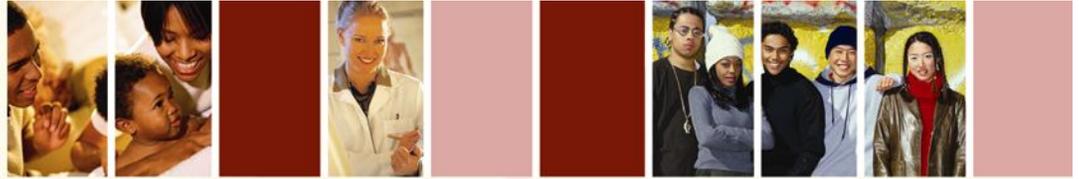




# VA Suicide Prevention Hotline and Strategies

**Janet E. Kemp RN, Ph.D.**  
**VA National Suicide Prevention Coordinator**  
**Associate Director Education and Training**  
**VISN 2 Center of Excellence at Canandaigua**

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**Public Health Advisor, Suicide Prevention,**  
**SAMHSA**

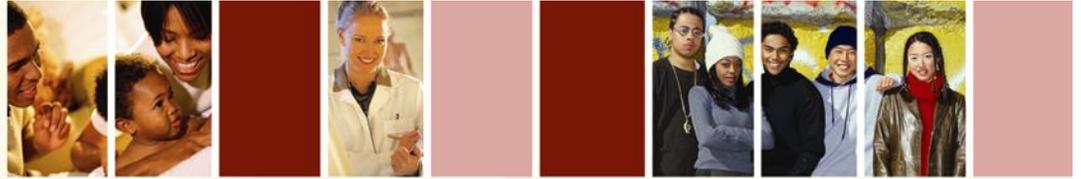


# SAMHSA's Suicide Prevention Initiatives and Collaborations

DOD/VA  
Suicide Prevention Conference  
San Antonio, Texas  
January, 2009



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



“Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves.”

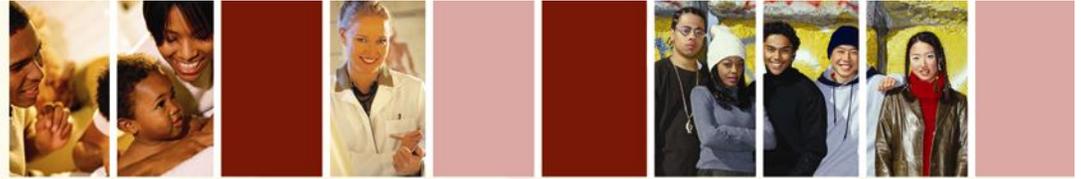
**- The President's New Freedom Commission on  
Mental Health, 2003**





# Suicide and Public Policy

- 1997-U.S. Congress -S.Res 84 and H.Res 212
- 1999-Surgeon General's Call to Action to Prevent Suicide
- 2001-National Strategy for Suicide Prevention
- 2002-Institute of Medicine Report-Reducing Suicide: A National Imperative
- 2003-President's New Freedom Commission
- 2004-Garrett Lee Smith Memorial Act
- 2005-Federal Action Agenda
- 2006-Establishment of Federal Working Group on Suicide Prevention
- 2007-Joshua Omvig Veterans Suicide Prevention Act



“The Commission urges swiftly implementing and enhancing the NSSP to serve as a blueprint for communities and all levels of government.”



**- The President’s New Freedom Commission on  
Mental Health, 2003**





## Federal Workgroup on Suicide Prevention

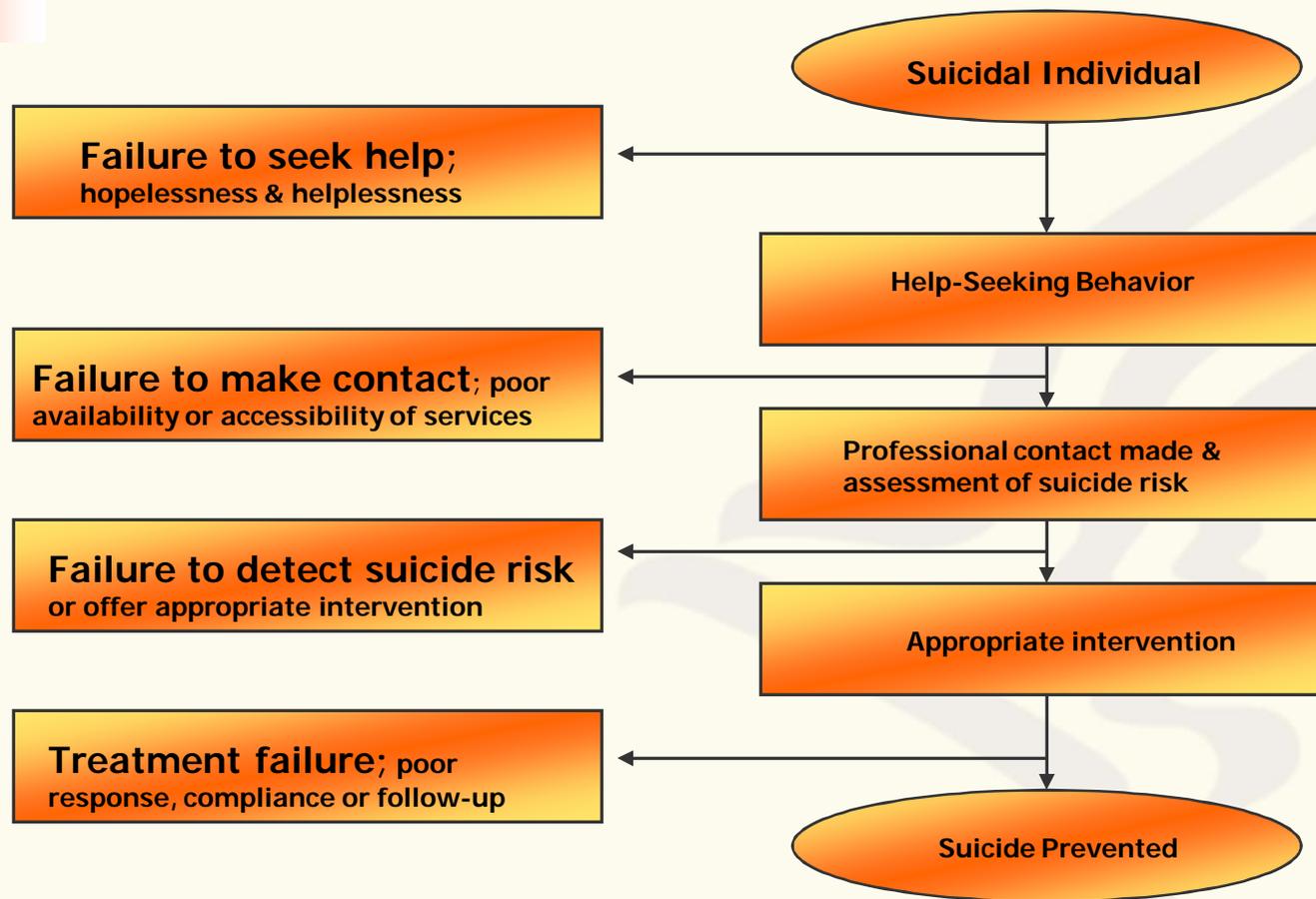
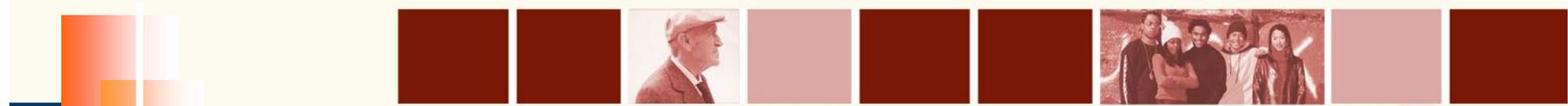
- One of five areas prioritized
- Includes representation from across the Executive branch including SAMHSA, CDC, NIMH, VA, DOD
- Enhance interagency collaboration
- Support implementation and updating of the National Strategy for Suicide Prevention



## Federal Working Group on Suicide Prevention

- Promoting the development of a National Action Alliance to prevent suicide.
- Identifying work being done by Federal agencies on the National Strategy
- Promoting collaboration among agencies on suicide prevention activities
- SAMHSA/VA collaboration around suicide prevention hotlines





Murphy, BM, Puffett, A. Pathways to suicide prevention. *British Journal of Hospital Medicine*. 1995;54(1):11-14.



## **SAMHSA Suicide Prevention Programs**

- State/Tribal Youth Suicide Prevention and Early Intervention Grants
- Campus Suicide Prevention Grants
- Linking Adolescents at Risk to Mental Health Services Grants
- Suicide Prevention Resource Center
- National Suicide Prevention Lifeline
- Crisis Center Follow Up grants
- Native Aspirations



If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK

**This Month Don't Miss...**

**SPRC to train 1300 Air Force personnel to assess and manage suicide risk**

The US Air Force has awarded SPRC a contract to conduct workshops on Assessing and Managing Suicide Risk at 45 Air Force installations around the world. Read [more](#).

**SAMHSA AWARDS \$25.7 Million in Suicide Prevention Grants to Universities, States, Tribes**

SAMHSA has awarded 46 [grants](#), totaling \$25.7 million to support a broad array of activities across the country to prevent suicide, including grants funded through appropriations under the Garrett Lee Smith Memorial Act for youth suicide prevention. These most recent grants fund 34 campuses, nine states, and three tribal entities.

**Louisiana and Mississippi to Receive \$2.4 million for Youth Suicide Prevention**

SAMHSA announced awards of \$2.4 million over three years to [Louisiana and Mississippi](#) to develop and implement statewide suicide prevention and early intervention activities to benefit youth who are adversely impacted by the hurricanes of one year ago.

**New curriculum helps mental health professionals manage suicide risk**

SPRC and the American Association of Suicidology (AAS) announce a new workshop curriculum for mental health professionals and those working in EAP settings. The [one-day workshop](#) teaches competencies that are core to assessing and managing suicide risk.

More of "[This Month Don't Miss](#)"....

**News Highlights**

Subscribe to the [Weekly Spark](#), our weekly Enewsletter. Click [here](#) to read more of this week's news.

**National:**

[What's wrong with a child? Psychiatrists often disagree](#)

**State:**

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**Weekly Spark**

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## State/Tribal Youth Suicide Grants

- For the first time funding has been available to states across the country to fund community based suicide prevention (currently 54 states, tribes and territories)
- School based suicide prevention, but also work in juvenile justice, foster care, Emergency Departments and other settings where high risk youth are found.



## Campus Suicide Prevention Grants

- Currently 49 college programs funded
- Potential importance for reaching out to veterans returning to college after deployment.
- Important vehicle for public health approaches to suicide prevention.



## Garrett Lee Smith Evaluation Efforts

- Each grantee is required to conduct their own local evaluation.
- Each grantee is required to participate in a cross-site evaluation.
- There is an enhanced evaluation effort working with two states and one tribal organization funded through an agreement with the CDC, and one enhanced evaluation funded by SAMHSA (White Mountain Apache)



## National Suicide Prevention Lifeline

- National toll free number 1-800-273-TALK
- Calls routed automatically to the closest of 135 networked crisis centers
- Partners with NASMHPD ,Columbia University,
- Evaluation studies published June 2007 in Suicide and Life Threatening Behavior
- Temporary FCC assignment of 1-800-SUICIDE



## How the Lifeline Works

- Caller dials 800-273-TALK and the call is routed to the nearest crisis center (based on caller's area code)
- If the nearest center is unable to pick up, the call goes to the next nearest center.
- Spanish language sub-network
- Callers have option of pressing "one" if they are a US military veteran or concerned about someone who is
- Callers who press "one" are connected to a Veterans Administration crisis center in Canandaigua, New York



## Role of a National Network

- Ensure a single toll-free number that routes calls efficiently
- National suicide prevention promotion efforts
- Provide Technical Assistance to crisis centers
- Promote understanding & awareness on the important role of hotlines in suicide prevention



Average monthly call volume = **45012.8**  
Average daily call volume = **1,480.7**  
Percentage of change since January 2008 = **+28.9%**



## Lifeline Public Education Campaigns

- Providing materials and technical assistance to crisis centers participating in Lifeline network
- “warning signs” wallet cards sent to over 5000 Emergency Departments in partnership with ACEP
- Working on reaching out to suicide attempters due to the high mortality and morbidity associated with suicide attempts
- VA public education efforts



**NATIONAL**  
**SUI****IDE**  
**PREVENTION**  
**LIFELINE™**  
**I-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

Are you or  
someone you love  
at risk of suicide?

**NATIONAL**  
**SUI****IDE**  
**PREVENTION**  
**LIFELINE™**  
**I-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Get the facts and take  
appropriate action.

# Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life



# Lifeline Gallery: Stories of Hope and Recovery

[home](#) | [about](#) | [news](#) | [resources & links](#) | [guidelines](#) | [faqs](#) | [contact](#)

[how-to](#)

[SEARCH](#)



PICK A CATEGORY:

**ALL CATEGORIES**  
in chronological order  
by date and time.

LOSS  
and how it affected me.

TURNING POINTS  
what helped make a  
difference in my life

HELPERS  
I support suicide  
prevention

◀ Page 2 of 9 ▶

[CREATE YOUR OWN](#)



## National Suicide Prevention Lifeline



- Home
  - Get Help
  - Veterans**
  - Get Involved
  - Spread the Word
  - Crisis Centers
  - Newsroom
  - About
- Veterans Home | Resource Locator | Veterans Mental Health | Enrollment & Benefits | Spread The Word | FAQs | Contact

**VETERANS HOTLINE**

**1-800-273-TALK**  
Veterans Press 1

### Veterans



**What to expect when you call** - Click [play](#) to hear the 1-800-273-TALK greeting with the option to press one if you are a U.S. military veteran.

- [MP3](#)
- [WMA](#)
- [Transcript](#)

The Department of Veterans Affairs' (VA) [Veterans Health Administration \(VHA\)](#) has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Hotline.

The Lifeline grant is funded by:

- [Home](#)
- [Contact](#)
- [Privacy](#)
- [Accessibility](#)



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



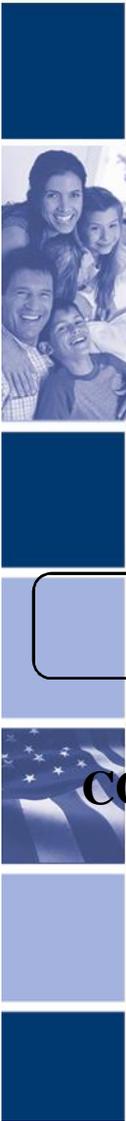


## Hotline Evaluation Conclusions

- Among crisis callers, distress decreases during and after calls.
- Crisis hotlines are reaching seriously suicidal callers – 14% of suicidal callers spontaneously reported that the call saved their life.
- Hopelessness decreases during and after calls.
- Suicidal intent decreased during calls
- Suicide risk assessments need to be done routinely on all crisis calls



# Crisis Callers → Suicidal at Follow Up



Suicidal Thoughts Since Call\_ 94/801 (11.7%)

← BASELINE SUICIDAL THOUGHTS

Don't Remember\_ 7 (7.4%)

No 35 (37.2%)

Yes 52 (55.3%)

TOLD COUNSELOR →

Told 27 (51.9%)

Didn't Tell 17 (32.7%)

Don't Remember 8 (15.4%)



## Follow-up to Evaluations

- Certification/ training experts developed and disseminated standards
- Develop training that will enhance worker behaviors on good contact, lethality assessments, and problem solving
- Disseminate research findings to all crisis centers
- Current collaborations with NIMH, VA

## Suicide Callers\*: Rate of Referrals



- Referral (Any, new) = 58.2% (221/380)  
of which 68.3% (N=151) were MH referrals

- Referred back to Current  
Therapist/Ongoing Services = 13.7% (52/380)

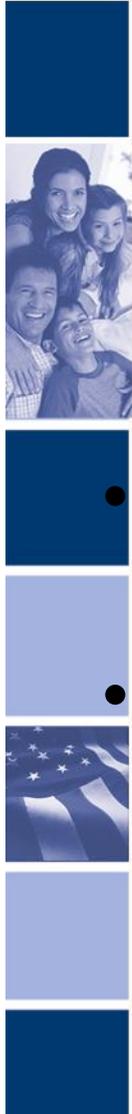
*Total % of callers directed  
to new or current services = 71.8% (273/380)*

\*380 followed callers



## Suicide Callers at Follow Up: Follow Through with New MH Referrals

- MH Completed Appt = 22.5% (34/151)
- MH Set up Appt = 12.6% (19/151)





# Reasons for Non-Follow Through Mental Health Services



(N=43)\*

|   | N  | %    |
|---|----|------|
| • Financial Barriers  | 18 | 46.9 |
| • Other Structural Barriers                                       | 9  | 20.9 |
| • Personal Barriers   | 13 | 30.2 |
| • Barriers related to Perceptions<br>about Mental Health Problems | 26 | 60.5 |
| • Barriers related to Perceptions<br>about Mental Health Services | 21 | 48.8 |

\*12/55 callers who did not follow through did not remember referral



## Why Follow-up is Necessary

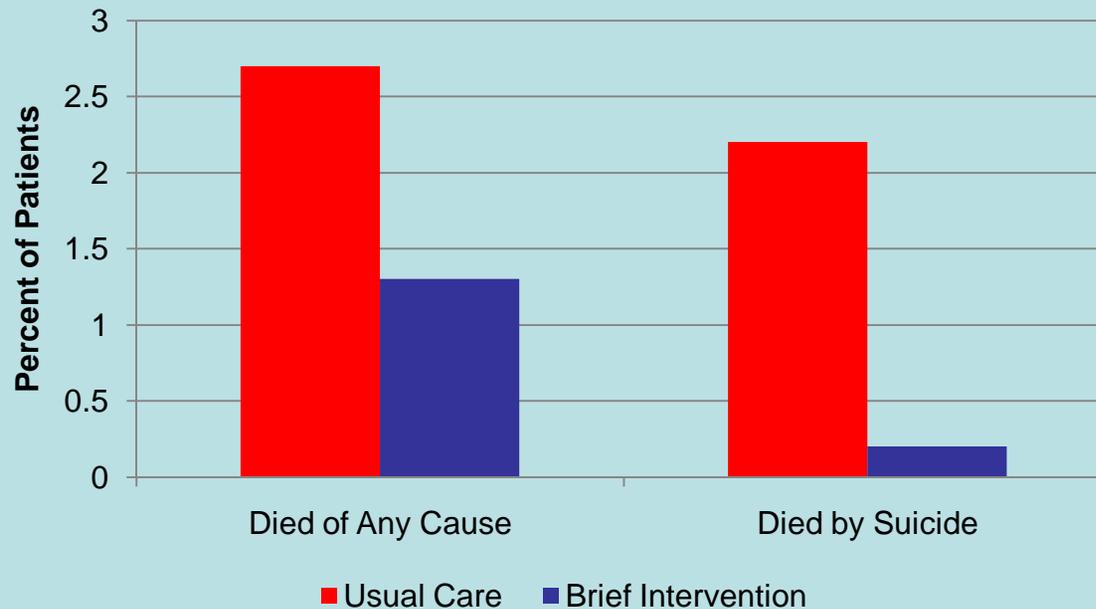
- Callers may be suicidal at follow-up and in need of intervention
- 43% of suicidal callers experienced recurrence of suicidal ideation in the weeks following an initial call
- SAMHSA has initiated a grant program for Lifeline crisis centers focused on follow up
- VA has created the most extensive and intensive system for linking suicidal callers to care that has ever existed



### ❖ 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





## Contact information

- Richard McKeon Ph.D.
- Public Health Advisor, Suicide Prevention, SAMHSA
- 240-276-1873
- [Richard.mckeon@samhsa.hhs.gov](mailto:Richard.mckeon@samhsa.hhs.gov)

# VA Suicide Prevention Hotline

# Basic Model

*The VA program for suicide prevention is based on a public health approach which is an ongoing approach utilizing universal, selective, indicated strategies while recognizing that suicide prevention requires ready access to high quality Mental Health Services, supplemented by programs that address the risk of suicide directly.*

- Collaboration with our Federal Partners as well as the community is essential

# Specific Initiatives Established for Suicide Prevention

- Suicide Prevention Coordinators
- 24 / 7 VA National Suicide Prevention Hotline
- National programs for education and awareness

# Veteran Suicide Hotline

- In conjunction with the national suicide prevention hotline number 1-800-273-TALK.
- VA option will direct Veterans to a VA professional who will immediately address their crisis situation.
- Hand-off to local Suicide Prevention Coordinators for follow-up and assurance that these veterans in crisis receive on-going care
- Use of hotline calls to
  - engage veterans in MH care,
  - trigger intensifying care
  - allow program-solving about difficulties in care

# Suicide Prevention Coordinators

- There is a Suicide Prevention Coordinator (SPC) or team at each VA Medical Center Facility
- Overall responsibility is to support the identification of high-risk patients and to coordinate ongoing monitoring and enhancements in care.
- Other responsibilities include:
  - Promote awareness and community outreach
  - Training – Operation SAVE, clinical training
  - “Flagging” patients at high risk
  - Tracking and monitoring high risk patients and their care
  - Participation in patient safety and environmental analysis to develop local suicide prevention strategies

## Suicide Prevention Coordinator Work Flow

Receive consult, phone call and email notification regarding a veteran in need of services from the National Mental Health Crisis/Suicide Hotline

~ OR ~

Receive referral from any other source, for example: VA mental health or primary care clinics, community referrals



Call veteran and set up an appointment



Meet with veteran at the designated time and facilitate evaluation, enrollment, or immediate services



Contact all necessary professionals (psychiatrists, case managers, social workers) coordinate initial care enhancements

## Enhanced Care for High Risk Patients

When a patient is placed on the high risk the SPC:

- Assures all veterans on the facility high-risk list are being followed closely by their provider to ensure that the veteran's mental health diagnosis and care plan have been reviewed in light of the risk of suicide, and that the care plan appropriately addresses the veteran's conditions and functional limitations

Specific treatments with the potential for reducing suicide risk have been considered. These include clozapine for schizophrenia and lithium for bipolar disorder.

The plan includes ongoing monitoring for suicidality and plans addressing periods of increased risk. These plans must include specific processes of follow-up for missed appointments.

There is an individualized discussion about means restriction that should address issues such as medication storage, gun safety, and high-risk behaviors.

A family member or friend has been identified, either to be involved in care or to be contacted, if necessary.

There is a written safety plan, the plan and the process for developing it are included in the medical record, and the veteran has a copy of the plan.

Whenever a veteran is identified as surviving an attempt or is otherwise identified as being at high-risk and placed on the facility high-risk list, the SPC will make personal contact with the veteran and establish a US mail contact program with him or her.

Make recommendations for referrals of repeat attempters to a home tele-health program.

Assure that all of these veterans have a 24-hour resource number to call in the case of an emergency.

Assure that veterans have capacitance if immediate crisis occurs.

Assure that veterans admitted to a hospital as a result of a high-risk for suicide ideation have been placed on high-risk list and are kept on high-risk list for a period of three months after discharge.

Assure that all veterans placed on high-risk list are evaluated weekly for 30 days.

## Hotline Work Flow

Calls come into the Hotline:



Mental Health Professional responds to incoming call and conducts phone interview



Assesses emotional, functional, and/or psychological conditions



Assesses if the call is:

Emergent – requires emergency services to keep caller safe

Urgent – requires same day services at local VA

Routine – SPC consult sent

Informational only – talk and information given

**VA National Suicide Prevention Hotline**  
**Call Report -Totals (Dec. 09)**

|                               |         |
|-------------------------------|---------|
| Total calls                   | 101,394 |
| Identified as Veterans        | 45,337  |
| Identified as family / friend | 6,165   |
| SPC referral                  | 9,648   |
| Rescues                       | 2,614   |
| Warm transfers                | 4,906   |
| Active Duty                   | 1,116   |

# Hotline Referral Outcomes

|                             |      |
|-----------------------------|------|
| Admissions                  | 1771 |
| Enrolled                    | 143  |
| Referrals to other services | 5902 |
| Immediate evaluations       | 506  |

# Other aspects

- Warm transfers
  - RN Call Centers
  - Research Studies
  - Community Crisis Lines
  - VA call centers

# Other aspects cont.

- “Help Center”
  - Central Office
  - Business Office
  - Congressional Liaison Offices

# Other Aspects cont.

- VA e-mail help desk
- Lifeline / Knowledge Bank Web site

# Call “triggers”

Relationship and family issues

Financial concerns

Fear of homelessness or poor current  
living situations

Sleep issues

Pain

Etc...

# And by the way...

- PTSD
- History of abuse
- Mental Illness
- Substance and Alcohol Use

# Growing concerns

- Ability to meet our newest veterans access needs
- Increasing internet use for information and services
- Access

# Future Developments

One – to – Once Chat Line capabilities

establish trust

provide support

refer to hotline in crisis situations

increase access



**IT  
TAKES  
THE  
COURAGE AND STRENGTH  
OF A WARRIOR  
TO ASK FOR HELP.....**

**If you're in an emotional crisis  
call 1-800-273-TALK "Press 1 for Veterans"**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

