

# The TeleCheck Technique



Learning from the Tasmanian experience



The TeleCheck Technique is a training program for guided contact with persons identified as being on a trajectory of risk for suicide.

# Historical context



- The program was based on a “pay for” service in Genoa, Italy where a medical monitoring system was administered by trained personnel.
- The suicide rate for this population was reduced dramatically.

*DeLeo, D., Carollo, G., Buono, M.D. 1995, Lower suicide rates associated with a tele-help/tele-check service for the elderly at home, The American Journal of Psychiatry, vol. 152, no. 4. 632–38.*

*DeLeo, D., Dellobuono, M. & Dwyer, J. 2002, Suicide among the elderly: the long term impact of telephone support, British Journal of Psychiatry, vol 181, pp. 226-229).*

# The core messages



1. Individuals can be identified on a trajectory of risk;
2. Referral networks can be created for health professionals;
3. Personnel can be trained to enable assessment and referral;
4. Proactive telephone contact provides individual and infrastructure support.

# TeleCheck training

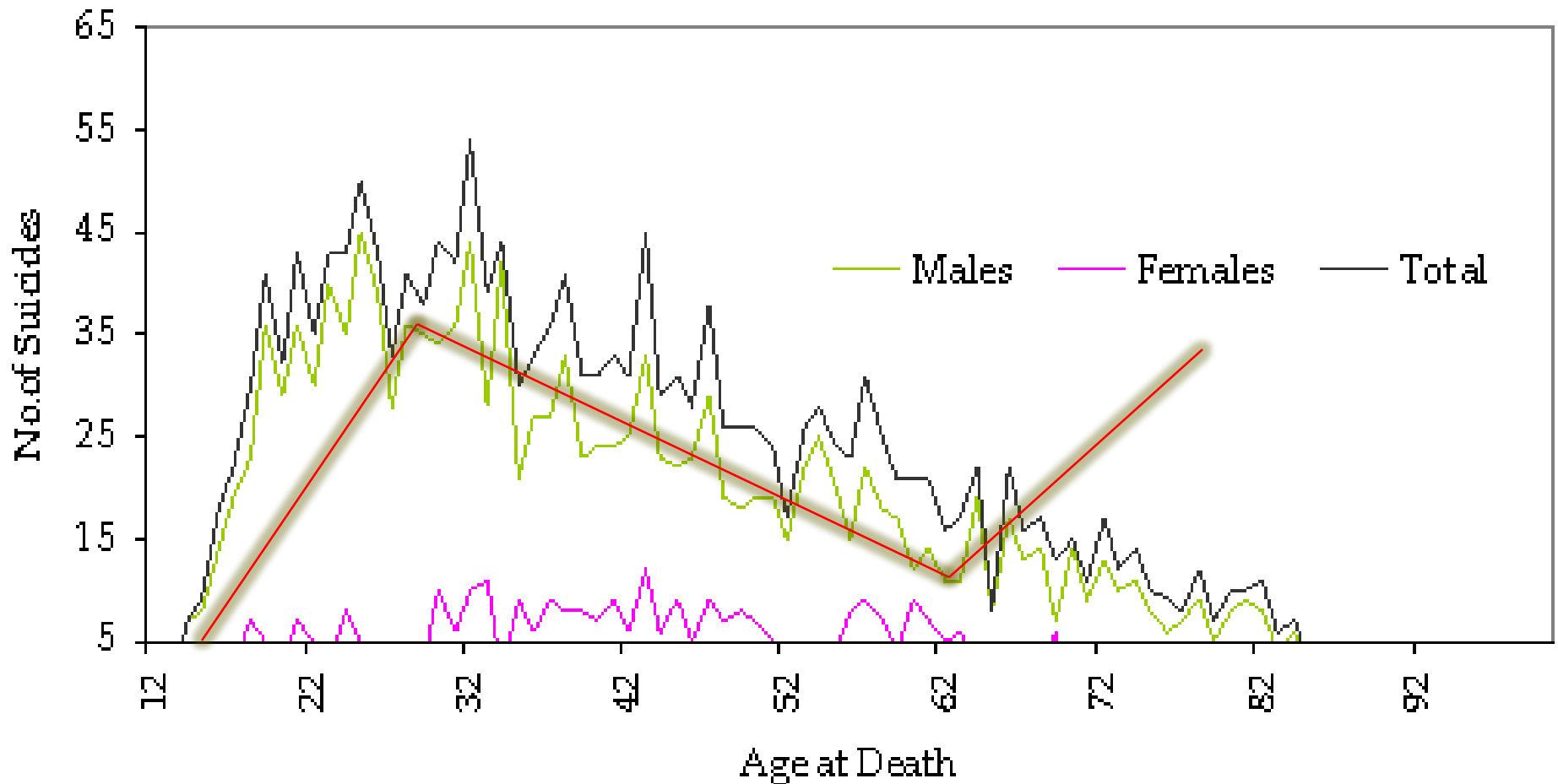


1. Enables a community response;
2. Provides an understanding of risk trajectories;
3. Facilitates appropriate pro-active contact;
4. Brings service providers closer in client care.

# Suicide patterns for Tasmania



Figure 1- Suicide by age for Tasmania 1978-2004



## Seeking help (young people)



- Studies indicate the majority of near lethal suicide attempters aged 13-34 seek help for health problems;
- Family and friends are more frequently contacted than all the professional consultants combined;
- Education is important in regard to the signs and trajectories for suicide;
- The role of 'contact' persons is important.

*See : Barnes et al 2001*

## Seeking help (older people)



- Gender socialisation of behaviour is a health issue (particularly for older men's health);
- There are often perceptions of threat to autonomy and sense of self;
- Stoicism and suspicion of change increases the trajectory of risk.

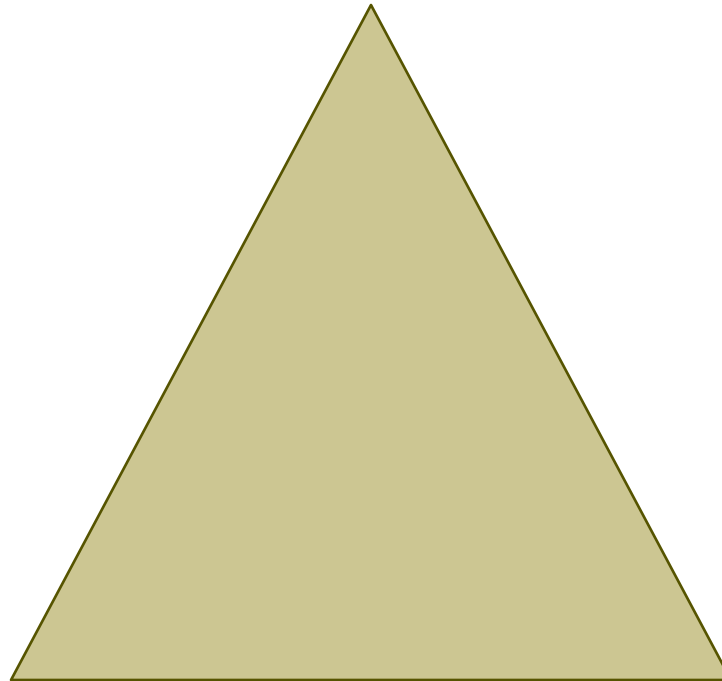
# Help-seeking processes



- Pre-contemplation: no problem acknowledged;
- Contemplation: aware of a problem but no commitment, (weighing up, struggling with the balance of effort required);
- Preparation: intention and behaviour (decision making);
- Action: modification of behaviour with commitment;
- Maintenance: prevent relapse, building on gains.



Motivation



Method

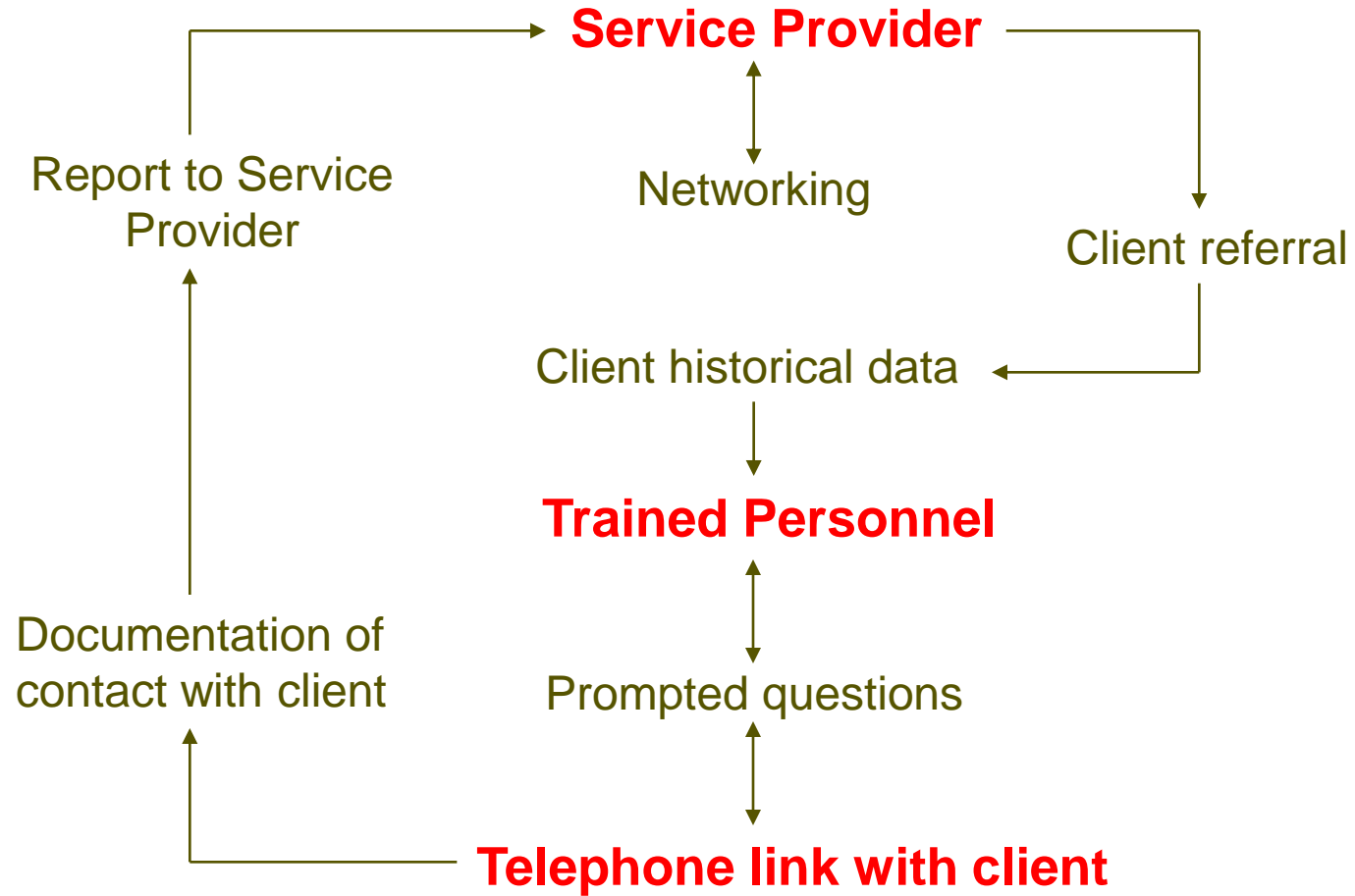
Opportunity

# Recognition issues

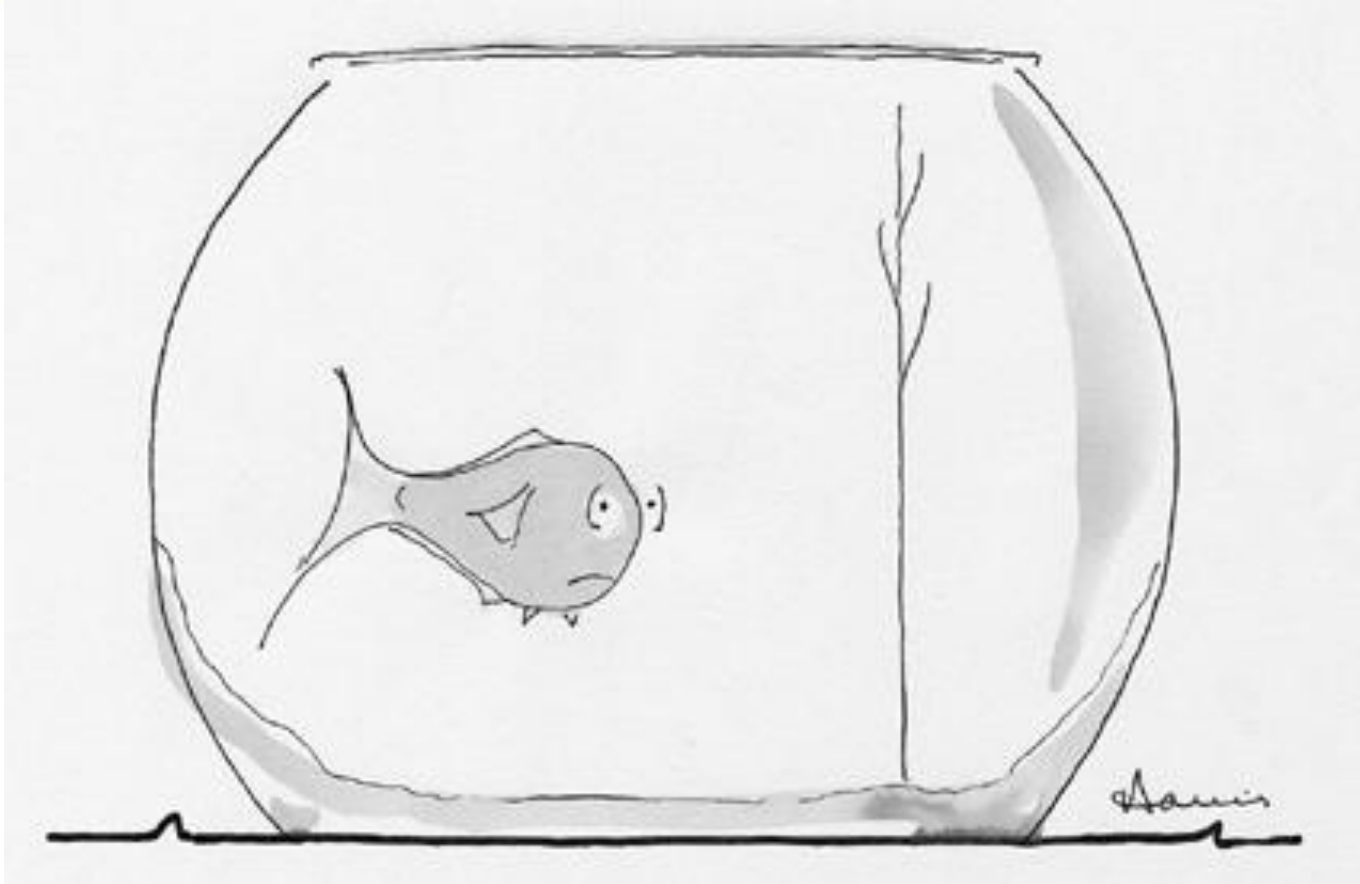


1. **Environmental:** Food, clothing, shelter, warmth, cooling, privacy, physical danger, business & financial difficulties, seasonal adjustments, remoteness, travel time.
2. **Physical:** Medication, physical pain, functional mobility, associated stigmas, appearance, diet & exercise.
3. **Social:** Spouse, friends, family, developmental issues, social groups & contact, neighbours, job, culture.
4. **Emotional:** Grief, mental illness, dementia & depression, developmental tasks, sexuality, alienation, rejection.

# TeleCheck process



# The documents



*Lex was a good listener, but it was an under-utilised skill*

**The role of the TeleCheck  
trained personnel is to:**



1. Review referrals from Service Providers and initiate contact with clients;
2. Develop and sustain rapport with clients;
3. Maintain contact with referred clients, by telephone, for the duration and frequency requested by the referring Service Provider;
4. Maintain accurate records of telephone contact with clients and of action reported by Service Providers;
5. Send TeleCheck reports promptly after each contact to the referring Service Provider.

## The role of the TeleCheck service provider is to:



1. Identify opportunities for the TeleCheck model to close gaps in the network of their socially isolated clients;
2. Refer those clients who may benefit from TeleCheck and complete the referral form with as much information as possible, including consideration of any other SPs involved in client care network;
3. Educate clients into the TeleCheck model and enhance their motivation to be involved;
4. Receive and review reports sent by the TeleCheck operator; and
5. Attend promptly to any issues arising from that report and provide feedback to the TeleCheck trained personnel about that action to facilitate continuity of care.

## Outcomes



The relationship between the TeleCheck operator and the person can reduce the tunnel focus on suicide and make temporarily unbearable problems just a little easier; allowing them to stop, think and to reconsider.

...it is the “just noticeable difference” (Leenaars 1994)

# Lessons learned



## 1. The desire for a centralised “service”

Might be achieved with:

- Sustainable funding for training and maintenance of infrastructure;
- Links with a range of service providers “contributing” to the service;
- A “pay for service” structure.

# Lessons learned



## 2. The need for an agreed implementation plan

Might be achieved with:

- a coalition of service providers;
- a long term program of network planning.

# Lessons learned



## 3. The need for an agreed assessment and referral systems

Might be achieved by:

- stronger training protocols with regard to trajectories of risk (however the individual presentations are idiosyncratic and 'checklist' assessment is unhelpful);
- an agreed referral system for service providers within a community.

## Lessons learned



### **4. The need for a central contact point/identified person to coordinate the TCT within the local health service system.**

Might be achieved with:

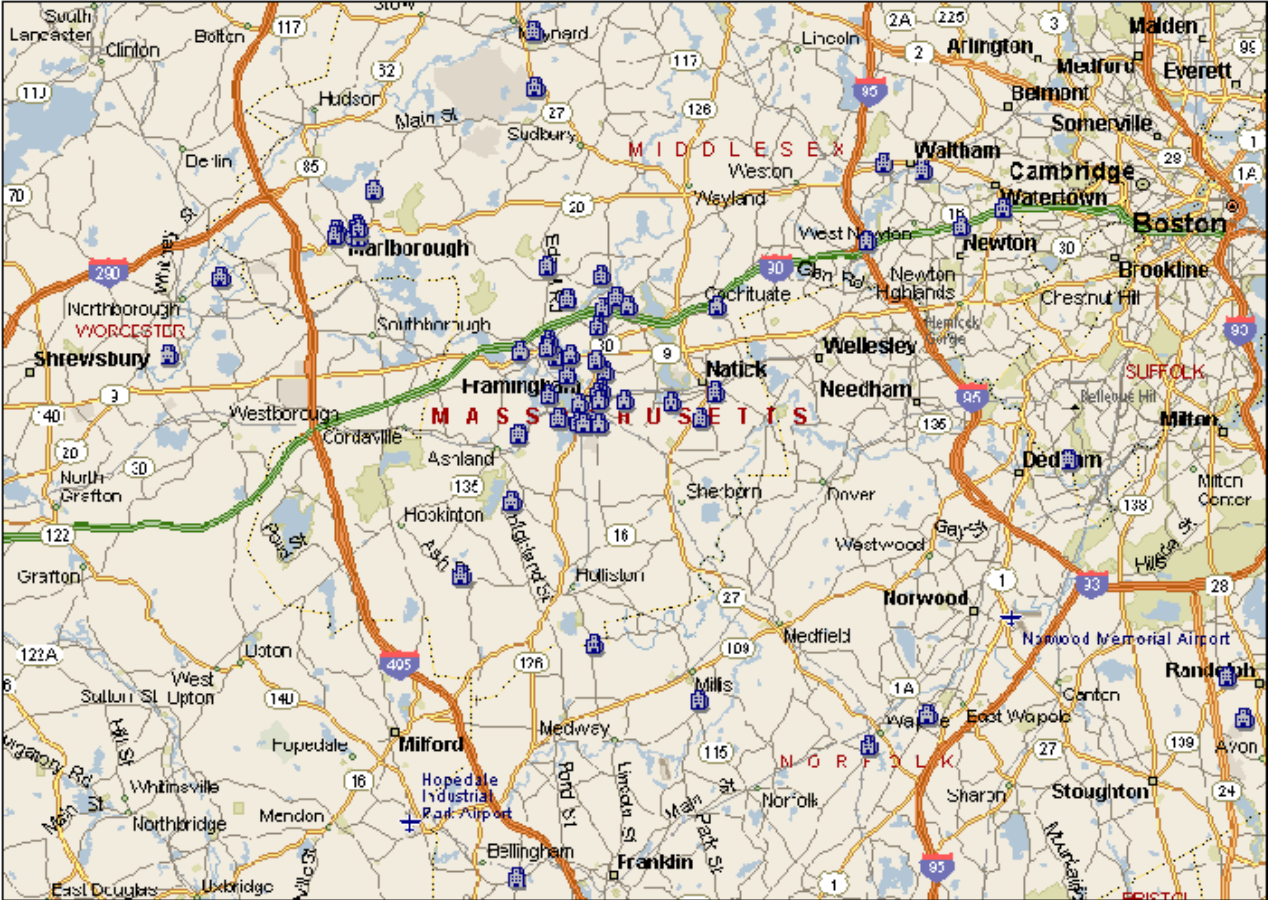
- a coalition of service providers;
- a more centralised pathway... (returns to the desire for a centralised “service”)

# The American TeleCheck



Advocates, Inc. offers mental health, developmental disabilities, advocacy and benefits and other services, and has been a leading provider of human services in Massachusetts for over 32 years. Advocates currently employs 850 people and offers services in over 50 communities, serving approximately 10,000 individuals annually.

[www.advocatesinc.org](http://www.advocatesinc.org)





This American organisation provides TeleCheck assistance where:

- Isolated, depressed elders can sign on after they have seen an outreach clinician who introduces it to them to the program. This is auspiced by the Samaritans who make two out-going calls per week to the elder.
- The clinician has previously filled out the Referral and has indicated areas of concern for the elder so the caller (called the “befriender” in this program) checks on these areas with the elder.



### Issues arising:

- Clients not answering the telephone, despite agreeing to the service;
- Some clinicians not comfortable in outreach without prior notification to the client;
- Narrow referral pathways (soon to be augmented by Gatekeeper training).

## What next?



- TeleCheck continues to offer a strategy for communities to address suicide risk and information is regularly requested.
- The iterations of the program and experiences from the field provide opportunities for improved program implementation.