



IT STARTS WITH ME

Action + awareness for all

WORLD SUICIDE PREVENTION DAY

SEPTEMBER 10, 2024



- Part of the non-religious, international, suicide prevention network with over 400 centers in 48 countries
- Created the world's first suicide hotline
- Operates NYC's only 24-hour, anonymous & completely confidential crisis response hotline
- Hotline staffed entirely by devoted, community volunteers
- Samaritans' NYC also has an education program & suicide bereavement support program.

Why are we here?

US SUICIDE VITAL STATISTICS 2022

Suicide fatalities hit an all-time high in 2022 rising to 49,476 deaths.

ATTEMPTS		CONSIDERED SUICIDE (18+)	
Adults (18+)	1.6 million	Adults with Thoughts	13.2 million
Youth (12-17)	953,000	Adults with a Plan	3.8 million

Drapeau, C. W., & McIntosh, J. L. (2024). U.S.A. suicide: 2022 Official final data. Washington, DC: National Council for Suicide Prevention (NCSP), dated April 26, 2024, downloaded from [<https://www.thencsp.org/suicide-statistics>].

US SUICIDE VITAL STATISTICS 2022 (GENDER)

SUICIDES

Total

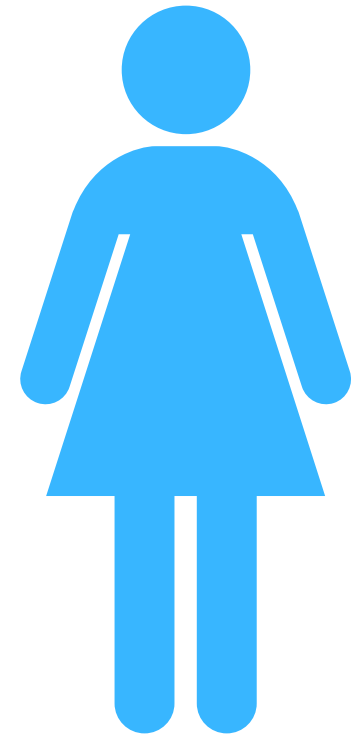
49,476

Male

39,273

Female

10,203



Women attempt suicide at **3x** the rate of men.



Men are **4x** more likely to die by suicide than women.



Data on trans suicide is not available via CDC WISQARS™

Drapeau, C. W., & McIntosh, J. L. (2024). U.S.A. suicide: 2022 Official final data. Washington, DC: National Council for Suicide Prevention (NCSP), dated April 26, 2024, downloaded from [<https://www.thencsp.org/suicide-statistics>].

 **samaritans**

WHY DOES SUICIDE *Scare us?*

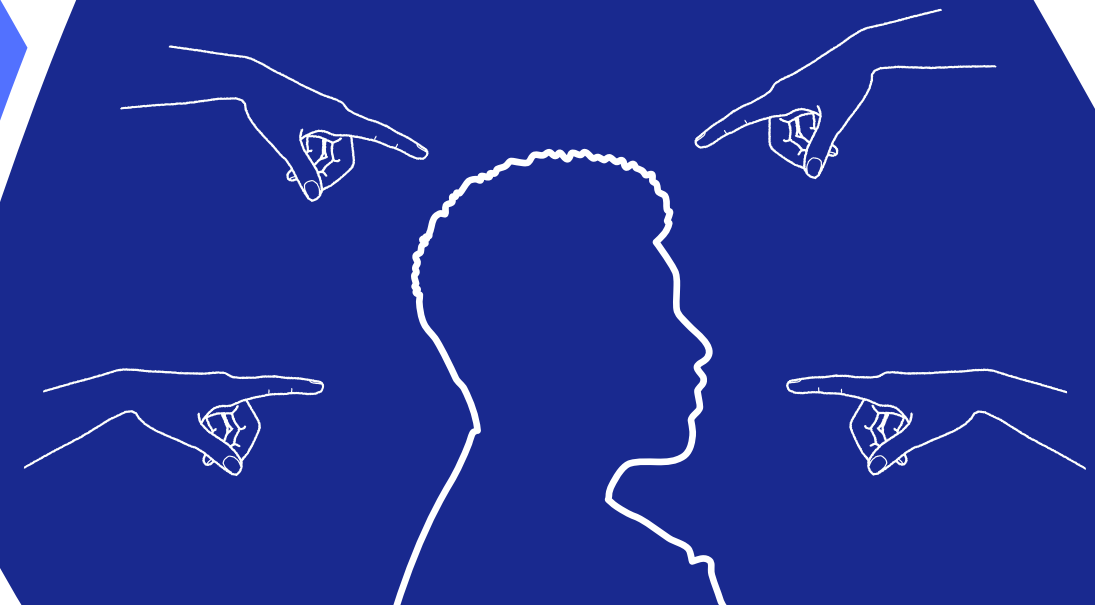
MYTHS +
MISCONCEPTIONS

FALSE

PERSONAL
BELIEFS



STIGMA



WHAT CONTRIBUTES TO Stigma?

How can believing one of these myths shape the way a person responds to someone in crisis?



Exploring myths + misconceptions

Beliefs about suicide vary widely due to factors like personal experiences, media, upbringing, culture, religion, among others. Left unexamined, these beliefs often evolve into myths and misconceptions and contribute to the stigma around suicide.

Stigma can discourage a person from seeking support and can also render would-be helpers ineffective. Debunking these myths is key, so we can better help those at-risk for suicide.

INSTRUCTIONS

For the following exercise, quickly label each statement with T (true) or F (false) based on your gut reaction. Remember, this exercise isn't about being "right"; it's about uncovering and reflecting on our own beliefs about suicide.

After recording your answers, compare them with the provided key. This comparison is a chance to reflect on your initial reactions, to explore why they may or may not match the provided answers, and to consider how these beliefs might influence your approach to suicide prevention.

1. People who talk about suicide aren't serious and they won't go through with it. Sometimes they just want attention.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
2. Asking someone if they are suicidal might give them the idea.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
3. If someone is determined to take their own life, there is really nothing anyone can do about it.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
4. People who die by suicide are selfish and take the easy way out.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
5. Only certain kinds of people, like someone with a major mental health condition, think about suicide.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
6. Suicides usually occur out of the blue and without any warning.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
7. My first priority in helping someone is to find out what's going on with that person and find solutions to help fix their problems.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
8. People in crisis really just need someone who can help them see that there is a reason to live by focus only on the positive side of things.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
9. Only experts or professionals can help prevent suicide.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F
10. If you limit someones access to lethal suicide methods, they'll just find another way to end their life.	<input checked="" type="checkbox"/> T	<input type="checkbox"/> F



THE CRISIS EXPERIENCE

OBSTACLES TO communication



HOW DO I KNOW IF
SOMEONE IS AT risk?



What are warning signs?

TALK

- Talking, writing or posting about wanting to die
- Mentioning a plan or talking about ways they could die by suicide
- A preoccupation with death or suicide
- **Expressing they feel trapped, in unmanageable pain, or a burden to others**
- Statements like: 'I wish I was dead,' 'No one will miss me when I'm gone' or 'I wish I could just disappear.'

FEELINGS

- **Hopeless**, feeling they have no reason to live
- Experiencing deep despair and sadness, feeling trapped
- Increased anxiety
- Shame, humiliation
- Agitated, experiencing rage
- Extreme changes in mood
- Unbearable emotional or physical pain
- Loss of interest
- Relief, sudden improvement

BEHAVIOR

- Making preparations and/ or looking for ways to die by suicide
- Withdrawing or isolating
- Changes in eating and sleeping and patterns, hygiene/ appearance
- Displaying extreme mood swings
- Increased alcohol and/ or substance use
- A sudden worsening at school/ job/ home, etc.
- Increased impulsive reckless, and/or risk-taking behavior



What are risk factors?

HEALTH

- Mental health conditions (particularly depression and other mood disorders)
- Serious physical or chronic condition, prolonged physical pain
- Terminal illness

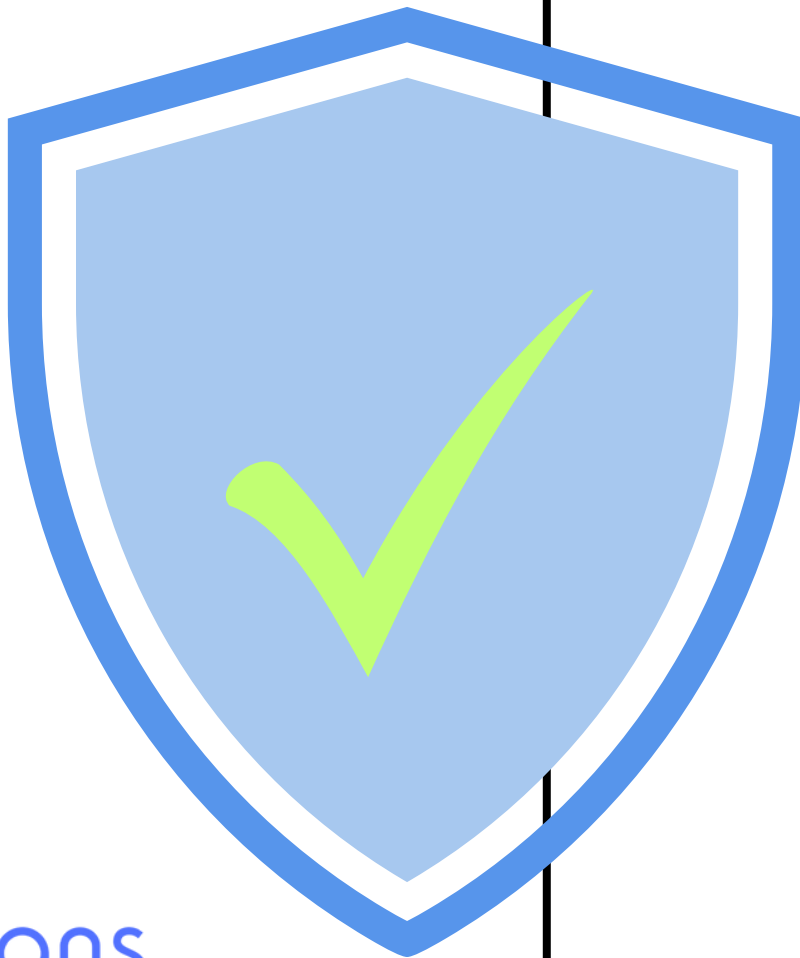
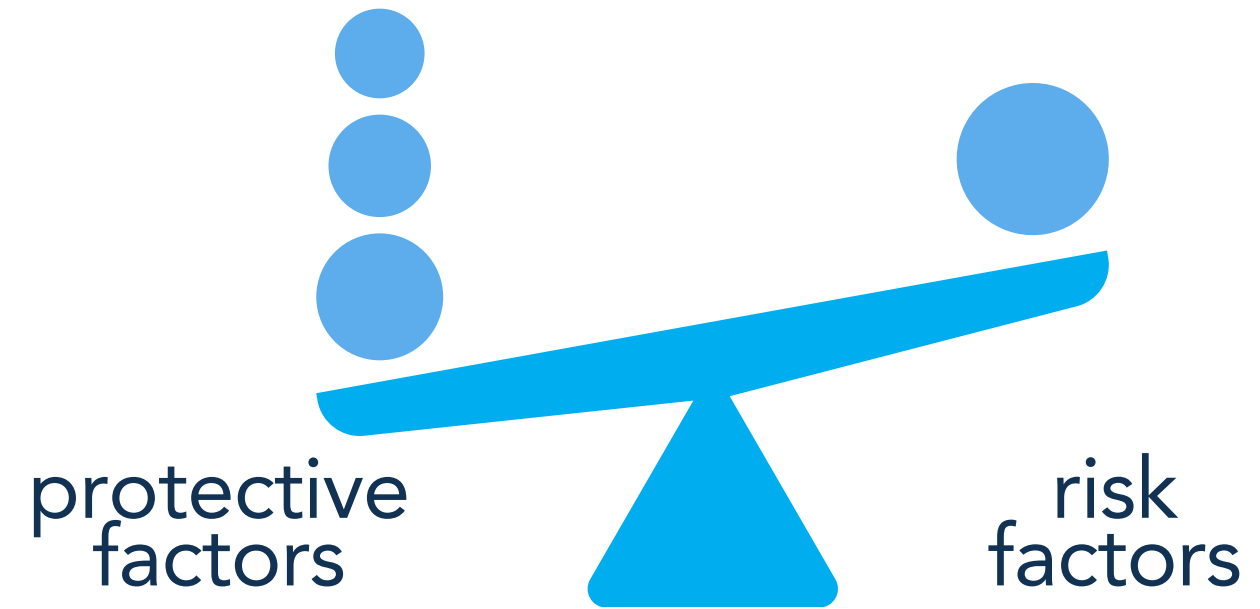
HISTORY

- Previous suicide attempt
- Alcohol and/ or substance abuse
- Family history of suicide
- Family history of mental health conditions
- Trauma
- Physical/ sexual abuse and/ or neglect
- Historical trauma
- Discrimination

ENVIRONMENT

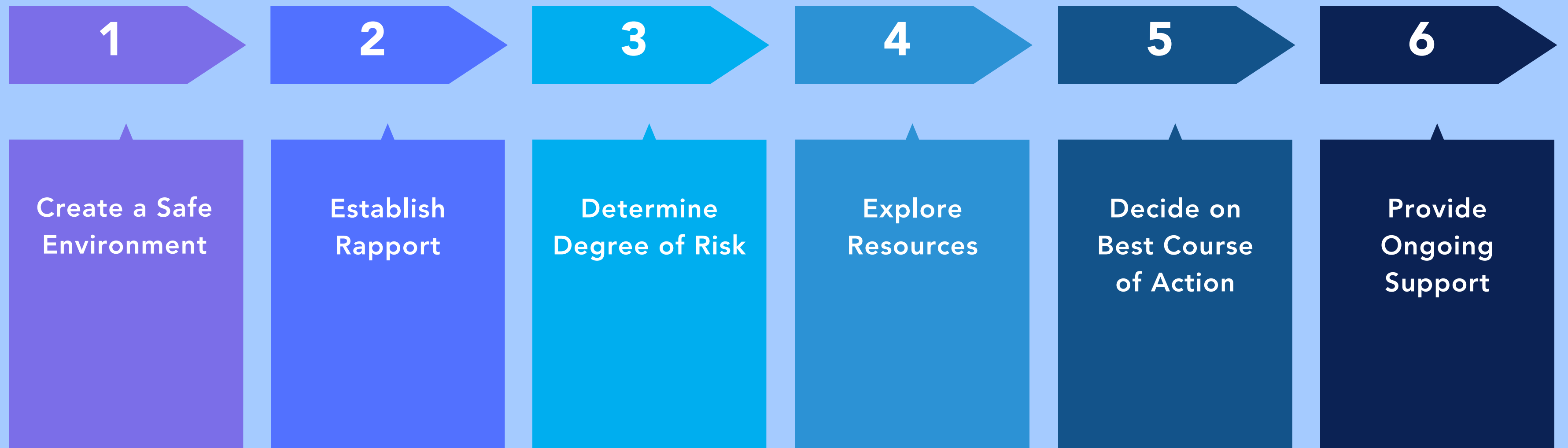
- Social isolation
- Easy access to lethal means (especially guns)
- Loss of a significant relationship (death, divorce, break-up, etc.)
- High conflict or violent relationships
- Loss of job, income, unemployment, benefits
- Criminal/legal problems
- Prolonged bullying, harassment or victimization
- Limited access to health & mental health care
- Cultural/religious beliefs that encourage suicide
- Exposure to suicide (including (including a known person and through the media/ social media)
- Stigma

What are protective factors?

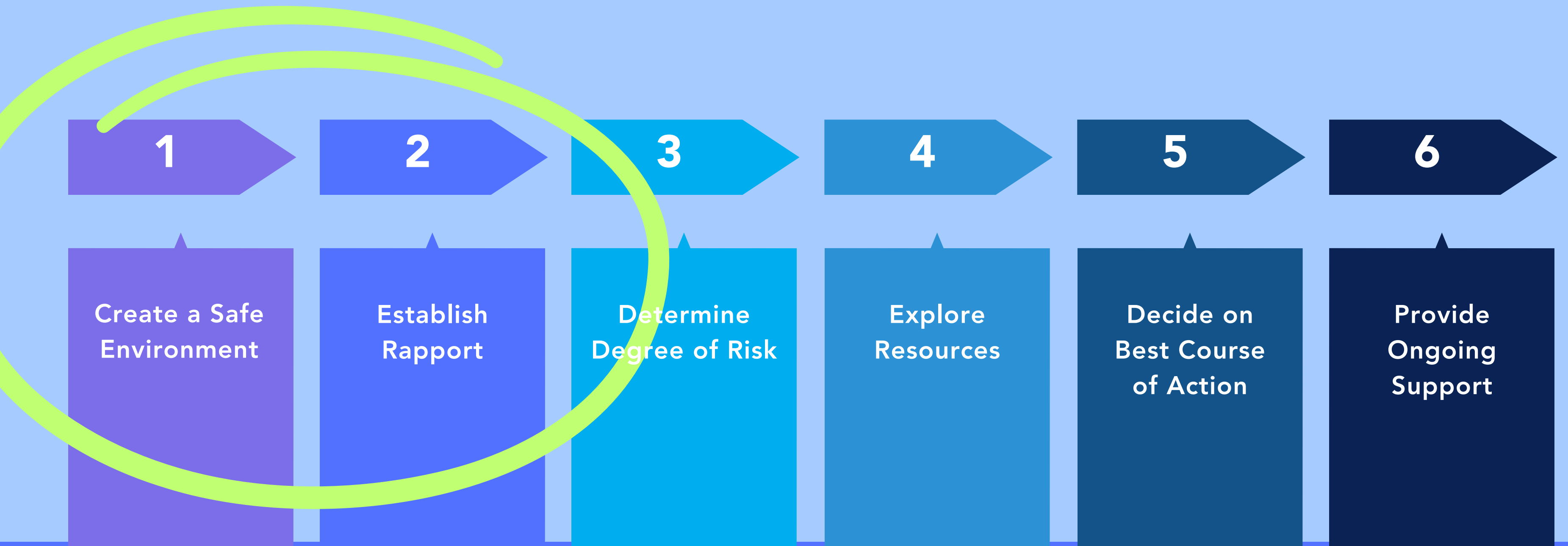


- ☐ Supportive and caring family and friends
- ☐ Reduced access to lethal means and enhanced lethal means safety
- ☐ Connection to a community, school, work or supportive organization
- ☐ Learned coping skills and behaviors
- ☐ Access to medical and mental health care
- ☐ Access to immediate and ongoing support
- ☐ Cultural and/or religious beliefs that discourage suicide

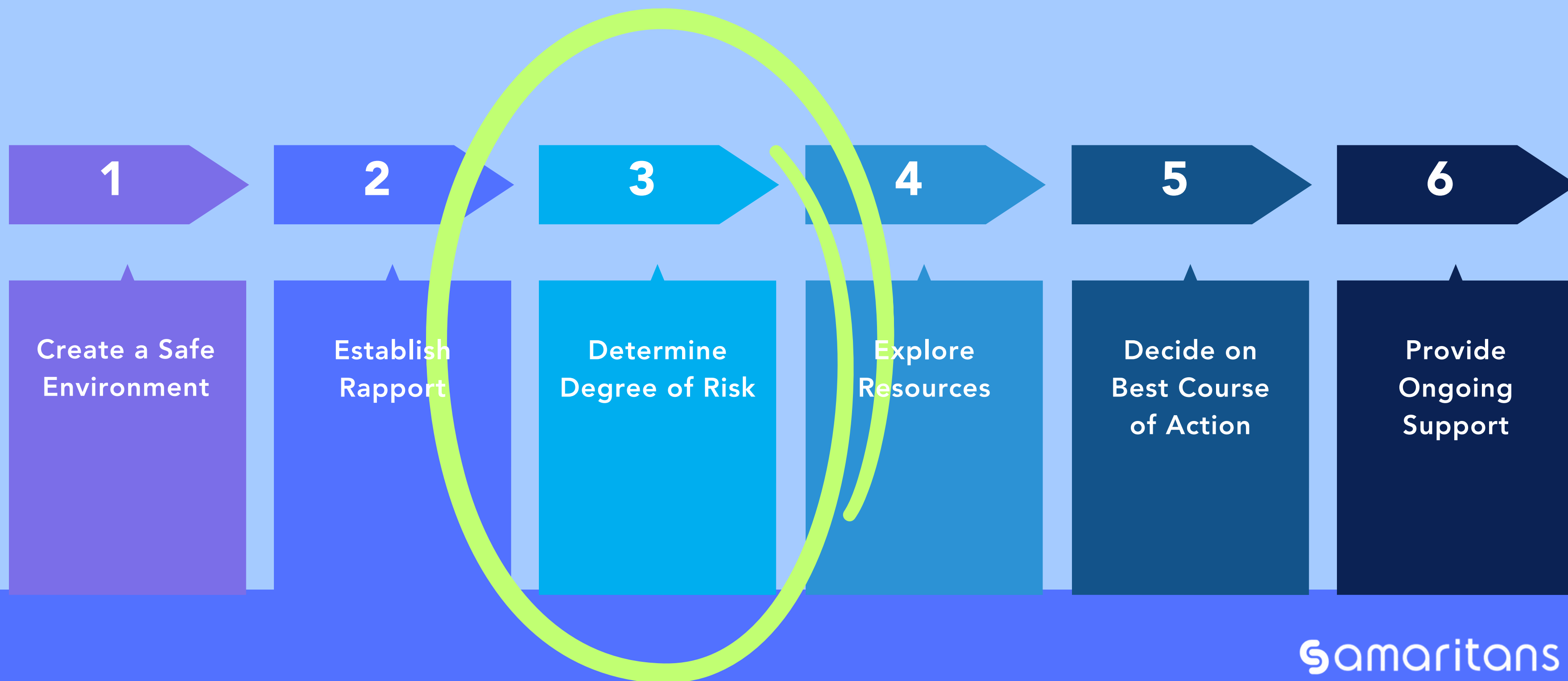
HELPING SOMEONE IN CRISIS



STEPS 1&2: Safety & Rapport



STEP 3: Determining Risk



ASKING ABOUT suicide...

ASSESSING SUICIDE ideation



QUESTIONS TO ASK

☐☐

Is the person **currently thinking** about suicide? Or have they experienced or expressed suicidal thoughts in the recent past?

☐☐

Does the person have a **plan** for how they would attempt suicide?

☐☐

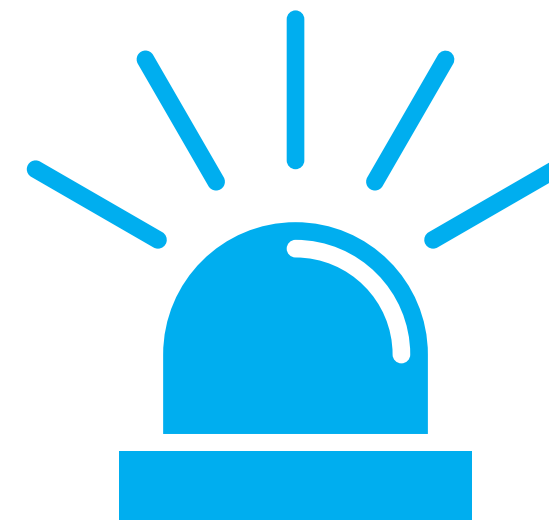
Do they have the **means available** to carry out their plan?

☐☐

Has the person **set a specific time** to act on their plan?
If yes, when do they plan to act?

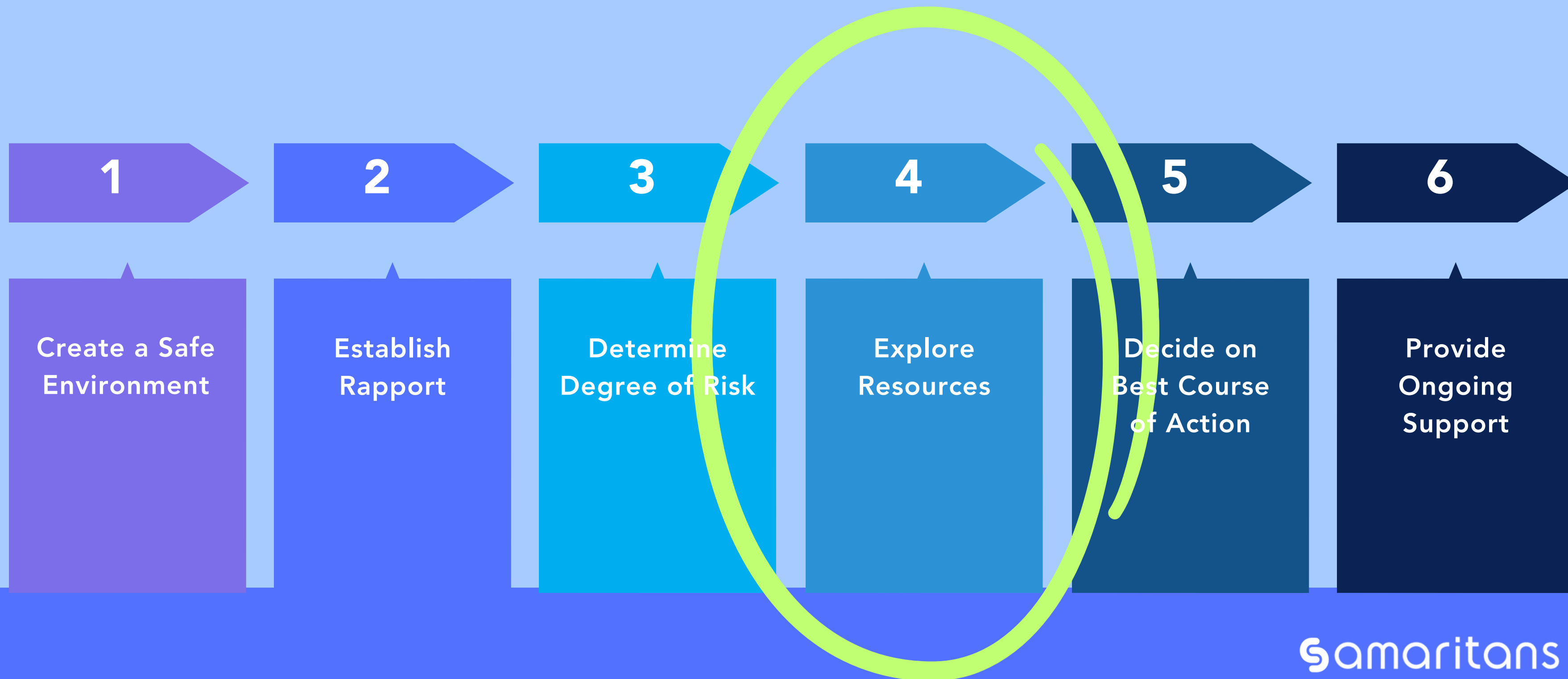
☐☐

Has the person **ever attempted suicide** in the past or do they have a family member that did so?



**THE MORE A PERSON
RESPONDS "YES", THE
HIGHER THEIR RISK.**

STEP 4: Explore Resources



EXPLORE RESOURCES



RESOURCE GUIDE



RESOURCE HUB



RESOURCE GUIDE

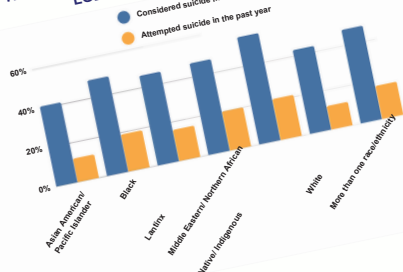
SAMARITANS NYC GUIDE TO
suicide prevention
resources + services

2024

A Look At Statistics and Trends of At-Risk Populations Historically Marginalized Populations

- Discrimination, marginalization, violence, acculturative stress, and economic oppression can contribute to suicide risk.
- 60% of LGBTQ+ youth who wanted mental health care in the past year were not able to get it.
- Transgender adults are nearly 9x more likely to attempt suicide at some point in their lifetime compared to the general population
- The suicide rate for Black youth is rising faster than any other racial demographic (+73% since 1991).
- Black youth who experience racial discrimination are 3x more likely to experience suicidal thoughts, make suicide plans, and attempt suicide
- Between 2010 and 2020, Black and American Indian or Alaska Native (AIAN) people experienced the largest increases in rates of death by suicide.
- Suicide was the leading cause of death for AAPI people ages 10-19 and 2nd leading cause of death for those aged 20-34.
- Between 2010 and 2020, the suicide rate among Hispanic/Latino/a adults increased by more than 70%.
- 1 in 6 Hispanic/Latino high school students had serious thoughts of suicide.

Rate of considered and attempted suicide among LGBTQ youth by race/ethnicity



Suicide in NYC

- Every 16 hours, someone dies from suicide in NYC.
- Suicide is the 3rd leading cause of death for New Yorkers aged 25-34 seen in women.
- The suicide rate for Black females in NYC has been increasing since 2010
- For AAPI people, suicide is the 3rd leading cause of premature death & the 10th actual leading cause of death in NYC
- 33% of NYC's public high school students experience depression annually.
- In the past year: 17% of NYC high school students seriously considered suicide, nearly 10% reported attempting suicide, and 3% required medical attention after an attempt.
- Unlike the rest of the country, in NYC, youth suicide rates among Latino/a, Black, and AAPI individuals are higher than their white peers.

The information and statistics for this guide are based on most recent available data from CDC WISQARS, SAVE, Trevor Project, American Foundation for Suicide Prevention, American Association of Suicidology Suicide Prevention Resource Center, and Suicide Awareness Voices of Education.

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NYC Guide to Suicide Prevention, Services and Resources

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 suicidal thoughts and feelings. These include depression screening tools, risk assessment models that can measure the "severity" of an individual's depression, risk assessment models that can measure the "intent" to attempt suicide, degree of risk, capability to attempt or how much they have visualized the assessment tool shown below).

- Next of what you have seen, heard and know about the individual you are responding to, answer the following questions:
- Do they have the means available to carry out their plan?
 - Has the person set a specific time to act on their plan? If yes, when do they plan to act?
 - Has the person ever attempted suicide in the past or had a family member that did so?

Resources

Family, 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 resources may include referrals for ongoing clinical care, immediately accessible crisis hotlines and mobile crisis units, support groups, education, technical support, etc.

Plan of Action

Learned from talking to the person you are responding to—their warning signs, risk and state of mind and level of suicide risk—and the resources and other supports that are available to 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 guns, controlled substances or any materials that could be used to harm oneself.

Support

Support is in distress or suicidal is often an ongoing process that requires a consistent and utilization of resources. For the benefit of the person you are helping as well as yourself, implement a multi-faceted team approach consisting of family, health professionals, friends, colleagues, etc. to ensure the best results and prevent caregiver stress and burnout.

Additional Resources

For more in-depth information on the topics covered in this section. There are other resources in this guide that address these and similar topics, and a separate section, "Additional Support" for programs and services to help people who are depressed, in crisis, or suicidal.

Awareness & Support for Providers This section provides information about various resources, active listening techniques, and support for providers.

Adults NYC provides resources for adults experiencing depression, anxiety, and other mental health issues. Information about various support groups and services is available.

Methods and Tools This section discusses various methods and tools used in suicide prevention, including risk assessment tools and crisis intervention techniques.

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.

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. <https://bit.ly/3L5go7e>

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. <https://bit.ly/3JLJDRM>

Educational Resources and Tools

Programs, on-line educational resources, tools and webinars are available for individuals, schools and agencies. To utilize these trainings, tools, webinars and other resources, contact the names or organizations listed below and follow their instructions.

GRAMS **Intervention Skills** Interactive and designed to help individuals with risk and intervene. <https://bit.ly/3L5go7e>

Everyone A **Self-paced, online** learning tool for agency staff on integrated treatment for people with co-occurring disorders; utilizes treatment consumer interviews, quizzes, etc. [for OMH licensed and OASAS certified programs only] <https://bit.ly/3L5go7e> (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). <https://bit.ly/3L5go7e>

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. <https://bit.ly/399x0D9>

Uiteline 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. <https://bit.ly/3L5go7e>

Brave Against Bullying The United Federation of Teachers' BRAVE campaign provides educators, parents and students with the tools, knowledge and support to be active in confronting and stopping bullying with an array of resources and tools. <https://bit.ly/3L5go7e>

Tumblr NAMI's goal with OK2Talk is a community for teens and young adults with mental health problems where they can share their experiences, struggles, and hope as well as messages of support, etc. in a safe, supportive environment. <https://bit.ly/3L5go7e>

Resource Center (SPRC) The SPRC is a national library that provides information on training programs, best practices, program evaluations and provides a search function on topics like: high-risk populations, evidence-based programs, etc. <https://bit.ly/3L5go7e>

CRISIS RESPONSE MODEL

Responding to Someone Who is 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 in crisis. 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.

01 Create a Safe Environment

- Find a quiet and private space where the person can feel comfortable and not be interrupted.
- Ensure that you can provide your undivided attention and focus to the individual without distractions from other people, phone calls, or activities.

02 Establish Rapport & Trust

- Show genuine concern and care by engaging the person in a conversation.
- Practice active listening, paying close attention to what the person is saying without immediately offering your own opinion
- Focus on understanding their thoughts and feelings, allowing them to express themselves openly.
The more comfortable they feel with you, the more likely they are to seek support and allow you to help.

03 Assess & Determine Suicide Risk

- Draw on various resources such as professional help, familial support, spiritual guidance, and other available sources to better understand the situation.
- Identify warning signs, risk factors, and protective factors associated with their distress.
Seek referrals for ongoing clinical care or consider immediately accessible crisis response services like hotlines or mobile crisis units.
- Explore additional support options such as support groups, educational programs, or technical assistance.

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 currently thinking about suicide? Or have they expressed suicidal thoughts in the recent past?
- Does the person have a plan for how they would attempt suicide?

04 Explore All Available Resources

- Utilize the information gathered from conversations to determine the person's state of mind and level of suicide risk.
- Consider the available resources and supports that can aid in their situation
Decide what further information or who else you need to consult in order to respond effectively.
- If the person is significantly depressed or has thoughts of suicide, take immediate steps to identify and remove access to any lethal means, including guns, controlled substances, or other materials that could be used to harm themselves.
- Explore additional support options such as support groups, educational programs, or technical assistance.

05 Decide Best Course of Action

- Recognize that responding to someone in distress or who is suicidal requires an ongoing process of support and follow-up.
- Avoid shouldering the responsibility alone; implement a multi-faceted team approach.
- Involve family members, health professionals, community members, colleagues, and other relevant parties to ensure the best possible outcome.
- Maintain consistent communication, follow-up, and utilization of the available resources to provide ongoing support.
- By employing a team-based approach, you can achieve better results and prevent caregiver stress and burnout.

PRE-SCREENED SUPPORT SERVICES

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 <https://bit.ly/46IGjnq>

988 24/7 information & referral service that can assist you in accessing professional counselors & other mental health programs & services. *Note: 988 calls are routes based on the area code of the phone # you are dialing from. If you do not have an NYC area code, call NYC-WELL directly. Dial 988* <https://bit.ly/3NmfmMt>

NYC WELL free, confidential, multi-lingual crisis prevention, mental health and substance abuse information; staffed by social workers who provide referrals to mental health professionals; and assistance accessing mobile crisis units. 1-888-NYC-WELL English, 24/7 1-888-692-9355 press 3 for Spanish, 24/7 1-888-692-9355 press 4, Mandarin, 24/7 <https://on.nyc.gov/4dKFuNd>

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. <https://on.nyc.gov/3MXXd6o>

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 or Text 838255, 24/7 <https://bit.ly/3smHmGF>

Covenant House Services

24/7/365 open intake for youth experiencing homelessness. Program meets the urgent needs of youth without question (including: shelter, food, hygiene, clothes, medical attention). No referral needed. Located at 460 West 41st Street 1-800-999-9999 <https://bit.ly/3Fsn6sy>

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 <https://on.nyc.gov/3solVoE>

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 <https://on.nyc.gov/3yTuV9e>

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://bit.ly/3MXY86Q>

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 <https://bit.ly/3PbnfEY>

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 <https://bit.ly/3FsV7ZH>

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. <https://bit.ly/3p7NJvX>

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 <https://bit.ly/37sleSM>

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 <https://bit.ly/3L2ClcK>

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 <https://bit.ly/3LXt2vW>

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. <https://bit.ly/3v5ZZkg>

LGBT National Help Center Online Peer-Support Chat free, confidential, one-on-one peer support for LGBTQ individuals that helps with coming-out issues, safer-sex information, school bullying, family concerns, relationship problems, etc. M-F 4 pm-12 am, Sat 12-5 pm. <https://bit.ly/3qZCfy8>

MENTAL HEALTH + SUICIDE PREVENTION MOBILE APPS



samaritans

EXPLORE RESOURCES

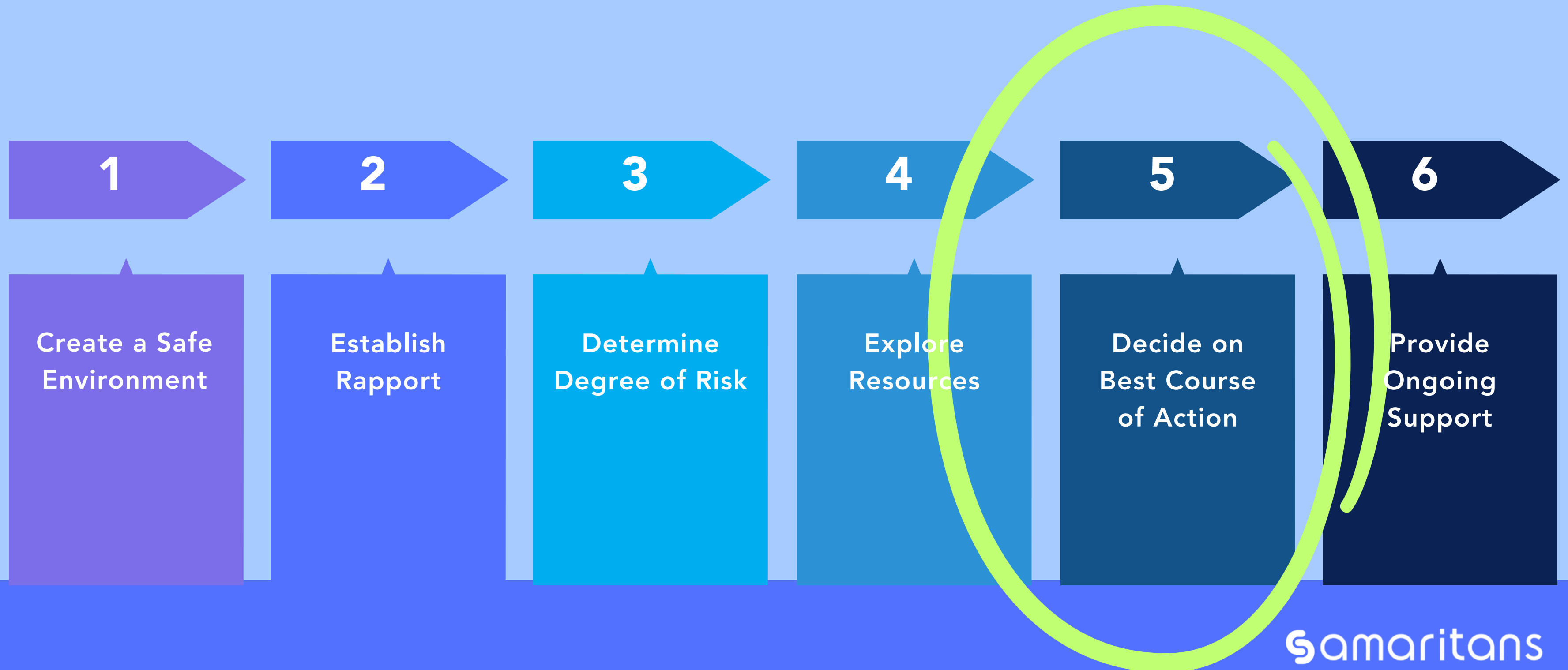


RESOURCE GUIDE

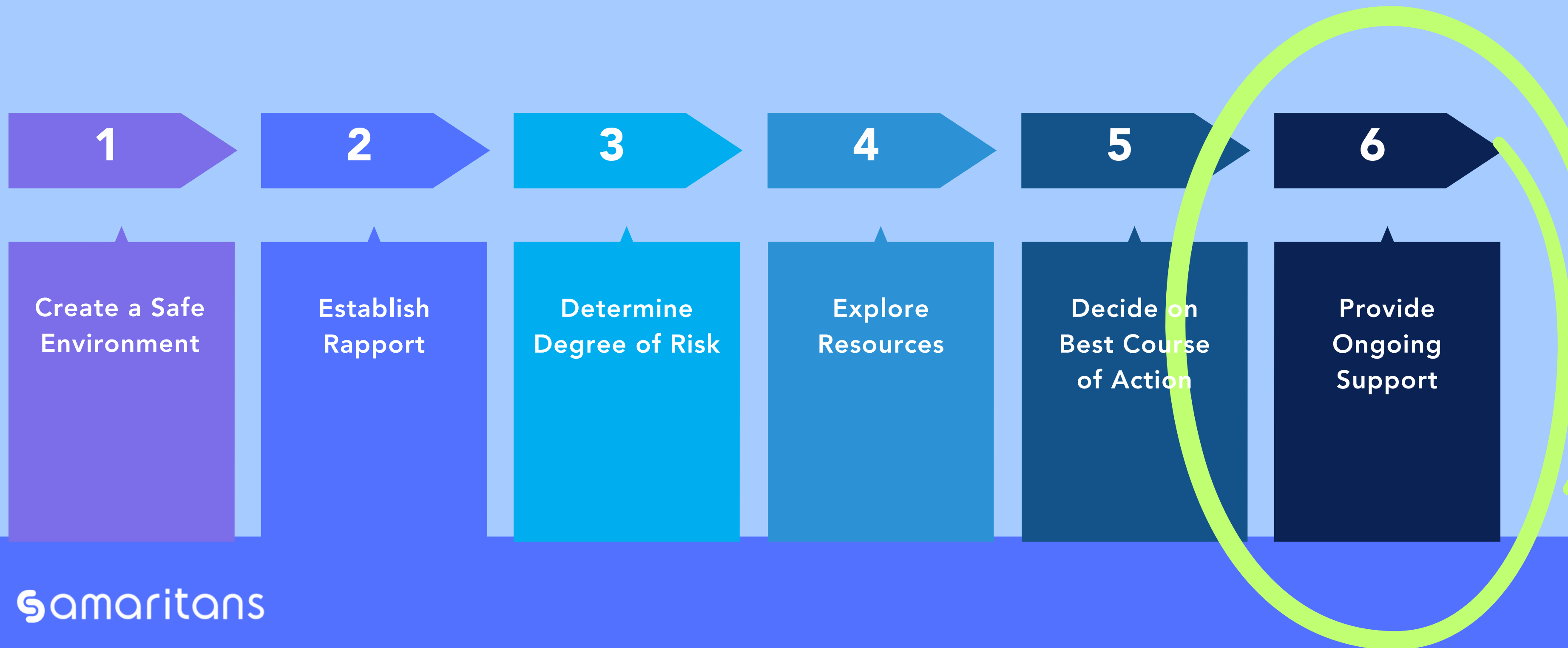


RESOURCE HUB

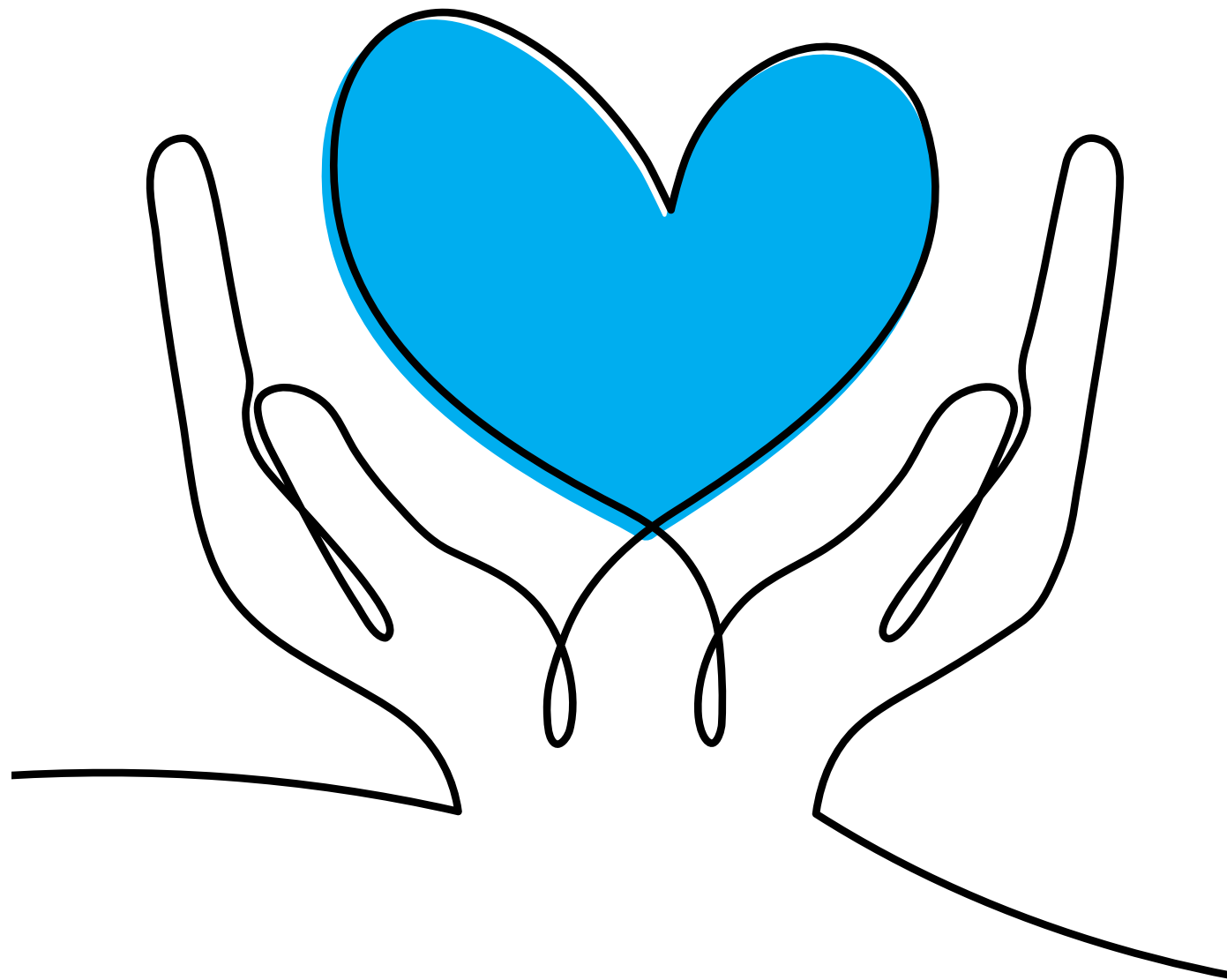
STEP 5: Decide on Best Course of Action



STEP 6: Ongoing Support



PROVIDE ONGOING support



- Establish a routine or schedule for structure.
- Spend time in nature.
- Connect with caring family or friends.
- Join a book club, take a class, make time for hobbies.
- Prioritize your physical needs: getting enough sleep, taking time to eat properly, staying active
- Try a gratitude or mindfulness practice.
- Enjoy time with pets.
- Volunteer in your community
- Stay informed, but limit your exposure to crisis-related news.

THANK YOU FOR
PARTICIPATING
TODAY!



SAMARITANS' RESOURCE HUB
bit.ly/SamsResourceHub

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