



Suicide Prevention Hotline Follow-Up Evaluation

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Acknowledgments: Crisis Centers

ALABAMA

- Crisis Center – Birmingham (Birmingham)

ARIZONA

- EMPACT Suicide Prevention Center (Tempe)
- Southern Arizona Mental Health Corporation (SAMHC)(Tucson)

ARKANSAS

- Arkansas Crisis Center (Springdale)

CALIFORNIA

- Contra Costa Crisis Center (Walnut Creek)
- Didi Hirsch Suicide Prevention Center (Culver City)
- San Francisco Suicide Prevention (San Francisco)
- The Effort – Suicide Prevention & Crisis Services (Sacramento)

CONNECTICUT

- United Way of Connecticut 2-1-1 (Rocky Hill)

DELAWARE

- ContactLifeline, Inc. (Wilmington)

FLORIDA

- 211 Palm Beach/Treasure Coast (Lantana)
- Crisis Center of Tampa Bay, Inc. (Tampa)
- Personal Enrichment Through Mental Health Services, Inc. (Pinellas Park)
- Switchboard of Miami (Miami)
- 2-1-1 Brevard, Inc. (Brevard)

GEORGIA

- Behavioral Health Link (Atlanta)

ILLINOIS

- Call for Help, Inc. (East St. Louis)
- Suicide Prevention Services, Inc. (Batavia)

IOWA

- Foundation 2 Crisis Center (Cedar Rapids)

KENTUCKY

- The Crisis & Information Center, Seven Counties Services, Inc. (Louisville)
- Four Rivers Behavioral Health (Mayfield)

LOUISIANA

- VIA LINK (serving the Greater New Orleans area)

MARYLAND

- Baltimore Crisis Response Inc. BCRI (Baltimore)

MASSACHUSETTS

- Samaritans, Inc. (Boston)

MICHIGAN

- Gryphon Place 2-1-1/HELP-Line (Kalamazoo)
- Third Level Crisis Intervention Center (Traverse City)

MINNESOTA

- HSI-Crisis Connection (Richfield)

MISSOURI

- Behavioral Health Response (BHR) (St. Louis)
- Life Crisis Services, A division of Provident, Inc. (St. Louis)

Acknowledgments: Crisis Centers

NEBRASKA

- Boys Town National Hotline (Boys Town)

NEVADA

- Crisis Call Center of Nevada (Reno)

NEW JERSEY

- CONTACT of Mercer County, NJ (Ewing)
- CONTACT We Care, Inc. (Westfield)

NEW YORK

- 2-1-1/LIFELINE, a program of Goodwill of the Finger Lakes (Rochester)
- Covenant House NINELINE (New York City)
- LifeNet – A program of the Mental Health Association of (New York City)
- Long Island Crisis Center (Bellmore)
- Suicide Prevention and Crisis Services, Inc. (Buffalo)
- Suicide Prevention and Crisis Services of Tompkins County (Ithaca)

OHIO

- Community Counseling and Crisis Center, Crisis Hotline (Oxford)
- Help Hotline Crisis Center, Inc. (Youngstown)
- Pathways of Central Ohio (Newark)

OKLAHOMA

- HeartLine, Inc. for the State of Oklahoma (Oklahoma City)

OREGON

- Oregon Partnership Crisis Line Program (Portland)

SOUTH CAROLINA

- 2-1-1 Hotline (North Charleston)

SOUTH DAKOTA

- HELP!Line Center (Sioux Falls)

TENNESSEE

- Centerstone of Tennessee (Nashville)

TEXAS

- CONTACT (Dallas)
- Crisis Intervention of Houston, Inc. (Houston)
- MHMRA of Harris County HelpLine (Houston)
- Austin Travis County Integral Care (Austin)

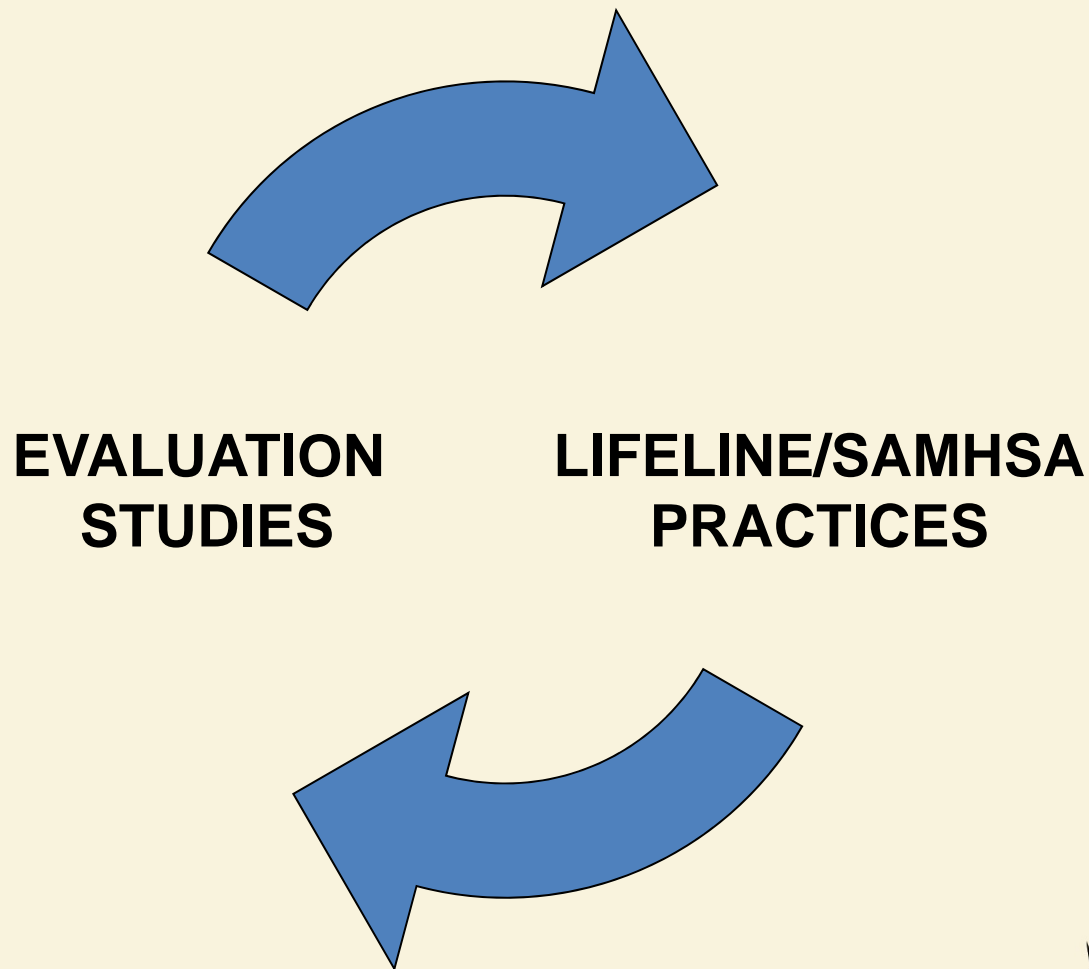
UTAH

- Crisisline for the Wasatch Front, Valley Mental Health (Salt Lake City)

WASHINGTON

- Care Crisis Response Services, Volunteers of America Western Washington (Everett)

Iterative Process Between Evaluation Findings and Practice



Summary of Iterative Process

Follow-up Procedures

Evaluation: SAMHSA I

- Callers suicidal at follow-up
- Low follow-through on referrals

Evaluation: SAMHSA II

- Low follow-through on referrals
- Barriers identified

Lifeline practices

- SAMHSA/Lifeline Follow-up Initiative
- 6 centers piloting follow-up w/callers

Evaluation: SAMHSA IV

- Evaluation of crisis center follow-up & SPI training

What Did Evaluation Studies Find?

SAMHSA I Evaluation

Kalafat, Gould et al., *SLTB* 2007

Gould, Kalafat et al., *SLTB* 2007


SAMHSA I EVALUATION

Gould, Kalafat et al.(2007) studied adult suicidal (n=1085) and nonsuicidal crisis (n=1617) callers from eight crisis hotlines across the U.S.

We employed callers' own ratings of their mental state and suicidality, in response to a standardized set of inquiries by the crisis counselors at the beginning and end of the call, to assess the immediate proximal effect of the crisis intervention.

A follow-up assessment, two to four weeks later, was also conducted to assess the duration of an effect and the telephone intervention's impact on future suicidal risk and behavior.

What we learned: Suicide Outcomes Since Call SAMHSA I



	<u>%</u>
Suicidal Thoughts Since Call	43.2%
Suicide Plans Since Call	7.4%
Attempts Since Call	2.9%

*380 suicidal callers followed

Suicide Callers at Follow Up: Follow Through with New MH Referrals

- Completed Appt with MH referral = 22.5% (34/151)
- Set up Appt with MH referral = 12.6% (19/151)

Led to...

SAMHSA II Evaluation

Gould et al., *SLTB*, 2012

SAMHSA II: Sample Description

- 16 Centers in 14 States
- Data Collection Period: 1/06 to 1/07 (“Pre”)
4/07 to 12/07 (“Post”)
- 376 Eligible* Suicidal Callers were followed

**To be eligible caller had to receive a referral*

Types of Referrals: Suicidal Callers

<u>Type</u>	<u>N</u>	<u>%</u>
Emergency Service	50	13.3
Mental Health Service	235	62.5
New	154	41.0
Current/Prior	91	24.2
Non-MH Service	48	12.8
Social Services	51	13.6
Phone services (other than same center)	132	35.1

Referral Follow Through: Suicidal Callers

<u>Type</u>	<u>N</u>	<u>%</u>
Emergency Service	23/50	46.0%
Mental Health Service	84/235	35.7
New	22/154	14.3
Current/prior	62/91	68.1
Non-MH Service	14/48	29.2
Social Services	10/50	20.0
Phone services (other than same center)	39/130	30.0
Any Referral	165/376	43.9
Any Referral (not incl. phone services)	130/314	41.4

Reasons for Non-Follow Through, Mental Health Services Suicidal Callers (N=108)*



	<u>N</u>	<u>%</u>
• Financial Barriers	43	39.8
• Other Structural Barriers	28	25.9
• Personal Barriers	31	28.7
• Barriers related to Perceptions about Mental Health Problems	53	49.1
• Barriers related to Perceptions about Mental Health Services	34	31.5

*35/151 callers who did not follow through did not remember referral
8/151 were waiting for call back from mental health service

What we learned : Follow-up is Necessary

SAMHSA I and II

- Callers may be suicidal at follow-up and in need of intervention
- Little follow through with referral and barriers need to be addressed
- Follow-up information can be used to improve training and clinical services

Led to SAMHSA Follow-up Initiative

The aim of the follow-up study is to *evaluate SAMHSA's initiative to have crisis centers offer and provide clinical follow up* to suicidal callers. The project also examines the impact of a training incorporating recent advances in safety planning.

Follow-up Evaluation

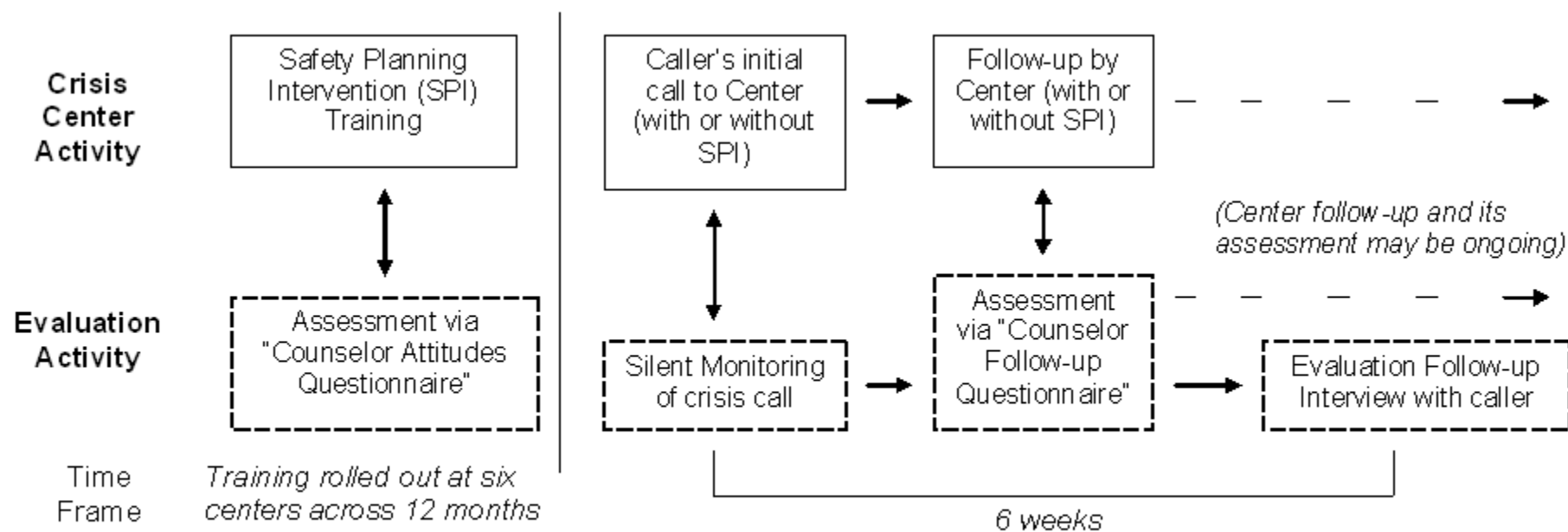


Figure 1. Core Activities in Evaluation of SPI and Crisis Center Follow-up Procedures

Topics Covered

- Rates of Offering and Accepting Crisis Center Follow-up (*Silent Monitoring Data*)
- Continuity of Behavioral Healthcare: Cohort I Counselors' Experience (*Counselor Follow-up Questionnaire Data*)
- Caller Feedback on Follow-up (*Interview Data*)
- Service Utilization by Callers Who Received Follow-up (*Interview Data*)



Rates of Offering and Accepting Crisis Center Follow-up

Cohort I Silent Monitoring Data

Demographics

(N=660 silent monitored calls)



		<u>n</u>	<u>%</u>	
Gender*	Male	263	39.9%	*gender of one caller = unknown
	Female	396	60.0%	
<hr/>				
		<u>n</u>	<u>%</u>	Don't know or missing
				<u>n</u> <u>%</u>
Native American		12	1.8%	590 89.4%
Veteran		15	2.3%	605 91.7%
Active Military Status		2	0.3%	591 89.5%

Center Distribution

(N=660 silent monitored calls)



		<u>n</u>	<u>%</u>
Center	1	90	13.6%
	2	256	38.8%
	3	28	4.2%
	4	21	3.2%
	5	177	26.8%
	6	88	13.3%

Rates of Offering/Accepting Follow-up, by Center

Center	Total	Offered Clinical Follow-up		Accepted Clinical Follow-up	
		<u>n</u>	<u>Row %</u>	<u>n</u>	<u>Row %</u>
1	90	21	23.3%	17	81.0%
2	256	99	38.7%	68	68.7%
3	28	22	78.6%	19	86.4%
4	21	5	23.8%	5	100.0%
5	177	36	20.3%	28	77.8%
6	88	32	36.4%	22	68.8%
Total	660	215	32.6%	159	74.0%

Rates of Offering/Accepting Follow-up, by Caller's Gender (N=659)



	Offered Clinical Follow-up		Accepted Clinical Follow-up	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Male (n=263)	73	27.8%	51	69.9%
Female (n=396)	142	35.9%	108	76.1%

p<.05

Rates of Offering/Accepting Follow-up, by Suicide Risk Factors


		<u>N</u>	% Offered Clinical Follow-up		% Accepted Clinical Follow-up	
			<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Current Thoughts:	yes	503	185	36.8%***	140	75.7%
	no	130	26	20.0%	17	65.4%
Thought of Means:	yes	261	104	39.8%**	79	76.0%
	no	180	47	26.1%	32	68.1%
Current Suicide Plan:	yes	200	80	40.0%*	60	75.0%
	no	296	83	28.0%	61	73.5%
Preparatory Behavior:	yes	39	14	35.9%	11	78.6%
	no	427	141	33.0%	102	72.3%
Prior Attempts:	yes	285	99	34.7%*	74	74.7%
	no	153	60	39.2%	46	76.7%
Imminent Risk:	yes	97	33	34.0%	24	72.7%
	no	521	171	32.8%	126	73.7%

*p<.05, **p<.01, ***p<.001

Rates of Offering/Accepting Follow-up, by Mental Health Service Use

Baseline MH Service Use		% Offered Clinical Follow-up			% Accepted Clinical Follow-up	
		<u>N</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Ever used MH Services?	Yes	456	147	32.2%**	113	76.9%
	No	82	38	46.3%	26	68.4%
Now using MH Services?	Yes	258	87	33.7%	64	73.6%
	No	310	107	34.5%	80	74.8%

**p<.01



Continuity of Behavioral Healthcare: Cohort I Counselors' Experience

Cohort I Counselor Follow-up Questionnaire Data

Continuity of Behavioral Healthcare: Cohort I's Experience

- Initiating follow-up contact
- Course of follow-up contact
- Promotion of treatment engagement

Initiating Follow-Up Contact (I)

(N=3846)



	<u>N</u>	<u>%</u>
Clinical contact not achieved	1491	38.8%
Clinical contact achieved	2355	61.2%

Initiating Follow-Up Contact (II)

Clinical contact not achieved (N=1471)

# of tries before contact efforts terminated	<u>N</u>	<u>%</u>
0	7	.5%
1	153	10.4%
2	125	8.5%
3	162	11.0%
4	155	10.5%
5	306	20.8%
6	242	16.5%
7	64	4.4%
8	83	5.6%
9	31	2.1%
10+	143	9.7%

Range: 0-14

Initiating Follow-Up Contact (III)

Clinical contact achieved (N=2227)

# of tries to get 1 st completed call	<u>N</u>	<u>%</u>
1	1015	45.6%
2	489	22.0%
3	301	13.5%
4	182	8.2%
5+	240	10.7%

Range: 1-11

Course of Follow-Up Contact (I)

Completed Calls Per Caller (N=2355)

# of follow up intervention calls	<u>N</u>	<u>%</u>
1	1041	44.2%
2	543	23.1%
3	341	14.5%
4	233	9.9%
5+	197	8.3%

Range: 1-22

Course of Follow-Up Contact (II)

Reasons for Closing the Case (N=2336)

	<u>N</u>	<u>%*</u>
Suicide risk has been reduced	977	41.8%
Caller could no longer be reached	806	34.5%
Caller withdrew permission for follow-up	459	19.6%
Caller has entered treatment	448	19.2%
Planned number of calls has been made	278	11.9%
Remained in treatment for designated period	135	5.8%
Length of time allotted for follow-up has passed	66	2.8%
Other	239	10.2%

*Adds up to more than 100% because the reasons for termination are not mutually exclusive

Promotion of Treatment Engagement (I)

	<u>N</u> *	<u>%</u>
Counselor endorsed promoting use of professional resources as a top priority	1953/2335	83.6%
Counselor explored caller's reasons for entering treatment	1534/2317	66.2%
Counselor explored caller's reasons for not entering treatment	977/2313	42.2%
Counselor explored caller's ambivalence about entering treatment	833/2313	36.0%
Counselor problem-solved with caller regarding barriers to treatment	976/2335	41.8%

*Denominators differ due to missing data

Promotion of Treatment Engagement (II)

By Current Treatment States

	In treatment at time of initial call		Not in treatment at time of initial call	
	<u>N*</u>	<u>%</u>	<u>N*</u>	<u>%</u>
Counselor endorsed promoting use of professional resources as a top priority	515/607	84.8%	736/842	87.4%
Counselor explored caller's reasons for entering treatment	364/602	60.5%	623/836	74.5%
Counselor explored caller's reasons for not entering treatment	162/602	26.9%	493/836	59.0%
Counselor explored caller's ambivalence about entering treatment	142/601	23.6%	398/835	47.7%
Counselor problem-solved with caller regarding barriers to treatment	190/607	31.3%	430/842	51.1%

*Denominators differ due to missing data

Preliminary Conclusions from Counselor Questionnaires

- Promoting use of professional resources is among counselors' top priorities (for 83.6% of follow-up clients);
- Counselors explore reasons for not entering treatment with over half (59%) of clients not in treatment at the time of the initial crisis call;
- Counselors problem-solve about barriers to treatment access with about half (51.1%) of clients not in treatment at the time of the initial crisis call;
- As such, motivational interviewing may be a useful practice to include in a "tool kit" of recommended follow-up practices.

Caller Feedback on Follow-up

Cohort I Evaluation Interview Data

CALLER FEEDBACK ON FOLLOW-UP

Quantitative Analysis

- “To what extent did the counselor’s calling you stop you from killing yourself?”
- “To what extent did the counselor’s calling you keep you safe?”

Preliminary Findings

Quantitative Caller Feedback (III)

“To what extent did the counselor’s calling you *stop you from killing yourself?*”

	<u>N*</u>	<u>%</u>
A lot	277	52.6%
A little	140	26.6%
Not at all	109	20.7%
It made things worse	1	0.2%

* N=527

Preliminary Findings

Quantitative Caller Feedback (IV)

“To what extent did the counselor’s calling you *keep you safe?*”

	<u>N*</u>	<u>%</u>
A lot	316	60.0%
A little	158	30.0%
Not at all	52	9.9%
It made things worse	1	0.2%

* N=527

Examples of Caller Feedback (I)

What was it about the follow-up calls that stopped you / that kept you safe?

“What stopped me was that someone who doesn't know me had interest in me, cared about me. I've lost so many people in my life, in such a hard way, and I stopped caring about my life. I haven't had anyone support me that way, and them calling me gave me a boost.”

“I'm usually the one calling and I feel stupid, whereas she called and I felt cared about.”

“I just felt like I was so alone, and if anything had happened to me, no one would have known except them, and they could have at least called the police for me or something. It was some connection between me and the rest of the world.”

Examples of Caller Feedback (II)

What was it about the follow-up calls that stopped you / that kept you safe?

“The follow-up calls really gave me the message that they really did care, and that it wasn't just a one-time resource if I needed to turn to them again. That was really what kept me from continuing with my [suicidal] thoughts.”

“I felt like there was somebody there who understood, somebody there who cared about what I was going through. For her to call me every week, I did feel safe and taken care of, I felt like if something went wrong I could go to her and she could calm me down.”

Examples of Caller Feedback (III)

What was it about the follow-up calls that stopped you / that kept you safe?

“That I was accountable to somebody and that I had contracted with somebody for safety until the next call.”

“There's something in me that... I didn't want to let her down. It's not like I promised her or anything, I just didn't want to let her down.”

Examples of Caller Feedback (IV)

What was it about the follow-up calls that stopped you / that kept you safe?

“It helped me because I was waiting for a call, I didn't do it because I was waiting for a call - something to look forward to.”

“Made me feel a little more positive, knowing that there was somebody that was going to be calling me and checking up on me. I wanted to be there to answer, since they were paying so much attention to me.”

“Just that I knew that she was going to call again, and I was going to report back to her on the progress I've been making.”

“Without those calls, I would have gone the other way. She gave me something to work on, something to look forward to.”

Examples of Caller Feedback (V)

What was it about the follow-up calls that stopped you / that kept you safe?

“...[T]hey gave me a better grounding in reality... Talking to them made me more conscious of what I really wanted which was relief from pain rather than to kill myself which is a rather permanent solution.”

“Just that question [what do you have to live for] clarified everything for me, what it evoked in me was the thought of my daughter and she had come home from college briefly and it was very clarifying. Helped me gain perspective.”

Examples of Caller Feedback (VI)

What was it about the follow-up calls that stopped you / that kept you safe?

“One counselor came up with an action plan, as far as what I could do to keep the suicidal thoughts at bay. She didn’t tell me what to do, but she helped me come up with things I could do on my own to take care of myself.”

“The plans they gave me: to talk to my uncle, to pet my dog, just simple things.”

“It kept me busy, my mind busy and thinking about other things besides suicide and hurting myself.”

Examples of Caller Feedback (VII)

What was it about the follow-up calls that stopped you / that kept you safe?

“The concern and the willingness to try to get me in somewhere different after the first option that I was offered didn't work out.”

“It was them and the fact that my mom came and helped out. [The crisis center] helped me deal with it enough to tell my mom and get everything out in the open.”

“They suggested ‘why don't you write something to the Holy Spirit and show it to your pastor?’ and I did.”

Examples of Caller Feedback (VIII)

What was it about the follow-up calls that they didn't stop you / they didn't keep you safe?

"I really wasn't thinking about killing myself when she called back, or even before she did -- those thoughts went away after the first call."


"I didn't really feel like I was a danger to myself at that point. I was pretty far from formulating any kind of plan."

"Not the follow-ups. I didn't really share my problems with them, they're just so involved, so how much could they do?"

"We didn't speak for that long, because I didn't really want to speak to him. I think he would have been willing to give me counseling if I had let him, but I just didn't want to talk."

PRELIMINARY CONCLUSIONS

- The majority of callers consider follow-up to have saved their lives and kept them safe a lot.
- Callers experience connection with crisis counselors as a major source of support and stability.



Service Utilization by Callers Who Received Follow-up

Cohort I Evaluation Interview Data

Mental Health Service Utilization by Callers who Received Follow-up (N=656)



Baseline MH Service Use		Total		Utilized MH service after crisis call?	
		<u>N</u>	<u>Column %</u>	<u>N</u>	<u>Row %</u>
All callers		656	100.0%	458	69.8%
Ever used MH service before crisis call?	Yes	547	83.4%	401	73.3%
	No	109	16.6%	57	52.3%
In MH treatment at time of crisis call?	Yes	247	37.7%	234	94.7%
	No	409	62.3%	224	54.8%

Follow-up Extended/Expanded: Cohorts II and III

- Replication of Cohort I findings
- Follow up of ED discharges
- Web-based SPI training

Continuation of Iterative Process

Follow-up Procedures

Evaluation: SAMHSA I

- Callers suicidal at follow-up
- Low follow-through on referrals

Evaluation: SAMHSA II

- Low follow-through on referrals
- Barriers identified

Lifeline practices

- SAMHSA/Lifeline Follow-up Initiative
- 6 centers piloting follow-up w/callers

Evaluation: SAMHSA IV

- Preliminary caller feedback suggests that follow-up saves lives

Lifeline practices

- Follow-up initiative extended/expanded
- New centers to follow up with ED and inpatient discharges and callers

Evaluation: SAMHSA IV Expansion

- Evaluation of follow-up with ED and inpatient discharges and callers