

Suicide prevention hotlines should expand digital services, partner with health systems

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Suicide prevention hotlines in California respond to callers in need and reduce caller distress, but could improve their services and reach more users by expanding digital offerings such as chat services and establishing better programs to monitor and improve the quality of their services, according to new studies from the RAND Corporation.

Evaluating nearly a dozen hotlines that received state support, researchers also recommend that suicide prevention hotlines better integrate with [health care services](#) and systems, and increase their ability to seamlessly refer callers to appropriate resources.

"Our evaluation shows that suicide prevention hotlines available to California residents provide a trusted and valuable service, but much can be done to make them more accessible and to improve the quality of their services," said Rajeev Ramchand, the study's lead author and a senior behavioral scientist at RAND, a nonprofit research organization. "For example, digital services lag behind a growing demand and integrating more hotlines into existing health care systems could better connect callers to needed mental health services.."

Funding from the California Mental Health Services Authority (CalMHSA) created prevention and early intervention programs designed to improve the mental health of California residents and included funding to 12 suicide prevention hotlines. RAND was hired to evaluate CalMHSA's investments, including the suicide prevention hotlines it funded.

In one study, researchers visited 10 of the CalMHSA-funded suicide prevention hotlines, with evaluators listening to and evaluating 241 calls. In a second study, RAND identified organizational factors that influence the success of suicide prevention hotlines, as well as current and potential challenges to hotline operators.

Researchers found that hotlines are organized in many different ways, with some smaller ones focusing on certain geographic areas, while others market their services statewide or nationally. Some hotlines have paid staff, while others rely on volunteers. In addition, some hotlines are part of [mental health services](#) organizations and others are part of blended social [service](#) call centers, having staff also provide child abuse, elder abuse and grief hotlines.

Among the [suicide prevention](#) hotlines calls evaluated by RAND researchers, one-third were from repeat callers and just over half of callers exhibited [mental health](#) or substance use problems. Other issues commonly mentioned were physical health challenges, relationship troubles, and work, housing and financial problems. Twenty-six percent of callers brought up suicide during a call and 21 percent were thinking about taking their own lives. However, only five of the 241 calls monitored by researchers were deemed urgent.

The review found variation in the quality of the response to calls. One national guideline suggests that all callers be asked about current suicide ideation, recent suicide ideation and past suicide attempts. At the 10 centers visited by researchers, 62 percent of callers were asked about current ideation, 23 percent were asked about past ideation and 23 percent were asked about past attempts.

The study found that while there is a growing demand for digital services, only a few hotlines provide such offerings. A RAND survey of California adults found that while 62 percent said they would use a crisis

phone line to cope with suicidal thoughts, 46 percent favored a web-based chat platform and 43 percent preferred to text a crisis line. Shifting telecommunication trends indicate that preference for these other services may be growing.

However, few hotline operators offer digital services and those that do operate only during limited times or only on certain days, largely because such services are expensive to develop and maintain.

More information: The first report, "Characteristics and Proximal Outcomes of Calls Made to Suicide Crisis Hotlines in California," was published online in the journal *Crisis*. The second report, "Suicide Prevention Hotlines in California: Diversity in Services, Structure, and Organization and Potential Challenges Ahead," can be found at www.rand.org .

Provided by RAND Corporation

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