

Working with Emergency Departments: Expanding Crisis Center Resources and Partnerships




**Lifeline Crisis Center–Emergency Department
Partnership Tool Kit**
State/Tribal/Campus Suicide Prevention Grantee TA Meeting
January 6, 2009

Lifeline SOSA Initiative

- Survivors of suicide attempts (SOSAs) roundtable and in-depth interviews
- Outcome: Lifeline must take leadership role in reaching out to and engaging SOSAs
- Two projects underway:
 - Consumer: reaching out and engaging survivors (video, online)
 - Gatekeepers: reaching out and engaging emergency departments (tool kit, Webinars for crisis centers)





Context: Trends in ED Treatment of Mental Disorders




- 100 million ED visits in 2002.
- 20% increase in number of visits over prior decade.
- 15% decrease in number of EDs over prior decade.
- 6.3% of presentations were for mental health.
- 7% of these were for suicide attempts = 441,000 visits.

Larkin GL et al. Trends in U.S. Emergency Department visits for mental health conditions, 1992-2001. *Psychiatric Services*. 56(6):June 2005.





Context: Trends in ED Treatment of Mental Disorders



- Suicidal ideation (SI) common in ED patients who present for medical disorders.
- Study of 1,590 ED patients showed 11.6% with SI, 2% (n=31) with definite plans.
- 4 of those 31 attempted suicide within 45 days of ED presentation.

Claassen CA, Larkin GL. Occult suicidality in an emergency department Population. *British J Psychiatry*. V186, 352-353, 2005.



NASMHPD

Context: NASMHPD Report

Fourteenth in a Series of Technical Reports

Suicide Prevention Efforts for Individuals with Serious Mental Illness: Roles for the State Mental Health Authority

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“Studies indicate that crisis hotlines play a critical role in the full array of available services provided by the mental health system. Crisis hotlines could also be utilized to provide monitoring or tracking of patients after hospital treatment for a suicide attempt. Crisis hotlines deserve the active support of the SMHA [State Mental Health Authority] to ensure high-quality, cost-effective services are consistently available to all residents of the State.”

5

NASMHPD

Context: NASMHPD Report (2)

Conclusion 5: Lapses in continuity of care, especially after discharge from emergency departments and inpatient psychiatry units, contribute to significant suicide-related morbidity and mortality.



Recommendation 5.1: The [State Mental Health Authority], in collaboration with the [State Health Authority], *should initiate policies and practices that promote improved continuity of care for individuals at heightened risk for suicide following discharge from emergency departments for suicide attempts and inpatient psychiatric hospitalization.*

6

Context: Forthcoming Lifeline Policy

“In order to enhance the safe, effective and seamless care of at-risk individuals receiving emergency services dispatched by Center Staff, Centers shall establish collaborative relationships (formal and/or informal) with one or more crisis or emergency service providers in the community.”

-- From *Establishing and Maintaining Collaborative Relationships With Local Crisis and Emergency Services*



7

Context: Behavioral Healthcare Article

BEHAVIORALHEALTHCARE



Issue Date: June 2007

Preventing suicide minute by minute

Crisis call centers can be important partners with community-based resources

by JOHN DRAPER, PHD

“...Research has shown that utilizing call center services to provide follow-up care postdischarge from EDs has positive effects on people with mental health problems, including enhancing treatment linkages and reducing emotional distress and suicide attempts...Vaiva et al. demonstrated that at times patients were more open to telephone contact than an in-person appointment at a psychiatric clinic.”





8



Tool Kit Resources

- **Case Studies**
 - Examples of effective Crisis Center–ED collaborations
- **Partnership Planning Exercises**
 - Assess your organization, develop partnership building strategies, prepare action plan.
- **Partnership Planning Materials**
 - Introductory letter, FAQs, talking points, and PowerPoint presentation
- **Sample Lifeline/SPRC Materials**



10

Case Studies

CASE STUDY 1

Pueblo Suicide Prevention Center Pueblo, CO

Crisis Center Profile	Contact Information
Service information & referral service	858/262-1400
COMMUNITY TIME, Location/Referral Area	psj@psjcc.com
CALLING/MENTALITY PRO	719-584-4442
STAFF SIZE: 12 full-time employees	

Crisis Center Staff Members Provide Training to Hospital Staff Members and Establish Relationships With Hospital Psychiatric Liaisons

Synopsis
Realizing that crisis centers and EDs are always looking for resources, the Pueblo Suicide Prevention Center reached out to hospitals to establish a partnership. Some assets for integrating the services with those of hospital EDs. The crisis center is housed in the same medical complex as a local hospital and has an ED generalist of the partner center for its work. The partnership has not only kept the crisis center, but also saved funds for the crisis center.

Situation Overview
The Pueblo Suicide Prevention Center supports better being able to coordinate with hospital EDs as well as other crisis centers with the same geographic efforts of the police and sheriff's departments.

Goals for Partnership
Crisis center and EDs are always looking for resources. To increase its ability to help people in crisis, partners establish a partnership and a partnership with the crisis center. The Pueblo Suicide Prevention Center wanted to establish a partnership with the hospital for EDs and offer to send resources to their partners in return.

Challenges in Establishing the Partnership
ED physicians, other hospital staff, and other members of the same health community did not have a clear understanding of the crisis center's services and resources.

Opportunities for Establishing the Partnership
Hospitals are seeking to improve their patient care for suicide attempt survivors.

Strategy/Activities for Developing the Partnership
The Pueblo Suicide Prevention Center has provided training to ED staff members to clarify the role of the hotline, what the crisis center does, and what it does not do.


STUDY 2

Services, Inc., Services

STUDY 3










11

Case Study: Adams-Hanover Counseling Services




Activities:

- Partners with Hanover Hospital, York Memorial, and Gettysburg Hospital.
- ED calls crisis center whenever a client asks for mental health, drug, or alcohol services.
- Hanover Hospital is crisis center's after-hours location.






Case Study: Adams-Hanover Counseling Services



Benefits:

- Improved safety for workers
- Strong relationships with ED doctors and hospital staff, which results in better client care
- Free training for the team

ED Poster and Triage Guide (SPRC)

Is Your Patient Suicidal?

1 in 10 suicides are by people who were never assessed for suicide risk.

Signs of Acute Suicide

- ◆ Talking about suicide or thoughts of suicide
- ◆ Seeking lethal means
- ◆ Purposeless
- ◆ Anxiety or agitation
- ◆ Insomnia
- ◆ Substance abuse

Other factors:

- ◆ Past suicide attempt (no ideation)
- ◆ Triggering events (loss of relationship, financial or job)
- ◆ Firearms accessible to a patient

Patients may not spontaneously report suicidal ideation, but 70% communicate their intentions to significant others. Ask patients directly and seek collateral information from family members, friends, EMS personnel, police, and others.

Ask if You See Signs Regardless of Chief Complaint

1. Have you ever thought...
2. Have you ever thought...
3. Have you ever thought...
4. Have you ever attempted...
5. Are you currently thinking...
6. What are your reasons...

National Suicide Prevention Lifeline
10% of all ED patients

Suicide Risk: A Guide for ED Evaluation and Triage

Compare responses to the 6-Year Patient Suicide? Screen

1 in 10 suicides are by people seen in an ED within 2 months of dying. Many were never assessed for suicide risk. Look for evidence of risk in all patients.

Signs of acute suicide risk

<ul style="list-style-type: none"> ◆ Talking about suicide or thoughts of suicide ◆ Seeking lethal means or full arsenal ◆ Purposeless—no reason for living ◆ Anxiety or agitation ◆ Insomnia ◆ Substance abuse—excessive or decreased 	<ul style="list-style-type: none"> ◆ Anhedonia ◆ Social withdrawal—loss of social/family/friends ◆ Anger—recurrent/episodic/irritable/paranoid/jealous ◆ Beckwithness—risk aversion/hoarding ◆ Mood changes—irritability/flat
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Other factors:

- ◆ Past suicide attempt increases risk for a subsequent attempt or suicide. Multiple prior attempts dramatically increase risk.
- ◆ Triggering events leading to hospitalization, abuse, or deeper chronic risk. These may include loss of relationship, financial or health status and an unmet goal.
- ◆ Firearms accessible to a person at acute risk augments that risk, heightens and acts to reduce access.

Patients may not spontaneously report suicidal ideation, but 70% communicate their intentions to significant others. Ask patients directly and seek collateral information from family members, friends, EMS personnel, police, and others.

Ask if you see signs or suspect acute risk—regardless of chief complaint



1. Have you ever thought about death or dying?
2. Have you ever thought that life was not worth living?
3. Have you ever thought about making your life?
4. Have you ever attempted suicide?
5. Are you currently thinking about making your life?
6. What are your reasons for wanting to die and your reasons for wanting to live?

These questions are the patient asks talking about a very difficult subject.

- ◆ Patients who respond "no" to the first question may be "taking good" to avoid talking about death or suicide. (Direct questions with subsequent questions.)
- ◆ When suicidal ideation is present, clinicians should ask about:
 - frequency, intensity, and duration of thoughts
 - the existence of a plan and whether preparatory steps have been taken, and
 - intent (e.g., "How much do you really mean to die?" and "How likely are you to carry out your thoughts/plan?")

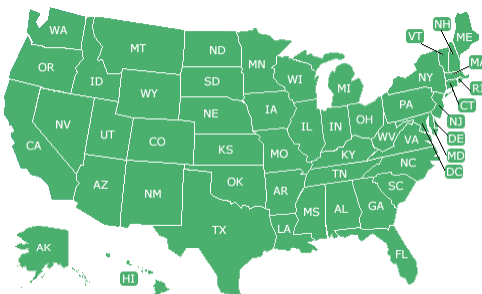
These questions represent an effective approach to discussing suicidal ideation and attempt history. They are not a standardized screening protocol.

10% of all ED patients are thinking of suicide, but most don't tell you. Ask questions—save a life.

Connect with Lifeline Crisis Centers

135 Crisis Centers in 47 States.



<http://www.suicidepreventionlifeline.org/crisiscenters/membership.aspx>



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15



More Information?

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16

