



Barriers to Mental Health Care for People at Risk for Suicide

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Stigma and Mental Health

- Stigma, bias and discrimination
- Mental Health Parity
- Stigma and Help seeking- need to understand why people don't seek or receive care
- Of particular concern is the finding that negative help-seeking attitudes are greatest among individuals with the greatest mental health needs (Hoge, Castro, et al, 2004;)

Stigma and Mental Health

- Literature on stigma reduction indicates that it is personal contact that reduces stigma
- Peers, persons with lived experience
- Peers are being utilized in a variety of services, including mobile outreach teams, crisis stabilization units, and crisis respite services. a
- Peer services have demonstrated effectiveness and offer hope

Lived Experience with Suicidal Crises

- Until recently, very few people spoke about their experiences with suicidal thoughts or actions. Fear and uncertainty about response.
- Early Suicide Attempt Survivor Initiatives
- Suicide attempt survivors and those with lived experience with suicidal crisis- “The Way Forward” National Action Alliance
- AAS Division, Linehan

Lived Experience with Suicidal Crises

- If because of fear no one talks about their experience, they are isolated rather than connected.
- Others are unable to see examples of recovery being possible.
- We are unable to learn crucial information about how interventions are experienced and how we can make them better.

Treatment Patterns Among Adults With Recent Suicide Attempts

- SAMHSA NSDUH data
- 56.3% received mental health treatment
- 40.6% had any outpatient mental health treatment, 15.8% had 1-4 visits
- 28.8% had inpatient psychiatric treatment
- From 2008-2012 the mental health treatment rate did not change

Treatment Patterns Among Those with Recent Suicide Attempts

- Black and Hispanic had lower treatment rates than Caucasians
- Uninsured had lower treatment rates
- Of the 56.3% who received mental health treatment , half still perceived unmet treatment need
- Of the 43.7% who did not receive treatment , one fourth perceived unmet treatment need

Key Questions

- Why did many who received treatment not feel it met their needs?
- Not enough? Not effective? Negative consequences?
- Why did many who did not receive treatment not perceive a need? Minimizing the problem? Not believe that treatment could be effective? Not want the kind of services that were available?

Lifeline evaluations of suicidal callers

380 suicidal callers were interviewed an average of 4 weeks after their crisis call to a Lifeline center:

22% had kept an appt., 12% had made one %

Suicidal Thoughts Since Call 43.2%

Suicide Plans Since Call 7.4%

Attempts Since Call 2.9%

Lifeline evaluations

- We conducted telephone interviews with 376 suicidal and 278 nonsuicidal crisis callers to the National Suicide Prevention Lifeline to assess rates of mental health care utilization following Lifeline calls and to assess attitudinal and structural barriers to service utilization

Lifeline evaluations

- Postcall utilization rates were approximately 50% for suicidal and crisis callers who received mental health care referrals. Lack of health insurance and callers' perceptions about mental health problems emerged as significant barriers to accessing continued help.

Perceptions about Mental Health Problems

- The caller's perception about mental health problems was the most prevalent barrier to utilizing a mental health service and was cited significantly more often than stigma, structural, or financial barriers, which are conventionally considered to be the major barriers to accessing mental health care.

Barriers to Help-Seeking : Evidence from earlier Lifeline evaluations with at-risk adults

Among suicidal adult hotline callers, perceptions about mental health problems (i.e., denial of the severity of the problem, and belief that the problem could be handled without treatment) were similarly the most common reasons for not utilizing a mental health resource:

| Type of Barrier | Callers endorsing |
|--|-------------------|
| Perceptions about mental health problems | 50.6% |
| Financial barriers | 41.2% |
| Perceptions about mental health services | 31.8% |
| Personal barriers | 29.4% |
| Other structural barriers | 23.5% |

(Gould et al., 2012)

Concerns about Mental Health Services

- A third of callers reported a lack of trust or negative experience with mental health providers as their reason for not accessing mental health care after the call.

Barriers to Help-Seeking: Evidence from general population of high school students

Among at-risk students and their parents, the following were the most common reasons for not following through with treatment referrals:

| Barrier | Parents endorsing | Youth endorsing |
|--|-------------------|-----------------|
| Not believing the child had a problem | 52.9% | 75.0% |
| Believing the problem was not serious enough | 52.9% | 33.3% |
| Thinking it would get better on its own | 29.4% | 22.2% |
| Wanting to solve the problem themselves | 41.2% | 5.6% |

(Gould et al., 2009)

SAMHSA grants to promote follow up services for suicidal people

The most prevalent counselor follow-up activities were discussing coping strategies and offering emotional support. (Over 90% each)

In addition, the following activities were conducted with over 2/3 of followed-up callers:

- Discussing past survival skills
- Discussing social contacts to use as distractors
- Discussing social contacts to call for help
- Discussing warning signs & triggers to suicidality
- Exploring reasons for living

Young Callers' Perceptions of Care (N=131)

“To what extent did the follow-up call(s) stop you from killing yourself?”

- A lot 51.6%
- A little 31.3%
- Not at all 17.2%
- It made things worse 0.0%
- Do not remember follow-up 0.0%

Impact of Demographics on Young Callers' Perceptions of Care (N=131)

- Hispanic callers perceived follow-up as stopping them from killing themselves to a greater extent than non-Hispanic callers (p=.008; OR(CI)=3.87 (1.43-10.45))
- For young callers only, there was a trend toward significance for gender (p=.06; OR(CI) 2.01 (0.98-4.13)).

Impact of Baseline Suicide Risk on Young Callers' Perceptions of Care (N=131)

- Callers who were more than somewhat likely to act on their thoughts of suicide perceived follow-up as significantly more effective in preventing their suicide than other callers (p=.02; OR(CI)=2.66 (1.19-5.96))

New Mental Health Service Utilization in Young Callers Receiving Follow-up (N=131)

Of the 131 interviewed callers under age 25,

- 30 (22.9%) were in treatment with a mental health professional at the time of the crisis call
- 101 (77.1%) were not in treatment

Of the 101 callers not already in treatment,

- 62 (61.4%) had made contact with a new mental health service an average of 8 weeks after the crisis call

Follow-up provides supportive human contact during transitional period

What was helpful to you about the follow-up call(s)?

- “It gave me someone to talk to, and really it just made me feel good that someone cares enough to attempt to talk to me. So I could say, the follow-ups are great.” (age 18)
- “Just the fact that they were checking up on me. I was contemplating suicide because I felt alone and they made me feel like there were people out there that cared, so that filled me with hope.” (age 21)

What was it about the follow-up call(s) that stopped you from killing yourself?

- “Every time I started feeling down, it felt like that was when they called, so it was kind of like a life-raft.” (age 21)
- “It was just the sense of security that it brought, it just felt like someone cared.” (age 22)

Follow-up enhances motivation to follow through with referrals

What was helpful to you about the follow-up call(s)?

- “Them going back with me and asking me if I did what they had told me to do, and helping me stick to one plan, that helped me out.” (age 18)
- “It kind of reminded me about the severity of the situation I was in because there are times when I would almost downplay it and try to pretend it wasn't happening. But I'd usually fall back into the same place, so it wasn't really gone. So it made me realize that I needed to pay special attention to it and continue to seek out the resources I could use to help it.” (age 20)

What was it about the follow-up call(s) that stopped you from killing yourself?

- “...talking with them helped me realize I needed even more help, they helped me seek other help” (age 23)