

First Responders

There is a wide range of existing services regarding suicide prevention in San Diego County. Many are comparable to best practices. The full inventory of services will help promote awareness of existing services among the various providers as well as identify gaps to be addressed in the action planning process.

Current capacity to address suicide risk

The majority of Mental Health Services (MHS) and Alcohol and Drug Services (ADS) respondents had experience related to suicide. Most respondents stated that their organization had a suicide risk protocol or procedure (80.6% for MHS and 87.2% for ADS). Almost all felt the protocol was useful or somewhat useful (96.7% for MHS and 90.6% for ADS). The number of clients varied by department; the majority of MHS staff had assessed more than five clients while ADS staff tended to assess fewer clients.

First Responders in San Diego

- + Access Line & Crisis Line: 24 hour toll-free crisis line.
- + Psychiatric Mobile Response Team (PERT): pairs a San Diego Police Department officer who has undergone special training with a mental health clinician to respond on-scene to situations involving people who are experiencing a mental health related crisis and have come to the attention of law enforcement.
- + Law enforcement responds to suicides in progress that impact public safety with negotiation teams.

Hotlines and Crisis Centers

Hotlines typically provide anonymous or non-anonymous phone counseling services for people in crisis, such as those contemplating suicide. In addition to the Access & Crisis Line, there are several “warm lines” throughout San Diego that provide support and referrals. 2-1-1 San Diego is a non-emergency line that provides resources and referrals on a number community, health and disaster services. The following is a summary of provider feedback on these Access&Crisis and 2-1-1:

- + Almost half of Community Provider survey respondents (48.1%) indicated that their agency or program was listed with the Access & Crisis Line; the remainder either did not know (24.4%) or indicated it was not listed (27.6%).
- + Most of the PEI contractors (seven out of 10) were aware of, or had some form of contact with the Access & Crisis Line and referred clients to it as needed; unlike 2-1-1, it is not easy to remember the phone number for the Access & Crisis Line (one provider could only remember the last four digits).

Experience Related to Suicide:

Dimension of Experience	County Department	
	MHS	ADS
Organization has a suicide risk assessment protocol	80.6%	87.2%
Need more training on suicide risk assessment protocol	58.0%	79.7%
Ever been called upon to help a client who is suicidal	66.8%	72.5%
Assessed a client for suicide risk in past year	74.1%	78.3%
Assessed 1-5 clients	46.2%	72.2%
Assessed 6-10 clients	15.3%	9.3%
Assessed 11 or more clients	38.5%	18.5%

- + Some providers also shared that there is confusion among the general population between 211 and the Access & Crisis Line
- + Over half of respondents of the Community Provider survey (59%) indicated their organization was listed with 2-1-1 San Diego; the remainder either did not know (23.1%) or indicated it was not listed (17.9%).
- + Almost all PEI contractors said their agencies were listed with 2-1-1.
- + Providers shared that not everyone is aware of 2-1-1, although it has served the community since 1997, and existed as InfoLine for many years prior.
- + There was some concern about the adequate level of training 2-1-1 call line volunteers have to handle crisis calls. One provider stated that 2-1-1 is supposed to do a “warm hand-off” to the Access & Crisis Line, but felt that this does not always occur and as a result, 2-1-1 volunteer staff handle crisis calls.

Information about the Access & Crisis Line

Call results for 2009-2010:

- 89,000 total calls
- 14,000 calls directly into Crisis Queue
- 97% of calls are answered by an operator within 45 seconds
- 800 calls included a law enforcement referral
- Call handle times range from one minute to an hour and half
- Approximately 20% of calls are suicide related; those with a plan with high lethality represent approximately 5% or less of calls.
- Suicide related calls are usually adults aged 18-25 years and older adults over 60 years.

Crisis Management and Response

These interventions include strategies to respond to a crisis situation such as someone who is actively suicidal and provide immediate assistance to prevent the suicide get them into immediate treatment. Best practices regarding this level of intervention was not found in the literature. Stakeholders shared that there is a lack of standardized requirements for crisis intervention training. The following is a summary of what providers said is available in San Diego:

- + PERT was highlighted as a model program in San Diego County. The goal of PERT is to provide the most clinically appropriate resolution to the crisis by linking people to the least restrictive level of care that is appropriate and to help prevent the unnecessary incarceration or hospitalization of those seen.
- + One stakeholder praised the Sheriff's Department for doing an excellent job with crisis response and management. Most crises are resolved with the positive outcome of preventing a suicide. Good communication among law enforcement personnel who work in crisis across the area exists.

“I’ve talked to thousands of people throughout my career. You hear that someone is just fine...then you hear that person committed suicide. Even their best friend would say that. I’m not sure what [can be done]... If people want to let you in, you can help. If they’re giving me something to pick up on, I can pick up on it. But if not, there’s not much I can do.”

-PEI Contractor

- + Post-crisis support was mentioned by stakeholders as an important component of crisis services. Negative outcome situations (death) entail extensive post-event debriefing with outside negotiators or mental health professionals, The Sheriff's Department's legal team and crisis staff meet to look at what could have been done differently, how to learn from the event and possible exposure to liability. Lawsuits are an issue so protocols are followed closely.