

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Using Data to Prevent Suicide

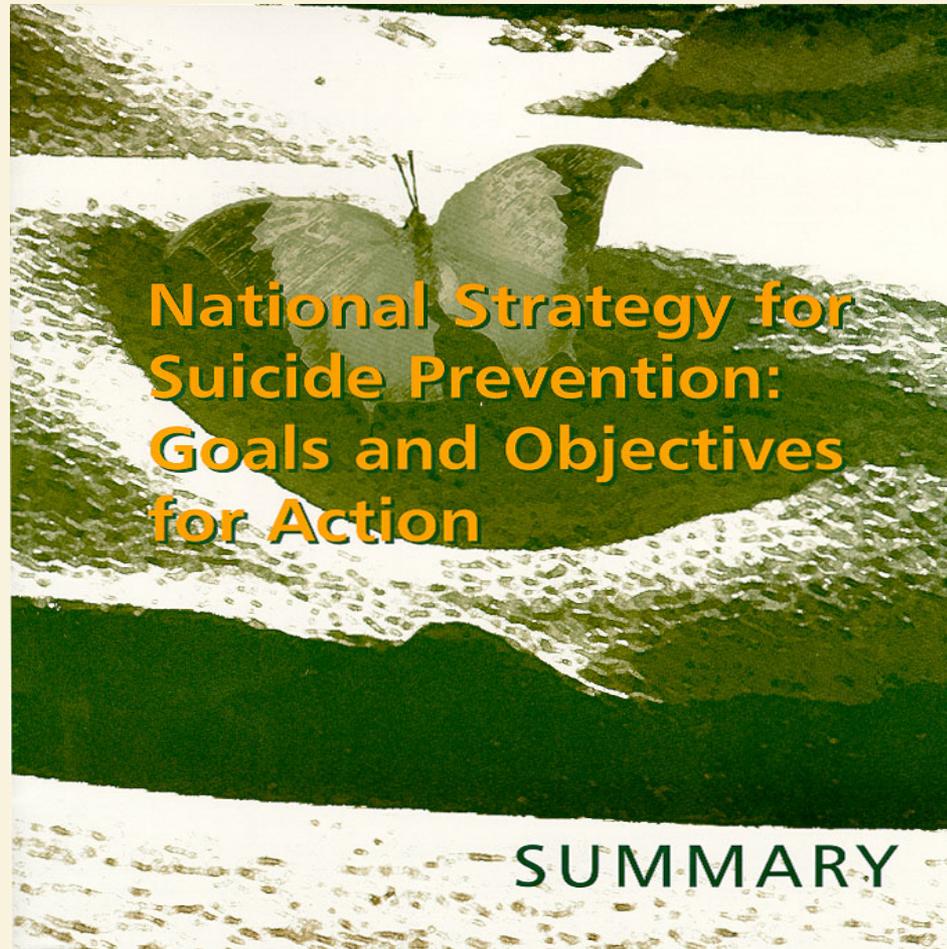
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OVERVIEW

- National Strategy for Suicide Prevention
- Block Grant Guidance to States
- Service Utilization Data-to-Practice Examples
 - National Suicide Prevention Lifeline
 - Follow-up of Suicide Attempt Survivors

NATIONAL STRATEGY FOR SUICIDE PREVENTION

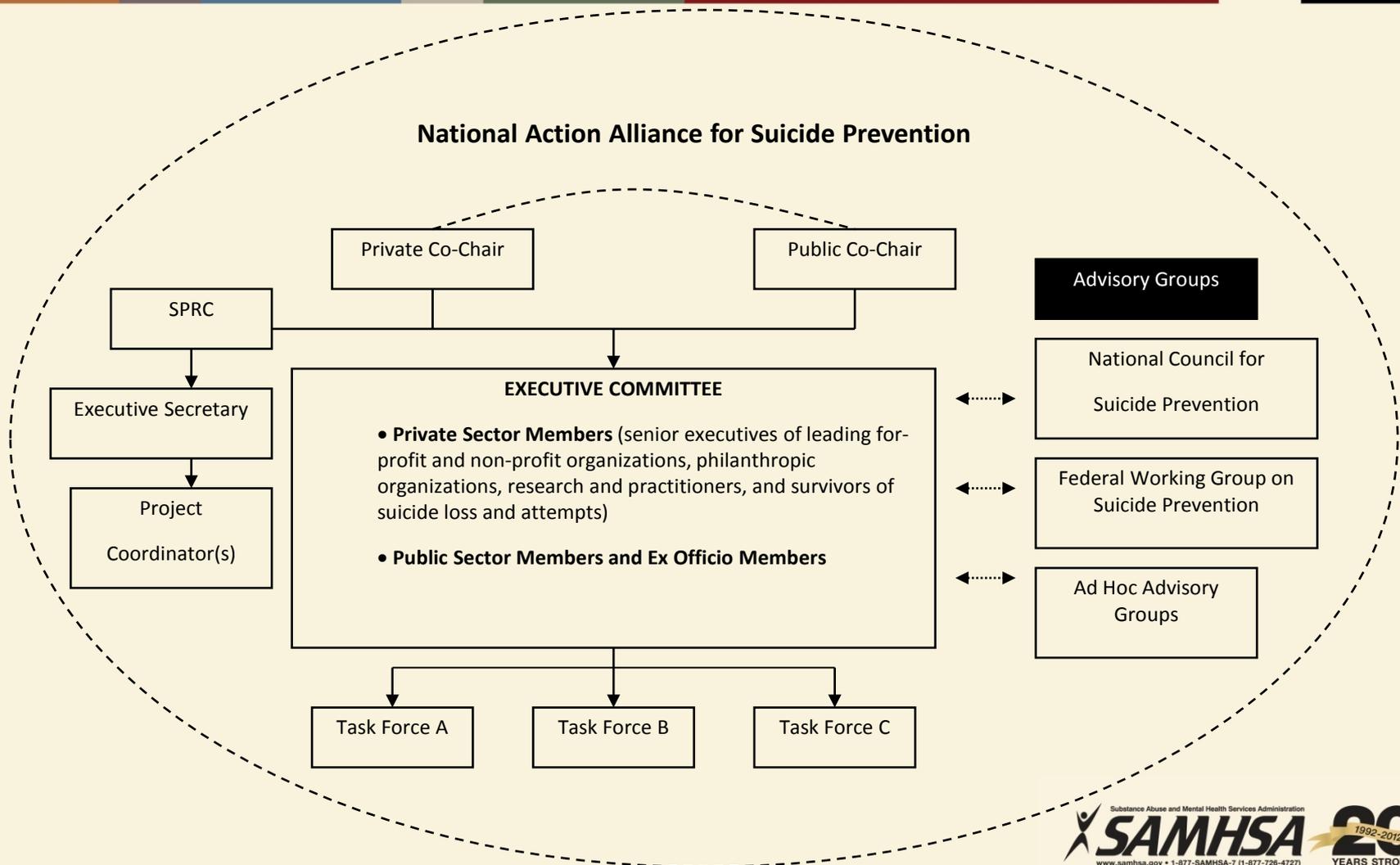


NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

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- A public-private partnership established in 2010 to advance the *National Strategy for Suicide Prevention (NSSP)*
- **Vision:** The National Action Alliance for Suicide Prevention envisions a nation free from the tragic experience of suicide
- **Mission:** To advance the *NSSP* by:
 - Championing suicide prevention as a national priority
 - Catalyzing efforts to implement high priority objectives of the NSSP
 - Cultivating the resources needed to sustain progress
- **Leadership:**
 - PUBLIC SECTOR CO-CHAIR, The Honorable John McHugh, Secretary of the Army
 - PRIVATE SECTOR CO-CHAIR, The Honorable Gordon H. Smith, President and CEO, National Association of Broadcasters

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION - STRUCTURE



REVISED NATIONAL STRATEGY PREVIEW



REVISED NATIONAL STRATEGY PREVIEW

- Surveillance, research, and evaluation goals and objectives are linked to all components within the Strategy.
 - Improving
 - Expanding
 - Research/Evaluation-to-Practice

NEW BLOCK GRANT REQUIREMENTS

- States are requested to provide the **most recent copy of their suicide prevention plan**. SAMHSA is interested in knowing the strategies that States are proposing to address suicide prevention.
- If a State does not have a suicide prevention plan or if it has not been updated in the past three years States are requested to describe when they will create or update their plan.

NEW BLOCK GRANT GUIDANCE

- Plans should be data-driven, while strategies may be flexible.
 - Identify populations with high numbers and high rates of suicide
 - Geographic areas with high risk
 - Patterns of suicide deaths and attempts

Research-to-Practice: National Suicide Prevention Lifeline 1-800-273-TALK

- Answered over 700,000 calls in 2011
- More than 3 million total
- 152 local crisis centers
- In response to evaluation findings, created the Crisis Center Follow-up Grants
- Developed risk assessment standards and guidelines for callers at imminent risk based on evaluation studies



Immediate and Intermediate Outcomes of Crisis Intervention

- Seriously suicidal individuals were calling telephone crisis services - 8% in midst of attempt, 58% had made prior attempt.
- Significant reductions in callers' self reported crisis and suicide states from the beginning to the end of the calls.
- 11.6% of suicidal callers reported at follow up that the call prevented them from harming or killing themselves.

Gould, et al., 2007

Improve Risk Assessments: Evidence of Need

Of callers who were rated as *non-suicidal crisis* callers by crisis staff, 12% reported at follow up that they were either feeling suicidal during or since their calls to the center....

Half of these callers had been *suicidal at time of initial call*, but this was not known or recognized by counselor.

DATA-TO-PRACTICE

- Risk assessment standards developed -- 1 year after evaluation results became available
- Standards were adopted by all 130+ networked crisis centers within 12 months of development

CRISIS CENTER FOLLOW-UP EVALUATION

- 43% of suicidal callers experienced some recurrence of suicidal ideation within several weeks following the initial call.
- Upon follow up, ***only 22.5% of the suicidal callers had been seen by the behavioral healthcare system to which they had been referred and an additional 12.6% had an appointment scheduled but had not yet been seen.***
- When asked to what extent the counselor's call stopped them from killing themselves, **53.7%** indicated a lot, and **25.1%** indicated a little.
- When asked to what extent the counselor call has kept them safe, **60.8%** indicated a lot, and **29.3%** indicated a little.
- **59.8%** reported that just getting or anticipating the call(s)/knowing someone cared was helpful to them.

Need for Follow-up

Individuals discharged from an inpatient unit continue to be at risk for suicide

- **~10% of individuals who died by suicide had been discharged from an ED within previous 60 days**
- **~ 8.6 % of individuals hospitalized for suicidality are predicted to eventually die by suicide**

Need for Follow-up

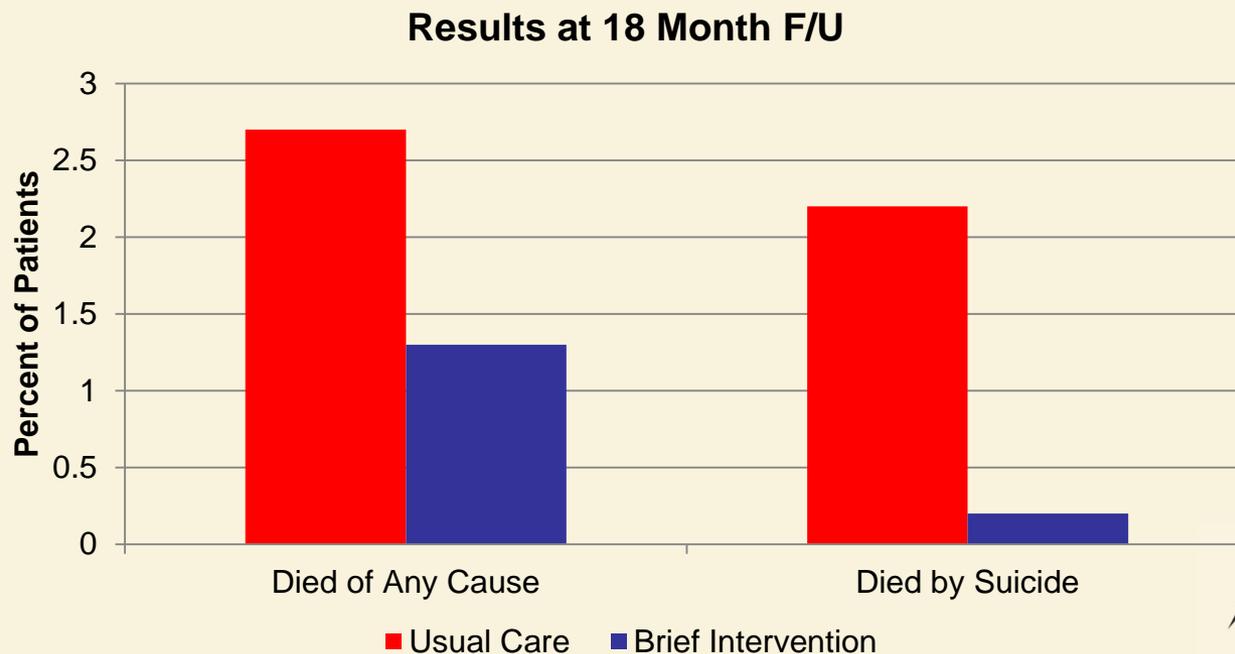
- Too many discharged from EDs/inpatient units following suicide crisis at significantly elevated risk yet 50 percent referred to care following discharge do not actually receive outpatient treatment .
- In a study of almost 900,000 veterans who received treatment for depression between 1999-2004, suicide rates were highest in the 12 weeks following inpatient discharge (Valenstein et al, 2008)

Even Simple Follow-up Can be Effective

- ***Motto 1976:***
 - 389 pts. refusing outpt. assigned to “no “contact” (up to 24 letters over 5 years)
 - Contact group sig. fewer suicides than no-contact group (particularly first 2 yrs)
- ***Carter et al, 2005:***
 - Postcards to 378 attempters, varying monthly intervals, 12 mos. after d/c
 - Approx 50% reduction in attempts

EMERGENCY DEPARTMENT

- Fleischmann et al (2008)
 - Randomized controlled trial; 1867 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



Lifeline Follow-up

- 12 Crisis Centers funded to provide follow-up.
- The majority of callers consider follow-up to have saved their lives and kept them safe “a lot.”
- Callers experience connection with crisis counselors as a major source of support and stability.
- Centers consider follow-up so valuable that all follow-up centers in Cohort I continued if after SAMHSA grants ended.

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Caller feedback on follow-up

What was it about the follow-up calls that stopped you / that kept you safe?

“What stopped me was that someone who doesn't know me had interest in me, cared about me. I've lost so many people in my life, in such a hard way, and I stopped caring about my life. I haven't had anyone support me that way, and them calling me gave me a boost.”

“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.”

“Without those calls, I would have gone the other way. She gave me something to work on, something to look forward to.”

CONTACT INFORMATION AND RESOURCES

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