

Short-Term Impact of Crisis Line Facilitation in Veterans Hospitalized for a Suicidal Crisis

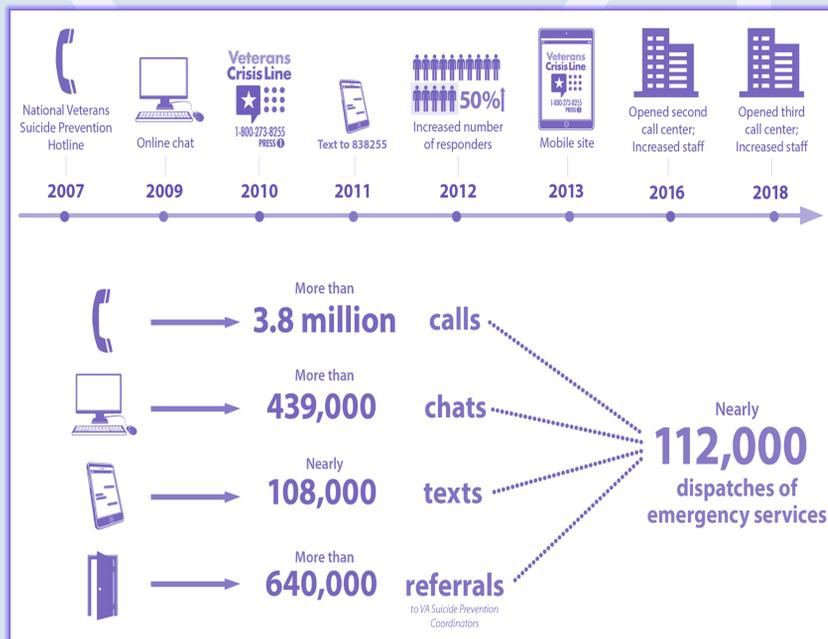
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Background

Inpatient psychiatric programs aim to provide a safe and supportive environment for acutely suicidal individuals. However, there are few suicide prevention interventions for this setting, particularly for military Veterans.

With over 1,800 suicides occurring each year in Veterans Health Administration (VHA) patients, this population is at a significantly elevated risk for suicide compared to the general US population. To combat this, the VHA has invested extensively in programs designed to prevent suicide, most prominently the Veterans Crisis Line (VCL).



The Veterans Crisis Line:

- Is an easily-accessible resource available around-the-clock to assist Veterans and their families during periods of crisis.
- Allows staff to access VHA medical records to help coordinate care with providers/ suicide prevention coordinators.

Pilot data indicates the VCL is being underutilized by Veterans at high risk for suicide. Therefore, we developed a brief motivational interviewing-based intervention called **Crisis Line Facilitation (CLF)**, designed to increase use of the VCL and address perceived barriers and facilitators of use among high-risk patients.

Methods

301 Veterans were recruited from VHA inpatient psychiatric units following hospitalization for suicidal crises, which included ideation and attempts. Eligible participants were randomized to receive one of two study conditions.

155 Crisis Line Facilitation

- Psychoeducational materials about the VCL.
- Addressed perceived barriers and facilitators of use.
- Veteran called the VCL, to practice the logistics and to have direct experiences that may counter negative perceptions of the line.

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- Identical psychoeducational materials about the VCL.
- Research staff gave patients a brief explanation of the VCL.

CLF and EUC were delivered prior to discharge from inpatient psychiatric care. All participants were given a short pre- and post-intervention survey. 236 answered all questions below:

- Three questions about **help-seeking behaviors directly related to the VCL:**

- “ In the future, if you have thoughts of suicide or you are feeling suicidal, how confident are you that you would call the Veterans Crisis Line?
- “ How confident are you that you would call the Veterans Crisis Line in the future for other reasons (for example, for information about services, to help a friend or family member, etc.)?
- “ How comfortable are you with the idea of calling the Veterans Crisis Line?

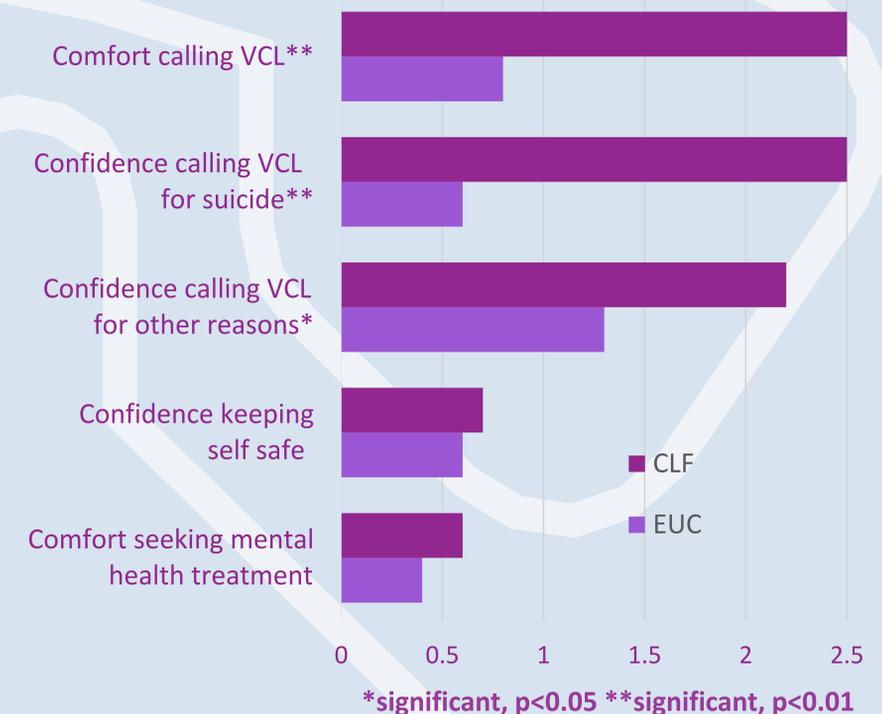
- Two questions about **help-seeking behaviors in general:**

- “ In the future, if you have thoughts of suicide or you are feeling suicidal, how confident are you that you could keep yourself safe?
- “ How comfortable are you with the idea of seeking mental health treatment?

- All questions were answered on a 0-10 Likert scale, with ratings of not at all comfortable or confident (0) to very comfortable or confident (10)

Results

The graph below shows increases in each of the domains measured from before to after receiving the CLF and EUC conditions



Conclusions

The present results indicate that CLF, a brief intervention delivered during an inpatient psychiatric stay, **significantly increased** short-term self-reported ratings of **comfort with, and confidence in, using the VCL** relative to a control condition.

Additional **follow-up assessments** are ongoing and future analyses will determine whether receipt of CLF, compared to EUC, is associated with greater utilization of the VCL and a decrease in suicidal behaviors.

In the meantime, the present results are encouraging and indicate **CLF has an impact** on improving short-term **perceptions of the Veterans Crisis Line**. If effective, CLF could be easily expanded to other settings and have a meaningful impact on VHA-wide rates of fatal and non-fatal suicide attempts.



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