

Crisis Center Follow-Up to Save Lives and Resources

Crisis Center Expertise in Follow-Up

Crisis centers are uniquely positioned to provide follow-up care by:

- Providing 24-hour access to staff trained in suicide assessment and intervention
- Assessing for safety, providing support, offering referrals, developing a safety plan, and dispatching emergency intervention, if necessary
- Assisting with connection to mobile crisis teams when this service is available in the region
- Averting unnecessary ED visits and better ensuring needed ED visits

Crisis centers have been shown to reduce emotional distress and suicidal ideation in callers (Gould, Kalafat, Munfakh, & Kleinman, 2007; Kalafat, Gould, Munfakh, & Kleinman, 2007). Research indicates that follow-up with hotline callers and people recently discharged from an emergency department (ED) or inpatient setting has positive results for both consumers and providers of mental health services. Follow-up has been shown to be cost effective and prevent suicides and crisis centers are uniquely positioned to be a crucial resource for people in need of follow-up care.

What is Follow-Up?

Follow-up care can involve letters, phone calls, emails, or texts that are designed to check in with individuals who have recently experienced a suicide crisis to assess their well-being, check in regarding their safety plan and make adjustments as needed, and support them by providing and connecting to any needed resources or referrals. Follow-up is usually by telephone and typically occurs between 24 – 72 hours after the initial contact. Phone calls are brief and while they can be tailored to the individuals need, they are structured and focus on review of the safety plan and care coordination.

Why is Follow-Up Important?

Follow-up ensures continuity of care, provides support during a time of heightened risk, and facilitates linkages to outpatient care. It fills the significant gap between contact with a crisis line or emergency service and connection to other resources or referrals while acting as a safety net for those at risk of suicide. In research evaluations of follow-up services, significant portions of individuals who received follow-up calls reported that the service stopped them from killing themselves or kept them safe. In addition, more follow up calls resulted in increased positive perceptions of care.

Benefits of Follow-Up: Saving Lives

- Use of 24 hour crisis teams and 7 day follow-up programs show a significant reduction in suicide within 3 months of a patient’s discharge from inpatient services (While et al., 2012).
- A study based in five countries indicated that follow up after emergency department discharge significantly reduced suicide. The follow-up program included 9 contacts by trained professionals at crisis centers over a maximum period of 18 months (Fleischmann, 2008).

- Patients who receive follow-up have a lower suicide rate in five years and a significantly lower suicide rate in the first two years after discharge (Motto & Bostrom, 2001).
- Following up with patients by telephone within one month after an emergency department discharge for a suicide attempt significantly reduces the likelihood that the person re-attempts suicide (Vaiva et al., 2006).
- In Australia, a study indicated that proactive telephone support for individuals with recurrent admissions reduced the number of hospital days per patient by 45% and saved \$AU895 per person (Andrews & Sunderland, 2009).
- Further, telephonic follow up before a service appointment results in improved motivation, a reduction in barriers to accessing services, and higher attendance rates (Zanjani, Miller, Turiano, Ross, & Oslin, 2008).
- Findings from an evaluation of crisis center follow-up to suicidal callers found that 80% of participants perceived the follow-up calls as helping at least a little in stopping them from killing themselves, while more than half of interviewed callers said the follow-up intervention helped a lot in stopping them from killing themselves. Callers who received more follow-up calls perceived the follow-up intervention to be more effective. Callers also perceived the intervention as more effective when counselors engaged in the following activities: discussing social contacts/settings as distractors; discussing social contacts to call when needing help; discussing warning signs; and exploring reasons for dying (Gould et al., 2017).

Benefits of Follow-Up: Saving Resources

- Follow-up by crisis centers is cost effective; it reduces utilization of emergency services and offers diversion to more appropriate services for individuals who don't require admission to the hospital.
- 45% of incurred costs for suicide attempt admissions are a result of readmissions to the ED (Beautrais & Gibbs, 2004).
- In a study of the return on investment (ROI) of post-discharge follow-up calls for suicidal ideation or deliberate self-harm, Truven Health Analytics estimated what the cost savings could be if an investment was made in crisis centers to place the follow-up calls. Truven estimated the amount of savings by reviewing data from crisis centers' cost of implementing follow-up calls and their potential to reduce hospital readmissions and additional emergency department visits within 30 days of discharge. The conclusion of this ROI analysis was that insurance providers could save money by investing in crisis centers to provide follow-up calls as both a measure to prevent suicidal behavior as well as the subsequent need for additional inpatient or emergency department intervention (Richardson, Mark, McKeon, 2013).

Follow-Up Resources

[Follow-up Matters Website](#): A resource for crisis centers, emergency departments, and other providers and stakeholders who are interested in creating and supporting follow-up partnerships.

[Lifeline Requirements and Recommendations for Crisis Center Follow-Up](#): Created in 2012 and revised in 2023, this guidance document includes recommendations for following up with 988 Lifeline callers as well as those referred for follow-up from Emergency Departments and Inpatient settings. Document also contains appendices for safety planning intervention, Lifeline sample consent form, and follow-up program requirements for 988.