Structured Crisis Call Training for Psychiatry Residents: Quality Improvement Project

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Introduction

- Mental health professionals are relied upon to triage patients' needs and coordinate appropriate support in times of crisis.
- Phone calls provide a timely avenue for patients in dire need of urgent mental health care.
- Calls can be made to outpatient psychiatric clinics, mental health treatment centers, or crisis hotlines.
- The National Suicide Prevention Hotline founded in 2004 has over 150 crisis centers providing toll-free 24/7 service. (1)
- Since its launch in 2007, the Veterans Crisis Line answered more than 3.5 million calls and dispatched emergency services nearly 100,000 times. (2)
- Approximately 84% of calls from Veterans with recent suicidal ideation or a suicide attempt history have a favorable outcome; 25% ended with resolution of distress and 59% resulted in acceptance of a referral.
- Findings suggest the Veterans Crisis Line is a useful mechanism for high-risk Veteran callers. (3)
- Crisis line callers with prior VA service use (91%) were older, had more mental health disorders, made in-person contact more quickly, and used more outpatient mental healthcare (within one week). (4)

Problem
- Residents do not receive a formal training in handling crisis phone calls
- Residents are frequently required to respond to such phone calls

Intervention
- Establishing structured guideline.
- Conducting training sessions.

Methods

1. **Literature** and models of crisis lines were reviewed.
2. **Meeting** with suicide prevention coordinators and psychiatrists were conducted to identify training structure.
3. A structured **guide** was established to assist the residents in navigating the response to crisis calls.
4. **A 90-minute training session** was designed to educate residents in training about responding to crisis calls.
5. **Second year residents** were chosen to receive the training for their in-house calls and outpatient experience.
6. Anonymous **surveys** to capture the residents' experience and feedback were collected before and after the training session.
7. **Results** were analyzed and reviewed with the residents.

Structure and Prioritization during Crisis Call

Seeking Identification

Name	Social security number	Location	Phone number

Maintaining Contact

Attempt to keep patient on the phone while exploring the crisis and seeking help

Risk Assessment

CSSRS	Substance intoxication	Access to guns	Safety plan

Seek Help

Calling local authorities	Provide Info.	Patient name, identifying data Address Phone number of patient Phone number to call back Diagnosis Behavioral flags/concerns (if present) Access to guns
	Obtain Info.	Dispatcher or officer's name Position number (if dispatcher) Badge number (if officer) Phone number
Texting national veteran crisis line		

If Communication Is Lost (Patient Hangs Up)

Attempt to call back	Local authorities for welfare check

Documentation

Incident description	Risk assessment	Safety plan	Outcome

Communication with Supervising Attending

Texting while in contact with patient in crisis	After call to explore outcome and next steps

Training Session

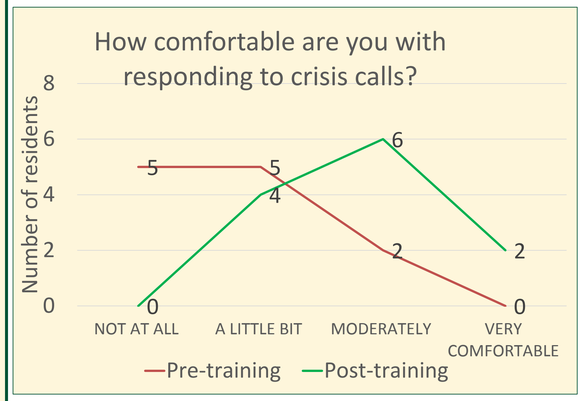
A- Introduction (15-20 minutes):
1. Pre-training assessment.
2. History and studies regarding the crisis hotline.

B- Training (60 minutes):
1. Explaining the process and structure of the suicide hotline.
2. Roleplaying high risk crisis scenarios (3):
- A call from an angry/upset patient.
- Call from an intoxicated/psychotic patient.
- Call from a suicidal patient that hangs up.

C- Assessment (10 minutes):
1. Post-training assessment.
2. Feedback and questions on how to improve training.

Results

ALL	10%	92%
Denied receiving formal training	Reported answering crisis call at least once in the past	Were interested in gaining knowledge on how to handle crisis calls



All residents • believed the training should be given early in residency

Conclusions

- Individuals experiencing acute psychiatric emergencies can make calls to crisis hotlines to access mental health professionals and receive coordinated and appropriate support. Patient calls to crisis hotlines can have favorable outcomes through safety planning and timely follow up.
- Psychiatry residents are sometimes called to assist with crisis calls and may not have sufficient training to respond to safety concerns over the phone.
- In our project, Psychiatry residents in their second year of training were taught a crisis call intervention model and participated in role play scenarios over the course of a 90-minute session. They were also provided a structured guide for future calls. Residents completed pre and post training assessments and as a group reported that training was successful in raising their individual comfort levels in managing such calls and assisting patients in mental health crisis.

Recommendations

1. The training increased residents' comfort level in responding to patients during crisis calls and should be a continued quality improvement project.
2. The training should be implemented early in the residency training.
3. Follow up on the long term outcome of the training and implement trainees' constructive feedback.

Take home message

Crisis call training should be implemented early in the curriculum of psychiatry residency training to facilitate a safe and appropriate response to patients calling in times of mental health predicaments.

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