

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Mental Health Crisis Lines: Guidelines

Service Line: Rapid Response Service
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Authors: Casey Gray, Kaitryn Campbell

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Research Questions

1. What are the evidence-based guidelines regarding the staffing and operational models of mental health crisis lines?

Key Findings

Two systematic reviews (one with meta-analysis) were identified on the evidence based guidelines regarding the staffing and operational models of mental health crisis lines.

Methods

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. The search was limited to English language documents published between January 1, 2013 and March 22, 2018. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Clients (≥ 16 years old) of emergency mental health services
Intervention	Mental health crisis lines
Comparator	No comparator
Outcomes	Evidence-based guidelines
Study Designs	Health technology assessments, systematic reviews, meta-analyses, evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by evidence-based guidelines.

Two systematic reviews were identified regarding operational models of mental health crisis lines. No health technology assessments or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Two systematic reviews (SR)¹⁻² (one with a meta-analysis)² were identified regarding the staffing and operational models of mental health crisis lines. The authors of one of the SR² observed that brief contact interventions (including telephone calls) did not differ from control in reducing self-harm or suicide attempt and suicide; however, there was a significant reduction in the number of episodes of repeated self-harm or suicide attempts per person. The other SR¹ reported that frequent callers represent three per cent of callers and make 60 per cent of calls. Furthermore, there are various reasons they use helplines, and current service models reinforce their frequent calling behaviour.¹

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

1. Pirkis J, Middleton A, Bassilios B, Harris M, Spittal MJ, Fedyszyn I, et al. Frequent callers to telephone helplines: new evidence and a new service model. *Int J Ment Health Syst.* 2016;10:43.

[PubMed: PM27247615](#)

2. Milner AJ, Carter G, Pirkis J, Robinson J, Spittal MJ. Letters, green cards, telephone calls and postcards: systematic and meta-analytic review of brief contact interventions for reducing self-harm, suicide attempts and suicide. *Br J Psychiatry.* 2015 Mar;206(3):184-90.

[PubMed: PM25733570](#)

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Previous CADTH Reports

3. Mental health treatment programs or centres for patients presenting with acute mental distress: clinical effectiveness, safety, and guidelines [Internet]. Ottawa (ON): CADTH; 2015 Jan 8. (CADTH Rapid response report: summary of abstracts). [cited 2018 Apr 6]. Available from: <https://www.cadth.ca/sites/default/files/pdf/htis/jan-2015/RB0769%20ER%20Acute%20Mental%20Health%20Services%20Final.pdf>
4. Telehealth services for the treatment of psychiatric issues: clinical effectiveness, safety, and guidelines [Internet]. Ottawa (ON): CADTH; 2015 Jan 15. (CADTH Rapid response report: summary with critical appraisal). [cited 2018 Apr 6]. Available from: <https://www.cadth.ca/sites/default/files/pdf/htis/jan-2015/RC0624%20Telehealth%20and%20Mental%20Health%20Final.pdf>

Review Articles

5. Ghanbari B, Malakouti SK, Nojomi M, Alavi K, Khaleghparast S. Suicide prevention and follow-up services: a narrative review. *Glob J Health Sci.* 2015 Sep 28;8(5):145-53. [PubMed: PM26652085](#)
6. Winters S, Magalhaes L, Kinsella EA. Interprofessional collaboration in mental health crisis response systems: a scoping review. *Disabil Rehabil.* 2015;37(23):2212-24. [PubMed: PM25586793](#)

Additional References - Alternative Operational Models

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11. Draper J, Murphy G, Vega E, Covington DW, McKeon R. Helping callers to the National Suicide Prevention Lifeline who are at imminent risk of suicide: the importance of active engagement, active rescue, and collaboration between crisis and emergency services. *Suicide Life Threat Behav.* 2015 Jun;45(3):261-70.
[PubMed: PM25270689](#)
12. Jaycox LH, Ramchand R, Ebener PA, Barnes-Proby D, Gilbert ML. RAND's silent monitoring protocol for assessing suicide crisis line call content and quality [Internet]. Santa Monica (CA): RAND Corporation; 2015. [cited 2018 Apr 6]. Available from: https://www.rand.org/content/dam/rand/pubs/tools/TL100/TL150/RAND_TL150.pdf
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[PubMed: PM26737981](#)
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15. National Emergency Number Association (NENA) PSAP Operations Committee, Standard Operating Procedures Subcommittee, Suicide Prevention Work Group. NENA suicide prevention standard [Internet]. Alexandria (VA): NENA; 2013. [cited 2018 Apr 6]. Available from: https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/NENA-STA-001_Suicide_Prevention.pdf
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