



# National Suicide Prevention Lifeline Overview for IHS

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**NATIONAL SUICIDE PREVENTION LIFELINE**

# Learning Objectives

After completing this webinar, participants will have gained the following:

1. An understanding of the Lifeline network and how it works
2. Knowledge of the Lifeline's outreach efforts toward the American Indian / Alaska Native communities
3. Familiarity about one particular Lifeline center serving the AI / AN community

# National Suicide Prevention Lifeline Mission

*To effectively reach and serve all persons who could be at risk of suicide in the United States through a national network of crisis call centers*

# The Lifeline: *With Help Comes Hope*

- SAMHSA-funded
- Administered by Link2Health Solutions, an independent subsidiary of the Mental Health Association of NYC
- Project partners: NASMHPD, Columbia University Research Foundation, Department of Veterans Affairs, LivingWorks

# The Lifeline: *With Help Comes Hope*

- National and toll-free
- 24/7 service
- Confidential
- Trained workers
- Low-cost method of reaching people in need
- Averages about 70,000 calls/month

# The Lifeline: *With Help Comes Hope*

- Comprised of 159 crisis centers in 49 states
- Independently operating
- Mix of volunteers and professional staff
- Voluntary network membership
- Centers are certified
- Centers adopt Lifeline best practice standards

# Lifeline's Suicide Risk Assessment Policy

- Ask all Lifeline callers about suicide
- If the caller responds affirmatively, conduct a more complete analysis of risk consistent with Lifeline's Suicide Risk Assessment Standards
- Centers must use an instrument that incorporates the principles and subcomponents of Lifeline's Suicide Risk Assessment Standards

# Lifeline's Suicide Imminent Risk Policy

- Core Values:
  - To take all actions necessary to prevent a caller from dying by suicide
  - To collaborate with caller to act to secure his/her own safety
  - To collaborate with community crisis/emergency services to aid in keeping the person at risk safe



# How the Lifeline Works

- Callers dial **1-800-273-TALK**
- Callers are connected to closest center
- Crisis workers listen, assess, and link/refer callers to services, as needed
- Extensive back-up system ensures all calls are answered

# Special Services

## **The Veterans Hotline**

A collaboration between Lifeline, SAMHSA and the VA where callers press 1 for specialized services

## **The Spanish Sub-Network**

11 centers with Spanish-speaking staff that answer calls when someone presses 2 or directly dials 888-628-9454

# What Centers Provide

- **24-7 ACCESS** to a trained worker toll-free
- **ANONYMITY** allowing callers to avoid stigma around help seeking
- **I & R** before a suicidal crisis occurs
- **LINKAGE** to emergency services for individuals that might not dial 911 themselves
- **EDUCATION/TRAINING** within local communities

# Lifeline's Native American Initiative

- Since 2006, Lifeline has piloted crisis center outreach and partnership initiatives with tribal leaders in Indian reservation communities.
  - Provided technical assistance to centers
  - Promoted relationship building between local tribal leaders and crisis centers in the project

# Lifeline's Native American Initiative

Pilot efforts toward crisis center outreach and partnerships have involved up to five crisis centers in regions rich with tribal communities:

Montana

Wyoming

Minnesota

North Dakota

South Dakota

# Lifeline's Native American Initiative

- Results of Initiative:
  - Increased visibility
  - Enhanced reputation
  - Better understanding of effective approaches
  - Development of toolkit

# Lifeline's Native American Initiative

Partnered with the Education Development Center's Native Streams Institute to develop toolkit for network centers

# Lifeline's Native American Initiative

- Goals of toolkit:
  - Help member centers build partnerships with Native American communities
  - Improve cultural responsiveness of services
  - Provide culturally specific knowledge, tools and resources



# Helpline Center: Sioux Falls, SD

- Blended Center
  - 211
  - Lifeline – for state of SD – since 2005
- Call Volume: 50,000 calls on 211
  - 1000 suicide calls
- 26 paid staff – FT & PT (+ volunteers)
- Part of Lifeline's Native American Initiative

# Native American Initiative Objectives

- Stated objectives of NAI:
  - Facilitate relationships between crisis center staff and stakeholders in tribal communities
  - Develop cultural awareness and training per direction of tribal community
  - Strengthen effectiveness of local referral systems

# NA Initiative Objectives (cont.)

- Promote culturally sensitive social marketing and educational materials in tribal communities
- Identify similarities and differences that can inform serving Native American communities on a national level in a culturally appropriate and respectful manner

# Facilitate Relationships

- Identified four of the nine SD reservations as groups of focus
- Did outreach to these four, as well as with the other five reservations and collaborated with some more frequently

# Facilitating Relationships (cont.)

- Set up visits with a variety of agencies on each reservation
  - Tribal health/mental health
  - IHS
  - Suicide Prevention Coordinator
  - Boys & Girls Club
  - Tribal Counseling

# Facilitating Relationships (cont.)

- Chemical Dependency programs
- Garrett Lee Smith grantees
- Youth Wellness programs
- College/University staff
- Health Educators
- Non-profit satellite offices
- Suicide Prevention Task Force

# Facilitating Relationships (cont.)

- Goal to make agencies/staff aware of who we are and what we could offer (trainings, materials, resources)
  - ASIST
  - Survivor of Suicide Group Facilitator training
- Provide crisis call data to reservation staff
- Attempt to learn how each reservation “works” (resources available, etc.) and how we might help
- Participate in health fairs

# Facilitating Relationships (cont.)

- Discussions re reservations establishing own crisis line or forwarding calls we receive from persons on their reservation to persons on reservation if requested
- Currently one reservation has crisis line that rolls over to Lifeline after hours
- Identify native healers or advisors as resource and how to best access them for different reservations
- Attempt to get/keep updated reservation resource info for our database



# Develop Cultural Awareness Training

- Cultural Awareness trainings provided by reservation staff to HLC/other agency staff and community members across SD w/ previous GLS grant
- HLC staff attended two trainings we brought in from SD reservation staff (Pine Ridge and Rosebud)

# Cultural Awareness Training (cont.)

- Stated objectives of trainings:
  - Increase staff knowledge re cross-cultural issues, needs/resources to improve service to callers who may be from various ethnic & cultural backgrounds
  - Provide foundation of cultural context of understanding of Lakota/Nakota/Dakota people to deepen insight

# Cultural Awareness Training (cont.)

- Enhance understanding of unique grief and loss issues of Lakota/Nakota/Dakota people that are compounded with the effects of historical trauma
- Build understanding of how traditional Lakota values have facilitated healthy coping skills in the past
- Aid understanding of the effects of poverty on Native American people

# Strengthen Referral System

- Updating/maintaining database for reservation resources
  - Hand deliver forms when possible
- Obtaining resource directory from reservation if available

# Promotion of Appropriate Marketing Materials

- Packets of prevention materials provided during visits/upon request of reservation
- Shared our Survivors of Suicide packets for reservation to personalize
- Assisted with providing promotional materials at health fairs

# Lessons Learned

- It is important, particularly in initial stages of relationship development, to meet with others face-to-face and establish trust
- Phone contact/e-mail can be utilized later
- Each of the SD reservations is unique and functions differently

# Challenges Encountered

- Communication between agencies and tribal entities did not always exist
- High staff turnover rates on some reservations, which limited ability for relationship building – starting over with new staff
- Lack of resources on reservations (transportation, health, mental health)
- Distance involved
- Finances – need is great
- Keeping resource information updated

# Program Successes

- Reservation staff contact us for resources/needs
- We are able to provide 24/7 crisis coverage to reservation areas where there is little access to resources
- Provide anonymity of caller (except in imminent risk situations) – can be helpful with callers reaching out who might not otherwise do so
- People ARE calling from the reservations



# Learn More Online...

<http://www.SuicidePreventionLifeline.org>

The screenshot shows the homepage of the National Suicide Prevention Lifeline. At the top, the title "NATIONAL SUICIDE PREVENTION LIFELINE" is displayed in white on a green background. Below the title is a navigation menu with links for Home, Get Help, Get Involved, Learn More, Crisis Centers, and About. The main content area features a large banner with a woman's face and hands raised, with the text "YOU MATTER" overlaid. A text box below the banner reads: "It doesn't always feel like it, but your life matters. In moments when you feel like you just need some support, there is help out there. Join the movement to spread the word that your problems, your worries, your fears, and above all you—unique and real you—matter." A "More" button is located at the bottom of the banner. To the right of the banner, there is a call to action: "CALL US 24 HOURS A DAY" followed by the phone number "1-800-273-TALK (8255)". Below this is the organization's logo and contact information. Further down, there are buttons for "ARE YOU IN CRISIS?" with a "Click to Chat" button, and "FOLLOW US" with social media icons for Facebook, Twitter, YouTube, and Tumblr. At the bottom right, there is a section for "MORE HELP FOR" with a button for "Veterans".



# Contact Information

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