Care Transitions & Continuity of Care: Bridges to Hope

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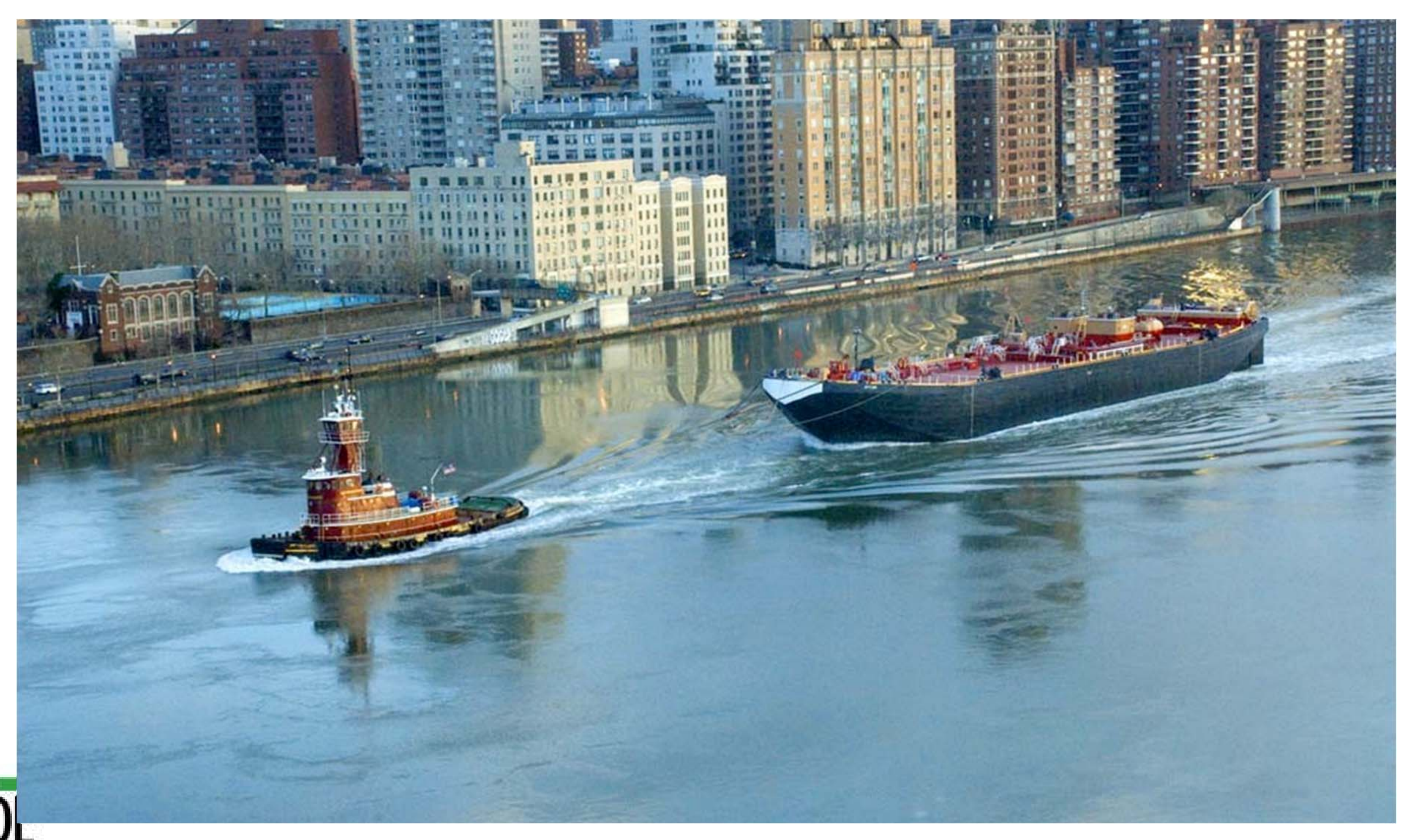
NATIONAL SUICIDE PREVENTION LIFELINE

Man cannot discover new oceans unless he has the courage to lose sight of the shore.

Andre Gide, French Nobel Prize Author

…but sometimes we need support along the way….

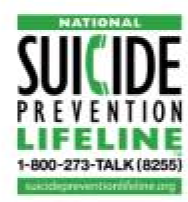


NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

If they are willing to accept it!

"When I was a boy of fourteen, my father was so ignorant I could hardly stand to have the old man around. But when I got to be twenty-one, I was astonished at how much he had learned in seven years."

Mark Twain



Adolescence:
The "I'm Not Perfect" Storm

Physiological changes

-cognitive

-body image/appearance

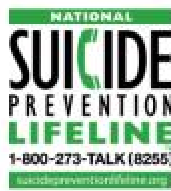
-hormones→moods

Sexuality-relationships

Academic pressures

Parents vs. Peers

Drugs & Alcohol

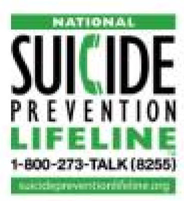


Adolescence: A Time of Transition

- Period of identity development:
  – "Who am I?"

  --"Who am I in relation to others?" (where do I belong?)

  --What is my value to others?
- "Psychological separation" from parents begins with a shift from dependencies on parents to peers



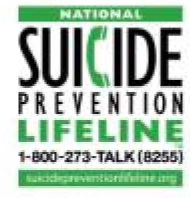
Adolescent Troubles in Transition: The Role of Parents and Peers

- College students: Parental “delegates”, “rebels” and “orphans” dependent on peers; those with parental support were more autonomous (Draper, 1996)
- “Over-controlling” parental styles enhance susceptibility to peer pressure in late adolescents (Geary, 1996)

"Transition Trauma": When change feels overwhelming

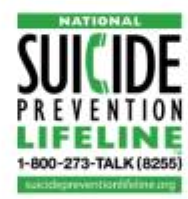
When it…

- Thwarts belongingness and worth (humiliation, real or perceived community rejection, unemployment)
- Enhances feelings of interpersonal loss, disconnection (loss of loved ones, community, etc.)
- Is so pervasive that it resists establishing daily routines over an extended period of time (eating, sleeping, working, socializing, recreation, etc.)



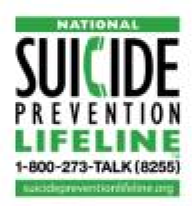
Suicide Risks in Transition: Veterans

- Approx. 1:10 persons incarcerated are veterans (DOJ, 2004), many with substance and mental health disorders
- 33% of homeless are veterans (VA, 2012), many with substance/mental disorders
- 18 vets die by suicide daily (VA 2012)



Transition Challenges: Veterans

- 44% of returning Iraq/Afghanistan war vets report problems with transition to civilian life (Pew Research, 2011)
- College transition: developing primary identity beyond "soldier"; difficulty connecting with traditional college students; finding "meaning/importance; negotiating different structure, rules
- Employment transition: higher rates of unemployment, some negative stereotypes (mental illness, etc.) may deter employers



Suicide Risks in Transitions: LGB Youth

Greater ideation & attempts:

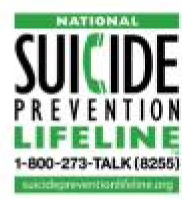
- LGB youth > 3x more likely to seriously consider suicide in last year vs. peers (MA DOE, 2006)
- LGBQ 2-3x more attempts than peers (Garafalo et al 1999; Russell and Joyner, 2001))

Relationship to family & social supports:

- Peer harassment: LGB youth 2-3x more likely to be bullied (G,L & S Network survey, 2009))
- Family rejection = 8x more likely to report suicide attempts vs. peers accepted by parents (Ryan, 2009)

Suicide Risks in Transition: AI/AN Youth

- AI youth: 3.5x higher than non-AI peers (IHS)
- AN youth: males 9x higher, females, 19x higher (AN Tribal Health Consortium)
- Risks abound: high unemployment/poverty, alcohol/substance abuse, domestic violence/trauma
- Loss of land, language & culture = historical trauma



Suicide Risks in Transition: Juveniles in and after Detention

- Suicide is leading cause of death for youth in confinement (Bureau of Justice, 2002-2005)
- Youth in residential facilities nearly 3x suicide rates of peers in gen. pop. (Gallagher & Dobrin, 2006)
- Suicide risk factors highest among youth in juvenile justice system (Action Alliance TF, 2013)

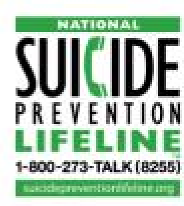
Suicide Risks in Transitions: Post-Discharge

From ED's:

- U.S. E.D. visits: More attempts (49% increase), fewer admissions for attempts (35% less) (Larkin et al, 2008)
- About 50% of suicide attempters fail to attend treatment post-discharge (Tondo et al, 2006)
- Over 1/3 re-attempt or die by suicide within 18 months post discharge (Beautrais, 2003)

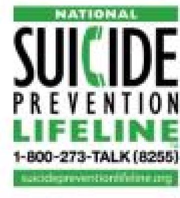
From Hospital Inpatient Settings:

- "highest risk of all": 1% discharged will die by suicide in first year after (Goldacre, 1993)
- 55% of post-inpatient discharge suicides die within 1st week (Brinkley et al, 2013)



What Reduces Risks for Persons in "Transition Trauma": Continuity of Care & Follow-Up

"I care about you.
I understand what you are going through.
I will stay with you."



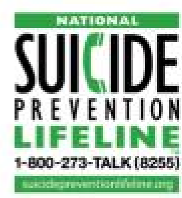
Follow Up Methods that Suicidality

Telephone + limited face-to-face contacts

- WHO Study, 2008: 800 attempters FU from 8 EDs around the world, 9 contacts (1 education session in ED, telephone and face to face contacts) over 18 mos. = 9x fewer suicides than control group

Telephone only

- DeLeo, 2002: Telecheck FU in Italy reduced suicide rate 6x among elderly women
- Vaiva, 2006: Telephone follow-up w/605 attempt survivors one month after ED discharge sig reduced attempts; patients strongly preferred telephone contacts to clinic appointments



Follow Up Methods that Suicidality

Caring Letters

- Letters (24 over 5 yrs) sent to 389 attempters post-discharge **sig. reduced suicides** (Motto, 1976)

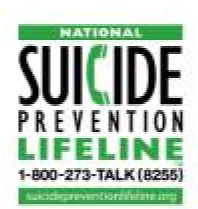
Caring Postcards

- Postcard follow-ups over 1 yr. to 378 attempters **reduced attempts 50%** (Carter 2005):

Text messages

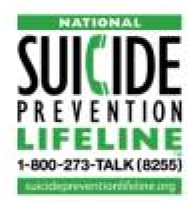
- Text message contacts with persons discharged from ED with suicide-ideation reduced attempts, return visits to ED (Larkin et al, 2010; Chen et al, 2010)

E-mail follow-up currently being tested in military treatment settings (Luxton et al, 2012)



Ingredients of Follow-Up?

- Soon after discharge (within 24 hours-7 days maximum—warm handoffs optimal
- Goal setting: When does it end?
- Good contact/collaborative problem solving (empathy, reassurance, psychoeducation, resource referrals/linkages, crisis intervention as needed)
- Ongoing assessment
- Safety planning—”Coping Plan”

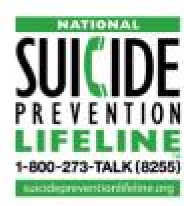


Safety Planning

6 Steps:

- Warning signs
- Internal coping strategies
- Social contacts who may distract from crisis
- Family members who can be helpful
- Professionals and agencies to contact
- Making the environment safe

Barbara Stanley & Gregory K. Brown, 2008



Who can do follow-up?

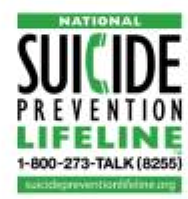
- Peers
- Professionals (social workers, psychologists, nurses, psychiatrists, etc.)
- Trained volunteers

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



Role of Crisis Centers in Suicide Prevention

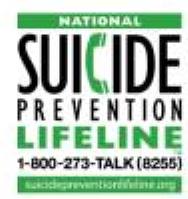
National Strategy for Suicide Prevention, Objective 8.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

COMMUNITY HUBS FOR SUICIDE PREVENTION

- **Community Involvement**: Use of volunteers
- **Community-wide Access**: Free access to all, no stigma, no care barriers if have phone
- **Community of providers**: Refer to other services
- **Community outreach**: public education, training, mental health "anti-stigma" promotions

GLS Grantees, Crisis Centers & Follow-up

- Florida: USF, Fla Council on CMH—contract with Miami Switchboard Center to follow-up/support at risk youth for up to 90 days
- Hawaii: Training 17 local EDs in best practices for discharge (follow-up, safety planning, etc.)
- NAMI-NH & Headrest Counseling Center: Follow-up with at risk youth callers (10-24); NAMI follow-up with youth discharged from inpatient unit at NH Hospital



With help comes hope

NATIONAL

SUICIDE

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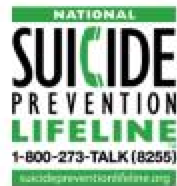
LIFELINE™

1-800-273-TALK

www.suicidepreventionlifeline.org

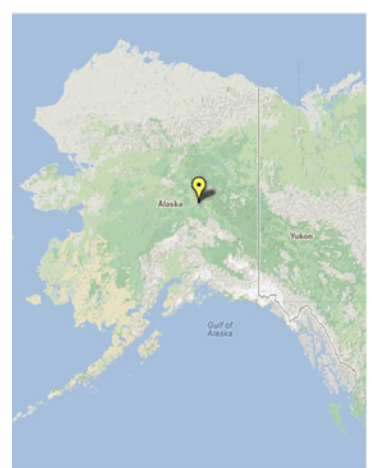


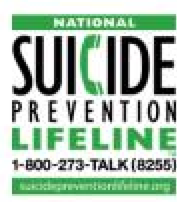
How the Lifeline Works

- 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

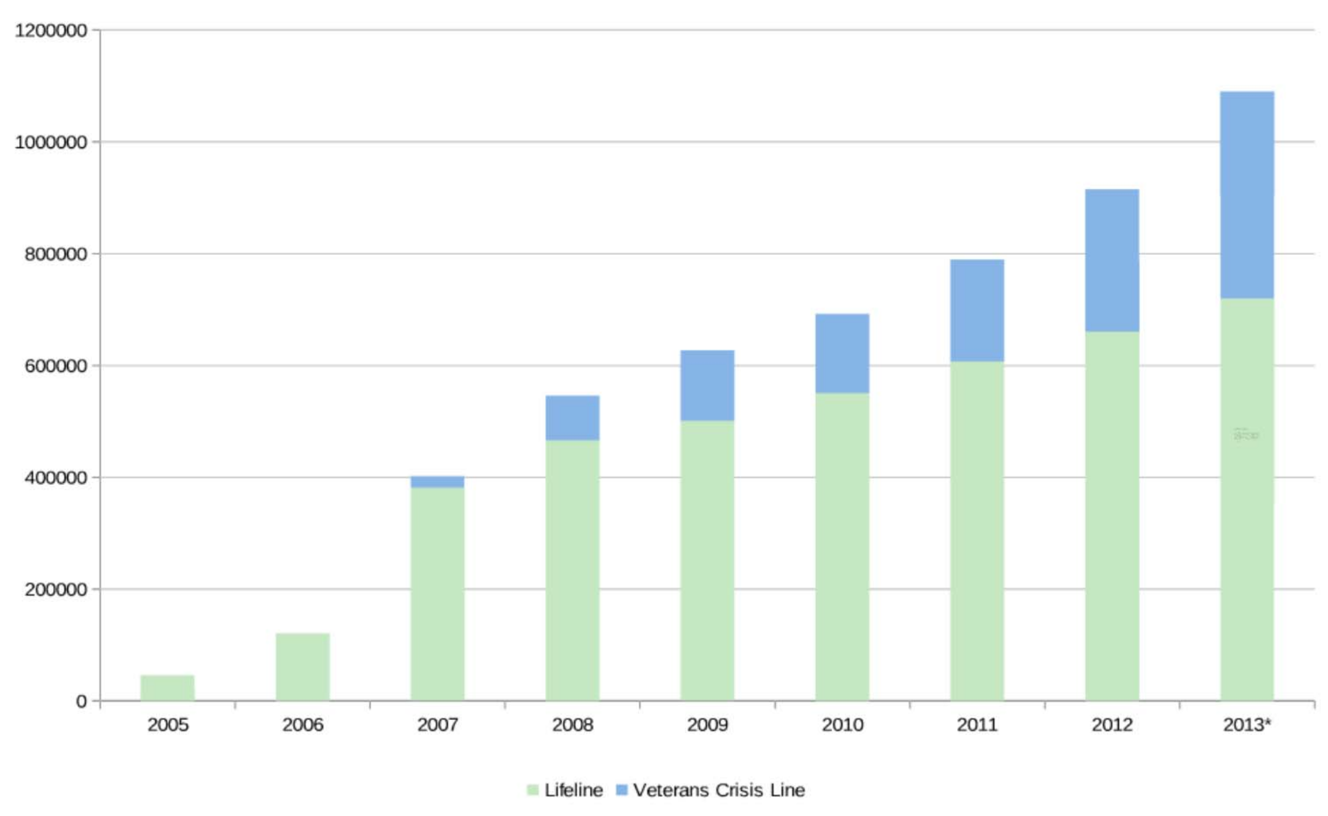
- **JULY 2007**: VA & SAMHSA launch first national suicide hotline for Vets
- Calls routed through 800-273-TALK (press 1 for vets & active military service)
- 24-7 access to trained counselors at VA
- Lifeline Centers back-up service to ensure all calls are answered

Lifeline Crisis Centers





Lifeline Call Volume, 2005 – 2013*



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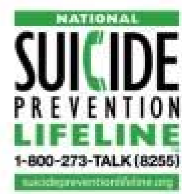
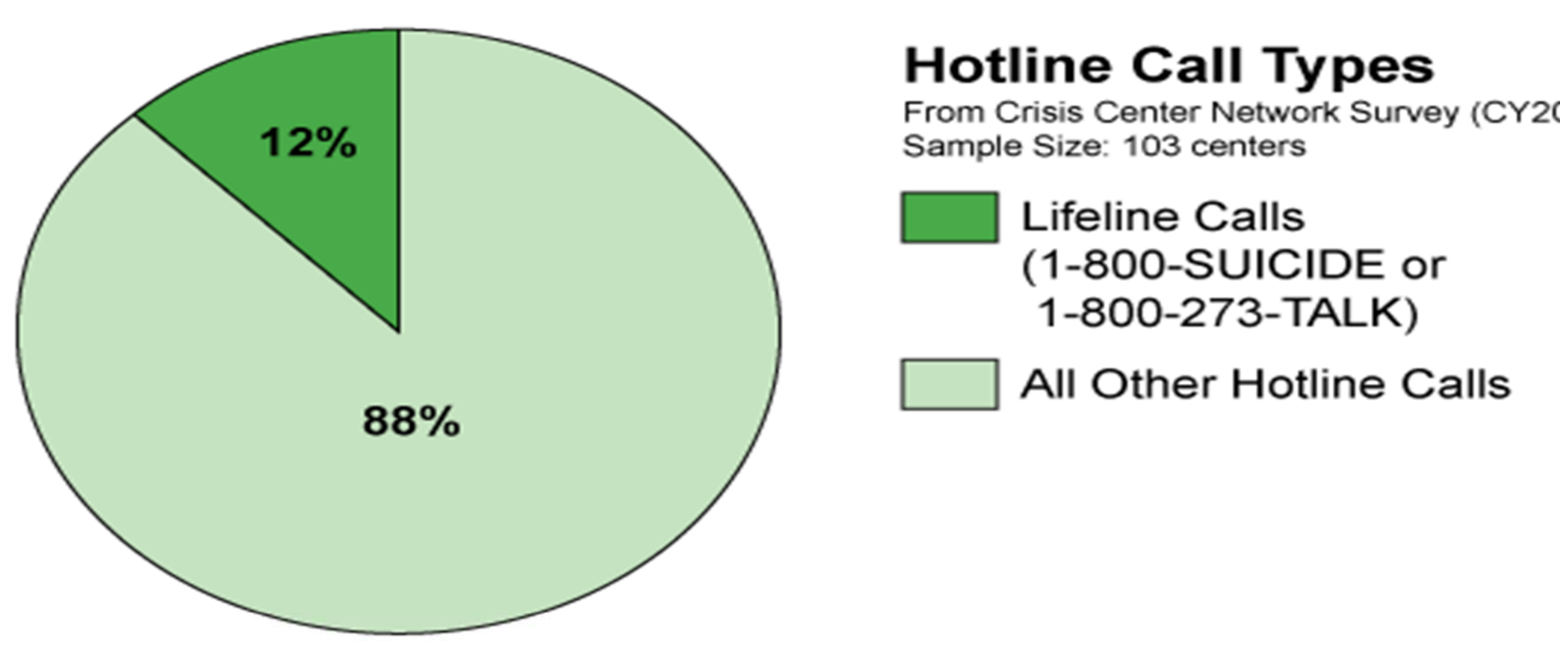
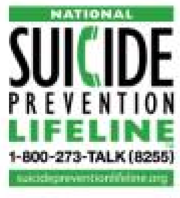


Network Survey: Ratio of Lifeline Calls to Other Center Calls



SAMHSA Evaluation of Lifeline Centers



Lifeline Evaluation and QI Process

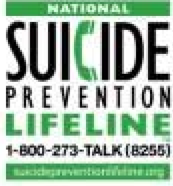
IDENTIFY BEST PRACTICES

STANDARDS, GUIDELINES & POLICIES

IMPLEMENT

TRAINING & T.A.

EVALUATION



Lifeline Best Practices

- **Engagement (“Good Contact”** empathy, connectedness)
- **National Risk Assessment Standards**: four principles of SRAS, reasons for living/dying
- **Collaborative Problem Solving**: Safety planning, leveraging caller’s strengths, experience & resources, promoting choice
- **Imminent Risk Policy:** collaborative, least invasive interventions focused on maximizing safety and reducing risk; active rescue as a last resort
- **Referrals & Follow-up**: resources matching needs; consent for follow-up if at risk, safety planning, then continuing assessment, collaboration, linkages

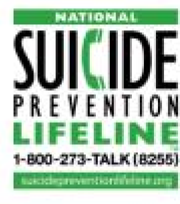
GLS Grantees & Crisis Centers

- Kansas: Headquarters Crisis Counseling Center—training and outreach to assist youth at risk
- South Dakota: Helpline Texting services for youth in crisis, including local AI reservations; ASIST and outreach
- NY State: Engage NY crisis centers in suicide prevention training and outreach activities (including in local schools)
- VA: Crisis Center in Bristol provides outreach, education and training to schools, youth centers

GLS Collaborations with Crisis Centers

You can work with Crisis Centers to:

- Provide and disseminate GLS materials
- Provide trainings in suicide prevention
- Outreach to schools and youth communities
- Promote best practices in suicide prevention in your state/communities
- Strengthen “chain of care” in your communities by promoting integration & collaborations between crisis centers and other crisis/emergency services (follow-up, etc)



Thank you!

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http://suicidepreventionlifeline.org