



# Collaborations for Suicide-Safe Communities: The Central Role of Local Crisis Centers in Crisis Response Systems

John Draper, Ph.D., Director  
National Suicide Prevention Lifeline  
GLS Plenary  
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**NATIONAL SUICIDE PREVENTION LIFELINE**

# 2012: National Strategy for Suicide Prevention (Revised)



# NSSP Themes Directly Related to Crisis Centers

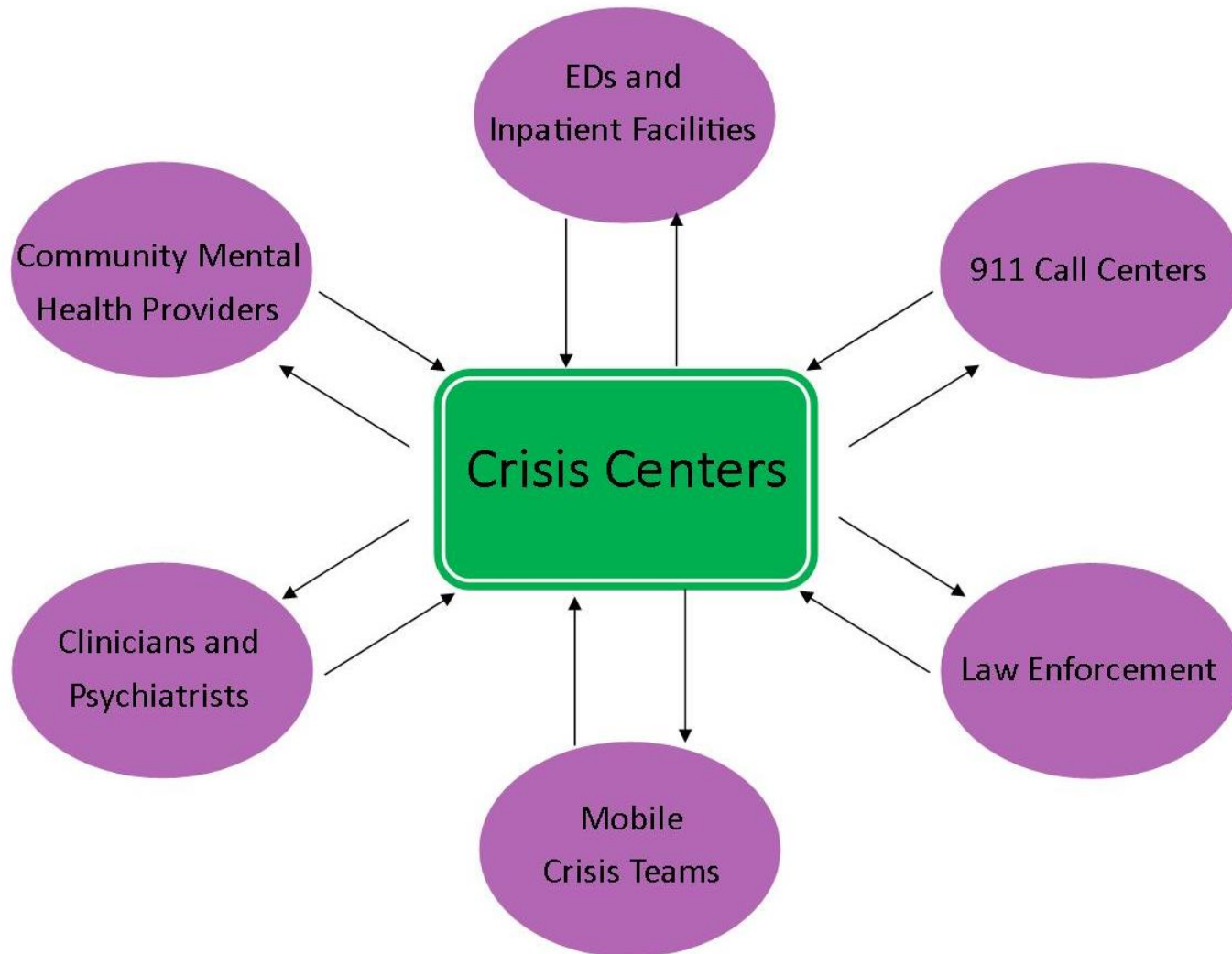
- Access to care (including online approaches, chat & text)
- Collaborations between care systems to promote safety
- Continuity of care/follow-up (EDs, inpatient, etc.)
- Online/social media outreach, education to promote public health and safety

# NSSP 2012: Crisis Center Objectives

- Objective 8.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

*“Increased collaboration and coordination among suicide prevention programs, health care systems addressing mental health and substance abuse, and local crisis centers can help provide a continuum of care for individuals at risk for suicide...Many [crisis centers], including the certified crisis centers in the National Suicide Prevention Lifeline (800–273–TALK/8255) network, offer trained personnel who can conduct remote assessments, coordinate linkage for care, and provide follow-up for persons at risk.”*

# Crisis Centers are essential in the Chain of Care



# International Support for Systems Approaches

Mental Health Services that Reduced Suicides, England and Wales (1997-2006)– D. While, et al, 2012

- Examined impact of implementing seven to nine key mental health service recommendations to reduce suicide across National Health Service regions
- “Services that had implemented at least 7 of the recommendations had significantly lower suicide rate than those implementing fewer.”
- Suicide death rate 17% lower under comprehensive approaches (in U.S. = 6,000 lives)

# What care can reduce suicide?

England and Wales, D. While, et al, 2012 (cont)

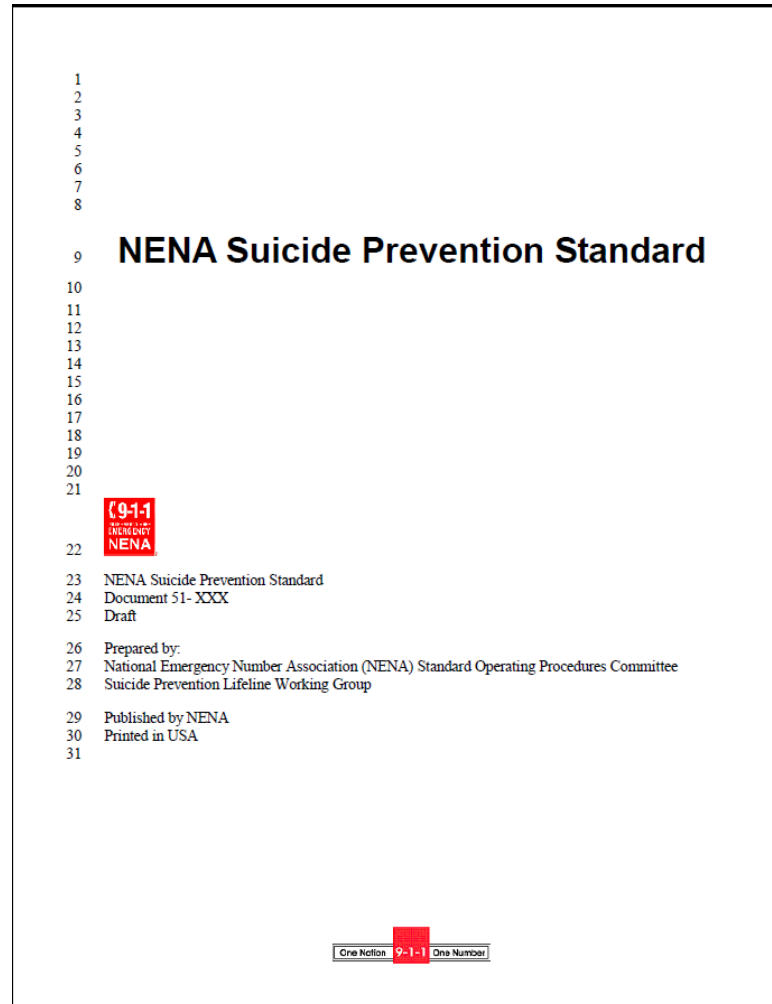
Some significant recommendations reducing suicide included:

- 24 hour crisis team (“single point of access for people in crisis available 24/7”)
- Assertive community outreach teams for noncompliance with meds/outpt appt.
- Follow-up post-discharge within 7 days
- Multi-disciplinary review post-suicide
- Dual Diagnosis Policy—written policy on how to care and treat MI/Substance Disorders

# OTHER NATIONAL POLICIES



# NENA S.O.P. for 911 CENTERS



# Lifeline partnership with NENA

- The National Emergency Number Association (NENA) partnered with the Lifeline to develop a Standard of Practice (SOP) for NENA members that promotes local collaboration between 911 call centers and crisis centers.
- The SOP is on track to be approved by the fall of 2013.

*“Establishing a collaborative relationship with the Lifeline and its network of centers will aid Communications Centers by improving the standard of care given to individuals in emotional or suicidal distress... [and] would allow for better continuity of care for at-risk individuals.”*

# IMMINENT RISK POLICY (2011)

NATIONAL  
**SUICIDE  
PREVENTION  
LIFELINE**  
1-800-273-TALK (8255)  
suicidepreventionlifeline.org

## NATIONAL SUICIDE PREVENTION LIFELINE Policy for Helping Callers at Imminent Risk of Suicide

December 2010

Developed by the staff from the National Suicide Prevention Lifeline (Lifeline) at Link2Health Solutions, Inc. in collaboration with the Lifeline Steering Committee, Standards, Training and Practices Subcommittee, and the Consumer Survivor Subcommittee (see <http://www.suicidepreventionlifeline.org/About/ExpertLeadership.aspx> for more information) under grant No. 5 U79 SM056176-06 from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Any opinion, findings, conclusions, and recommendations expressed herein are those of the authors and do not necessarily reflect the views of the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.



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NATIONAL SUICIDE PREVENTION LIFELINE

# Lifeline Policy for Callers at Imminent Risk

- Provides unified parameters for assisting the Lifeline's highest risk callers and contains significant contributions from participating centers, researchers and trainers in the field of suicide prevention.
- Recommends collaboration with emergency service providers, police departments, fire departments, county sheriffs, mobile crisis outreach teams, hospital emergency departments, and 911 centers through formal agreements.

**With help comes hope**

**NATIONAL**

**SUI****IDE**

**PREVENTION**

**LIFELINE™**

**1-800-273-TALK**

**[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)**

# Lifeline Mission

- Effectively reach and serve all persons in the United States who are at risk of suicide through a national network of crisis centers.
- Instill hope, sustain living, and promote the health, safety and well-being of the community members it serves.

# About the Lifeline

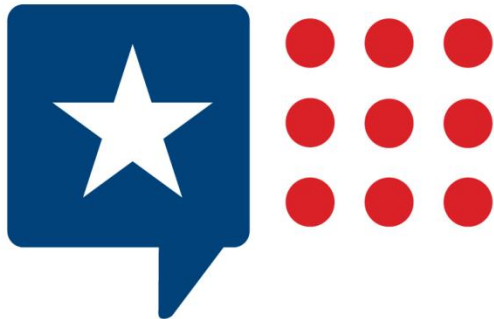
- SAMHSA-funded
- Administered by Link2Health Solutions, an independent subsidiary of the Mental Health Association of NYC
- Project partners: NASMHPD, Columbia University and the Department of Veterans Affairs
- Comprised of **161 crisis centers** (and counting) in 50 states

# How the Lifeline Works

- Callers dial **800-273-TALK** or **800-SUICIDE**
- Callers are connected to closest center
- “Press 1” for Veterans, Military
- Crisis workers listen, assess, and link/refer callers to services, as needed
- Extensive back-up system ensures all calls are answered



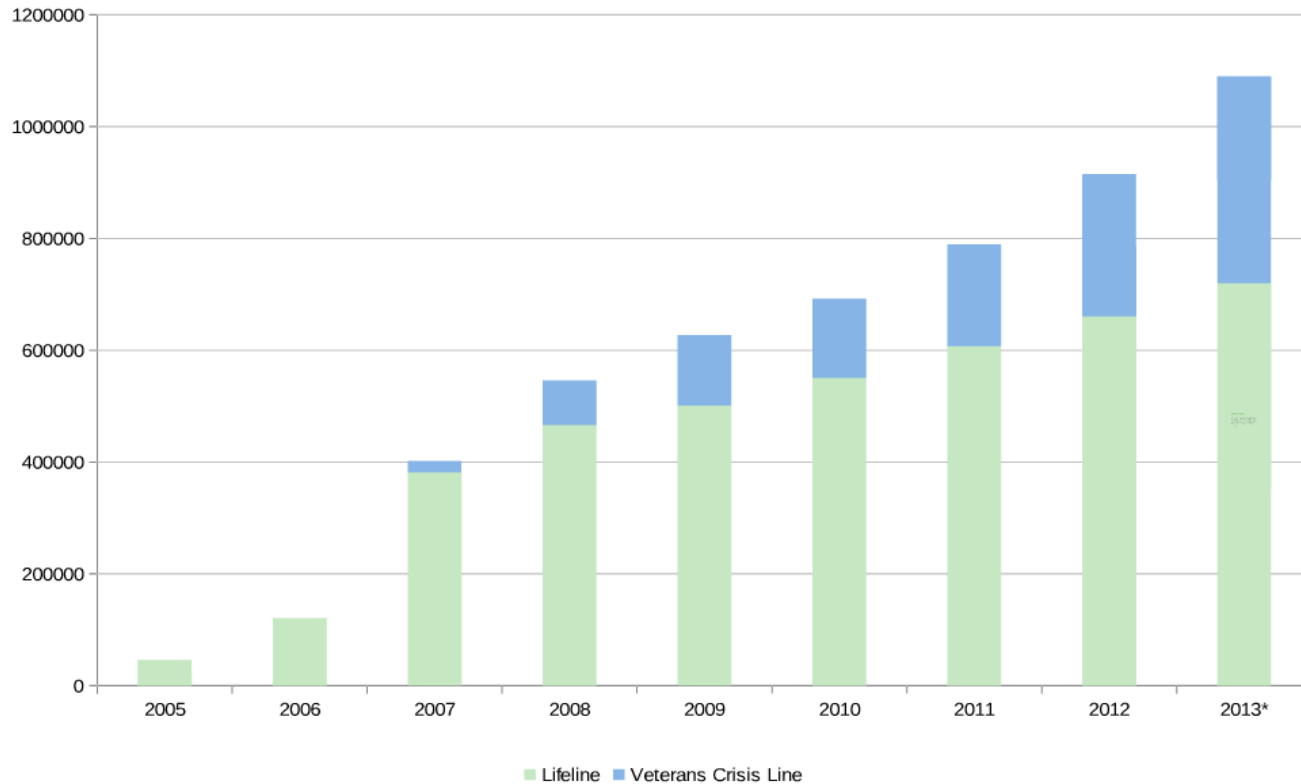
# Veterans Crisis Line



1-800-273-8255  
**PRESS 1**

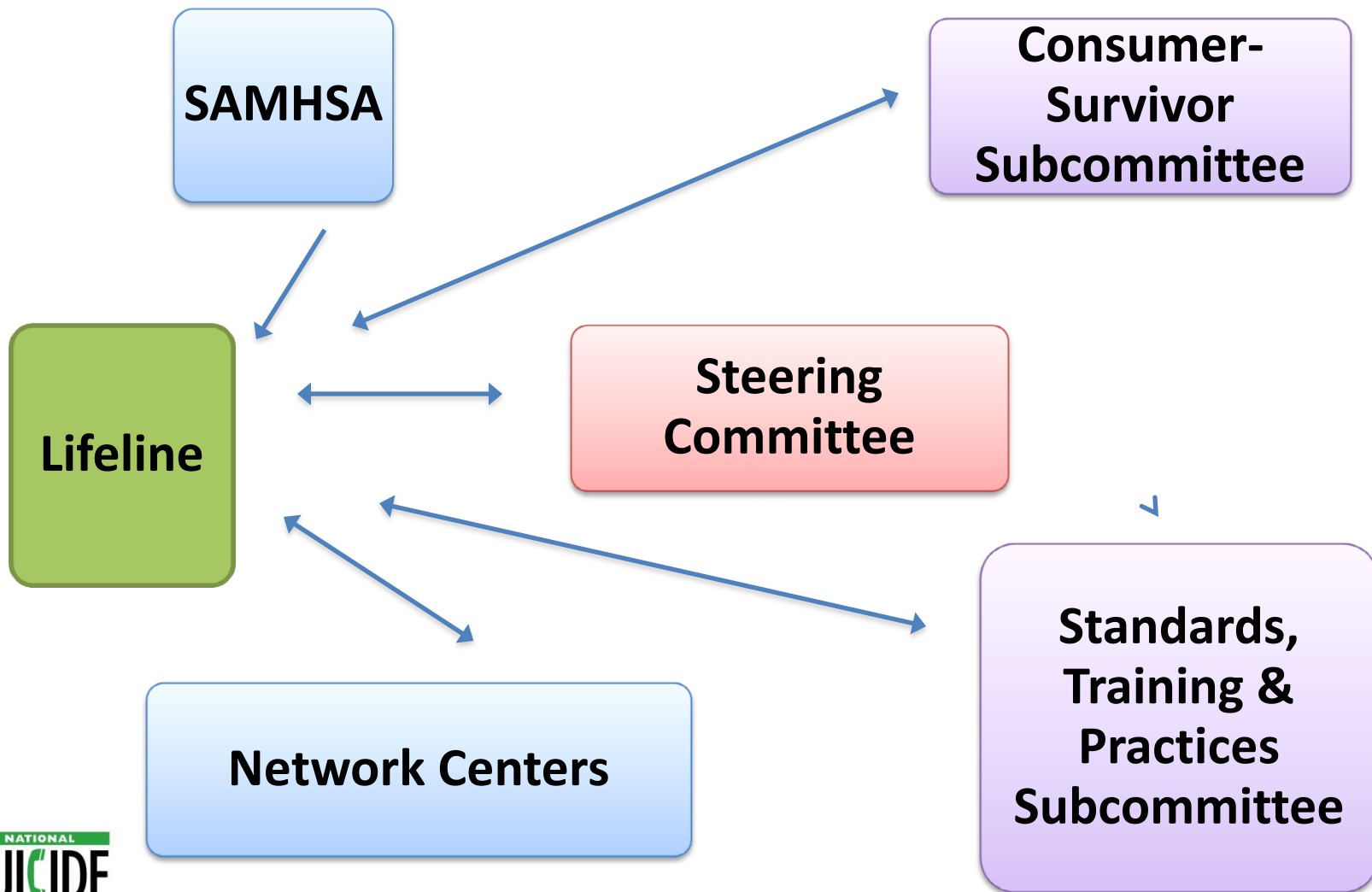
- **JULY 2007:** VA & SAMHSA launch first national suicide hotline for Vets
- Calls routed through 800-273-TALK (press 1 for vets & active military service)
- 24-7 access to trained counselors at VA
- Lifeline Centers back-up service to ensure all calls are answered

# Lifeline Call Volume, 2005 – 2013\*



\* projected

# Lifeline's Network of Collaborators



# Lifeline QI Process



# Promoting Awareness & Access



# 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 Suicidal Callers: Do They Link to Care?

## Gould, Munfakh, Kleinman & Lake, 2012:

- Interviewed 376 suicide callers from 16 Lifeline centers
- 57% had made past attempts, 37% had a plan and 7% were attempting at the time of their call to 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”*
- Yet, they were calling crisis lines;  
crisis lines = “self help”?

# Using Chat and Text

- Nearly 1/3 of Lifeline centers practicing web-based, chat or SMS crisis services (Lifeline survey, 2011)
- 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



# Follow-Up: Continuity of Care (Promoting Connectedness)



# Lifeline Crisis Centers and Follow-Up

## Many Crisis Centers conduct follow-up:

Network Survey 2011 (preliminary results, 57 records).  
The Lifeline centers report:

- 18% have experience Follow-Up with ED Discharges
- 56% routine Follow-Up with High Risk Callers

## 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)

# SAMHSA Evaluation of Crisis Center Effectiveness

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# ED Follow-up Model

## AT DISCHARGE

ED staff:

- ♦ Describes the follow-up program
- ♦ Asks patient to sign a consent form and faxes to crisis center

## WITHIN 24 HOURS

Crisis center staff:

- ♦ Calls patient
- ♦ Assesses risk of suicide
- ♦ Develops safety plan
- ♦ Provides referrals

## AFTER INITIAL CALL

*Center staff may:*

- ♦ Continue to call patient and assess risk
- ♦ Check in on the safety plan
- ♦ Review referrals and appointments

## END OF PROGRAM

Crisis center staff:

- ♦ Asks patient to call the Lifeline when in crisis
- ♦ Asks about program satisfaction for evaluation

# Reports from Lifeline Centers: ED Follow-Up

WellSpace Health - Sacramento, CA (2010-11)

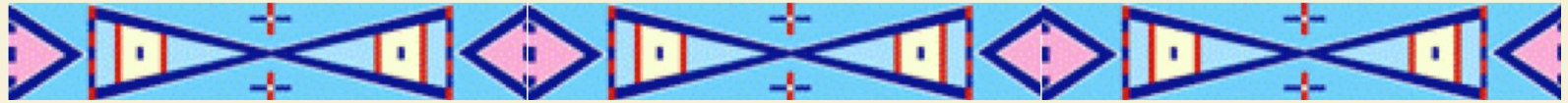
- 98 patients consented, 93 contacted
  - 4 phone out of service; 1 in jail
  - 78 contacted within 24 hours
  - All had SI, recent and/or prior suicide attempts
- Over 90% of patients contacted were connected with discharge referrals

# Reports from Lifeline Centers: ED Follow-Up

WellSpace Health - Sacramento, CA (2010-11)

- 100% reported lower distress, 100% followed safety plan
- 2 re-attempts & readmissions, one during call that led to improvements in overall care. This individual followed their safety plan and called WellSpace Health to assist in their readmission to the hospital.

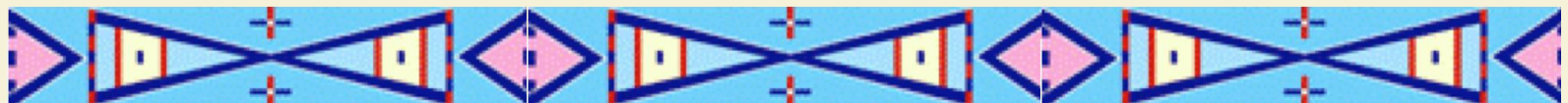
# Crisis Center Collaborations with Indian Nations



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# **Toolkit for Crisis Centers Serving AI/AN Callers**

**National Suicide Prevention Lifeline**



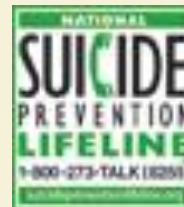


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# NATIVE STREAMS INSTITUTE

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- *Increase Lifeline Centers skills to knowledgably build partnerships with AI/AN communities*
- *Improve cultural responsiveness of services that AI/AN callers receive from Lifeline Centers*
- *Provide culturally specific knowledge, tools, and resources that will help Lifeline Centers to design effective outreach messages and strategies in promoting Lifeline in AI/AN communities.*



1-800-273-TALK (8255)  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

# Partners

- Voices of Hope, Montana
- **Fort Peck Tribes Suicide Prevention Committee, Montana**
- Wyoming Behavioral Institute, Wyoming
- Fremont County Suicide Prevention Task Force, Wyoming
- **Planting Seeds of Hope Project, Wind River Wyoming**
- HELP!Line Center, South Dakota
- Standing Rock Wellness Center, North/South Dakota
- **Rosebud Sioux Tribe, South Dakota**
- Sweetgrass Suicide Prevention Project, Pine Ridge, South Dakota
- FirstLINK HotLINE, North Dakota
- **Wiconi Ohitika Project, Spirit Lake Nation, North Dakota**
- Crisis Connection, Minnesota
- American Indian Family Center, Minnesota
- Substance Abuse Mental Health Service Association (SAMHSA)
- **EDC- Tribal Youth Program**

# Themes Identified



**Build meaningful and lasting relationships with local AI/AN communities**



**Provide locally tailored culturally responsive techniques**



**Collaboratively coordinate services and responses**



**Assigning a cultural intermediary to understand and appreciate the local AI/AN communities customs and traditions**

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# Laying the Ground Work: Partnering with AI/AN Communities

“Best feedback I’ve ever received from the tribes, is please don’t assume that because I’m from one community that my culture is the same as another. They are not that far apart from each other--but they are very proud of their own tribal heritage.” Crisis Center quote.



# Learn More Online...

[www.SuicidePreventionLifeline.org](http://www.SuicidePreventionLifeline.org)

**NATIONAL SUICIDE PREVENTION LIFELINE**  
1-800-273-TALK (8255)  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

Get Help Now | Contact | **FAQs** | Crisis Center Login

## National Suicide Prevention Lifeline

With Help Comes Hope

**Are you in crisis? Call 1-800-273-TALK or [Chat](#)**

### What You Can Do to Help End Bullying

While bullying doesn't cause suicide, a stressful environment and persistent, emotional victimization can increase a person's risk of suicide. Together, we can create awareness about the dangers of bullying and give emotional support to those who may be contemplating suicide. If you or someone you know is in an emotional distress or suicidal crisis, please call the Lifeline at 1-800-273-TALK (8255).

**Are you a veteran in emotional distress?**

- Call **1-800-273-TALK** and **press 1**  
[Go to the Veterans Crisis Line home](#)
- Chat live 1-to-1 with a counselor  
[Veterans chat service](#)
- Veteran's self-check quiz  
[Take the quiz](#)

Home  
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About

# Call to Action:

- Connect with your local Lifeline crisis center(s):
  - Use crisis center locator on Lifeline web site [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- Promote crisis systems collaborations with them (ED or inpatient follow-up, 911 follow-up, etc.)
- Joint community outreach & education
- Promote 24/7 access to care and follow-up
  - AI Toolkit Customization with local Centers

# Thank you!

Dr. John Draper

Project Director

[jdraper@mhaofnyc.org](mailto:jdraper@mhaofnyc.org)

212-614-6309

CONTACT for MORE ON CRISIS CENTER  
PARTNERSHIPS:

Shari Sinwelski, MS/EdS

Director, Network Development

[ssinwelski@mhaofnyc.org](mailto:ssinwelski@mhaofnyc.org)

T: (212) 614-6394