria Relevant for Crisis Centers, Suicide Prevention

• **Staffing: Risk Assessment Training**

• **Access & Availability**
  - Outreach & engagement
  - Telephone, online
  - 24/7 access to evaluation & crisis care

• **Follow-up/Care Coordination**
  - Relations with EDs & Hospitals
  - Reach into the community (schools, child welfare, other social services)
  - Safety planning, peer supports
"Many a suicide might be averted if the person contemplating it could find the proper assistance when such a crisis impends."

Clifford Beers, 1908, *A Mind That Found Itself*

*Founder of America’s Mental Hygiene (Reform) Movement*
“Access to Care Saves Lives”

England & Wales, While et al, 2012

Examined impact of implementing 9 key mental health service recommendations to reduce suicide across National Health Service regions.

Of the 9 recommendations studied, a **24 hour crisis team** had the greatest relationship with the reduction in suicides. The study defined 24 hour crisis teams as "community services that include a single point of access for people in crisis available 24 hours a day.”
Lifeline Evaluation Findings: Suicidal Persons Accessing Effective Care

**Suicidal Persons Accessing the Lifeline:**

- 25% of Lifeline callers present with suicidal thoughts, plans, attempts (Gould et al, 2009)
- Over 50% of suicidal callers had plan, over 8% with an attempt in progress; nearly 60% had past suicide attempts (Gould et al, 2007) Underestimate: 650 high risk exclusions

**Lifeline is Reducing Risk:**

- Lifeline is reducing risk: **significant reductions in suicidality, psych. pain and hopelessness** at end of call and at 3 week follow-up
- **Nearly 12%** of suicidal callers spontaneous report: call prevented him/her from killing or harming self
The Affordable Care Act...has brought patients and consumers to the forefront of health care. Health care researchers, clinicians, administrators, funders, and federal and state govt. agencies now realize that engaging patients, caregivers, families and health consumers is a requirement to reduce costs, improve outcomes, and increase quality and safety.

American Institute of Research, 2016
Engagement, Choice & Person-Centered Care

Overarching aim for an ideal practice that its patients would say of it:

“They give me exactly the help I need and want exactly when and how I need and want it.”

Dr. Don Berwick, CMS
12/2011
How do we help persons who are feeling suicidal?

Assess & Treat (yes)

Engage, Support and Empower (YES!!!)
Are High Risk People Getting Care?

WHO Study (Bruffaerts et al, 2011)
Surveyed 55,302 persons with suicidal thoughts or behaviors from 21 countries

• 45-51% attempt survivors did not seek care within a year after the attempt

Why Not?

• 58% said “low perceived need” for care
• 40% wish to handle the problem alone
• 15% structural barriers (financial, distance)
• 7% stigma
How can we engage more people at high risk of suicide?

“Policy makers must decide whether to use marketing principles (and scarce resources) to attract suicidal people to existing services, or invest in culturally appropriate interventions in more acceptable settings. Bruffaerts et al’s findings suggest the latter may be a more promising way of meeting suicide prevention targets….” A. Pitman & D.P.J. Osborn, BJP, 2011
Engaging High Risk Persons by Telephone

Care Linkages

Gould, Munfakh, Kleinman & Lake, 2012:

376 suicide callers from 16 Lifeline centers

- 57% had made past attempts, 37% had a plan and 7% were attempting when calling the center
- Evaluator follow-up calls found about 44% had linked to care
- Over half that did not connect identified main reason: “the problem was not severe enough and/or could be handled without treatment”

…but they were calling the Lifeline!
Engaging High Risk Persons by Telephone

After Discharge from Emergency Department

Vaiva et al, 2006:
605 attempt survivors, discharged from 13 EDs in France

- Assigned to telephone contact (support, empathy, suggestion, crisis intervention, review aftercare plan, etc) or “Treatment as Usual” (clinic referrals)
- More (75%) agreed to telephone intervention than past suicide prevention therapy referrals (51%, Guthrie et al, 2001)
- Significant reductions in reattempts for persons contacted by phone within a month of discharge
- Telephone contact detected high risk persons for timely emergency care referrals
New findings…provide evidence from a 2015 Survey of U.S. Health Care Consumers shows that consumer engagement is trending upward in three important areas: partnering with providers; tapping online resources, and relying on technology.

Deloitte, 2015
Crisis Centers: Innovators in New Technologies to Promote Access

- Crisis Chat: 47 centers
- Crisis Text: 36 centers
- Crisis Email: 34 centers

Chat and Text Services
Crosby Budinger, Cwik & Riddle, SLTB, April 2015:

168 inpatient & outpt youth, ages 10-17

- **Most preferred phone** (41%)
- Others: **Text** (25%), **Chat** (19%), **Social Networking** (15%)
- **Use of hotlines is low due to stigma, lack of awareness**
- Many more would call if a friend (63%) or trusted adult (73%) suggested they use the hotline
- **Findings suggest that all approaches should be used to reach youth** (and “adults of tomorrow”)
Continuity of Care

ACA emphasis on care coordination/continuity:
“Poorly managed care transitions can diminish health and increase costs. Researchers estimate that poor care coordination/continuity was responsible for $25-$45 billion in wasteful spending in 2011 through avoidable complications and unnecessary hospital readmissions.”
Burton, Health Policy Brief, Sept 2012
Follow Up Reduces Suicidality

- **WHO Study, 2008**: 800 attempters FU from 8 EDs around the world, 9 contacts (1 education session in ED, telephone and face to face contacts) over 18 mos. = **9x fewer suicides** than control group
- **DeLeo, 2002**: Telecheck FU in Italy **reduced suicide rate 6x among elderly women**
- **(Motto, 1976)**: Letters (24 over 5 yrs) sent to 389 attempters post-discharge **sig. reduced suicides**
- **(Carter 2005)**: Postcard follow-ups over 1 yr. to 378 attempters **reduced attempts 50%**
Crisis Center Follow-Up Saves Lives and Money

Life-Savings
- 80% of 625 suicidal callers consenting to follow-up reported calls had suicide prevention effects, with 53.4% reporting that the calls stopped them from killing themselves *(Gould & Lake, 2012)*

Cost-Savings
- Truven Health Analytics & SAMHSA: model for crisis center follow-up of ED and inpatient at risk discharges estimated at *>2x ROI in Medicare and Medicaid dollars* *(Richardson, Mark & McKeon, 2014)*
Most Lifeline Centers Provide Follow up Services

- Yes: 122 centers provide follow-up services.
- No: 12 centers do not provide follow-up services.
Lifeline Centers: Links In Public Safety Net

- **Law Enforcement**
  - 40% (53) Formal Relationship (MOU, etc.)

- **Mobile Crisis Teams**
  - 31% (42) Formal Relationships (MOUs, contracts, etc.)
  - 30% (40) Provide Mobile Outreach Services

- **911 Centers**
  - 22% (30) Formal Relationships (MOU, etc.)

- **Emergency Departments**
  - 38% (30) Formal Relationships (MOU, etc.)

(2015 Survey of 134 Lifeline Centers)
IMMINENT RISK POLICY (2011)

BASIC TENETS OF POLICY

• Active Engagement/Least Invasive

• Active Rescue

• Collaboration (with emergency service entities)
Impact of Lifeline IR Policy on Center Practices

Gould, Lake, Munfakh, Galfavy, Kleinman, Williams, Glass & McKeon, 2015

491 callers classified at imminent risk by 132 counselors from 8 Lifeline centers

• 76% collaborated with counselor to address and reduce risk
  – Most collaborated in safety planning, reducing access to lethal means, etc. (44%)
  – Many consented to follow-up support (29%)
• 40% risk was reduced by the end of the call so rescue (911) was not needed
Crisis Centers: Diversion Cost-Efficiencies

- **Georgia Crisis & Access Line**: Single entry point for behavioral health system. Triage, linkages to clinics, hospitals and mobile outreach
  - 50% decrease in outpt. appt. wait time
  - Saved $16m in unnecessary state hosp admissions in <5 years, one county alone

- **BHR in Mo**:  
  - Youth Connection Helpline diverted 98% of youth in crisis from emergency/inpt services, with 80% of youth getting linked to community based face-to-face services within 24 hours
Joint Commission Alert: Lifeline for all Suicidal Patients

A complimentary publication of The Joint Commission
Issue 56, February 24, 2016

Detecting and treating suicide ideation in all settings

For all patients with suicide ideation:
- Give every patient and his or her family members the number to the National Suicide Prevention Lifeline, 1-800-273-TALK (8255), as well as to local crisis and peer support contacts.
Roles of Crisis Centers: CCBHCs

Centers can play one of the following roles:

- Integrated part of system (eg., ATF model)
- “Designated Collaborating Organization”
- Consulting/training role
Community SP Trainings Can Save Lives

GLS Evaluations, 2007-2010:
Counties with GLS programs had sig. lower suicide rates for ages 10-24 the year after GLS activities were implemented. Impact on suicides did not persist after a year. Authors: staff turnover, need for refresher gatekeeper training, focus on comprehensive programming fades over time.

Walwrath, C, Garraza, LG, Reid, H, Godston DB & McKeon, 2015
Lifeline Centers providing:

**Suicide Prevention Trainings**
- ASIST (57%)
- QPR (25%)
- SafeTalk (23%)
- Signs of Suicide/SOS (16%)

**Mental Health First Aid** (36%)

**Community Education** (81%)

**Law Enforcement:** (60%) re: Working with Persons who are Suicidal, Mental Illness
Funding and Call Volume

77% of centers received flat or reduced funding in 2014
  • 46% had flat (same) funding
  • 31% had funding decreases

76% of these centers had call volume increases
  • 73% with flat funding had call volume increases
  • 81% with funding cuts had calls increase
Crisis TF Recommendations of the Action Alliance

- Air-Traffic Control model
- Lifeline standards for crisis services
- Lifeline membership: all states, Lifeline centers take calls
- Fed support for centers: Block grants
Summary

- Crisis care and suicide prevention line up directly with central approaches to health care systems reform
- Crisis contact centers must be a central component of state crisis care systems
- All GLS grantees should be working with a local crisis center
- All crisis centers should be Lifeline member centers
- All Lifeline centers must be properly funded
Thank you!

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