



The Central Role of Crisis Contact Centers in State and Local Suicide Prevention Efforts

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August 7, 2016

NATIONAL SUICIDE PREVENTION LIFELINE

The 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

Lifeline Network

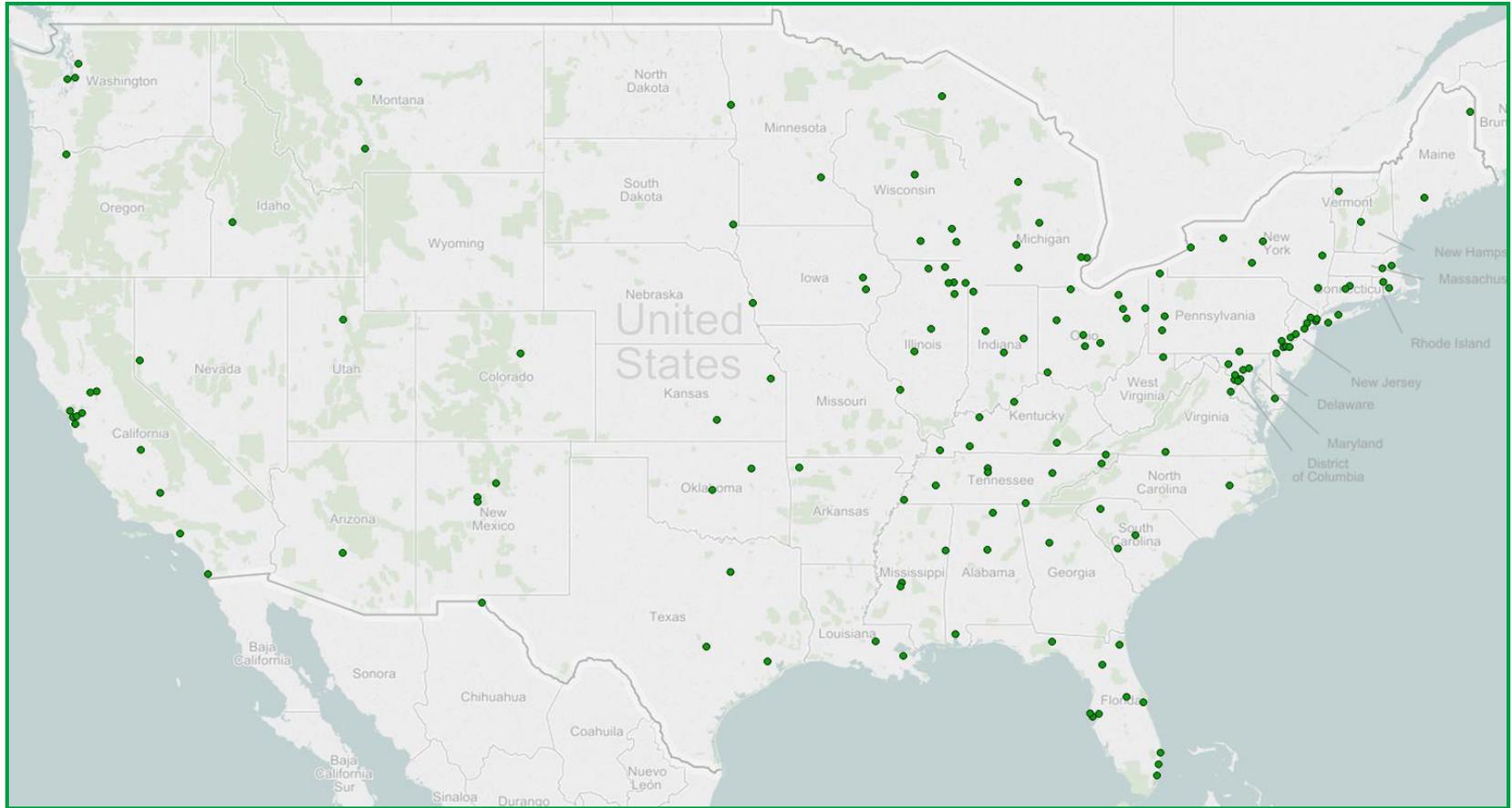
- SAMHSA-funded; administered by the Mental Health Association of NYC
- Project partners: NASMHPD, National Council of Behavioral Health, Columbia University and the Department of Veterans Affairs
- Comprised of over 160 crisis centers and 28 chat centers
- Calls are free and confidential

How the Lifeline Works

Lifeline Network

- ❑ Linked via 800-273-TALK or 800-SUICIDE (press 1 for Veterans/Military)
- ❑ Calls are free and confidential
- ❑ Callers connected to closest crisis center based on area code (allows for local resources and emergency intervention); many offer other crucial suicide prevention services in their communities
- ❑ Back-up centers to assure all calls answered

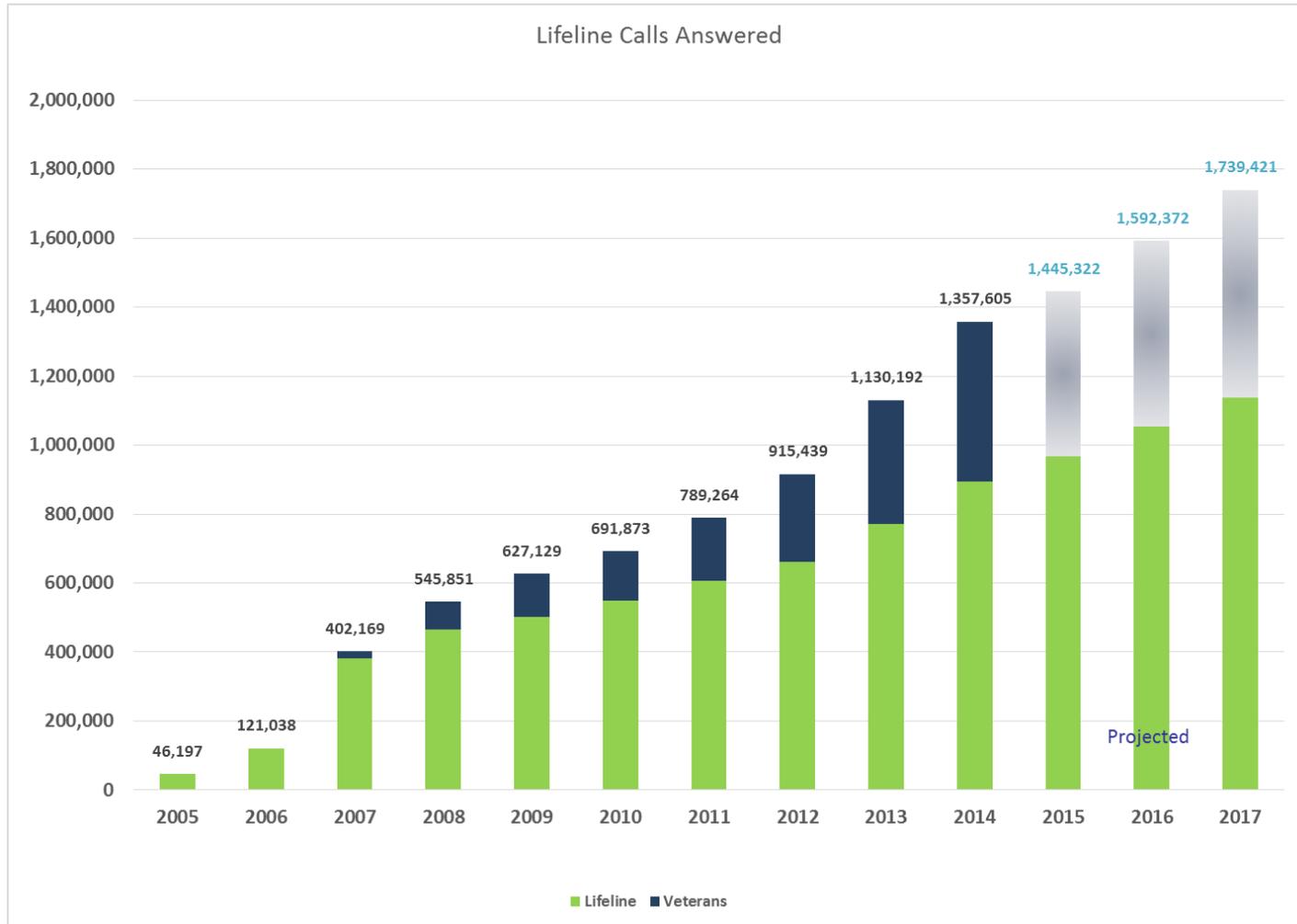
National Public Safety Net



Using Chat and Text

- Nearly 1/2 of Lifeline centers practicing web-based, chat or SMS crisis services (Lifeline survey, 2013)
- Why Chat/Text for Crisis Intervention and Suicide Prevention?
 - Increase in requests for online crisis intervention services
 - Need to access populations that are typically hard to engage over the phone – including the hearing impaired, youth, people with social anxieties and phobias, gender questioning
 - Create a safe space, online, where people can access help
 - Provide people with anonymous means to access mental health support services
 - Online dis-inhibition effect – same for text and chat

Call Volume is Growing!



Requirements for Joining the Lifeline

- Certification or accreditation or licensure
- Insurance
- Dedicated staff and policies
- Staff/volunteer training
- Ability to provide referrals
- Clearly defined coverage or service area
- Participation in quality assurance and evaluation activities
- Sign network agreement and comply with network policies

Benefits of Joining the Lifeline

- Annual stipend (with additional funds for Veteran and/or Spanish calls)
- Multi-tiered back-up system
- Tele-interpreter services
- Emergency Support Line (ESL)
- Real-time online caller ID
- Training
 - Living Works ASIST Training
 - Simulation Training – developed with crisis centers and suicide prevention experts
- Monthly call volume reports (available on NRC)
- Lifeline Weekly Call Statistics Reports
- Lifeline Weekly Newsletter, blog, and monthly webinars
- Lifeline Network Resource Center (NRC)
- PSAP look-up tool
- National Credibility based on SAMSHA funded evaluation

Lifeline Evaluation Findings

Access point for acutely suicidal:

- About 25% of Lifeline callers present with suicidal thoughts, plans, attempts (Gould, 2009)
- More than 50% of 1080 suicidal callers had plan, over 8% with an attempt in progress; nearly 60% had past suicide attempts (Gould et al 2007)

Effective in reducing distress & suicidality

- significant reductions in confusion, anger, anxiety, helplessness, hopelessness and suicidality at end of call & 3 wks later
- **12% of suicidal callers report call prevented them from killing self**

Lifeline Crisis Centers and Follow-Up

Many Crisis Centers conduct follow-up:

Network Survey 2011-2012 (111 respondents).

The Lifeline centers report:

- 95% conduct some kind of follow-up
- Approx. 50% Follow-Up with Medium-High Risk Callers
- 7 have experience Follow-Up with ED Discharges

Crisis Center follow-up appears effective

- 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, 2011)

Lifeline Best Practices for Helping Persons At-Risk of Suicide

- Establish Good Contact
- Ask Directly About Suicide
- Assess Risk
- Engage in Collaborative Problem Solving
- Follow-Up

In 2014, the RAND Corporation evaluated 10 California crisis centers, citing:

“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

Brief History: Lifeline-Facebook Collaborations

- The Lifeline had been working with social media companies after recognizing in 2006 that a major referrer to Lifeline's web site was MySpace
- In 2010, FB began offering the Lifeline U.S. phone number as an option for all persons reported to Facebook as “suicidal” by other members (or “friends”).

Brief History: Lifeline-Facebook Collaborations

- Beginning in 2011, members being reported by friends as suicidal not only receive the Lifeline number, but are also invited to use a chat service
- Based on the understanding that an online user's is more likely to access to suicide prevention services online than hang up and dial a number

Brief History: Lifeline-Facebook Collaborations

- 2015-2016: Increase options for people to support those who they are concerned about
- Less “reporting” and more “supporting” of friends in crisis—activating and educating friends wishing to help (choices for friends, too)
 - Send suggested messages/actions to friends
 - Resources
 - Follow-up suggested/offered

<https://vimeo.com/160565004>

From Reporting to
SUPPORTING.

USING FACEBOOK TO SUPPORT
SOMEONE IN SUICIDAL CRISIS.

07:15



||||| CC HD ::

Facebook Adds New Feature For Suicide Prevention

The Huffington Post | By Alexis Kleinman   

Posted: 02/25/2015 4:03 pm EST | Updated: 03/02/2015 1:59 pm EST



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“From our experience, Lifeline staff...are worldwide leaders and innovators for the suicide prevention field in their use of social media to reach and support persons in crisis.”

Rita Fabi, Director of Marketing, Facebook

SUPPORT YOUR LOCAL CRISIS CENTERS



- Critical safety net for public mental health
- Promote SP awareness & responsible messaging
- Access to care, 24-7 (telephone, chat, text, etc.)
- Person-centered approaches
- Effective assessment/suicide prevention trainings
- Follow-up: Continuous chain of care/support
- Cost-effective! Serve many, fill gaps, economies of scale

Questions and Comments?

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