Presbyterian Medical Services Crisis Response of Santa Fe Hotline and Same Day Assessment Crisis Intervention

Suicide Prevention a Frontline Perspective

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Components of PMS

- Diversion away from Emergency Room
- Crisis Hotline
- Two Teen Health Centers
- CSA; Santa Fe Community Guidance Center
- Clinical Assessor
Youth Suicide

- In the USA 3rd leading cause of death for youth 15-24
- Estimated that nationally 500,000 youth attempt suicide each year
- Suicide rates in New Mexico are 60% higher than national rates
- Santa Fe County had the highest youth suicide rate in New Mexico (55.8 per 100,000 year 1997)
Community Meetings

- Polarizing event in 1993: mentally ill intoxicated man killed by law enforcement illustrated mental health needs in community
- Citizens became outraged
- Community Roundtables instituted by mayor involved law enforcement, professionals & advocates, led by a professional facilitator
Original Funding

- City of Santa Fe identified potential funders
- A 4-year Robert Wood Johnson Community Initiative grant written by city with consultation from the community mental health center and NAMI-SF
- Local Frost and McCune Foundations and Buckaroo Ball Foundations grants secured
Features of CRSF

- 820-6333 or 1-888-920-6333 crisis line hotline available 24 hrs. a day, 7 days a week
- Lifeline Network Member 1-800-273-TALK (8255)
- Accredited by JCAHO
- Ability to intervene in mental health and/or substance abuse issues
CRSF Crisis Hotline  Switzer Model

R.I.D.E.
- Relationship
- Identify the problem
- Deal with feelings and emotions
- Explore options and alternatives
Hotline Effectiveness

- Dew, et. al. (1987) and King (1977) found that crisis center hotlines were successful in attracting the targeted underserved population.

- Several researchers have found that training of staff and volunteers improves the quality of hotline counseling (Bleach and Claiborn, 1982; France, 1975; Gentleer, 1974; Kalaft, Boroto, and France, 1979).
Hotline Effectiveness (Mishara et al, 2007)

- Silent monitoring of 1,431 calls to 14 centers within Lifeline Network found:
  - People in need call
  - Specific helper behaviors related to better outcomes
  - Centers vary greatly in nature and quality of telephone help
  - Helpers don’t consistently assess suicide
Hotline Effectiveness (Gould & Kalafat, 2007)

- Evaluation of 1,613 crisis callers and 1081 suicidal callers over a 3 week period
- Crisis hotlines are reaching seriously suicidal callers
- Emotional distress and suicidality decreased during and after calls
- 11.6% of suicidal clients, “Call saved my life”
Lessons Learned from CRSF Hotline + Mobile Teams 1997 - 2002

- Mobile F to F contact is the key
- Hotline is effective to diffuse and support
- Crisis alleviation takes more work than one intervention

- Crisis intervention = successful linkage
- Primary Care should be included
What we know

- 50% of all mental illness can be identified by age 14
- 75% of all mental illness can be identified by age 24
- Suicidal ideation is best intervened quickly
- Schools are key
Continuum of Care for Youth in Santa Fe

Continuum of Crisis Care for Youth

Age and School location of youth
Clinical Supervisor contacted

Santa Fe Public Schools
Teachers, Nurses

Crisis Response of Santa Fe
24 hour crisis hotline

Teen Health Center-PMS
Santa Fe High School

Teen Health Center-PMS
Capital High School

Santa Fe Community Guidance Center
Same Day Assessment

Santa Fe Community Guidance Center
Youth Outpatient Program
Clinical Assessment

- Welcoming
- Rapport establishment
- Assessment of dangerousness
- Warm hand-off
By the numbers

- 225 +/- Suicide assessments in last 3 years
- Demographics are cross cultural
- Ages from 6 to 18
- Gender split about 50/50
Assessment

- Make a connection
- Assess lethality
- Establish relationship
- Discern ideation, intent and plan
- No harm agreement
- Link with follow-up services