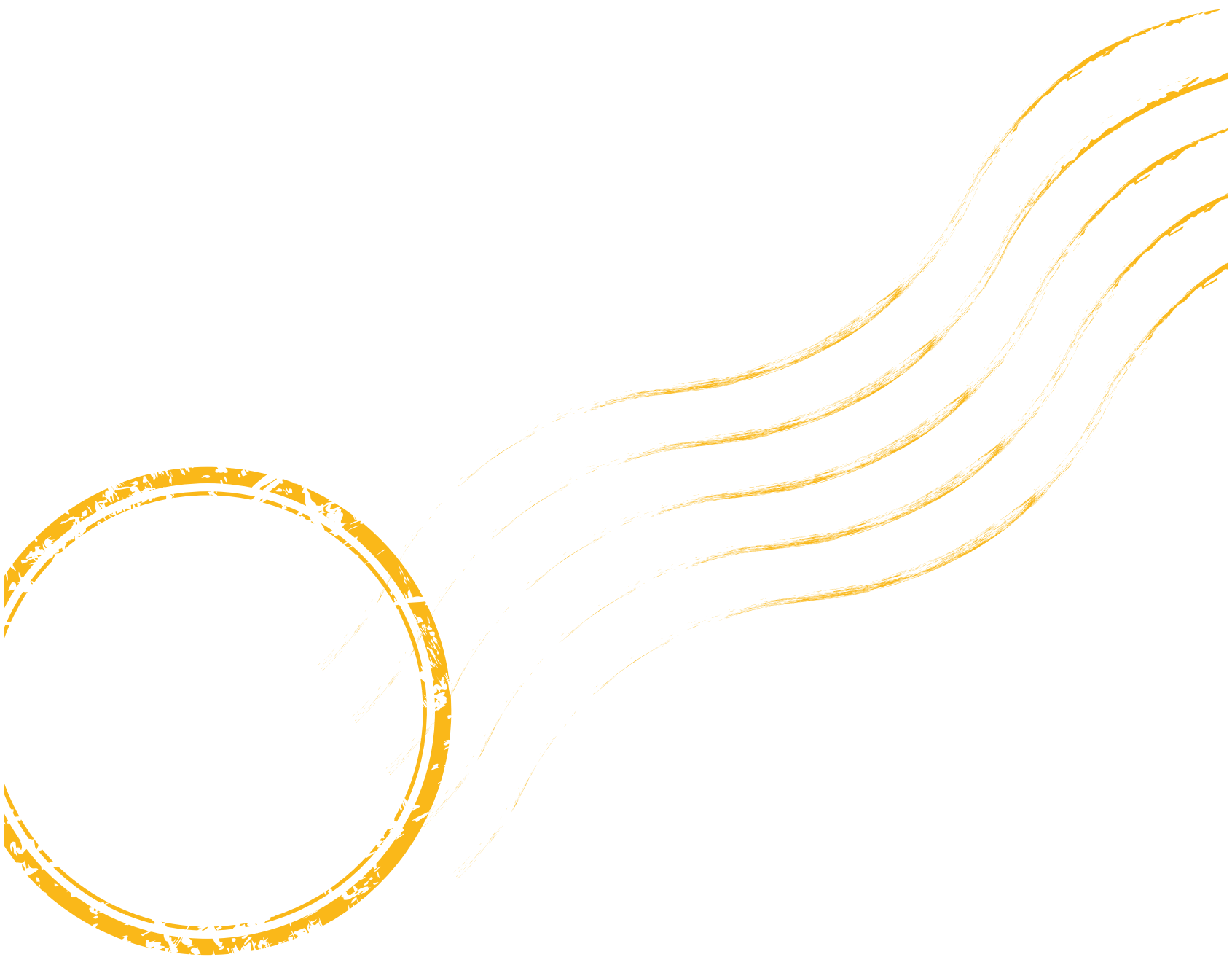




CARING CONTACTS

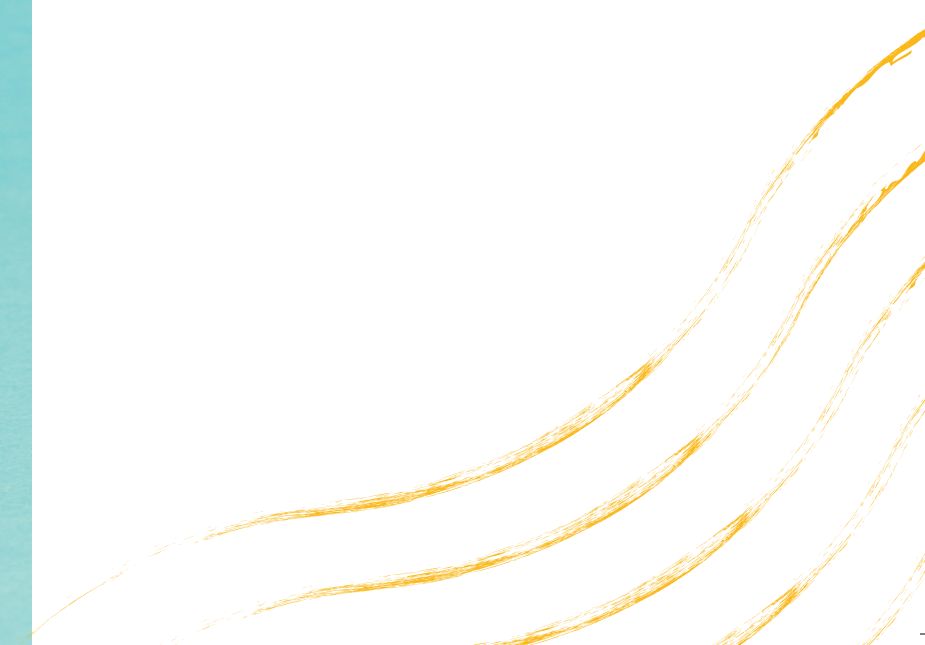
Overview, Components & Schedule



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Attachments

Safety Plan



HISTORY

Caring Contacts was originally introduced by American psychiatrist Jerome Motto in the 1970s.

This suicide prevention intervention, consisting simply of short mailed letters, was the first suicide intervention shown to effectively reduce deaths in a randomized clinical trial. The approach was partly inspired by Motto's experience of receiving letters during World War II from a young woman he had met before being deployed. In the trial, a provider who had met with a recipient during a suicidal crisis, sent short letters of support (sometimes just 1-2 sentences) expressing interest in the recipient, without making any demands. These caring letters are inexpensive and one of the only, or very few, approaches to suicide prevention scientifically proven to work during the first years after a suicide attempt that resulted in hospitalization.



*I'M REALLY PROUD OF ALL THE WORK YOU'VE DONE.
KEEP IT UP.*

Fast forward to Spring, 2020 when Sabrina Schalley, LCSW, Director of Care Coordination at Children's Hospital & Medical Center, was leafing through a social work magazine and came across an article on Caring Contacts.

With the number of patients seen at Children's Hospital for suicide ideation or suicide gestures more than doubling in recent years, the Social Work department wanted to implement a program that would help ensure at-risk patients stay engaged in mental health services after their acute crisis resolves. One of the Social Work practicum students took this need on as her practicum learning project, and the Caring Contacts Program was slowly implemented at Children's over the course of the next 12 months.

...consisting simply of short mailed letters, was the first suicide intervention shown to effectively reduce deaths in a randomized clinical trial.

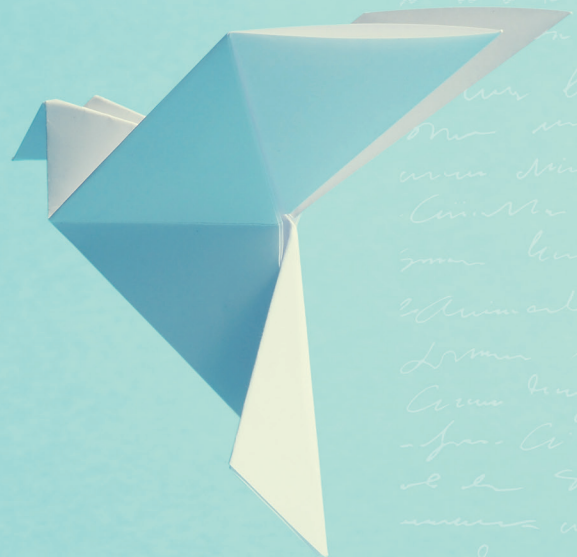
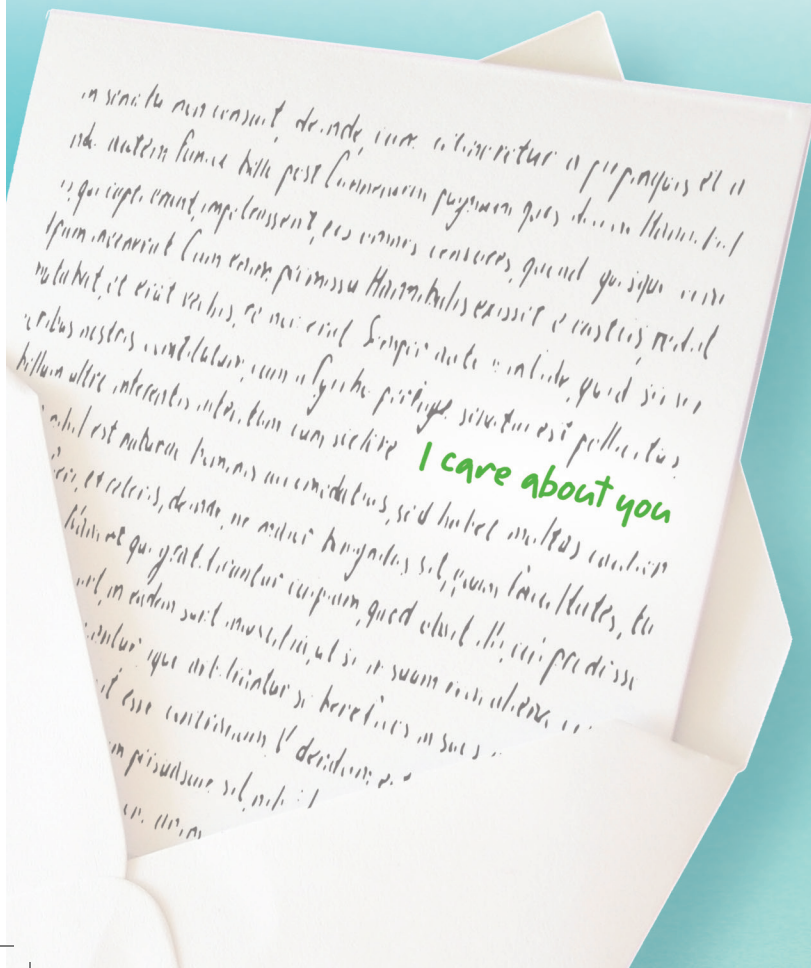
The above research into the Caring Contact Program also led the Children's Social Work and Behavioral Health teams to a critical collaboration with the Zero Suicide Institute. The foundational belief of the Zero Suicide Institute is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. Zero Suicide is a quality improvement model that transforms system-wide suicide prevention and care to save lives. For Children's, the Caring Contracts Program was the first step toward implementing system-wide suicide prevention practices.

CURRENT

In Children's Emergency Department, provisional or licensed clinic social workers conduct mental health assessments with patients who present with behavioral issues, including suicide ideation, gestures and attempts. Each patient who is assessed for suicidality is invited to participate in the program voluntarily. Once enrolled with guardian permission, **the patient receives a total of six handwritten notes over a period of 12 months.** These cards come from the social worker who completed the patient's assessment and assisted in treatment planning. Patients are invited to respond, but there is no pressure or requirement to do so.

To date, the Caring Contacts program has received glowing reviews from medical providers and participating patients and caregivers. Most importantly, data indicates that none of the patients enrolled in Caring Contacts have completed a suicide. Children's hopes to expand Caring Contacts across the continuum to include the specialty clinics, inpatient medical and surgical floors and primary care offices.

Since its inception in 2020,
558 patients have been enrolled,
resulting in over 2,600
Caring Contact letters mailed.



The following pages will assist in implementing a Caring Contacts Program in your facility. As you consider starting this project, it is important to consider all aspects of doing so. Here are some identified rewards and risks of this program:

REWARDS OF CARING CONTACT

- Reduce recidivism for patients presenting with suicide ideation or gestures.
- Increase prevention of patients completing a suicide.
- Positively impact/normalize community perception of mental health needs and mental health resource engagement and utilization.
- Increase patient and parent awareness of the importance of staying engaged in outpatient mental health services after immediate crisis has resolved.
- Program development and implementation reduces burnout rate for staff, as they feel empowered by having a positive impact on young people struggling with suicide ideation.
- Keeps the importance of ongoing mental health treatment on the forefront of the minds of patients and families over the course of the year following a suicide gesture or mental health crisis.
- It allows providers to maintain relationships and trust with patients.

RISKS OF CARING CONTACT

- Since the span of the intervention lasts one year, it is a commitment and needs to be followed through.
- It is important to maintain professional boundaries. The intervention works best when sticking to essential components.
- Suicide cannot be predicted. The nature of this work is high risk. It is possible that the patient may still attempt self-harm or complete suicide.

calm

DEFINITIONS AND MEANING OF TERMS

Important terminology used in Caring Contacts and what it means for you:

Suicidal Ideation (SI): Suicidal ideation can include thoughts of killing oneself, making plans or intending to do so. Suicidal ideation can be assessed through PHQ-9, ASQ HEADSS or specific, directed questioning.

Suicidal Gesture: Any behavior or action that, if followed through, could lead to a suicide attempt. A gesture may not result in harm but is related to suicidal thoughts or depression.

Suicidal Attempt: An actual event that occurs with intention of dying. This includes, but is not limited to: ingestion of prescription or nonprescription medication or substances, self-harm with intention of dying (cuts, etc.), non-accidental motor vehicle crash, gunshot or jumping off ledges/buildings/roofs/etc.

PHQ-9 Modified for Adolescents: A health questionnaire automatically administered to children age 11 and older during visits to Children's primary care offices, urgent care, emergency department, specialty pediatric centers and inpatient hospitalizations. PHQ-9 assesses for major depressive disorder [MDD]; there is a strong correlation between depression and suicide. PHQ-9 is an acronym for patient health questionnaire number 9.

ASQ (Ask Suicide Screening Questions): A brief assessment that professionals can administer to youth 10 and older in a variety of medical settings to gauge for suicide risk. The assessment should be conducted by a trained professional who can determine if a more comprehensive mental health evaluation is needed.

HEADSS: A questionnaire administered to patients by medical team members that often includes suicidality assessment, including historic or current ideation, attempts and mental health. HEADSS is an acronym for Home and Environment, Education and Employment, Activities, Drugs, Sexuality and Suicide/Depression.

H&P (History & Physical): A clinical assessment conducted by medical team members to gather information about presenting physical examination and history related to presenting problem/medical diagnosis.

Safety Plan: A tool created by the enrollee and guardian in collaboration with a behavioral health clinician (social worker, psychologist or therapist) intended to keep the patient safe from suicidal ideation, self-harm and suicide. (See page 11 for safety plan example.)

Protective Factors: Factors that have the potential to protect the enrollee from harm. Examples of protective factors: connected to therapist/psychiatrist, family concerned and invested in care, skills in problem solving, motivation to feel better, future focused and able to discuss, cooperative and euthymic during interview report's ability to stay safe, positive engagement with friends or use of healthy coping skills/activities.

IDENTIFYING ENROLLEES

Enrollees can be identified through many different means, including formal mental health or psychosocial assessments, patient health questionnaires, suicide or depression assessments, supportive outreach and/or meetings, chart reviews or other at-risk identifiers. The most important factors to consider when enrolling youth in Caring Contacts are that the youth has experienced an episode of **suicide ideation**, **gesture**, or **attempt** and the author of the letters should have a **genuine, professional relationship with the enrollee**. Below are some examples of ways to qualify enrollees for Caring Contacts.

Depression/Suicide Screens:

PHQ-9: The PHQ-9 is a patient health questionnaire that is validated for ages 11 and older in a medical setting. Scores range from mild to severe. It is important to pay attention to the critical questions when considering Caring Contacts. The critical questions are as follows: "Has there been a time in the past month where you have had serious thoughts about ending your life?" and "Have you ever in your whole life tried to kill yourself or made a suicide attempt?". An answer of "yes" to either question would allow us to discuss Caring Contacts with patients and their families. Though this may qualify the patient for Caring Contacts, it does not necessarily mean they NEED to be a recipient. Please use your clinical judgment in determining what is most appropriate.

ASQ: The Ask Suicide-Screening Questions tool is a brief assessment that professionals can administer in a variety of medical settings to gauge for suicide risk. The assessment should be conducted by a trained professional who can determine if a more comprehensive mental health evaluation is needed. **The screen is deemed positive if "yes" is answered to any of the 5 questions.** Because all the questions are directly related to suicide, any youth with a positive screening should be enrolled in Caring Contacts.

CSSRS: The Columbia Suicide Severity Rating Scale is a short, validated questionnaire that can be administered with no formal mental health training. It is relevant in a wide range of settings for individuals over the age of 11. Because all the questions are directly related to suicide any positive screening should be enrolled in Caring Contacts.





IDENTIFYING ENROLLEES

Suicide Attempt as Reason for Hospitalization: A chief complaint or reason for hospitalization can often include wording that alludes to suicide ideation or attempt.

Psychosocial Assessment: A Psychosocial Assessment or PSA is a great way for Social Workers to gather information while building rapport with a family and/or enrollee. During this assessment, a history of depression or suicide ideation, gestures or attempts should be discussed.

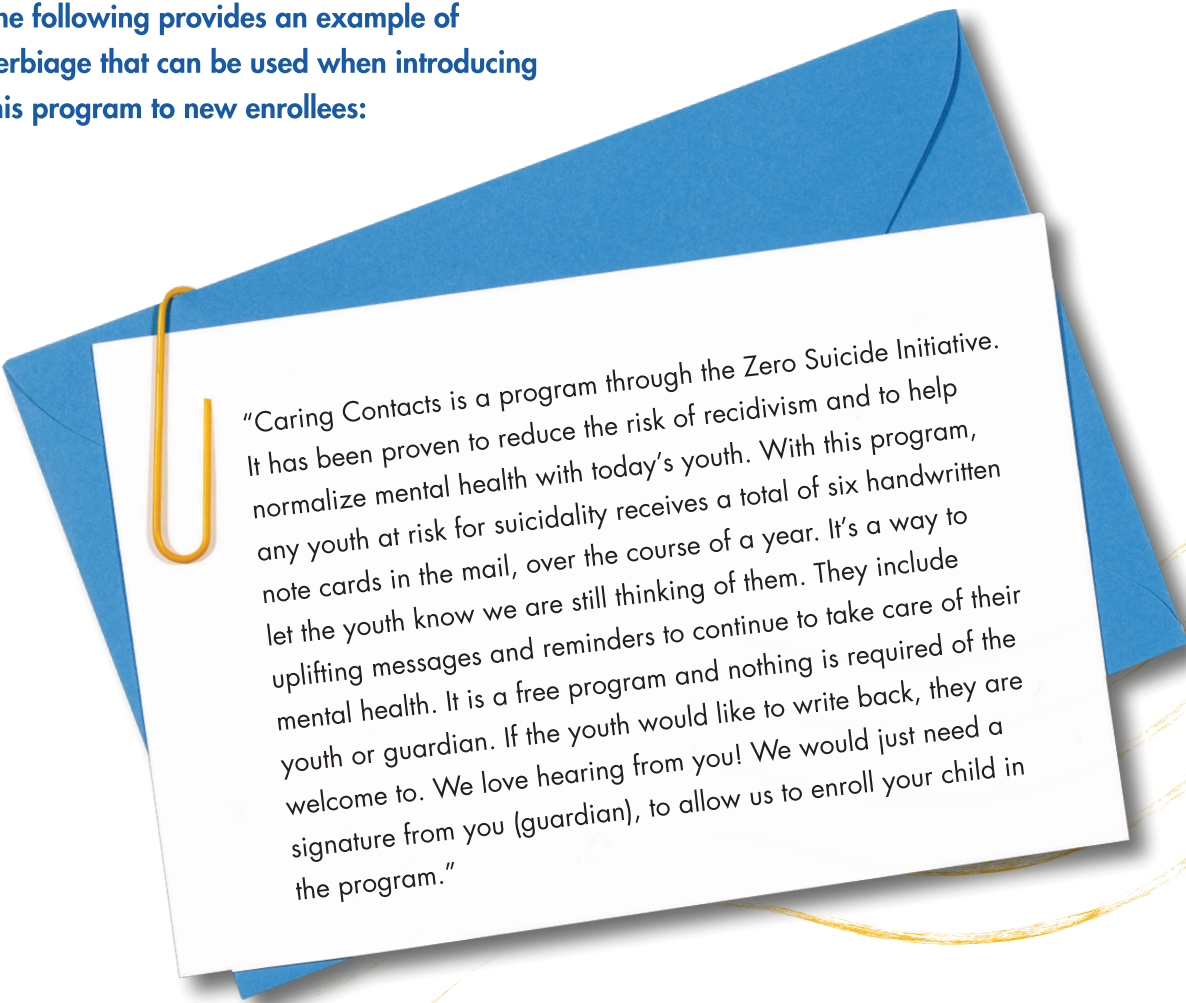
Mental Health Assessment: Completing a Mental Health Assessment for self-harm, suicide ideation, gesture or attempts.

ENROLLMENT

Once a youth has been identified for enrollment

- Explain the purpose and the process of the Caring Contacts program to the youth and the legal guardian.
- Obtain permission from the legal guardian to enroll the youth in the program and have them sign a Release of Information (ROI).
- Guardians should be informed that the program is of no cost to the family. Additionally, the ability to respond should be offered to the youth; however, there is no expectation for the youth to respond to the letters.
- Ensure that contact information is up to date for the youth.
- The youth should only be enrolled in the program one time as the letters sent would be a duplication.

The following provides an example of verbiage that can be used when introducing this program to new enrollees:



"Caring Contacts is a program through the Zero Suicide Initiative. It has been proven to reduce the risk of recidivism and to help normalize mental health with today's youth. With this program, any youth at risk for suicidality receives a total of six handwritten note cards in the mail, over the course of a year. It's a way to let the youth know we are still thinking of them. They include uplifting messages and reminders to continue to take care of their mental health. It is a free program and nothing is required of the youth or guardian. If the youth would like to write back, they are welcome to. We love hearing from you! We would just need a signature from you (guardian), to allow us to enroll your child in the program."

LETTER WRITING SCHEDULE

The send out dates of Caring Contacts are important. Research indicates that the month after being seen by a medical professional is the highest risk time for a suicide attempt.

Letters are sent over the course of one year post-discharge from the department and staff implementing the program. Letters are scheduled based on when the introduction and consent to the intervention are obtained and completed with the patient/caregiver.

In order to prevent patients from waiting longer than a month for their first letter, Children's has implemented a twice per month process for sending letters.

Hence, if a patient and/or caregiver's consent for Caring Contacts is signed between the first and the 15th of the month, the first letter is sent on the first of the following month. If a patient and/or caregiver's consent for Caring Contacts is signed between the 16th through the end of the month, the first letter is sent the 15th of the following month. Letters 1-3 are sent in one-month intervals. Letters 4-6 are sent in three-month intervals.

See timeline examples at right.

**If you are interested in collecting data, Children's can provide you with an Excel spreadsheet template to assist with data collection if requested. Please note this spreadsheet will automatically populate the dates to send out letters, which can simplify the tracking process.*

ROI Signed: 5/30/23

Letter 1: 6/15/23

Letter 2: 7/15/23

Letter 3: 8/15/23

Letter 4: 11/15/23

Letter 5: 2/15/24

Letter 6: 5/15/24

ROI Signed: 5/3/23

Letter 1: 6/1/23

Letter 2: 7/1/23

Letter 3: 8/1/23

Letter 4: 11/1/23

Letter 5: 2/1/24

Letter 6: 5/1/24





LETTER SCRIPTS

Below are the letter scripts utilized by Children's Hospital & Medical Center. These scripts are copyrighted and are intended for the use of Children's only. Hopefully, it helps provide direction and inspiration as you develop a Caring Contact program specific to your program and client needs.

Recommendations when creating your own letter scripts:

- Letters should be affirming and genuine, but also general enough that they can be duplicated for all clients enrolled in the program.
- Keep in mind that your role as letter writer is one of empathic support and caring adult, not individual therapist or crisis response team member.
- Incorporate education about mental health in general to help the youth understand the ups and downs, and lifelong role, of mental health care.
- We encourage against typed or computer-generated letters. Correspondence should be handwritten to show genuine care and personalization.
- Each agency's letters should be original in order to avoid any risk of duplication for youth involved with more than one agency or organization.
- Sign your name.
- Use stickers or bright colors to make it fun!
- Feel free to add something personal. Ideas could include adding a favorite or discussed coping skill, suicide hotline number, song/movie quotes, mental health hygiene tips, positive affirmations, Happy Birthday wishes in the correct month, etc.

LETTER SCRIPTS

LETTER #1

Hello (Pt Name.) I am the social worker who met with you last month in the (your department) at Children's. I'm writing to let you know I've been thinking of you. I hope you are still engaged in treatment and getting the help you need for both safety and overall wellness! I will be here cheering for you every step of the way. **If you'd like to write back, you can write me back at the return address on the envelope. I'd love to hear from you!**

LETTER #2

Hi (Pt name.) I'm just checking in again to offer a word of encouragement. Working on our mental health is a lifelong process and an important piece to having a full, productive life. Please don't give up or lose hope! Keep talking to adults you can trust and following the recommendations of your treatment team. **I will keep you in my thoughts and send positive vibes your way.**

LETTER #3

EVERY DAY may not be good, but there is something good in EVERY DAY!
Hi (Pt name.) I wanted to remind you to look for instances of joy or gratitude, even on the hard days. One of the best things in life is that we never know how amazing tomorrow might be! **Never give up and always know there are people around (including me) who care about you and want you well.**

LETTER #4

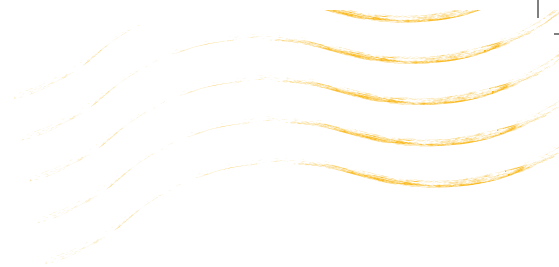
(Pt name), it's been 6 whole months since you received your first letter from me. I'm hoping it's been 6 months of working hard and learning more about yourself, 6 months of understanding feelings better and learning how to cope with both good and bad days. Don't forget to ask for whatever help you need. Everyone needs help sometimes! It's part of being human. **Being brave enough to ask for it shows real strength. Have a great week!**

LETTER #5

Hello. (Pt name), I hope this card finds you well. But if you're struggling, please know that's okay too. The goal here is to learn to manage the bad days in a safe way. It doesn't mean there won't be some really hard days. It just means understanding that "this too shall pass." Think about some of the coping skills you've learned and practice them even when you don't feel a need. Breath work, exercise, mindfulness and good sleep are just a few that I hope you've added to your repertoire by now. **I'm really proud of all the work you've done and continue to do. Keep it up.**

LETTER #6

(Pt name), it's been a whole year and you've made it through! Change is hard and it takes a lot of work to overcome hardship, but it's worth it and you've done a great job. Always remember to use what you've learned thus far and to circle back to the professionals whenever needed. I believe you are ready to tackle whatever life brings. I wanted you to know this will be the last card from me. But, I will continue to cheer for you from afar! You know where to find us if needed. **You're a star and YOU'VE GOT THIS!!!!**



ESSENTIAL COMPONENTS

Caring Contacts works best when adhering to the following components:

Leadership support!

Make sure you start with your agency and specific team leadership staff. Gaining their support for taking on such an impactful program can help ensure staff availability, funding and other critical components.

Consistency!

It is key for Caring Contacts.

- a. Maintaining the same author throughout the year, to the extent possible.
- b. Do not start the program if there is not a commitment by staff to maintain for at least one year. For each enrollee, it is a total time commitment of approximately 3 hours per year. This includes letter writing, chart review, mailing and data tracking.
- c. Keeping the frequency and duration of letters the same for everyone enrolled. See the previous letter writing schedule for specifics.

Strengths-based!

The Caring Contacts framework is meant to assist the patient and family in building on their strengths and protective factors. Correspondence should reflect an up-beat, encouraging, but also realistic tone.

No pressure!

There is no pressure for any youth and family to enroll, AND there is no pressure for them to write back. The program is voluntary and free.

Stick to the script!

There are set scripts for each letter that are important to maintain. You can add your unique, authentic touches to personalize the letters, such as using different colored pens and stickers. It's important to remember that you are not trying to be the youth's ongoing treatment team. The goal is to keep them enrolled with their own outpatient treatment providers.

Social work "owned"!

Social workers are skilled in creating empathetic and genuine relationships while also maintaining professional boundaries. Whenever possible, it is ideal to have staff with mental health expertise be the team members to initiate, manage and carry out the process of the Caring Contacts program. If your organization does not have Social Work, designate another department or person to own and manage this program.

Hand-written!

Who doesn't love a hand-written letter? Yes, it will take more time, but the impact feels greater. This should also be the only means available for patients to write back. Avoid encouraging a phone or email relationship, where a patient may inappropriately rely on this connection during a real crisis.

Budget!

When creating your budget for the program, consider the cost of notecards, envelopes, stickers, colored pens, postage and staff time.

MY SAFETY PLAN

WARNING SIGNS

How do I know when a crisis is developing?

- 1.
- 2.
- 3.

COPING SKILLS

What will help me take my mind off the problem?

- 1.
- 2.
- 3.

DISTRACTION

Who can I call or where can I go for distraction?

Person:
Person:
Place:

SUPPORTS

What friends or family do I trust for help?

Person:
Person:
Person:

PROFESSIONALS

What professionals or agencies can I contact in an emergency?

- 1.
- 2.
- 3.

ENVIRONMENT

What should I avoid or remove to stay safe?

- 1.
- 2.
- 3.

REASONS TO LIVE

What is most important to me or worth living for?

- 1.
- 2.
- 3.

My mental health follow-up plan is to: