How Do Suicide Prevention Crisis Hotlines Fit into Mental Health Systems of Care?

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Services for Teens At Risk (STAR) Center’s 30th Year Anniversary Research Symposium
Pittsburgh, PA
May 3 – 4, 2017
DISCLOSURE OF CONFLICTS

As a coauthor of the Columbia- Suicide Severity Rating Scale (C-SSRS), I receive royalties for the use of the electronic version of this assessment.
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SUICIDE PREVENTION CRISIS HOTLINES

Theoretical rationale:
• Suicidal behavior is often associated with a crisis
• Suicide is usually contemplated with psychological ambivalence
• “Cry for help” dealt with by those with special training

Practical advantages:
• Ubiquitous source of help worldwide
• Convenient, accessible and available outside usual office hours
SUICIDE PREVENTION CRISIS HOTLINES

Goals:
- Provide immediate access to care
- De-escalate current crisis and suicidal state
- Evaluate imminent suicide risk
- Identify alternative coping strategies and develop “action plan”/safety plan including formal and/or informal community resources
- Enhance long-term safety of callers/continuity of care
Increasing role in the armamentarium of suicide prevention efforts

• A notable advent in the past 16 years in the U.S. has been the creation of the National Suicide Prevention Lifeline (LIFELINE) - a national network of over 160 suicide prevention crisis centers: 1-800-273-TALK (and 1-800-SUICIDE).

• These national hotline numbers are currently providing back-up resources for a myriad of suicide prevention programs, including: public awareness messaging campaigns, school-based suicide prevention programs, and federal, community and advocacy information/referral documents and internet sites.
Lifeline was one of four programs featured for their capacity to save lives.
Selected findings from 16 years of evaluations of the national network of suicide prevention crisis lines will be presented.
ITERATIVE PROCESS BETWEEN EVALUATION FINDINGS AND PRACTICE

EVALUATION STUDIES  LIFELINE/SAMHSA PRACTICES
EVALUATION OF LIFELINE GOALS

• Effective Quality Services
• Continuity of Care
• Expanded Access to Care
Quality of Services
An Evaluation of Crisis Hotline Outcomes
Part 1: Nonsuicidal Crisis Callers

JOHN KALAFAT, PhD, MADELYN S. GOULD, PhD, MPH,
JIMMIE LOU HARRIS MUNFAH, BA, AND MARJORIE KLEINMAN, MS

The effectiveness of telephone crisis services/hotlines, examining proximal outcomes as measured by changes in callers' crisis state from the beginning to the end of their calls to eight centers in the U.S. and intermediate outcomes within 3 weeks of their calls, was evaluated. Between March 2003 and July 2004, 1,617 crisis callers were assessed during their calls and 801 (49.5%) participated in the follow-up assessment. Significant decreases in callers' crisis states and hopelessness were found during the course of the telephone session, with continuing decreases in crisis states and hopelessness in the following weeks. A majority of callers were provided with referrals and/or plans of actions for their concerns and approximately one third of those provided with mental health referrals had followed up with the referral by the time of the follow-up assessment. While crisis service staff coded these callers as nonsuicidal, at follow-up nearly 12% of them reported having suicidal thoughts either during or since their call to the center. The need to conduct suicide risk assessments with crisis callers and to identify strategies to improve referral follow-up is highlighted.

An Evaluation of Crisis Hotline Outcomes
Part 2: Suicidal Callers

MADELYN S. GOULD, PhD, MPH, JOHN KALAFAT, PhD,
JIMMIE LOU HARRIS MUNFAH, BA, AND MARJORIE KLEINMAN, MS

In this study we evaluated the effectiveness of telephone crisis services/hotlines, examining proximal outcomes as measured by changes in callers' suicide state from the beginning to the end of their calls to eight centers in the U.S. and again within 3 weeks of their calls. Between March 2003 and July 2004, 1,085 suicide callers were assessed during their calls and 380 (35.0%) participated in the follow-up assessment. Several key findings emerged. Seriously suicidal individuals reached out to telephone crisis services. Significant decreases in suicidality were found during the course of the telephone session, with continuing decreases in hopelessness and psychological pain in the following weeks. A caller's intent to die at the end of the call was the most potent predictor of subsequent suicidality. The need to heighten outreach strategies and improve referrals is highlighted.
QUALITY OF SERVICES (I): Proximal Outcomes

Key findings of our study:

• Seriously suicidal individuals were calling telephone crisis services - 8% in midst of attempt, 58% had made prior attempt.

• Significant reductions in callers' self reported crisis and suicide states from the beginning to the end of the calls; however, without a control group, these effects cannot be definitively attributed to the crisis intervention.

• 11.6% of suicidal callers reported (unprompted) at follow up that the hotline call had prevented them from harming or killing themselves.

• Of callers who were rated as non-suicidal crisis callers by hotline staff, 12% reported at follow up that they were feeling suicidal either during or since their call to the center.
Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline

MADELYN S. GOULD, PhD, MPH, WENDI CRASS, PhD, ANTHONY R. PISANI, PhD, JIMMIE LOU MUNFARI, BA, AND MARJORIE KLEINMAN, MS

We examined the impact of the implementation of Applied Suicide Intervention Skills Training (ASIST) across the National Suicide Prevention Lifeline’s national network of crisis hotlines. Data were derived from 1,507 monitored calls from 1,410 suicidal individuals to 17 Lifeline centers in 2008-2009. Callers were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls handled by ASIST-trained counselors. Few significant changes in ASIST-trained counselors’ interventions emerged; however, improvements in callers’ outcomes were linked to ASIST-related counselor interventions, including exploring reasons for living and informal support contacts. ASIST training did not yield more comprehensive suicide risk assessments.
Findings from ASIST Evaluation: Callers

Callers who spoke with an ASIST-trained counselor appeared significantly

- less depressed (38.7% vs. 32.1%)
- less suicidal (59.9% vs. 45.3%)
- less overwhelmed (45.8% vs. 37.0%)
- more hopeful (44.7% vs. 35.3%)

by the end of the crisis call than callers who spoke with a counselor in the wait-listed condition.

Gould et al., 2013
QUALITY OF SERVICES (III): Imminent Risk

Need for assessment and intervention standards

Gould et al., 2007

– For callers who had taken some action to kill themselves immediately before calling the center, emergency rescue was initiated in only 37.9% of cases (information provided by counselors)

Mishara et al., 2007

– On monitored calls where a suicide attempt was in progress: emergency services were known to be dispatched in 18.2% of cases (6/33), and the caller changed his/her mind about the attempt in 24.2% (8/33), leaving 57.6% of calls (19/33) apparently without an observed mitigation of risk.
Helping Callers to the National Suicide Prevention Lifeline Who Are at Imminent Risk of Suicide: Evaluation of Caller Risk Profiles and Interventions Implemented

MADELYN S. GOULD, PhD, MPH, ALISON M. LAKE, MA, JIMMIE LOU MUNFAH, BA, HANGA GAFARAVY, PhD, MARIJKE KLEINMAN, MS, CAITLIN WILLIAMS, BA, ANDREW CLIFF, MS, AND RICHARD McKEON, PhD, MPH

Crisis lines are settings where identifying individuals at imminent risk of suicidal behavior and intervening to keep them safe are critical activities. We examined clinical characteristics of crisis callers assessed by telephone crisis helpers as being at imminent risk of suicide, and the interventions implemented with these callers. Data were derived from 491 call reports completed by 132 helpers at eight crisis centers in the National Suicide Prevention Lifeline network. Helpers actively engaged the callers in collaborating to keep themselves safe on 76.4% of calls and sent emergency services without the callers’ collaboration on 24.6% of calls. Four different profiles of imminent risk calls emerged. Caller profiles and some helper characteristics were associated with intervention type. Our findings provide a first step toward an empirical formulation of imminent risk warning signs and recommended interventions.
Imminent Risk Evaluation: Findings (I)

- All imminent risk calls do not fit a single type. Four distinct profiles emerged.

- Crisis helpers actively obtained the collaboration of the vast majority (over 75%) of callers they identified as being at imminent risk, consistent with the Lifeline IR policy.

- On a quarter of the imminent risk calls, the helper undertook an “active” rescue, intervening without the caller’s collaboration.
Imminent Risk Evaluation: Findings (II)

• Active rescues were largely limited to calls with:
  – high levels of reasons for dying
  – little sense of purpose

• Active rescues were also more likely when:
  – an attempt was in progress
  – the caller was intoxicated
  – the caller was not engaged with the helper
Continuity of Care
FOLLOW-UP EVALUATION

Overall Aim

• The aim of the follow-up studies is to evaluate SAMHSA’s initiatives to have crisis centers offer and provide clinical follow up to suicidal callers and suicidal individuals discharged from hospitals and EDs.

• Five cohorts (Ns= 6, 6, 6, 12, 6) funded by SAMHSA
Follow-up with Callers to the National Suicide Prevention Lifeline: Evaluation of Callers’ Perceptions of Care

MADELYN S. GWOOD, PhD, MPH, ALISON M. LANCE, MA, LP, HANNAI GAILFREY, PhD, MARJORIE KELLMAN, MS, JAMIE LOU MUNAFF, BA, JAMES WRIGHT, L.CPC, AND RICHARD MCKEN, PhD, MPH

Continuity of care for suicidal individuals engaged with a variety of health and mental health care systems has become a national priority, and crisis hotlines are increasingly playing a part in the risk management and continuum of care for these individuals. The current study evaluated a national initiative to have crisis centers in the National Suicide Prevention Lifeline network provide follow-up care to suicidal callers. Data were obtained from 550 callers followed by 41 crisis counselors from 6 centers. Two main data sources provided the information for the current study: a self-report counselor questionnaire on the follow-up activities completed on each clinical follow-up call and a telephone interview with follow-up clients, providing data on their perceptions of the follow-up intervention’s effectiveness. The majority of interviewed follow-up clients reported that the intervention stopped them from killing themselves (79.6%) and kept them safe (90.6%). Counselor activities, such as discussing distractions, social contacts to call for help, and reasons for dying, and individual factors, such as baseline suicide risk, were associated with callers’ perceptions of the impact of the intervention on their suicide risk. Our findings provide evidence that follow-up calls to suicidal individuals can reduce the perceived risk of future suicidal behavior.
## Quantity of Clinical Follow-up Completed with Interviewed Cohort I Callers

<table>
<thead>
<tr>
<th>Measure of Quantity</th>
<th>Range</th>
<th>Average</th>
<th>Median</th>
</tr>
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<tbody>
<tr>
<td>Number of Follow-up Calls</td>
<td>1 – 12 calls</td>
<td>2.7 calls</td>
<td>2 calls</td>
</tr>
<tr>
<td>Minutes of Follow-up Contact</td>
<td>2 – 398 minutes</td>
<td>57.3 minutes</td>
<td>44 minutes</td>
</tr>
<tr>
<td>Duration of Follow-up in Days</td>
<td>1 – 275 days</td>
<td>27.5 days</td>
<td>10 days</td>
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Callers’ Perceptions of Care

“To what extent did the follow-up call(s) stop you from killing yourself?”

- A lot: 53.8%
- A little: 25.8%
- Not at all: 20.4%
- It made things worse: 0.0%
- Do not remember follow-up: 2.0%
Need for Follow-up with ED/Inpatient Discharges

- High risk of suicide attempts or reattempts in the immediate post-discharge period (Goldacre, Seagroatt, & Hawton, 1993; Kan, Ho, Dong, & Dunn, 2007; Qin & Nordentoft, 2005; Hunt et al., 2009).

- One strategy for improving care transitions after ED and inpatient admissions involves post-discharge follow-up contact.
Expanded Access to Care
The use of the Internet for the clinical care of suicidal individuals is a promising development, in that Web-based interventions may provide enhanced opportunities for engaging individuals in need of services (Alao, Soderberg, Pohl, & Alao, 2006; Barak, 2007; Gilat & Shahar, 2007).

For example, it appears that adolescents find communicating over the Internet more appealing than the telephone when it comes to seeking help (Gould et al., 2002; King et al., 2003).
CHAT Evaluation: Lifeline Crisis Chat (LCC) network

- Lifeline Crisis Chat (LCC) is a service of the National Suicide Prevention Lifeline in partnership with CONTACT USA.
- LCC service is currently available 24/7/365.
- LCC includes 28 centers, of which 6 are national grantee centers.

Evaluation is in progress
SUMMARY: The Role of Suicide Prevention Crisis Hotlines within Mental Health Systems of Care

• Suicide prevention crisis hotlines can:
  ✓ Provide 24/7 access to care for individuals in suicidal crises, including those who are treatment-shy
  ✓ Serve as a source of back-up support for at-risk individuals in treatment
  ✓ Re-engage individuals who are no longer in treatment
  ✓ Enhance continuity of care for suicidal patients discharged from EDs and inpatient facilities