

Individuals and Families with Lived Experience Committee

Meeting Summary

October 27, 2020 1-3:30pm EST

Attendees: J. Harpel, (co-chair), R. McKeon, M. Cornette, L. Langford, D. Jobes, M. Gould, L. Jones-Chandler, R. White, J. Draper, S. Sinwelski, F. Gonzalez, H. Collins, L. Carrillo, G. Murphy, S. Louis, J. Parr, K. Rauber, A. Vactor, J. Nunez, N. Diefenbacher, K. Formichella, J. Battle, J. Vincek, F. Cook, S. Klebold, A. Malmon, J. Marshall, C. Maxwell, K. Hardy, B. Wean, E. Vera, C. Stowell, L. Harris, M. Kessler, K. Goldsmith, S. Collins, S. Hepburn, I. Campbell

Welcome and Review of Agenda – J. Harpel, J. Draper

Co-chairs welcome STP committee members to the meeting and also welcomes J. Battle from the Steering Committee and G. Murphy, the Director of the Lifeline STP department. Reminder that after the meeting there will be a remembrance for Mark Davis, consumer advocate and founding member of this advisory committee for over a decade. Meeting's agenda and goals:

1. Update the committee on digital projects that it has provided feedback on for over the last 12 months
2. Discuss Community Ambassador Workgroups and brainstorm goals, optimal outreach and application process
3. Update on, and discuss proposed changes and new terms in, the Lifeline Imminent Risk policy

SAMHSA Updates – R. McKeon

The signing of the National Suicide Hotline Designation Act into law by the President happened on Saturday October 17, 2020. This new law's passage will help SAMHSA and the VA lay the groundwork for a robust 988 infrastructure, and puts the number 988 into law by July 2022. Two reports are due to Congress regarding infrastructure needs by April 2021.

Digital Project Feedback Status – H. Collins

The committee is thanked for its feedback on these projects:

Digital projects -- streamlining the content on the website to make it easier for those in crisis to find the phone number and bolstering the providers and professionals section of the website. Facebook appreciated feedback on their new initiatives, and we will be evaluating website content starting at the beginning of next year.

Crisis Center Sustainability Toolkit – strategy to help crisis centers raise awareness of their needs and leverage their membership in the Lifeline network for support through Lifeline-branded messaging and tools. The toolkit and its resources (in-state reports, data visualization, marketing resources) are outlined. Will be a training next year.

Lifeline Community Ambassador Workgroup -- F. Gonzalez, H. Collins

Discussion of how to best “open the gates” to facilitate more communities taking part in suicide prevention creating resources for the Lifeline, possibly through a dedicated workgroup to build relationships with more communities, with a focus on the traditionally marginalized and underserved, and create new community resources for Lifeline promotion.

Questions for group discussion:

- Member recruitment: What criteria and metrics should be considered in the application process?
- Where and how can we promote the application to ensure a breadth of eyes or target appropriately?
- Feedback on LEC involvement: LEC members may participate in shaping and steering the workgroup. Where can LEC members most effectively contribute (ex: presenting an education module, advising members, helping with circulating application)?

Possible shapes of committee work and additional considerations include ways to provide feedback on materials, length of commitment and time investment of members, how to incorporate voices of lived experience, audiences and groups that we may want to target, and stipends for participation – we must finalize the directions and strategies. Discussion of ways LEC members can participate include: possibly running education modules, being advisors or mentors, or helping to craft and circulate the application. All agree more discussion is needed.

Update on the Lifeline Imminent Risk policy -- G. Murphy

After discussion at the Standards, Training, and Practices Committee meeting, the conversation continued, with the goal of covering key points and next steps including: a summary of key topics discussed at the STPC meeting; reporting back from LEC attendees and STPC members; and an updated policy overview.

A brief overview of the IR policy is given. A reminder is given that the documents were sent out: The IR Policy Summary, the Lifeline IR Policy Review, the IR Policy Summary_LEC Discussion, and the IR Imminent Risk Policy Article from *Suicide and Life-Threatening Behavior*.

Since 2011 the Lifeline has had a policy in place to support callers at imminent risk. It took a long time to develop, with guidance from committees and crisis center staff. Focus on Active Rescue. The definition is read: **Active Rescue:** Actions undertaken by Center Staff that are intended to ensure the safety of individuals at imminent risk or in the process of a suicide attempt. “Active” refers to the Center Staff’s initiative to act on behalf of individuals who are in the process of an attempt or who are determined to be at imminent risk, but who, in spite of the helper’s attempts to actively engage them, are unwilling or unable to initiate actions to secure their own safety. “Rescue” refers to the need to provide potentially life-saving services. Center staff should only undertake such an initiative without the at-risk individual’s expressed desire to cooperate if they believe that—without this intervention—the individual is likely to sustain a life-threatening injury.” This reinforces the need to collaborate with the caller.

This year with feedback from a range of stakeholders, some issues of concern are raised: the need to address issue of law enforcement being present, and active engagement; how to enhance counselor collaboration with persons at imminent risk towards keeping them safe, utilizing less invasive approaches, with 911 activated as a last resort. The discussion focused on a number of areas: how a fear of 911 being contacted can deter people from getting Lifeline help; how, in some cases, law enforcement intrusion in suicidal crises can aggravate pre-existing family conflicts (or create new ones), including creating more risks; how 911 can have financial costs (unexpected bills for unwanted service, etc); and how police encounters with historically marginalized/victimized/oppressed groups can create unintended harms, including violence, traumatization and criminalization.

Appreciation is expressed for the cross-pollination between the STPC and the LEC committees in addressing changes to the IR Policy. The IR Policy Review summary (overview of suggested changes to the Policy) from the STPC meeting left out the race issue discussions that were held at the STP Committee meeting. An LEC committee member is troubled by this. Discussion includes how race issues are central and essential; the consequences of calling emergency services for the caller, the family, or the family's animal companions; and the personal risks to those who speak on these issues. It is noted by STPC members attending that LEC member comments were essential to the discussion and are very much appreciated. As the IR Policy Review was intended to list proposed changes—and not intended to describe substantive discussions from the STPC meeting as minutes do—assurances are given that these vital comments and observations will be included in the STPC meeting minutes when those are produced.

Discussion proceeds to continue progress towards making changes to the IR Policy. Definitions to talk about changing: Active Rescue – move away from using the word “rescue” and clarifying what it means to be at imminent risk and moving away from euphemisms to a term that is more descriptive of the process, including the perspective of the person in crisis. It is observed that the Samaritans in the UK do not send any intervention without the permission of the caller. An attending representative from Samaritans in the Lifeline network from the STPC reported briefly on their experience since adopting the IR Policy of active rescue in 2011. The representative noted that they rarely need to activate rescue, as they have developed a culture that emphasizes active engagement, consistent with their organization's founding principles of “befriending.” Empathy, collaboration and honesty (transparency) are wanted during an IR call, and we need to reinforce this in training practices. It was noted that the vast majority of hotline counselors do a good job of de-escalating crisis situations, but when circumstances prescribe active rescue and mental health care is associated with police intervention, it is a bad outcome for public mental health. Neither mental health professionals nor law enforcement officials want police to be responding to mental health crises.

Additional questions that arise include: How do we identify and track counselor intervention strategies for persons at imminent risk? Are any centers calling 911 at a higher rate? Do they need more training? Are there gun laws in the states that centers need to know about? Do we require follow-up after certain types of calls?

It is noted by participants that hearing colleagues speak about their own experiences—and those of persons close to them in their lives—who have been subjected to police responses to mental health crises is profoundly moving, and it's because the Lifeline leadership creates a space for conversations like this to happen. However, it is also observed that there are many voices not represented at this table, and the need for greater membership diversity is clear, to assure that membership reflects the voices of the people we intend to serve. Vibrant notes that the Lifeline is included in Vibrant's diversity/equity/inclusion/belonging training, and there is movement towards a Director for Specialized Services for Access and Inclusion to serve across divisions.

Summary, Thank You, and Close -- J. Harpel, J. Draper, S. Sinwelski, F. Gonzalez

We are grateful that we are thinking through the issues, with simultaneous reminders what we are trying to accomplish and that more is needed. This has been and will be an iterative process. We have heard the sound of trauma. But it's not just the sound of trauma, it's also the sound of expertise, and members have made policy recommendations based on that insight. An LEC member noted that we don't want to abandon these decisions and this work just because we're hurting; we work while hurting all the time. We are going to continue to have difficult discussions. This work continues, so please provide feedback.