

NATIONAL

SUICIDE
**IDE**
PREVENTION

LIFELINE™

I-800-273-TALK

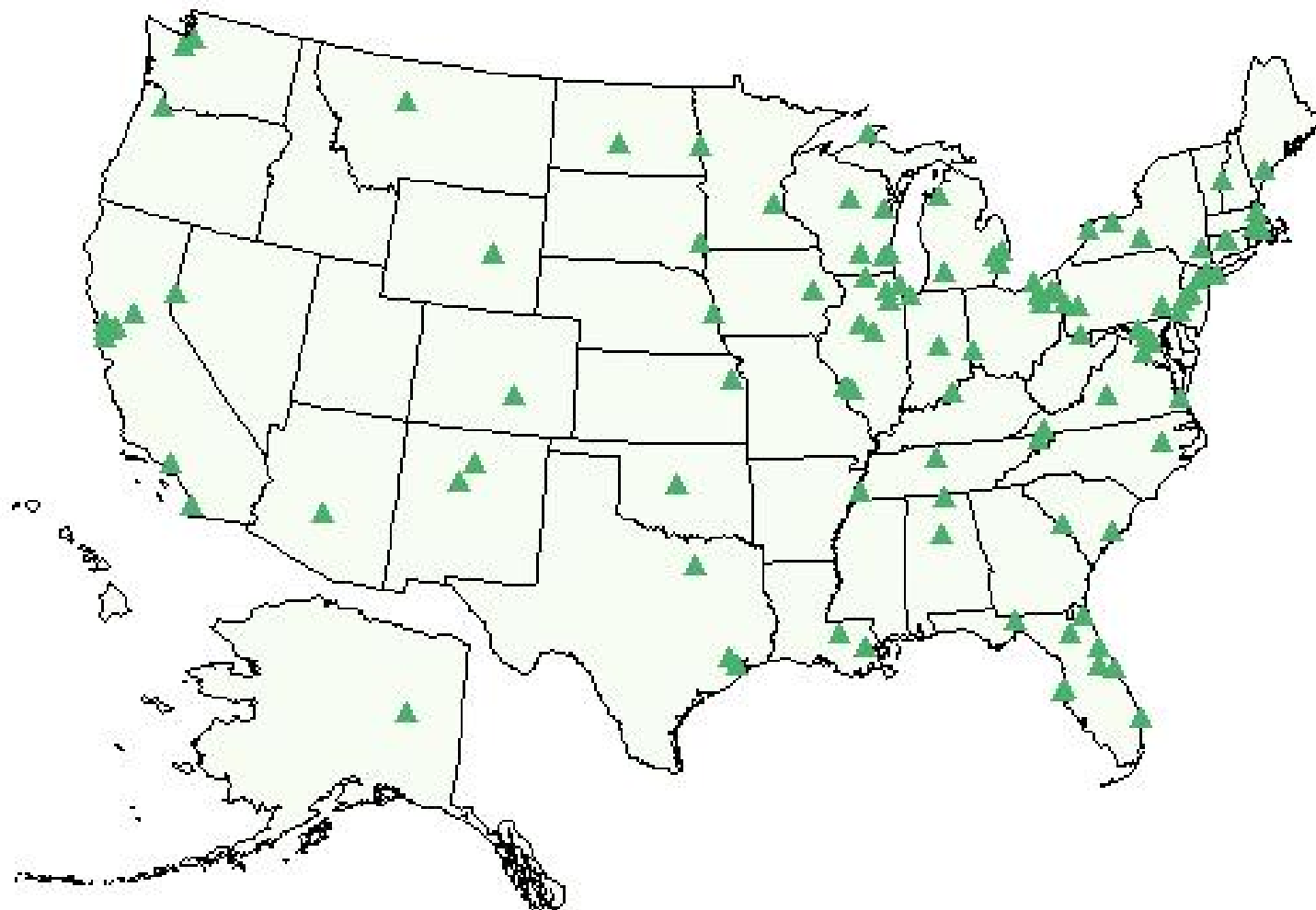
www.suicidepreventionlifeline.org

The Lifeline: With Help Comes Hope

- National toll-free: 800-273-TALK
- Call 24-7 from anywhere in USA
- Free and confidential
- SAMHSA funded
- Link2Health Solutions with partners: NASMHPD, Rutgers & Columbia Universities



1-800-273-TALK



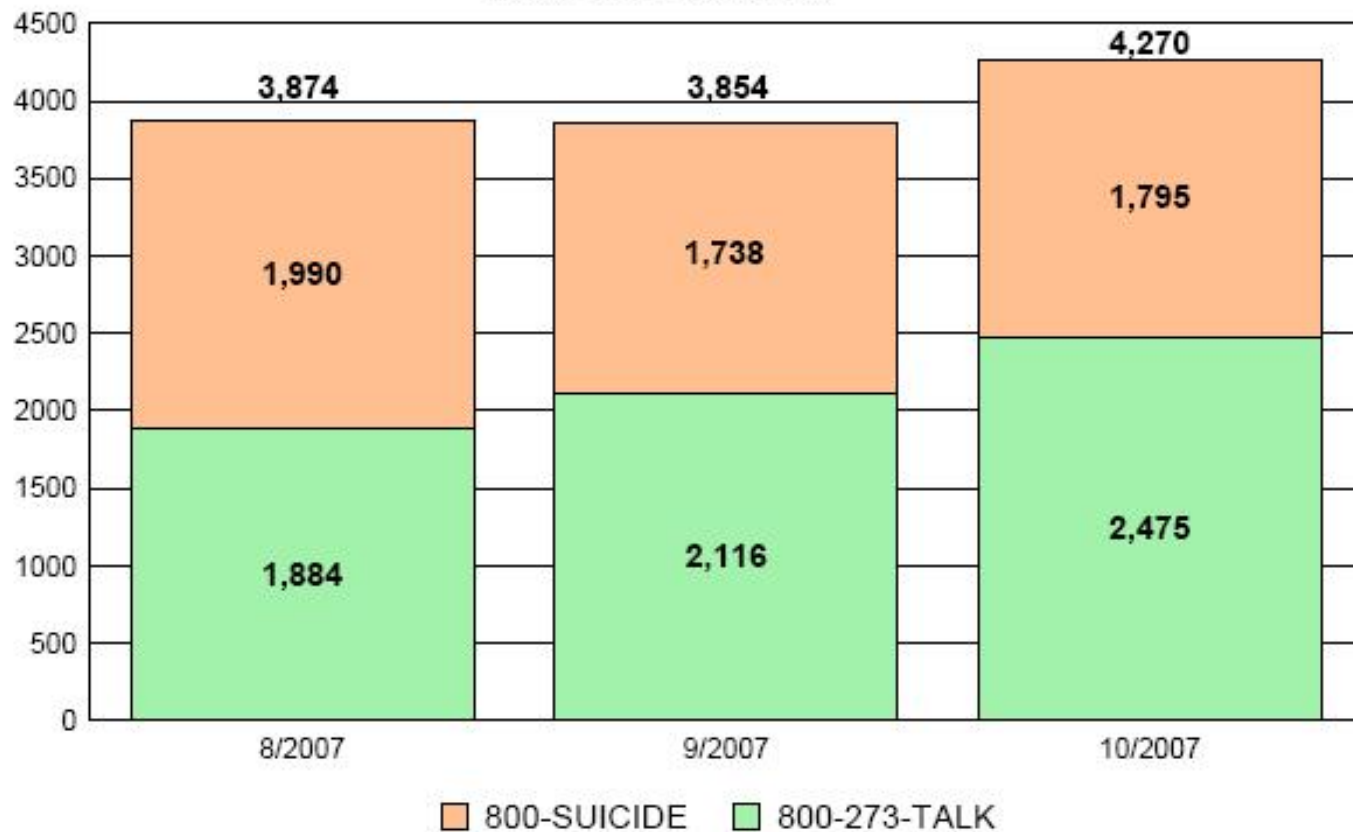
How the Lifeline Works

- Caller dials **800-273-TALK or 800-SUICIDE**
- Call is routed to nearest crisis center (based on area code)
- Currently 125 centers & counting
- The crisis worker will:
 - Listen, Assess
 - Link and/or refer to services as needed (including EMS)
- Back-up centers to assure all calls answered
- 38,000 calls per month (Oct 2007)



NSPL-Vet Line Calls

Aug-Oct 2007



Treatment system gaps and suicide prevention

- *Nearly 2/3 who may need care don't access it* (Kessler et al, 1996)
- **Rural areas:** suicide rates high, access to care low (Eberhardt, 2001)
- *National Strategy for Suicide Prevention (NSSP): must promote access to care*
- **NSSP: need for aftercare follow-up, suicide assessment standards, outreach programs**
- Restriction of lethal means difficult in treatment system; **need "access to lifesaving means"**



Suicide Prevention Efforts for
Individuals with Serious
Mental Illness:
Roles for the State Mental
Health Authority

DRAFT

*Conclusions &
Recommendations from the
NASMHPD Technical Paper*



Conclusion #3:

Suicidal individuals with SMI can benefit from a robust continuum of care that extends beyond the boundaries of the traditional health and mental health care systems. Crisis hotlines provide relatively low-cost, effective services to individuals seriously contemplating suicide and are available to all regardless of geographical barriers, appointment availability, or ability to pay.



Recommendation 3.1

The public mental health system should support and collaborate with crisis hotlines to ensure individuals at risk for suicide, including those who have made a suicide attempt, can readily access high quality crisis support services.



Unique role of hotlines in suicide prevention

- **24-7 ACCESS** to a trained counselor (anytime/anywhere, toll-free)
- **ANONYMITY** – allow callers to avoid stigma around help seeking
- **I & R** before a suicidal crisis occurs
- **LINKAGE** to emergency services for individuals that might not dial 911 themselves
- **EDUCATION/TRAINING** hub for suicide prevention in local regions



Do hotlines prevent suicide?

Evidence from published studies

- **Elderly phone service in Italy significantly decreased suicide among elderly women - 6 times lower than general population. (De Leo et al., 1995, 2002)**



Do hotlines prevent suicide?

Evidence from published studies

- **Hotline for adolescents can have a positive effect**
(Australia): Study of impact of telephone counseling on adolescents found significant decreases in suicidality and significant improvement in mental state during the course of telephone counseling sessions (King et al., 2003)

Do hotlines prevent suicide?

*Evidence from studies
(S<B, June 2007)*

Silent monitoring of 1,431 calls to 14 centers within a national hotline network finds:

- People in need call the number
- People appear to be helped during significant # of calls
- Specific helper qualities/styles/behaviors related to better outcomes
- Helpers don't consistently assess suicide risk
- Center directors' descriptions of what staff does has no relationship to their actual behaviors
- Centers vary greatly in nature and quality of telephone help

Source: Mishara et al. (2007)



Do hotlines prevent suicide?

Evidence from studies

(S<B, June 2007)

Evaluation of 1,613 crisis callers and 1,081 suicidal callers to 8 U.S. centers during call and 3 weeks later finds:

- Crisis hotlines are reaching seriously suicidal callers
- Emotional distress and suicidality decreased during and after calls
- 11.6% suicidal callers in follow-up spontaneously report that “call saved his/her life”
- Suicide risk assessments are not consistently performed and suicidality of callers is sometimes missed

Source: Gould & Kalafat (2007)



Impact of Research on NSPL Practice

- **Lifeline Subcommittee formed to help translate research into practice**
 - Subcommittee includes researchers and experts in suicide prevention training, crisis center practice
- **Establish national network minimum standards for crisis center practice** (e.g. suicidality risk assessment, emergency intervention, silent monitoring, etc.); standards published in S<B, June 2007
- **Research-informed trainings** to support standards and make freely available to network crisis centers
- **ONGOING EVALUATION**



Potential Roles of Crisis Centers

- 24-7 access to “lifesaving means”; reduce ER burden
- Reach to rural areas, all ages
- Cost-effective; serve more for less
- QI: Have standards (NSPL) and can be monitored remotely
- Reach/Prevention: use in all BH public ed campaigns
- I & R linkages: Efficient use of existing services
- “Postvention Gap-filler”: Follow-up potential for care continuity
- Data collection/reporting in real time showing trends in problems, needs and service use



Examples of NSPL Center Potential

“Meta-service” for state and local behavioral health systems

All of the following centers are primarily supported by public funds and provide:

- ✓ 24-7 telephonic assessment and intervention
- ✓ 24-7 linkages to mobile outreach teams & EMS
- ✓ I & R for local resources
- ✓ Data to public health officials
- ✓ Anchors for broad public education initiatives
- ✓ Community trainings re: suicide prevention, depression screening
- ✓ Trainings with local law enforcement and other gov service agencies



Examples, cont.:

- **LifeNet, NYC:** \$2.6m & 100,000 calls annually (5% suicide); Disaster response leaders
- **BHR, St. Louis:** \$2.3m & 156,000 calls annually (5% suicide); follow-up with at-risk callers
- **2-1-1 InfoLine, CT:** statewide, \$12m & 300,000 calls annually (5-10% suicide); follow-up with at risk callers
- **BHL, GA:** Multi-million \$ and 250,000 calls annually. Statewide single entry point; triage, linkages to clinics and outreach; saved \$16m in state hosp reductions in <5 years, *one county alone*



Potential Crisis Center Collaborations with EDs & Hospitals

- Enhance efficient linkages to ED
- Materials in waiting areas and provided to ED discharges to reduce unnecessary future visits
- Follow-up with at-risk persons discharged from inpatient units for continuity of care, support after-care linkages



ED Telephone Follow-up with Attempt Survivors: Study

Vaiva et al, BMJ, 2006

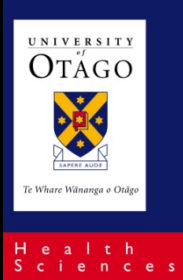
- 605 attempt survivors, discharged from 13 EDs in France
- Telephone follow-up at one month vs. three months vs. TAU
- Follow-up method: empathy, reassurance, explanation, suggestion, crisis intervention as needed



ED Telephone Follow-up with Attempt Survivors: Results

Vaiva et al, BMJ, 2006,

- ***Significant reductions in re-attempts at 1 month***
- No significant effects at 3 mos.
- 48 re-attempted before 1st month (suggest 15-21 days)
- ***Pts. more open to phone contact than attending outpt. treatment***



Postcards from the EDge

- RCT of postcards versus TAU.
- Postcards sent 1, 2, 3, 4, 6, 8, 10 and 12 months after attempt.

(Carter et al, 2005)

Hunter Area Toxicology Service



Dear «FirstName»

It has been a short time since you were here at the Newcastle Mater Hospital, and we hope things are going well for you.

If you wish to drop us a note we would be happy to hear from you.

Best wishes,

Dr Andrew Dawson



Dr Ian Whyte

*Newcastle Mater Misericordiae Hospital
..... Bag 7, Hunter Regional Mail Centre NSW 2310
Phone: 49 211 283 Fax 49 211 870*

Control group (n=394): repetitions n=192
Intervention group (n=378): repetitions n=101
Negative binomial regression
Incidence risk ratio 0.55 (95% CI 0.35 to 0.87), SE 0.13

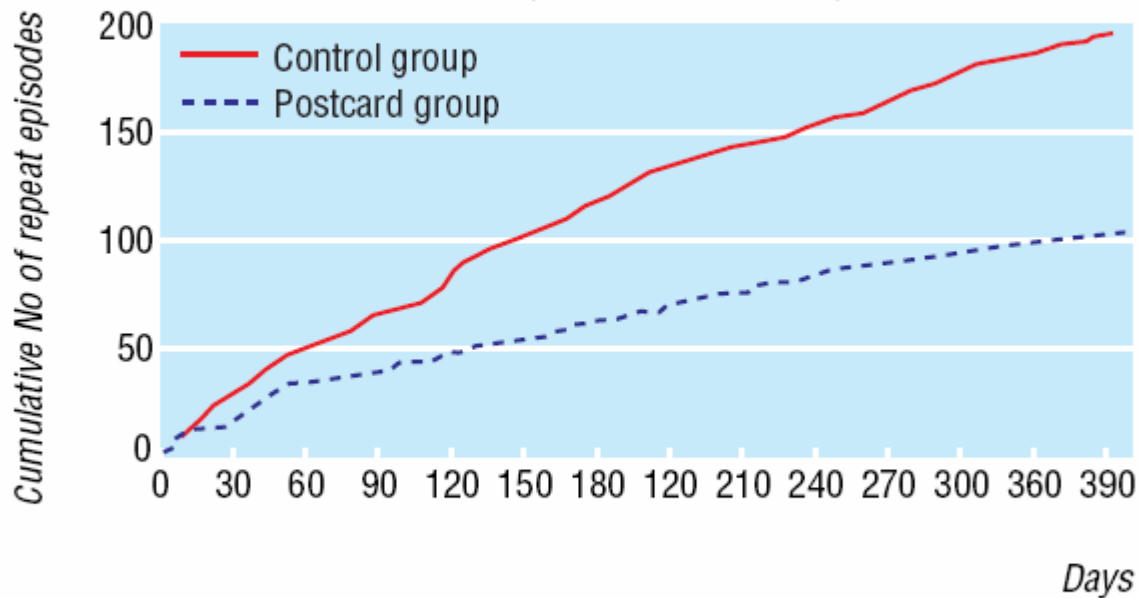


Fig 2 Cumulative number of repeat episodes of hospital treated deliberate self poisoning

Work with Attempt Survivors

- Workgroup of A.S. to advise Lifeline Consumer-Survivor Subcommittee
- Recent focus group advised on how to help NSPL centers better reach and serve A.S.
- Follow-up supported by A.S. group; need for more peer supports



SUMMARY

- **Evidence-base for crisis centers** serving suicidal persons effectively
- **Can address NSSP directives:** access, assessment, outreach and follow-up/continuity of care
- **Cost-effective, can reduce burdens** on system via diversion and prevention
- **Public education vehicle**
- **Inter/intra-systems linkages**
- **Growing state and local gov support**



Contact Information

John Draper, Ph.D.

Director

National Suicide Prevention Lifeline

(212) 614-6357

jdraper@mhaofnyc.org

www.suicidepreventionlifeline.org

