Crisis calls to Healthline

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ABSTRACT

Objective

To report crisis calls to Healthline over the duration of the two year pilot.

Method

Crisis calls identified by Healthline's automated call logging systems were analysed using Excel spreadsheets.

Results

Crises accounted for 0.2% of all calls, more from women than men, mostly in the evening, mostly related to suicidal intent.

Conclusion

Healthline, as other triage lines, receives and triages calls from people in crisis.

Implications

Healthline can triage people in crisis to appropriate levels of care, and should not simply be seen as triage for self-limiting or minor conditions.

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Introduction

Healthline had, by June 2002, been operating for over two years in four pilot areas in New Zealand: Gisborne and the east coast of the North Island, Northland, Westland, and Canterbury.[1] Similar programmes operate in Australia,[2] the United Kingdom, and the United States.

Callers telephone a free 0800 number 24 hours a day seven days a week for symptom triage, general health information, or the identification of health care providers in their region. Decision software in the form of binary chain logic algorithms supports the nurses to triage symptomatic callers. The algorithms set the level and timing of the intervention. They triage patients to appropriate care, while at the same time providing comprehensive automated call documentation and reporting for analysis, risk management and quality improvement.

If a Healthline nurse is concerned about the mental health or stability of a caller, the call is treated as a *crisis* call. Crisis calls include mental health patients in crisis, suicidal, homicidal, incapacitated or collapsed callers, suspected child abuse, elder abuse, domestic violence, or violent crimes (gunshot wounds, stabbing etc).

A crisis call takes priority over all other business. The nurse determines:

- Has the caller stated they will harm themselves or others?
- Have they made a plan?
- Is the caller coherent or incoherent – calm or agitated?
- Has the caller attempted to harm themselves or others in the past?
- Is there concern the caller may come to harm?
- Is the caller giving inappropriate responses? (Signs of thought disorder, hallucinations, delusions or paranoia).
- Has the caller had any recent alcohol/drug intake?

The nurse implements safety strategies, quickly gathers the phone number, name and address. If possible the caller is kept on the line, but if the caller hangs up before the phone number is collected, the phone display panel will show the number from which the caller has rung. If possible the caller will be phoned back. If there is immediate threat of safety to persons or property, the Telecom emergency call tracing number will be phoned immediately. If necessary the help of another nurse will be enlisted, while the caller is kept on the line. The appropriate algorithm will be traversed, and the caller re-

Table 1. Call types for females, by age

Age group	Call type	Count
Under 5	Child abuse	10
5 to 10	Child abuse	1
11 to 20	Suicidal	25
	Child abuse	1
	Domestic abuse	1
21 to 30	Suicidal	20
	Domestic abuse	3
	Violent act	1
31 to 40	Suicidal	17
	Domestic abuse	1
	Violent act	1
41 to 60+	Suicidal	10
	Domestic abuse	1
	Incapacitated caller	1
Age unknown	Suicidal	12
	Domestic abuse	2
TOTAL		**107**

ferred to police, ambulance, fire brigade, psychiatric emergency team, emergency department, GP, or Child Youth and Family Services as indicated.

This paper reports crisis calls during the two full years 1 August 2000 to 31 July 2002.

Methods

Crisis calls identified by Healthline's automated call logging systems were analysed using Excel spreadsheets.

Results

Of the 79 254 calls received, 156 (0.20%) were crisis calls.

One hundred and seven of these clients were women, 46 were men, and the sex of three was not determined.

The breakdown of the numbers is shown in the tables. Significantly, in New Zealand's youth suicide epidemiology, six males and 25 females aged 11–20 years were suicidal, and four men and 20 women aged 21–30.

Nurses took calls at all times of the day and night, but most were in the evening. In most (77.6%) the nurse judged that the client had the *means* at hand for self-harm, and in nearly all (99.1%) the *intention* to harm themselves. Most (66.9%) had taken or were threatening to take prescription medicines.

Table 2. Call types for all females

Call type	Count
Child abuse	12
Domestic abuse	8
Incapacitated caller	1
Overdose	61
Overdose threat	3
Suicide attempt	4
Suicide threat	10
Self harm attempt	2
Self harm threat	3
Suicidal thoughts	1
Rape	1
Violent behaviour threat	1
TOTAL	**107**

Calls were triaged as follows: the ambulance was called for 28, the psychiatric emergency teams were called for 38, the police for 19; in 27 cases the caller was advised to take the person to the emergency department. One refused referral and hung up.

Table 3. Call types for males, by age

Age group	Call type	Count
0 to 10	Child abuse	1
	Suicidal	1
	Violent act	1
11 to 20	Child abuse	1
	Suicidal	6
	Incapacitated caller	1
21 to 30	Suicidal	4
	Violent act	1
31 to 40	Suicidal	5
	Violent act	3
	Domestic abuse	1
41 to 60+	Suicidal	5
Age unknown	Child abuse	2
	Suicidal	13
	Incapacitated caller	1
TOTAL		**46**

Discussion

Crisis calls from or about those intending self-harm or harm to others form a small but very important part of Healthline's work, as they do for most health-related help lines. Three quarters are related to suicide – intended, threatened, or attempted – and the majority are received at night when those who usually care for these clients may not be available.

Dedicated crisis lines (such as RAINN, the Rape, Abuse & Incest National Network that operates America's only national sexual assault hotline,[3] and Crisis Line which takes calls related to mental illness, emotional distress, abuse or violence[4]) of course have a much higher proportion of crisis calls. In Australia, the Greater Murray Access Line is an example of a dedicated mental health triage service.[5]

Clearly it would be desirable to have health outcome statistics available, to judge the effectiveness of the Healthline intervention, but this is not strictly relevant. Healthline's task is successful triage to other agencies for whom health outcome is the important issue.

Table 4. Call types for all males

Call type	Count
Child abuse	4
Domestic abuse	1
Incapacitated caller	1
Behavioural concerns	1
Overdose	17
Suicide attempt	2
Suicide threat	15
Violent behaviour threat	5
TOTAL	**46**

References

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4. http://www.crisisclinic.org/cline.htm
5. Wilson A, Cullen M. The Greater Murray Accessline. Australian Psychiatry 2001. 9(4):351–355.