

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

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This webinar/paper/report/product/etc. was developed [in part] under contract number HHSS283201200021I/HHSS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



Technology-Based Early Identification and Crisis Supports

Mental Health America

National Suicide Prevention Lifeline

Crisis Text Line





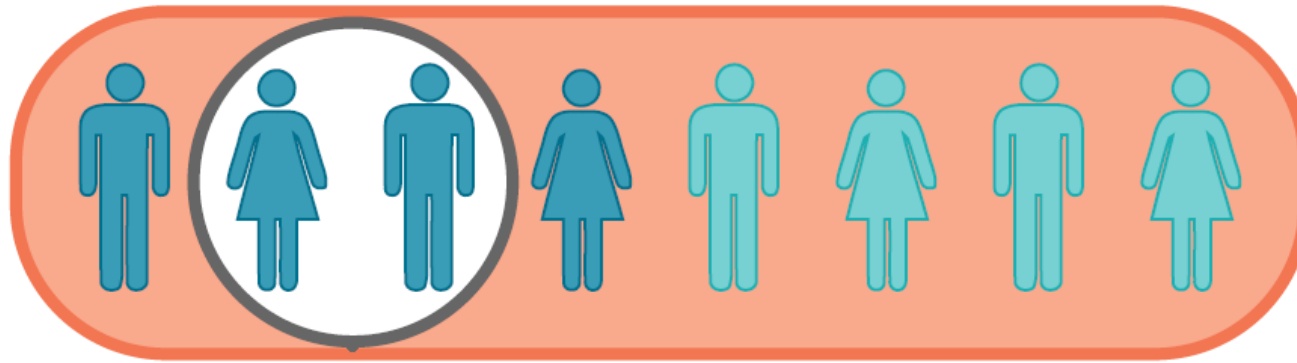
Best Practices in Online Mental Health Screening



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Mental Health America



Importance of Early Identification and Intervention



50
PERCENT

of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14.²

Screening Promotes Recovery

- People who screen regularly are:
 - More attuned to their symptoms;
 - More knowledgeable about their conditions;
 - Better able to communicate with their provider;
 - Able to recognize improvement early in treatment;
 - More aware of the warning signs of relapse;
 - Better able to self-manage their illness.

More Screening = Better Healthcare

- Screening in primary care perceived as helpful 93% of the time;
 - PCPs 3 times more likely to recognize MI symptoms and follow up;
 - Post-screening treatment changes were made 40% of the time;
 - Positive benefits persist one year later.
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- Sources: Christensen, et al, 2005; Pignone et al, 2002; O'Connor et al, 2009; Duffy et al, 2009.



MHAScreening.org

Recognize these symptoms? Act before Stage 4 -
take a screen at MHAScreening.org.

Changes in energy level and sleep patterns

Noticeable
restlessness or
irritability

Loss of interest or
pleasure in activities

Feeling sad,
empty,
hopeless,
worthless, or
guilty



Frequent thoughts of death or suicide

Difficulties with concentration
or decision making

Changes in
appetite, eating
habits, or weight



- Depression Screen (PHQ9)
- Anxiety Screen (GAD7)
- Bipolar Screen (MDQ)
- PTSD Screen (PC-PTSD)
- Youth Screen (PSC)
- Parent Screen (PSC)
- Alcohol & Sub Use Screen (CAGE-AID)
- Psychosis Screen (PQB)

Youth in Screening

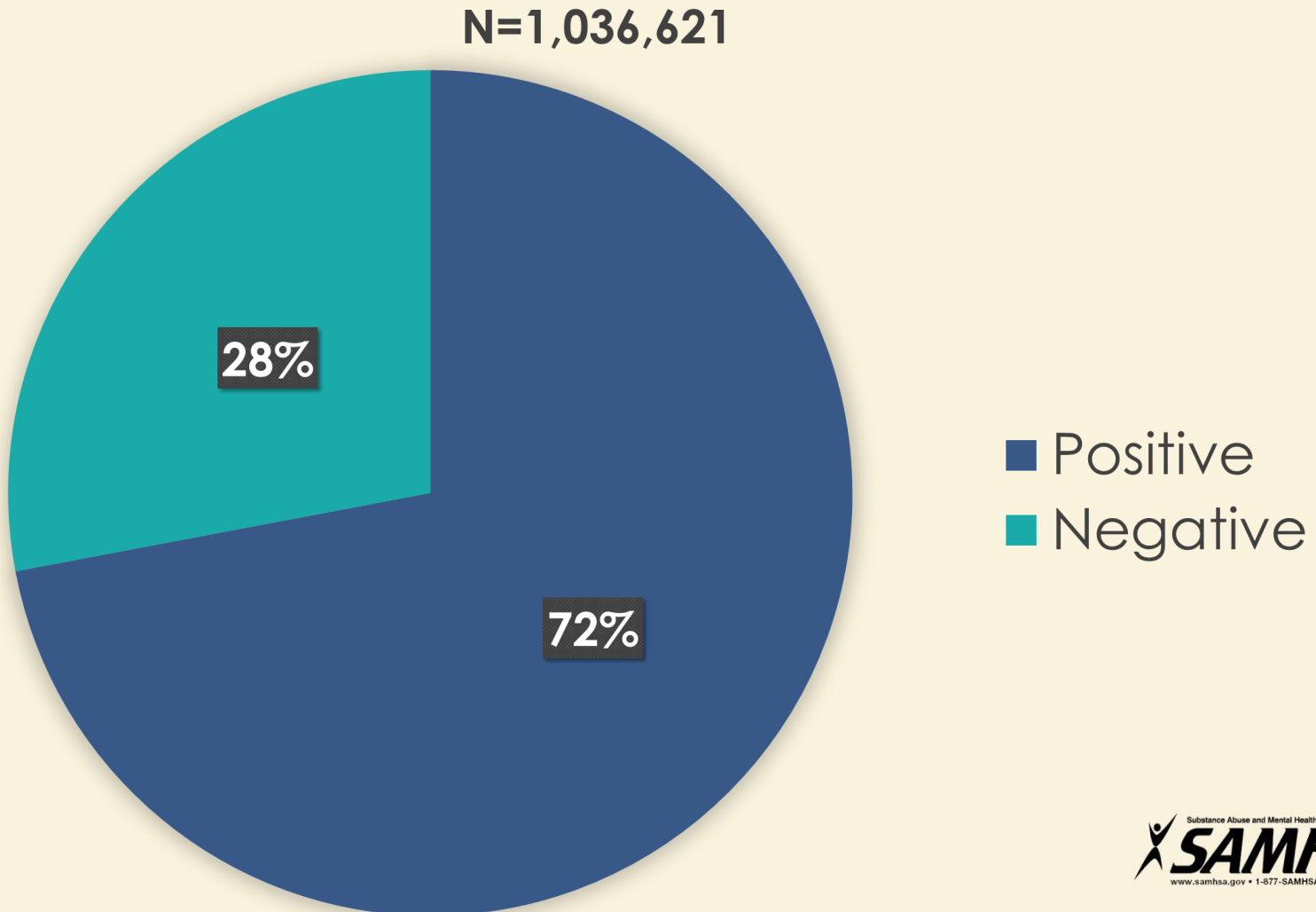
Today, MHA has provided over 2 million screens. Young people under 25 make up 66% of screeners. Under 18 is 36% of screeners

- *Depression Screen is most popular (50%)*
- *Bipolar (26%); Anxiety (10%); Psychosis (5%);*

The delays in treatment for mental illnesses are longer than for many other health conditions.^{2,4}



MHA Screener Results, 2016



Best Practices - Crisis

9. Thoughts that you would be better off dead, or of hurting yourself

Not at all

Several days

More than half the days

Nearly every day

Your response to this question indicates you may be at risk for harming yourself or someone else. Are you in crisis? Please call [911](tel:911) or the National Suicide Prevention Hotline at [1-800-273-TALK](tel:1800273TALK) or go immediately to the nearest emergency room.

10. If you checked off any problems, how difficult have these problems made it for you at work, home, or with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

NEXT



Best Practices - Crisis

Reach out for help.

Text **MHA** to **741741**

CRISIS TEXT LINE |

You'll be connected with a
trained Crisis Counselor

Services are **FREE**
Available **24/7**



Best Practices - Results

Depression Screening Results

[Email Results](#)[Print Results](#)[Take Another Screen](#)

Your responses indicate you may be at risk for harming yourself or someone else. Are you in crisis? Please call [911](#) or the National Suicide Prevention Hotline at [1-800-273-TALK](#) or go immediately to the nearest emergency room.

Severe Depression

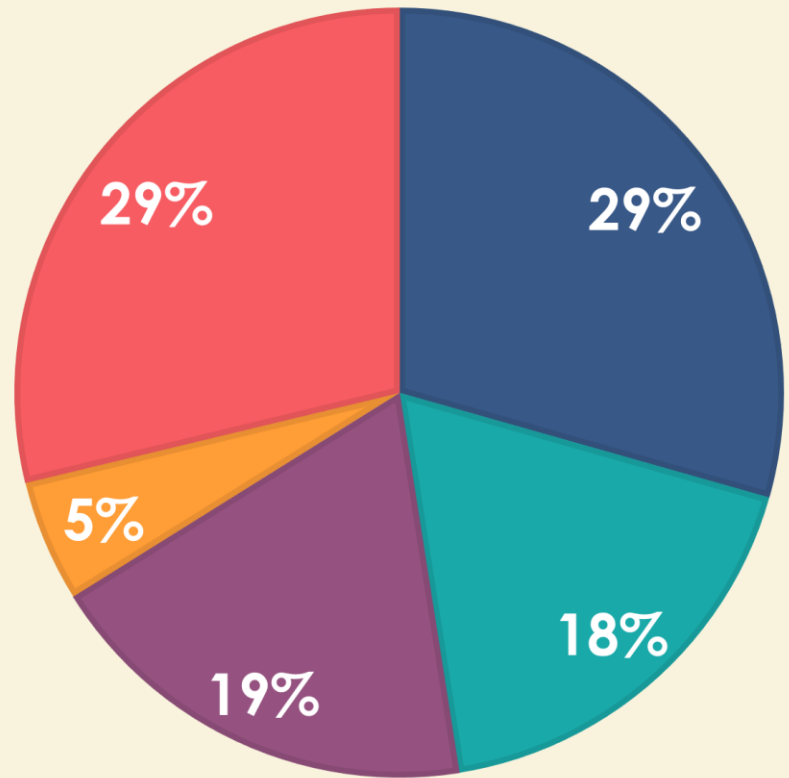
Your results indicate that you may be experiencing symptoms of severe depression. Based on your answers, these symptoms seem to be greatly interfering with your relationships and the tasks of everyday life.

These results do not mean that you have depression, but it may be time to start a conversation with your doctor. Finding the right treatment plan and working with your doctor, healthcare provider or a support person can help you feel more like you again.

MHA Screeners: Next Steps

N=553885

- Discuss the results with a family member, a friend or a professional
- Find additional information online
- Find treatment
- Monitor my health by taking screens regularly
- None at this time



Best Practices - Resources

This screen is not meant to be a diagnosis. Diagnosis and care of mental health conditions can be difficult. Having symptoms of depression is different than having depression. In addition, symptoms of depression can be caused by other mental health conditions, such as bipolar disorder, or other health problems, like a thyroid disorder. Only a trained professional, such as a doctor or a mental health provider, can make this determination. However, by printing the results and bringing it to your doctor, you can open up the conversation.

Our resources on [depression](#), [mental health treatment](#), or [working with a provider](#) may help you take the next steps.

You can also find more resources about supports at: [Get Help](#), [Finding Therapy](#), [SAMHSA Treatment Locator](#), or contact a local [MHA affiliate](#).

Best Practices – Connecting Mental Illness Feels Like

ANXIETY

BIPOLAR

BODY DYSMORPHIA

DEPRESSION

EATING DISORDERS

PSYCHOSIS

RECOVERY

#anxiety #depression
#mentalillnessfeelslike

Posted 7 days ago



@MentalHealthAm I have a thousand thoughts in my head but nothing to say.
#mentalillnessfeelslike

Here are some things people say #depression feels like. What does it feel like to you? Share your story using... <https://t.co/Pj6KyicAF6>

Posted 8 days ago



#mentalillnessfeelslike My mind is playing tricks on me. I'm tired of not knowing what's real... #bipolar #depression

Posted 8 days ago



Depression. . . #mentalillness
#mentalillnessfeelslike
#depression #mentalhealth
#therapy #counseling

Posted 7 days ago

I didn't get out of bed until 5pm. I shouldn't be this tired.
#depression
#mentalillnessfeelslike

Posted 17 days ago



#mentalillnessfeelslike I know I shouldn't feel stigmatized but I do...
#bipolar #depression
adifferentkindofsober.com/the-shame-game/

#mentalhealth #anxiety
#anxietydisorder #mentalillness
#depression
#mentalillnessfeelslike
#keepfighting #endthestigma

Posted 8 days ago



Yeah. 🙄 #mentalhealth
#mentalhealthawareness

#MENTALILLNESSFEELSLIKE



My anxiety and depression blaming each other



Get Connected, Learn More

- Link to MHAScreening.org – just released screens in Spanish and an Eating Disorder Screen

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Best Practices in Crisis Phone Based Supports



Michelle Kuchuk

National Suicide Prevention Lifeline



National Suicide Prevention Lifeline (NSPL)

- Free, confidential emotional support and crisis counseling to people in suicidal crisis or emotional distress 24/7, across the U.S.
- Leader in suicide prevention and mental health crisis care
- National network of over 150 local crisis centers

National Suicide Prevention Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

 **1-800-273-8255**

What Happens When You Call The Lifeline?

First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you to a skilled, trained crisis worker.

A trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support, and get you the help you need.

Lifeline Center calls are free and confidential, and we're available 24/7.



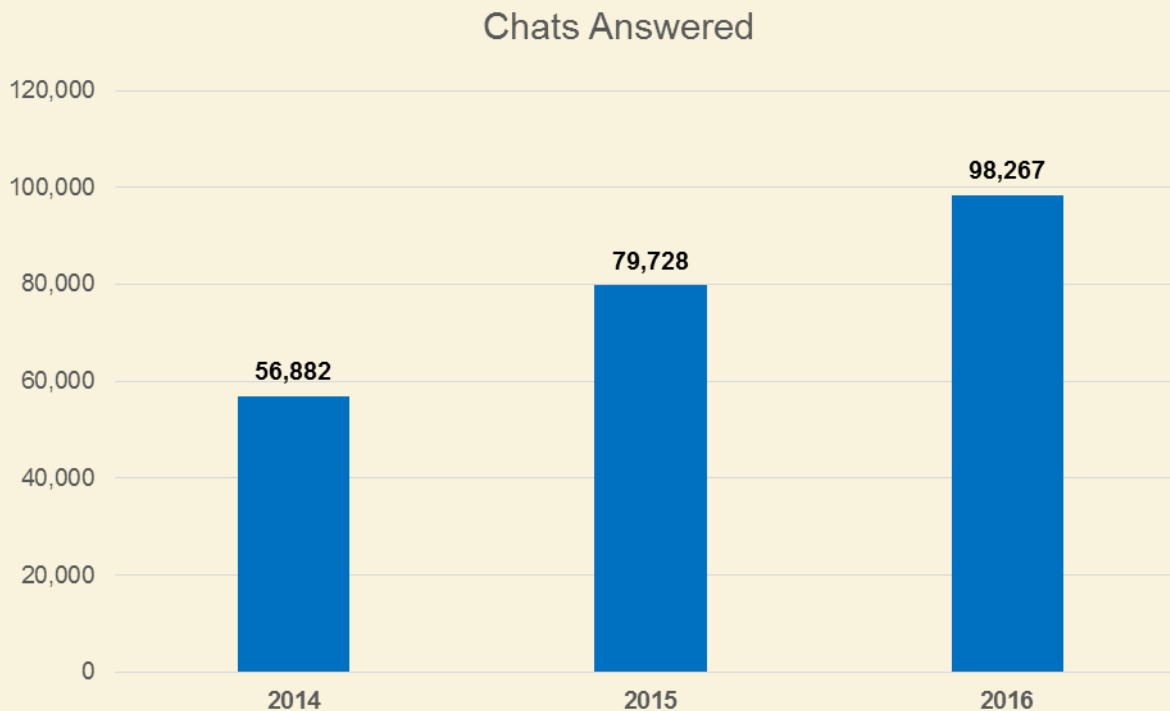
Lifeline Crisis Chat (LCC)

- A service of NSPL in partnership with CONTACT USA
- One national chat network that provides online emotional support, crisis intervention, and suicide prevention services
- Crisis centers are members of the Lifeline phone network, and are accredited by CONTACT USA in online emotional support



[CHAT WITH LIFELINE](#)

Lifeline Crisis Chat



- ❑ **2017: 24 centers - average 8,962 chats month (260/day)**
- ❑ **Projected - 107,500**

Evidence-Based Best Practices

Crisis Chat Quality Work Group (2014)

- *Six crisis center representatives*
- *RFMH/Columbia University Evaluation Team*
- *CONTACT USA Director*
- *Veterans Crisis Line representative*

Reviewed 18 transcripts for examples of:

- Good Contact
- Collaborative Problem-Solving
- Assessing Level of Risk
- Assisting those at Imminent Risk
- Closing the conversation

Good Contact

Good Contact elements found in the reviewed chat transcripts:

- Empathy
- Explore Concerns
- Reflect back feelings
- Paraphrase
- Create safe environment
- Refrain from premature problem-solving

Transcript Example

Visitor: I just feel like everyone else is doing these impressive things with their life and I am stuck. I'm not happy with my life.

Counselor: It sounds like you are going through a tough time. Can you tell me more about what is making you feel so stuck?

(Creating a caring and safe environment, using questions to deepen understanding.)

Collaborative Problem-Solving

Collaborative Problem-Solving elements found in the reviewed chat transcripts:

- Identify the problem
- Clarify needs and wants
- Identify trigger preceding contact
- Explore past coping skills
- Avoid taking responsibility to fix the issue
- Explore alternatives

Transcript Example

Visitor: I saw a counselor for 4 sessions, but she wasn't much help so I stopped going.

Counselor: So counseling was not as helpful as you had hoped. What was missing?

(Exploring how client has attempted to solve the problem.)

Assessing Level of Risk

Lifeline Suicide Risk Assessment Standards (SRAS) require the following prompt questions:

- Are you thinking of suicide?
- Have you thought about suicide in the last two months?
- Have you ever attempted to kill yourself?

Transcript Example

Visitor: I don't want to be here anymore. :(

Counselor: When people say they don't want to be here anymore they sometimes mean they want to end their life. Is that what you mean today? *(Clarifies desire)*

Visitor: :(Yes. :(

Counselor: It sounds like you're very upset. *(Reflects back feelings)*. I am here to listen about what is going on but first I want to check in about your immediate safety. Have you done anything to try to end your life today? *(Determines level of risk and intent, capability)*

Visitor: I just took a bunch of sleeping pills. :(

Counselor: Thanks for being honest with me. What pills did you take and how many? *(Active engagement)*

Visitor: I took 20 Tylenol pms :(

Counselor: I'm concerned about you and what you took. How are you feeling right now? *(Active Engagement)*

Assisting Those at Imminent Risk

Strategies for assisting Chat Visitors at imminent risk found in the reviewed chat transcripts:

- Active Engagement: Counselor makes efforts to collaborate with visitors to secure safety
- Active Rescue: Counselor takes all action necessary to secure safety of visitor, initiates emergency rescue
- Collaboration: Counselor communicates with other community crisis and emergency services

Transcript Example

Counselor: We can talk, I am here to listen. But can you agree to let me know if you start feeling worse? *(Collaboration with client to ensure safety)*

Visitor: Yes

Counselor: It sounds like you are telling me that a safety plan might not be helpful because you don't care if you get hurt.

Visitor: That's right, I had enough. Hopefully I will go to bed and not wake up.

Counselor: [Visitor], are you trying to tell me that you have made up your mind about killing yourself and you don't want to explore other options? *(Active engagement)*

Visitor: Yes, thank you [Counselor]. Good night.....

Counselor: [Visitor], if that is the case I need to send somebody to your home. If you give me your address, I can arrange for somebody to come and I'll stay on chat with you until they arrive. *(Makes correct decision that this warrants an active rescue. Remains warm and non-judgmental during process.)*

Closing the Conversation

Closing the Conversation elements found in the reviewed chat transcripts:

- The chat visitor's risk has been reduced and/or the crisis de-escalated
- The chat visitor received connection to ongoing care
- The counselor reviewed chat visitor's plan for the rest of the day/evening

Transcript Example

Counselor: I think trying to call the therapist is a great idea to get ongoing help for what you are going through. But can we talk about tonight before you go? Are you able to stay safe? (*Actively engages regarding ability to stay safe for the night.*)

Visitor: I can try.

Counselor: It sounds like you are willing to try some things, but aren't sure what will work? (*Reflects back feelings, as well as ambivalence, in "I can try" statement.*)

Visitor: Yeah, I mean I guess I could try and sleep.

Counselor: I would definitely encourage that if you are tired. But we should still make a plan for what to do if you are unable to sleep.

(*Counselor is exploring multiple options for keeping safe before ending the Chat.*)

Chat Interactions vs. Calls

- Closing the Conversation
- Chats last longer than calls
- Longer pauses between responses
- Lack of auditory cues
- Younger population
- More non-suicidal self-injury
- More people who are actively suicidal
- Greater tendency for counselors to rush on Chat
- Counselors need to make more of an effort not to sound robotic
- Unique language/behavior
- Safety Planning & Means Restriction
- Emergency services and Active Rescues



Being Human

In Person

- Use of nonverbals

Telephone

- Use of tone of voice
- Use of fillers (“hmm mm”)

Written Word: Navigating Challenges

- Tone and empathy in written form
- Appropriate use of self-disclosure
- Authentic voice, unscripted conversation
- Use of first name
- Focus on feelings
- Checking in with visitor, asking for clarifications
- Rich media
- Incorporating ourselves



What's Next?

- Crisis Services Over Messenger (CSOM)
- Partnerships
- AI + Machine Learning
- Location Data + Active Rescues
- And more!





Best Practices in Text Phone Based Supports

CRISIS TEXT LINE |

Bob Fiblin
Crisis Text Line





Part One

Crisis Text Line Stats

Key Performance Indicators (KPIs)

Volume

All-Time: 35 million messages

Pace: 2.5 million messages per month

Mar 2017 was 19% bigger than Feb

Apr 2017 was 17% bigger than Mar

Capacity

Current: 3,103 Crisis Counselors

Pace: 4,600 Crisis Counselors by end of 2017

Quality

Texter Satisfaction: 87% found the conversation helpful

Wait Time: 91% served in under 5 minutes (39s for high-risk)

Crisis Text Line is Everywhere

Geography

Launched in Chicago and El Paso
Every area code (295) within 4 months

Top Issues

Depression, Suicide, Self-Harm, Family, Relationships

Top Locations

School, Home, Bedroom, Class, Car

Immediate

Mention “today” 6x as often as any other time period

We Reach a Unique Demographic

Age

76% under 25, 10% under 13

Sexual Orientation

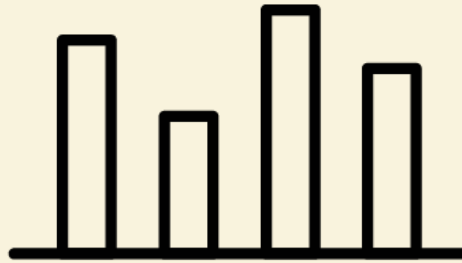
53% heterosexual/straight, 21% bisexual. 7% gay/lesbian, 19% other

Race

5% American Indian / Alaska Native (3x % of national population)

Service Use

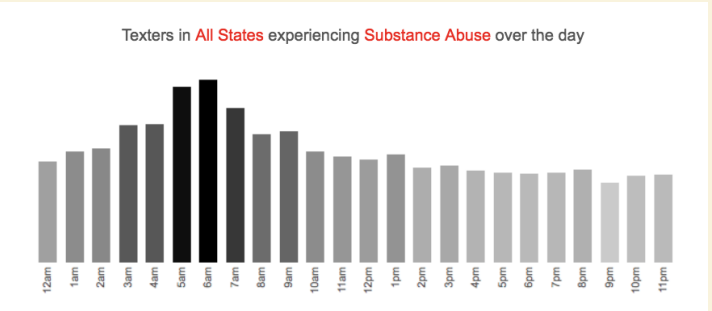
60% are mentioning an experience or feelings for the first time



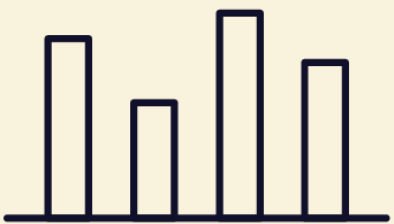
Part Two

Open Data + Research for Crisis Support

Open Data



109



CrisisTrends.org

Keyword Partners

Enclave Data Collabs

Enclave Data Collaborations



The University of Texas at Austin
School of Social Work



Children's Hospital Colorado



Cornell CIS
COMPUTING AND INFORMATION SCIENCE

Stanford | ENGINEERING



The University of
Montana



Enclave Research Example Insights

Best Strength IDs

Brave, Smart, Proud

Stages of Conversation

Our best crisis counselors...

Build rapport quicker

Explore faster

Identify the texter's goal sooner

Spend much more time collaborative problem solving

Are flexible in when to end the conversation

Best Questions (Ranked)

How

What

When

Why



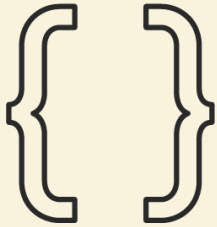
Part Three

Data Products for Crisis Support

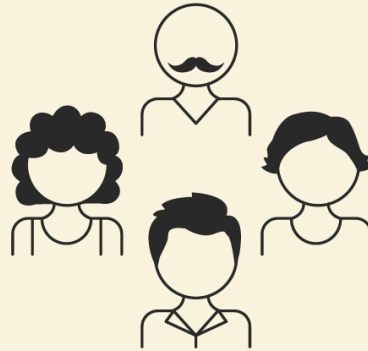
Texter Triage

Anon	GGB — I'm suicidal and depressed	waiting a few seconds
Anon	Hello — I want to kill myself	waiting a few seconds
Anon	Hey — im just really sad right now	waiting 3 minutes
Anon	Go — feeling really lonely and sad	waiting 2 minutes
Alex	Hello — I want to cut again	waiting 1 minute
Maria	Hi? — i need to talk to someone	waiting 1 minute

Three Stages



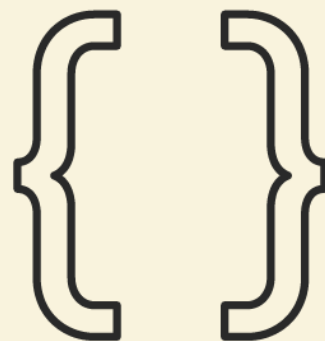
Algorithm



Crisis Counselor



Supervisor



Algorithm

Features

Spell Check: killing, killingng, killign

Emoticons & Slang: kms, idk, bez (ask 😊)

Booster Words: extremely, very

N-Grams: uni, tri, quadri grams (“I am **not** suicidal”)

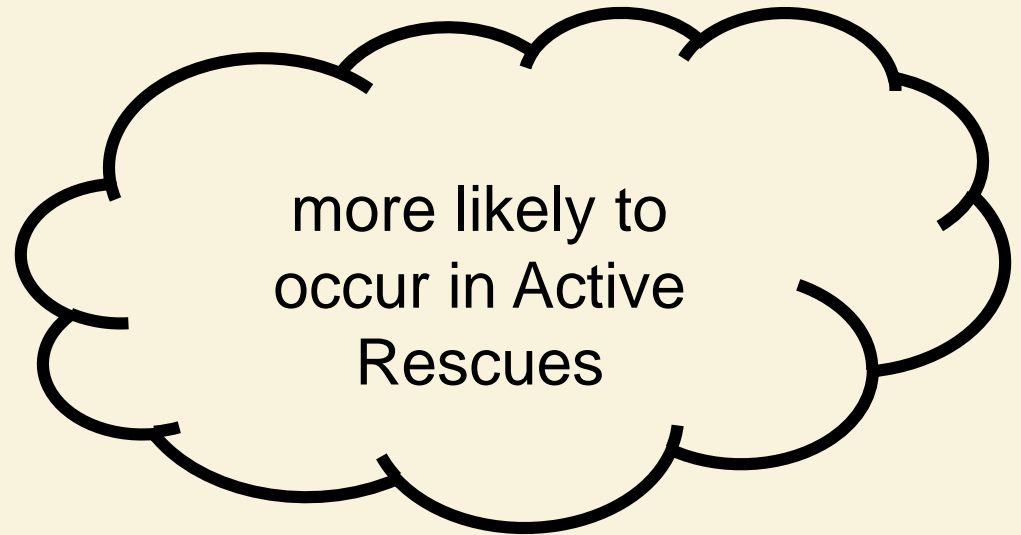
Syntax: UPPERCASE, exclamation marks (!)

Temporal Immediacy: going to, about to, currently, want to

Semantics: but, however, although (contrasting conjunctions)

Insights

ibuprofen 16x
:(11x
bridge 4x
military 3x
suicide 1x
and many more...



Questions

- **mhascreening.org**
 - Theresa Nguyen - tnguyen@mentalhealthamerica.net
- **suicidepreventionlifeline.org**
 - Michelle Kuchuk - mkuchuk@mhaofnyc.org
- **crisistextline.org**
 - Bob Fiblin - bob@crisistextline.org