



Social Return On Investment (SROI)

Case Study: Crisis Lines

Investing to strengthen society

Fast Facts

About the Distress Centre: Since 1970, Distress Centre Calgary has offered a supportive place to call for anyone in crisis or needing information about available community services. All Distress Centre services are free to the public.

Web site: www.distresscentre.com

Subject of SROI: *Crisis Lines i.e.:* Main Crisis Line, Teen Line, Drug Line, Men's Line, Senior's Line and Out is OK Line

SROI Overview: The Distress Centre creates social value through the success of its telephone volunteers as they assist callers in crises to manage their personal situations by de-escalating the situation.

Major Funders: City of Calgary FCSS, United Way of Calgary and Area, AADAC, Calgary Health Region and Calgary and Area Child and Family Services Authority.

By the Numbers (2007):

- 89,903 phone calls from people in crisis received
- 66,997 information and referral calls managed
- 1,718 professional counseling sessions delivered
- 6,734 people reached through 258 public education presentations
- \$73,625 in emergency financial aid was distributed
- 191 online support posts from youth answered by youth
- Volunteers provided over 27,891 hours of service

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"The unique nature of a 24 hour service is such a gift to our clients. There are few options outside of office hours or in the middle of the night—the police or the emergency room is not usually appropriate for an emotional crisis. Having the Distress Centre to call provides peace of mind, for both clients and service providers, by knowing that there is someone there to listen and care for them when needed -Jennifer Finley, Program Manager, Street Outreach and Stabilization, Canadian Mental Health Assocn."

Background on the Crisis Lines

Highly trained volunteers, with professional backup, supervision and support, manage the 24 hour crisis lines offered through the Distress Centre. Anonymous and confidential — except in certain high risk situations — the call lines are open to anyone in crisis who is seeking a kind, listening ear, an outlet to vent about stressful circumstances, or is looking for other community-based resources.

The Distress Centre's services are enhanced by partnerships. To extend crisis intervention to the community, they offer direct links to a number of mobile response and community outreach teams, including the Calgary Health Region's Mobile Response Team, Wood's Homes' Community Resource Team, Social Services Response Team and the Calgary Senior's Resource Society program, SeniorConnect. Mobile response allows for in-person contact for individuals in need of more than phone support.

Social Value Created

The Distress Centre's crisis lines provide access to immediate support. The more quickly a crisis can be dealt with, the more likely it will be resolved or stabilized.

By having their concerns addressed immediately, callers are less likely to require services such as police, Emergency Medical Support (EMS), emergency room care, a stay

in hospital, or psychiatric care.

Distress Centre volunteers engage with callers directly. Once the situation is

de-escalated, the Distress Centre links callers to local organizations that can meet their specific needs. This ensures that those who are seeking help know where to find it and can access it as soon as possible.

Theory of Change

If persons in crisis have access to a supportive, immediate, 24 hour call-in centre that will explore, assess and validate their concerns and connect callers to other specialized services, callers are less likely to require intervention by emergency services and will live more successfully in their own communities.

Crisis Line Clientele

What constitutes a crisis is unique for each individual. Any person, from any walk of life, can experience a crisis situation which they are unable to cope with on their own.

The actual content of each call is as varied as the people calling in. Issues discussed range from relationships, addictions, mental health, loneliness/isolation, youth issues, parenting, grief/loss, sexuality, domestic violence, suicide, financial issues to many others.

Crisis, by nature, is destabilizing. It can induce a sense of panic and desperation; decisions made in this state can be impulsive and damaging. Success on the crisis lines occurs when a caller is stabilized or resolves their crisis. This may occur by working with a volunteer, being connected to additional support or being connected to emergency services.

In 2007, 89,903 crisis calls were received. As the lines are anonymous, we are not able to ascertain how many of our calls are

Funding provided by:



Learning with:



Convened by:



from unique individuals. However, it is clear that some callers require repeated support over time, which makes it possible to assess the number of callers using Distress Centre resources regularly.

These “frequent callers” make up approximately 30% of the total call volume on the crisis lines (26,971 calls in 2007). As a group, these callers have very complex needs.

They are a high-risk group and require higher levels of support than other callers. Every new call is a potential emergency and each is assessed for risk. Of that group, Distress Centre volunteers were able to de-escalate at least 30% of frequent callers in 2007, which represent 8,091 calls. Once de-escalated, these callers would then be re-directed to local support services.

Calculating the SROI of the Distress Centre

The SROI for the Distress Centre has been based upon 30% of calls, i.e. 8,091 Calgarians who were in crisis situations, which were de-escalated as a result of interaction with Distress Centre phone volunteers. While social value can often be projected over many years, the SROI for the Distress Centre has only been projected for the fiscal year relating to its annual funding, as a result of the immediacy of every situation.

As an example, a typical frequent caller is female and approximately 35 years of age. She has a chronic mental health condition in addition to a variety of physical health concerns. This caller profile frequently finds herself in crisis, which places her in a high-risk category. She has attempted suicide on a number of occasions. She lives alone and is rather isolated, having burnt bridges with family and friends as a result of her excessive need for support. This caller is a high user of a variety of services.

police call-outs (i.e. 809) represent the number of EMS call-outs also avoided, as this social value relates to this high-risk caller group. In addition, experience shows that for every two police call-outs not required, one emergency room visit and assessment is avoided, creating \$459 each in social value. On average, a psychiatric admission to hospital is 45

Profile One: (De-escalated Frequent Caller) SROI Summary		
A	Social value created annually:	\$3,572,857
B	Social value created: (per caller):	\$442
C	Annual Investment:	\$875,000
D	SROI Ratio	4.08

days in length and costs \$496 per day. One avoided hospital stay represents more than \$21,870 in social value created, per person.

The Distress Centre SROI for 2007 has been calculated based upon 8,091 calls avoided, and assumes that its expert volunteers successfully enabled one caller to avoid a hospital stay. The Distress Centre SROI also acknowledges that the Centre was not able to de-escalate 360 calls from this target group. The social return on investment in 2007 was \$5.16 per \$1 invested.

Conclusion

While the dollar amount tells part of the story, much of the social value of the Distress Centre’s work is unmonetizable. By assisting clients to live successfully in their communities, they experience an increased sense of normalcy and a sense of freedom. They are more likely to make decisions in their own lives, providing a sense of empowerment. Families, friends and partners see their relationships take on healthier forms, whereby they feel less overwhelmed by the needs of their loved ones. They may experience a sense of freedom, as they are no longer required to stay in a demanding caregiver role.

The broader community gradually becomes more at ease and understanding of people with a mental illness, which in turn leads to less stigmatization and a greater ability for people within a community to care and support one another.

Distress Centre: (De-escalated frequent callers)				
SROI Indicators Included:	Indicator code	Annual Total	Notes	
1	Police call-outs avoided	CSP	\$2,767,122	\$342 per call (8,091 calls avoided)
2	EMS call-outs	CSP	\$273,942	\$342 per call, accompanies police 10% of the time (809 calls avoided)
3	Emergency Room visits avoided	H4	\$934,395	\$231 per visit, 50% of 8091 police calls will result in visit to ER.
4	Hospital admissions avoided	H5	\$8,878	Psychiatric admission to hospital, \$8878/stay, 16.9 days average stay, at least 1 person will be admitted
5	2007 call-outs @ 360 calls	CSP	-\$411,480	The Distress Centre was not able to de-escalate 360 callers in 2007. Equals maximum cost should police, EMS and ER are involved.
Social value created annually:			\$3,572,857	

Necessary support, such as a mental health therapist, a psychiatrist or a counselor can not always be available in the moment of need. Calling the Distress Centre crisis line enables her to access support as it is required, making it more likely that her personal crisis will be de-escalated. If this caller feels heard, validated and reassured she is less likely to act on suicidal thoughts and to require more expensive services like police, EMS, emergency room services and hospitalization.

Every time a police call-out is avoided, \$342 in social value is created. Ten percent (10%) of those avoided