wednesday webinar
PRESENTED BY PALMETTO CARE CONNECTIONS

Best Practices Preventing Suicide Using Telehealth

Wednesday, May 26, 11am-12pm EST

Presenter:

Jennifer Butler, LISW-CP/S
Office of Suicide Prevention
SC Department of Mental Health

This webinar is being recorded.

The webinar recording and presentation will be available after the webinar.

PALMETTO CARE CONNECTIONS™
technology. broadband. telehealth.

Best Practices Preventing Suicide Using Telehealth
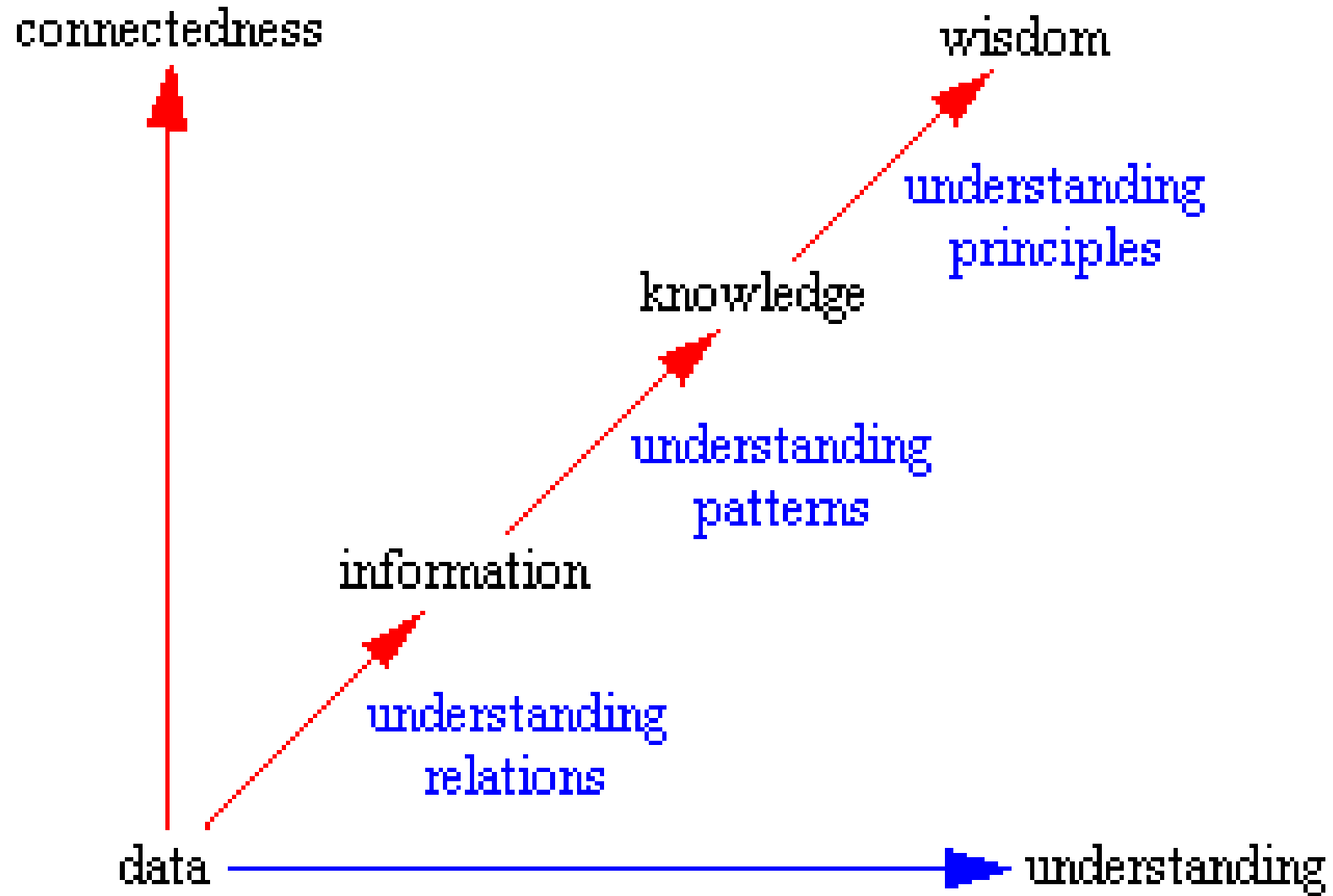
Jennifer Butler, LISW-CP/S

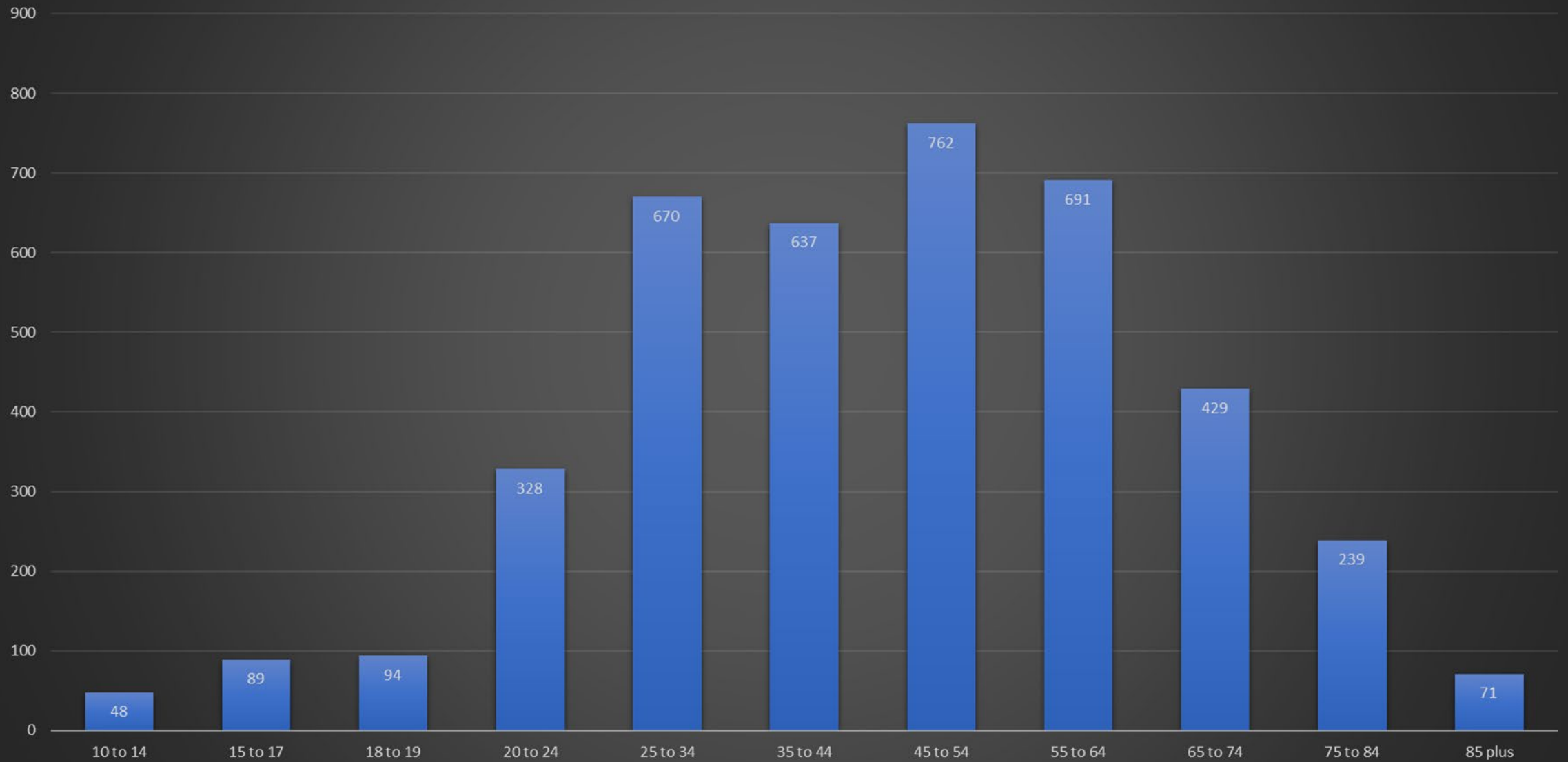SC Department of Mental Health

Office of Suicide Prevention

May 2021

- Will describe the "mental health landscape" in South Carolina.
- Will describe successes/challenges of SCDMH suicide prevention programs that transitioned from in-person to virtual, etc.
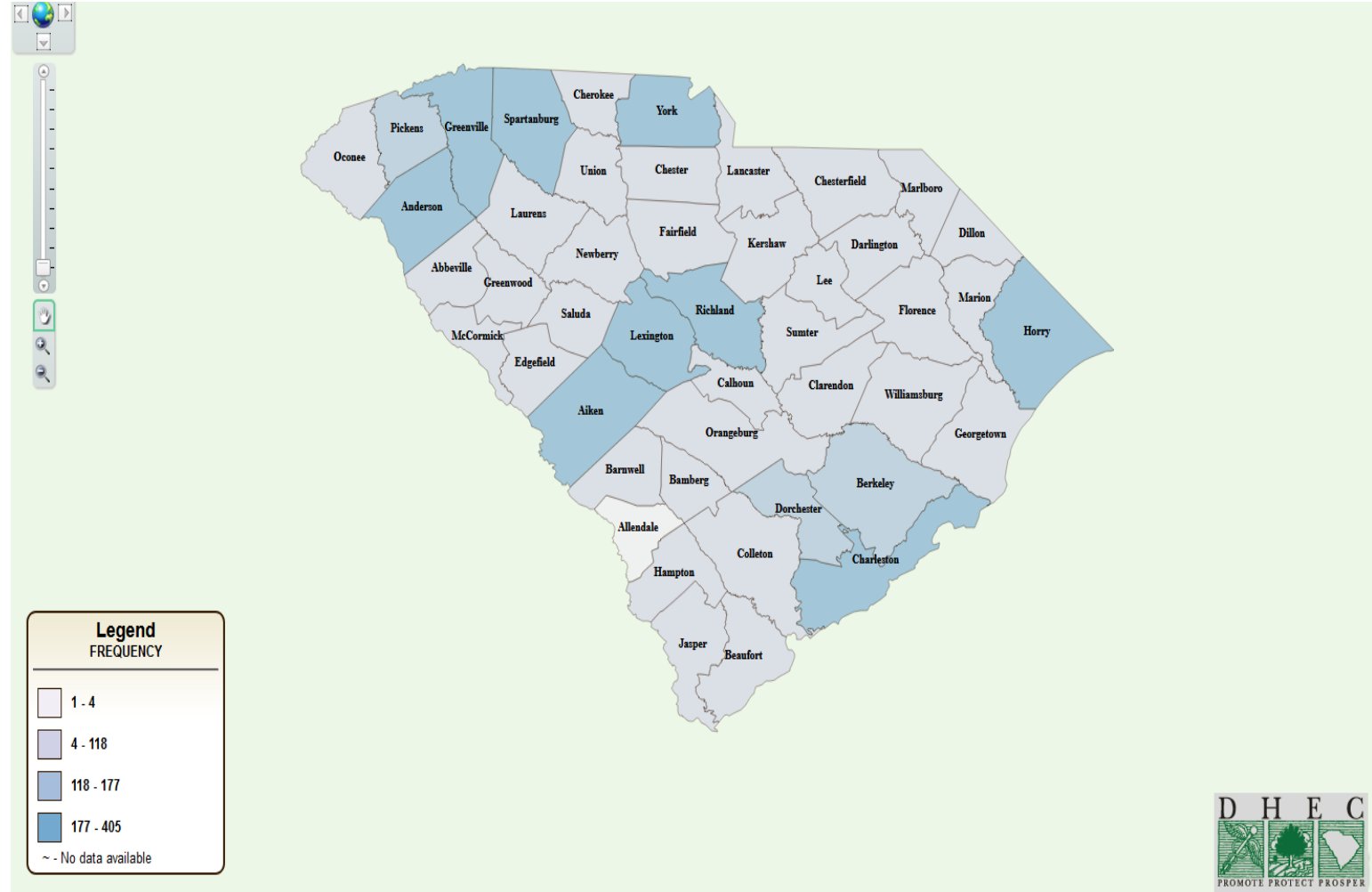- Will provide best practices for using telehealth for suicide prevention.
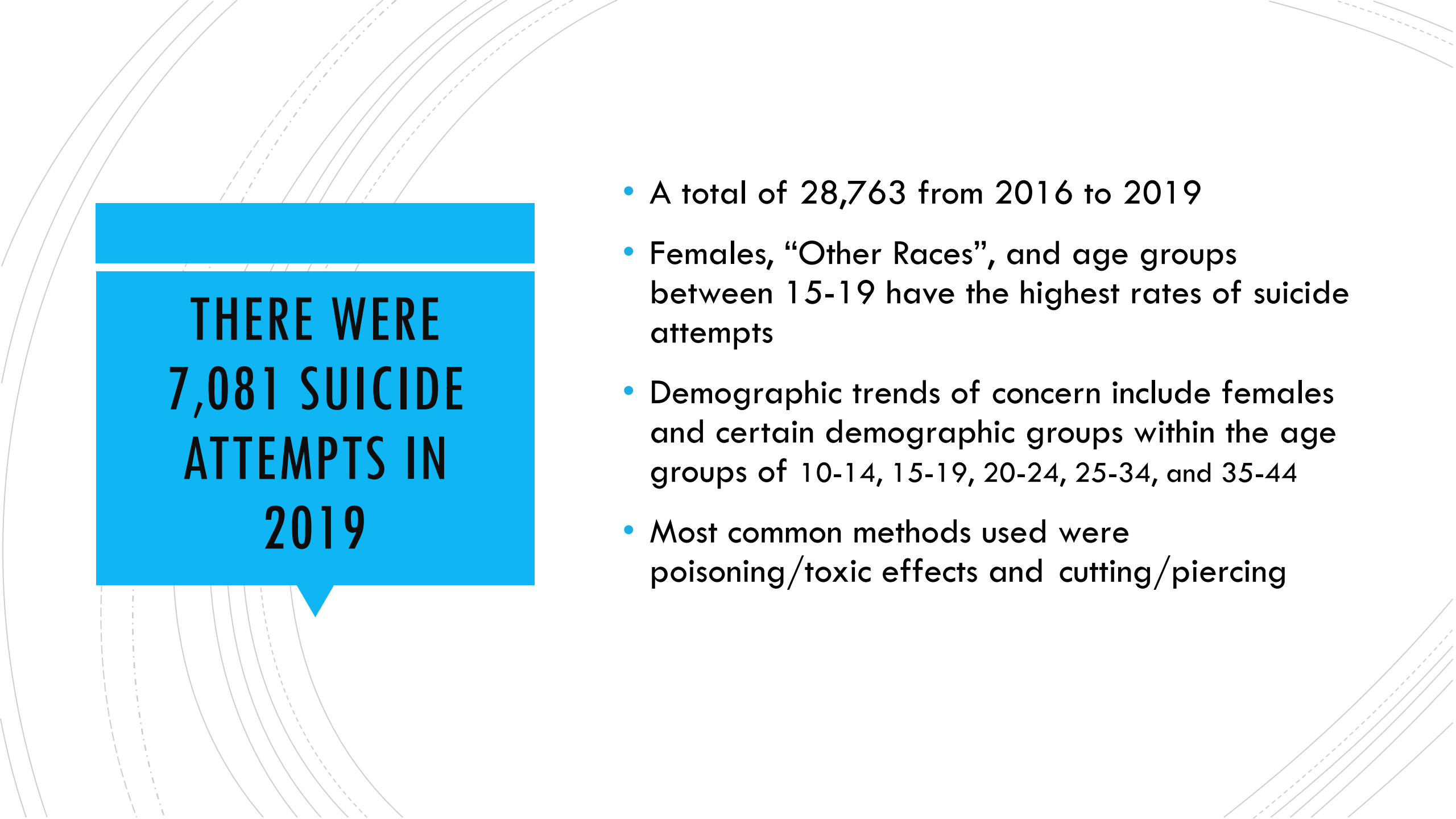
SC Suicide Death Numbers All Ages

Year	Number
2015	741
2016	818
2017	838
2018	811
2019	851

SC Suicide Death Numbers by Age Group
2015-2019

Age Group	Number
10 to 14	48
15 to 17	89
18 to 19	94
20 to 24	328
25 to 34	670
35 to 44	637
45 to 54	762
55 to 64	691
65 to 74	429
75 to 84	239
85 plus	71

SC Suicide Death
Numbers All Ages
By
County
2015 2019

THERE WERE 7,081 SUICIDE ATTEMPTS IN 2019

- A total of 28,763 from 2016 to 2019

- Females, "Other Races", and age groups between 15-19 have the highest rates of suicide attempts

- Demographic trends of concern include females and certain demographic groups within the age groups of 10-14, 15-19, 20-24, 25-34, and 35-44

- Most common methods used were poisoning/toxic effects and cutting/piercing
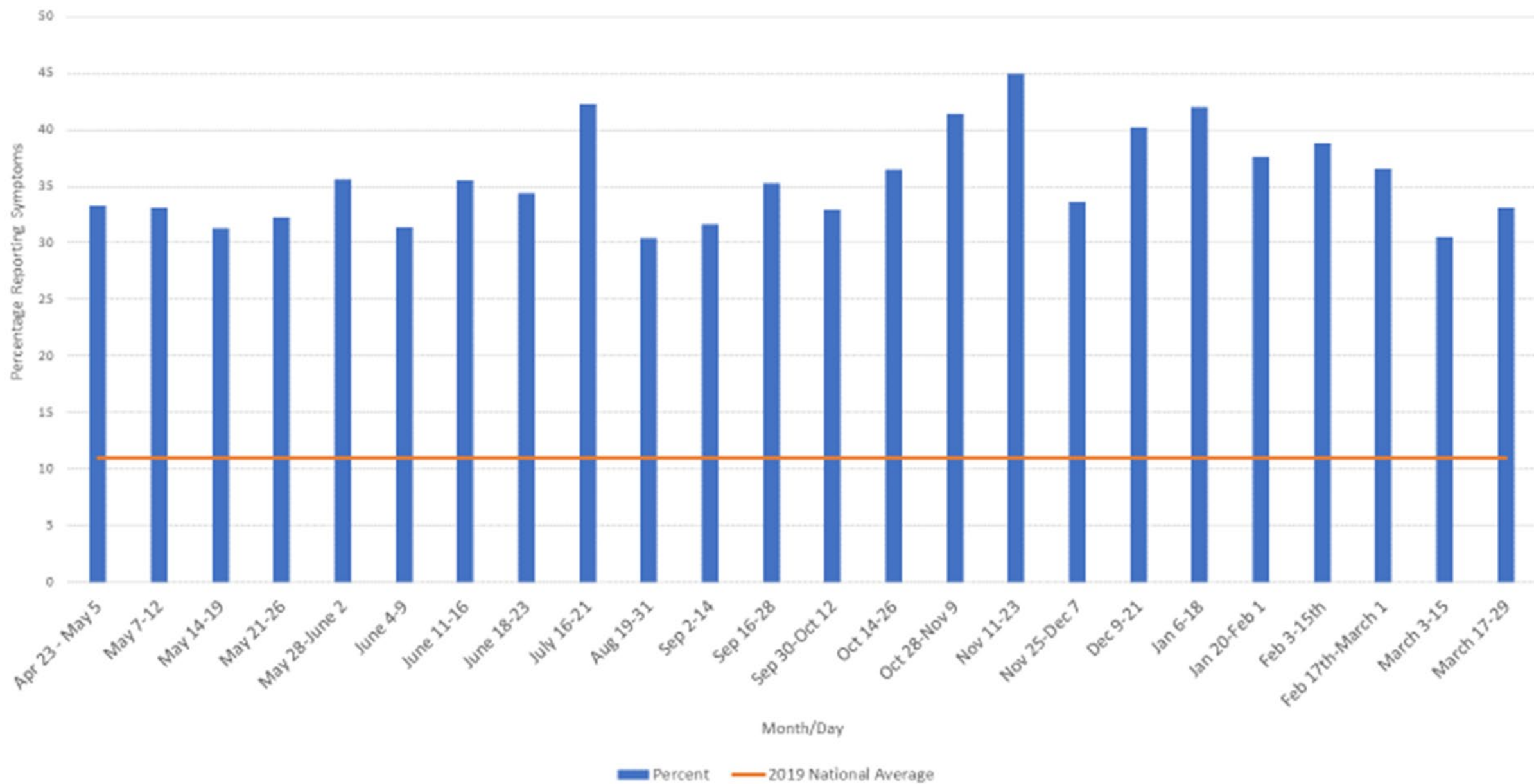
Real Time Data Report Spring 2021

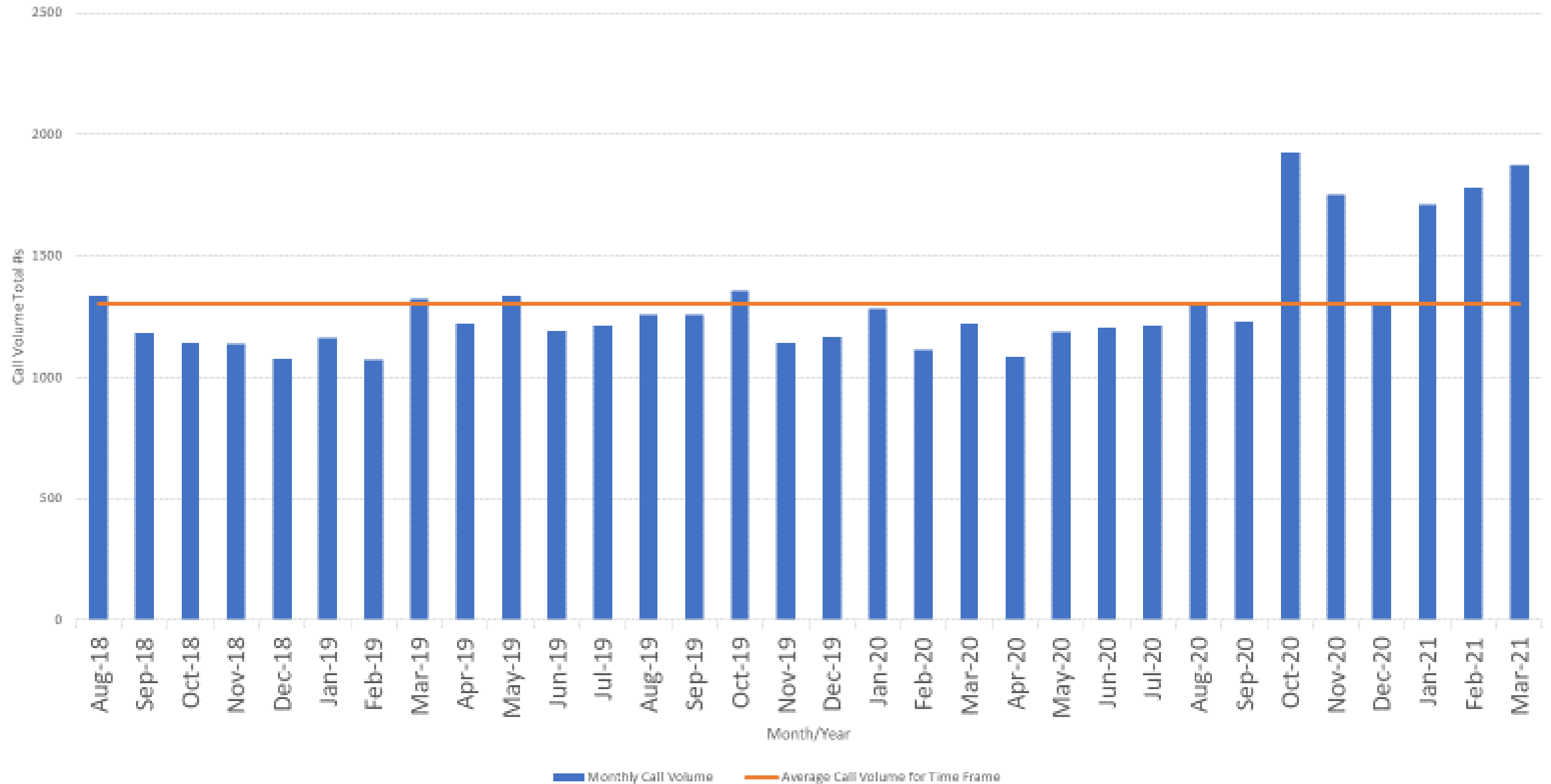There was a increased need for more real time data when COVID hit

Looking at CDC Household Pulse Survey for Depression and Anxiety and EMS Self Harm Calls

Spring 2021 report has data from Jan-March 2021

SC Adult Anxiety and Depression Rates
April 2020-March 2021

Aug 2018-March 2021
SC EMS Self Harm Calls by Month

EMS Self Harm Calls
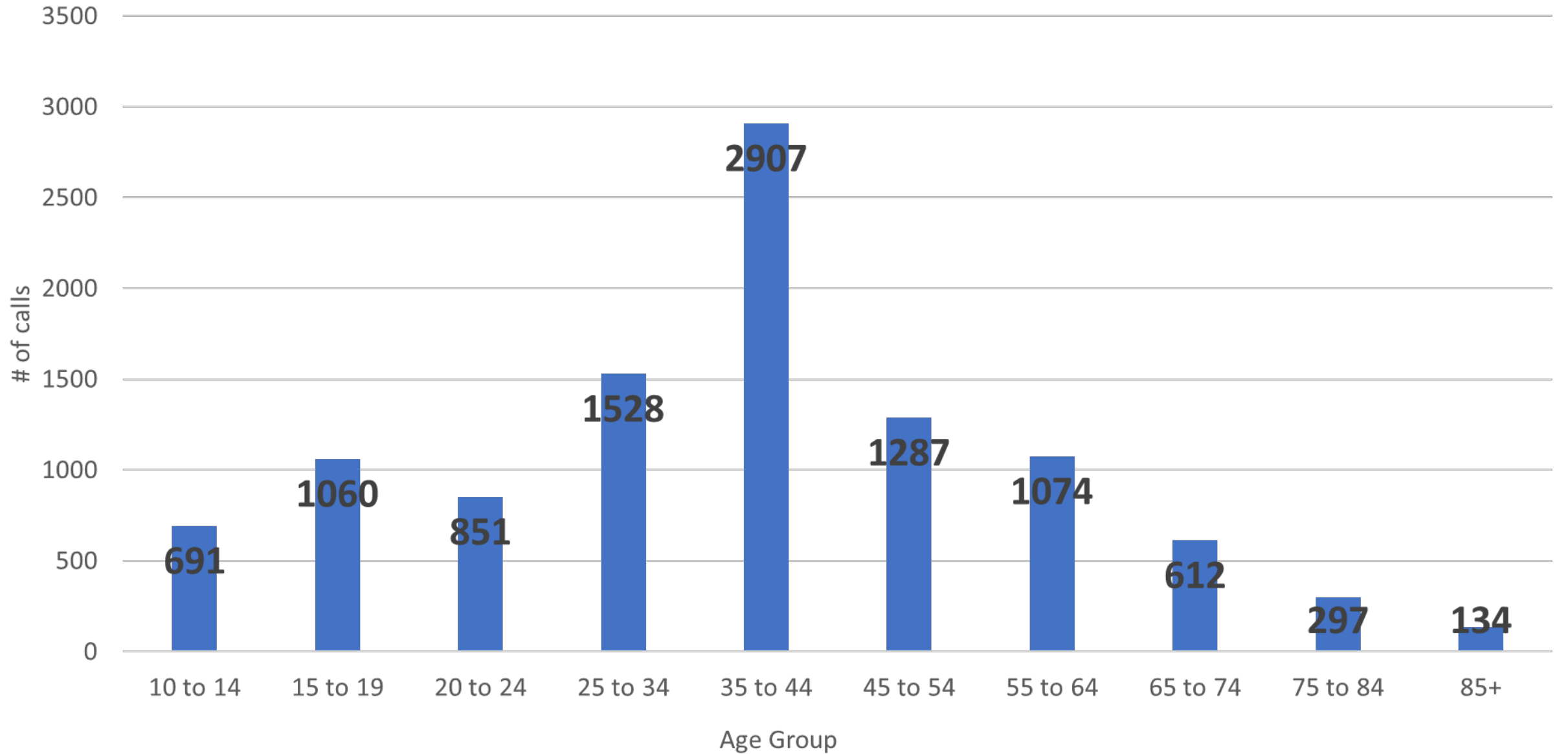## Percent Change by County
Oct 19-March 20 vs. Oct 20-March 21

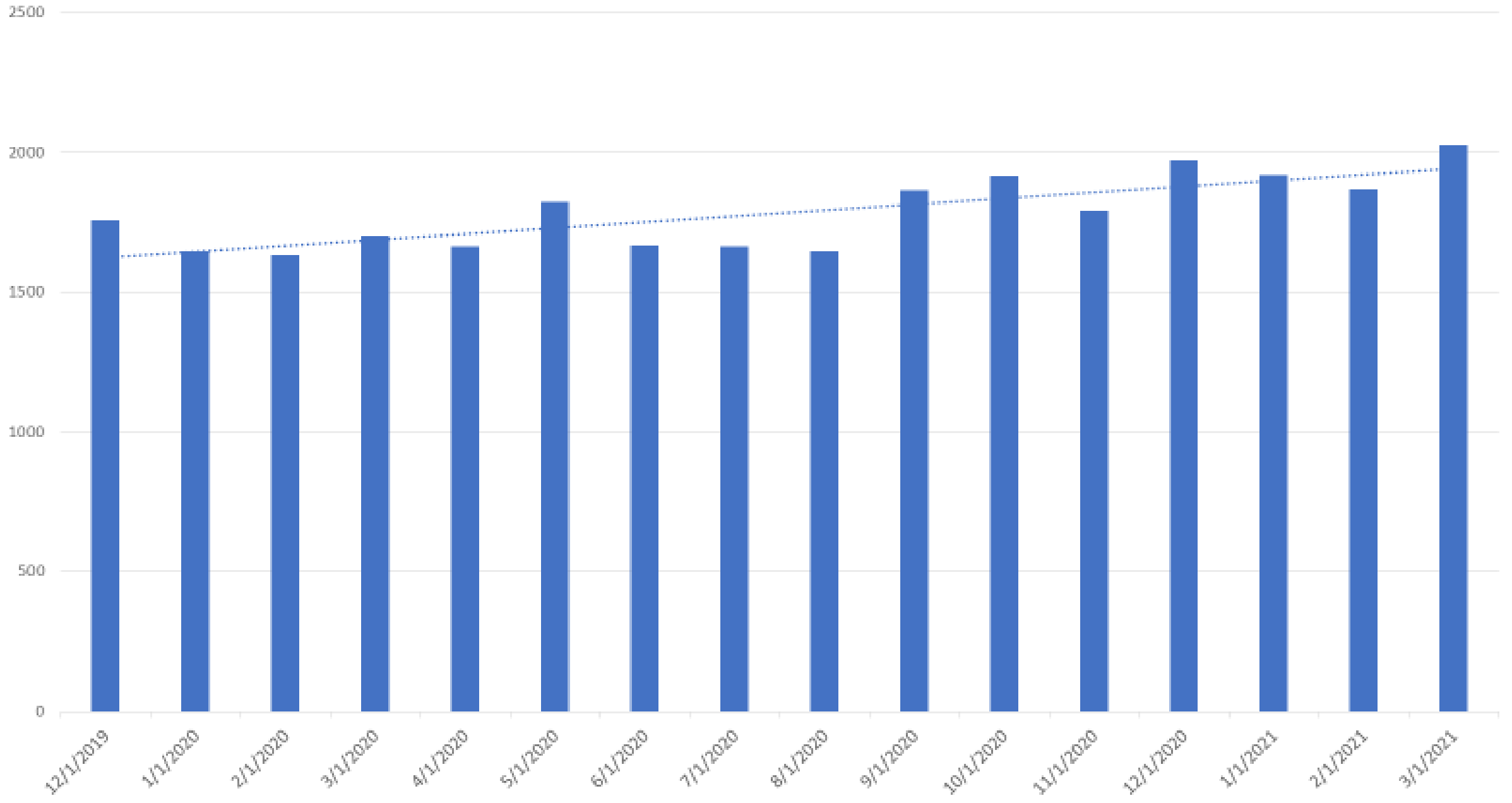| County	%	County	%	County	%
Cherokee	174%	Union	61%	Saluda	38%
Lee	150%	Lexington	59%	Aiken	35%
Fairfield	124%	Williamsburg	58%	Barnwell	35%
Chesterfield	112%	Darlington	55%	Calhoun	-35%
Orangeburg	107%	Anderson	53%	Horry	34%
Beaufort	94%	Sumter	53%	Kershaw	34%
Clarendon	84%	Allendale	50%	York	31%
Spartanburg	77%	Colleton	50%	Laurens	30%
Edgefield	74%	Dillon	50%	Florence	27%
Berkeley	71%	Marion	47%	Newberry	22%
Lancaster	67%	Dorchester	46%	Abbeville	-19%
McCormick	67%	Charleston	42%	Bamberg	18%
Jasper	65%	Greenville	41%	Marlboro	18%
Greenwood	64%	Richland	40%	Georgetown	13%
Hampton	61%	Oconee	39%	Chester	11%
				Pickens	10%

EMS Self Harm Call Volume by Age
Jan 20-March 21
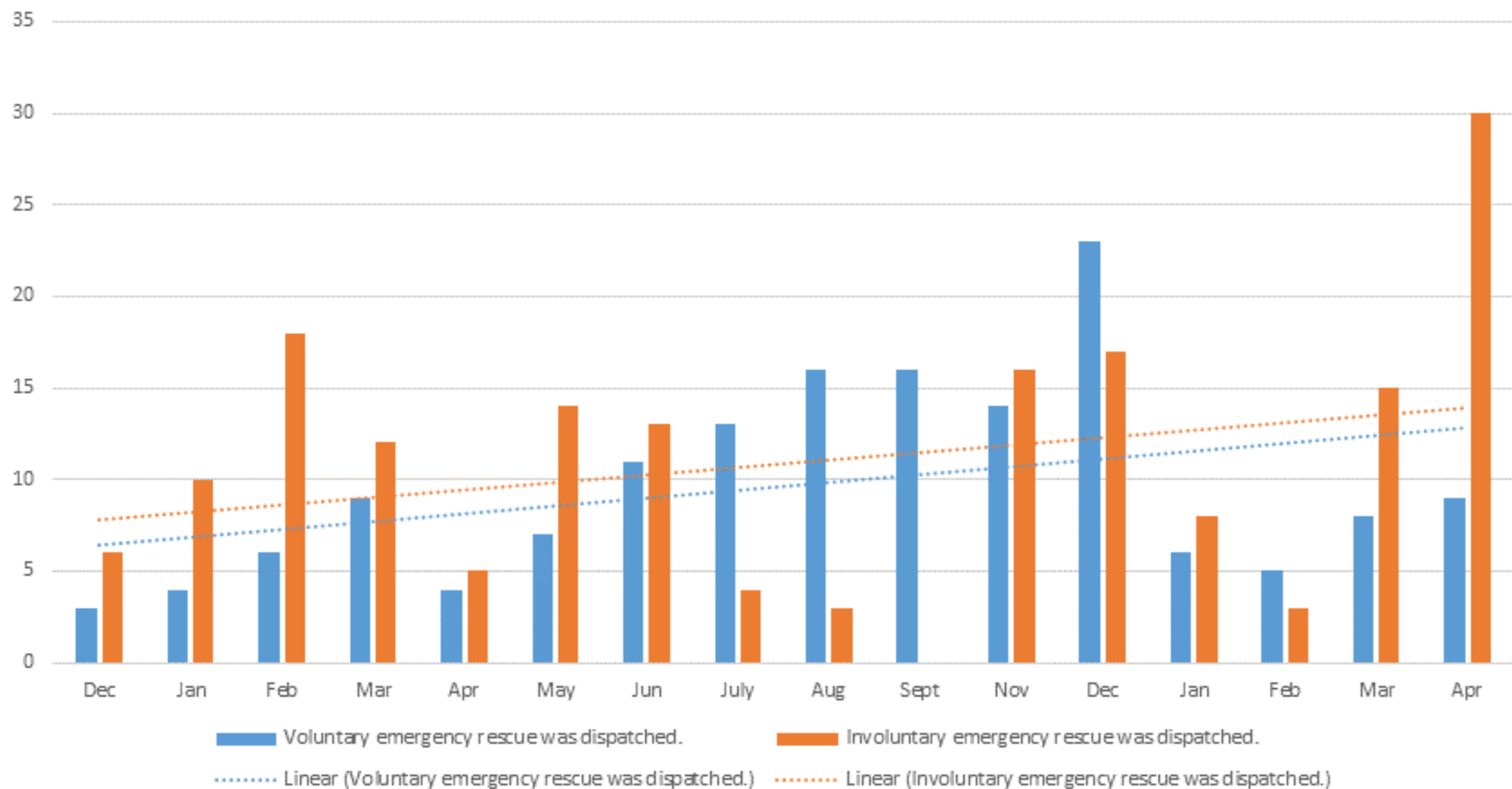
Age Category
Increases
Oct 19-March20 vs.
Oct 20-March 21

Age Category	% Change/# Change Oct 19-March 20 vs. Oct 20-March 21
10-14	60%/n=260
15-19	22%/n=194
20-24	14%/n=104
25-34	20%/n=252
35-44	160%/n=1,790
45-54	20%/n=217
55-64	19%/n=172
65-74	33%/n=152
75-84	17%/n=44
85+	16%/n=18

Calls to Lifeline/SC

Emergency Services Dispatched

| | Dec | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sept | Nov | Dec | Jan | Feb | Mar | Apr |

Voluntary emergency rescue was dispatched.

Involuntary emergency rescue was dispatched.

Linear (Voluntary emergency rescue was dispatched.)
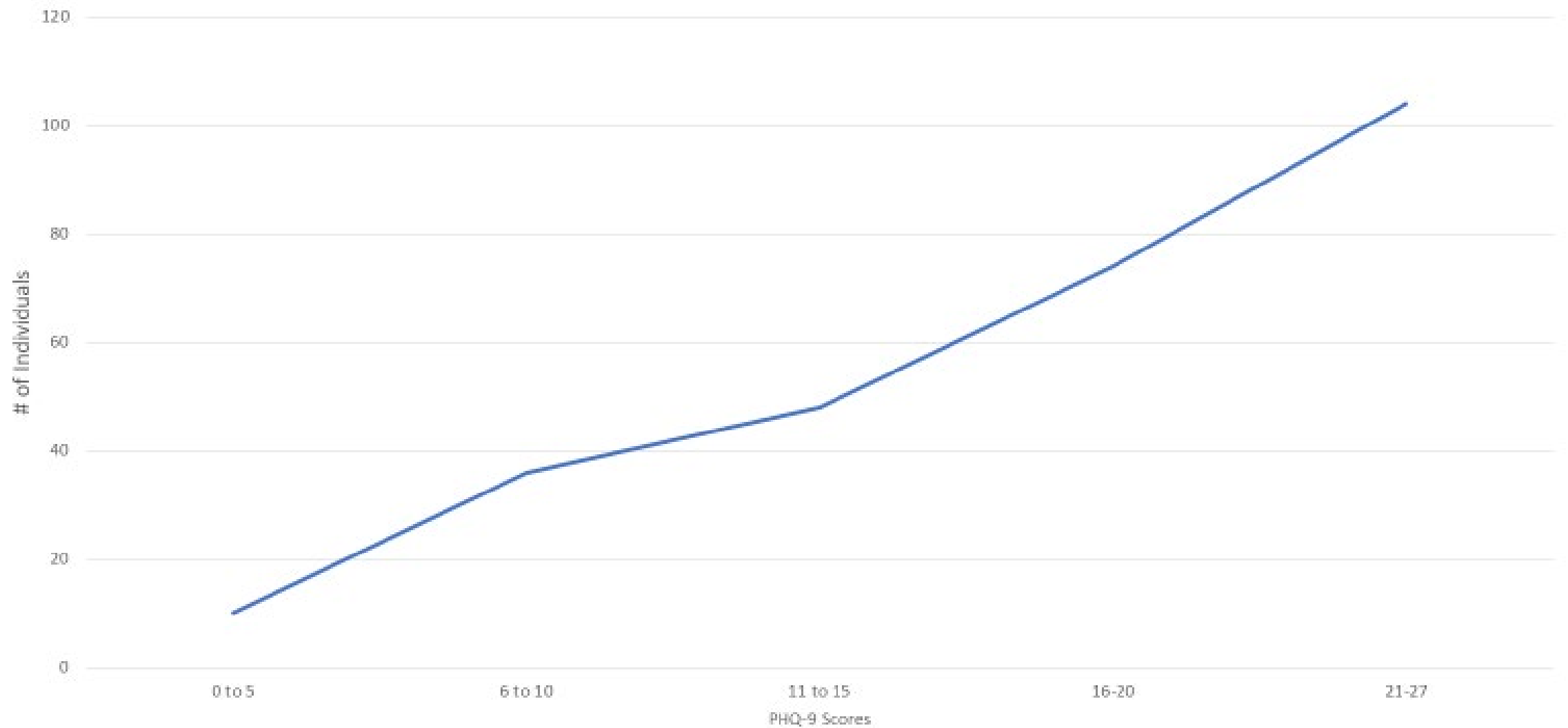
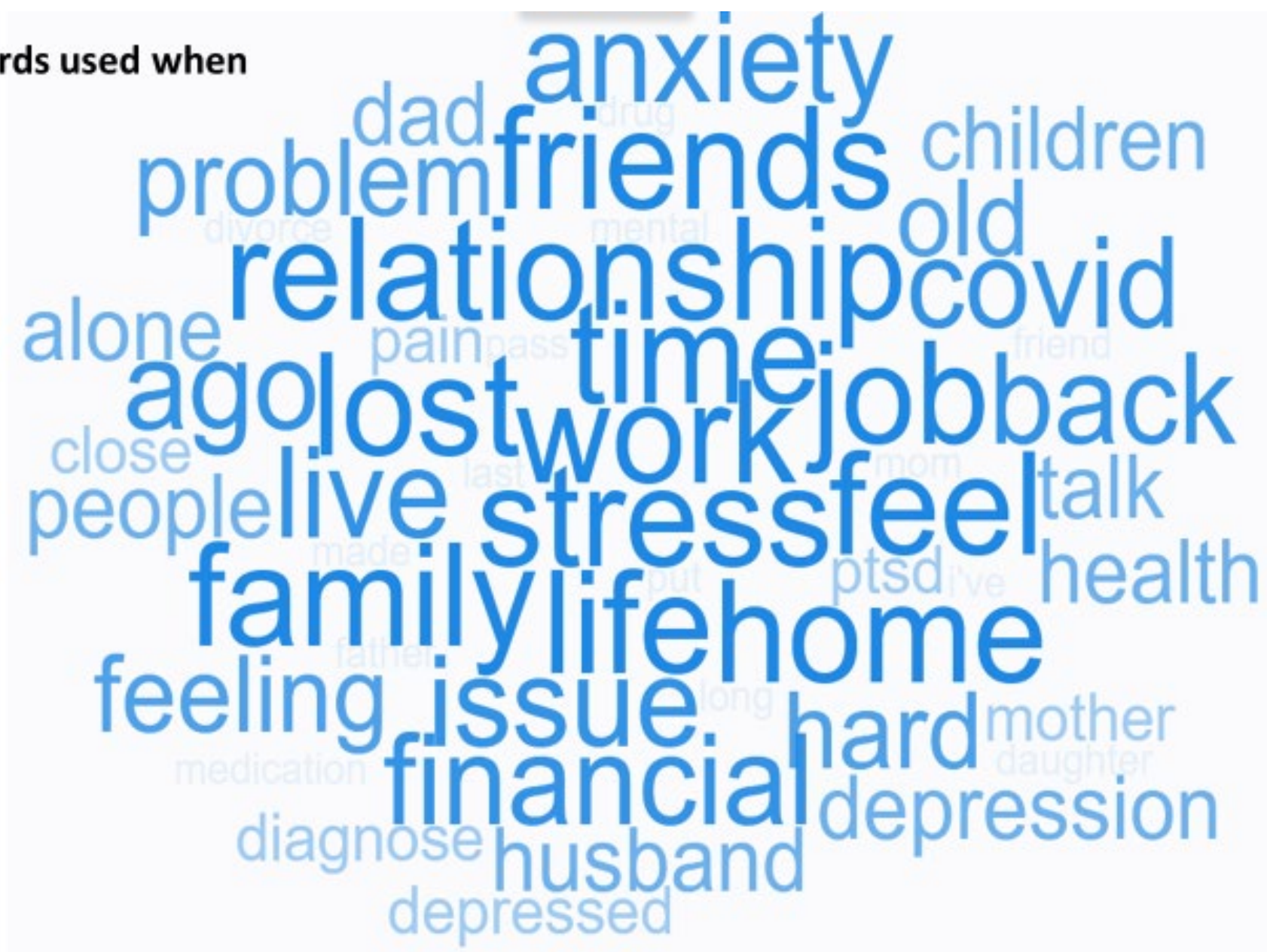Linear (Involuntary emergency rescue was dispatched.)

ISP Scores

PHQ-9 Scores

ISP most common words used when describing issues

SC Crisis Text Line

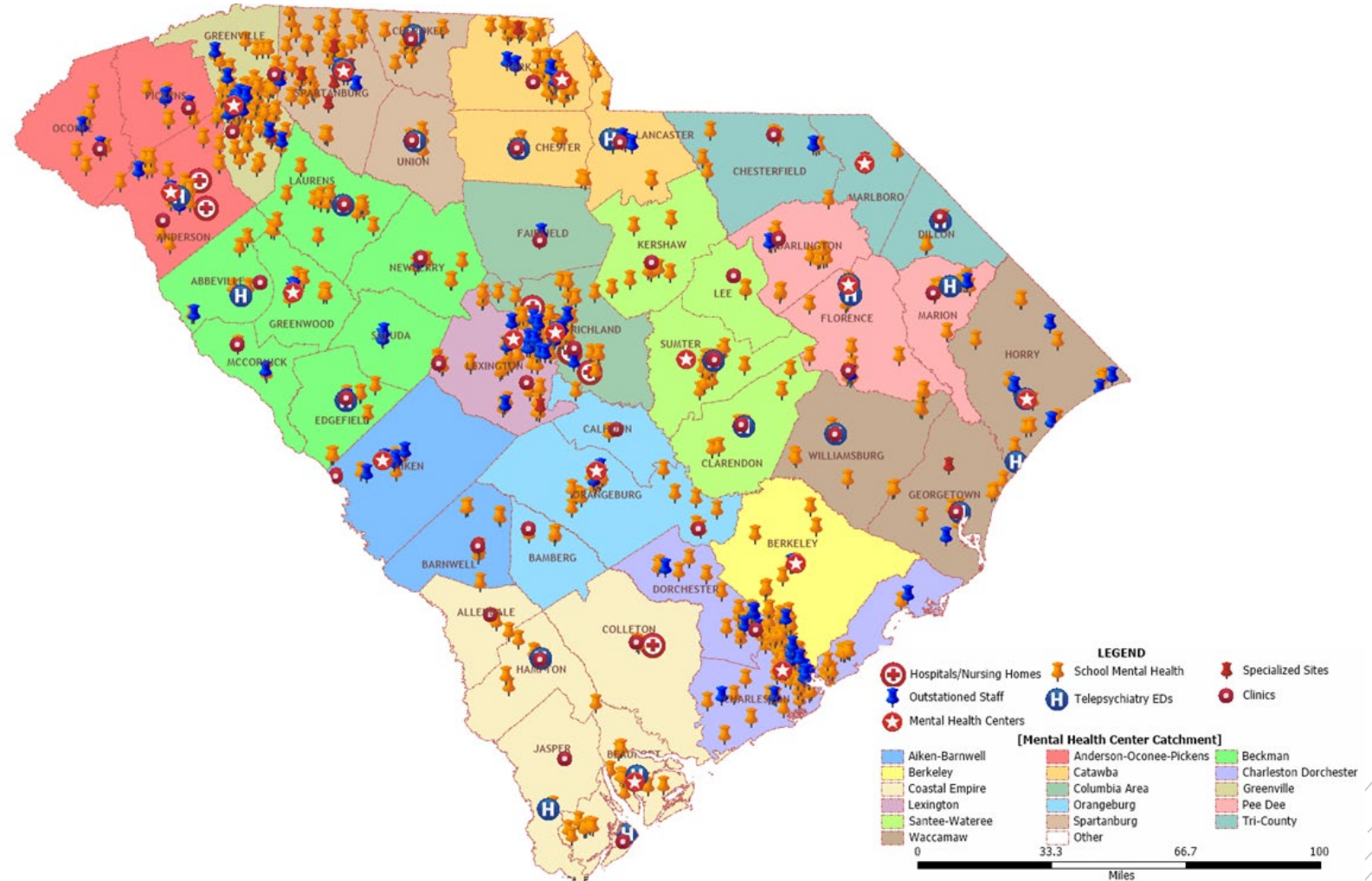- The Crisis Text Line connects people in the US, Canada, and UK to a crisis counselor 24/7.

- There were more than 36,000 conversations for South Carolinians using the Crisis Text Line from Jan. 2020-March 21.

- The #1 reason South Carolinians texted was for help with depression.

"Risk factors are not predictive factors due to protective factors." Carl Bell, MD

Protective factors

Risk factors

SUPPORT

1,000+ Portals to Access DMH Services

LEGEND

Hospitals/Nursing Homes · School Mental Health · Specialized Sites
Outstationed Staff · Telepsychiatry EDs · Clinics
Mental Health Centers

[Mental Health Center Catchment]

Aiken-Barnwell · Anderson-Oconee-Pickens · Beckman
Berkeley · Catawba · Charleston Dorchester
Coastal Empire · Columbia Area · Greenville
Lexington · Orangeburg · Pee Dee
Santee-Wateree · Spartanburg · Tri-County
Waccamaw · Other

0   33.3   66.7   100
Miles

SCDMH Tele Services

- ➢ **All** of SCDMH's Tele Services combine have totaled more than 1.5 million services

- Outpatient services provided:
- ➢ FY19 22,300 services
- ➢ FY20 258,200 services (including detention center and EMS services, they are both CMHC programs)
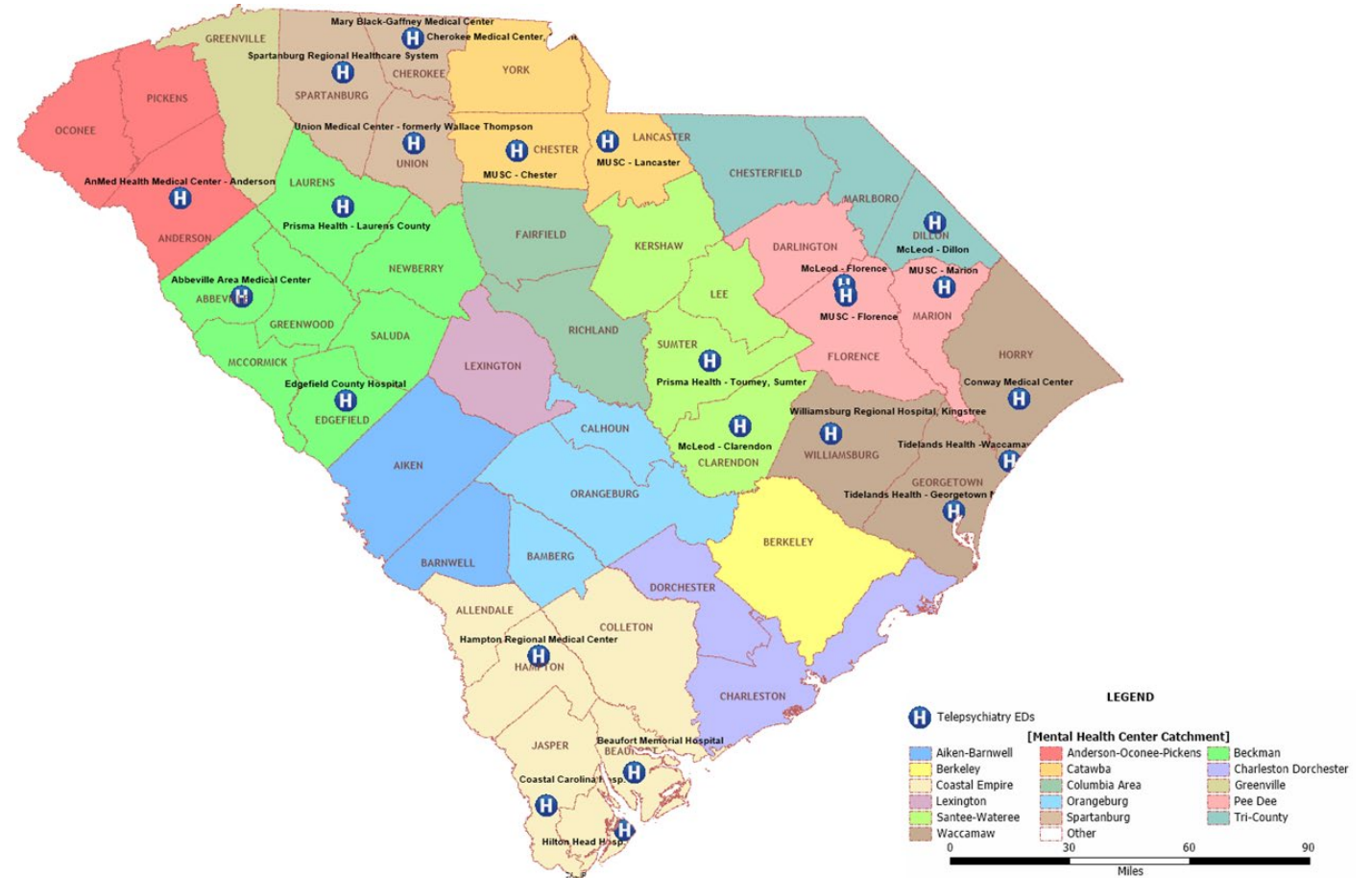
DMH Telepsychiatry Programs

Deaf Services Telepsychiatry

▸ 1. DMH Deaf Services Program - one of the earliest adopters of video technology, **starting in 1996** to use telepsychiatry to meet the needs of patients who wanted direct communication with their doctor or counselor.

▸ The pool of available clinicians who are fluent in American Sign Language is very small and, as DMH serves the entire state, required either the patient or staff drive great distances to receive or deliver services. Telepsychiatry reduces physician drive time, which allows DMH to expand the reach of its staff, enabling it to serve more patients, more frequently, and on a more flexible schedule.

▸ When given a choice, patients consistently say they would rather see a clinician who can communicate with them directly over the video system than use an interpreter.

ED Telepsychiatry

- December 2007, in a collaboration of historic significance, DMH partnered with The Duke Endowment to create an innovative solution to the overcrowding of psychiatric patients in local hospital emergency departments (EDs).

- The solution was called "Partners in Behavioral Health Emergency Services." Informally, it is referred to as the "DMH Emergency Department Telepsychiatry Program."

- It is a cutting-edge statewide service delivery model that provides remote access for emergency departments in South Carolina to psychiatrists whenever a psychiatric consultation is required.

- With on-going program evaluation from the University of South Carolina, School of Medicine, early financial support from the South Carolina Department of Health and Human Services, and initial program support from the South Carolina Hospital Association, the Program is a critical component to meeting the increased demand on emergency departments to treat psychiatric and co-occurring disorder patients.

- The approach is to impact the demand for services at the service-delivery point with a product that will augment the limited resources available in the EDs.

- It is the first of its kind nationally.

EDs Utilizing DMH Telepsychiatry

Community Telepsychiatry

- The Community Telepsychiatry Program is deployed in approximately 60 DMH Outpatient Mental Health Centers and clinics. It has approximately 50 part-time and full-time telepsychiatrists.

- The backbone of DMH's Telepsychiatry Programs is its Outpatient Electronic Medical Record (EMR).

- The Community Telepsychiatry Program started because of the need for full spectrum community mental health services in rural areas across the state.

- Built on the success of the DMH Emergency Department Telepsychiatry Program, DMH has equipped its community mental health centers and mental health clinics to provide psychiatric treatment services to its patients via telepsychiatry.

- Many DMH community mental health centers operate mental health clinics in rural counties that are distant from the main center. The use of telepsychiatry within catchment networks allows psychiatrists based at the main center to serve outlying satellite clinics without having to travel to those locations. This technology provides patients in need of mental healthcare both scheduled and urgent access to psychiatric services.

- DMH has also recruited agency psychiatrists to supplement catchment areas experiencing a shortage of available psychiatric time by utilizing telepsychiatry. These psychiatrists are located in a central geographic location and provide telepsychiatry services from that central location to locations across the state.

- Recruiting psychiatrists is challenging in many locations, especially rural areas. Driving to remote rural clinics consumes valuable time better spent serving patients.

Community Telepsychiatry

The interconnectivity of DMH's Community Telepsychiatry Programs creates state-wide access to care and efficiently deploys limited clinical resources.
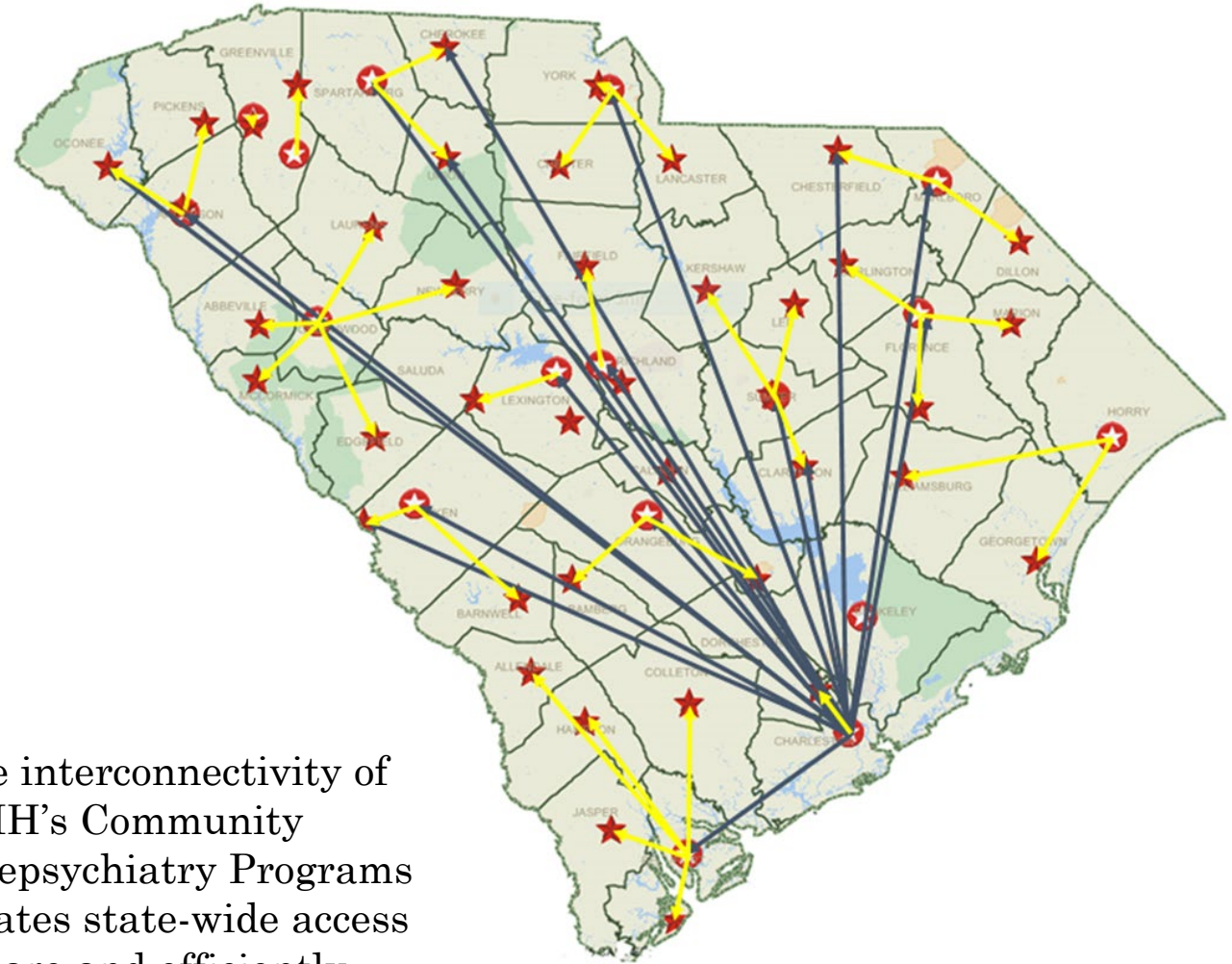
Largest DMH Telepsychiatry Programs

ED Telepsychiatry

- More than 50,000 comprehensive evaluations provided since inception
- Approximately 700 comprehensive evaluations provided per month
- More than 20 telepsychiatrists in full and part-time capacities
- Operating hours: 7:00AM-12:00AM; 365 days a year
- 23 participating hospitals
- 5 state/regional/national awards

Community Telepsychiatry

- More than 70,000 psychiatric treatment services provided since inception
- Approximately 1,800 psychiatric treatment services provided per month
- More than 50 telepsychiatrists in full and part-time capacities
- 16 participating community mental health centers and 42 mental health clinics

Mobile Crisis Telehealth Services

- In FY19, there were 930 Mobile Crisis Telehealth Services

- In FY20, there have been 85 Mobile Crisis Telehealth Services

- Using telehealth assessments has significantly decreased the amount of time needed to complete the intervention, and has allowed for the ambulance to quickly return to service without transporting to the ED

- Requires a tremendous amount of collaboration between the mental health centers, probate courts, law enforcement, and hospitals

SUPP RT

DMH Telepsychiatry Future Plans

- ▸ Program Expansion: Emergency Department Telepsychiatry Program

- ▸ Program Expansion: Inpatient Services Telepsychiatry Program

- ▸ Program Expansion: Geriatric Telepsychiatry

- ▸ Program Expansion: FQHC Partnership/Primary Care Alignment

- ▸ Expand telepsychiatry support in schools across the state

- ▸ Utilization of Nurse Practitioners (APRN)
  - ◦ DMH seeks to mitigate recruitment and retention difficulties and augment the shortage of psychiatrists by creating a varied roster of clinical care providers; specifically, utilizing APRNs

Increasing Access

DMH Treatment Providers

Red-CAMS
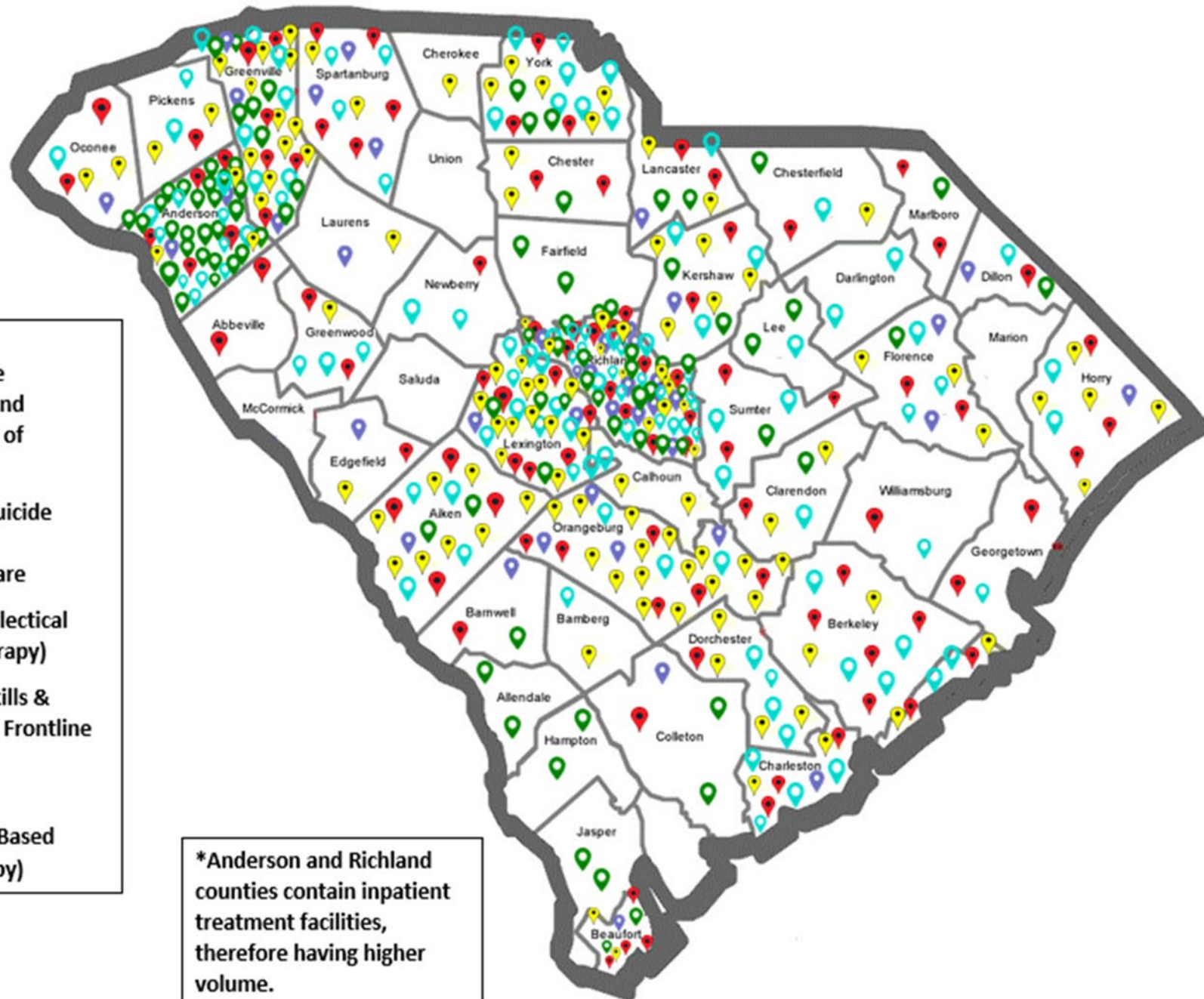(Collaborative
Assessment and
Management of
Suicidality)

Purple-CBT-Suicide
Prevention &
Depression Care

Teal-DBT (Dialectical
Behavior Therapy)

Green-DBT Skills &
Strategies for Frontline
Staff

Yellow-ABFT
(Attachment Based
Family Therapy)
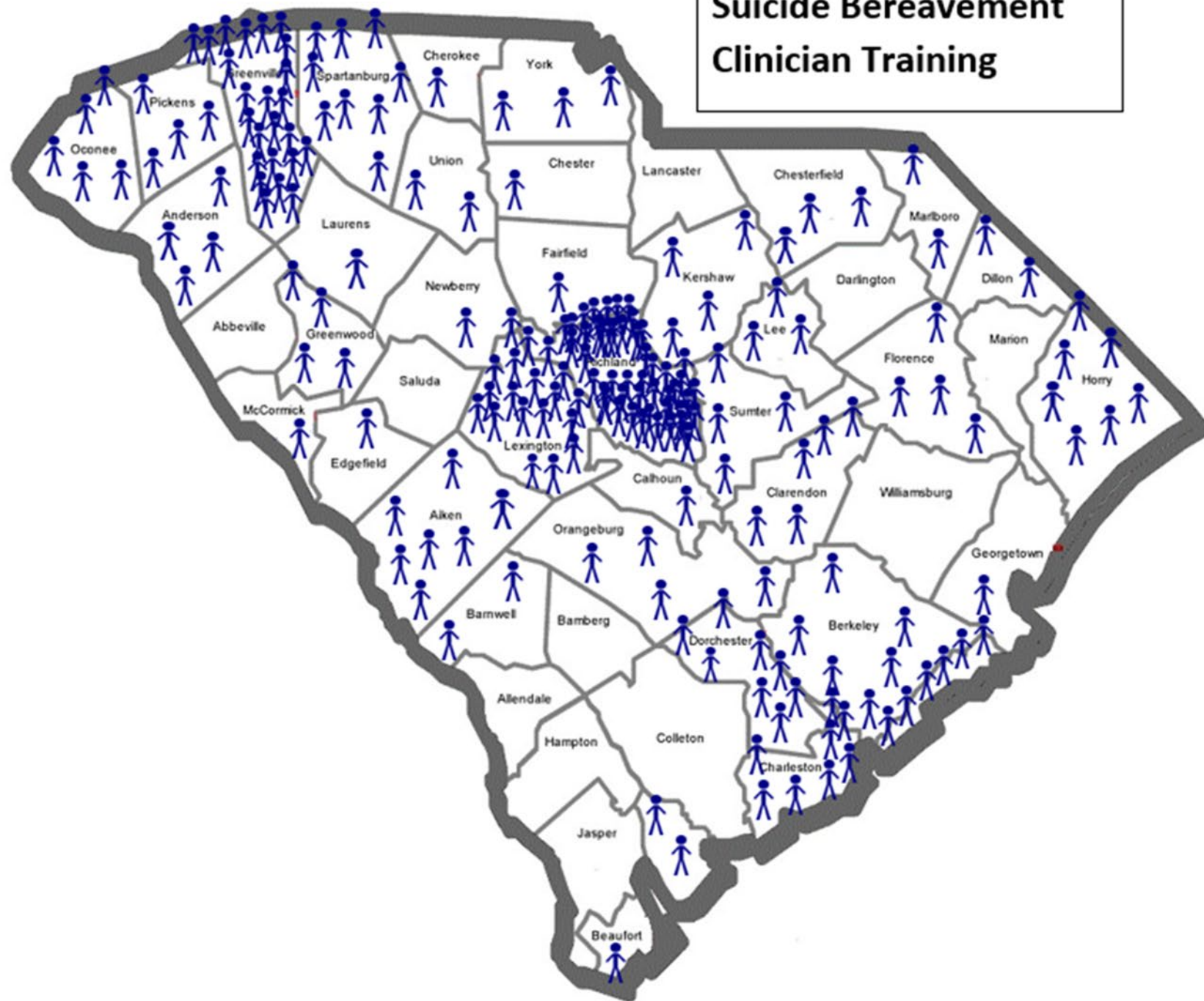
*Anderson and Richland
counties contain inpatient
treatment facilities,
therefore having higher
volume.

Suicide Bereavement Clinician Training

Suicide Bereavement Clinician Training

https://Hope.ConnectsYou.org

ZERO SUICIDE FOR COMMUNITY HOSPITAL SYSTEMS

Drive to
ZERO SUICIDE
Award

The Drive to Zero Suicide Award, part of SCHA's Zero Harm Awards, is given in partnership with the South Carolina Department of Mental Health and recognizes facilities who are embracing Zero Harm through the adoption of specific Zero Suicide strategies.

ZEROSuicide
INSTITUTE

The Zero Suicide Academy is an opportunity to learn from nationwide experts on ZeroSuicide implementation.

Location of the LivingWorks Faith Pilot Program Participants
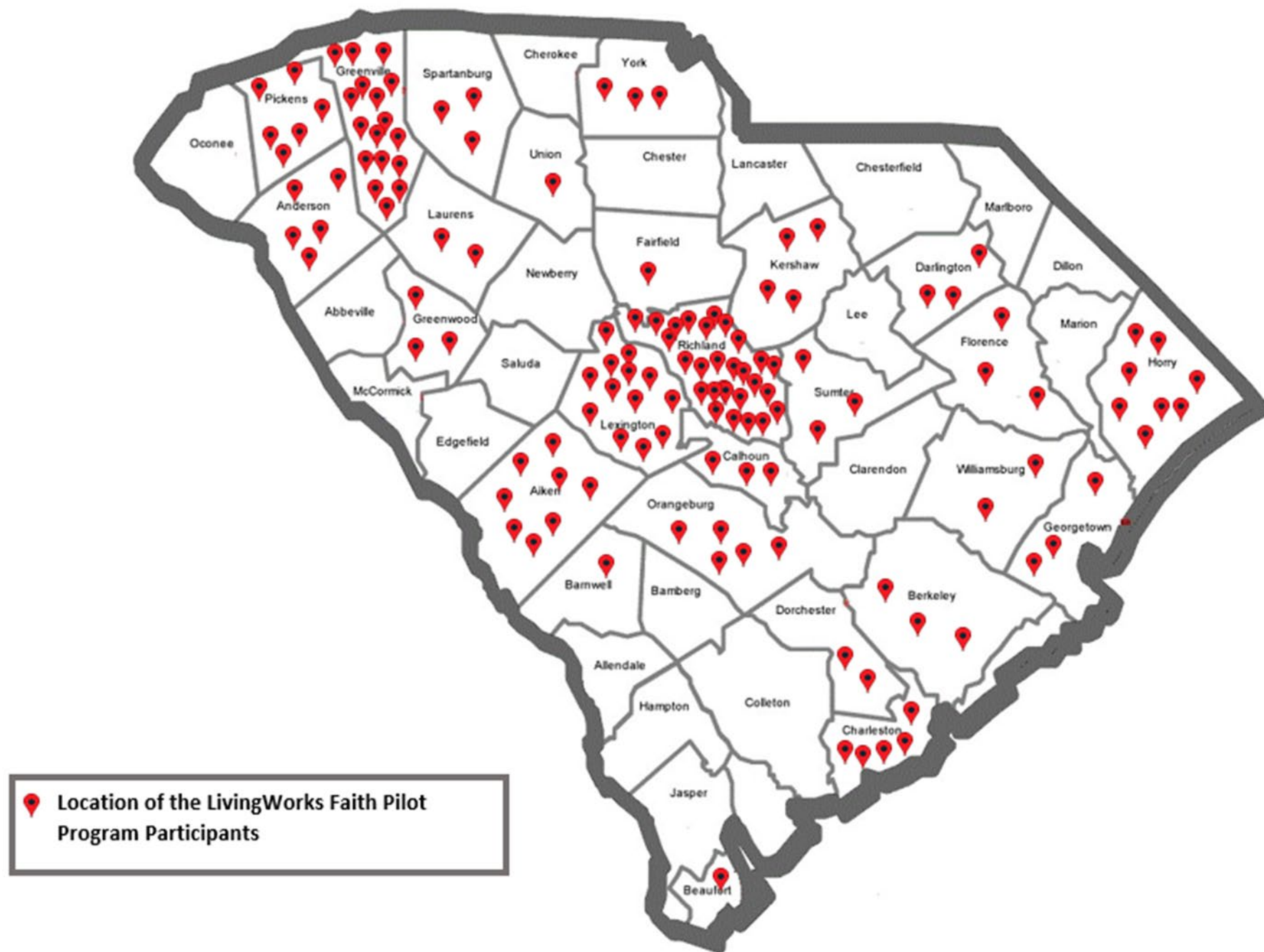
S. 231 STUDENT IDENTIFICATION CARD SUICIDE PREVENTION ACT
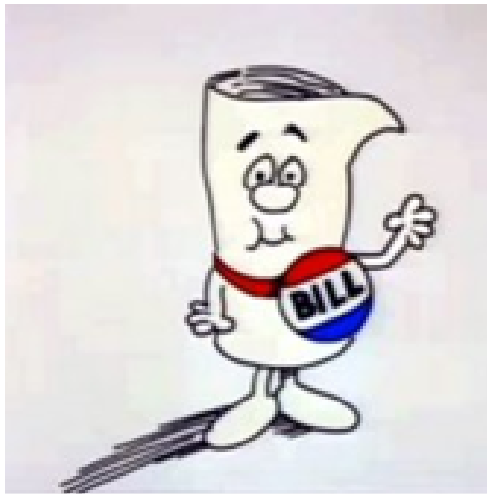
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