# Monitoring of the National Suicide Prevention Lifeline

**Supporting Statement**

1. **Collections of Information Employing Statistical Methods**
2. **Respondent Universe and Sampling Methods**

There are 165 crisis centers in the National Suicide Prevention Lifeline (NSPL or Lifeline) network. In FY 2016, SAMHSA is funding six crisis centers (Cohort V) through the NSPL Crisis Center Follow-Up program to follow-up with suicidal callers to the Lifeline and suicidal individuals referred to Lifeline after discharge from partnering emergency departments and inpatient hospitals. These six centers will participate in this data collection.

**Client Follow-up Interview**: The Client Follow-up Interview will be conducted with individuals referred to the six Lifeline crisis centers for clinical follow-up from participating emergency departments and inpatient hospitalizations. Eligible clients will include those who (1) are successfully contacted for clinical follow-up by the Lifeline, (2) consent to be contacted about the interview by an evaluation team member, and (3) provide consent to participate in the interview. Due to budgeting and time constraints, the evaluation does not include interviews with all follow-up clients. Rather, the evaluation team will attempt to interview a subset of clients—specifically a stratified, random sample of clients who give initial permission will to be contacted. Based on previous data collections, approximately 60% of clients who give initial permission to be contacted by an evaluation team member will be interviewed.

**Counselor Follow-up Questionnaire**: Crisis counselors from each of the six centers will complete the Counselor Follow-up Questionnaire for each client with whom they follow-up or attempt to contact for follow-up after discharge from a participating emergency department or in patient hospitalization.

1. **Information Collection Procedures**

**Client Follow-up Interview**: At the end of the first or second follow-up call, crisis counselors will read the Client Initial Consent Script. The initial script requests permission for the evaluation team to recontact the client six weeks after referral. Between six weeks and six months after the initial referral to the Lifeline, an evaluation interviewer (who is a trained counselor) will contact a sample of follow-up clients who consented to be contacted. The counselor read the Client Follow-up Consent Script to obtain verbal consent for the interview. Consenting individuals will participate in the Client Follow-up Interview. The evaluation interviewer will conduct the interview via computer assisted telephone interviewing (CATI) technology. Interviewers are required to have previous experience in telephone crisis counseling and will be trained on the interview via role-play. Any follow-up clients meeting criteria for continuing suicide risk at the time of the interview will be conferenced back to the center from which they received follow-up.

**Counselor Follow-up Questionnaire**: Prior to participating in any data collection, crisis counselors from each of the six centers will sign a Counselor Consent form. The consent form will be completed once by each participating crisis counselor across the data collection period. Counselors will complete one Counselor Follow-up Questionnaire for each client with whom they follow-up or attempt to contact.

1. **Methods to Maximize Response Rates**

The directors of participating crisis centers will be asked to describe the study to their supervisory staff, noting its private/anonymous nature and encouraging counselors to participate. Since the data collected will not identify the crisis center or consenting counselor, it is anticipated that counselors will feel “safe” and be willing to participate. An 80% response rate is anticipated. Further, clients are being offered a $50 remuneration to increase their participation in the Client Follow-up Interview.

1. **Tests of Procedures**

The Client Follow-up Interview, Counselor Follow-up Questionnaire, and all associated consents were piloted during a previous evaluation conducted by the evaluator. At that point, the scripts and data collection tools were refined to make them as clear as possible. All monitoring components have been reviewed by experts in the field of mental health and piloted to determine burden levels.

1. **Statistical Consultants**

The evaluator has full responsibility for the development of the overall statistical design and assumes oversight responsibility for data collection and analysis for the evaluation. Training and monitoring of data collection will be provided by the evaluator. The following individuals are primarily responsible for overseeing data collection and analysis:

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**References**

Centers for Disease Control and Prevention (CDC). (2012). *Suicide facts at a glance.* Retrieved April 15, 2014, from http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf

CDC National Center for Injury Control and Prevention (NCIPC). (2015). *Suicide facts at a glance 2015.* Atlanta, GA: Author. Retrieved on January 31, 2016 from http://www.cdc.gov/violenceprevention/pdf/suicidedatasheet-a.pdf

Choi, J., Park, S, Yi, K., and Hong, J. (2012). Suicide mortality of suicide attempt patients discharged from emergency room, nonsuicidal psychiatric patients discharged from emergency room, admitted suicide attempt patients, and admitted nonsuicidal psychiatric patients. *Suicide and Life Threatening Behavior*, 42(3), 235–243.

Crosby, A. E., Han, B., Ortega, L. A., Parks, S. E., & Gfoerer, J. (2011). Suicidal thoughts and behaviors among adults aged ≥18 years—United States, 2008–2009. *MMWR Surveillance Summaries, 60*(13), 1–22. Retrieved March 10, 2014, from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm

Draper, J., Murphy, G., Vega, E., Covington, D. W., & McKeon, R. (2014). Helping callers to the National Suicide Prevention Lifeline who are at imminent risk of suicide: The importance of active engagement, active rescue, and collaboration between crisis and emergency services [e-pub ahead of print]. *Suicide and Life Threatening Behavior*. doi:10.1111/sltb.12128.

Fleischmann, A., Bertolote, J. M., Wasserman, D., De Leo, D., Bolhari, J., Botega, N. J., et al. (2008). Effectiveness of brief intervention and contact for suicide attempters: A randomized controlled trial in five countries. *Bulletin of the World Health Organization*, *86,* 703–709.

Garlow, S. J., Rosenberg, J., & Moore, J. D. (2008). Depression, desperation, and suicidal ideation in college students: Results from the American Foundation for Suicidal Screening Project at Emory University. *Depression and Anxiety, 25,* 482–488.

Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist, 63*(1), 14–31.

Gould, M. S., Cross, W., Pisani, A. R., Munfakh, J. L., & Kleinman, M. (2013). Impact of applied suicide intervention skills training on the National Suicide Prevention Lifeline. *Suicide and Life Threatening Behavior, 43*(6), 676–691.

Gould, M. S., & Kalafat, J. (2009). Role of crisis hotlines in suicide prevention. In D. Wasserman & C. Wasserman (Eds.), *The Oxford textbook of suicidology—The five continents perspective* (pp. 459–462). Oxford, UK: Oxford University Press.

Gould, M.S., Kalafat, J., Harris–Munfakh, J.L., and Kleinman, M. (2007.) An evaluation of crisis hotline outcomes part 2: Suicidal callers. *Suicide and Life–Threatening Behavior*, *37*(3), 338–352.

Gould, M.S., Munfakh, J.L., Kleinman, M., & Lake, A.M. (2012). National Suicide Prevention Lifeline: Enhancing mental health care for suicidal individuals and other people in crisis. *Suicide and Life–Threatening Behavior*, *42*(1), 22–35.

Kalafat, J., Gould, M.S., Harris–Munfakh, J.L., and Kleinman, M. (2007). An evaluation of crisis hotline outcomes part 1: Nonsuicidal crisis callers. *Suicide and Life–Threatening Behavior*, *37*(3), 322–337.

King, K. A., Vidourek, R. A., & Strader, J. L. (2008). University students’ perceived self-efficacy in identifying suicidal warning signs and helping suicidal friends find campus intervention resources. *Suicide and Life Threatening Behavior, 38*(5), 608–617.

King, R., Nurcombe, R., Bickman, L., Hides, L., & Reid, W. (2003). Telephone counseling for adolescent suicide prevention: Changes in suicidality and mental state from beginning to end of a counseling session. *Suicide and Life Threatening Behavior, 33*(4), 400–411.

Knesper, D. J., American Association of Suicidology, & Suicide Prevention Resource Center. (2010). *Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit*. Newton, MA: Education Development Center, Inc.

Knox, K. L., Kemp, J., McKeon, R., & Katz, I. R. (2012). Implementation and early utilization of a suicide hotline for veterans. *American Journal of Public Health, 102*(Suppl. 1), S29–S32.

Mishara, B. L., Chagnon, F., Daigle, M., Balan, M., Raymond, S., Marcoux, I., et al. (2007a). Which helper behaviors and intervention styles are related to better short term outcomes in telephone crisis intervention? Results from a silent monitoring study of calls to the U.S. 1-800-SUICIDE Network. *Suicide and Life Threatening Behavior, 37*(3), 291–307.

Motto, J. A., & Bostrom A. G. (2001). A randomized controlled trial of post crisis suicide prevention. *Psychiatry Services, 52(6),* 828–833.

Qin, P., & Nordentoft, M. (2005). Suicide risk in relation to psychiatric hospitalization: Evidence based on longitudinal registers. *Archives of General Psychiatry*, *62*, 427–432.

Substance Abuse and Mental Health Services Administration. (2005). Results from the 2004 National Survey on Drug Use and Health: National findings (DHHS Publication No. SMA 05-4062, NSDUH Series: H-28). Rockville, MD: U.S. Department of Health and Human Services.

Suicide Prevention Resource Center. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth.* Newton, MA: Education Development Center, Inc. Retrieved January 7, 2014from http://www.sprc.org/sites/sprc.org/files/library/SPRC\_LGBT\_Youth.pdf

U.S. Bureau of Labor Statistics. (2014). National Compensation Survey Statistics. Retrieved April 2015 from http://www.bls.gov/ncs/ocs/

U.S. Department of Health and Human Services, Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012). *2012 national strategy for suicide prevention: Goals and objectives for actions.* Washington, DC: U.S. Department of Health and Human Services. Retrieved January 7, 2014, from <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf>

Vaiva, G., Ducrocq, F., Meyer, P., Mathieu, D., Philippe, A., Libersa, C., et al. (2006). Effect of telephone contact on further suicide attempts in patients discharged from an emergency department: Randomized controlled study. *British Medical Journal, 332*(7552), 1241–1245.

**Attachments**

1. Client Follow-up Interview
2. Client Initial Script
3. Client Follow-up Consent Script
4. Counselor Follow-up Questionnaire
5. Counselor Consent