Suicide and Life-Threatening Behavior

ORIGINAL ARTICLE

Ambivalence About Receiving an Emergency Dispatch Following Crisis Line Contact: A Needed Yet Imperfect Intervention

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ABSTRACT

Introduction: Veterans Crisis Line (VCL) responders may initiate emergency dispatches when individuals are at high risk for suicide, risk cannot be reduced, and self-transportation to emergency care is not possible. The purpose of this study was to understand veterans' experiences of emergency dispatches following a crisis line contact.

Methods: Forty veterans (29 men; 11 women) who contacted VCL and received an emergency dispatch were recruited. Participants completed semi-structured interviews exploring their experience of the VCL contact and receiving a dispatch. Transcriptions were analyzed using descriptive thematic analysis.

Results: Individuals who received an emergency dispatch recognized that VCL provides a resource that helped them cope with overwhelming distress and suicidal thoughts when they had nobody to turn to while connecting them with healthcare, which may have saved their lives. They also noted that there were problems with police involvement that reduced autonomy, were perceived as hostile, and may have prevented them from contacting VCL again.

Conclusions: VCL is meeting a core need for veterans who are at high risk for suicide by facilitating coping during crises and connection with care. However, policy makers, responders, and researchers need to consider the potential negative impact of police involvement and consider alternative responses.

1 | Introduction

The 988 National Suicide Prevention Lifeline (988/Lifeline) and associated Veterans Crisis Line (VCL) provide a 24-h point-of-contact for the US general population and Veterans, respectively, to obtain immediate care for mental health crises, including suicidal crises (United States Congress 2020; Office of Mental Health and Suicide Prevention 2018; Office of the U.S. Surgeon General and National Action Alliance for Suicide Prevention 2012). By May of 2023, the national network of 988/

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Lifeline call centers was reporting roughly 350,000–460,000 monthly contacts, with approximately 57,000–66,000 additional contacts being diverted to VCL (Substance Abuse and Mental Health Services Administration 2023). For individuals determined to be at high risk for suicide, responders address immediate risk by reducing distress and suicidal thoughts and intent and longer term risk by engaging contacts with healthcare (Britton et al. 2013; Gould et al. 2007). When responders determine that emergency care is needed and the contact is unwilling or unable to obtain transportation to emergency care, they can initiate *emergency dispatches*, which activate local emergency services. The proportion of emergency dispatches that are initiated for 988/Lifeline contacts is estimated to be 2% (Drapeau 2024), whereas approximately 4% of VCL contacts end in a dispatch, resulting in 27,000–30,000 per year (Britton et al. 2023).

Emergency dispatches can be initiated at the request of individuals who contact crisis lines, but may also be initiated unilaterally by responders who feel they are unable to reduce acute suicide risk during the contact or have other safety concerns. When initiated, dispatches activate local emergency services, often through 911, which are responsible for appropriately responding to a variety of crises, from accidents and crimes to medical emergencies. The type of response varies by state and often by county, and quality is critical because veterans who received emergency dispatches are often at high risk for suicide (Stearns-Yoder et al. 2024).

A 2022 Congressional Research Report examined the association of types of mental health crisis care that is received through emergency services with related outcomes (James et al. 2022). According to the report, local responses typically include police-only, emergency medical technician (EMT)-only, or joint police and EMT visits; however, concerns about the preparedness of both police and EMTs to manage mental health crises have led to the development of more specialized approaches (Watson et al. 2019). These specialized responses include Crisis Intervention Teams with trained officers who have access to mental health consultation (Rogers et al. 2019; Watson and Compton 2019; Taheri 2016), Co-Responder Teams, with a mental health professional and police (Puntis et al. 2018), and Mental Health Crisis Teams with mental health professionals who respond with or without police (Dee and Pyne 2022). VA has experimented with Veterans Response Teams, a collaborative approach that utilizes police departments, VA police, and VA's Veterans Justice Outreach to facilitate linkage with VA mental healthcare (Tsai et al. 2023). To our knowledge, there is no comprehensive national documentation of where these strategies are used; existing data are incomplete and show great variability in the availability and quality of services across the United States, and there is a paucity of data on the use or effectiveness of such services during suicide crises (Goldman et al. 2023).

In summary, the 988/Lifeline and VCL emergency dispatch process relies on the use of 911 infrastructure that was initially designed to respond to crimes and medical emergencies, not mental health crises, and veterans who received emergency dispatches are at increased risk for suicide. Responses differ by locale, and there is no quantitative research on their impact on individuals at acute risk for suicide. However, in a qualitative evaluation of VCL, participants ($n = 10$) who either received an emergency dispatch or agreed to transport themselves to emergency services reported that they were contacting the crisis line to help manage a crisis and found it effective, but some also reported experiencing an unnecessary escalation of the crisis, intimating that the emergency dispatch may have made the crisis worse (Johnson et al. 2021). Although the study highlighted the potential of using qualitative methods to study the experience of dispatches, it was a small sample that did not exclusively focus on contacts who received a dispatch and was therefore unable to fully examine the breadth and depth of the experience. In the current study, we build upon this prior work by conducting qualitative interviews with a national sample of veterans who contacted VCL and received an emergency dispatch during a suicidal crisis, to learn about their subjective experience of the dispatch and explore perceived benefits and consequences. Findings help inform recommendations for further investigation with implications for policy and practice.

2 | Materials and Methods

2.1 | Procedures

Selection of procedures was guided by the goals of the study, which were primarily evaluative and idea-generative, and the institutional context in which it was conducted. Procedures were also informed by the epistemological and ontological orientations of the investigators, which include striving for objectivity and reflexivity and an alignment with subtle realism, in that the social world exists independent of individual understanding but is only knowable through our participants' interpretation of their experiences (and our subsequent interpretation). Throughout procedure development and data analysis, the study team engaged in reflexive discussions of how their training, experiences, biases, knowledge of the suicide prevention field and knowledge of crisis line operations, including observation of crisis line calls, may shape their perspectives and interpretation of the data. The study team represented a varied range of these characteristics, which helped bring multiple perspectives to the data.

Veterans who contacted VCL and received an emergency dispatch in the past 6 months were identified using the VCL Medora database, which contains records maintained by VCL responders. Contact could be through call, text, and chat modalities, but the large majority were calls. Purposive sampling was used to enroll a sample that was demographically (e.g., age, gender), clinically (e.g., healthcare utilization, diagnoses), and regionally diverse (Ritchie et al. 2013). Potentially eligible veterans received a letter and information sheet that described the study and invited them to contact the study team if they were interested in participating or wished to "opt out." Those who did not opt out within 2 weeks received up to three phone calls from the study team to inquire about interest and, when interested, discuss informed consent, confirm eligibility, and complete demographic questions. Interested and eligible veterans were scheduled for a one-time hour-long phone interview. To ensure broad reach, participants received $80 for completing the interview. The study was approved by the Department of Veterans Affairs Central Institutional Review Board, and all participants provided informed consent.

2.2 | Sample

All veterans in the (1) Medora database with a crisis line contact in the previous 6 months who received a suicide-related emergency dispatch were potentially eligible. VHA medical record data were used to exclude veterans who had documented diagnoses indicating (2) current psychosis or (3) dementia, (4) active mania, (5) terminal illness, or who may be unavailable (6) as they were currently residing in a secure facility (e.g., correctional or clinical). Telephone screens were then used to confirm that the veteran was (7) over 18, (8) did not have a designated guardian, (9) contacted VCL and received an emergency dispatch in the past 6 months, and (10) was willing to be audio recorded. Demographic and clinical characteristics of the sample ($N = 40$) are in Table 1.

TABLE 1 | Veteran demographics.

	***N* (%) (Total *N* = 40)**
Age Groups	
18–35	11 (27.5)
36–49	9 (22.5)
50–64	15 (37.5)
≥ 65	5 (12.5)
Gender	
Female	11 (27.5)
Male	29 (72.5)
Race	
American Indian/Alaska Native	1 (0.25)
Asian	0
Black/African American	11 (27.5)
Native Hawaiian/Other Pacific Islander	3 (0.75)
White	19 (47.5)
Biracial/Multiracial	3 (0.75)
Unknown/Unspecified	3 (0.75)
Time Zones	
PST	5 (12.5)
MST	4 (10.0)
CST	14 (35.0)
EST	17 (42.5)
HAST (HI)	0
AARKST (AK)	0
Branch of Service	
Army	15 (37.5)
Navy	5 (12.5)
Air Force	4 (10.0)
Marine Corps	10 (25.0)
Coast Guard	0
Reserves	0
National Guard	3 (0.75)
Multiple/Other	3 (0.75)

2.3 | Data Collection

Qualitative semi-structured interviews were used to gather data on veterans' VCL experiences, with emphasis on contacts during which they received an emergency dispatch (veterans may have multiple contacts). Qualitative interviews explored (1) veterans' experience of sharing their risk and the responder's response, (2) sense of collaboration and agreement to the response plan (including emergency dispatches or not), and (3) experience receiving emergency services.

2.4 | Analysis

Interviews were recorded and transcribed verbatim by a VA transcription service. The first three and 20% of remaining transcripts were verified to ensure accuracy and were performed by having team members who did not transcribe the data listen to recordings while reading transcripts. De-identified transcripts were organized and coded using Atlas.ti software.

The analysis team used a descriptive thematic analysis approach that allows for both deductive (top-down) and inductive (bottom-up) identification of themes. Qualitative analyses were conducted by L.M.D., K.J.T., M.M.H., and T.F., all of whom had prior qualitative interview and analysis experience, in consultation with the entire study team. A codebook was developed using codes based on the team's research questions, and additional inductive or bottom-up codes were developed following reading and discussing transcriptions. Each transcript was read by the two primary analysts (L.M.D. and K.J.T.) who met weekly to discuss topics identified in the transcript that were used to generate codes for the codebook and evaluate saturation (i.e., no new concepts relevant to the research questions were being heard in interviews). The primary analysts also applied the draft codebook to these early transcripts to determine whether code names or definitions required adjustments to better reflect the data. The codebook was finalized (no new edits) prior to the final coding of the full set of transcripts.

Analysts then used the codebook to code individual text passages in the interviews, using Atlas.ti software. To build consensus prior to final coding, the codebook was applied to the same transcript by all analysts, and results were compared and adjudicated using a side-by-side comparison. This process was repeated until all code definitions were clear, and the analysts could apply them consistently. Each transcript was coded by two analysts, and discrepancies were discussed and adjudicated as necessary. No persistent disagreements were experienced. The analytic team then reviewed coded data to identify core themes, which were discussed with the broad study team to refine primary findings.

3 | Results

3.1 | Overview

Multiple veterans viewed VCL as a valuable intervention for mental health crises that filled a gap in their lives, prevented them from making a suicide attempt and dying by suicide, and improved their mental health through increasing their contact with behavioral healthcare providers. However, reflecting on their experience revealed ambivalence regarding the dispatch process, including concerns over police involvement. Specific themes are discussed in greater detail in the sections below, and additional supportive quotes are provided in Tables 2 and 3.

3.2 | VCL Is a Necessary Intervention for Veterans Experiencing a Mental Health Crisis

Veterans described VCL as a means to interrupt acute mental health crises. Some felt it provided a much-needed disruption from negative and overwhelming thought patterns and provided support when they could no longer cope with their distress.

> I got panicked and I felt that was my only lifeline ... that feeling of really extreme impending doom, I just reached out, and it was like being drowned; reaching out your hand and then somebody reaching their hand in the water a hundred feet deep and just pulling me out.

It was also described as a resource they could use during an interpersonal conflict such as an argument with a spouse.

> My wife had made me mad. And I was gonna hurt her so instead of hurtin' her I ... just left and called the crisis line ... I had got into it with her, and she just kept nagging, nagging, nagging ... when you nag me my PTSD kicks in, and I can only take so much. You know it'll just – it drives me to the point to where somebody gotta go [sic], you know? Somebody gotta go. And normally it's me because I'm the one that's thinkin' violence.

One veteran talked about how cleansing it felt to call VCL and said she called whenever she needed an emotional release:

TABLE 2 | Positive themes and quotations from veterans who received an emergency dispatch.

Theme	Quotation
VCL as coping tool when feeling overwhelmed	I think it's just that I don't want to remember, honestly, I just remember like I was shaking. I was like so timid. And like, you know, I just remember feeling like numb. I just remember feeling like I was in the danger, I felt like I was a danger. And I just didn't know what to do, so you know that was kinda why [I called]. Yeah, when I, when I can't, yeah when I can't, when things get really bad, I call ... My life was completely unmanageable. I was just, you know just at my wits end. I like get to this point where I like, I do all my coping skills but I still I'm in this bad place. And then I need, and then I feel like I need to go to the hospital, or I need to do something.
VCL as interpersonal support	And [my sister] ain't got time for my, my mess. But regardless of anything when I'm in that place in my mind and my mindset is in that dark place, I don't bring my family into it. Because I'm so tired of being like this and every day it's the same thing, same thing. And no matter what I try it's like, it doesn't get better, so it becomes depressing because I just wanna be normal again. I just want my life back. And I wanna be the dad I'm supposed to be to my son. And so when those things start getting in my head and I had no, I had nobody I could turn to that day. And so I picked the phone up and I called [the VCL].
VCL as a life-saving service	(I: What do you think might have been different if you hadn't received the emergency dispatch or hadn't called the Crisis Line?) I would be dead, ma'am ... because I was headed on the road to destruction. Only things I cared about were what time the liquor store opened, and why did it close at 12 o'clock? Why aren't they open till 2 or 3 in the morning? I'm being honest with you, ma'am. Whereas I couldn't help nobody, and nobody could help me, and things of that nature. (I: Do you think there's anything else that could have pulled you from rock bottom besides getting the emergency help?) No, ma'am. I do not. (I: What do you think might have been different if you hadn't received the emergency dispatch or called the crisis line that day?) Oh, I very easily could have probably either drank myself to death or shot myself.

TABLE 3 | Negative themes and quotations from veterans who received an emergency dispatch.

Theme	Quotation
Emergency dispatches were not autonomy supportive	And then they asked me to go to the hospital with them or something like that. I don't remember exactly the wording ... I asked them if this was kinda the situation that if I said no, they would make me go anyway? So it was like, we're forcing you, but we don't wanna say we forced you. It'd be better if you said you volunteered to come type of thing. Does that make sense? Even though I didn't feel like I needed to go. So I ended up having to go to the hospital. But I asked if my roommate downstairs could take me and they said, no, she can't. I had to go into an ambulance, which costs lots of money when I wasn't in any crisis mode. That was really annoying. And I went to the hospital and had to sit there forever. And then the doctor checked me out and the mental doctor checked me out and they're like, why are you here? And I was like here's the story. And they're like why are you here now? I'm like, great question. And I ended up having to pay a lot of money in medical bills and waste a lot of people's time. They took my wife to the side, on the other side and then over here and I was just talkin' to the other cop. And then she was tellin' me like they just kept saying it would be good for him. Like convincing her to say take me in. And then they asked me, do I wanna go? And I was just like, well 'cause I don't wanna fight so I'm just like whatever she wants to do. I mean there's not really, like I have to be honest with them. Like, you know what I mean, they're kinda deciding ... they kinda decide my future.
Police presence was hostile	And I'm like Jesus Christ is, I'm like that is so intimidating. They send like three or four cops and then they send like three EMTs, which I get but I'm like if somebody is really like in that really bad place, which I mean every time I'm like geez, you don't need to send that many freakin' people, you know. No, send somebody who actually has some sort of sensitivity training to the situation and talk to the person to see whether or not that person needs to go to the hospital. What was going on? Is that person still safe and where they're at? Don't just be walkin' around somebody's house with y'all guns, you know 'cause they, maybe they forget that they have a gun on their hip and a taser. You understand? They came in, in my opinion, like stormtroopers, and they grabbed me out of my chair and kind of plopped me down on the deck and started aggressively questioning me ... What I did, why I did it, how long ago did I do it, how much did I do, and then they were on their cell phones and walkie-talkies, and it was, I felt like a POW. 15 I guess I wanted to get out of the handcuffs, and he kept saying no, not yet. And then they were like, okay, we're going to give you something to calm you down, and I was like, okay, so they put a shot in my arm, and then I'd wake up like hours later. But I mean, I'm always cooperative with the police. You know what I mean? I'm not digging any like extra charges, and I really don't like going to jail. You know what I mean?
Police presence was insensitive	They parked really far away for some reason, and I didn't like how they had to walk me pretty much down the street in handcuffs with people in my face recording on their phones, me in handcuffs getting escorted to the police car, that was a little embarrassing.

(Continues)

TABLE 3 | (Continued)

Theme	Quotation
Police presence may have negative impact for minorities	I'm tellin' you about like, like those shootings and stuff like that happening as a Black man and whatnot and how like way I feel like society's goin' I mean as soon, that's just the way I view it and whatnot. You can't just keep noddin' your head all right well cool I'm gonna send the police out to you. What the fuck you sendin' 'em out here for these fools? Like, I just told ya like, I still, that doesn't feel comfortable and whatnot and man what's goin' on in our society what you think you, be a good idea to send the police to me? A military Veteran, you know.

> I just wanna get release that, that, that feeling [sic] is like I'm suffocatin' and I wanna get it off my chest ... And then that's why I call the hotline ... You know like where I just wanna scream, open up my door and just scream.

Multiple veterans described calling VCL as a "last resort," when other resources were not available, or they had no one to turn to. They often spoke of the challenges of bringing weighty issues to spouses, close friends, or family, and that the crisis line gave them someone to talk to with anonymity, making it easier to divulge difficult topics.

> And I know there's somebody there, even if it's two or three in the morning. I never called friends after about 10:30 at night, something like that. I never bothered them, but you've got a line set up that there's people there at two in the morning.

Veterans often surmised they would no longer be alive without VCL and attributed improvements in their mental health to their healthcare referral. Several reported that they were connected to new VA clinicians, received additional and/or improved care, or had medications adjusted. Some veterans who had problematic dispatches still felt that the experience was worthwhile because calling VCL saved their life.

> My grandmother who raised me, she died in 2002 while I was in jail, and being in jail, you have an image to uphold, being hard. I never grieved over her. Then in 2009, my nephew, who was like my brother ... he was gunned down ... Six months after that, his sister, my niece, was brutally stabbed by her husband over 65 times and cut from ear to ear. Eight months after that, my mother died. It was another six months after that, my other nephew was gunned down ... And I never had a chance to go through the grief process. I was drinking heavily, and I'm thinking that when you're drinking heavily, everything would be okay. It never was, and I just didn't feel like I belonged or wanted to live anymore, and through talking with my psychiatrist at the hospital, I'm a lot better now. I thank my God that there was someone I could be able to reach out to, and which I did, with the VA Crisis Line who helped me get with my psychiatrist.

Another veteran shared that they now feel better equipped to manage future crises.

> (I: Has anything else changed about your life since your emergency dispatch?) I don't wanna kill myself, I don't wanna die. And I'm aware of the warning signs when I start to spiral. I identify the warning signs ... I'll call my daughter, call my mom, reach out to my support groups, you know. And I know my therapist ... she's my angel.

3.3 | Emergency Dispatches Raised Concerns Over Issues of Autonomy and Police Involvement

There was considerable heterogeneity among veterans' experiences with emergency dispatches, which is concerning for an intervention used for individuals at high risk for suicide. Some had one or two responding emergency personnel arrive, while others described more. Some responding personnel were described as very empathetic, but others as hostile. Variations existed in the extent to which responding personnel used force or pressured veterans to go to the hospital, sometimes doing so when the veteran did not feel it was needed. Veterans suggested that the use of police for mental health crises is complicated, can be a poor fit, and exacerbate risk, particularly when firearms were drawn or handcuffs used. However, not all veterans had negative experiences with police.

> Yeah, [they said] that they were gonna come and talk to me, that the officer was gonna come and talk to me. And there was only one officer, that was good, there wasn't like four or five. So, the officer came and talked to me. He said, well what do you want? And I said, well I want some help. And they said, well do you wanna go? And then we gotta program we could take you, detox, and I said, yeah, please. And we got me in the car, and we had a nice mellow conversation, nothing serious.

Throughout many veterans' stories was a notable recognition of the power differential. Veterans often believed that they

had limited power, were stripped of their autonomy, and that the dispatch was issued without their consent. Some were informed that the dispatch was coming, and others were not. Several noted that they went along with whatever the responding personnel said because they did not want additional trouble.

> (I: When they told you that you had no choice, they were gonna take you to the hospital, what did you think about that?) Oh, I did what I was told, with the police standin' there I did what I was told. I'm not one to go arguin' it up with the police. Some people do that, I don't. I'm not that type of person to be arguin' it up with authority, you know.

To veterans, police involvement was often unwarranted. They often indicated that alternative responses would have been preferred (i.e., sending a veteran, providing the police or responder with "sensitivity training"). When police acted aggressively, showed up with guns drawn, placed them in handcuffs, or oversaw the administration of unwanted sedatives, they felt like criminals. This exacerbated their anxiety, fear, and agitation. Some also identified VCL as the source of the trouble.

> Next thing I know I hear a knock on my door and when I walk outside my door, I got three assault rifles pointed at me from the county sheriff because Veterans Crisis Hotline called them. And they got 'em pointed right at me, two on my 12 and one on my six ... I walked outside, and I put my hands up and I got down on my knees and I think they threw me in handcuffs. And then they explained to me that the VA, the Veterans Crisis Hotline had called them.

Black participants shared alarm towards police involvement based on their personal and cultural histories of police violence. One noted that this use of police force communicated to him that his mental health symptoms and emotions were "wrong."

> I really didn't like it because it was the police, and they were very, to me, they were very like I had robbed a bank or something of that nature ... They were very cruel by the way they approached ... With guns drawn and all of that ... if you tell me that you're sending the police to me, you're telling me that I've done something wrong. My emotions at that time was wrong. I'm calling you for help. I'm not calling you to get arrested or killed.

Veterans also noted that the police response was not trauma-informed, which can be problematic for veterans with trauma histories. Many veterans shared that they had childhood physical or sexual abuse, combat exposure, or other service-related trauma, including military sexual trauma.

> And there was like four cops that came into my room. And that's not very trauma informed ... I have a past of childhood sexual abuse as well and so just having four grown men in my room is kinda frightening. And then there was like two more that were in the hallway. And I'm just like, I don't know. There was too many people, too many people.

At times, police displayed insensitivity towards the individual's rights and basic needs. One woman veteran described how police would not let her bring anything with her, despite knowing that she might be hospitalized. She later explained that she only wanted to get her personal menstrual products:

> I do get that they need to rush it and they have places to go. But ... giving me like two or three minutes just to like grab a bag or something. I don't know, like grab my purse.

Some veterans cited the emergency dispatch as the reason they would not call VCL again:

> When I first called them, I actually called them 'cause I had nobody then, not a soul. And the crisis line was my only hope of not doing anything crazy. ... I needed somebody to talk to. And back then I had no problem calling them. And then they continued with officers showing up at my house for no reason and I decided I wasn't gonna call 'em again.

4 | Discussion

This is the first study to focus on the experience of receiving an emergency dispatch during a crisis line contact with the intention of understanding potential implications and areas for improvement. Multiple veterans perceived VCL as a resource that fulfills a need for crisis care that is not available elsewhere, and that may have saved their lives. They also revealed, however, that receiving an emergency dispatch can be problematic, stripping them of autonomy and treating them like criminals. These discordant perspectives were expressed between veterans as well as by the same veteran. Such findings have implications for national suicide prevention efforts, leaders who guide emergency dispatch policy, responders who determine when dispatches are needed, researchers who are studying their impact, and social perspectives on mental illness and its treatment.

4.1 | Lifesaving Qualities of the VCL

Veterans who received an emergency dispatch often viewed VCL as a lifeline that was instrumental in preventing a suicide attempt. They reported that VCL was a resource when they were overwhelmed and thinking that there was nowhere else to turn. VCL responders provided veterans with someone to talk to when distressed (and sometimes alone), and connected them with much-needed healthcare, which often helped them

address the problems that had contributed to the contact. For some, the experience of calling the crisis line and receiving life-saving care provided a blueprint for coping with future mental health crises.

The interviews supported the basic premise of crisis lines, which is to reduce proximal risk by reducing distress, suicidal thoughts, and suicide intent, and distal risk by increasing treatment engagement to address longer standing problems (Britton et al. 2013; Gould et al. 2007). Findings were also consistent with the reasons crisis lines have become a central intervention for the suicide prevention strategies of the VA (Office of Mental Health and Suicide Prevention 2018), and broader United States (United States Congress 2020). The interviews suggested that crisis lines serve a coping function by helping contacts manage negative cognitive/emotional patterns and psychological pain, which are important transdiagnostic risk factors (Beck et al. 1974; Linehan and Heard 1992; Ribeiro et al. 2018; Shneidman 1993; Verrocchio et al. 2016). However, they also highlighted an interpersonal connection that was available at all hours, fostered relatedness, and alleviated burdensomeness, which are also contributors to suicide risk (Chu et al. 2017; Czyz et al. 2012; Durkheim 2005; Van Orden et al. 2010). The distal pathway regarding connecting contacts with healthcare was also evident, as linking individuals with mental healthcare has been identified as an empirically supported intervention (Mann et al. 2021).

4.2 | Emergency Dispatch Improvements

VCL initiated emergency dispatches have resulted in police detainment in just 0.4% of dispatches (Stearns-Yoder et al. 2024). Nevertheless, a prior qualitative study noted concern regarding police involvement in dispatches and suggested that their presence may contribute to the escalation of mental health crises (Johnson et al. 2021). Although a few veterans reported not being alarmed by police involvement, the majority shared that it reduced their sense of autonomy. Losing autonomy potentially contributes to hopelessness, helplessness, or loss of agency, which are all associated with psychiatric problems, including increased suicide risk (Beck et al. 1974; Ribeiro et al. 2018). It may also communicate to individuals that they are powerless when in crisis, a concern of some experts in the suicide field (Linehan and Heard 1992).

More troubling was some of the police actions themselves; banging on the door with guns drawn, handcuffing veterans, walking them in handcuffs to police cruisers in front of neighbors, and administering undesired sedatives, all of which may contribute to the stigmatization and perceived criminalization of mental health problems and help seeking. It communicates, that "I've done something wrong," and made one veteran whose life may have been saved by calling VCL hesitant to call again. Hostility is not trauma sensitive, as veterans noted, and could lead to unintended consequences. Black veterans may be particularly vulnerable to experiencing distress given some have histories of poor encounters with police and are aware of stories of police brutality within their community. Deaths due to lethal force in the United States have been found to be elevated among Black people and veterans (DeGue et al. 2016), and reports of police killings of Black people are associated with poor mental health (Bor et al. 2018), and suicide risk among Black Americans (Kyriopoulos et al. 2022). The psychological impact may also be retraumatizing especially among women with physical or sexual abuse histories, including those who experienced military sexual trauma and must admit male police officers into their homes.

Local emergency response teams are expected to respond appropriately to a staggering range of crises, from car accidents, robberies, murders, and heart attacks to suicide crises, all of which require different expertise. These challenges may be exacerbated by the veteran population who have high rates of firearm ownership and alcohol use disorders (Lambert and Fowler 1997). In some cases, it may be unsafe to send mental health providers with no protection from intoxicated, armed, and violent individuals. However, there are strategies that should be considered to mitigate such problems.

Clear communication with responding emergency services is needed to differentiate individuals who are armed and who are not, and identify those who pose a threat to others, as the response should match the threat. Unfortunately, it is unclear how well mental health crises are communicated from crisis lines to 911 operators to emergency services, and research is needed to evaluate the sequence of communication and identify areas for improvement.

There may also need to be some consideration of reform, oversight, and research examining the police role in suicidal crises. Although there is research examining the impact of specialized responses on relevant outcomes, it has not provided clear direction. Systematic reviews conclude that Crisis Intervention Teams (trained officers with mental health consultation) are associated with officer self-reported satisfaction, reduced use of force, and increased redirection of individuals with mental health problems to mental healthcare facilities but provide little objective evidence (Rogers et al. 2019), conclusions that were supported in an expert commentary (Watson and Compton 2019). A meta-analysis also showed little evidence that they reduced arrests or officer injury (Taheri 2016). Further, there appears to be agreement that the literature lacks well-designed randomized controlled trials (RCTs) that are needed to draw firm conclusions (Watson et al. 2019; Rogers et al. 2019; Watson and Compton 2019; Taheri 2016). A systematic review of Co-Responder Team (mental health professionals with police) research suggests that they may reduce arrests (Puntis et al. 2018) and increase connection with mental healthcare services (Kisely et al. 2010), but there are no RCTs (Puntis et al. 2018). Minimal data are available on Mental Health Crisis Teams (mental health professionals with or without police), but a quasi-experimental study suggested that they reduced minor crimes without increasing more severe crimes (Dee and Pyne 2022). In one study, Veterans Response Teams (local and VA police, with access to Veterans Justice Outreach) were not found to increase linkage with mental healthcare or social services compared to local and VA police (Tsai et al. 2023). Qualitative research, however, suggests that specialized approaches may be experienced as less distressing and criminalizing than more traditional approaches, identifying another area for future research (Puntis et al. 2018).

Next steps could include nationally representative survey research of veterans who have received an emergency dispatch that is informed by this work, as well as research examining interventions that responders are using before emergency dispatches are initiated, identifying factors that responders are using to determine when to initiate emergency dispatches, and examining the content of information and the process by which it is communicated by responders to emergency services. Such work should include a focus on veterans with trauma histories and Black veterans.

4.3 | Limitations

Individuals who died by suicide could not be interviewed, and their experiences were not included. This study also enrolled veterans with identifying information, allowing for data linkage with data sources. Our sample may therefore differ from veterans without identifying information, active-duty, or third-party contacts (i.e., friends, family, and healthcare providers) concerned about veterans. Findings may also differ from interviews with non-veteran 988/Lifeline contacts. Another limitation is that there is considerable state and likely county-level heterogeneity regarding emergency dispatches, and the experiences of veterans within catchment areas that were not represented were not included. This paper also focused on veterans' experiences of emergency dispatches, and did not consider the perspective of policymakers, supervisors, responders, police officers, emergency medical personnel, or family members. Further, self-selection could have produced a biased sample as veterans with strong opinions may have been more likely to want to participate. Additionally, veterans were not anonymous to interviewers, which may have impacted their responses. However, the nature of such influences is unclear as veterans openly shared both positive and negative VCL experiences.

5 | Conclusion

Many of the veterans interviewed acknowledged that the VCL provided them with a compassionate contact, connected them to needed healthcare, and may have saved their lives. However, many shared that the emergency dispatch was experienced as a threat to autonomy, and that police involvement exacerbated the autonomy loss, could be traumatizing, increased stigmatization, and criminalized mental health crises. With the advent of 988 as a mental health equivalent to 911, the number of emergency dispatches is likely growing, and the effectiveness of communication differentiating suicide risk from risk to others from VCL to 911 to emergency services should be examined, mental health informed alternatives to police response should be studied, and research examining factors that influence the initiation and effectiveness of emergency dispatches for suicide prevention is needed.

Disclosure

Disclaimer: Prior to publication, the manuscript was reviewed by representatives of the VCL, Office of Mental Health and Suicide Prevention at the VA to ensure that the manuscript correctly represented the VCL and VA structure and policy. The review did not impact the analysis and interpretation of data; the writing of the report; or the decision to submit the article for publication.

Human Participant Protection Statement: This project was approved by the Department of Veterans Affairs (VA) Central Institutional Review Board (CIRB).

Conflicts of Interest

P.C.B., K.J.T., M.M.H., T.F., K.M.B., M.A.I., and L.M.D. have no competing interest.

Data Availability Statement

Research data are not shared.

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