

SAMHSA'S Suicide Awareness Series, Issue #3:

Preventing Suicide: Following up After the Crisis

More than 1 million people receive help by calling the [National Suicide Prevention Lifeline](#) each year. Evaluations show that most callers who were in crisis report decreased feelings of distress and hopelessness and fewer thoughts about suicide as a result of their calls.

However, evaluations also show that 43 percent of callers contemplating suicide had recurring thoughts about killing themselves in the weeks after a call, yet fewer than a quarter of them had seen a behavioral health care provider even four to six weeks following their crisis call.

SAMHSA's Cooperative Agreements for the National Suicide Prevention Lifeline Crisis Center Follow-Up are changing that. Launched in 2008, the program supports crisis centers within Lifeline's network in systematically following up with Lifeline callers to see how they're doing, offer emotional support and tips on coping strategies, and check to ensure that they follow up with treatment referrals. In 2013, the program expanded to include follow-up with people at risk for suicide who have been discharged from emergency rooms and inpatient hospital units. Eighteen crisis centers are currently participating.

"If the person received a referral, crisis center staff check to make sure he or she actually went, and if not - and the person is still at escalated risk or needs additional resources - they continue to follow that individual," said James Wright, L.C.P.C., a public health advisor in the Suicide Prevention Branch of SAMHSA's Center for Mental Health Services. "A lot of times, the follow-up call alone is therapeutic for the individual."

Grantees in Action

The program benefits callers and counselors alike, said Bart S. Andrews, Ph.D., Vice President of Clinical Operations at Behavioral Health Response (BHR), a former SAMHSA grantee near St. Louis.

"One of the hard things about working in a crisis center is that with only one contact, you don't know how effective you've been," said Dr. Andrews. "Plus, even if callers are feeling better after the initial call, most likely they're going to need additional support."

Providing that support through follow-up calls has proven so successful that BHR is still offering them even though its SAMHSA funding ended in 2013.

BHR's program is typical. When callers reveal that they - or a family member or friend - have had recent suicidal thoughts, counselors invite them to participate in follow-up.

They receive a call within 24 hours, then as many times as needed over the next two weeks.

“Some folks only have a couple of contacts; some have 20 or 30,” said Dr. Andrews. “It depends on how at risk they are, how much support they need, what they want, and our impression of what’s going on.”

The follow-up program also saves resources, said Jeff Struchtemeyer, M.S., Senior Director of Programs and Services at Switchboard of Miami, which will complete its three-year SAMHSA grant this year.

“It’s a great way to reduce the number of times we have to call the police for a safety check or call a mobile crisis team to go out and check on someone,” he said.

The same goes for hospital beds, said Cheryl Plotz, Crisis Center Coordinator for Foundation 2 in Cedar Rapids, Iowa. The Crisis Center received a SAMHSA grant in 2013 to follow up not just with hotline callers but with patients discharged from the hospital.

Explaining that the state’s psychiatric units fill up fast, Ms. Plotz said the follow-up program fills a gap in the continuum of care.

“If you’re at high enough risk that you’ve gone to the hospital or been committed, you should get more than just a referral to therapy or a request that you come back and see the doctor next week,” said Ms. Plotz. “Now our crisis counselors will stay in touch with you and support you in the early days after you’ve had a crisis.”

Evaluation Results

An ongoing evaluation suggests that following up is an effective suicide prevention technique.

In a study of the first cohort of grantees, for example, 80 percent of participants said that the follow-up calls helped at least a little in stopping them from killing themselves. Callers with prior suicide attempts were more likely to describe the program as an effective prevention strategy, as were callers who received a greater number of follow-up calls. Callers whose counselors discussed suicide warning signs and how to rely on social contacts as sources of distraction and help were also more likely to describe follow-up as an effective strategy.

Of course, the numbers don’t tell the whole story. Behind the data lie the stories of distressed people finding new hope.

The calls “made me feel a little more positive, knowing that there was somebody that was going to be calling me and checking up on me,” one participant told the evaluation team. “I wanted to be there to answer, since they were paying so much attention to me.”

Resources

- [Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment: A Treatment Improvement Protocol](#)

- [Counseling on Access to Lethal Means](#)
- [National Suicide Prevention Lifeline](#)
- [Preventing Suicide: A Toolkit for High Schools](#)
- [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities](#)
- [SAMHSA Suicide Prevention Resources](#)
- [Suicide Prevention Resource Center](#)
- Youth Suicide Prevention and Intervention: [DRAFT Washington State Model Emotional, Behavioral and Suicide Crisis Plan, 2014](#)

Sidebar Articles

- [Counseling on Access to Lethal Means](#)
- [Preventing Compassion Fatigue](#)

Related Article

- [Administrator's Column: Preventing Suicide](#)

Related SAMHSA Blog

- [Suicide: A Preventable Tragedy - Putting Knowledge Into Action to Prevent Suicides](#)