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# *From Crisis to Care: Prevention and Intervention Strategies across the Crisis Continuum to Address the Intersection of Behavioral Health + Violence*

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# Agenda

1. Debunking Myths about Mental Illness & Violence

2. Intersection of Behavioral Health and Violence
   - Intimate Partner Violence & Suicide
   - Youth Exposure to Violence
   - Community Trauma
   - Personal Crisis

3. Implications: What Can We Do?

4. The 988 & BHCCO Strategies

# Debunking Myths about Mental Illness & Violence

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- In a nationally representative community sample of 34,653 people from the *National Epidemiologic Survey on Alcohol and Related Conditions*, only 2.9% of people with serious mental illness had committed violent acts between 2 and 4 years following the study's baseline, compared with 0.8% of people with no serious mental illness or substance use disorder. (Van Dorn et al, 2012)

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# Debunking Myths about Mental Illness & Violence

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- People with severe mental illnesses are over 10 times more likely to be victims of a violent crime than the general population. (Dean et al, 2018; SAMHSA, April 2023)
- Serious mental illnesses (SMI) such as depression, bipolar disorder, and borderline personality disorder may at times increase the risk of danger to oneself. (Suicide Awareness Voices of Education, 2023)
- People with mental illnesses account for only about 4% of violent crime in the United States. (Rozel & Mulvey, 2017)

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# Debunking Myths about Mental Illness & Violence

- Mental illness may increase the likelihood of committing violence in some individuals, but only a small part of the violence in society can be ascribed to mental health patients.
- Factors that predict violence in general—antisocial behavior, substance use, and anger issues, for example—also predict violence in individuals with mental illness.

(DeAngelis, 2022)

# MacArthur Violence Risk Assessment Study

- In the MacArthur Violence Risk Assessment Study——only 2 clinical symptoms were associated with violent acts among psychiatric inpatients 20 weeks after discharge:

  1. "command hallucinations" or psychotic voices telling a person to harm others; and
  2. psychopathy (characterized by a lack of empathy, poor impulse control, and antisocial deviance), which is not typically considered a serious mental illness

- Other factors included:
  - history of prior violence
  - history of childhood physical abuse
  - having a father who abused substances or had involvement with criminal justice system
  - displaying antisocial behavior
  - scoring high on anger measures

https://www.law.virginia.edu/macarthur-violence-risk-assessment-study

# MacArthur Violence Risk Assessment Study

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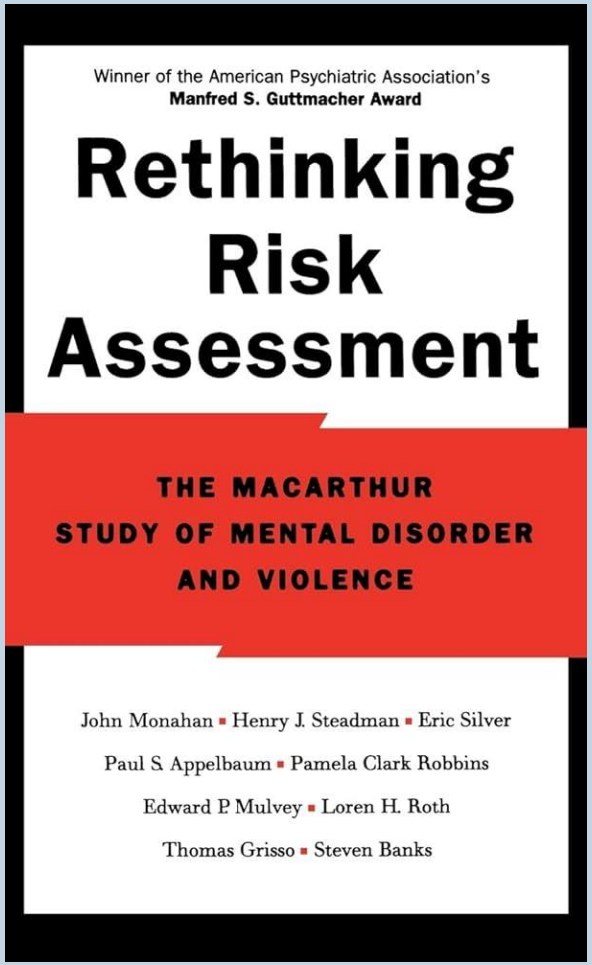
- When the team compared discharged psychiatric patients without substance use disorder with people from their same neighborhoods their rates of violence were about the same

- When neighborhoods are unsafe, poor, and high in crime, violence is an equally likely outcome whether a person has a mental illness or not.

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# Debunking Myths about Mental Illness & Violence

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## Mass Shootings

- DMS-5), outlines a catalog of diverse brain-related health conditions that impair the ability to:
  - reason and perceive reality
  - regulate mood
  - formulate and carry out plans and decisions
  - adapt to stress
  - behave and relate to others in socially appropriate ways,
  - experience empathy,
  - refrain from intentional self-injury

    — or various combinations of such problems
- A small subset of people perpetrating mass violence has one of the more severe mental illnesses or personality disorders, many do not.

(National Council for Mental Wellbeing, 2019)

# Intersection of Behavioral Health and Violence

## Intimate Partner Violence (IPV) & Suicide

1. Intimate partner violence is a precipitating factor for 4.5% of single suicides. (Kafka et al., 2022)

2. In the US, over a third of adults (36.4% of women; 33.6% of men) experience IPV in their lifetimes. IPV victimization is associated with anxiety, depression, PTSD, fear or concern for safety, and physical injury (Black et al., 2011).

3. Risk factors for experiencing IPV, either as a victim or perpetrator, include substance use, alcohol dependence, social isolation, history of childhood abuse, or witness of parental IPV, which are also correlates of suicide (Gvion & Levi-Belz, 2018).

## Intimate Partner Violence (IPV) & Suicide

4. A systematic review determined that 11 of 13 longitudinal studies showed a significant association between IPV victimization and subsequent suicide attempts among women (Devries et al, 2013).
5. Other research shows that one in five women who sought help for IPV disclosed that they had considered suicide before (Cavanaugh, et al, 2011).
6. Some studies have found a high prevalence of non-fatal suicidal ideation among IPV perpetrators (Conner, Cerulli, & Caine, 2002; Wolford-Clevenger, et al, 2017),

# Behavioral Health + Youth + Violence

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## Intimate Partner Violence (IPV) & Bullying

1. An estimated 15.5 million children in the US are exposed to IPV in their homes each year.

2. Data suggest that childhood IPV exposure is associated with adverse outcomes such as:
   - poor behavioral regulation
   - reduced cognitive functioning
   - greater aggressive behavior

3. Research suggests that children exposed to IPV are more likely to both perpetrate and fall victim to bullying than non-exposed children.

(Lee et al, 2022)

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# Behavioral Health + Youth + Violence

4. A recent national survey found that 60% of American children have been exposed to violence, crime, or abuse in their homes, schools or communities

5. 40% were direct victims of two or more violent acts.

(Office of Juvenile Justice & Delinquency Prevention,2009)

# Black Youth and Young Adults and Suicide

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- Significant rise of suicides among Black persons ages 10 to 24 years during 2018–2021; a 36.6% increase.
- Suicide was the third-leading cause of death among African Americans ages 10 to 24 years old, and African American men ages 25–34 years.
- Black students were more likely than Asian, Hispanic, or White students to attempt suicide.
- In 2021, one in five Black high school students reported seriously considering attempting suicide in the past year.

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# Black Youth and Young Adults' Unique Needs/Challenges

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## Barriers to services and risk factors:

- Bias experienced from systemic racism and discrimination
- Historical and generational trauma
- Stigma associated with seeking help
- Mistrust of the health care system
- Limited access to quality health care
- Provider shortage due to limited diverse racial/ethnic backgrounds
- Discrimination against LGBTQI+ youth

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# Community Trauma

## Types of Collective Trauma

- **Natural disasters**
- **Slavery; historical, collective, or intergenerational trauma**
- **Acts of terrorism**
- **Recession**
- **Community violence**
- **The sound of gunshots**
- **Presence of gangs**
- **Systemic racism**

- **Racial tension**
- **Witnessing police excessive force/murders**
- **Social unrest**
- **Pandemics**
- **War**
- **Mass shootings**


**2017-2021**

**2020**

**2021**

**2020-2023**

**2022; Last Week**

**2020, 2021, 2022, 2023, Last Week**


**Disaster Distress Helpline**

SAMHSA's Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. Call or Text 1-800-985-5990

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# In Times of Crisis

- During times of crisis, anyone can be at an increased risk for acting out violently because they may have a lower tolerance for frustrations when stressed.
- Important to distinguish between a diagnosable mental illness and someone with mental health needs who may benefit from behavioral health supports (American Psychiatric Association, 2013)
- Being fired from a job, the breakdown of a relationship, or the loss of a loved one can be risk factors for violence regardless of whether a person has been diagnosed with a mental illness. (National Council for Mental Wellbeing, 2019)

It's not what happens to you, but how you react to it that matters.

--Epictetus

# Implications: What Can We Do?

**Analysis of literature suggests clear missed opportunities (prevention, risk screening/assessment, early intervention, treatment, recovery) to intervene at the intersection of behavioral health and violence and related trauma:**

- Upstream primary prevention programs that address suicide and violence (R & P factors)
- Upstream mental health promotion (build resilience; maintain wellness)
- Suicide screening and referral in IPV settings (e.g., batterer intervention programs, Family Justice Centers)
- Increased school-based mental health programs, including innovative programs like Handle with Care
- Patients need to be assessed individually to identify factors that seem causally related to acts of violence in the past, and then focus on intervening with those factors to reduce future risk; e.g., making sure that people are following treatment protocols (peer support, AOT, advanced clinical skills, e.g., motivational interviewing, DBT)

# Implications: What Can We Do? (cont)

**Analysis of literature suggests clear missed opportunities (prevention, risk screening/assessment, early intervention, treatment) to intervene at the intersection of behavioral health and violence and related trauma:**

- Criminal justice/law enforcement reforms
- Scale community crisis, treatment, and recovery services and supports
- Workforce strategies (education; recruitment and retention; peer supports; faith-based programs)
- Equity advocacy (social, political, economical)
- Effective partnerships/collaborations
  - Public/private
  - Community gatekeepers, trusted messengers
- Research (equitable)
- I commit to _____

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# 988 & Behavioral Health Coordinating Office

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# The Role of SAMHSA: The 988 Lifeline and Behavioral Health Crisis Services Transformation

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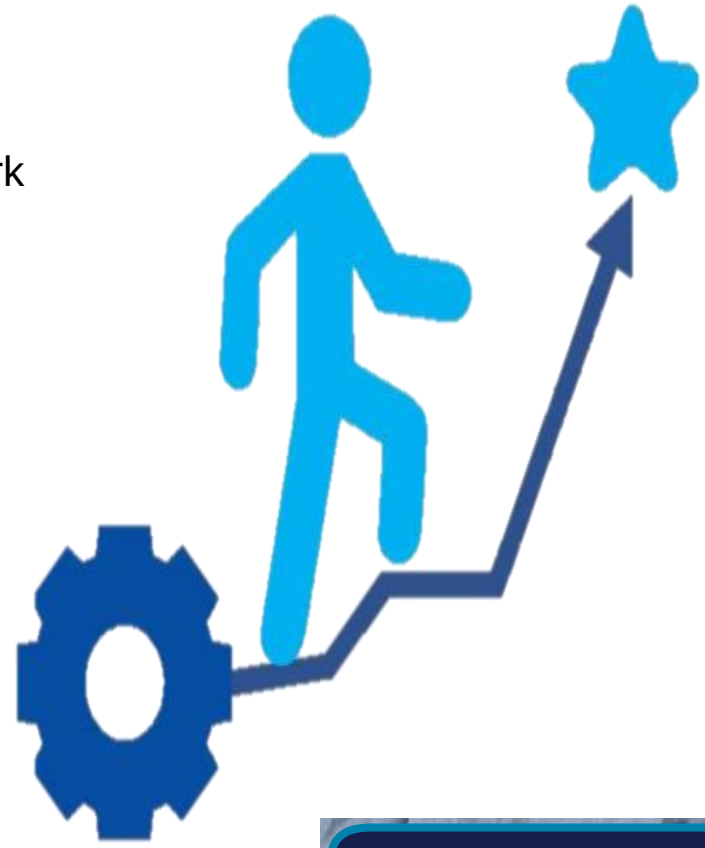
## Serve as **lead federal organization** of the **988 Suicide & Crisis Lifeline**

- Manage cooperative agreement with the 988 Lifeline network administrator
- Provide funding to help administrator, states, territories, and tribes strengthen 988 Lifeline services
- Align and coordinate 988 Lifeline communication with external partners and network administrator
- Lead behavior change communication campaigns

## Serve as **lead federal organization** for **behavioral health crisis services transformation**

- Articulate long-term vision for crisis services
- Coordinate federal action within SAMHSA, across HHS, and with federal partners
- Drive strategic partnerships with states, territories, tribes, and external partners
- Disseminate data and quality standards
- Monitor, evaluate, and communicate effectiveness



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# Overarching Goals and Strategic Objectives

## Goal 1:

**Strengthening and Expanding the 988 Suicide & Crisis Lifeline**

- Improve response capacity
- Enhance equity and response quality
- Improve connectivity with local emergency services
- Advance partnerships to inform and expand public awareness
- Coordinate communication efforts across grantees and partners
- Study knowledge, attitudes, and behaviors about suicide prevention

## Goal 2:

**Transforming America's Behavioral Health Crisis System**

- Serve as lead federal crisis services entity
- Identify and promote best practices for behavioral health crisis care, including focus on equitable access and culturally responsive interventions
- Coach partners to support the delivery of crisis best practices
- Improve data collection and evaluation
- Expand crisis workforce
- Plan for long-term sustainability

# The Behavioral Health Continuum

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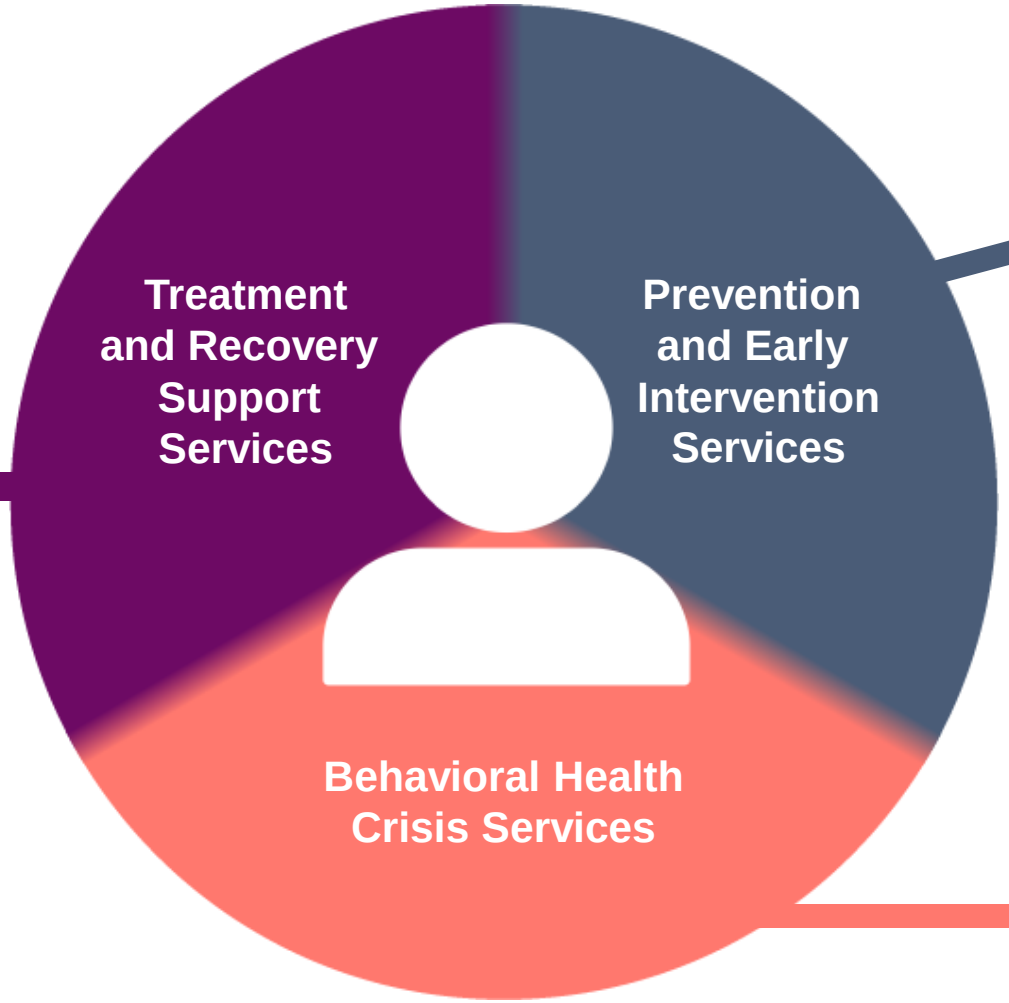
- Recovery Support Services
- Team-Based Wraparound Care
- Outpatient Services
- Assertive Community Treatment
- Residential Services
- Hospital/Intensive Inpatient Services




- Public Awareness
- Community Recovery Capital
- Outreach
- Screening/Brief Intervention
- Harm Reduction
- Drop-in Services

- Suicide and Crisis Prevention Lifeline
- Mobile Crisis Teams
- Crisis Receiving and Stabilizing Facilities
- Peer Respite Centers
- First Responders
- Withdrawal Management

**Across the continuum, it is critical to achieve a seamless integration of crisis services for both mental and substance use disorders**

*SOURCE: SAMHSA Advisory, "Peer Support Services in Crisis Care", June 2022

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# The Need for 988

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## According to CDC and NSDUH data, in 2021

- Nearly 900,000 youth ages 12–17 and 1.7 million adults attempted suicide.
- There was approximately one death by suicide every 11 minutes.
- Suicide was the second-leading cause of death for people ages 10–14 and 25–34 years.
- Suicide rates increased significantly among non-Hispanic Black & American Indian and Alaska Native people.
- More than 107,000 people died from drug overdoses. (CDC December 2022 NCHS Data Brief)

**Too many people across the U.S. experience suicidal, mental health, and/or substance use crises without the support and care they need.**

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# Vision for the 988 Lifeline and the Crisis Care System

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Someone to talk to. Someone to respond. A safe place for help.

## 988 Lifeline:

An important step toward achieving part of that vision – providing someone to talk to.

## Crisis Care System:

A robust system that provides the crisis care needed anywhere in the country.

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# 988 Lifeline Vision: Someone to Talk to

The 988 Suicide & Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline, helps thousands of people overcome crisis situations every day.

**Proven to work** – Our research has shown that after speaking with a trained 988 Lifeline crisis counselor, most callers are significantly more likely to feel:

- less depressed
- less suicidal
- less overwhelmed
- more hopeful

# 988 Performance Metrics: The First Year

## More people are getting connected to care than ever before

- The **988 Suicide & Crisis Lifeline** has received more than **5 million** contacts (calls, texts, and chats) in its first year (July 2022 to July 2023).
- That's **nearly 2 million more** than the previous 12 months and significantly improved how quickly contacts were answered.
- Calls answered increased by **46%**, chats increased by **141%**, and texts increased by **1135%**.
- During that same timeframe, there was a significant improvement in how quickly contacts were answered – from 2 minutes and 39 seconds to **41 seconds.**

# 988 Lifeline Vision: Someone to Respond. A Safe Place for Help.

**A fully transformed crisis care system with the 988 Lifeline at its core will not happen overnight, but the vision remains clear:**

Robust, nationwide crisis care response

988 Lifeline connects all people to community-based:

- Mobile crisis care
- Stabilization centers
- Providers
- Tools and resources
- Behavioral health crisis services

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# Someone to Respond

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## Alternative Crisis Response

### Mobile Crisis Teams

behavioral health professionals who provide care and short-term management for people experiencing severe behavioral crises


### Co-responder Teams

a specially trained law enforcement officer and a mental health crisis worker respond together to mental health calls for service –or—EMT and mental health crisis worker

### Handle with Care

a system of communication between law enforcement, schools, and mental health professionals. The program provides trauma- and grief-informed care to children who have experienced or witnessed trauma.

# A Safe Place for Help

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## *Family Walk-in Center*

On November 1, 2021, McNabb Center opened our first Family Walk-in Center (FWI) to address the emerging need for immediate and intensive crisis support for children. The Center offers these services:

- Assessment and evaluation
- Outpatient therapy
- Comprehensive Child and Family Treatment (CCFT) case management
- Medication services

***No insurance required!***

The Family Walk-in Center staff can work with families for up to **6-8 weeks**.

*The outpatient services at the Family Walk-in Center is funded through a partnership with TDMHSAS.*

McNabb Center
WELL MIND. WELL BEING

## *Children's Crisis Stabilization Unit (CCSU)*

On June 1, 2022, McNabb Center opened the first Children's Crisis Stabilization Unit (CCSU) in Tennessee!

The CCSU offers short term crisis stabilization to children and adolescents in a client centered location. The Unit offers **12 beds**, and serves children ages **4-17**. We're located on the 4th floor of East Tennessee Children's Hospital (ETCH).

- Assessment and evaluation
- Individual and family therapy
- Residential Counseling
- Medication services
- Group activities


*The Children's Crisis Stabilization Unit was funded through a $5 million grant by Substance Abuse and Mental Health Services Agency (SAHMSA) to create a crisis continuum of care for children to address the increasing mental health crisis in children and teens in East Tennessee.*

McNabb Center
WELL MIND. WELL BEING

# A Safe Place for Help

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## Family Walk-in Center



McNabb Center
WELL MIND, WELL BEING

## A new way to experience crisis!

# Transforming Crisis Care Together

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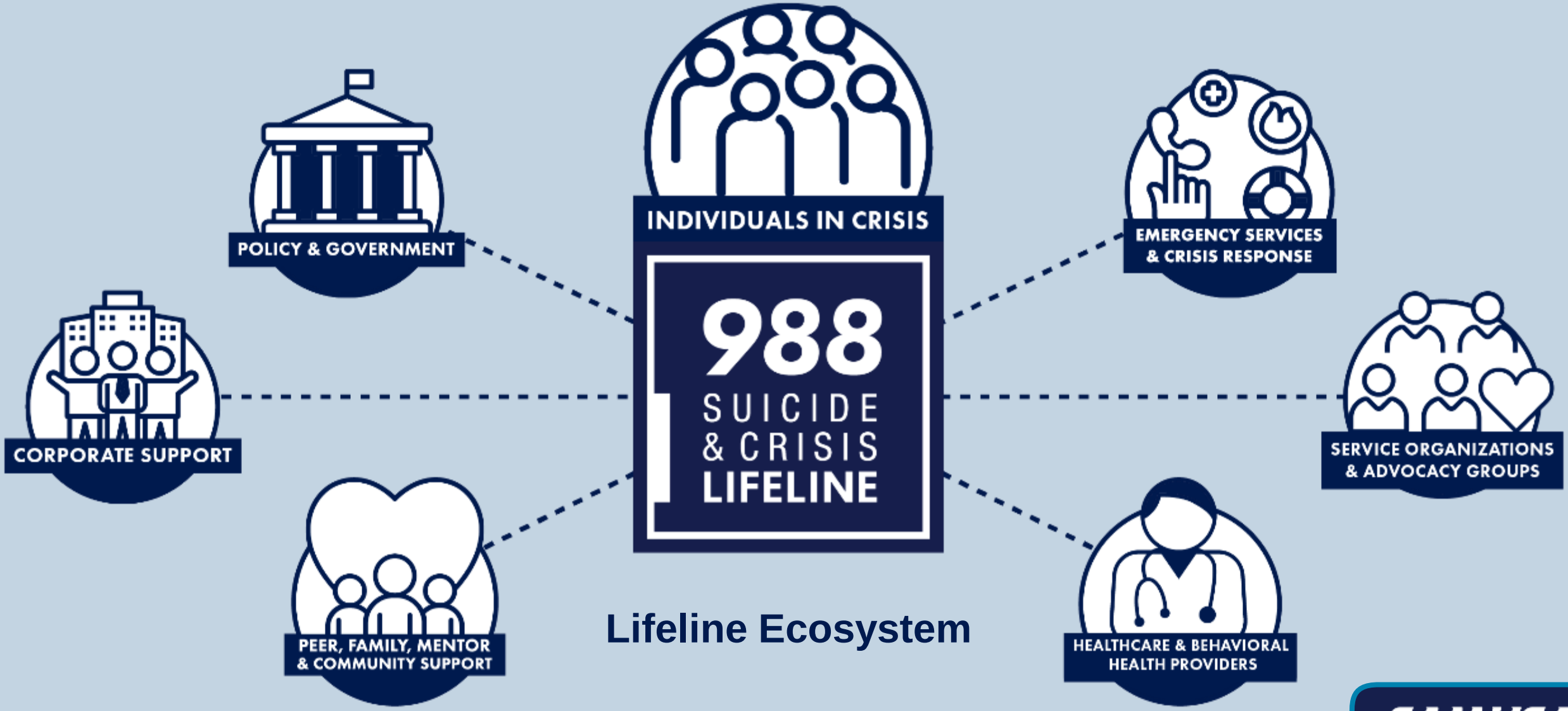


## Lifeline Ecosystem

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# Coordinated 988 and 911 Emergency Response Systems

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- Every year in the U.S. there are an estimated 240 million calls to 911. About 20% of those calls involve a mental health crisis.
- Advocates say police are trained to react quickly to potential dangers but may not be equipped to handle many mental health crises.
- Research from the Treatment Advocacy Center says that those with mental illness are 16 times more likely to be killed by police than other people approached by law enforcement.

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# The 988 Lifeline and First Responders: Strategic Goals

## Coordinated 988 and 911 Emergency Response Systems

### Policy

Advance decision making around legal issues involving first responders and the 988 Lifeline network.

### Practice

Identify best practices around 911/988 Lifeline collaboration and alternative responses to law enforcement.

### Publicity and Promotion

Educate first responder, criminal justice, emergency medical services, and other groups about the 988 Lifeline with the goals of:

- Collaborating
- Integrating of the 988 Lifeline into a network of services
- Identifying/implementing "health-first" staff trainings and resources

**Emergency response plays a critical role in transforming crisis care**

# SAMHSA Office of Behavioral Health Equity

## Mission

Advance equity in behavioral health care by tailoring public health and service delivery efforts that promote mental health, prevent substance misuse, provide treatments, and facilitate supports to foster recovery for racial, ethnic and sexual, gender minority populations and communities.

## Vision

People from racial and ethnic minorities, sexual, and gender minority populations with or at-risk for mental health and substance use conditions receive quality care, thrive, and achieve well-being.

# Behavioral Health Equity in 988 & Crisis Care

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**Equity is:**

The right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographic location, to access high-quality, affordable, and culturally responsive crisis care services and support.

**Priority Populations**

- American Indian/Alaska Native
- Asian American, Native Hawaiian, and Pacific Islander
- Black/African American
- Hispanic/Latino
- Lesbian, Gay, Bisexual, and Transgender, Queer, and Intersex (LGBTQI+)
- Youth
- Older adults
- People with intellectual and developmental disabilities
- Deaf and Hard of Hearing
- Rural
- Tribal Nations

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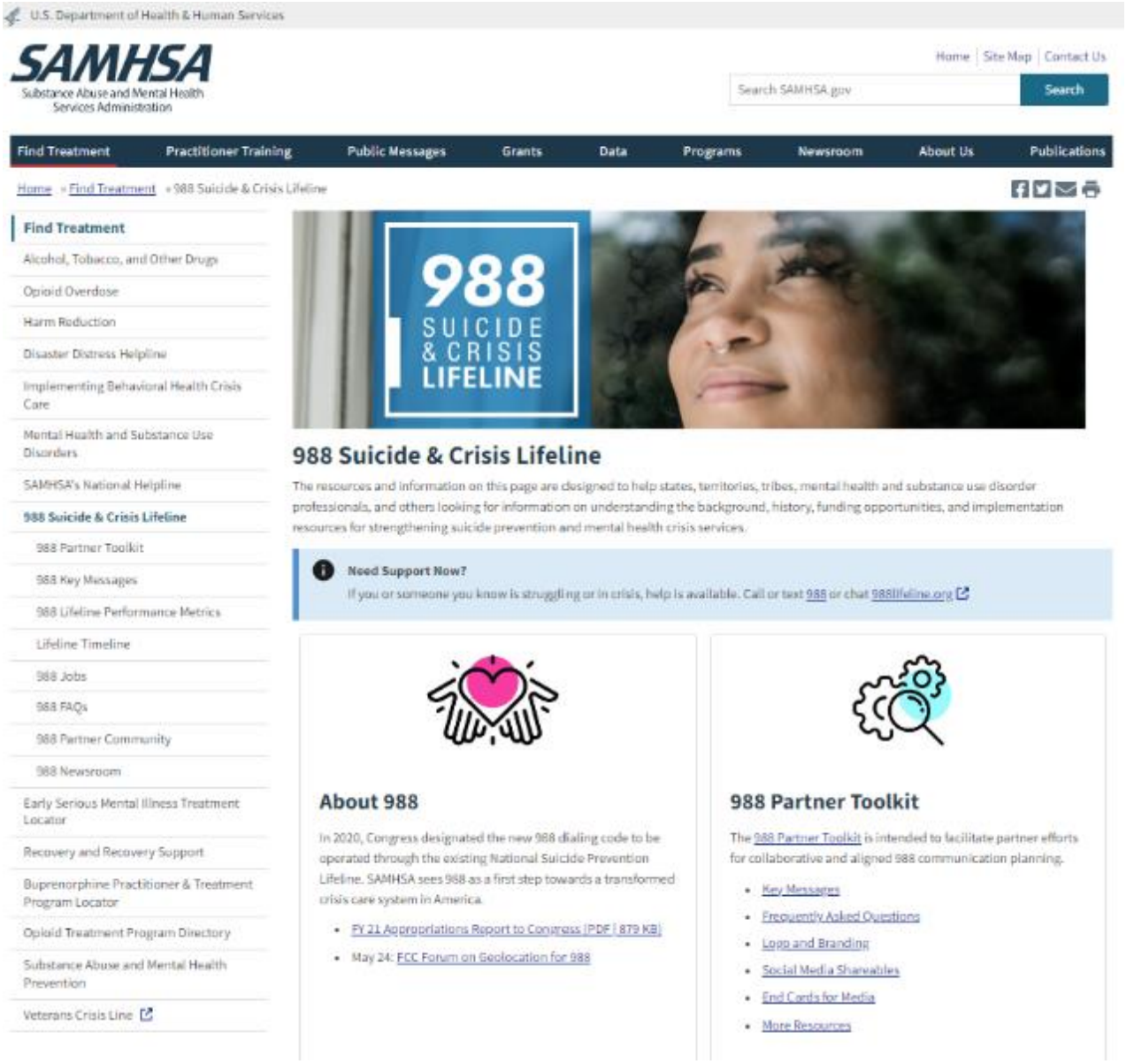
# SAMHSA 988 Webpage

## ONE-STOP-SHOP for 988 Lifeline Resources

- URL: www.samhsa.gov/988
- About 988
- Partner Toolkit
- Performance Metrics
- Lifeline History
- Funding Notice
- JOBS: www.samhsa.gov/988jobs



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# Thank you!

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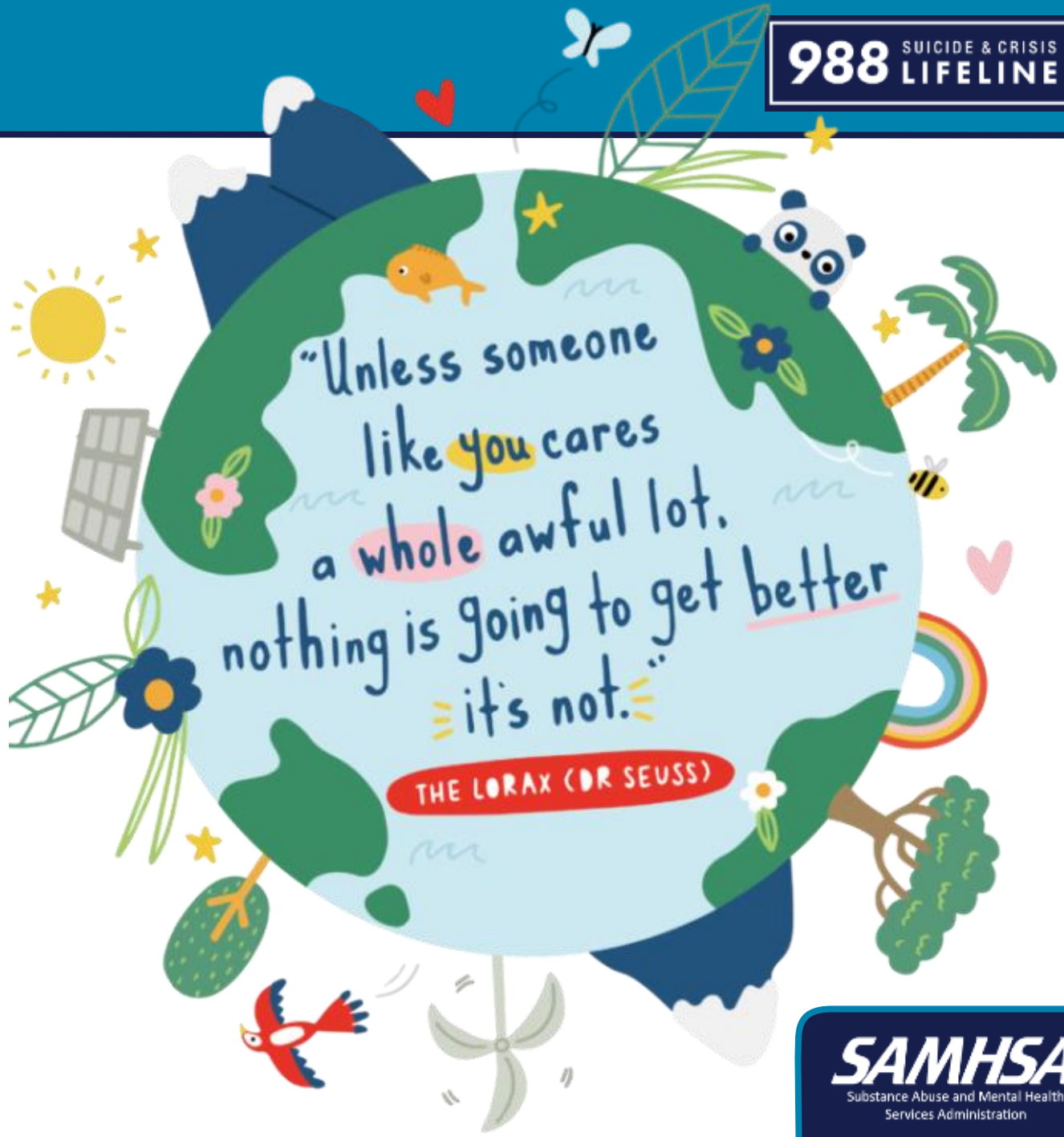


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# Thank you!

You can email questions to our team at **988Team@samhsa.hhs.gov**

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