

Suicide Prevention and 988: Effectiveness of the National Suicide Prevention Lifeline

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**NASMHPD's Annual 2021 Commissioners Meeting
September 10, 2021**

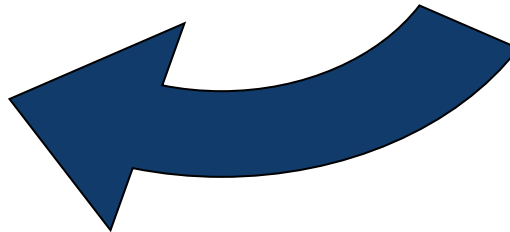
- National crisis lines were first highlighted in the 2012 *National Strategy for Suicide Prevention*
- They have continued their prominent position in the 2021 *Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention*
- Yet, in 2001 when the first *National Strategy* was published, suicide crisis lines were noticeably absent.

ITERATIVE PROCESS BETWEEN EVALUATION FINDINGS AND PRACTICE



EVALUATION
STUDIES

LIFELINE/SAMHSA
PRACTICES



Major Evaluation Findings (I)

Effectiveness and Risk Assessments

- Seriously suicidal individuals reach out to telephone crisis services. (Gould et al., 2007)
- Callers' suicide risk (e.g., intent to die) is significantly reduced from the beginning to the end of the call. (Gould et al., 2007)
- Counselors at Lifeline centers were more likely to inquire about current suicidal ideation, recent ideation, and past attempts, and callers were more likely to experience reduced distress. (Ramchand et al., 2017)

Major Evaluation Findings (II): Imminent Risk

- Crisis counselors are able to secure the caller's collaboration on an intervention on over 75% of imminent risk calls. (Gould et al., 2016)
- On 19.1% of imminent risk calls, the counselors sent emergency services (police, sheriff, EMS) with the collaboration of the callers. (Gould et al., 2016)
- On a quarter of the imminent risk calls, the counselors sent emergency services without the caller's collaboration. (Gould et al., 2016)

Major Evaluation Findings (III): Imminent Risk and Follow-up

- Collaborative interventions not involving emergency services included getting rid of means, involving a third party, collaborating on a safety plan, and agreeing to receive follow-up from the crisis center. (Gould et al., 2016)
- “Third-party callers” calling the Lifeline when they are worried about someone deemed to be at imminent risk are provided a range of interventions which can supplement, and at times replace, calling 911. (Gould et al., 2021)
- Follow-up calls reduce suicidal individuals’ perceived risk of future suicidal behavior. (Gould et al., 2018)

Major Evaluation Findings (IV): Chat

- Almost 84% of LCC chatters endorsed either current or recent suicidal ideation on a pre-chat survey, which is markedly higher than the estimated 23% of Lifeline callers who are suicidal on the day of or the day before their calls. (Gould et al., 2021)
- Two-thirds of chatters reported that chat was helpful and that they were significantly and substantially less distressed at the end of the chat intervention than they were at the beginning. Moreover, about half reported being less suicidal at the end of the chat. (Gould et al., 2021)

Crisis Center Response to COVID-19

- SAMHSA promoted the Disaster Distress Helpline (DDH), which saw a dramatic increase in calls.
- Less than 1% of DDH callers and texters were identified by counselors as suicidal during this period.
- Lifeline counselors were offered training in phases of reactions to disaster and potential mental health challenges related to COVID-19.
- Unlike DDH, the Lifeline did not see an increase in calls.
- Many centers transitioned to remote work and remote supervision.

Summary of Lifeline Evaluations (I)

- Individuals at risk of suicide do utilize suicide hotlines
- Callers experience reductions in their crisis and suicidal states over the course of the crisis call
- Crisis counselors can collaborate with callers to deescalate imminent suicide risk without the use of 911 or an emergency department
- Callers may experience continued or recurring suicidal thoughts in the weeks following their crisis call, indicating a need for continuity of care
- Follow-up calls are important suicide prevention tools

Summary of Lifeline Evaluations (II)

- Crisis chat services are utilized by a young and high-risk population, and are important adjuncts to telephone hotlines
- Lifeline centers have been shown to be more effective than centers outside the network

Key Challenges to the Implementation of 988 Identified by the Lifeline Evaluations

- There is still room for improvement in communication between Lifeline crisis centers, 911, EDs, and other crisis and emergency services.
- Mobile crisis teams and stabilization facilities are not universally available as resources for Lifeline crisis centers.
- Chatters and texters are more likely to be suicidal than callers, and Lifeline services need to increase capacity to meet their needs.

Suggested Evaluations of 988 Going Forward

Questions about imminent risk callers/chatters/texters:

- How are imminent risk calls/chats/texts resolved? Including:
 - To what extent is imminent risk reduced during the course of the crisis intervention without needing additional services?
 - How often are 911 or police called by Lifeline crisis centers?
 - How often are mobile crisis teams and stabilization units used?
- To what extent is information shared between Lifeline crisis centers, 911, EDs, and other crisis and emergency services?
- What outcomes emerge after different types of dispatch and information sharing?
- Do dispatch and outcomes vary for different ethnic, racial, gender groups?

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