DEVELOPMENT OF STANDARDS FOR SUICIDE PREVENTION CENTERS

JEROME A. MOTTO, M.D.

The need to integrate the efforts of agencies concerned with suicide prevention in a given geographical area has become increasingly clear as suicide prevention centers have continued to proliferate at a rapid rate. Such integration should primarily increase the effectiveness of service to the area's population, and secondarily, enhance the efficiency of such vital functions as recruitment, training, research, program evaluation, and funding.

An effort to integrate the suicide prevention agencies in the San Francisco Bay Area took formal shape in January 1968, with the formation of the Bay Area Association for Suicide Prevention,

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Inc. (BAASP), after more than a year of organizational planning. One of the Association's first tasks, along with obtaining approval of the articles of incorporation and by-laws, was to formulate a working definition of the agencies eligible for membership. This quickly reduced itself to a question of developing "standards," in recognition of the fact that suicide prevention activities can be so diverse in form that the nature and quality of an agency's service could not be taken for granted. The committee appointed to set these standards was composed of an attorney, a social worker, a psychiatrist, and a minister, each of whom was associated with an operating suicide prevention center; the committee chairman, a psychiatrist, was affiliated with the Department of Psychiatry of the University of California School of Medicine (San Francisco).

Based on their experience and professional orientations, the committee members decided that it was essential to set standards for six characteristics of the operation of a suicide prevention agency: (1) soundness of the organizational structure; (2) qualifications of the staff; (3) availability, extent and nature of the services offered; (4) adequacy of professional consultation; (5) acceptance of the need for a regular schedule of program evaluation; and (6) ethical considerations.

In working out the specific details of the standards, the committee members were repeatedly forced to revise and modify their original thinking, balancing ambitious goals with realistic limitations. In the initial phase of the work, this struggle led to two realizations: First, the Association would have to acknowledge a difference between "recommended" standards and "minimal" standards; and second, it would be necessary to establish two categories of membership—"regular" and "provisional." The latter would include those operations that could reasonably be expected to develop, within 1 year after admission to membership, into facilities which would meet the requirements for regular membership. The task was thus narrowed to defining "minimal" standards for "regular" membership in BAASP.

A potentially disruptive situation was created by repeatedly scrutinizing the activities of the existing suicide prevention centers to determine whether a given requirement would disqualify one of the six charter members of the Association.[1] This was especially delicate, of course, in the matter of ethics, which implied personal as well as organizational limitations. No flexibility was deemed acceptable in the area of ethics. It was recognized, however, that unusual circumstances might justify deviation from the established minimal standards in the other five areas considered. A seventh article was thus added to the adopted statement of standards, allowing for deviation in an individual agency's programs if, following review by the Standards Committee, it is approved by the BAASP Board of Directors.

Most of the final decisions arrived at speak for themselves; several deserve further comment. The concern for organizational structure reflects the need for assumption of sponsorship by an agency of unquestioned responsibility, backed by resources that assure ongoing professional scrutiny and guidance. The staffing standards read in part like a recitation of the obvious; yet to overcome the current manpower shortage, agencies have been known to overlook the obvious. Staff inadequacies, below a certain level, could do the cause of suicide prevention more harm than good. The Association's concern has been to assure adequate effectiveness of those persons who do carry on the vital work of suicide prevention, and to minimize errors in the process of screening out those who are, as the Samaritans' founder Chad Varah has put it, "excellent citizens with the wrong virtues." The BAASP committee tried to give adequate recognition to the value of prior living experience, professional training and experience, intuitive skills, and common sense in setting the level of formal training "or equivalent" required of persons who answer that special telephone. This is a most difficult point to evaluate; it needs to be clarified by continuous investigation of staff effectiveness in various suicide prevention centers.

[1] The charter members include Suicide Prevention of Alameda County, Inc.; San Francisco Suicide Prevention, Inc.; Suicide and Crisis Service (Santa Clara County); Peninsula Suicide Prevention, Inc. (San Mateo County); Suicide Prevention Center (Solano County Unit); and Contra Costa Suicide Prevention Service.

The service standards reflect more quantitative than qualitative requirements: assurance of round-the-clock availability and evidence of complete referral information being at hand. It was assumed that if staffing standards are met, the quality of service will be satisfactory with the barest minimum of programing—provided that adequate consultation is available. It was further assumed that tax-supported facilities are acceptable as referral sources without question, but that private resources must be screened before they can be used with confidence. This is related to the possibility that less experienced staff members may refer callers to "any port in the storm"—readily available but inappropriate private resources.

Consultation standards emphasize that "availability" of a professional consultant is not sufficient. It is too easy for inertia and a smoothly functioning program to retard continued self-scrutiny and growth. Regular consultations, not only in emergenices or on an "as needed" basis, are necessary for optimal functioning of a center staff fully aware of its responsibilities.

Program evaluation is still a bugaboo that cannot be ignored, even though it poses awesome hurdles. The importance of continued concern and of systematic efforts to tackle the problem prompted inclusion of this issue in the statement of standards.

The consideration of ethics will probably stir more controversy than any other issue, due to the wide diversity of approaches to the concept of "helping." There is also much room for interpretation here, rendering a precise "code of ethics" virtually impossible to formulate. Certainly the basic philosophy must involve the concept of service to those who need and request it, regardless of the precise mechanics of how this is achieved. It would be most desirable to word this statement entirely in a positive way, without resorting to prohibition, but a desire to be explicit in certain instances precluded this.

The present form of our statement of standards for membership in the Bay Area Association for Suicide Prevention, Inc., is as follows:

BAY AREA ASSOCIATION FOR SUICIDE PREVENTION, INC.

Minimal Standards Required for Regular Membership

The following standards have been established by the Board of Directors of the Bay Area Association for Suicide Prevention, Inc., as minimal requirements for admission to full membership in the Association. These are not to be interpreted as "recommended" standards, which are published as a separate statement. Organizations which do not meet these requirements may be eligible for provisional membership as indicated in Article II of the By-laws of the Association. Revision of these standards may be effected by appropriate action of the Board of Directors of BAASP as further experience may dictate.

I. ORGANIZATIONAL STANDARDS

A. The facility must be responsible to a Board of Directors, either directly or through responsibility to a recognized established organization (e.g. a church) with such a board.

B. A designated person (e.g. Executive Director) must be responsible for the overall operation of the agency program on a full-time basis. This person will also be responsible that appropriate records are kept of pertinent aspects of the agency's service and operational activities.

C. A Professional Advisory Committee with broad representation of disciplines must be established.

D. An attorney must be available for legal advice either through the Board of Directors or the Professional Advisory Board.
E. Records of management of all funds must be available for audit by BAASP.

II. STAFFING STANDARDS

A. All teaching, training, consultation, and supervisory personnel must be qualified for their role by reason of professional training or appropriate experience. This would include training in such areas as psychology, psychiatry, sociology, pastoral counseling, psychiatric nursing, psychiatric social work, etc., or comparable experience. This requirement is also applicable to those screening and selecting volunteers for training.
B. Volunteers must be carefully screened, including interviews by at least two qualified interviewers. Volunteers must show evidence of emotional stability, integrity, perceptiveness and responsiveness to human needs, and receptivity to learning.
C. All staff members who have responsibility for responding to callers must have a minimum of 40 hours of instruction time, or equivalent, including at least the following:
    1. Basic suicidology
    2. Utilizing of training tapes
    3. Observations of experienced staff responses to telephone callers
    4. Handling incoming calls under direct and individual supervision
    5. Handling incoming calls independently with consultation as needed and with regular supervisory review
    6. Appropriate referral agencies
    7. Record keeping
    8. Ethical considerations, with emphasis on confidentiality

    Pertinent material covering these areas must be in written form, available for reference at all times by all members of the agency.

III. SERVICE STANDARDS.

A. The facility must be made available to and be prepared to respond to any person seeking its services on a 24-hour-a-day basis.
B. The facility must be prepared for referral of callers to appropriate community resources (including medical, psychiatric, social welfare, church, police, etc.).
C. Private agencies or persons must be approved by the Center's Professional Advisory Committee before callers can be referred to them for professional assistance.

IV. CONSULTATION STANDARDS

A. Consultation services must be provided to nonprofessional personnel on a *regularly scheduled* as well as emergency basis, both for full-time and part-time staff and volunteers.
B. Medical consultation must be available to members of the organization's staff at all times. This should be documented by a letter or statement from the medical resource stating willingness to provide such consultation.

V. PROGRAM EVALUATION STANDARDS

A formal evaluation must be carried out at least every 2 years as to goals, methods and effectiveness of the Suicide Prevention Center's program.

VI. ETHICAL STANDARDS

A. The following constitute violation of ethical standards:
   1. Engaging in primarily social contact with callers by members of the agency staff.
   2. Charging of a fee for the services of the facility other than those fees specifically approved by the Board of Directors of BAASP, Inc.
   3. Charging a caller a fee for services rendered by a paid member of the suicide prevention agency staff to whom the caller has been referred.
   4. Facilitating or encouraging any illegal activity (e.g. sale or possession of drugs, criminal abortion, etc.).
   5. Violation of accepted standards of confidentiality.

B. Advertising, publicity and fund raising activities of any kind must be consistent with accepted community standards, accuracy and good taste.

VII. If an individual agency program reasonably necessitates deviation from these standards, such deviation must be reviewed by the Standards Committee of BAASP and approved by the Board of Directors of BAASP.

Much remains to be done in further developing the concept of standards as applied to suicide prevention centers, especially as regards various interpretations of the ideas expressed. As we proceed with the implementation of the points discussed above, we are repeatedly impressed with the potentials for transposing a "statement" into a viable, effective, and versatile instrument which can further the humanistic goals of all persons and agencies concerned with suicide prevention.

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Dr. Motto is chairman of the Standards Committee and a member of the Professional Advisory Committee, Bay Area Association for Suicide Prevention, Inc. He is also Associate Clinical Professor of Psychiatry in the Department of Psychiatry of the University of California School of Medicine (San Francisco).