

## Frequently Asked Questions

### Clinical Innovations in Telehealth Learning Series: Telehealth and Suicide Care: May 19, 2020

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The following are several frequently asked questions from the webinar. [See the webinar recording and slide deck for more information:](#)

#### Participant Question & Presenters' Response

##### **Q1** *What is the difference between safety planning and a safety contract?*

**A1** A safety contract asks someone to stay safe without giving them a way or plan to do so; a safety plan provides someone a way to stay safe. A safety contract does not provide a clinician with assurance or protection. The current standard of care is a safety plan. Safety planning is a brief clinical intervention that results in a prioritized written list of: warning signs, internal coping strategies, social supports for distraction, social supports for help in crisis, professional help, and means reduction.

##### **Q2** *What is the difference between suicidal ideation and acute suicide risk?*

**A2** Suicide risk fluctuates over time; the time of acute danger, acute suicide risk, is usually brief. Suicide risk is a continuum that stretches from passive suicidal thoughts, to active suicidal thoughts, thoughts about method, thoughts about a plan, thoughts about method and a plan, to acute suicide risk.

The most dangerous point is when people have intent and a plan. Planning doesn't just mean thinking about harming oneself, it means having specific strategies or steps that would be taken (method). Although the period of acute suicide risk is usually brief, it can escalate quickly. This is why it is so important to not have guns accessible, as they are very lethal.

Psychiatric hospitalization is for someone in acute suicide risk. If a patient cannot guarantee that they will/can stay safe, or it is too much struggle to do so, a hospital will temporarily keep them safe. It can also be used to stabilize a patient on medication.

##### **Q3** *What's the purpose of check-ins for suicide risk during COVID-19?*

**A3** Three key purposes of check-ins for suicide risk are to: assess current level of risk; determine if a person needs rescue (e.g., hospitalization), which happens less frequently than one might think; review and revise the safety plan; and determine when the next check-in will occur, if needed. Ongoing check-ins and follow-up avert emergency department visits and hospitalization.

##### **Q4** *What are resources for children and adolescents who are experiencing suicidal thoughts, including hotlines?*

**A4** The National Suicide Prevention Lifeline (NSPL; see link below) takes calls from kids/parents/clinicians. NSPL routes to the closest accredited NSPL site (e.g., if someone calls from Maryland, they are routed to a nearby crisis center that knows local resources). As many kids prefer to chat, the NSPL has a text feature, as does the Crisis TextLine. The Trevor Project is a hotline for LGBTQ youth.

A few key points in working with adolescents and safety planning:

- Let adolescents know in advance that you will be sharing information with a parent or guardian.
- Always bring in a trusted adult as part of safety planning, and provide them a copy of it.



- It is important to not put peers on the safety plan as people the patient can turn to for help. Peers give each other bad advice, and if an adolescent makes a serious attempt, we don't want the peer to feel guilty/responsible.

### Q5 How do we get more skills and information about telehealth and suicide care?

**A5** The Suicide Prevention Resource Center (SPRC), located at Education Development Center, is a federally supported resource center devoted to advancing the implementation of the [National Strategy for Suicide Prevention](#). SPRC provides consultation, training, and resources to enhance suicide prevention efforts; support to the Secretariat of the [National Action Alliance for Suicide Prevention](#) (Action Alliance); and support for [Zero Suicide](#), an initiative based on the foundational belief that suicide deaths for individuals under care within health and behavioral health systems are preventable. The initiative provides information, resources, and tools for safer suicide care.

- Suicide Prevention Resource Center (SPRC) – [www.sprc.org](http://www.sprc.org)
- Zero Suicide – [www.ZeroSuicide.com](http://www.ZeroSuicide.com), <http://zerosuicide.edc.org/covid-19>
- Suicide Prevention-Training, Implementation and Evaluation program (SP-TIE), Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute - <https://www.practiceinnovations.org/i-want-to-learn-about/Suicide-Prevention>
- Safety Planning Intervention - [www.Suicidesafetyplan.com](http://www.Suicidesafetyplan.com)

### Crisis Hotlines

- SAMHSA's Disaster Distress Helpline - 800-985-5990
  - Text/SMS: Text **TalkWithUs** or **Hablanos** (for Spanish) to 66746 (subscription-based)
  - Full details at: <https://www.samhsa.gov/find-help/disaster-distress-helpline>
- National Suicide Prevention Lifeline - 800-273-8255
- National Sexual Assault Hotline – 1-800-656-4673 <https://www.rainn.org/>
- National Domestic Violence Hotline - 1-800-799-7233 <https://www.thehotline.org/>
- The Trevor Project
  - TrevorLifeline: 866-488-7386
  - TrevorText: Text **START** to 678678
  - TrevorChat: <https://www.thetrevorproject.org/get-help-now/>
  - Trans Lifeline – 1-877-565-8860 <https://www.translifeline.org/>
- Crisis Text Line: Text **HOME** to 741741

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