



# National Suicide Prevention Lifeline Initiatives and Collaborations

DOD/VA  
Suicide Prevention Conference  
Washington DC  
January, 2010





“Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves.”

**- The President's New Freedom Commission on  
Mental Health, 2003**





# Suicide and Public Policy

- 1997-U.S. Congress -S.Res 84 and H.Res 212
- 1999-Surgeon General's Call to Action to Prevent Suicide
- 2001-National Strategy for Suicide Prevention
- 2002-Institute of Medicine Report-Reducing Suicide: A National Imperative
- 2003-President's New Freedom Commission
- 2004-Garrett Lee Smith Memorial Act
- 2006-Establishment of Federal Working Group on Suicide Prevention
- 2007-Joshua Omvig Veterans Suicide Prevention Act
- 2009-DOD Suicide Prevention Task Force required by Congress





## National Suicide Prevention Lifeline

- National toll free number 1-800-273-TALK (8255)
- Calls routed automatically to the closest of 135 networked crisis centers
- Press “one” if a veteran or active duty military, SAMHSA, DVA, DOD collaboration
- Evaluation studies published June 2007 in Suicide and Life Threatening Behavior
- FCC assignment of 1-800-SUICIDE





## Role of a National Network

- Ensure a single toll-free number that routes calls efficiently, in 2009 over 625,000 calls answered
- National suicide prevention promotion efforts
- Provide Training and Technical Assistance to crisis centers to adopt standards and best practices
- Promote understanding & awareness on the important role of hotlines in suicide prevention





## Lifeline Public Education Campaigns

- Providing materials and technical assistance to crisis centers participating in Lifeline network
- “warning signs” wallet cards sent to over 5000 Emergency Departments in partnership with ACEP
- Working on reaching out to suicide attempters due to the high mortality and morbidity associated with suicide attempts
- VA and DOD public education efforts



Are you or  
someone you love  
at risk of suicide?

**NATIONAL**  
**SUI****IDE**  
**PREVENTION**  
**LIFELINE™**  
**I-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**NATIONAL**  
**SUI****IDE**  
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Get the facts and take  
appropriate action.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

# Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

# Lifeline Gallery: Stories of Hope and Recovery

[home](#) | [about](#) | [news](#) | [resources & links](#) | [guidelines](#) | [faqs](#) | [contact](#)

how-to

SEARCH



PICK A CATEGORY:

**ALL CATEGORIES**  
in chronological order  
by date and time.

**LOSS**  
and how it affected me.

**TURNING POINTS**  
what helped make a  
difference in my life

**HELPERS**  
I support suicide  
prevention

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CREATE YOUR OWN

**VETERANS  
HOTLINE**

**1-800-273-TALK**  
**Veterans Press 1**

## Veterans

veterans  
mental  
health



**What to expect when you call** - Click [play](#) to hear the 1-800-273-TALK greeting with the option to press one if you are a U.S. military veteran.

[MP3](#) [WMA](#) [Transcript](#)

The Department of Veterans Affairs' (VA) [Veterans Health Administration \(VHA\)](#) has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Hotline.

The Lifeline grant is funded by:

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

# Resource Locator

<http://www.suicidepreventionlifeline.org/Veterans/ResourceLocator.aspx>

Information for Lifeline Crisis Centers and veterans alike

The [Veterans Health Administration \(VHA\)](#) provides suicide prevention coordinators, general inpatient and outpatient psychiatric services at medical centers and community-based outpatient clinics. **Please enter a zip code or click on a state to locate the resource selected.**

● Please select a resource:

- Suicide Prevention Coordinators
- Crisis Centers
- VA Medical Centers
- Outpatient Clinics
- Veterans Benefits Administration Offices
- Vet Centers
- All

● Search by:

Search





## Hotline Evaluation Conclusions

- Among crisis callers, distress decreases during and after calls.
- Crisis hotlines are reaching seriously suicidal callers – 14% of suicidal callers spontaneously reported that the call saved their life.
- Hopelessness decreases during and after calls.
- Suicidal intent decreased during calls
- Suicide risk assessments need to be done routinely on all crisis calls

# Development of Risk Assessment Components

- Basis for Risk Assessment Standards
  - Review of research on risk & protective factors
  - Analysis of instruments developed for SAMHSA study and for Lifenet
  - Review of risk assessments in use by centers
- Risk Assessment Standards Components
  - Suicidal Desire, Capability, Intent; Buffers/Connectedness
- Process for Adoption of Standards
  - Reviewed by NSPL Steering Committee
  - Presented to crisis centers at AAS session
  - Discussed with crisis center directors on conference call
  - Met goal of adoption by all networked centers by September 2007



## Follow-up to Evaluations

- Certification/ training experts developed and disseminated standards
- Develop training that will enhance worker behaviors on good contact, lethality assessments, and problem solving
- Disseminate research findings to all crisis centers
- Current collaborations with NIMH, VA

# Pilot Evaluation of ASIST Training

- Comparison of 7 ASIST-trained and 9 non-ASIST trained centers.
- Monitoring of calls to centers and conducting follow up assessments with consenting callers.
- Monitoring and follow up by staff trained in crisis intervention

# Suicide Callers\*: Follow-Up Suicide Outcomes

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

\*380 callers in follow up

## Suicide Callers\*: Rate of Referrals



- Referral (Any, new) = 58.2% (221/380)  
of which 68.3% (N=151) were MH referrals

- Referred back to Current  
Therapist/Ongoing Services = 13.7% (52/380)

*Total % of callers directed  
to new or current services = 71.8% (273/380)*

\*380 followed callers



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

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



# Reasons for Non-Follow Through Mental Health Services



(N=43)\*

	N	%
• Financial Barriers	18	46.9
• Other Structural Barriers	9	20.9
• Personal Barriers	13	30.2
• Barriers related to Perceptions about Mental Health Problems	26	60.5
• Barriers related to Perceptions about Mental Health Services	21	48.8

\*12/55 callers who did not follow through did not remember referral



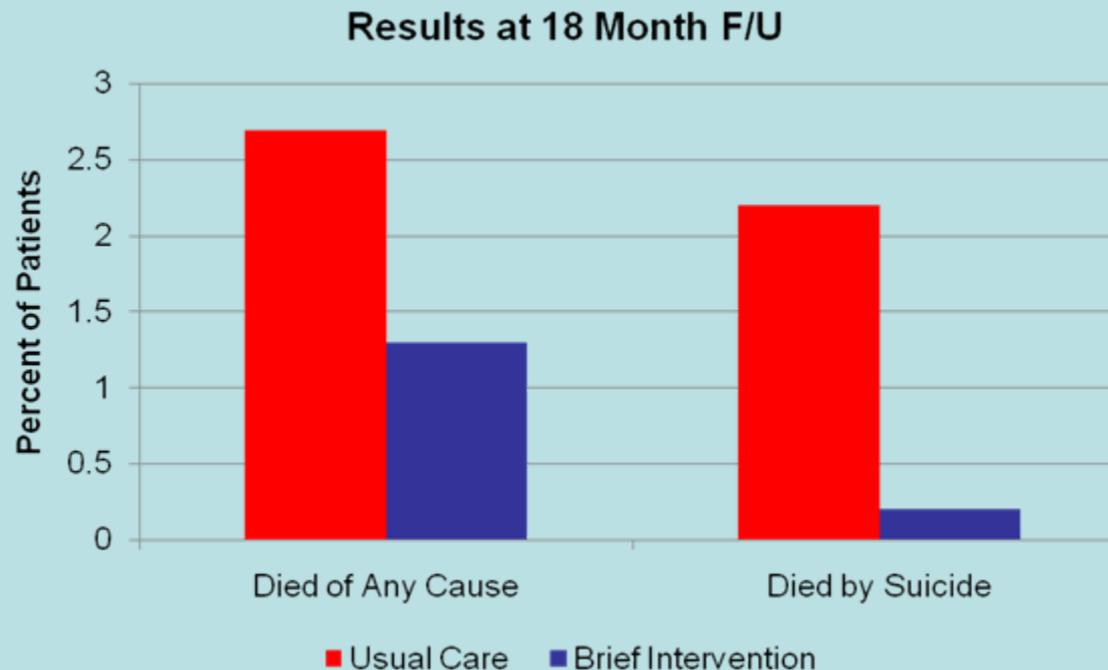
## Why Follow-up is Necessary

- Callers may be suicidal at follow-up and in need of intervention
- 43% of suicidal callers experienced recurrence of suicidal ideation in the weeks following an initial call
- Suicide risk recurs
- SAMHSA has initiated a grant program for Lifeline crisis centers focused on follow up
- VA has created the most extensive and intensive system for linking suicidal callers to care that has ever existed



## ❖ Fleischmann et al (2008)

- ◆ Randomized controlled trial; 1,867 suicide attempt survivors from five countries (all outside US)
- ◆ Brief (1 hour) intervention as close to attempt as possible
- ◆ 9 F/u contacts (phone calls or visits) over 18 months



# Suicide Callers: Rescue Rate

- Total = 12.6%
- With current plan = 19.2%  
Without plan = 4.9%
- Took some action\* = 37.9%  
Took no action = 10.8%

Lifeline has introduced Guidelines for Intervening with Callers at Imminent Risk

\*Engaged in preparatory behavior or had done something to hurt/kill themselves

# New Frontiers in Crisis Intervention

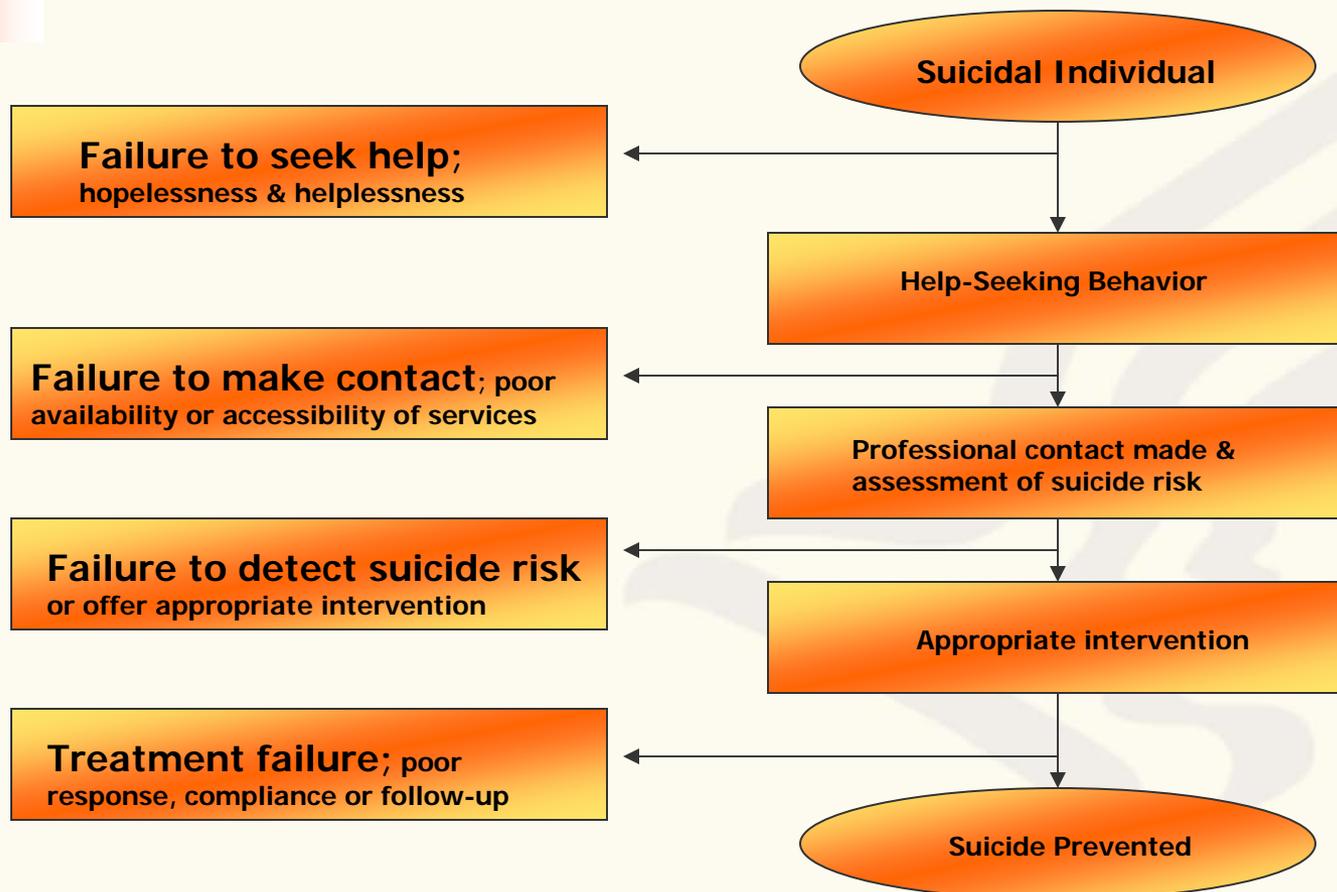
- Chat-Veterans chat initiated 2009
- Texting-Crisis texting services in UK
- Social Networking Sites-relationship with Lifeline
- SAMHSA Summit and White Paper on suicide prevention and the new technologies

# Chat and Texting

- How millions now communicate
- VA Chat Feature
- United Kingdom-crisis text service through the Samaritans, significant use but almost an hour delay in response
- Rape and Sexual Abuse Crisis Response

# Social Networking

- Lifeline provides crisis response for some social networking sites such as Facebook
- Emergency rescue much more complicated when only have email address or on social networking site
- A generation of online gatekeepers is emerging
- SAMHSA White Paper due out in 2010



Murphy, BM, Puffett, A. Pathways to suicide prevention. *British Journal of Hospital Medicine*. 1995;54(1):11-14.



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