



For July, August, and September Vol. X

[www.rockingrecovery.org](http://www.rockingrecovery.org)

**Have you ever needed to take a step back and take a long hard look at something?** As we found ourselves putting the finishing touches on our third quarter newsletter, our community was hit with some unfortunate news. A friend, Recovery Support Specialist, advocate, and all-around amazing person took their life a few days before this was scheduled to be published. This was a person who had trained as an Alternatives to Suicide facilitator, someone who knew about the resources available, and who knew dozens of people in the peer recovery community who would have listened if they had reached out. So why did this happen?



We would wager that we now have more people trained in suicide prevention than at any other time in our nation's history. Despite this, we are seeing a record number of people taking their own lives. It seems that raising awareness did little to prevent numbers from continuing to trend in the wrong direction. Do we need more resources? Do we need to have better access to trained professionals?

On February 22, 2019, the Hartford Courant reported that a social worker with 19 years of experience took her own life on the Connecticut Valley Hospital campus. She worked at a mental health hospital and knew people who received training to see the warning signs of a person who may be contemplating suicide.

What led up to a mental health worker feeling so uncomfortable with the hospital she worked in that she did not or could not reach out for help? Sadly in an article published on June 18, 2021, we may have gotten our answer. According to the Connecticut Mirror, a UCONN Health survey conducted at the Connecticut Valley Hospital and Whiting Forensic Hospital showed a concerning number of hospital staff being pressured and bullied while on the job. If this is how some staff members feel, one can only wonder about the environment they are creating for their clients. At this point, Ripple is unaware of anyone else making this connection or asking if these events could be related.

Every person who takes prevention classes such as Applied Suicide Intervention Skills Training (ASIST) or Question Persuade Refer (QPR) has the same problem. We can only encourage those we encounter to seek professional help from the same system that continues to see deaths by suicide increasing almost every year. LivingWorks is a leader in suicide prevention training, and one of their most popular programs is called safeTALK. According to their website, more than 120,000 people attend safeTALK every year, but are all these efforts helping in the long run? Aren't we just creating 120,000 more chances that a person in distress is directed to the same broken system of care?



So the critical question is what needs to be done to move forward? How do we bend the trend and reduce the number of people we lose every year? One essential step is to have dedicated mobile crisis teams that do not include a uniformed police officer. In cases where a person is experiencing suicidal ideations, a violent outburst is rare. All police involvement provides is an increased chance of suicide by cop. Plus, police officers are under enough stress dealing with criminals. In a USA Today article published back in 2018, they reported that 46 police officers were fatally shot in the previous year. In that same year, 140 officers died by suicide. With all due respect to our men and women in law enforcement, they are not mental health providers, and that responsibility should not be placed on their shoulders.

**Let's start asking questions that lead to fundamental changes.** This quarter, we will address a topic that has been brought up in peer forums, on zoom calls, and in general conversations about suicide prevention over the last several years.

**What components should a mobile crisis team have?** For starters, a mobile crisis team should arrive at a location in an ordinary-looking vehicle. If a person is experiencing a mental health crisis drawing the attention of their entire neighborhood with four police cars and an ambulance pulling up in front of their home is not a comforting feeling.

Have you ever heard the expression, you never get a second chance to make a first impression? Whenever we talk about how to address a person in crisis, that phrase should be the foremost thing on our minds when trying to formulate new ideas.

We believe that a mobile crisis team leader should be either an MSW or LCSW, someone able to start a case file if needed and make a call if hospitalization is necessary. The team leader should be in a supervisory role and only step in if needed. There should be two persons with lived experience who have become certified peer supporters. The twoperson peer component will allow one to speak to the person in distress and the second to talk to any friends or family who witnessed the crisis unfold. Both peers should have basic first aid and Narcan training.

An ambulance should be dispatched to the area but should not be onsite unless required by a medical emergency. Police can also be alerted to the situation, directed to the area, and keep enough distance to stay out of sight. The intervention of first responders should be considered a last resort.



**A look back** at Fairfield County's 2019 Walk for Mental Health. Being away from all the wonderful people in our community due to Covid, this seems like a lifetime ago. We are looking forward to the summer ahead and returning to in-person gatherings.





**Thank you for your support and encouragement!** A little more than nine months ago, Ripple launched our latenight peer support group. So far, the co-hosts of this group have seen more than 400 volunteer hours each of Zoom time.

*RockingRecovery.org*

Recovery Innovations for Pursuing Peer Leadership and Empowerment (RIPPLE)



## Peer Hosted Late Night Support Group

Everyone needs to talk from time to time, and sometimes there is no one else around. Many people in recovery struggle at night when the warmlines are closed. If you are one of those people, we invite you to join us. If you live with depression, anxiety, PTSD, intrusive thoughts, or need help facing an addiction, you are not alone.

**Tuesdays, Thursdays, & Sundays  
10:00 PM to Midnight**

**These meetings will be offered on the  
Zoom platform and open to anyone  
who would like to attend.**

<https://us02web.zoom.us/j/89824032752>

**One tap mobile  
+19292056099,,89824032752# US (New York)**

**Dial by your location  
+1 929 205 6099 US (New York)  
Meeting ID: 898 2403 2752**

Powered by Peers....

And a  
lot of  
coffee!



**Please visit our website for more information:  
[www.rockingrecovery.org/zoom-meetings](http://www.rockingrecovery.org/zoom-meetings)**



