Telehealth and Suicide Care During the COVID-19 Pandemic

With the emergence of this public health crisis and the need to socially isolate, most providers have moved to telehealth. For both providers and for patients, this may be a new practice. Research suggests that telemedicine can be as effective as face-to-face care. For some, connecting in this format is even preferable. This resource provides some basic information to help you adapt to using telehealth as well as how to provide effective and safe suicide care via virtual platforms. Suicide identification and treatment remains a priority during this time across the entire health care spectrum.

Additional resources on providing suicide care and Zero Suicide during COVID-19 are available at zerosuicide.com/COVID-19.

Getting Comfortable in a New Environment: Online Platforms

Most health care providers are using the Zoom platform to host sessions since it has a HIPAA compliant version. Skype for Business is also HIPAA compliant. With the relaxation in HIPAA rules due to the COVID-19 emergency, one of these platforms should be manageable for most.

Learn about how to effectively use Zoom, particularly as we all navigate the COVID-19 Pandemic, at the Zoom website.

Orientation

»   Before your session, practice using the online platform where you will be meeting with the patient and get to know the features that this specific platform has to offer. The more comfortable you are talking into the camera or sharing a document, the more effective you will be at communicating with your patient during your session.

»   Make sure you have a backup plan in case the technology fails during the session, for example who will call whom by phone.

»   Try to schedule a 5-minute practice session with the patient in advance of the session to make sure you both are comfortable using its features.

»   There is likely to be a chat feature inside your online platform of choice to support your connection to patients. You can type back and forth and converse similar to instant messaging. Ask the patient to practice using this feature in advance and again on the day of the session. Have them send you a chat when they first log in to confirm they know how to properly use it. They can type comments or thoughts about some things you might be saying or take notes on things they want to remember later.

» Most platforms also can send you a transcript of the chat discussions after your meeting. You can send the transcript to the client afterwards.

Security

» You will want to go over how the online platform works with clients who have never used it before, giving information such as whether or not you (or the patient) will record the session or whether this feature is disabled, how do files get stored and who has access, etc.

» Virtual therapy sessions are still private, and you can increase a patient's sense of security by setting guidelines in advance. Discuss expectations about the session such as what if the patient does not want to be on video and only wants to use the phone or your thoughts on muting one another during the session. It is possible a child or family member will walk in during the video call. Discuss in advance how to reduce the likelihood of this or how to manage and move on should it happen. What if relationships with others in the home are the cause of some of your patient's challenges? You want patients to feel safe discussing pertinent issues so using the chat feature for some of the call might be helpful. Also, suggest that clients wear headphones to decrease what others around them hear.

» Recording the session can serve as a supervision or consultation opportunity. Make sure you discuss with your patient that you would like to record the session and why and consider how you will proceed if they decline or voice discomfort. Some organizations will have access to a learning management system where these recordings can be stored.

Preparing for Emergencies: Telehealth and High-Risk Patients

All patients should be screened for suicide at every visit, regardless of their diagnosis or primary reason for treatment. Calls to crisis centers have been increasing during the pandemic. With social isolation and concerns over health and welfare, universal screening and opportunities for early intervention is a good public health approach. Information about screening can be found in the Identify section of the Zero Suicide Toolkit.

» Clinics should have high risk protocols for telehealth to include securing emergency contact information and having crisis numbers for all counties or regions served.

» Emergency contacts, and preferred mode of contact, should be updated at the start of each session in case there have been any changes. In the case of an emergency, the provider may need to call the emergency contact to assist in evaluating a client's safety or transporting a client needing a higher level of care.

» Most local mobile crisis teams are still functional at this time. You should regularly research the availability, scope, and contact information for local crisis services in your client's areas as things are changing rapidly. Wait times might be longer than usual.

» If you haven't already done so, you will need to develop a plan for when a patient doesn't attend a treatment session and how to follow up. System-wide protocols that are in place for higher risk patients who don't attend a session may need to be modified during these times. Confirm that no amendments to your system's protocols need to be made and remind patients that these protocols for safety remain in effect even with telehealth or discuss any modifications they can expect.

» For patients newly on your radar for potential suicide risk, develop and educate the patient about your protocol for when they don't come to a therapy session virtually.

» Providers will need to maintain a record for each patient for whom they provide remote services. The record should include an assessment, client identification information, contact information, history, treatment plan, informed consent, and information about fees and billing. Acknowledge that services were provided remotely in the notes and include dates, duration and type of service(s) provided. All communication with the patient (e.g., written, audiovisual, or verbal) should be documented in the patient's record.

Providing Suicide-Specific Care: Resources

Given the extreme burden on the health care system right now due to the coronavirus, the use of more restrictive settings should be avoided if possible. While hospitalization certainly may be necessary for patients during acute risk for suicide, for many patients, even with current thoughts of suicide, it is not always necessary. For more information about least restrictive settings and care, visit the Treat section of the Zero Suicide Toolkit.

Safety Planning

» All patients with expressed suicide risk should have a completed safety plan or crisis response plan that is up to date and unique to the patient. Ideally, a safety plan, skills and response plans for managing acute distress, would be completed with all patients on your caseload.

» Safety plans are an effective intervention for suicide thoughts and behaviors. With a strong, meaningful collaborative safety plan in place, regular or increased check-ins, and the use of suicide-specific treatments, many patients can be effectively monitored and cared for without being admitted to a hospital.

» Safety plans can still be developed collaboratively by sharing your screen. Most platforms include an option to share screens so that either participant in the call can share what they are viewing on their screens. The clinician or the patient can type into a document during the session, just as if you are sitting side-by-side looking at a form together. A copy can be emailed to the patient as well as placed in the patient's record.

» Typical activities included on a patient's collaborative safety plans will likely need to be modified during this time of social isolation. Check out these resources for activities that patients can do despite social isolation. These are also great activities for providers during these difficult times.

National Suicide Prevention Lifeline Resource: Support and Resources for Crisis Counselors During the COVID-19 Crisis.

Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic

Online Suicide Care Resources

» NowMattersNow.org has resources for clinicians and patients that teach DBT skills like Mindfulness, Mindfulness of Current Emotion, Opposite Action and Paced-breathing and offers videos and stories to provide skills and support for coping with suicidal thoughts

Crisis Resources

» The National Suicide Prevention Lifeline is 1-800-273-TALK (1-800-273-8255)—assistance and information are available via telephone 24/7 through the Lifeline number, and via chat at suicidepreventionlifeline.org

» The Crisis Text Line is accessible by texting "HOME" to 741741. Assistance is available via text 24/7. Additional information can be found at crisistextline.org

» To locate an individual's local 211 information and referral hotline, visit 211.org for assistance with human services information, such as financial assistance, organizations assisting with basic needs (food, shelter, clothing, etc.), and other community resources

Additional Telehealth Resources

Telepsychology Best Practice 101 Series: Telepsychology Best Practices 101 training series is an introduction to the ins and outs of real-world telepsychology. The series of webinars details ethical, legal, clinical, and technical issues, and reimbursement strategies.

Telemental Health Policy Changes During the Pandemic: This resource provides available information about changes in policy and insurance/coverage related to provision of mental health services by telehealth during the pandemic.

Seager van Dyk, Ilana & Kroll, Juliet & Martinez, Ruben. (2020). COVID-19 Tips: Building Rapport with Youth via Telehealth: 10.13140/RG.2.2.23293.10727.

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