

Caring Cards Pilot

A COLLABORATION BETWEEN ANGEL BREEZE SCENTS, DMHAS,
THE UNITED WAY, NAMI AND THE INSTITUTE OF LIVING
DECEMBER 23, 2020

Acknowledgements

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Valerie Lepoutre, NAMI CT

Jennifer Ferrand, Institute of Living

Heather Spada, United Way

Andrea Duarte, DMHAS

Angel Breeze Scents partnered with the CT Department of Mental Health and Addiction Services, United Way of Connecticut, NAMI Connecticut (National Alliance on Mental Illness), and the Institute of Living/Hartford Healthcare to create the Caring Cards Pilot. 3,000 cards were created for this project and distributed to youth and young adults who are transitioning in and out of different levels of treatment, some of whom may have experienced suicidal thoughts or attempts. The inside of each card has one of five different scents, along with a printed quote and a handwritten message. The intent of these handwritten messages is to deliver hope and encouragement to those who are suffering from depression and/or mental illness or have recently overcome their hardships and are now at a point of healing. The back of every card has useful resource information as a quick and helpful reference, if needed.

Our Story

Opening Angel Breeze Scents has not only been an honor, but truly a blessing. In 2001, my beautiful sister, Christine, had a unique idea to scent a greeting card. Her intent when scenting these cards was to produce uplifting feelings, evoke happy memories, and to spread joy to one another. Together, we began making prototypes and sharing them with our family. As time went on, she also created an aromatherapy cosmetic line and often donated many of her products to women's homeless shelters. She believed that everyone deserved to have things which made them feel good, no matter how little money they had or what situation they were in. Years went by and we both settled down with our own families. Life got busy and our scented greeting card idea got put away for the time being. Sadly, in 2010, we tragically lost Christine. It was the most devastating time of my life. All the ideas and creativity literally went into a box not to be revisited for another 9 years. In early 2019, I had the most beautiful spiritual connection with my sister, which led me to revisit the box filled with scented greeting cards we had put away many years earlier. Through amazing experiences, synchronicities, and what I believe is the guidance of my sister, the pathway opened up for my wife and I to establish Angel Breeze Scents. It has been an amazing journey so far filled with hope and love, which we are so grateful to share with everyone!



This "Angel of Love" card was custom painted in honor of my late sister Christine.

Angel Breeze Scents provides the beautiful cards we have been using for this project.



Our Mission

We are passionate about helping people, in particular, suicide prevention. We both meet, volunteer, and donate to that cause, which is engrained in our core business belief. 10% of all profits are donated to mental health awareness and suicide prevention. Everyday, we strive to make a positive impact in the world. All of our cards are built with that same uplifting energy and care. Thank you for supporting Angel Breeze Scents and our mission!

Jeff & Kristy Purpura
Angel Breeze Scents LLC

Our Cards and Scents

Angel of Acceptance



Angel of Compassion



Angel of Love



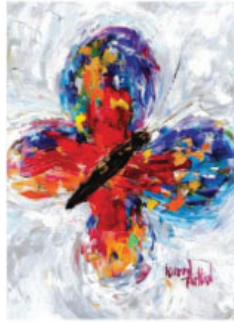
Angel of Peace



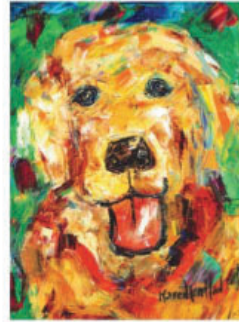
Balloons



Butterfly



Dog



Dragonfly



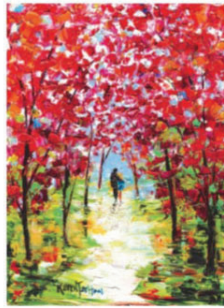
Full Heart



Pathway



Soulmates



Tree of Life



Lavender

Lilac

Mahogany Teakwood

Lemongrass

Sage

Peppermint

Balsam Fir

Coconut

Chocolate

Vanilla

Macintosh Apple

Cinnamon



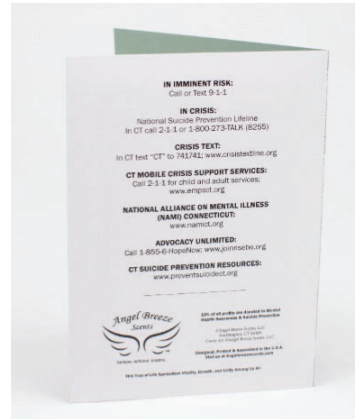
Jeff and Kristy Purpura from Angel Breeze Scents, LLC

The Pilot Project



These are the four cards we chose to include in the project, with specific scents inside (lavender, sage, lemongrass, vanilla, and mahogany teakwood).

Inside and Back of Caring Cards



The inside of the cards has a removable panel on which a message of hope can be written and affixed to the card. The back of the card can be personalized – the cards we used for this project have suicide prevention resources printed on the back.

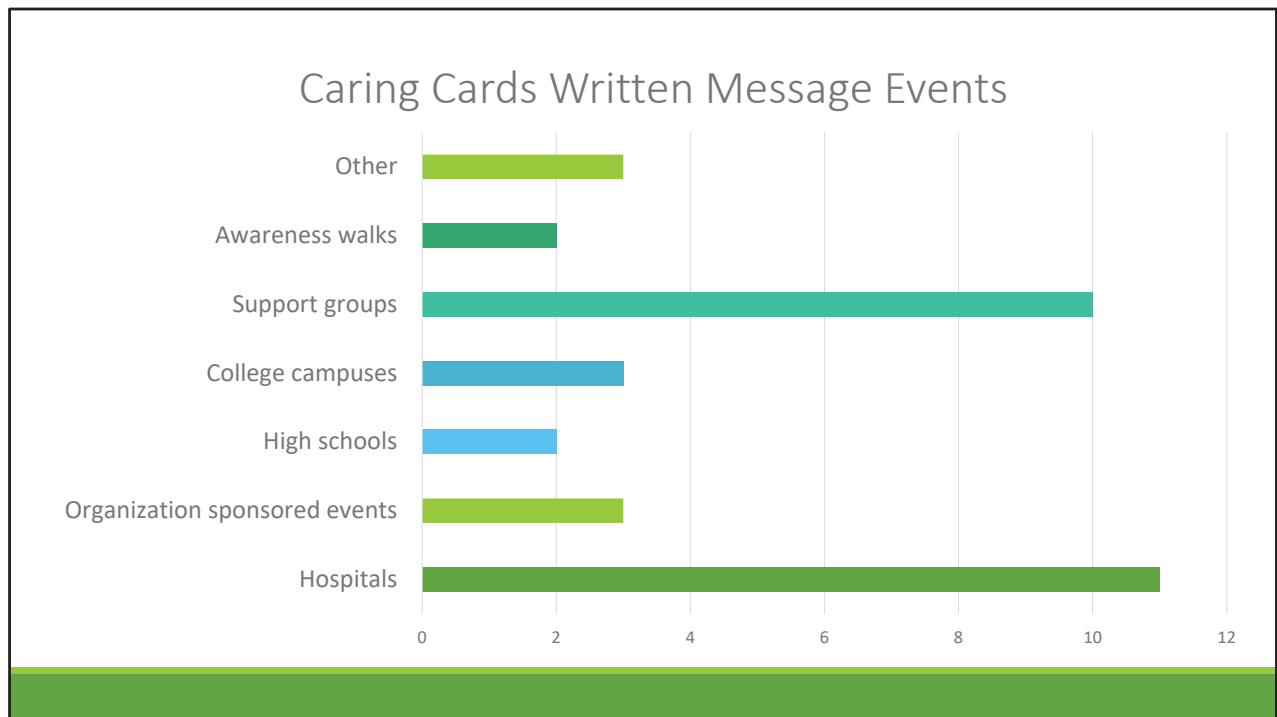
Making a Connection to Hope



Our Goals for this Pilot:

Establish an evidence-based Caring Cards pilot project coordinated by young adults, age 18-29, to support peers entering and exiting mental health treatment related to suicidal thoughts and attempts. – Describe survey monkey, questions, and how we are tracking data.

Support evidence-based Continuity of Care and Follow-up efforts to young adults at risk of suicide between levels of care by creating and distributing peer-developed Caring Cards during and after treatment.



As of September 3, 2020, The NAMI Connecticut Young Adult Connection Community completed and delivered over 300 hand-written messages to the Institute of Living (IOL). Messages were written at the following events/locations: Suicide Awareness Walks, NAMI Connecticut Young Adult Connection support groups, NAMI on Campus events, high schools, the NAMI Connecticut Conference, NAMI Friendsgiving, staff and advisory board meetings, and in hospitals.

Additionally, the Institute of Living had 11 total Caring Cards groups/events. There were 6 events offered in the Adolescent Inpatient Unit and 5 events in Young Adult Services. 69 people participated in the development of these cards on the Adolescent Unit, 42 participants Young Adult Services, and 2 in the Emergency Department; this totaled 113 participants developing the Caring Cards at the IOL. There was a grand total of 34 Caring Card groups/events with over 400 participants developing Caring Cards.

Feedback from Card-writers

"Nice, compassionate activity."

"I thought about what I wished someone told me when I was in a crisis"

"It makes you feel good to let others know they're not alone."

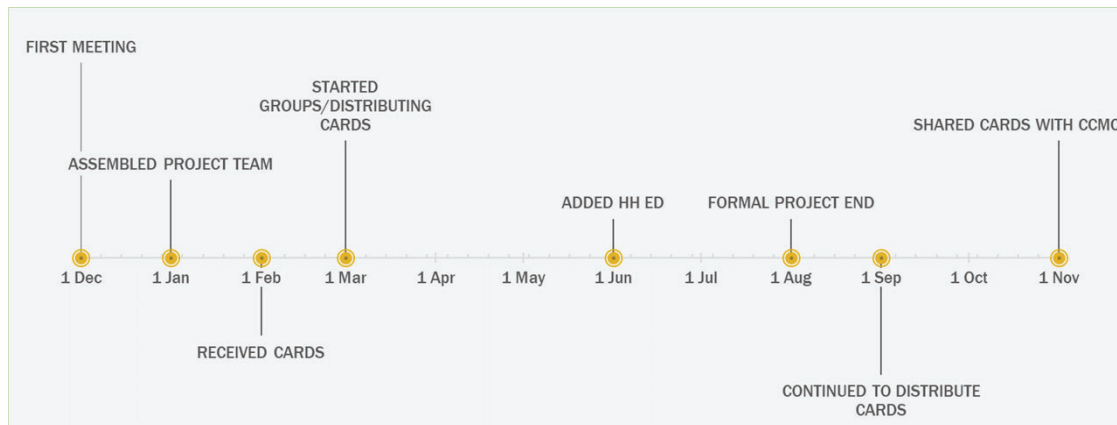
"Better develop empathy and communication."

"It's genuine, and the cards with the calming scent makes the purpose of the cards even better."

"Giving back to the community makes me feel like I have a good purpose."

Individuals who participated in writing the cards offered feedback that creating the cards was a *"nice, compassionate activity"* and that it helped to *"better develop empathy and communication."* Another individual noted that *"It's genuine, and the cards with the calming scent makes the purpose of the cards even better."* Yet another card-writer commented that *"giving back to the community makes me feel like I have a good purpose."*

Institute of Living's 2020 Caring Cards Project



A growing body of research has demonstrated the effectiveness of proactive outreach as a means of reducing suicide attempts or ideation among those at risk. In 1976, Jerome Motto found that handwritten letters sent to 389 attempters over a period of 5 years after hospital discharge significantly reduced suicide deaths among at risk individuals (Motto, 1976). He suggested that through the provision of non-demanding caring outreach, a suicidal person's social isolation would be reduced and the individual would feel a sense of connection with someone concerned about that person's well-being. More recent studies have examined the effectiveness of postcards, emails and text messages, with evidence that postcard follow-up over one year to 378 attempters reduced suicide attempts by 50% (Carter, 2005), and support for the efficacy of text messages to individuals with suicidal ideation to reduce return visits to the ED (Larkin et. al., 2010; Chen et. al., 2010). A study of text messages sent to military personnel to augment standard care has also shown promise as an inexpensive and scalable means of reducing suicidal ideation and attempts (Comtois, 2019).

In late 2019 the IOL was approached by DMHAS and the United Way of CT, in collaboration with NAMI-CT about an opportunity to pilot a caring cards project with young adults in a hospital setting. The stated goal was to reduce transition trauma and support continuity of care and follow-up to those at risk of suicide, by creating and distributing peer-developed greeting cards during and after treatment. The proposed strategy was for patients in hospital programs to participate in writing inspiring messages of hope inside scented greeting cards, which would then be

distributed or mailed to patients upon discharge. The cards were developed by Angel Breeze Scents, a local company dedicated to mental health awareness and suicide prevention. We were given 3000 cards and identified specific IOL programs interested in participating, including Child and Adolescent Services, Young Adult Services, the Purple Pod, and the Adolescent Inpatient Unit. We launched the project in early 2020 with a plan to engage patients in message-writing during group therapy programming. Cards with written messages from a peer would then be distributed to patients leaving inpatient or ambulatory programs or mailed approximately one week post-discharge. During a standard caring connection call we planned to inquire about the card and its impact.

Unfortunately, COVID-19 had a significant impact on our ability to execute this project in the identified timeline, but by the end of the data collection period (February-August 2020) we had distributed 509 of 3000 cards and we are continuing.

IOL Results

Participants

- Inpatient (Child, Adolescent, Adult)
- Young Adult Services
- Emergency Department

Number of card-writing groups to date = 15

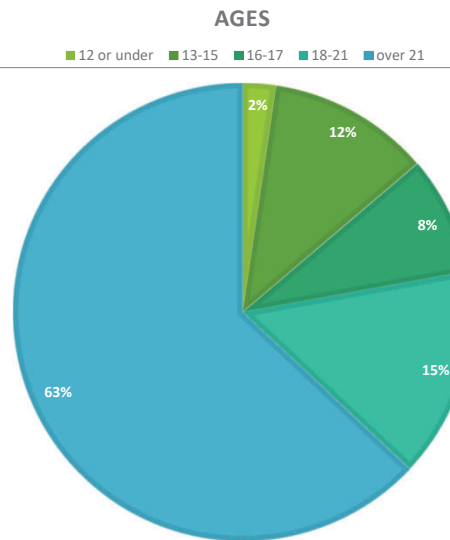
Number of people who created messages = 148

Number of cards distributed to patients:

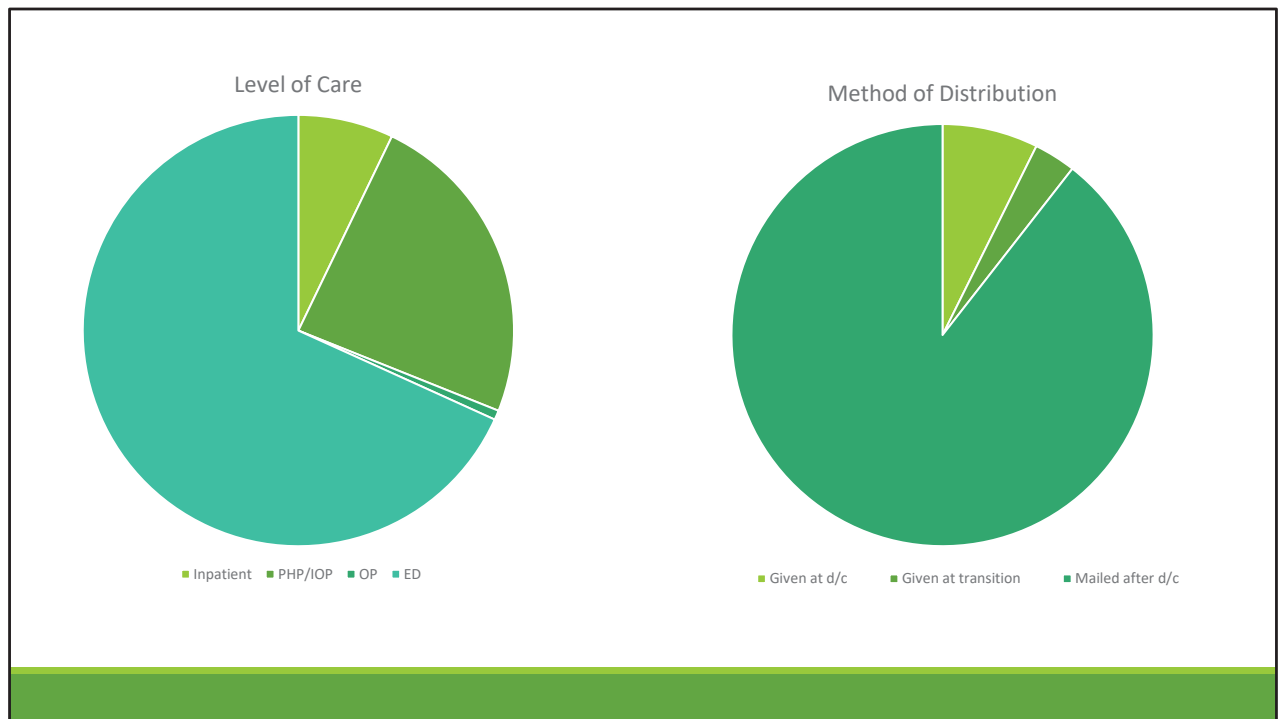
- Before 8/20 = 509
- After 8/20 = 360
- Given to CCMC = 50
- Still have left = 2081

Who received a card?

Department	Cards Distributed	Method of Distribution
Purple Pod	582	Mailed post discharge
Child & Adolescent PHP/IOP	160	Mailed post discharge
Young Adult Services	66	Mailed post discharge
Adolescent Inpatient	61	Given at discharge



Total number of lives touched by this project: 148 card-writers + 869 recipients = 1017 total as of December 23, 2020



Feedback from Recipients

"Thank you all for the lovely card. I want to tell you that I'm doing well; completely recovered from the virus and emotionally happy. Yet I miss the behavioral staff of the ER very much and wish them well. I miss Anthony's help and William too. I hope both can have the opportunity to send a note. I would love to hear from them both. In the meantime, I keep you in my prayers."

"Made my day"

"Valued as a person"

"Done by someone going through mental health"

"Empowered me to be better."

The way we sought feedback about the cards was through our standard post-discharge caring connection phone call. Some people proactively reached out to tell us how they liked their card. The first paragraph here is a note written by an individual who visited out ED and here's what she said. Recipients of the cards also commented that it *"made my day"* to receive a card; that it made them feel *"valued as a person;"* that they loved that it was *"done by someone going through mental health;"* and that it included a message that *"empowered me to be better."*

Next Steps

Enhanced Discharge process:

- Coordinated
- Scheduled follow-up
- Engage patients after d/c

Barriers and limitations

- Resources (cost, personnel, project mgmt)
- Loss to follow-up
- Difficult to collect data



We know that effective communication and transition through care is a core Zero Suicide tenet, and the Caring Cards project exemplifies how this can be accomplished. As part of HHC's Zero Suicide initiative, our long-term goal is to allocate the resources needed to make caring cards a permanent part of our discharge process. This would include:

1. Coordinating post hospitalization care across all settings.
2. Taking action to schedule follow-up appointments with PCP, specialists, BH or substance abuse treatment
3. Engaging patients and their families with written d/c instructions in their primary language, making a caring connection call 48 hours post-d/c; and sending a caring card post d/c.

Limitations of this small pilot project include a lack of quantitative data about the recipients of the cards, and limited understanding of the actual impact of receiving a caring card written by a peer. In previous studies documenting the efficacy of proactive outreach, the outreach is typically conducted on more than one occasion; in Motto's initial study he sent letters monthly at first and eventually quarterly for a total of 5 years post-discharge. There is certainly opportunity to conduct a longitudinal analysis of the effectiveness of handwritten caring cards, however, such an undertaking would require significant resources in the form of project management and data analysis. While the cost of creating a handwritten note is low, the more difficult and costly work is in keeping track of discharges, mailing

cards at identified intervals, and following up with individuals who have received outreach to assess suicidal ideation and behavior as a function of receiving a card.

Despite the challenges, our Zero Suicide implementation team believes this is work worth doing. According to an extensive report prepared for the Suicide Prevention Resource Center in 2010, there are core recommendations for behavioral health systems to optimize suicide prevention efforts. These include the establishment of standards for the provision of prompt outpatient care for those who attempt suicide and others at high risk who are discharged from acute care settings. A second is the need for active outreach and/or case management following discharge. This active outreach can be conducted in a number of ways such as phone or text-based outreach, caring letters, and the utilization of facility based suicide prevention coordinators (Knesper, 2010). As effective care transitions are a core tenet of a Zero Suicide philosophy, we have an opportunity to strengthen our discharge procedures through proactive, non-demand outreach. These efforts are low cost and scalable, and likely to provide benefit to patients and healthcare providers alike.

Carter et. Al., (2005). Postcards from the EDge project: randomised controlled trial of an intervention using postcards to reduce repetition of hospital treated deliberate self poisoning. <https://www.bmj.com/content/bmj/331/7520/805.full.pdf>

Comtois, K., Kerbrat, A. DeCou C., et al. Effect of Augmenting Standard Care for Military Personnel With Brief Caring Text Messages for Suicide Prevention: A Randomized Clinical Trial. *JAMA Psychiatry*. February 2019.
doi:10.1001/jamapsychiatry.2018.4530

Knesper, D. J., American Association of Suicidology, & Suicide Prevention Resource Center. (2010). Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Education Development Center, Inc.

Luxton DD, June JD, Comtois KA. Can postdischarge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. *Crisis*. 2013;34(1):32-41.
doi:10.1027/0227-5910/a000158

Motto JA. Suicide prevention for high-risk persons who refuse treatment. *Suicide Life Threat Behav*. 1976;6(4):223-230.

For more information about how to start a Caring Cards Project in your agency

Contact Andrea Duarte at Andrea.Duarte@ct.gov

Contact Valerie Lepoutre at vlepoutre@namict.org

Check out the Angel Breeze Scents website at <https://angelbreezescents.com/>