What Do We Need to Know to Save Lives: Lessons from Research About Safety and Suicide Prevention

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Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover
The Evidence Shows that Suicide Can be Prevented

- 2 RCT’s showing reductions in death by suicide
- Multiple RCT’s showing reductions in suicide attempts
- Multiple large scale efforts
- England, Taiwan
- U.S. Air Force, Henry Ford Health Care System
- Efforts must be comprehensive, sustained, and integrated into systems

The WHO Multisite Intervention Study on Suicidal Behaviors

- 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

Results at 18 Month F/U

<table>
<thead>
<tr>
<th></th>
<th>Died of Any Cause</th>
<th>Died by Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Care</td>
<td>~1%</td>
<td>~1%</td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>~0%</td>
<td>~0%</td>
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Percent of Patients
International Efforts

• England—Reduction in suicides in communities that implemented
• Community crisis teams, proactive outreach
• Follow-up within 7 days of IPU discharge
• Training of clinical staff at least every 3 years
• Dual diagnosis policies
• Taiwan—Follow-up after suicide attempts led to 63% reduction in suicides.

U.S. Surveillance and Research

• In a study of almost 900,000 veterans who received treatment for depression between 1999-2004, suicide rates were highest in the 12 weeks following inpatient discharge (Valenstein et al, 2008)
• Researchers conclusions; “To have the greatest impact on suicide, health systems should prioritize prevention efforts following psychiatric hospitalizations.”
• South Carolina NVDRS-10% of suicides seen in ED within 60 days
• Goal 6-Promote efforts to reduce access to lethal means of suicide among those with identified suicide risk
• Goal 8-Promote suicide prevention as a core component of health care services
• Goal 9-Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
SAMHSA Suicide Prevention Efforts

• National Suicide Prevention Lifeline and Crisis Center Follow Up grants
• Suicide Prevention Resource Center
• Garrett Lee Smith State/Tribal and Campus grants
• Suicide Prevention Evaluation
• Action Alliance/National Strategy

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Suicide Prevention Evaluation Findings

Research findings to be presented today come from a series of evaluations…

• of interventions implemented by crisis centers in the National Suicide Prevention Lifeline network
• funded by SAMHSA
• conducted primarily by the Columbia University/New York State Psychiatric Institute evaluation team led by Dr. Madelyn S. Gould

Do crisis hotlines reduce emotional distress and suicidality?

• From beginning to end of hotline call: hopelessness, psychological pain, and intent to die were significantly reduced
• Intent to die at end of call was the strongest predictor of continued suicidality (ideation, plan, or attempt) at follow-up

Data source: 1,085 suicidal callers to 8 telephone crisis lines were assessed by crisis worker at beginning and end of call; 380 (35%) were re-assessed by researchers 2-3 weeks later

What processes are associated with good outcomes?

- Supportive approach & good contact
  - Validation of emotions, moral support, reframing
- Collaborative problem-solving
  - Identifying precipitating event, identifying resources, identifying ways to solve the problem
- Also important:
  - Empathy, respect, & intermediate level of directivity
  - Active listening alone was not associated with reduced distress

Data source: 1,431 calls to 14 telephone crisis lines were silently monitored and coded in real time by research staff


Does follow-up with at-risk individuals reduce suicide risk?

Approximately 80% of interviewed callers perceived the follow-up intervention as having stopped them from killing themselves either a little or a lot.

Callers experience connection with crisis counselors as a major source of support and stability.

Data source: Interviews with 550 suicidal hotline callers who received follow-up calls from a Lifeline crisis center

Crisis Caller Feedback on Follow-up

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

“It reminded me of my choice. Over the couple of days after I called the center, I was still considering the idea of killing myself, and the calls really reinforced that I had chosen not to.”

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

Data source: Interviews with 550 suicidal hotline callers who received follow-up calls from a Lifeline crisis center

Gould MS, Lake AM. Unpublished data from SAMHSA-funded evaluation of National Suicide Prevention Lifeline

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Does ASIST work in reducing distress and suicidality of suicidal individuals?

- If crisis workers
  - Explored reasons for living
  - Explored ambivalence about dying
  - Explored informal support contacts
- Suicidal callers were more likely to become
  - Less depressed
  - Less overwhelmed
  - More hopeful
  - Less suicidal

Data source: 1,410 suicidal crisis calls to 17 Lifeline centers were silently monitored, including 764 calls handled by crisis workers trained in ASIST, and 646 handled by crisis workers not trained in ASIST

Summary

Suicidal individuals are likely to be

• Socially isolated
• Ambivalent about suicide
• Deficient in social problem-solving skills

Successful crisis hotline interventions address these issues by

• Establishing good contact/human connection
• Providing follow-up/continuity of care
• Exploring reasons for living & ambivalence about dying
• Collaborative problem-solving

1 Trout DL. The role of social isolation in suicide. (1980). Suicide and Life-Threatening Behavior, 10(1):10-23.

Contact Information

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“Access to life-saving means”

Like “self-help”
Crisis Care = “Person-Centered Care”
“Good Contact” with persons in crisis:

✓ Empathy
✓ Reflecting feelings
✓ Paraphrasing caller’s situation
✓ Warm, genuine tone
✓ Non-judgmental, respectful
✓ Matches pace/language of caller
✓ Patient, does not rush
✓ Spontaneous (not “scripted”)  
✓ Self-disclosure, as appropriate

National Lifeline Risk Assessment Standards:
The 4 Core Principles of Suicide Risk

• DESIRE for suicide
• INTENT to die
• CAPABILITY of suicide
• BUFFERS or reasons for living

*(Joiner et al, 2007)*
Lifeline Imminent Risk Policy (2011)

Active Engagement
(Collaboration, choice, least invasive)

Active Rescue
(Unwilling/unable, likely to die)

Collaboration with Crisis & Emergency Services
(Chain of care communications)

911-Crisis Center Suicide Prevention Standard

Lifeline & NENA
Accredited Crisis Center & 911 Collaboration on:
• Training
• Diversion (less invasive)
• Follow-up/chain of care
• Persons online at risk

http://www.nena.org/?SuicidePrevention
Follow-up: Why is it important?

Saving Lives

• “She called and I felt cared about”
• “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.”

Saving money

• Reduces unnecessary ED visits, Hospital admissions
• Approx $2 saved for every dollar spent on crisis center follow-up (SAMHSA/Truven, 2013)
Thank You!

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