

Suicide Care Pathway

Linking Screening and Assessment to Brief Intervention



Thank for Sharing Suicidal Thoughts

“You’ve been having some trouble sleeping, as well as some suicidal thoughts. Thank you for letting me know. Suicidal thoughts are not uncommon.”

Offer Hope by Hinting Resources

“People feel suicidal for important reasons. I imagine things aren’t easy.”

“I’ve got ideas that others have found helpful. I’ll offer those in a moment.”



Ask Directly about When and How

“First, so I can be best helpful, how soon have you been thinking of killing yourself?”

“How have you been thinking about doing it?”

“Thank you. Let’s talk about ideas to make stress a bit more manageable right away.”

Celebrate Resources

“Let me show you [NowMattersNow.org](https://www.nowmattersnow.org), built by people who got through hard times and wanted to help others.

- Diana’s Video In Opposite Action
- Safety Plan and Guide
- [Lock2Live.org](https://www.lock2live.org) safe storage
- Stop, Drop, Roll for overwhelming suicidal urges*

I want you to spend some time on these. I’d love to hear your thoughts.”

*or other emotional crises, including intense cravings. Includes cold water.



Save Crisis Line and Schedule Next

“Let’s put a number for emergencies in your phone (1-800-273-8255 or 741741).

Let’s schedule a time to come in next. I’m going to put a little reminder of my hope for you and these resources on your appointment card.”

Direct Links to NowMattersNow.org Resources



[Safety Plan](#)

[Stop, Drop, and Roll \(Cold Water video\)](#)

[Stop, Drop, Roll steps and Crisis Lines](#)

[Safety Plan Guide](#)

[Caring Contact Card](#)

[Diana’s Video](#) (Opposite Action)

Free Resources for Brief Intervention



[NowMattersNow.org](https://www.nowmattersnow.org) provides video-based coping tools from a well supported psychotherapy that has been useful for people with all sorts of problems (from suicidal thoughts, to substance use, to depression and eating problems). This includes videos of people describing how they used the skills as well as training and tools like a downloadable Safety Plan and Guide (see the “[Free Training and Resources](#)” tab). [Research Study](#).



[Lock To Live](#): This tool can help you make decisions about temporarily reducing access to potentially dangerous things, like firearms, medicines, sharp objects, or other household items.



Suicide Prevention Lifeline (1-800-273-8255)

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. [Canada](#): 1-833-456-4566. [United Kingdom](#): 116-123. [Other Countries](#): See Wikipedia “List of suicide crisis lines”.



[Crisis Text Line \(741741\)](#)

Text “Matters” to 741741 to initiate a chat with a trained counselor. CTL is the free, 24/7, confidential text message service for people in crisis. United Kingdom text 85248. Canada text 686868.

Documentation Example

Phone: Spoke by phone for 15 minutes with patient reporting increased intensity of suicidal thoughts and scheduled appointment for tomorrow. Patient states they do not plan to kill themselves in the next 48 hours plans to attend tomorrow appointment. *Patient states they do not have preferred method for suicide in the home and that there are no guns in the home.* Guided patient through expert methods to reduce distress and suicidal thoughts found on NowMattersNow.org. Patient agreed to try cold-water for 30 seconds times 3 and browse the NowMattersNow.org website for 15 minutes or more. I will check in with patient at end day and leave caring message if I am unable to reach her.

For Chronically Suicidal Patients who Have Not Benefited from Hospitalization: Patient has previously been hospitalized repeatedly for suicidal thoughts [and behaviors] with little benefit. Patient is connected to care with our clinic and they have no intention of suicide before our next scheduled visit on [date]. Patient has agreed to use the resources we discussed (safety plan, crisis line) in times of increased distress. We have mailed a caring contact card to arrive between this appointment and our next.

Additional Follow-Up: Always schedule follow-up visit before your patient's planned date of death. For patients with chronic suicidal thoughts, continue to engage in care and ensure follow-up with mental health care as appropriate.