# 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.

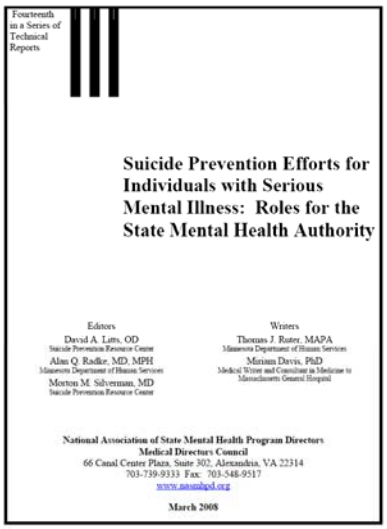
## Context: Trends in ED Treatment of Mental Disorders

- 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.

## Context: NASMHPD Report

NASMHPD


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."*

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## Context: NASMHPD Report (2)

NASMHPD

**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.

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK

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## 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***

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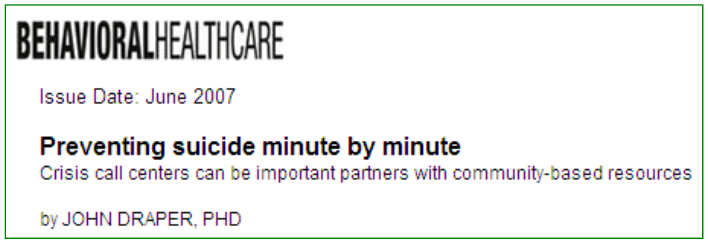
## Context: *Behavioral Healthcare* Article



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."*

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## ED Partnership Tool Kit for Crisis Centers


## 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

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## Case Studies


CASE STUDY 1

Pueblo Suicide Prevention Center
Pueblo, CO

Crisis Center Profile | Contact Information

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

Synopsis

Situation Overview

Goals for Partnership

Challenges in Establishing the Partnership

Strategy/Activities for Developing the Partnership



## Case Study: Adams-Hanover Counseling Services

**Activities:**

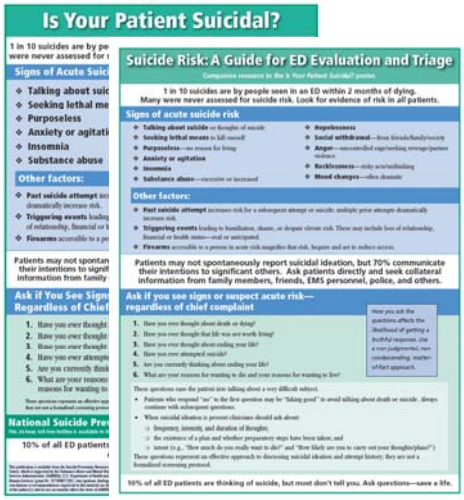
- Partners with Hanover Hospital, York Memorial, and Gettysburg Hospital.
- ED calls crisis center whenever a client asks for mental health, drug, or alcohol services.
- Hanover Hospital is crisis center's after-hours location.

## Case Study: Adams-Hanover Counseling Services

**Benefits:**

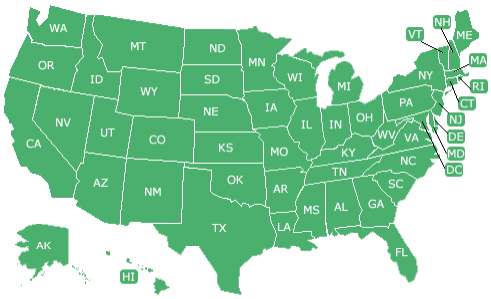
- Improved safety for workers
- Strong relationships with ED doctors and hospital staff, which results in better client care
- Free training for the team

## ED Poster and Triage Guide (SPRC)



## Connect with Lifeline Crisis Centers

135 Crisis Centers in 47 States.




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



## More Information?

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