

# Reducing Barriers to Help-Seeking with the Interactive Screening Program (ISP)

## NOAP 2023 Annual Education Conference

Presented by:

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Program Director  
(she/her)



## Our Mission

# Save Lives and Bring Hope to Those Affected by Suicide

We are a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.



# National Organization with Network of Local Chapters

Founded in 1987 and headquartered in NYC, AFSP has a network of local chapters in all 50 states. AFSP's chapters are at the forefront of suicide prevention.

- Provide education and community programs and support for those affected by suicide.
- Engage with families, mental health professionals, community and business leaders, school administrators and others in our mission to save lives and bring hope to those affected by suicide.



# Suicide is a serious public health concern

Suicide is the  
**11th**  
leading cause of death  
in the US

In 2020,  
**45,979**  
Americans died by  
suicide

In 2020, there were an  
estimated  
**1.20M**  
suicide attempts

Suicide costs the US  
**\$69B**  
in work-loss and  
medical cost

Each year in the US  
**20%**  
of adults has a mental  
health condition

Less than  
**1/3**  
of people who have a  
mental health condition  
receive help



# Suicide Risk Among Healthcare Professionals

- Physicians die by suicide at nearly **double the rate** of the general population, and nurses are **at greater risk** of suicide than the general population.
- Workplace factors (such as interpersonal conflict and threat of job loss) contribute to suicidality for HCPs, in addition to common risk factors for suicide in the general population (e.g., major depression).

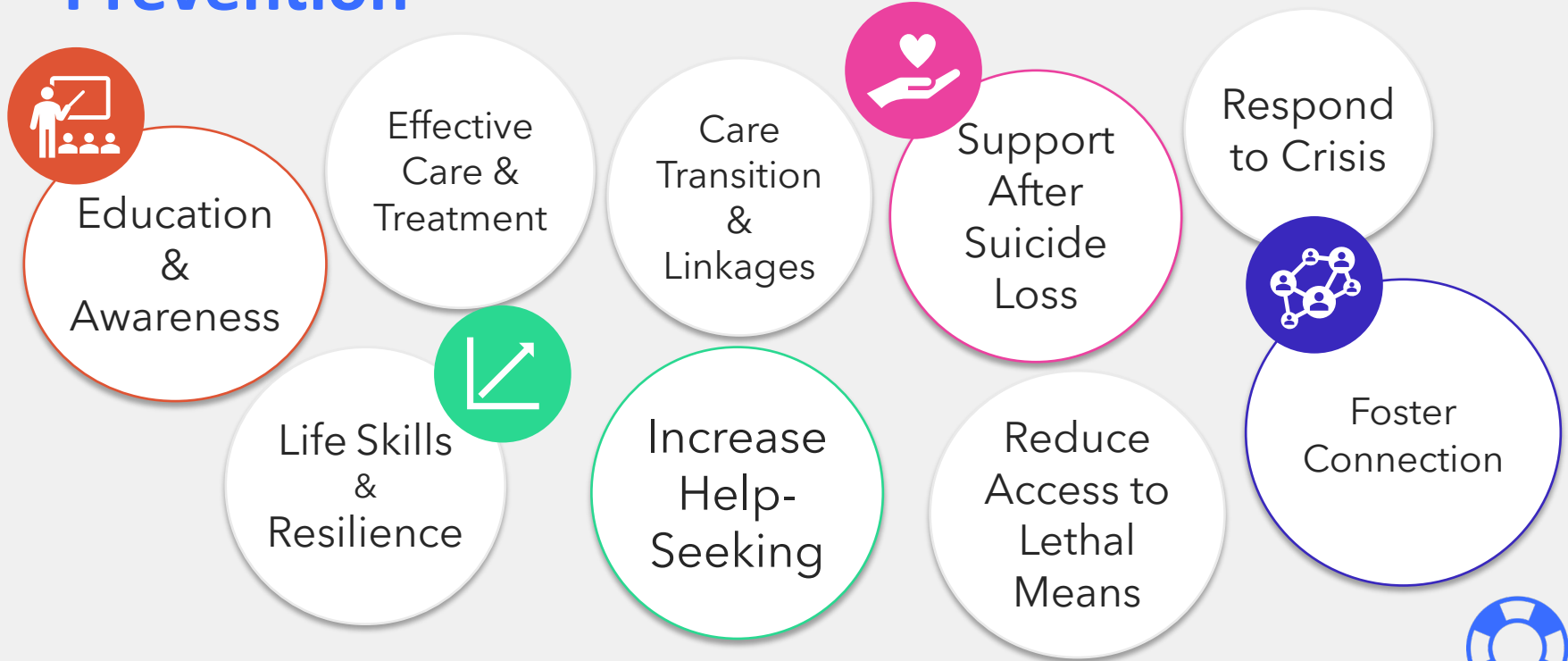


# Suicide Risk Among Healthcare Professionals

- Physicians **less likely to receive mental health treatment** compared with nonphysicians.
  - **Barriers to seeking mental health care**, including time constraints, hesitancy to draw attention to self-perceived weakness, and concerns about reputation and confidentiality.
  - **60-85% concerned formal treatment could affect licensure**



# Comprehensive Approach to Suicide Prevention



# Interactive Screening Program

ISP is an online screening program utilized by mental health services at institutions of higher education, hospitals and health systems, organizations and workplace settings to **connect with distressed individuals before crises emerge.**

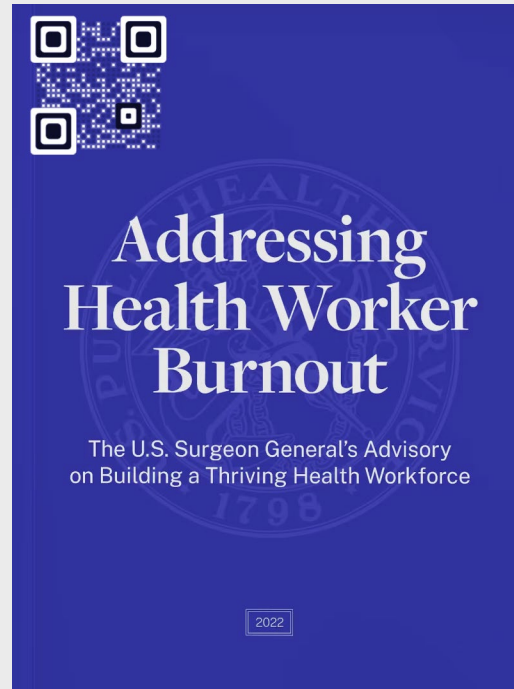
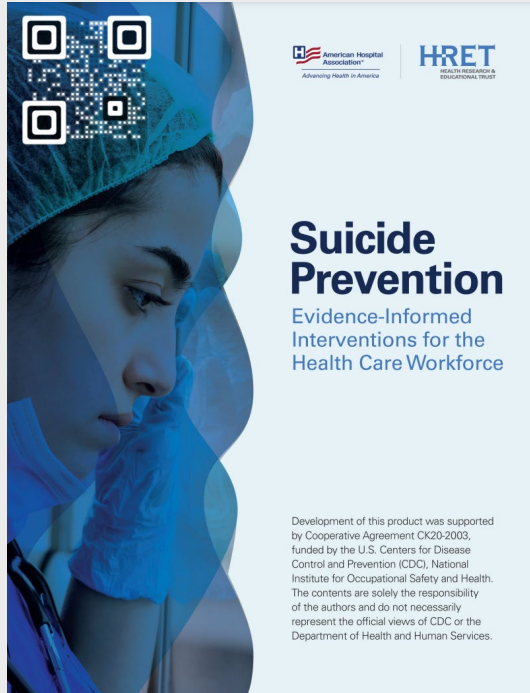
Developed in 2001, ISP has been implemented at **185+ sites nationwide** and has connected over **250,000 people to professional support.**

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# Evidence-Based Best Practice



## Recognized by:

- American Hospital Association
- U.S. Surgeon General Advisory
- AMA
- ACGME
- National Academy of Medicine



AFSP develops a dedicated online platform to be used as a tool for service engagement. ISP is promoted as a way to connect participants **anonymously** to resources/support for stress, depression, burnout, or other mental health concerns.

## TAKE QUESTIONNAIRE



Questionnaire for stress, depression, and other mental health concerns

## LEARN ABOUT RESOURCES



Receive a personal response to the questionnaire from a program counselor

## CONNECT WITH SUPPORT



Exchange messages with a counselor, ask questions, get answers and connected to services

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# Key Program Principles

## Program Goals + Core Aims

- Identify individuals with unrecognized and untreated mental health conditions
- Reduce barriers to help-seeking
- Increase service utilization among individuals with significant barriers to mental health services.

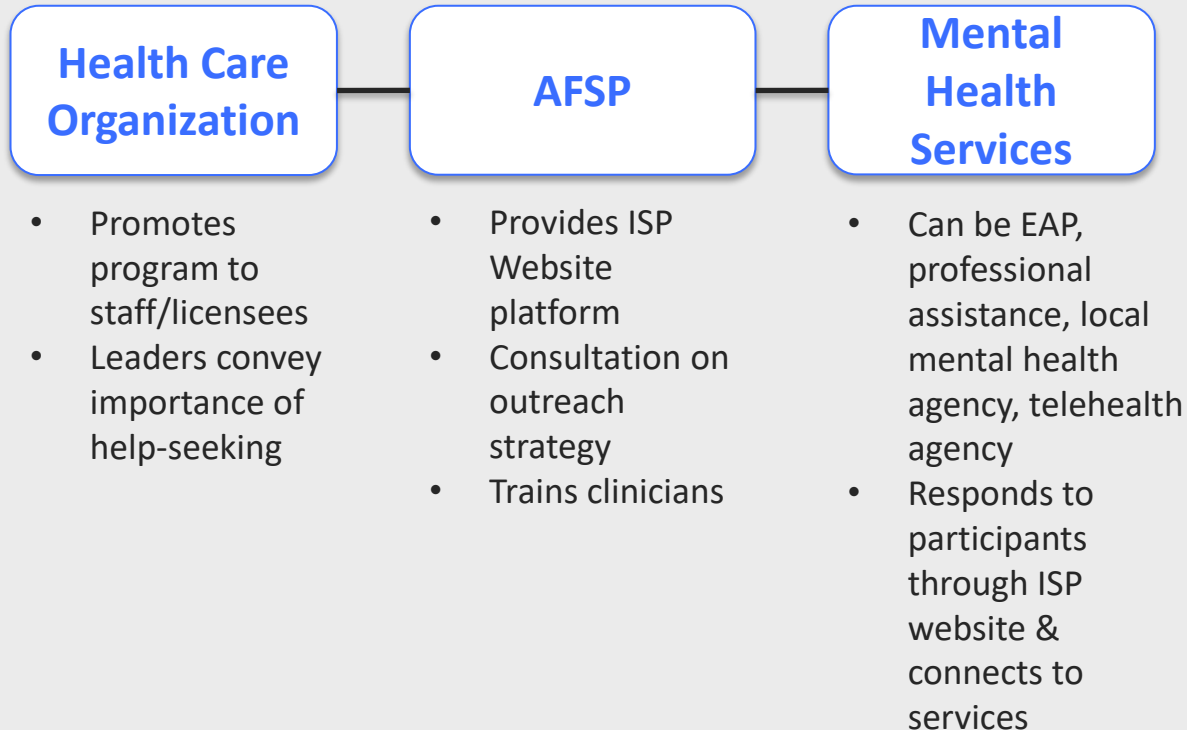
- ✓ Participant **anonymity**
- ✓ Personal contact with mental health services or peer support services (provided by each workplace/organization)
- ✓ Connection to participants' experience
- ✓ Interactive engagement

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# How ISP is implemented

Partnership between:



## Who can implement ISP?

- Hospitals/health systems, medical groups
- Academic medical centers and medical schools
- Physician Health Programs/ Medical Societies—state-wide or regional
- Professional Assistance Programs
- Healthcare organizations for all employees/staff



# Program Scope

The program follows strict guidelines that are recommended for any anonymous online screening program:

- Completely voluntary and anonymous
- No follow-up services provided unless requested
- Not a crisis intervention service - not monitored 24/7
- Not a clinical service or diagnostic tool

\*Guided by legal experts, ISP was designed to ensure the fullest possible measure of safety and protection for the institutions that offer and participants who utilize the program.



# How ISP Works

## OUTREACH

**PROACTIVELY REACH  
OUT TO AT-RISK  
PROFESSIONALS**

- Design promotion campaign to invite participants over time according to clinical capacity
- Promote through emails, flyers, intranet link, key leaders

## CONNECTION

**CONNECT  
PROFESSIONALS TO ISP  
WEBSITE PLATFORM**

- Participants take the self-check questionnaire
- Participants offered personalized response including information about service offerings and option to connect

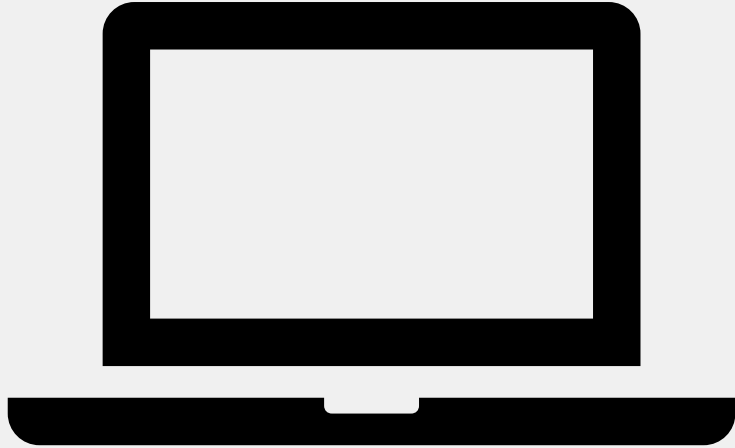
## ENGAGEMENT

**ENGAGE PARTICIPANTS  
INTO AVAILABLE  
SERVICES**

- Participants engage in anonymous dialogue to reduce their barriers to help-seeking
- Participants engage in services through EAP or other mental health service entity



# Program Demo



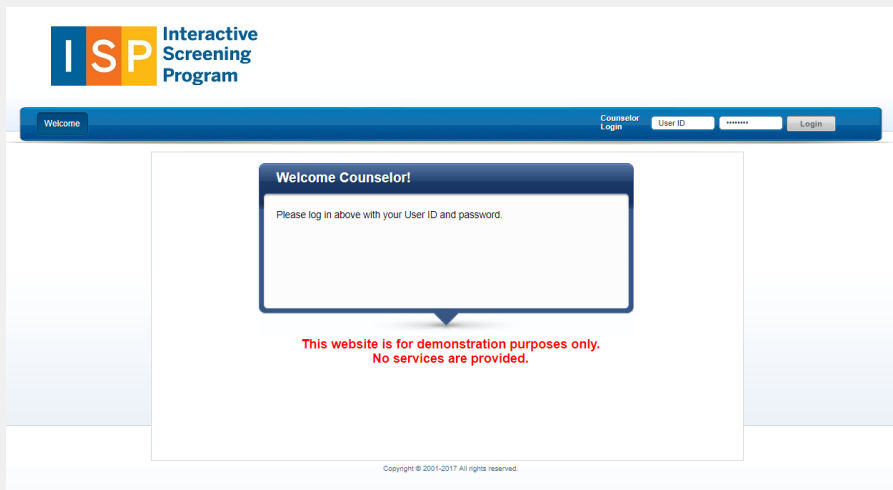
I was finally able to let someone know how badly I was feeling without any judgment and in a confidential manner.

Participant



# Monitoring ISP

Program counselors receive access to customized ISP website administrative portal



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# Monitoring ISP

Counselors respond to each questionnaire within 24-48 hours. This timeframe is based on the participant's Tier, or level of distress, which is determined by the participant's answers to the questionnaire.

Tier	Distress Level	Counselor Response Time
Tier 1A	Current suicidal thoughts, plans, behaviors and intense stress	24 business hours
Tier 1B	High distress	24 business hours
Tier 2	Mild to moderate distress	36 business hours
Tier 3	Low distress	48 business hours

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# Counselor Responsibilities

Counselors review and respond to the participants' questionnaires.

- Personalized response using the tier-specific template
- Offers empathy, connection, care, concern
- Focus is on the individuals' experience, not on a diagnosis
- Poses questions and connects

**Self-Check Questionnaire**

[Print](#)

User Id: daisougen888    User #: 35559    Tier Level: 1A    Date Completed: 10/05/2016

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During the last 4 weeks, how often have you been bothered by any of the following?	Not at all	Some of the time	A lot of the time	Most or all of the time
Feeling nervous or worrying a lot		X		
Becoming easily annoyed or irritable		X		
Feeling your life is too stressful				X
Feeling so frustrated by your situation that you don't know what to do				X
Experiencing increased conflicts with others			X	
Feeling anxious, restless or overwhelmed		X		
Feeling completely alone		X		
Having strong feelings of anger or agitation		X		
Feeling hopeless		X		
Having fear of losing control		X		

...ers who administer this  
re completely  
organization.

...me to do a self check and

...reach out for support. Your responses gave me pause to think about your experience. Thank you for your candor and telling a little about your situation. You stated you have a child or children (?) with a disability. I suspect that brings a different set of challenges, responsibilities and concerns for you than someone who does not have children with special needs. Without knowing more about your circumstances, how much does this affect your day to day mood and ability to manage all the other life stressors that come up?

Sometimes it is hard to pinpoint one specific thing that brings up feelings of depression, anxiety, frustration and irritability. For some, it may feel more like an increasing emotional load of "stuff" that you're carrying around and may not know how or where to begin to sort it all out. Or you may know the "IT" and have been trying your best to manage and cope but still feeling bad. You had noted in the survey you are using alcohol more and have increasing concerns about that – do you think this has been and may be becoming your "go to" coping mechanism? Do you have other ways of coping with life's stressors? Is there a support person in your life?

It caught my attention and concern that you have had recent thoughts over the last two weeks about bringing harm to yourself. Are these passing thoughts or are they compelling thoughts? Do you feel you are in that place now...or close to it? When you are having a BAD day, do you have a support system of family or friends

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# Sample Counselor Response

## Response to Questionnaire

Hi, my name is Jane Smith and I am part of an independent group of licensed counselors who administer this program for your organization. Our services are completely confidential and no information about any employee we speak with is reported to your organization.

I am really glad you reached out today as it sounds as if you have been going through a difficult time. I have reviewed the Questionnaire you submitted and there are few things I am concerned about that I would like to follow up with you.

I am particularly concerned that you recently have been easily irritated, feeling anxious, and having strong feelings of anger. You say that you have been feeling hopeless and have been going out of your way to avoid situations that remind you of negative experiences. It sounds like what you are experiencing is causing significant difficulties in your life. I can understand how you have these strong feelings of anxiety and irritability when things in the workplace are so stressful, and seem to be without much cause. When things do not make sense it makes it very difficult for us to cope and make sense of it.

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# Dialogue Message Platform

Participant replies to Counselor via Dialogue Platform  
Counselor responds within 24 hours

- Opportunity to get questions answered and receive specific recommendations for services and resources
- Reassurance, guidance, support from caring mental health professional

**Dialogue**

**TIER: 1A**

This window will remain open for a two-hour period. Please submit your message in that time frame to avoid losing what you have written.

[Submit New Note](#) [View Counselor's Response](#)

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# Sample Dialogue Exchange

Originator	Post Date	Notes
User	09/08/2019 11:22 AM	Good morning, Thank you so much for your response. It is very frustrating when you get treated differently or with an "attitude" and you don't know why. I have talked to certain co-workers and ask if there was a problem which they stated there was not.. So why the hostility? I am getting very frustrated and don't know what to do.
Counselor	09/09/2019 1:10 PM	Hello, I think it would be beneficial then to come in and speak with a counselor. We can help provide an alternative perspective and provide you recommendations in how you can handle the situation.
User	09/09/2019 3:37 PM	That would be excellent. Would I have to call to make an appointment?
Counselor	09/10/2019 8:02 AM	If you would like you can contact me directly, I am available until noon. My phone number is (800) 111-2233 x107 or if you want to call after that you can speak with another counselor/intake specialist.
User	09/10/2019 9:38 AM	Great! I will try to call you before noon.

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# Paths of Engagement

**Program Outreach and Promotion:**

Individuals receive information about ISP and access to program website;  
Learn about available resources and about ways to connect with support services.

**Screening Questionnaire:**

Individuals take self-assessment for stress, depression and other mental health concerns.

**Counselor's Response:**

Individuals review personal response to questionnaire;  
Receive support and information for available resources and services.

**Auto-Reminders:**

Participants are prompted to connect.

**Dialogue:**

Individuals exchange messages with counselor, ask questions,  
get answers, learn about services and support resources

**Appointment or Referral:**

Individuals makes an appointment or referral to  
meet with counselor.

**ALL PATHS** lead to individuals receiving information, resources, and support for connecting with available services.



# Program Utilization & Outcomes



**5-10%** Submitted questionnaire

**60-80%** Reviewed counselor's response



**30-40%** Exchanged messages with a counselor



**50%** Requested an appointment or referral to counseling/therapy



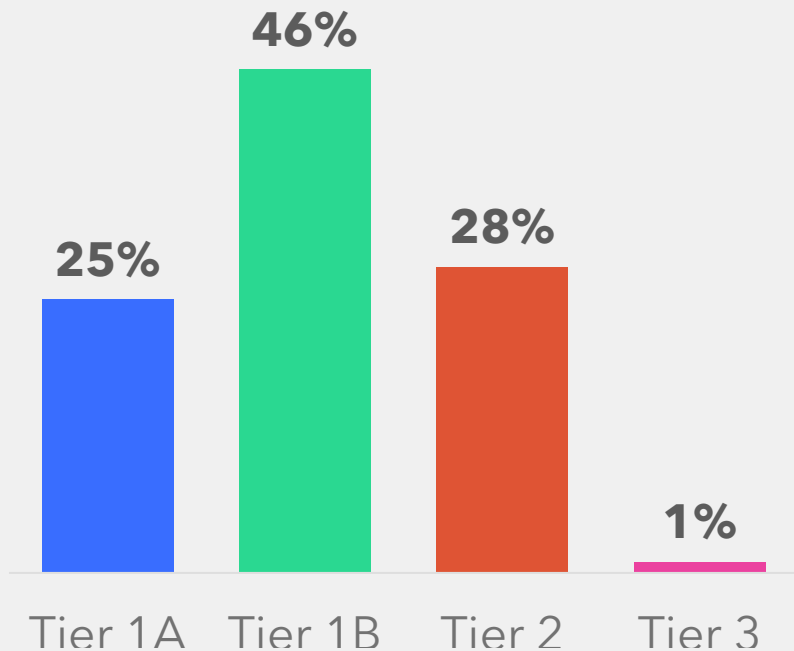
Validated my feelings of being overwhelmed and made me feel more OK with seeking help.

-Participant

Those who dialogued were **3 times** more likely to engage in treatment than those who did not



# Participant Distress



Tier 1A*	Suicidal ideation, plans, behaviors
Tier 1B	High distress
Tier 2	Moderate distress
Tier 3	No distress

**\*88% were not currently getting counseling or therapy.**

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# Key Implementation Steps

Implementation typically takes 3-6 months from time of signed agreement; Process tailored to your timeline and needs, and is collaborative and supported by ISP staff

## Service Integration

Determine mental health services and resources.

Assign staff to serve as program counselors; manage ISP operation.

Establish service engagement.

## Program Planning

Determine plan for program outreach, including email, mailings, brochures, flyers.

Identify opportunities to collaborate with health/wellness initiatives.

Outline plan for program monitoring and evaluation.

## Website Development

Gather information for intended audience, program goals, and support services and resources.

Platform planning and design, including page layouts, review and approval

Testing, review, and launch.

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# Clinical Capacity & Outreach Planning

- Outreach plan is tailored based on counseling staff capacity and population size.
- 1 FTE Counselor per 10,000 individuals invited is recommended
- Example Plan
  - 1000 invited (100 per week or biweekly)
  - 100 questionnaires submitted and are responded to by counselor
  - 80 participants review counselor's response
  - 30 participants engage in further dialogue with counselor on ISP website
  - 12 participants connect with services



# Why Implement ISP?

ISP:

- Provides a safe and anonymous way individuals to explore + connect with mental health services and support resources
- Educates about and promotes mental health and well-being
- Increases connection for those who are not likely to come forward and seek help on their own
- Creates a culture of support for help-seeking
- Key component for comprehensive suicide prevention strategy

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# Questions? Contact:

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Interactive Screening Program

[afsp.org/isp](https://afsp.org/isp)

Suicide Prevention Resources for HCPs:

[afsp.org/hcp](https://afsp.org/hcp)

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