



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

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In 2012, the SAMHSA-funded National Suicide Prevention Lifeline (Lifeline) completed implementation of the first national Policy for Helping Callers at Imminent Risk of Suicide across its network of crisis centers. The policy sought to: (1) provide a clear definition of imminent risk; (2) reflect the state of evidence, field experience, and promising practices related to reducing imminent risk through hotline interventions; and (3) provide a uniform policy and approach that could be applied across crisis center settings. The resulting policy established three essential principles: active engagement, active rescue, and collaboration between crisis and emergency services. A sample of the research and rationale that underpinned the development of this policy is provided here. In addition, policy implementation, challenges and successes, and implications for interventions to help Lifeline callers at imminent risk of suicide are detailed.

related legal interpretations, however, this regulation appears in no way to be an impediment to exchanging information that could, in effect, better ensure an individual's personal safety. HIPAA Standard 164.512(j) states that:

A covered entity may ... use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure: (i) (A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and (B) Is to a person or persons reasonably able to prevent or lessen the threat; or (ii) Is necessary for law enforcement authorities to identify or apprehend an individual. (Health Insurance Portability & Accountability Act of 1996 [HIPAA], 2013)

When the individual is not present or it is impractical due to emergency circumstances, HIPAA does not prevent disclosure of information to those responsible for the individual's care if it is believed that, in exercising professional judgment, such disclosure is in the best interest of the individual (see HIPAA Section 164.510(b); HIPAA, 2013). Simon (2004) noted that it is standard practice for psychiatrists seeking to protect their patients from self-harm to take such measures as to notify and/or counsel the individual's family or caretakers, inform them of suicide risks and possible methods, and mobilize them to remove access to lethal means or other actions to better ensure the individual's safety. Simon cites *Gross v. Allen*, a 1994 California appellate court decision, which ruled that caretakers of patients with a history of self-harm are legally responsible for informing the individual's new caretakers.

In considering HIPAA regulations, a few caveats are in order. First, HIPAA does not require nonconsensual disclosures of individual health information in emergency situations; it simply does not preclude it. Throughout the document, HIPAA regulations consistently reinforce the need to pro-

CONFIDENTIALITY ISSUES

A major barrier to preventing critical information exchanges between crisis centers, external crisis and emergency services, and other third parties has been concerns related to privacy. While most crisis centers compel staff to breach confidentiality of callers if there is an imminent threat to safety, many centers are uncertain as to how far this exception to confidentiality extends. Can they, for example, contact a receiving hospital or family member to provide them with information about the caller? In addition, external crisis or emergency services are often reluctant to exchange vital information with crisis centers for fear of violating the individual's privacy. Conversations about whether or not to exchange information often come to an end when one or the other party raises questions or concerns related to the Health Insurance Portability and Accountability Act [HIPAA]. In reviewing HIPAA and

vide individuals with the opportunity to agree or object to disclosures of their information. Second, state laws, if they are more stringent in their privacy protections of health information, supersede HIPAA's regulations.