

Care Transitions for People Receiving Suicide Crisis Services

Transitions in care are high-risk times for people receiving suicide crisis services. Studies show that in the first week after someone is discharged from a psychiatric facility, the suicide rate is 300 times higher than the global rate.* That risk remains high for the first month, at 200 times the global rate. During this period, it is critical for caring professionals, family and friends to maintain contact with the person in care.

Key Transition Periods

- Discharge from an emergency department, state or local psychiatric hospital, or crisis alternative setting
- Release from jail or prison
- Mobile crisis involvement

Warm Hand-Offs

Warm hand-offs from one provider to another make the transition easier for the person in care and help build relationships between providers. The referring provider may arrange an introduction with the new provider in person, by phone or online. The referring provider may also make linkages with other staff within the receiving organization, such as peer providers or continuity-of-care staff. Warm hand-offs should be considered when a person is transitioning from the following types of care:

- Moving from inpatient psychiatric treatment to outpatient care
- Leaving an emergency room after a suicide attempt
- Transitioning from a crisis alternative setting
- Being released from a jail or prison
- Transitioning from a higher to a lower level of care within an organization

The sooner a person has a transition appointment, the less likely they are to die by suicide. Transition appointments within 24 hours are ideal.



Caring Contacts

If the person in care cannot get an appointment within 24 hours, providers should make caring contacts before the transition appointment. Caring contacts are brief communications from a provider expressing care. They can be delivered in person or by phone, letter, postcard, email or text. Caring contacts are non-demanding and do not require anything from the person in care. It is best to make caring contacts using the person's preferred method, but any method can be meaningful.

When a person misses an appointment, providers should follow up immediately. Call the person, or if you cannot reach them, try contacting their family members or emergency contacts. If that doesn't work, initiate a welfare check.

**Source: Chung, D., Hadzi-Pavlovic, D., Wang, M., Swaraj, S., Olfson, M., & Large, M. (2019). Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalization. *BMJ Open*, 9(3), e023883.*

