

Micro-Interventions and ThriveRange.org

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Brief Survey – Personal Experiences with Suicide

**From your Mobile Phone
or Laptop**

www.bit.ly/SuicideExp

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Topics

- Understand where to learn more about Micro-Interventions training
- Be able to access ThriveRange.org resources and better understand them

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Micro-Interventions Course

free online training (new!)
BRAND NEW: Course for those with suicidal thoughts, substance or mental health problems or their family members and friends.
 1 week **Micro-Interventions** (2 hours, includes 3 Dialectical Behavior Therapy – DBT – skills)

Courses for healthcare, crisis, peer support service and school counseling providers.

- 1 month **Micro-Interventions** (2 hours, includes 3 DBT skills)
- 1 month **Suicide Safe Care** (2 hours, free CMEs)
- 5 month **Recommended Care** (10 hours)

<https://www.nowmattersnow.org/get-involved>

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Micro-Intervention

Language Matters

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Language Matters

Choosing Compassionate & Accurate Language

•••

Died of/by Suicide vs Committed-Suicide
 Suicide vs Successful-Attempt
 Suicide Attempt vs Unsuccessful-Attempt
 Describe Behavior vs Manipulative/Attention-Seeking
 Describe Behavior vs Suicidal-Gesture/Cry for Help
 Diagnosed with vs they're Borderline/Schizophrenic
 Working with vs Dealing-with Suicidal Patients

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Micro-Intervention

Suicidal Thoughts are Common

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Suicidal Experiences Are Not Uncommon

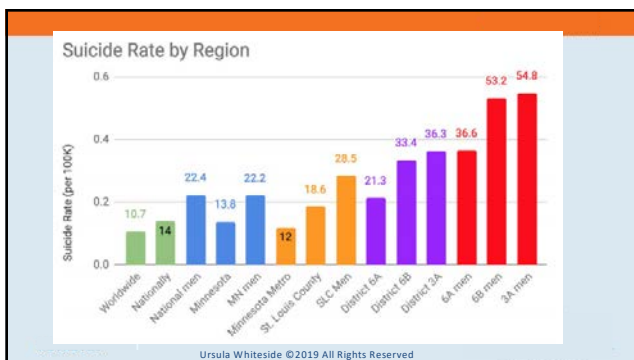
Each year, approximately 10 million American adults think seriously about killing themselves.

- 3 million make suicide plans
- 1 million make a suicide attempt

Substance Abuse and Mental Health Services Administration HHS Publication No. (SMA) 18-5068 2018

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COVID is Affecting us All

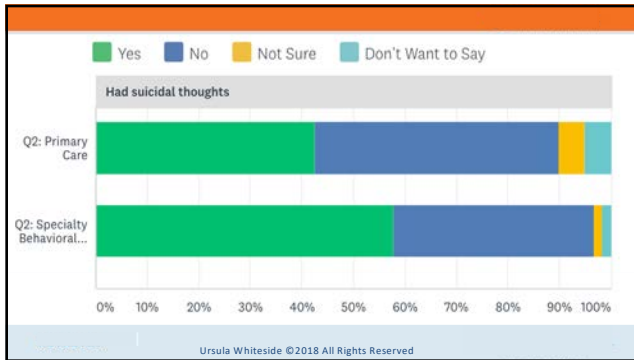
10% of people said they seriously considered suicide in the past 30 days

- 30% of us are experiencing depression and anxiety
- 25% have a trauma or stress disorder due to the pandemic
- Almost 15% of us started or increased use of substance to cope with COVID

CDC, 2020

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Suicide and Substance Use

Overlap

- High dual diagnosis
- Both thoughts and substances can be a form of “self-medication”
- Substance use before a suicide attempt or as part of it

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Micro-Intervention

Stress Model

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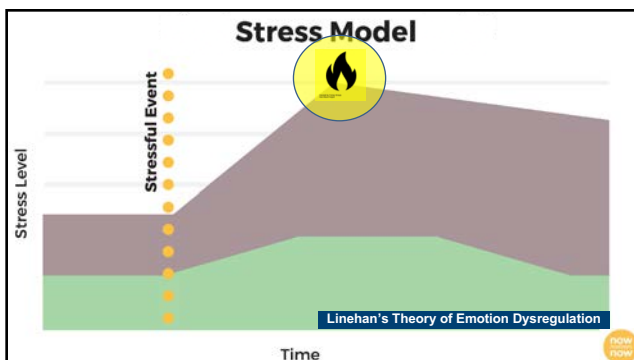
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Micro-Intervention

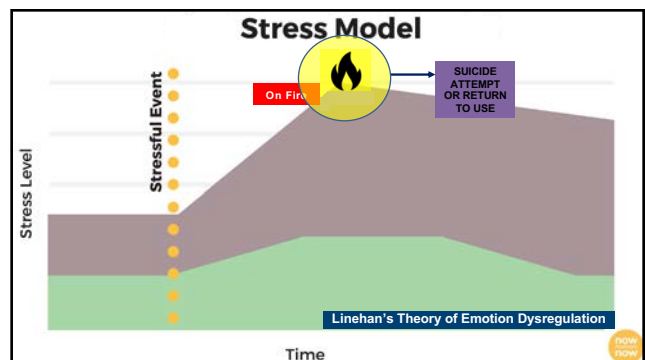
Suicidal Thoughts and Substance Use as as Escape

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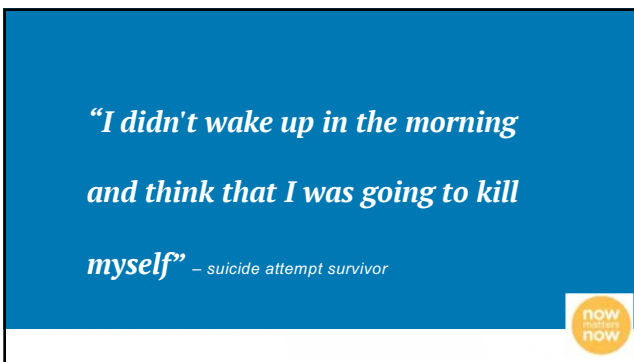
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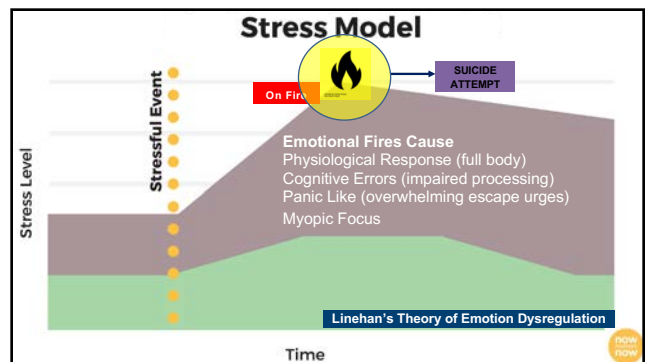
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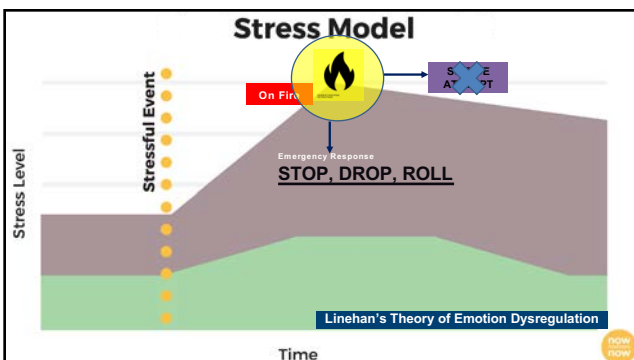
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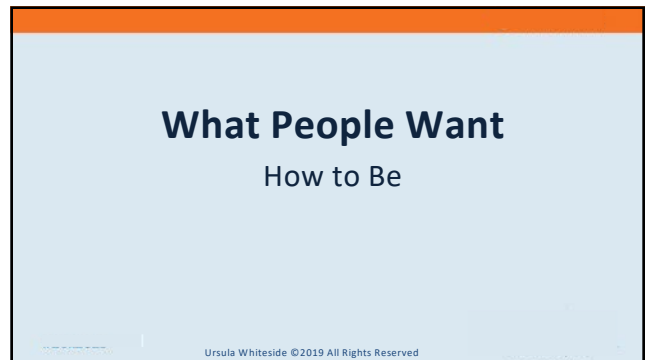
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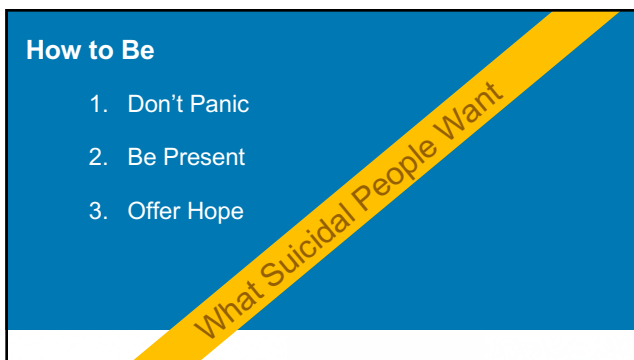
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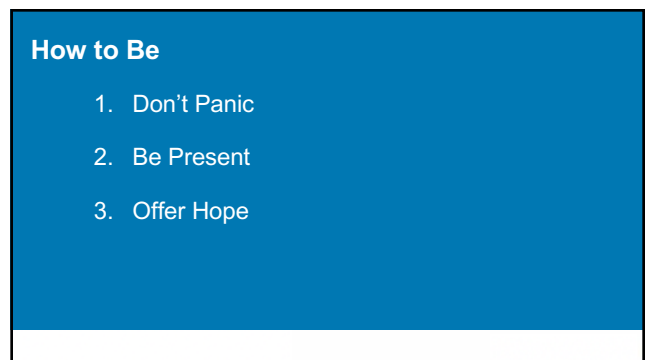
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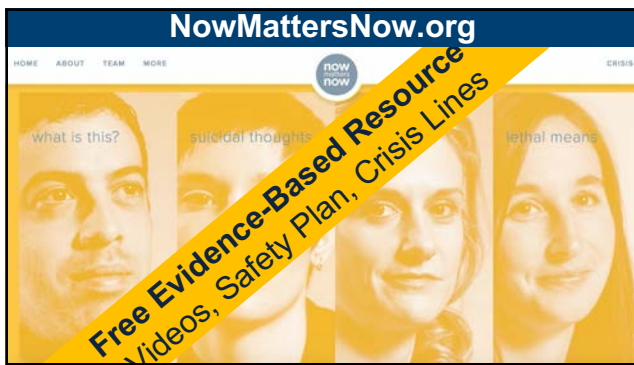
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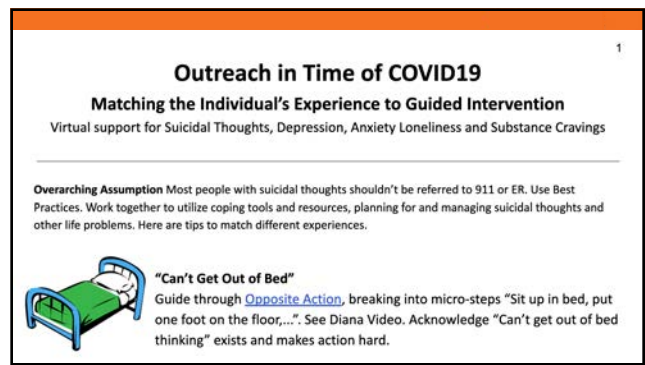
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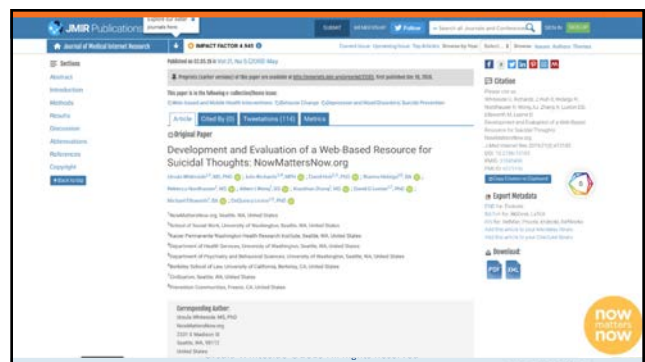
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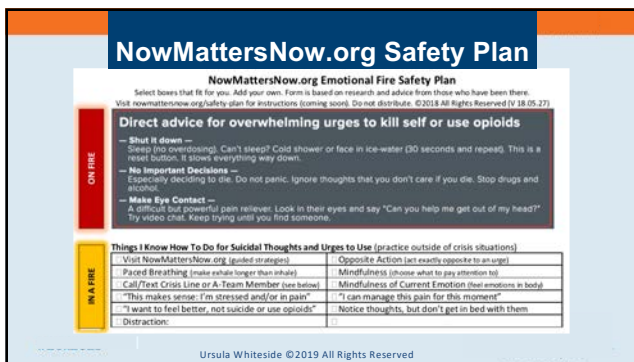
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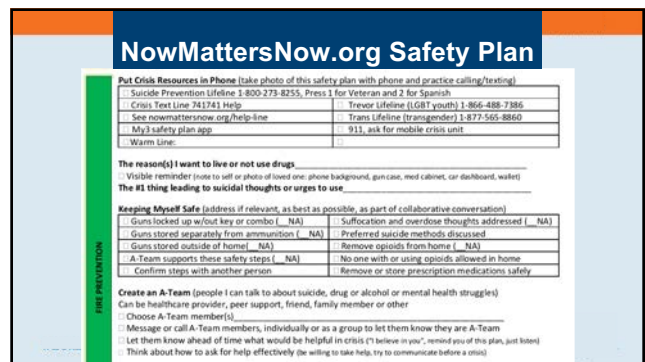
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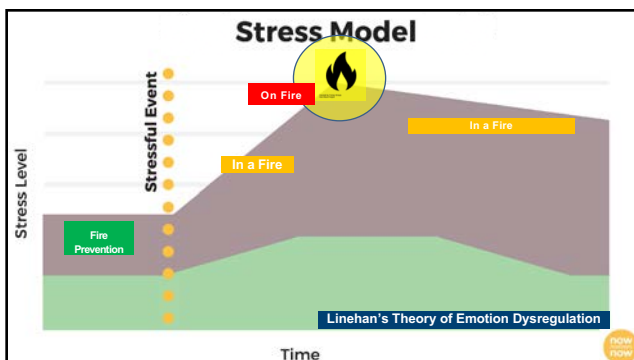
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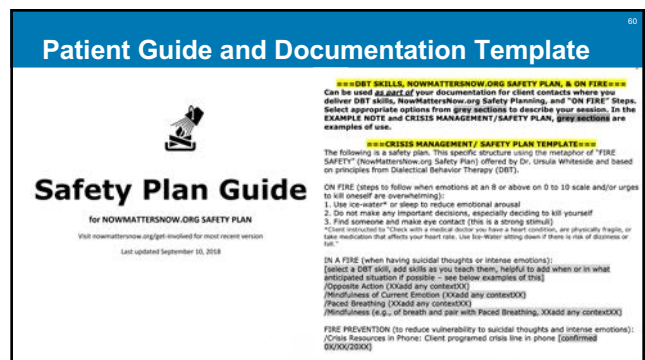
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Caring Message Card

have you had suicidal thoughts?
problems that felt unsolvable?

we've been there too.



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Caring Message Card

Henry,
I don't know you well yet, I am glad that you told me a little more about your life. You've been through a lot. I hope come back to see us.
With care,
Nurse Matt

Visit nowmattersnow.org for strategies that have helped us survive and build more manageable and meaningful lives.
[@nowmattersnow](https://www.instagram.com/nowmattersnow) [f](https://www.facebook.com/nowmattersnow) [in](https://www.linkedin.com/company/nowmattersnow)

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Caring Messages

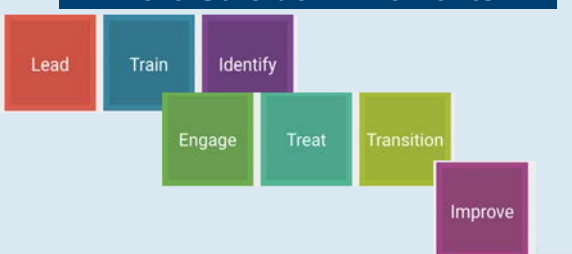
We asked over 1000 people, here are the top results. Please use and adapt these any way you like for those you care about.



now matters now
NowMattersNow.org

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Zero Suicide: 7 Elements



ZEROsuicide
BEHAVIORAL AND BEHAVIORAL HEALTH CARE

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ZEROsuicide
BEHAVIORAL AND BEHAVIORAL HEALTH CARE

CONTACT US: Suicide Prevention Hotline 1-800-275-TALK (8258)
Suicide Prevention Resource Center • Zero Suicide Institute

HOME ABOUT TOOLKIT CHAMPIONS RESOURCES

ZERO SUICIDE

The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for systems-wide transformation toward safer suicide care.



Access at:
zerosuicide.com

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Recommended Standard of Care

Zero Suicide approach led to development of the 2018 Recommended Standard Care for Suicidal People

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Recommended Standard Care for People with Suicide Risk:
MAKING HEALTH CARE SUICIDE SAFE

A Care Pathway

NATIONAL ACTION ALLIANCE
FOR SUICIDE PREVENTION

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Recommended Standard Care for People with Suicide Risk

Emphasis	Identification and Assessment	Safety Planning	Means Reduction	Caring Contacts
Provide treatment and support for individuals who may have elevated suicide risk.	Identify and assess suicide risk at admission and whenever patients are seen by using a standardized scale. Do not assess more than 1x per day. Use judgement if patients are seen daily.	Complete the brief Safety Planning Intervention during the visit where risk is identified Update the safety plan at each visit as long as risk remains high.	As part of the safety plan, discuss any lethal means considered by and available to patient. Arrange and confirm removal or reduction of lethal means as feasible.	Initiate caring contacts during care transitions or if appointments are missed.

Behavioral Health

Source: http://bit.ly/RSC_SR
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Recommended Standard Care

Identification

Safety Planning
(with emphasis on lethal means counseling)

Caring Contacts

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"As soon as things start becoming difficult, they just immediately suggest that I go to the mental hospital. I just cannot stress enough that it was not a good environment for me. And, they still suggest that I go back, when it'll just make things worse... It just seems like that's one of their first options when it should be a last resort." (P168)

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NowMattersNow.org and Social Justice

1. Part of social justice is providing access to evidence-based tools
2. Coping tools help us survive and thrive in unjust situations

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