

NYC Guide to Suicide Prevention, Services and Resources

This guide was produced by
The Samaritans of New York with funding
from the New York State Office of Mental Health

**The Samaritans
Suicide Prevention Hotline
(212) 673-3000**

24 hours/7 days a week

community-based, completely confidential

Always there when you need someone to talk to...

NYC Guide to Suicide Prevention, Services and Resources

The Purpose of This Guide

Responding to people who are depressed, in crisis and possibly suicidal frequently makes those responsible for their care feel uncomfortable and inadequate, often believing that they do not have the knowledge, tools and resources to be effective.

This is something the Samaritans of New York, the community-based organization that operates NYC's 24-hour suicide prevention hotline, has observed first-hand working with over 30,000 lay and professional caregivers through our public education program and from collaborations with hundreds of non-profit agencies, government officials and policy analysts over the past 25 years.

The NYC Guide to Suicide Prevention, Services and Resources is designed to address the needs of those who provide care to people who are in distress or at-risk for suicide or who have lost a loved one to suicide by providing them with key linkages to resources, tools, research and support services.

The Audience for the Guide

This Guide can be used by everyone who provides personal or professional care, support or treatment to individuals who are depressed, in distress, are experiencing trauma or some form of mental illness. This includes family members, friends and colleagues as well as social workers, psychologists, case managers, guidance counselors and emergency response staff working in community, academic, recreational or clinical settings. It can also be used by those who are experiencing depression or suicidal feelings themselves.

How to Use This Guide

Scan the pages of this booklet first to get a *feel* for its contents then use the Guide in accordance with your immediate needs and the role you are providing. Possibilities include:

- for a comprehensive overview of the primary components of suicide prevention
- for developing specific guidelines and a plan for trying to help someone in crisis
- for guidance and information on how to access effective resources and support services
- for expert feedback, training and technical support in addressing specific issues.

Suicide As a Public Health Problem

Suicide, the 10th leading cause of death in the US, is a public health problem that touches people of every age, race, economic background, culture and sexual identity and can have lasting effects that impact individuals, families and communities as well. People experience depressive and/or suicidal feelings for countless and complex reasons, some of them identifiable or able to be diagnosed, others tied to less specific social, environmental, familial and genetic factors.

Talk of suicide makes most people uncomfortable. A fact that leads to many of the misconceptions we have about helping people who are suicidal which, in turn, often negatively impacts our ability to respond; the most significant myth being that talking about suicide might give someone the idea (it does not). Other misconceptions that interfere in helping people in crisis include a belief that people who are suicidal *just want attention* and if someone is determined to kill themselves, *there is nothing anyone can do about it*.

Suicide Can Be Prevented

The good news is that, frequently, suicide can be prevented. In fact, as many as 70% of the people who attempt suicide *do something* to let others know before they act.

Suicide prevention is not about death and dying but life and living and exploring options, helping people who are depressed and in crisis to get through their difficult times, providing them with additional coping tools, access to resources and treatment and letting them know they are not alone.

(212) 673-3000
24 hours a day
7 days a week

THE SAMARITANS OF NEW YORK
Free, non-judgmental emotional support for those
who are overwhelmed, depressed, in crisis or suicidal.
Community-based. Completely confidential.

A Look At Statistics and Trends of At-Risk Populations

Overview Suicide leads to over 36,000 deaths annually in the US, causing as many fatalities as homicide and AIDS combined. As many as 90% of the people who die from suicide have a diagnosable mental health problem, though less than one-third seek treatment. Depression affects nearly 10% of adults in a given year and an estimated 4% will have suicidal thoughts.

Over 5,000,000 Americans have attempted suicide, with women attempting three times more frequently than men but men being four times more likely to die. In fact, 75% of all suicides in the US are committed by men, the largest percentage from elderly and older middle-age men.

Anyone can experience the depressive, stressful or traumatic feelings that can lead to suicide, no matter what their education, economic or social standing or personal relationships. Nowhere is this seen more strongly than in NYC whose rich cultural diversity leads to more populations that are high risk for suicide being in one place than anywhere in the world.

This includes but is not limited to students at our 26 colleges, our large GLBTQ community, the large number of older adults, chronic sick and mentally ill, those with alcohol and substance abuse problems, the unemployed, homeless, immigrants, victims of violence, sexual abuse and bullying, returning veterans, Asians and Latinas and others.

Incidence Suicide is the 2nd leading cause of death of teenagers, 2nd of college students, 2nd of males 25-34, 4th of males 35-54, 3rd of women 15-24, 4th of women 25-44, etc. Suicide rates for men rise with age, most significantly after 65; for women, rates peak between 45-54, and after age 75.

Though the elderly make up 13% of the population, they represent 18% of the suicides. Among older adults who commit suicide, 20% visited a primary care physician the same day as their suicide, 40% within a week. Many of those who are depressed don't realize they have depression.

A previous attempt is the leading indicator of suicide risk, with alcohol and substance abuse a factor in about 30% of all suicides; 7% of individuals with alcohol dependence will die by suicide. Ready access to lethal means increases suicide risk in individuals with depression. Suicide risk can be exacerbated after discharge from an inpatient or residential setting for those at significant risk.

New York City About 6% of NYC adults report clinically significant emotional distress with highest rates seen in women, Hispanics, those with low incomes and chronic diseases like asthma and diabetes. Over 50% of NYC suicides are committed by males age 25-54. About 30% of NYC's public high school students experience depression annually, 8.5% report a suicide attempt, 3% an attempt that required medical care. Recent trends show increases in attempts by young Latinas, younger and older Asian-American females and young GLBTQ.

In the Workplace A minimum of 7% of full-time workers battle depression. A strong relationship exists between unemployment, the economy and suicide, with unemployed individuals having between two and four times the suicide rate of those employed. Economic strain and personal financial crises have been documented as precipitating events in individual deaths by suicide.

Suicide Survivors Over 5,000,000 Americans have lost a loved one to suicide, with research suggesting that each loss directly impacts at least six people; meaning that close to 600 individuals become a *survivor of suicide loss* every day. Suicide survivors are at increased risk of suicide themselves.

Overview and Statistics References and Resources

The primary sources of information and statistics for this section include but are not limited to: American Foundation for Suicide Prevention www.afsp.org • Centers for Disease Control and Prevention www.cdc.gov • American Association of Suicidology www.suicidology.org • Suicide Prevention Resource Center www.sprc.org • Suicide Awareness Voices of Education www.save.org • A Public Health Strategy for Suicide Prevention, Saving Lives, Vol. 1: http://www.naminys.org/images/uploads/pdfs/SUI_11.pdf

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To contact Samaritans of New York: (212) 673-3661 (education program) or education@samaritansnyc.org

Responding to Someone Who is Depressed or in Crisis

Whether you are a family member, friend or health professional, it is always beneficial to have a plan in mind before attempting to help an individual who is depressed or in distress. Though crisis response and public health experts may use different approaches when responding to someone in distress, most of these approaches consist of the following steps:

- create a safe environment
- establish rapport and trust
- identify warning signs, risk and protective factors
- assess and determine suicide risk
- explore available resources
- decide best course of action
- provide ongoing support

Create a Safe Environment

Do your best to provide the person you are responding to with an environment that is quiet, private and where you will not be interrupted; where he or she can receive your undivided attention and focus without distractions from other people, phone calls or activities.

Establish Rapport and Trust

Demonstrate your concern by engaging the person in a conversation, listening carefully to what he/she is saying without immediately expressing your own opinion. The focus should be on what the person is thinking and feeling. The more comfortable a person feels with us, the more we can learn about their situation and state of mind and the greater the likelihood they will seek support and allow us to help.

Identify Warning Signs, Risk and Protective Factors

Recognize the circumstances and environments that can increase an individual's risk for suicide; the behaviors and states of mind that are warning signs of depression; and the behaviors, environments and relationships that reduce that person's risk. This will help us to develop a clearer picture of the individual's current situation.

RISK FACTORS Some of the issues tied to background, history, environment and/or circumstances that increase the risk potential for suicide:

- previous self-destructive or suicidal behavior
- any type of loss of parent or loved one
- social isolation and/or alienation
- barriers to accessing health care/treatment
- cultural/religious beliefs supporting suicide
- loss of job, income, unemployment, benefits
- personal/family history of suicide, psychiatric disorder
- alcohol or other form of substance abuse
- history of trauma, abuse, violence or neglect
- easy access to lethal means (especially guns)
- unwillingness to access help due to stigma
- problems tied to sexual identity and relationships

WARNING SIGNS Some of the affects, behaviors and actions that are often related to an individual experiencing depression and/or suicide ideation:

- a sudden worsening of school performance
- a heightened fixation with death or violence
- difficulty in adjusting to gender identity
- extreme alcohol and/or substance abuse
- impulsive and/or risk-taking behavior
- announcing a plan to kill him or herself
- statements like: 'I wish I was dead,' 'No one will miss me when I'm gone' or 'I think I'll just disappear.'
- changes in eating and sleeping habits
- violent mood swings, changes in personality
- being a victim of bullying, sexual abuse, violence
- recent or ongoing impulsive and aggressive acts
- self-destructive and violent behavior towards others
- obtaining a weapon or other lethal means
- sudden giving away of prized possessions
- talking or writing about suicide or death

PROTECTIVE FACTORS Some of the key behaviors, environments and relationships that reduce the likelihood of suicide and enhance resilience:

- supportive and caring family and friends
- access to medical and mental health care
- restricted access to lethal methods of suicide
- connectedness to community, school, organizations
- learned skills and behaviors (e.g., problem-solving, conflict resolution, anger management, etc.)
- access to immediate and ongoing support and care
- cultural and religious beliefs that discourage suicide

Assess and Determine Suicide Risk

There are different methods and tools that can be easily accessed and utilized to determine the extent of an individual's depressive feelings and/or thoughts tied to suicide. These include depression screening tools that can measure the "severity" of an individual's depression, risk assessment models that can measure the individual's "intent" to attempt suicide, *degree of risk*, *capability* to attempt or how much he or she has *visualized* the act (like the assessment tool shown below).

In the context of what you have seen, heard and know about the individual you are responding to, determine answers to the following questions:

- Is the person expressing thoughts about suicide or has he or she done so in the recent past?
- Does the person have a plan in place to attempt suicide and the means available to do so?
- Has the person set a specific time to act on his or her plan and when is it?
- Has the person ever attempted suicide in the past or had a family member that did so?

Explore Available Resources

Utilizing professional, familial, spiritual and other resources increases the family member, friend or health professional's ability to maintain ongoing support for the person in distress and increases the effectiveness of the response. Resources may include referrals for ongoing clinical care, immediately accessible crisis response services like hotlines and mobile crisis units, support groups, education and information, technical support, etc.

Decide Best Course of Action

Using what you have learned from talking to the person you are responding to—his/her warning signs, risk and protective factors, his/her state of mind and level of suicide risk—and the resources and other supports that are available, decide what else you need to learn or who you need to talk to in order to respond effectively. Of most importance, if the person is significantly depressed or has thoughts of suicide, identify and remove all access to lethal means (including guns, controlled substances or any materials that could be used to harm oneself).

Provide Ongoing Support

Responding to a person who is in distress or suicidal is often an ongoing process that requires a consistent level of followup, support and utilization of resources. For the benefit of the person you are helping as well as yourself, *do not go it alone*. Implement a multi-faceted team approach consisting of family, health professionals, members of the community, colleagues, etc. to ensure the best results and prevent caregiver stress and burnout.

Prevention References and Resources

The references below provide more in-depth information on the topics covered in this section. There are other sources of information and references in this guide that address these and similar topics, and a separate section, "Resources to Access for Help and Support" for programs and services to help people who are depressed, in distress or suicidal.

Samaritans 'I Can Help!' Suicide Awareness & Prevention for Caregivers & Service Providers This booklet offers a comprehensive approach to helping people in distress, including establishing rapport, understanding myths and misconceptions, active listening tools, etc. www.samaritansnyc.org/wp-content/uploads/2013/08/Samaritans-Suicide-Awareness-and-Prevention-Booklet.pdf

Detecting & Treating Depression in Adults NYC DOHMH provides tools for recognizing depression, assessing suicide risk (includes PHQ-2 & PHQ-9 depression screening questionnaires), information about medication, managing suicidal patients and treatment options. www.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf

Safety Planning Guide Explains goals, methods and design involved in developing a safety plan of coping strategies and sources of support for patients who have been deemed high risk for suicide. Accompanied by a safety plan template. www.sprc.org/for-providers/primary-care-tool-kit-tools (click "Safety Planning Guide" and "Patient Safety Plan Template")

Risk and Protective Factors for Suicide Discusses the interactive relationship between risk and protective factors. Separates risk factors into biopsychosocial, environmental and social-cultural, to provide a cross-section of perspectives in assessing risk. www.sprc.org/sites/sprc.org/files/library/RiskProtectiveFactorsPrimer.pdf

Columbia-Suicide Severity Rating Scale (C-SSRS) Frequently used in clinical practice to assess suicidality in adolescents and adults. Assesses behavior, ideation, lethality and severity; and distinguishes between suicidal occurrences and non-suicidal self-injury. Multiple versions/languages. www.cssrs.columbia.edu

The Role of Clinical Social Workers and Mental Health Counselors in Preventing Suicide This guide for treating those who are depressed and suicidal contains several detailed references for assessment models and measures. www.sprc.org/basics/roles-suicide-prevention

Postvention and Suicide Survivors

Postvention refers to the responses, activities and strategies utilized after a death from suicide to provide care, support and safety to those touched directly or indirectly by this traumatic loss.

The goal of postvention is to ease or reduce the effects of that loss and the grieving process for those impacted, to increase their “protective factors” and support network and to encourage resilience and use of coping tools (e.g., engaging family members and/or spiritual support, maintaining involvement in current activities, utilizing resources like hotlines and counseling).

Experiencing a Suicide Loss

The term “suicide survivor” refers to people who have lost a loved one to suicide. Survivors experience the same emotions (anxiety, despair, anger, denial, shock, isolation, etc.) and major life-changing circumstances that most people experience when they lose someone they love or are close to, but frequently these emotions and states of mind are much more acute and longer-lasting.

Suicide survivors face factors that are unique to this type of loss; most importantly, the fact that those who lose a loved one to suicide are, often, denied the familial and social support so necessary to the healing component of the bereavement process. And, survivors are at higher risk for suicide themselves.

The impact of a suicide loss can be so dramatic that a survivor may experience symptoms and behaviors that are usually associated with post-traumatic stress. The loss may also exacerbate an already existing physical or mental illness, especially depression and mood and anxiety disorders; and undermine an individual’s sobriety or trigger an increase in or return to self-destructive behavior.

The Impact of Stigma

Due to stigma and the many misconceptions people have about suicide, survivors often experience intense feelings of guilt and shame, sometimes actually being blamed (or blaming themselves) for not being able to prevent the death; stemming from the belief that, somehow, they should have seen the signs and been able to do something to prevent it.

Adding to that pain and increasing their isolation is the belief that those who lose a loved one to suicide do not want to talk about it when, like any traumatic loss, the opposite is true. Survivors often report being denied the comfort and solace from family and friends that the bereaved normally receive at funerals and memorial services due to many people’s discomfort with the subject and fears tied to addressing it.

Those Needing Postvention Support

Though every individual touched by the loss from suicide is significant, extra attention should be placed on those who are most vulnerable, have experienced other dramatic losses, traumas or mental illness or were closely related in some manner to the deceased.

Obviously family members, close friends and colleagues, loved ones and others who have had a personal relationship with the person who died fit this category but so do caregivers, teachers, coaches, guidance counselors, therapists, clergy, members of law enforcement and others who may have known the individual.

Postvention should begin as soon as possible. Though peer and public health experts vary in their focus and emphasis, most of their postvention responses try to maintain a balance of:

- addressing the issue directly while establishing a safe, protective environment
- clearly focused messaging while monitoring communications and social media
- carefully planning and managing tributes and events while watching for those ‘at-risk’
- helping to normalize the situation while expanding support networks/access to resources
- engaging all members of the community—parents, teachers, students, mental health professionals, clergy, funeral directors, etc.—in the planning and implementation.

Developing Postvention Responses

Since news about the suicide will spread rapidly through word of mouth, e-mail and the media, responses should begin in as timely a manner as possible. Postvention can take place on many levels—among individuals, family, group, team and class members, professional and support staff, etc., throughout the school, organization or workplace, and in the community at-large.

As 9/11 has taught us, an individual does not have to be directly or personally connected to a traumatic event to be deeply impacted and/or overwhelmed by the emotions that result from a tragedy. So it is with suicide.

The following highlight some of the key issues to consider when developing a postvention plan:

Messaging and Social Networking—clear communication to all those touched by it, acknowledging the loss and its impact as well as the fact that there is a plan in place, steps are being taken and support is available must be disseminated. All messaging—especially through social networking—should be monitored for sensationalism, misinformation and the possibility of it revealing others who are at risk.

Spontaneous Tributes and Shrines—respecting the need for those touched by the death to express their grief must be balanced with monitoring and managing spontaneous tributes to the person who died to prevent the glamorizing of the suicide act or the implication that, by taking his or her own life, the individual gained a level of fame or notoriety they had not been able to achieve previously.

Identifying Those At-Risk—observe and gather feedback on individuals that appear to be impacted most strongly by the death, especially those who were closest to the deceased, who identified with him or her and those who have been exposed to or experienced some previous form of trauma or mental illness.

Contagion and Copycats—when a suicide occurs it may, under some circumstances, influence or encourage other members of that community to act on their own suicidal impulses, especially if they are already at risk or have some previous experience with trauma or mental illness. Teenagers and young adults are most likely to be impacted by the contagion or copycat phenomenon.

Media Reporting—working with the media and others who disseminate information is important to prevent graphic depiction of the suicide through pictures or detailed descriptions of the means the person used to commit suicide as well as stories that seek to make the listener/reader identify with the deceased or portray the death as inevitable or the result of a heroic or courageous act.

Caregivers and Clinicians—though often overlooked, research suggests that caregivers' response to the loss of someone they have been working with or caring for to suicide is very similar to family and loved ones. In addition to the personal impact, the caregiver faces questions of confidence, competence, professional responsibility, blame (from self and others) and career status.

Medical Examiner and Law Enforcement—the police and medical examiner are required by law to respond to a death as a potential crime scene (no matter how obvious it is to those at the site) until all the necessary procedures have been followed and eyewitness statements taken. Understanding their roles and responsibilities will prevent a painful situation from getting worse and help gain cooperation and sensitivity.

Postvention Resources and Research

The resources, research and books listed on this and the following page provide additional and more in-depth information, guidelines, training, etc. to assist those with the responsibility of implementing effective postvention responses and/or responding to those who have lost loved ones to suicide.

SPRC Customized Information: Survivors

An introduction intended to develop sensitivity and understanding that will assist friends, family and providers in responding to suicide survivors. <http://www.sprc.org/sites/sprc.org/files/Survivors.pdf>

Media Guidelines for Reporting on Suicide

This website provides an overview of topics tied to messaging, reporting, social networking, information dissemination, etc., utilizing some of the world's key suicide prevention experts. Especially helpful is the section entitled: Recommendations For Reporting on Suicide. www.reportingonsuicide.org

SPRC Library Postvention Resources A detailed list of clinical studies, research and articles focusing on a wide variety of postvention topics, caregiver support, tips for professionals, recommendations for clergy, etc. www.sprc.org/library_resources/listing/search (under *Programmatic Issues*, click *Postvention and Crisis Response*)

AFSP Survivor Outreach Program Provides trained volunteers that will meet in-person with newly-bereaved survivors and their families. Survivors can request an outreach visit by contacting the NYC Survivor Outreach Program Coordinator, Gail Tuohey, 646-284-5790 www.afsp.org/outreachprogram

After a Suicide: A Toolkit for Schools

Developed by AFSP and SPRC, the toolkit includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials in an accessible format applicable to diverse populations and communities.

www.afsp.org/schools

CONNECT Suicide Postvention Training Designed to reduce risk and promote healing following a suicide and provide specific knowledge and skill development for various professions. Free training provided by NYS OMH. Contact the Suicide Prevention Center of NY: <http://www.theconnectprogram.org> or email: preventsuicideOMH@omh.ny.gov

Principles for Providing Postvention Responses

A comprehensive summary of the major elements involved in Postvention, including responding to survivors, risk factors, contagion, implementing a plan. <http://www.togethertolive.ca/sites/default/files/principles-for-developing-protocols.pdf>

After a Suicide Recommendations for Religious Services and Other Public Memorial Observances.

www.sprc.org/library/aftersuicide.pdf

Memorial Activities at School A List of 'Do's and 'Don'ts', National Assn of School Psychologists.

<http://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Safety%20and%20Crisis/WS1H21.Memorials.pdf>

Media Contagion and Suicide Among the Young

Gould et. al, American Behavioral Scientist, 2003. Article educates the media about ways to present suicide that encourage help-seeking behavior.

<http://www.columbia.edu/itc/hs/medical/bioethics/nyspi/material/MediaContagionAndSuicide.pdf>

After a Suicide, A Postvention Primer for Providers

A good overview with topics including: suicide and mental illness, misconceptions, what not to say, response of law enforcement at the scene, etc.

http://lifegard.tripod.com/After_a_Suicide.pdf

AAS Clinician-Survivor Task Force Provides support and education to mental health professionals to assist them in responding to their personal and professional loss resulting from the suicide of a patient/client.

http://mypage.iu.edu/~jmcintos/therapists_mainpg.htm

SOS Handbook for Survivors of Suicide A self-help tool for survivors providing an overview of the process, what to expect, challenges faced, anger, acceptance, etc. http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/SOS_handbook.pdf

My Son... My Son, A Guide to Healing After Death, Loss or Suicide, Iris Bolton, Bolton Press Atlanta, 1983. A moving and enlightening book providing insight and perspective into the survivor experience.

No Time to Say Goodbye: Surviving the Suicide of a Loved One, Carla Fine, Doubleday Publishing, NYC, 1999. A touching, informative and invaluable guide to help suicide survivors cope with their loss.

Suicide Survivor Support Groups

The following list provides information on free support groups for those who have lost a loved one to suicide and seek solace and a safe and supportive environment as they cope with their loss. It is suggested that a support group should be but one component of a survivor's care and ongoing healing process.

Survivors After Suicide Bethany Lutheran Church, 233 Westcott Blvd, Staten Island, 6:30 pm, all ages/all suicide losses, peer facilitated, 3rd Tuesday/monthly, Susan Holden 718-273-6776

M'kom Shalom: A Place of Peace for Jewish Survivors of a Close One's Suicide NY Jewish Healing Center, 135 West 50th St., 6th floor, Manhattan, 7-8:30 pm people of all faiths welcomed, professional facilitated, 2nd Wednesday/monthly, Rabbi Simkha Y. Weintraub 212-632-4770 (call before attending)

Parents Who Lost Children To Suicide 611 Broadway, Suite 415, Manhattan, 6:30-8 pm, for parents/all ages peer/professional facilitated 3rd Thursday/monthly Marcia Gelman Resnick 212-842-1460 (call before attending)

Long Island Survivors of Suicide Temple Tikvah, 3315 Hillside Avenue, LI, non-religious/all welcome, 7:15-9:30 pm, peer/professional facilitated, 2nd Wednesday/monthly, Bill & Beverly Feigelman, 718-380-8205

'Safe Place' Suicide Survivor Support Group Samaritans of New York, age 18-plus/all suicide losses, 1st Wed & 3rd Tues, peer/ professional facilitated, 7-9 pm, for info. on dates and location call 212-673-3041 or www.samaritansnyc.org/coping-with-suicide-loss

Sibling Support Group 1140 Broadway, Suite 803, Manhattan, 7-8:30 pm, for those who lost a sibling, 2nd Tuesday/monthly, peer-to-peer facilitated, Stephanie Kraut stephaniekraut@gmail.com, Kimberly Fodor kimberlyfodor@gmail.com

Other bereavement groups There are other groups that are designed to respond to losses from any cause that a suicide survivor might choose to attend that can be found through Internet searches or calling 311.

A Caring Hand, The Billy Esposito Foundation Bereavement Program, bereavement tied to all causes of death, for children ages 4-18 and their caregivers, in Manhattan. 212-229-2273 www.acaringhand.org

The Compassionate Friends, for those who have suffered the death of a child or friend, various groups available in Manhattan, Brooklyn, Queens and Staten Island. Call national hotline for specific information. 877-969-0010

Training, Educational Resources and Tools

The following training programs, on-line educational resources, tools and webinars are available for free to qualified individuals, schools and agencies. To utilize these trainings, tools, webinars and other materials you may need to contact the names or organizations listed below and follow their instructions.

TRAINING PROGRAMS

ASIST (Applied Suicide Intervention Skills Training)

A two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk and intervene to prevent immediate risk of suicide.

www.omh.ny.gov/omhweb/suicide_prevention/training/asist.html

SafeTALK: Suicide Alertness for Everyone A two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and describes how to connect them to suicide first aid resources.

www.omh.ny.gov/omhweb/suicide_prevention/training/safeTalk.html

QPR – Question, Persuade, Refer Teaches people how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Can be learned in the Gatekeeper course in as little as one hour. www.omh.ny.gov/omhweb/suicide_prevention/training/qpr.html

National Alliance on Mental Illness NAMI offers ongoing courses for individuals with a mental illness, their parents, caregivers, including: family-to-family (for caregivers of someone living with a severe mental illness); peer-to-peer (to help those with a mental illness maintain health and recovery); basics (for parents/caregivers of children with a mental illness).

www.naminycmetro.org/Education/NAMISignatureCourses/tabid/75/Default.aspx

The Trevor Project: Lifeguard Workshop Presented by trained facilitators for youth and professional audiences in NYC school and community settings. Addresses sexual orientation, gender identity, impact of language, suicide risk, etc. Program helps teens develop prevention skills using a short film that generates discussion.

<http://www.thetrevorproject.org/pages/lifeguard>

ON-LINE & OTHER TRAINING TOOLS

Kognito: At-Risk for High School Educators

One-hour online, interactive gatekeeper training simulation designed to prepare high school staff/teachers to recognize indicators of psychological distress and approach an at-risk student for referral to appropriate support service. resources.kognito.com/ht/kognito_overview_highschool_version.pdf

Focus on Integrated Treatment Self-paced, online learning tool for agency staff on integrated treatment for people with co-occurring disorders; utilizes videos, consumer interviews, quizzes, etc. [for OMH licensed and OASAS certified programs only] www.practiceinnovations.org (click on CPI Initiatives)

SPRC Training Institute Provides online and class curricula designed to build capacity for suicide prevention programs and initiatives, including self-paced courses and webinars (also see the Customized Information Series for specific issues and topics). www.sprc.org/training-institute

NYC Department of Health & Mental Hygiene:

Depression Initiative Materials for providers to aid in detecting and treating depression in adults, screening tools for depression, anxiety and suicide (PHQ & GAD-7), and patient handouts. www.slideserve.com/astra/depression-initiative-new-york-city-department-of-health-and-mental-hygiene

Uline Anonymous and confidential online resource for college students with information to help themselves or a friend; self-assessment tool and a direct link to New York State college counseling centers. www.ulifeline.org

Be BRAVE Against Bullying The United Federation of Teachers' BRAVE campaign provides educators, parents and students with the tools, knowledge and support to be pro-active in confronting and stopping bullying with an array of resources and tools. www.uft.org/our-rights/brave

OK2Talk (Tumblr) NAMI's goal with OK2Talk is to provide a community for teens and young adults struggling with mental health problems where they can talk about what they are experiencing by sharing their stories of recovery, tragedy, struggle or hope as well as creative content like poetry, inspirational quotes, photos, videos, songs, messages of support, etc. in a safe, moderated space. <http://ok2talk.org/>

Suicide Prevention Resource Center (SPRC)

This federally funded center is a national library that collects and distributes suicide information and research initiatives, information on training programs, best practices, program evaluations and provides a search function on topics like: high-risk populations, evidence-based programs, etc. www.sprc.org

SAMHSA

the US Substance Abuse & Mental Health Services Administration provides an array of programs, services, publications and tools to assist caregivers, health providers and consumers including:

- **Free articles and publications** for professionals and the public (on mood disorders, treatment, screening, health promotion, planning, cultural competence, etc.) <http://store.samhsa.gov>
- **Substance Abuse Treatment Facility Locator**, on-line tool lists licensed, certified or otherwise approved private and public facilities <https://findtreatment.samhsa.gov/TreatmentLocator/faces/about.jspx>
- **Behavioral Health Treatment Services Locator**, on-line tool for persons seeking treatment facilities for substance abuse, addiction and/or mental health problems, continually updates lists of qualified facilities, address, phone and services provided <https://findtreatment.samhsa.gov/>

Centers for Disease Control & Prevention (CDC)

extensive suicide prevention information including statistics, populations, risk groups, strategies, programs, clinical research and scientific information, journal and professional articles, podcasts, etc. www.cdc.gov/ViolencePrevention/suicide

National Institute of Mental Health (NIMH)

extensive information on mood disorders, depression, suicide, PTSD, eating disorders, etc. including signs, symptoms, statistics, treatment, clinical trials, fact sheets by age, gender and population. www.nimh.nih.gov/health

Suicide Prevention Center of New York

NYS Office of Mental Health's suicide prevention center website provides an overview of suicide prevention information, local prevention and postvention programs and initiatives and upcoming training programs across New York. www.preventsuicideNY.org

American Foundation for Suicide Prevention

The foundation offers a series of tools for teachers and school administrators, such as:

- **More Than Sad (PowerPoint)** complies with requirements for teacher education in many states; program seeks to increase knowledge of warning signs of youth suicide so teachers and others who work with teens are better prepared to respond. <https://afsp.org/our-work/education/more-than-sad/>
- **Model School Policy on Suicide Prevention (PDF)** research-based, easily adaptable document will help educators/administrators implement comprehensive suicide prevention policies in middle and high schools in need of establishing, or amending or revising them. www.afsp.org/preventing-suicide/our-education-and-prevention-programs/programs-for-teens-and-young-adults/a-model-school-policy-on-suicide-prevention

UCLA: School Mental Health Project

Information, training aids, resources on topics that include violence prevention, child abuse/neglect, children of substance abuse, bullying, bereavement, cultural competence, etc. Listserv allows school providers to ask and share information and technical assistance. <http://smhp.psych.ucla.edu>

National Alliance on Mental Illness (NAMI)

National advocacy organization dedicated to improving the lives of individuals and their families affected by mental illness. Website provides review of literature and research, support group listings, resources for those directly impacted by mental illness, feedback from NAMI consumer volunteers. www.nami.org

WEBINARS**Creating Suicide Safety in Schools (CSSS)**

a one-day, SPRC Best Practice, interactive workshop designed to engage high school teams in evaluating their site's existing suicide prevention and intervention readiness, including: evidence-based and best practice guidance; developing a comprehensive suicide prevention and response plan; learning about resources to enhance school safety and health that are subsidized or available at low or no cost. Endorsed by the NYS Association of School Psychologists. www.sprc.org/bpr/section-III/creating-suicide-safety-schools

Safety Planning Intervention (SPI)

an evidence-based clinical intervention to reduce suicide risk, this tool is developed in collaboration with a student or client, and provides them with a pre-screened and rehearsed plan of action that they can utilize at varying states of risk or suicidal crisis. Online learning module is available, as is no-cost application for smartphones and other devices. <http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm>

Structured Followup & Monitoring for Suicidal

Individuals this 30-minute training module demonstrates how to provide structured follow-up and monitoring for individuals after a crisis--during the time of transition from an emergency visit, when there is increased suicide ideation or after a suicide attempt. http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/monitor_suicidal_individuals/course.htm

Columbia Suicide Severity Rating Scale (C-SSRS)

training for use of C-SSRS questionnaire, used for suicide assessment. Can be administered through a 30-minute interactive slide presentation followed by optional case study questions. Online learning modules also available. Following training, raters receive certificate of completion valid for two years. http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/cssrs_web/course.htm

Resources to Access for Help and Support

The following list consists of crisis response services, community-based non-profits, government agencies, consumer groups and other organizations that provide support, care or treatment. The information is based on that provided by those listed and has been confirmed at the time of this printing.

Immediate Assistance

911

for immediate emergency response. Accesses police, fire, EMS or ambulance resulting in dispatch of necessary services to the site of an emergency.

Samaritans 24-Hour Suicide Prevention Hotline

free, completely confidential emotional support for those who are overwhelmed, depressed or suicidal and need someone to talk to. Every call follows Samaritans non-judgmental communications model and assesses individual for suicide risk. 212-673-3000, 24/7
www.samaritansnyc.org

LifeNet

free, confidential, multi-lingual crisis prevention, mental health and substance abuse information; referrals to mental health professionals; and assistance in accessing mobile crisis units. 1-800-LIFENET, English, 24/7
1-877-AYUDESE, Spanish, 24/7
1-877-990-8585, Asian, 24/7
212-982-5284 (TTY), 24/7
www.8oolifenet.org

Mobile Crisis Teams (MCT)

serve anyone experiencing or at risk of a psychological crisis who requires mental health intervention and follow-up to overcome resistance to treatment. Teams provide assessments, interventions, counseling, referrals, etc. Website provides information to contact directly. www.nyc.gov/html/doh/html/mental/mobile-crisis.shtml

Poison Control Center Hotline

free, confidential, emergency service staffed by registered pharmacists and nurses certified in poison information. 212-POISONS (764-7667), 24/7
212-689-9014 (TDD), 24/7
www.nyc.gov/html/doh/html/environmental/poison-control.shtml

Veterans Crisis Line

free, confidential hotline provides support to veterans in crisis and their families; staffed by caring responders, many of whom are veterans themselves; website provides online chat support and lists NYC VA centers, clinics and suicide prevention coordinators. 1-800-273-8255, press #1, 24/7
www.veteranscrisisline.net

Nineline Hotline (Covenant House)

free, confidential hotline for youth and their caregivers for crisis counseling. Counselors utilize a database of 30,000 social service and child welfare agencies, allowing callers to be connected with immediate help. 1-800-999-9999, M-Su, 4-8pm
www.covenantnhouse.org/homeless-youth-programs/nineline

Crisis Nursery at New York Foundling

a temporary safe haven for children between the ages of 0-10 (slightly older, if siblings) 24/7 and is the only service of its kind in NYC. Stay may be extended to 21 days under circumstances like: mother's stay in substance abuse rehab or extended hospital stay for illness, etc. 1-888-435-7553, 24/7
www.nyfoundling.org/crisis-nursery

24-Hour Parent Helpline

preventative and mental health referrals or respite services for parents who fear they will harm their children, who are suicidal, have a runaway or acting-out child, are the victims of domestic violence or any situation that impacts their children's safety; free service. 1-888-435-7553, 24/7
www.nyfoundling.org/crisis-nursery

Text Messaging Services

Teen Line Online

service provided by teenagers who have been specially trained to listen, help clarify concerns and explore options. Available 8:30 pm to 12:30 am. After hours, calls are directed to Didi Hirsch Health Center, Los Angeles. Standard message and data rates may apply. Text 839863 type: TEEN. <https://teenlineonline.org/talk-now/>

Veterans Crisis Line (Veterans Administration)

caring, qualified VA professionals provide free, confidential support in responding to a personal crisis for veterans or those concerned about one. You do not have to be registered with VA or enrolled in VA health care. Text 838255, 24/7
www.veteranscrisisline.net/TextTermsOfService.aspx

Crisis Text Line

serves young people ages 13-25 in any type of crisis, providing them access to free, emotional support and information they need via the text medium. Teenagers can text in their problems to a hotline and receive text message support from counselors. Text 741-741 Type: LISTEN, 24/7
www.crisistextline.org/

Online Chat

Confidential Veterans Chat

available to veterans in crisis or those concerned about one, online chat offers free and confidential support from qualified VA professionals. Can be used even if you're not registered or enrolled with VA healthcare. Guidelines on using service provided, 24/7
www.veteranscrisisline.net/ChatTermsOfService.aspx?account=Veterans%20Chat

The Compassionate Friends

live chat community encourages connecting and sharing among parents, grandparents and siblings (over the age of 18) grieving the death of a child. The chat rooms supply support, encouragement and friendship from those who share similar experiences as well as general bereavement sessions. Guidelines on using service are provided. www.compassionatefriends.org/Find_Support/Online-Community/Online_Support.aspx

TrevorChat

free, confidential, secure instant messaging service for LGBTQ youth (13-24) that provides live help from trained volunteer counselors. Guidelines on using service are provided. Available daily, 3-9 pm
<http://www.thetrevorproject.org/pages/get-help-now#tc>

Military OneSource Confidential Online Non-medical Counseling

free, counseling provided to active duty, National Guard and Reserve service members and their families. Counseling is short-term (up to 12 sessions) and solution-focused. Requires a computer and Internet access to use this service. www.militaryonesource.mil/counseling?content_id=267030

IMAlive (Kristin Brooks Hope Center)
free, confidential online chat service that provides live help to people in crisis. Chats answered by trained volunteers, all of whom use the pseudonym “Alex,” offer non-judgmental support and individualized resource options. Guidelines on using service are provided. 24/7
www.imalive.org/index.php

National Suicide LifeLine Chat
centers in the LifeLine network provide online emotional support, crisis intervention and suicide prevention services for those who are depressed, despairing, going through a hard time, or just need to talk. Questions regarding safety, feelings of depression, current social situation, etc. are asked. Guidelines on using service are provided. 7 days, 2 pm to 2 am.
www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx

GLBT National Help Center Online Peer-Support Chat
free, confidential, one-on-one peer support for gay, lesbian, bisexual, transgender and questioning individuals that helps with coming-out issues, safer-sex information, school bullying, family concerns, relationship problems, etc. All conversations are confidential. Guidelines on using service are provided. M–F 4 pm–12 am, Sat 12–5 pm.
www.volunteerlogin.org/chat/

Bereavement and Support

Compassionate Friends
free support groups and online support forums for bereaved family members (parents, grandparents, adult siblings) after the death of a child of any age. 1-877-969-0010, M-F, 9-5 (CST)
www.compassionatefriends.org

A Caring Hand, The Billy Esposito Foundation Bereavement Center
free bereavement services for children and teenagers ages 4-18 and their primary caregivers including 10-wk peer group for children, teens and caregivers; grief and bereavement consultation for professionals, schools and businesses. 212-229-CARE (2273)
www.acaringhand.org

Friends In Deed
free weekly groups offer emotional and spiritual support for anyone with a diagnosis of HIV/AIDS, cancer or other life-threatening physical illness, their family, friends and caregivers; and those dealing with grief and bereavement. 212-925-2009
www.friendsindeed.org

Calvary Hospital Bereavement Services
free support groups for adults, teenagers (12-18) and children (6-11) grieving the death of a loved one due to illness, violence or any other cause. Groups for spouses/partners, parents who lost an adult child, adults who lost a parent, etc. Pre-registration required. English & adult Spanish group available. Meetings in the Bronx and Brooklyn. 718-518-2125
www.calvaryhospital.org/site/pp.asp?c=ktJU9MPlsE&b=3304883

Samaritans Safe Place Suicide Survivor Support Groups
free, confidential support groups for people (ages 18 and older) who have lost a loved one to suicide. 212-673-3041
www.samaritansnyc.org/surviving-a-suicide-loss

CancerCare
support for people with cancer, their loved ones, caregivers and the bereaved; provides support groups, counseling, financial assistance, etc. Staffed by oncology social workers. 1-800-813-HOPE (4673), M-Th 9-7, F 9-5
www.cancercares.org

Mental Health and Health Services

NYC Free Clinic
comprehensive free health care clinic for ages 18+ provides health, mental health, social services, women’s health, reproductive care; serves patients regardless of socio-economic, immigration or health status. 212-206-5200 <http://nycfreeclinic.med.nyu.edu>

National Alliance on Mental Illness of New York City
support groups for those with mental illness ages 18+ and family members, friends, caregivers. Confidential helpline provides support, community resources. 212-684-3264, M-Th 12-7, F 12-6
www.naminycmetro.org

Parachute NYC Peer Support Line
for people experiencing emotional distress, the calls are answered by a staff of individuals with their own personal experiences with mental illness who have been trained to provide support to others. 646-741 HOPE (4673) 7 days 4 pm to 12 am
<http://www.communityaccess.org/what-we-do/respice-center#support-line>

Mood Disorders Support Groups
weekly Manhattan-based support groups for people with bipolar disorder and depression as well as their family and friends. 212-533-6374
www.mdsg.org/support-groups.php

GMHC
provides HIV/AIDS prevention, care and advocacy services for youth, men and women (HIV+ and negative). Mental health, harm reduction and substance use programs include counseling, support groups, a helpline, testing, family support, syringe access, legal assistance, nutrition, job training, physical therapy. 212-367-1000
www.gmhc.org

NYC HIV Care, Treatment and Housing
New York City has resources for HIV-related health care, housing, and supportive service providers. Healthcare providers will find resources that are funded by the Ryan White Part A Program Program for uninsured and underinsured individuals living with HIV in New York City.
www.nyc.gov/html/doh/html/living/hiv-care.shtml

Comunilife
services for individuals with mental illnesses and/or HIV/AIDS include mental health clinics and housing programs serving diverse communities. Vida Guidance Center (Bronx) provides mental health services to all ages; Life is Precious suicide prevention program serves young Latinas ages 12-17. 718-364-7700
www.comunilife.org

New York Coalition for Asian American Mental Health
suicide prevention and mental health resources (for children, youth, elderly, bereaved, etc.) and service directory listing programs and private practice providers serving Asian community.
www.asianmentalhealth.org

Hamilton Madison House
individual and group counseling for Chinese, Japanese, Korean and Southeast Asian clients, continuing day services, substance abuse and recovery, supported housing, etc.; serves citywide, located in Manhattan and Queens. 212-349-3724
<http://www.hamiltonmadisonhouse.org/>

The Postpartum Resource Center of NY
free helpline providing referrals. Website lists resources including NYC support groups, therapists and programs focused on postpartum depression. 1-855-631-0001 (English & Spanish)
www.postpartumny.org

Center for Independence of the Disabled
free services for people with disabilities includes benefits counseling, housing assistance, transition services for youth, employment assistance, health care access. Referrals, training for providers, consumer workshops. 212-674-2300 (Manhattan) 646-442-1520 (Queens)
www.cidny.org

AHRC NYC

services for individuals with intellectual and developmental disabilities (autism, traumatic brain injury, etc.). Counseling, family therapy, support groups, day programs, substance abuse treatment and caregiver respite services. 212-780-4491, M-F, 9-5
www.ahrcnyc.org

HospiceLink

information about local hospice and palliative care programs; also provides callers the opportunity to share their concerns and fears related to terminal illness and bereavement. 1-800-331-1620, M-F 9-4:30
www.hospiceworld.org

Lighthouse International

support services for individuals with vision loss, especially tied to anxiety, fear and depression that often accompany vision loss, M-F, 9-5. 212-821-9200 www.lighthouse.org

Comprehensive Programs and Services**Health & Hospitals Corporation (HHC) Office of Behavioral Health**

all HHC facilities offer behavioral health services, including mental health and chemical dependency. Website lists hospitals and services in all five boroughs. 212-442-0352, M-F 9-5
www.nyc.gov/html/hhc/html/about/About-HospServices-OurServices-BehavioralMental.shtml

Catholic Charities

services for children, youth and families; includes individual, couple and family counseling service to help with anxiety, depression, troubling behaviors, life changes, trauma, relationship issues. Bilingual, information and referral. 1-888-744-7900
www.catholiccharitiesny.org

Coalition for the Homeless

programs for homeless men, women and children include crisis intervention, housing, youth services and job training. 212-776-2000
www.coalitionforthehomeless.org

Jewish Board of Family and Children's Services

network of community-based mental health and social services for children, adults and families; includes counseling and domestic violence services. 212-582-9100
www.jbfcs.org

The Institute for Family Health

primary medical care, mental health, HIV/AIDS treatment, social work, women's health, homeless services, diabetes and dental care, and free clinics in Manhattan and the Bronx for the uninsured. Mental health program offers completely confidential counseling for children, adolescents, adults, families. Accepts all patients regardless of ability to pay. (see website for clinic phone numbers)
www.institute2000.org

Center for Urban Community Services

free, confidential services include benefits and legal assistance, financial counseling, short-term counseling, referrals for domestic violence, mental illness, substance use and other matters affecting the individual or family; serves individuals who are homeless, formerly homeless, low-income, living with a mental illness or other special needs. 212-801-3300
www.cucs.org

F•E•G•S Health & Human Services System

services include support for children and adults experiencing depression, family conflict, self-esteem, parenting and relationship issues, etc.; includes outpatient clinics, psychiatric rehabilitation, family support. Many services are multilingual. 212-524-1789 - (TTY) 212-366-8400
www.fegs.org

Osborne Association

services for currently and formerly incarcerated individuals and their families/loved ones; counseling, transitional services, case management, child/youth support programs, etc. Family Resource Center & Hotline provide families/friends of people in prison with info., referrals, counseling, support groups during and after incarceration. 718-707-2600 (Bronx), 718-637-6560 (Brooklyn)
www.osborneny.org

New York Legal Assistance Group

free civil legal services for low income seniors, victims of domestic violence, immigrants, at-risk youth, people with a disability, chronic or serious illness; includes legal services tied to entitlements, foreclosure prevention, patients in medical settings, immigrant protection; training for health/social work staff; sites in all five boroughs. 212-613-5000
www.nylag.org

Children and Youth**Child Abuse & Neglect State Central Register**

call the Register to report suspected cases of child abuse or neglect in NY State. It relays information from the call to the local Child Protective Service for investigation and identifies if there are prior child abuse or maltreatment reports. 1-800-342-3720, 24/7 (for the public) 1-800-635-1522, 24/7 (for mandated reporters) 1-800-638-5163 (TDD), 24/7

NYC Administration for Children's Services (ACS), Office of Safety First

a special hotline for mandated reporters (such as schools, nonprofits, hospitals, childcare providers, etc.) to answer questions and address ongoing concerns related to open child protective investigations; can also provide immediate assistance and guidance in responding to abused children. ACS Office of Advocacy can assist community members such as parents, grandparents, foster parents, etc. 718-543-7233 (Office of Safety First) 212-676-9421 (Office of Advocacy)
<http://www1.nyc.gov/site/acs/child-welfare/office-of-safety-first.page>

NYU Child Study Center

evaluation, therapy and specialized treatments for children and adolescents with psychiatric and learning disorders (anxiety, mood, ADHD, autism, sexual identity, eating disorders, etc.); website provides tips on seeking professional help for children, how disorders present in youth, etc., A-Z disorder guide, mental health provider directory, medication guide, etc. 212-263-6622
www.aboutourkids.org

Children's Aid Society

multiple community programs including foster care, pregnancy prevention, family support, health and counseling, juvenile justice; clinics provide bilingual mental health services for children and families including counseling, group therapy, referrals, etc. 212-949-4800
www.childrensaidsociety.org

The Door

free, confidential services for youth aged 12-21, with programs including college advisement, tutoring, counseling, English for non-English speakers, GED assistance, health and dental, services for youth in foster care, legal and immigration, LGBTQ programs, jobs and internship programs, sexual health and birth control, etc. 212-941-9090, www.door.org

Include NYC

serves families and children with all special needs. Provides referrals and support to help parents and professionals access services to ensure children are provided the opportunity to develop their full potential; free and confidential.

212-677-4660, M-Th 9-4
<http://www.includenyc.org/>

Streetwork Project (Safe Horizon)

free services for children and youth up to age 24 include legal, medical and psychiatric services, help in obtaining identification, housing, hot meals, showers, clothing and the opportunity to socialize in a safe, non-judgmental and supportive setting.

Harlem Drop-In Center
212-695-2220, M, T, Th, F 12-5
Lower East Side Drop-In Center
646-602-6404, M, T, Th, F 2-7
www.safehorizon.org/streetwork

Transition Year Project

online resource to help parents and students focus on emotional health before, during and after the college transition (especially for young people who are already dealing with some form of depression and/or need continuity of mental health services); provides information to identify, address and manage the treatment of emotional problems, stress, depression, etc.

www.transitionyear.org

Ulifeline

anonymous, confidential online resource for college students with information to help themselves or a friend who may be experiencing depression or suicide ideation; provides a self-assessment depression screening tool and direct link to college counseling centers in New York as well as across the country.

www.ulifeline.org

Older Adults**CornellCARES**

website with services for the elderly, especially mental health. Includes tools, info. and resources to make geriatric mental health and psychosocial assessments and interventions. Includes NYC Medicare Mental Health Provider Directory with over 1,000 providers, patient handouts (cognitive/emotional issues, end-of-life care, grief, loss), ask questions of a geriatric psychiatrist.

www.cornellcares.com

NY Presbyterian Hospital HealthOutreach

free program for adults 60 or older including counseling, support groups, social events; help finding a physician, insurance assistance and assistance for caregivers. Support services include counseling, groups, follow-up referrals to handle depression, stress, isolation, etc. Caregivers service offers needs assessment, recommendations and evaluation of care options.

212-932-5844
<http://nyp.org/services/healthoutreach.html>

Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)

services for LGBT older adults include clinical and social services program (individual and group counseling, case management); community services (discussion groups, education programs, social activities); program for caregivers and care recipients.

212-741-2247, M-F 9-5
www.sageusa.org

Substance Abuse**Addiction Hotline**

toll free and confidential referrals for alcoholism, drug abuse and/or problem gambling throughout New York State.

1-877-846-7369, 24/7
www.oasas.ny.gov

Phoenix House, Substance Abuse Services Program

supports individuals and families affected by substance abuse. Prevention, early intervention, treatment and recovery support services includes treatment for those with mental health issues, programs for mothers with children, outpatient and residential programs, after-school and day programs for teenagers, etc.

1-800-DRUG-HELP (378-4435)
www.phoenixhouse.org/locations/new-york

LGBTQ**Trans Lifeline**

hotline staffed by transgender people for transgender people, volunteers focus is preventing self-harm but will also try to connect callers to services that can help them. Volunteers are “trans identified” and educated in the range of difficulties transgender people experience.

877-565-8860 7 days/see site for hours
<http://www.translifeline.org/>

The Trevor Lifeline

free, confidential crisis and suicide prevention lifeline for LGBTQ youth offers someone to listen without judgment; “Ask Trevor” is an online resource for young people with questions surrounding sexual orientation and gender identity.

Lifeline: 1-866-488-7386, 24/7
www.thetrevorproject.org

Hetrick-Martin Institute

services for LGBTQ youth 13-24 and their families include after-school services (arts, health and wellness, job readiness, career exploration) and supportive services (individual and family counseling, meals, help finding housing, etc.referrals).

212-674-2400
www.hmi.org

The LGBT Community Center

mental health and wellness programs (counseling, education, prevention and bereavement services), youth enrichment, family support, resources and community groups.

646-556-9300
www.gaycenter.org

NYC Anti-Violence Project

serves LGBTQ and HIV-affected communities. Offers free and confidential support to victims of bias violence, sexual assault, domestic violence, pick-up crimes, police misconduct and HIV-related violence; provides counseling, advocacy and referrals.

Hotline: 212-714-1141, 24/7
(English & Spanish)
www.avp.org

Uniformed Services**FDNY Counseling Services Unit**

provides mental health evaluations, direct treatment and referrals to all Fire, EMS and civilian employees; includes individual, couple and family counseling; support groups; substance abuse day treatment; treatment and referrals. Free and confidential.

212-570-1693, 24/7
www.nyc.gov/html/fdny/html/units/csu

Police Organization Providing Peer Assistance (POPPA)

nonprofit provides free, confidential peer support to NYC police officers (current and retired) experiencing personal or professional problems such as trauma, stress, depression, alcohol abuse, family problems; can refer to mental health professionals.

888-COPS-COP (267-7267), 24/7
www.poppanewyork.org

Victim-Related Services**Safe Horizon**

programs/services devoted to sexual abuse, rape, domestic violence, sexual assault, loss of loved one to homicide, physical assault/street crime, human trafficking, elder abuse; includes free and confidential hotlines, domestic violence emergency shelters, transitional housing, counseling center (sliding scale, Medicaid accepted). Crime victims hotline:

1-800-621-HOPE (4673), 24/7
www.safehorizon.org

Adult Protective Services, NYC Human Resources Administration

case management program that arranges for services and support for physically and/or mentally impaired adults (18 and older) who are at risk of harm and are unable to manage their own resources, carry out daily living activities or protect self from abuse, neglect, exploitation or other hazardous situations without assistance. 212-630-1853 www.nyc.gov/html/hra/html/services/adult.shtml

Domestic and Sexual Violence Hotline (New York State)

citywide referrals for victims of domestic violence and sexual assault to agencies offering shelter, counseling, support groups, etc.; confidential 1-800-942-6906, 24/7 (English & Spanish) www.nyscadv.org/contact-us

New York Asian Women's Center

support programs and shelter services for women and their children affected by domestic violence and abuse; confidential hotline (info and referrals, emergency shelter, safety planning, etc.); services for children who have witnessed or experienced abuse (free counseling, art therapy, support groups; survivors of human trafficking (free counseling, emergency shelter, etc.). Hotline: 1-888-888-7702, 24/7 (English & Asian languages) www.nyawc.org

Survivors of Incest Anonymous

lists self help, 12-step support groups in NYC-Tri-State area 1st Sunday monthly for people 18 years or older that are survivors of child sexual abuse. www.sianewyork.org

Veterans

Veterans Administration

clinics, medical and community living centers in all five boroughs. Services include mental health (PTSD, military sexual trauma, TBI, substance abuse, etc.), readjustment counseling, homeless assistance, geriatric care, caregiver support, pastoral care, hospice and palliative care, women's health, etc. (website lists locations and services). 212-686-7500 (Manhattan) 718-836-6600 (Brooklyn) 718-526-1000 (Queens) 718-584-9000 (Bronx) www.ny.nj.va.gov

Veterans Resource Center (NAMI)

website with resources for veterans and active duty military personnel, their families and advocates tied to mental illness, PTSD, homelessness, traumatic brain injury, VA benefits, etc.; online discussion forum for veterans provides support and information. <http://www.nami.org/veterans>

Samaritan Village Veterans Program

residential treatment program for veterans dealing with substance abuse and who may have co-existing mental health issues (PTSD, combat trauma, mood disorders, etc.); men's program in NYC; women's program in Ellenville, NY. Also provides residential and outpatient treatment, homeless services, etc. for veterans and non-veterans. 718-657-6195 www.samvill.org/people-we-serve/veterans

Military OneSource

free service for active duty, Guard and Reserve (regardless of activation status) and their families; includes face-to-face counseling, and telephone and online consultations that help with short-term adjustment issues, work life topics and emotional well-being issues such as work and home relationship issues, grief, loss, and adjustment to situational stressors. 1-800-342-9647, 24/7 www.MilitaryOneSource.com

Additional Samaritans Resource Guides, Education & Technical Support Services

In addition to this guide, Samaritans has developed two free additional guides for use by caregivers, health providers, family and friends of those responding to and/or treating individuals who are in distress, depressed and/or impacted by suicide.

Suicide Prevention, Crisis Response and Safety Planning Guide

provides a framework for the development of school, agency or community group suicide prevention, crisis response and safety planning, with active linkages to resources, tools, research and planning guidelines. <http://samaritansnyc.org/wp-content/uploads/2014/09/Prevention-Planning-Guide-National.pdf>

New York City Guide for Survivors of Suicide Loss

provides an overview of resources, research, activities, support groups and other helpful information to assist survivors of suicide loss as they move forward their path to healing; with active linkages to resources, tools, research and survivor support services. <http://www.samaritansbeyondsurviving.org/pdf/NYC-Survivors-Suicide-Loss-Guide.pdf>

Samaritans Suicide Prevention, Crisis Communications & Technical Support

Samaritans provides individually tailored suicide prevention, crisis response, communications and other training programs to schools, agencies and other groups for a fee as well as consultations and technical support. 212-677-3009.

Mobile Applications

A Friend Asks (Jason Foundation)

this free app is designed to teach users how to recognize the signs that someone close to them may be thinking about suicide, and the best way to reach out to them. Includes how to determine suicide risk and a do's and don'ts list on maintaining sensitivity. (Android, iOS)

MY3 (National Suicide Lifeline)

targeted for those who are depressed or suicidal themselves, with the goal of enhancing their support network and developing their own Safety Plan of contacts, activities, resources to utilize during periods of distress and suicidal feelings, so that they can easily act when they recognize their own warning signs. (Android, iOS)

Operation Reach Out

aimed at veterans and military families, this app is for people having suicidal thoughts as well as friends, family or service members concerned that someone they know might be suicidal. The app comes with numerous video vignettes offering suicide counseling, do's and don'ts when reaching out to a potentially suicidal loved one and other resources. (iOS)

Suicide Safe by SAMHSA

this app is a suicide prevention learning tool for primary care and behavioral health providers based on the nationally recognized Suicide Assessment Five-step Evaluation and Triage (SAFE-T) practice guidelines. App offers tips on how to communicate effectively with patients and their families, how to determine appropriate next steps and make referrals to community resources. (Android, iOS)

Safety Plan

designed to provide individuals with an emergency plan and prevention resources for suicide crises, this app helps individuals identify their own suicide warning signs, create coping strategies, identify positive contacts and social settings to distract from the crisis, enhance protective factors and reduce their access to lethal means. (Android, iOS)

To access this Guide online or to view periodic updates, go to:
www.samaritansnyc.org

