The Need for Care Transitions and the Role of Crisis Center Follow-up

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The Need for Care Transitions:
Evidence from Past Evaluations

Need for Care Transitions: Evidence from general population of high school students

Following school-based mental health screening, 118 students identified as at-risk were provided with referrals for new MH services.

- At 2-year follow-up assessment, 69.2% (54/78) reported having sought out new mental health treatment since the initial screen

- 17% had kept their first appointment within a month after the screen

- 36% had kept their first appointment within 6 months after the screen

Gould et al., 2009

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Need for Care Transitions: Evidence from earlier Lifeline evaluations with at-risk adults (I)

151 suicidal callers were provided with new mental health referrals during their crisis call and then interviewed by the evaluation team

An average of 4 weeks after the crisis call:

- 35.1% (53/151) had either kept or made an appointment with a mental health service

Of those:

- 22.5% (34/151) had kept an appointment
- 12.6% (19/151) had set up an appointment

Gould et al., 2007

Need for Care Transitions: Evidence from earlier Lifeline evaluations with at-risk adults (II)

380 suicidal callers were interviewed an average of 4 weeks after their crisis call to a Lifeline center:

	%
Suicidal Thoughts Since Call	43.2%
Suicide Plans Since Call	7.4%
Attempts Since Call	2.9%

Gould et al., 2007

Barriers to Help-Seeking

Barriers to Help-Seeking: Evidence from general population of high school students

Among at-risk students and their parents, the following were the most common reasons for not following through with treatment referrals:

Barrier	Parents endorsing	Youth endorsing
Not believing the child had a problem	52.9%	75.0%
Believing the problem was not serious enough	52.9%	33.3%
Thinking it would get better on its own	29.4%	22.2%
Wanting to solve the problem themselves	41.2%	5.6%

(Gould et al., 2009)

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Barriers to Help-Seeking : Evidence from earlier Lifeline evaluations with at-risk adults

Among suicidal adult hotline callers, perceptions about mental health problems (i.e., denial of the severity of the problem, and belief that the problem could be handled without treatment) were similarly the most common reasons for not utilizing a mental health resource:

Type of Barrier	Callers endorsing
Perceptions about mental health problems	50.6%
Financial barriers	41.2%
Perceptions about mental health services	31.8%
Personal barriers	29.4%
Other structural barriers	23.5%

(Gould et al., 2012)

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Improving Care Transitions:

The Example of Lifeline Follow-up

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)

COLORADO
- Metro Crisis Services (Denver)

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)
- DuPage County Health Department (Wheaton)
- 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)

MAINE
- Aroostook Mental Health Services (Caribou)
- Crisis and Counseling (Augusta)

MARYLAND
- Baltimore Crisis Response Inc. BCRI (Baltimore)

MASSACHUSETTS
- Samaritans, Inc. (Boston)

MICHIGAN
- Dial Help, Inc. (Houghton)
- Gryphon Place 2-1-1/HELP-Line (Kalamazoo)
- Third Level Crisis Intervention Center (Traverse City)

MINNESOTA
- HSI-Crisis Connection (Richfield)

MISSISSIPPI
- Golden Triangle (Columbus)

Acknowledgments: Crisis Centers

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

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)
- Community Services (East Syracuse)
- Covenant House NINELINE (New York City)
- LifeNet – A program of the Mental HealthAssociation 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)
- Contact Community Services (Syracuse)

NORTH DAKOTA
- FirstLink (Fargo)

OHIO
- Community Counseling and Crisis Center, Crisis Hotline (Oxford)
- Help Hotline Crisis Center, Inc. (Youngstown)
- Helpline of Delaware & Morrow Counties (Delaware)
- 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)
- Family and Children's Service (Nashville)

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

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

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

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 EDs.**

- **Four cohorts (Ns= 6, 6, 6, 12) funded by SAMHSA**

Suicide Prevention Hotline Follow-up Evaluation: Data Collected by Cohort

Measure	Cohort I	Cohort II	Cohort III
Silent Monitored Calls from Suicidal Callers	N = 1,102 calls	N/A	N/A
Counselor Questionnaires Describing Follow-up Procedures	N = 3,831 callers	N = 2,543 clients	N = 3,008 clients
Evaluation Interviews with Follow-up Clients	**N = 550 callers interviewed***	N = 372 clients interviewed	N = 410 clients interviewed
Counselor Questionnaires on Attitudes to Training (Parts I and II)	N = 285 counselors (I) N = 162 counselors (II)	N = 72 counselors (I) N = 52 counselors (II)	N = 49 counselors (I) N = 31 counselors (II)

*550/699 after exclusions; *N=131 below 25 years of age

Description of Cohort I Interview Sample: Demographics (N = 131, Ages 18-24)

- 63.4% Female

- Average age = 21.1

- 23.1% Hispanic (compared to 12.2% of total sample)

- 42.7% Caucasian, 28.2% African American, 7.6% Native American, 29.8% Other (not mutually exclusive)

- 3.1% Married

- 15.3% had graduated from college

- 16.8% had ever been homeless since age 18

Description of Cohort I Interview Sample: Baseline Suicide Risk (N = 131, Ages 18-24)

At the time of the crisis call:

- 100% had suicidal ideation
- 47.3% had a suicide plan
- 53.1% wanted to die more than live
- 28.2% were more than somewhat likely to act on their thoughts of suicide
- 51.9% had made a prior attempt
- 21.4% had taken some action at the time of the call

Quantity of Clinical Follow-up Completed with Interviewed Young Callers (N=131)

Measure of Quantity	Range	Average	Median
Number of Follow-up Calls	1 – 9 calls	2.4 calls	2 calls
Minutes of Follow-up Contact	4 – 258 minutes	46.4 minutes	34 minutes
Duration of Follow-up in Days	1 – 164 days	22.2 days	8 days

Counselor Activities During Follow-up with Interviewed Young Callers (N=131)

The most prevalent counselor follow-up activities were <u>discussing coping strategies</u> and <u>offering emotional support</u>. (Over 90% each)

In addition, the following activities were conducted with over 2/3 of followed-up callers:

- Discussing past survival skills
- Discussing social contacts to use as distractors
- Discussing social contacts to call for help
- Discussing warning signs & triggers to suicidaliity
- Exploring reasons for living

Young Callers' Perceptions of Care (N=131)

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

- A lot   51.6%
- A little   31.3%
- Not at all   17.2%
- It made things worse   0.0%

- Do not remember follow-up   0.0%

Impact of Demographics on Young Callers' Perceptions of Care (N=131)

- Hispanic callers perceived follow-up as stopping them from killing themselves to a greater extent than non-Hispanic callers (p=.008; OR(CI)=3.87 (1.43-10.45))

- For young callers only, there was a trend toward significance for gender (p=.06; OR(CI) 2.01 (0.98-4.13)).

Impact of Baseline Suicide Risk on Young Callers' Perceptions of Care (N=131)

- Callers who were more than somewhat <u>likely to act on their thoughts of suicide</u> perceived follow-up as significantly more effective in preventing their suicide than other callers (p=.02; OR(CI)=2.66 (1.19-5.96))

Impact of Quantity of Follow-up on Young Callers' Perceptions of Care (N=131)

- Callers who received a <u>greater number of follow-up calls</u> perceived follow-up as significantly more effective in preventing their suicide than other callers (p=.008; OR (CI) = 1.96(1.20-3.20))

Impact of Counselor Activities on Young Callers' Perceptions of Care (N=131)

Callers whose counselors engaged in the following activities perceived follow-up as stopping them from killing themselves to a greater extent than other callers:

- Discussing social contacts to call for help (p=.007; OR (CI): 3.20 (1.38-7.42))
- Exploring reasons for dying (p=.01; OR (CI) = 3.29 (1.34 – 8.09))
- Discussing warning signs (p=.08; OR(CI): 2.09 (0.93-4.74))
- Discussing coping strategies (p=.08; OR (CI) = 3.21 (0.88 – 11.70))

New Mental Health Service Utilization in Young Callers Receiving Follow-up (N=131)

Of the 131 interviewed callers under age 25,

- 30 (22.9%) were in treatment with a mental health professional at the time of the crisis call
- 101 (77.1%) were not in treatment

Of the 101 callers not already in treatment,

- 62 (61.4%) had made contact with a new mental health service an average of 8 weeks after the crisis call

Feedback from Young Callers:

How Does Follow-up Help?

Follow-up provides supportive human contact during transitional period

What was helpful to you about the follow-up call(s)?

- "It gave me someone to talk to, and really it just made me feel good that someone cares enough to attempt to talk to me. So I could say, the follow-ups are great." (age 18)

- "Just the fact that they were checking up on me. I was contemplating suicide because I felt alone and they made me feel like there were people out there that cared, so that filled me with hope." (age 21)

What was it about the follow-up call(s) that stopped you from killing yourself?

- "Every time I started feeling down, it felt like that was when they called, so it was kind of like a life-raft." (age 21)

- "It was just the sense of security that it brought, it just felt like someone cared." (age 22)

Follow-up enhances motivation to follow through with referrals

What was helpful to you about the follow-up call(s)?

- "Them going back with me and asking me if I did what they had told me to do, and helping me stick to one plan, that helped me out." (age 18)

- "It kind of reminded me about the severity of the situation I was in because there are times when I would almost downplay it and try to pretend it wasn't happening. But I'd usually fall back into the same place, so it wasn't really gone. So it made me realize that I needed to pay special attention to it and continue to seek out the resources I could use to help it." (age 20)

What was it about the follow-up call(s) that stopped you from killing yourself?

- "…talking with them helped me realize I needed even more help, they helped me seek other help" (age 23)

Implications of Follow-up Findings for GLS Grantees' Programs and Evaluations (I)

With regard to suicide prevention strategies, such as screening or gatekeeper programs:

- Adding a follow-up component is useful to provide additional support, and to facilitate follow-through with recommended resources and referrals.

Implications of Follow-up Findings for GLS Grantees' Programs and Evaluations (II)

With regard to evaluation activities:

- Follow-up with program participants (even a random subsample) provides an opportunity to obtain invaluable feedback about
    - the prevention program,
    - whether they accessed resources, and the quality of the resources, and
    - barriers to help-seeking.

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