



STRAIGHTFORWARD
STRATEGIES FOR
suicide prevention

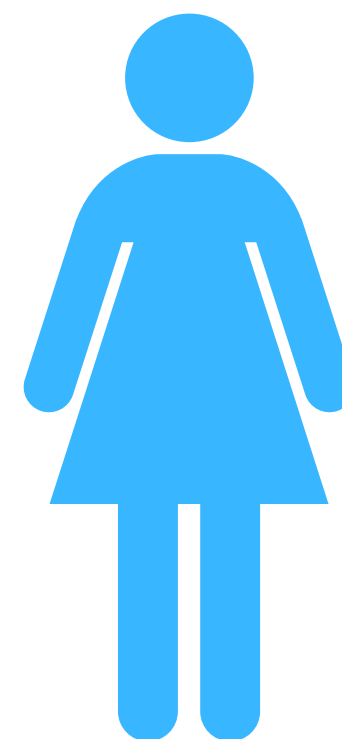
MAY 20, 2025



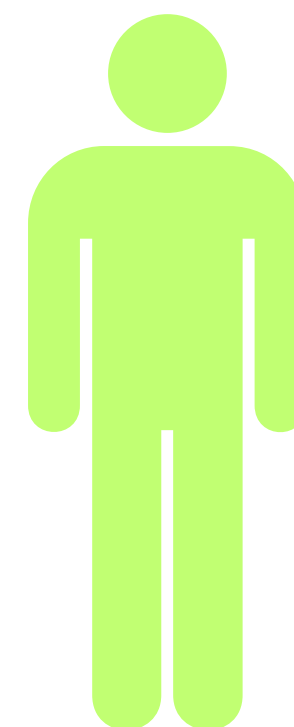
- Part of the non-religious, international, suicide prevention network with over 400 centers in 40 countries
- Created the world's first suicide hotline
- Operates NYC's only 24-hour, anonymous & completely confidential crisis response hotline
- Hotline staffed entirely by devoted, community volunteers
- Samaritans' NYC also has an education program & suicide bereavement support program.

US SUICIDE VITAL STATISTICS (GENDER)

GENDER	
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.

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>].



Data on trans suicide is not available via CDC WISQARS™

SUICIDE IN NYC

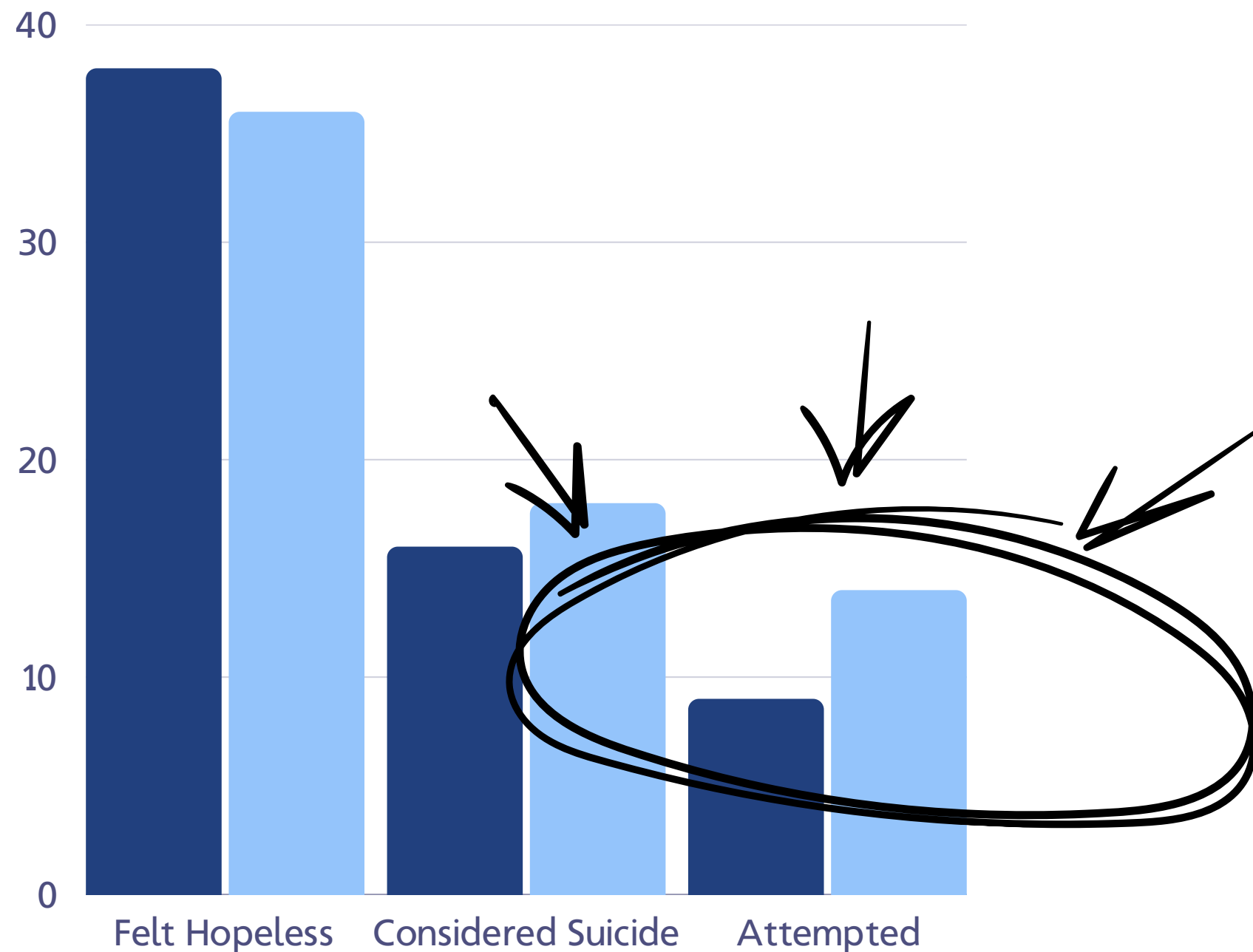
- Every **16 hours**, someone dies from suicide in New York City.
- Suicide affects people of every background, but access to care is not equal.
- In NYC 2x as many people die by suicide each year than from car accidents.

Data taken from CDC, 2023 unless otherwise specified

▶ PERSISTENT HOPELESSNESS, SUICIDAL THOUGHTS, AND ATTEMPTS AMONG NYC HIGH SCHOOL STUDENTS

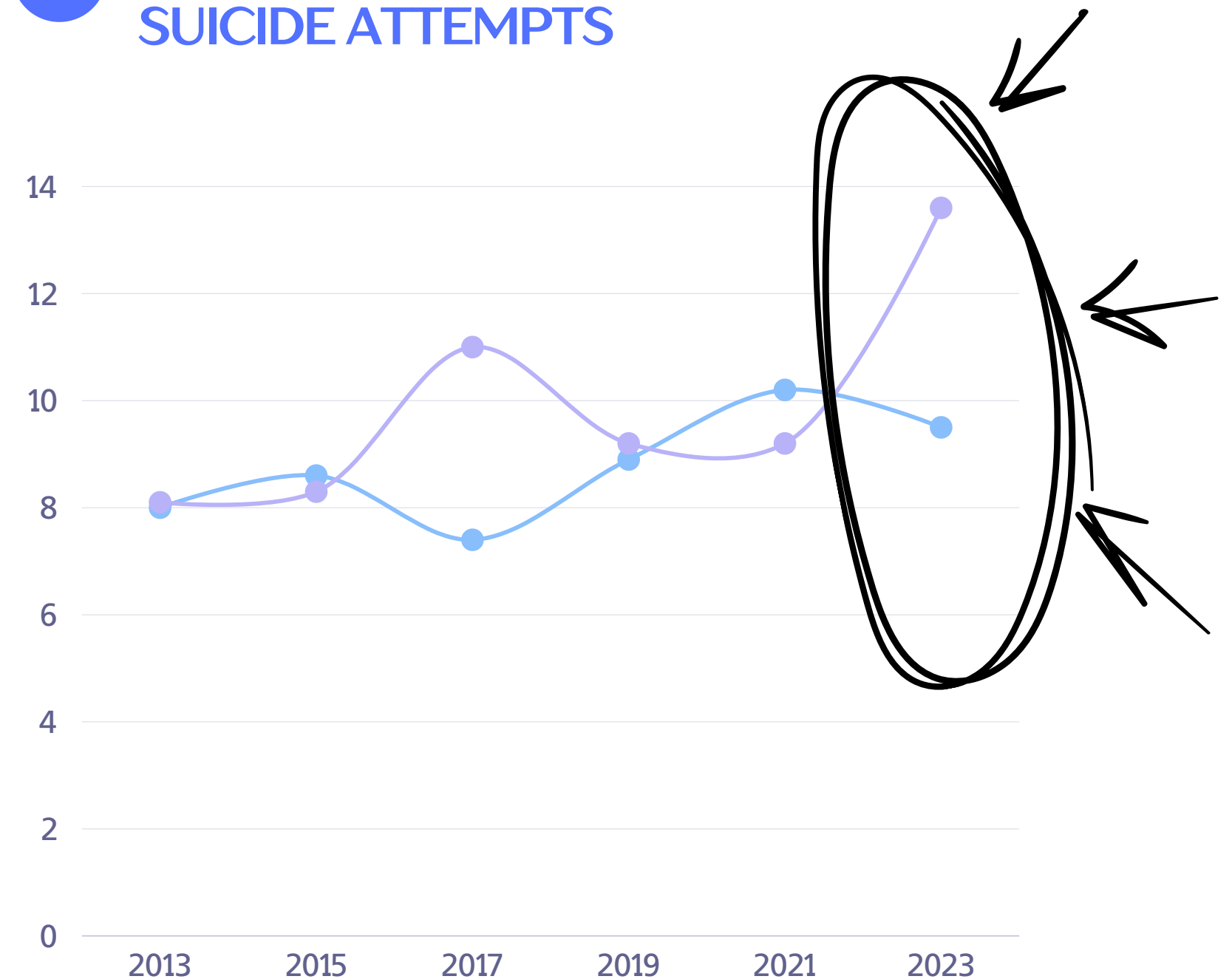
Student Suicide-related Experiences in the Last 12-months

(YRBS-NYC 2021, 2023, CDC 2024)



SUICIDE IN NYC

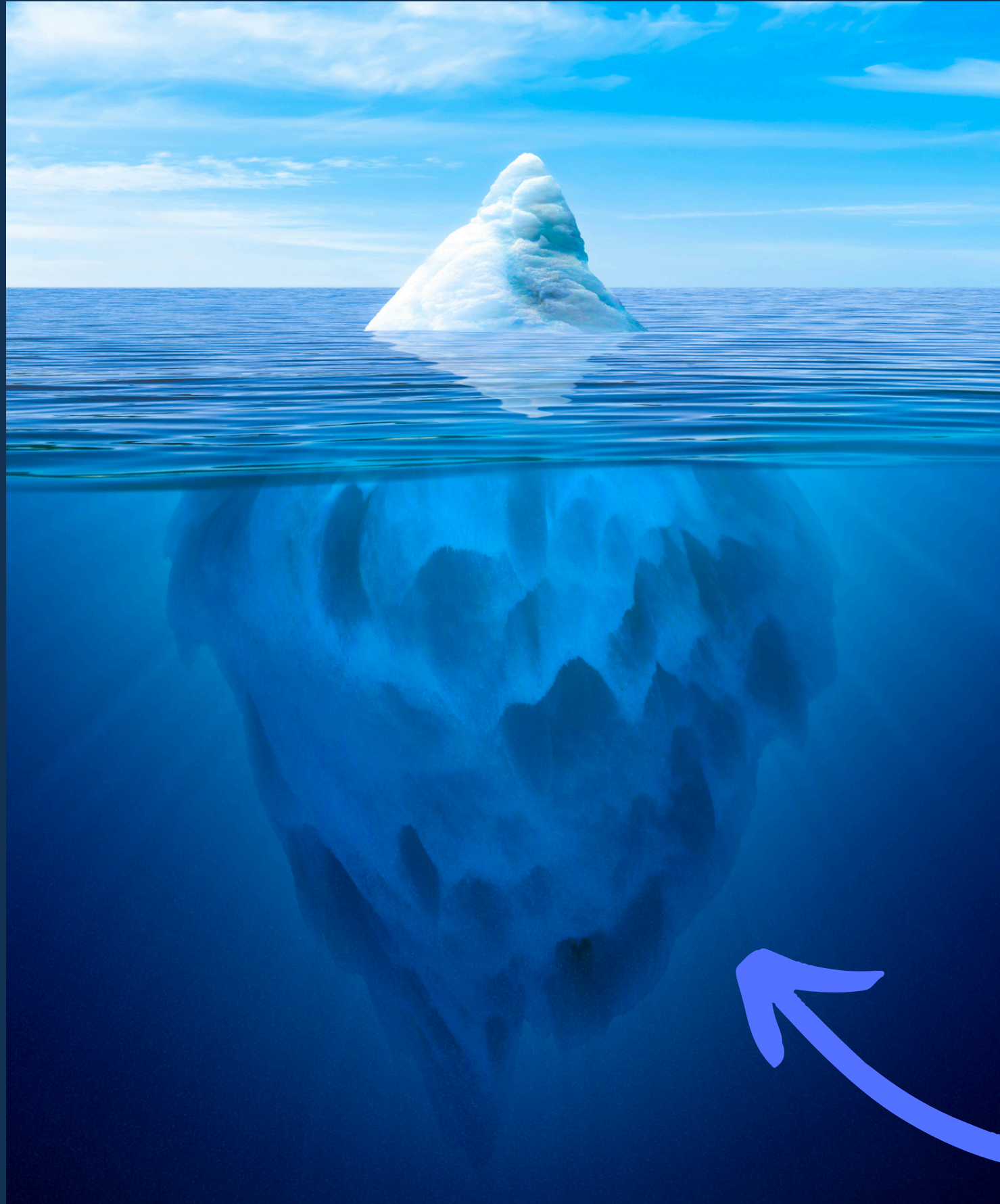
▶ NYC VS. THE US: LONG TERM TRENDS IN YOUTH SUICIDE ATTEMPTS



WHY DOES SUICIDE SCARE US?



SUICIDE IS AN OUTCOME,
NOT A CAUSE.



The *iceberg* Analogy

- Personal experience
- Sexual development
- Exposure to violence
- Learned coping styles
- Relationships
- Education
- Culture & social heritage
- Family beliefs & values
- Family history
- Socioeconomics
- Diet/nutrition
- Environment/geography
- Genetics/predispositions

THE CRISIS EXPERIENCE

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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



RISK FACTORS

HEALTH

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

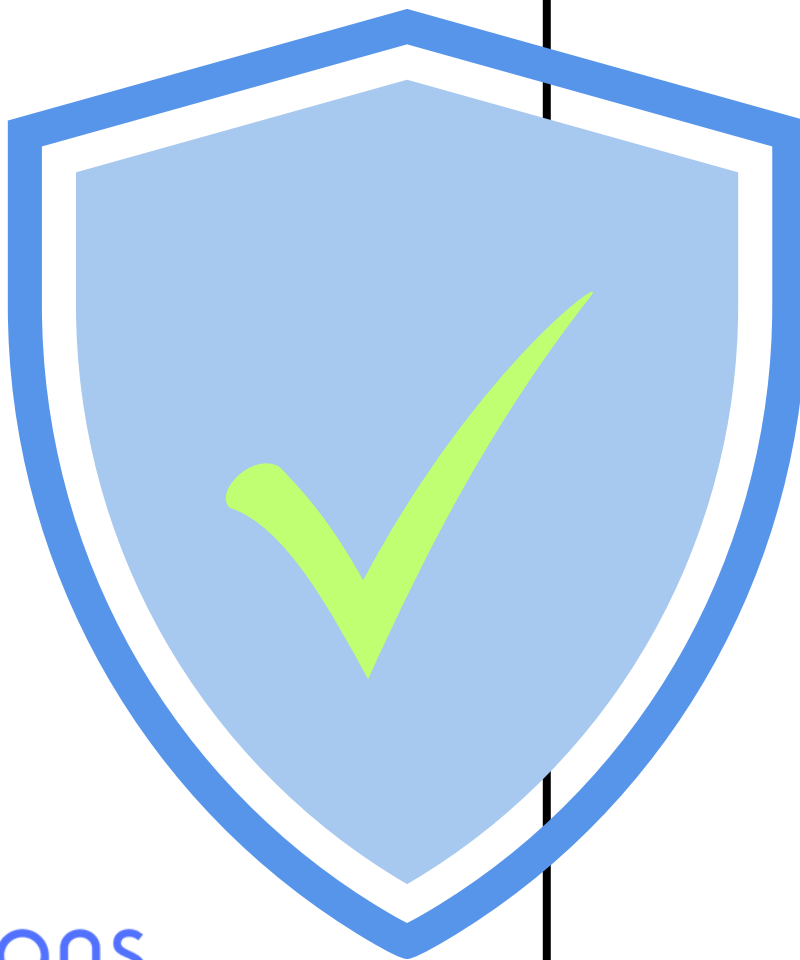
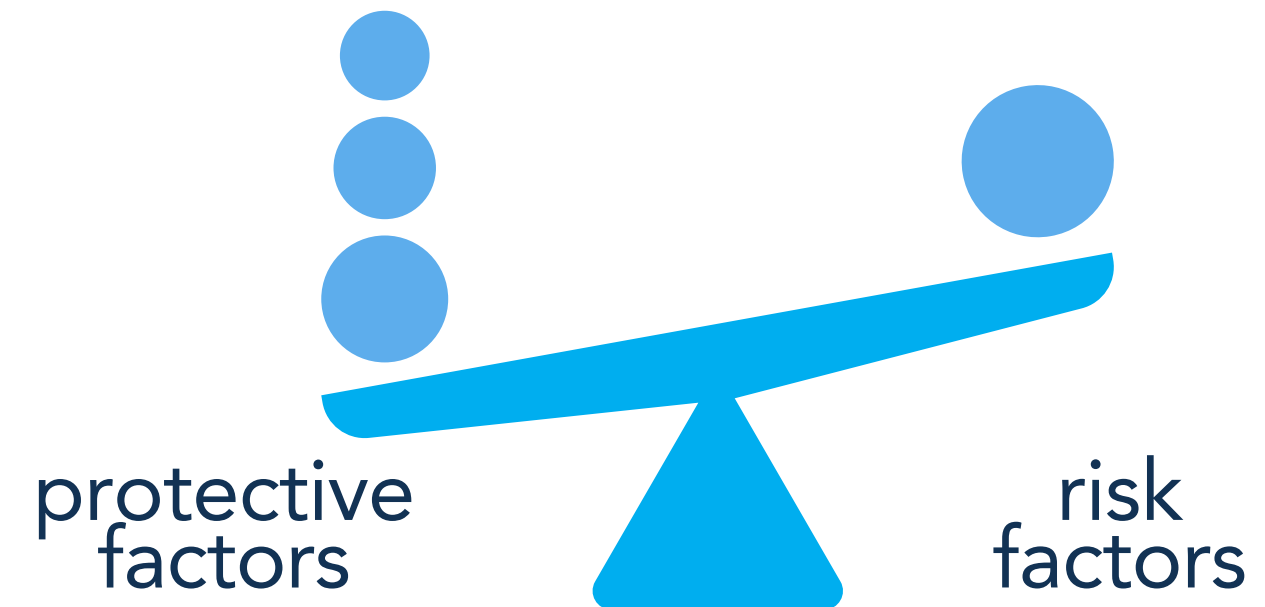
HISTORY

- 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

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

AT SAMARITANS WE SAY...

We listen to ease the pain of daily life,
not to change it.

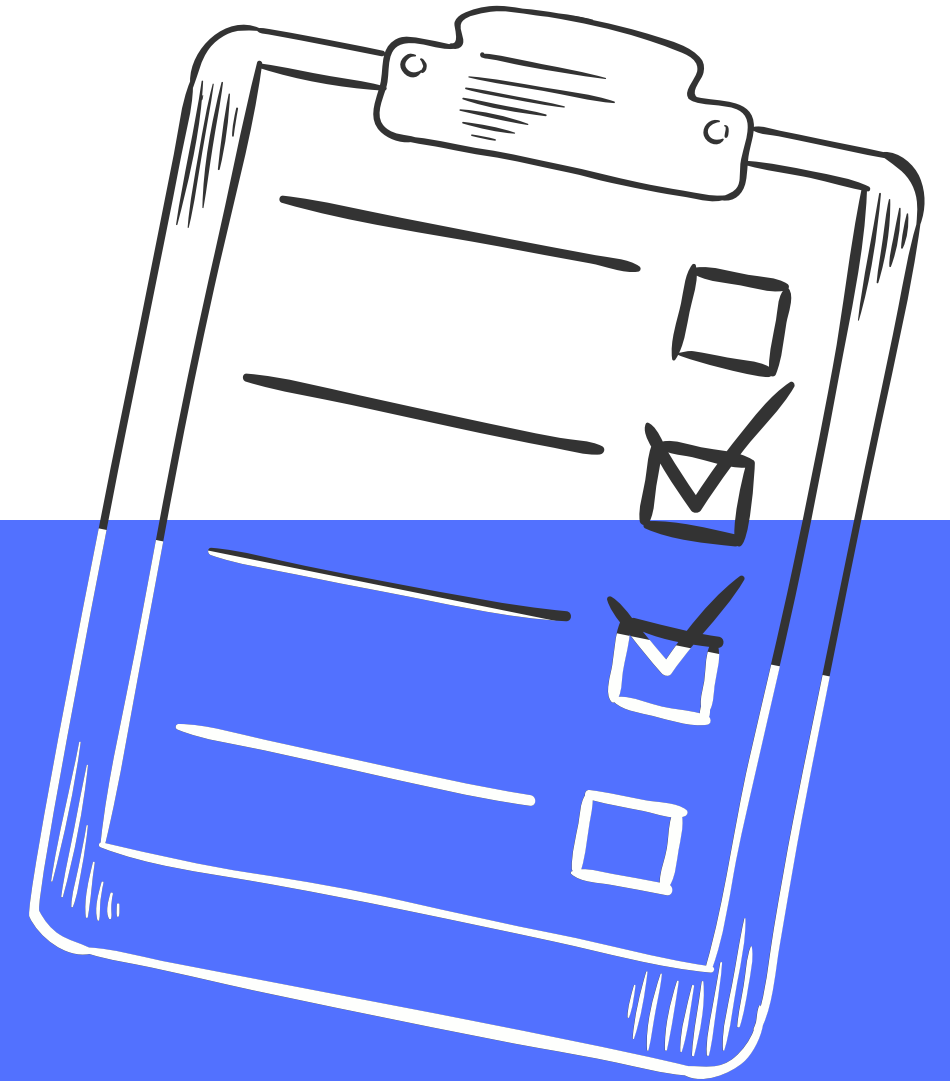
DO'S + DON'TS CHECKLIST

DO

- Reflect Back
- Acknowledge Feelings
- Stay Present
- Be Aware of Your Judgments
- Encourage Openness

DON'T

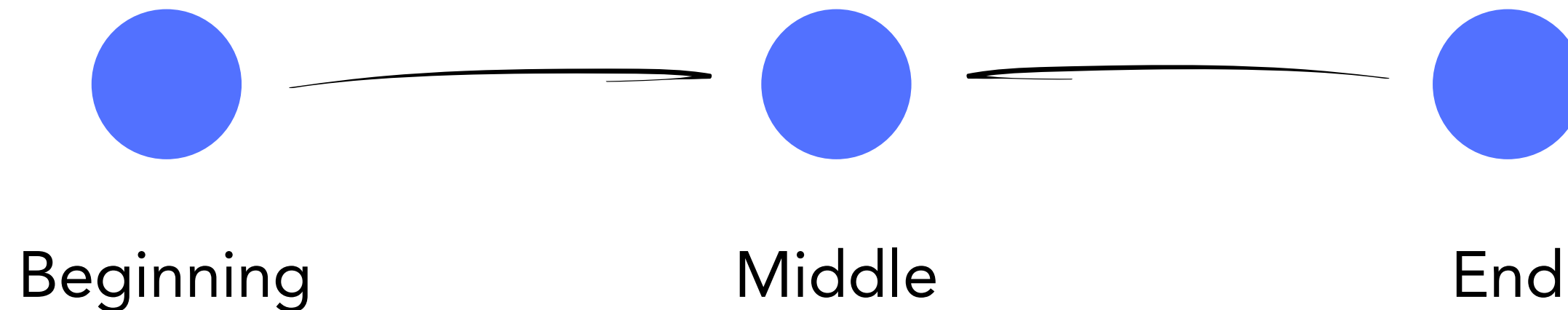
- Give Advice
- Minimize Feelings
- Compare Experiences
- Rush to Positivity
- Focus on Solutions



structuring a conversation

CREATE THE RIGHT ENVIRONMENT

- Comfortable
- Quiet
- Private
- Minimize distractions
- Turn off/ silence your phone



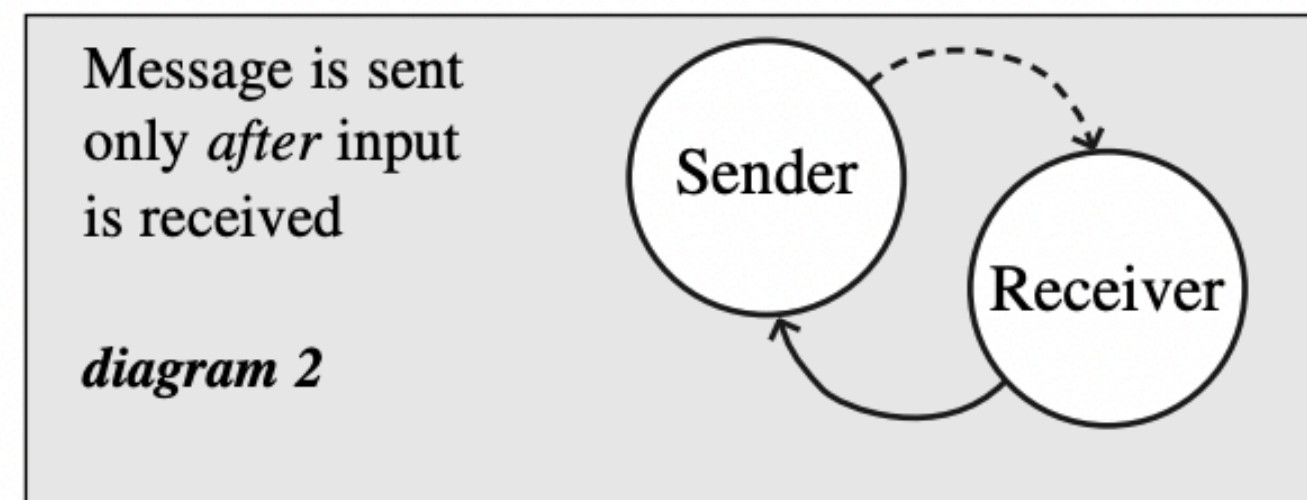
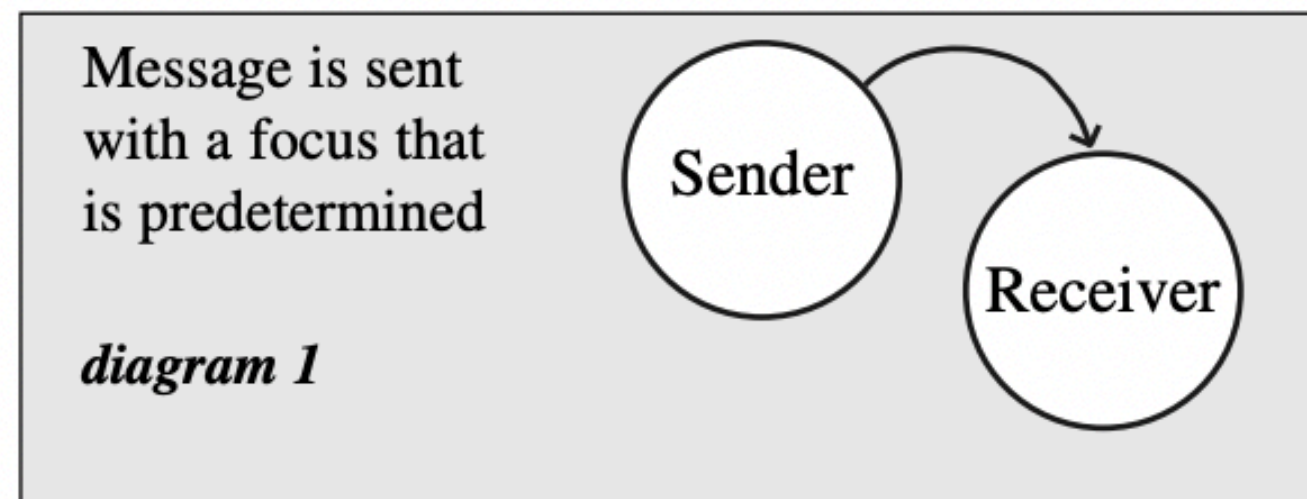


present situation

THE ISSUES AND CHALLENGES THEY ARE FACING **NOW**.

- Their support and living situation.
- Their physical and mental health
- Any economic, relationship, familial, environmental stressors.
- Impact of their previous experiences and history on their present feelings and circumstances.

ACTIVE LISTENING



keeping the focus on the person we are talking to

- It sounds like...
- You seem...
- This seems like...
- It must be...
- You mentioned...
- From what you're saying/ you've said...

Feeling stuck?

Validate!

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Validation Doesn't Mean Agreement

It is simply acknowledging their emotions without judgment, letting them know it's okay to feel what they are feeling.

Validation Encourages Openness

It helps lower their defenses, making them more open and willing to communicate.

Validation Strengthens Connections

It helps people feel heard and understood. It builds trust and helps them feel less alone.

WHEN YOU THINK IT'S SERIOUS, BUT THEY DON'T WANT TO TALK.

Trust Your Instincts

If in doubt, check it out. Don't wait for them to ask for help.

Consider their indications of risk.

Respect Their Boundaries, but Don't Promise Confidentiality

Suggest low-stakes ways to spend time together and reduce the pressure of the interaction:

- Side-by-side conversations
- Non-verbal support

Prioritize Safety: Stay with them if necessary

Try Again Later

If they aren't ready to talk now, don't give up.

Keep checking in.

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.**

WHERE TO GO FROM HERE...

URGENT ACTION

- ☐ life threatening situation
- ☐ imminent risk
- ☐ intervention

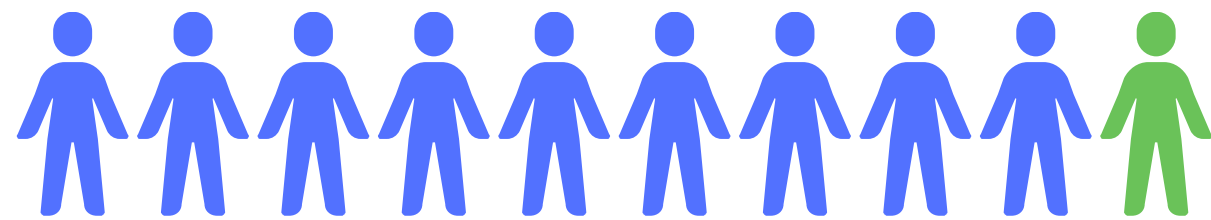
SUSTAINABLE SUPPORT

- ☐ struggling, but coping
- ☐ at-risk, but not imminent
- ☐ prevention

Lethal means safety

WHAT IS LETHAL MEANS SAFETY?

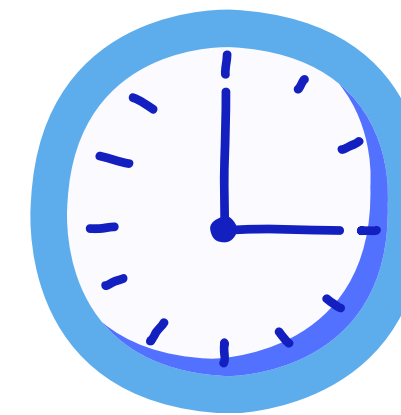
Lethal Means Safety refers to efforts aimed at making a suicide method less deadly and/or less available during a suicidal crisis.



 90%

of individuals who survive a nonfatal suicide attempt **WILL NOT** go on to die by suicide.

MINUTES MATTER



TIME



DISTANCE

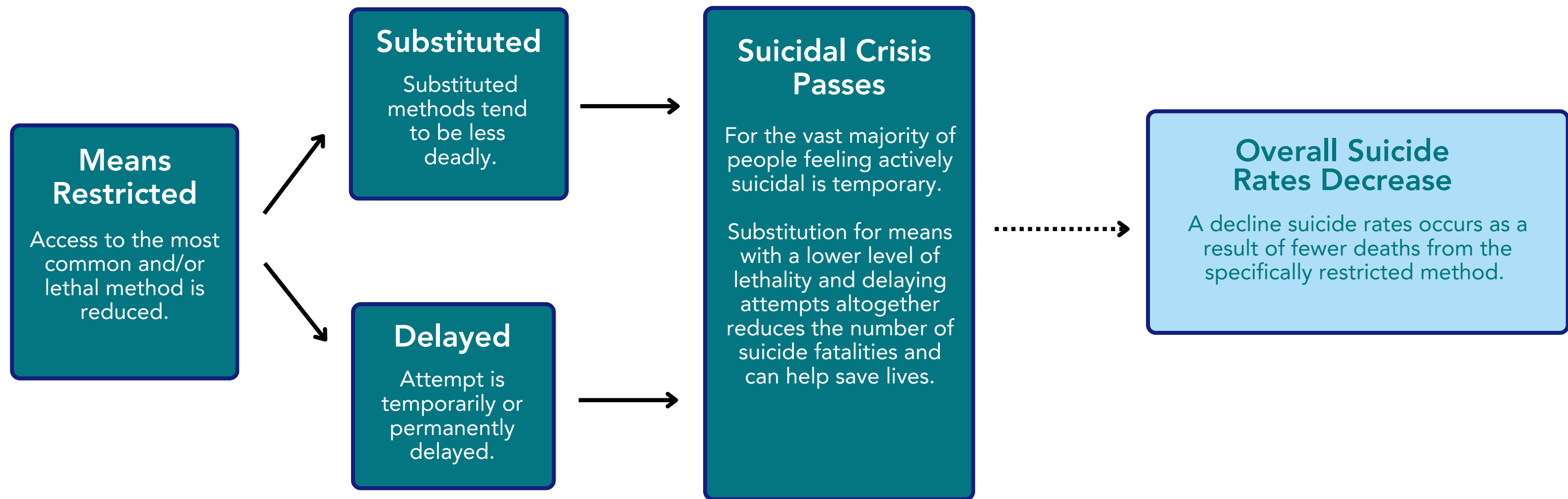
Simple actions, taken before a person is in crisis, can make all the difference. Putting time and distance between a suicidal person and lethal means can help save a life.

LETHAL MEANS SAFETY



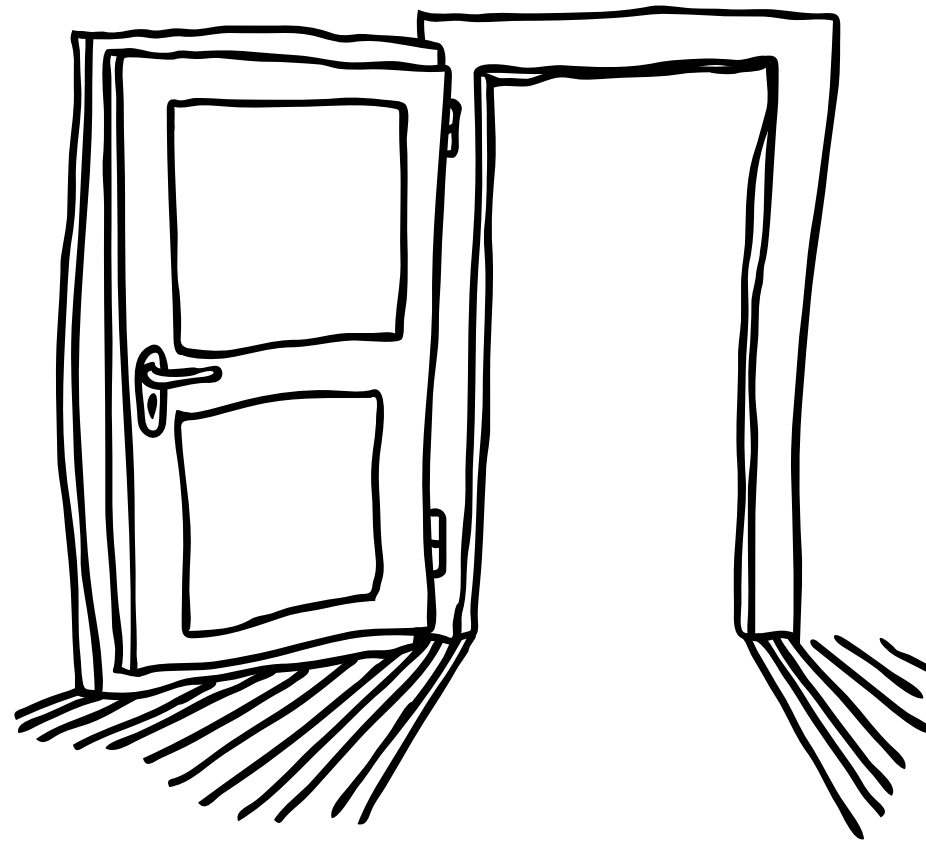
90%

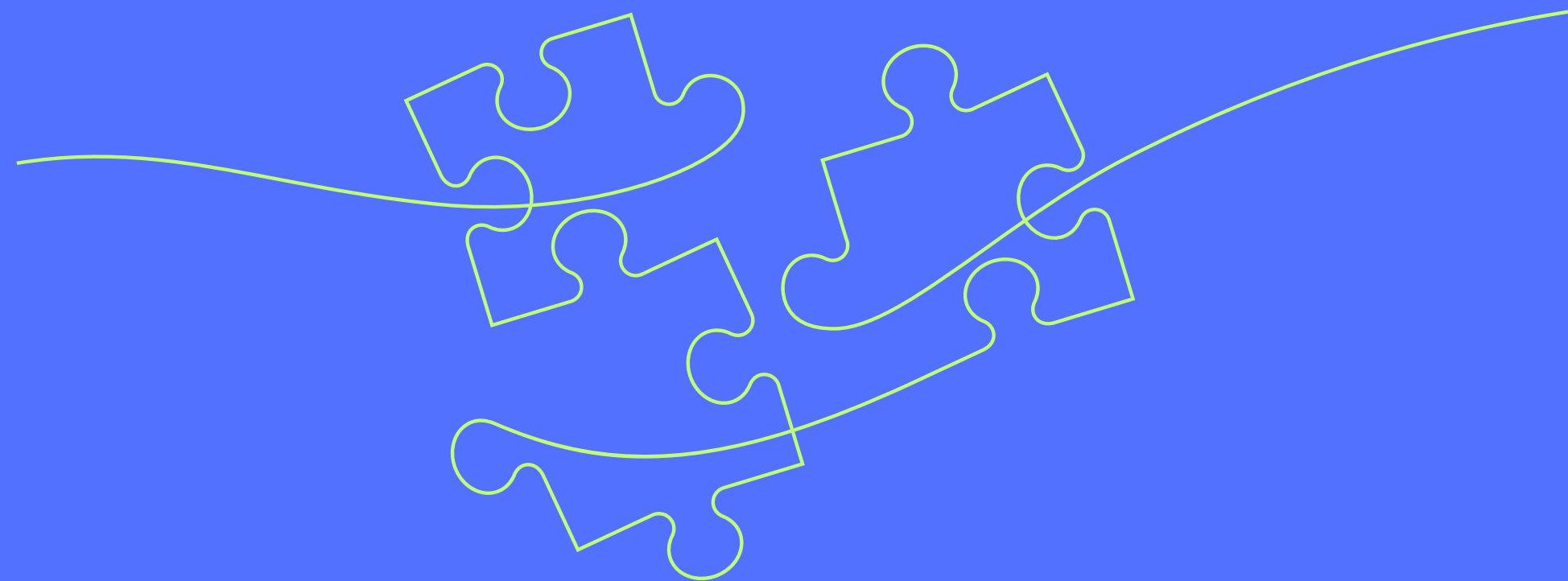
of people who survive a nonfatal attempt **WILL NOT** go on to die by suicide.



Access to firearms itself does not make
a person suicidal. It makes someone
who is already thinking about suicide
more capable of dying.

wrapping-up the conversation
ALWAYS LEAVE THE DOOR OPEN

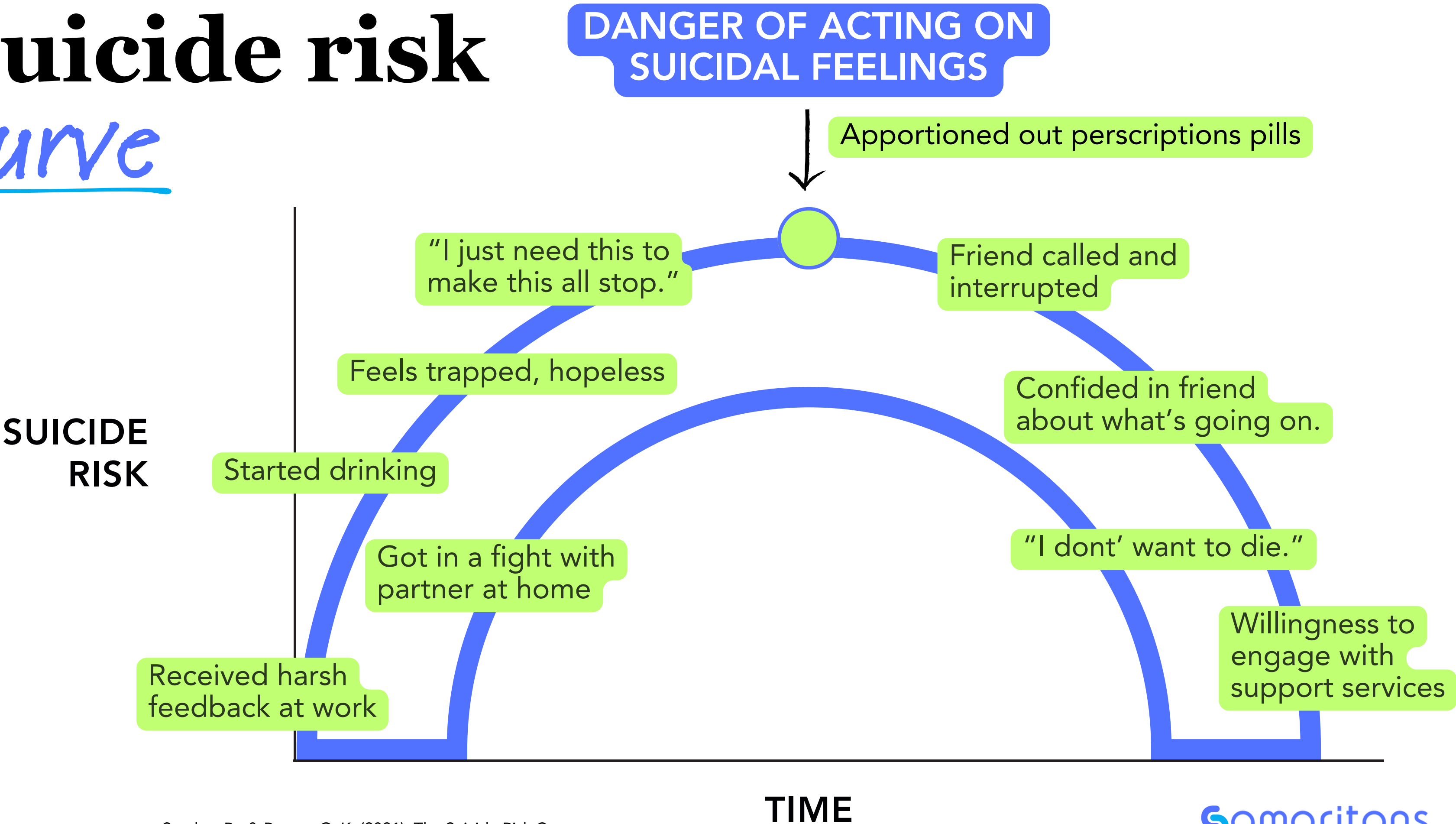




PUTTING THE PIECES TOGETHER

Suicide risk

curve



Stanley, B., & Brown, G. K. (2021). The Suicide Risk Curve

Hoping is coping.

Hope is one of the most powerful protective factors we have at our disposal.

CONNECTEDNESS

Strengthening relationships and fostering a sense of belonging to counter isolation.

SELF-EFFICACY

Empowering individuals with choices and control, helping them take active steps in addressing challenges.

RESILIENCE

Building the belief that they can overcome challenges and continue striving for a meaningful future.

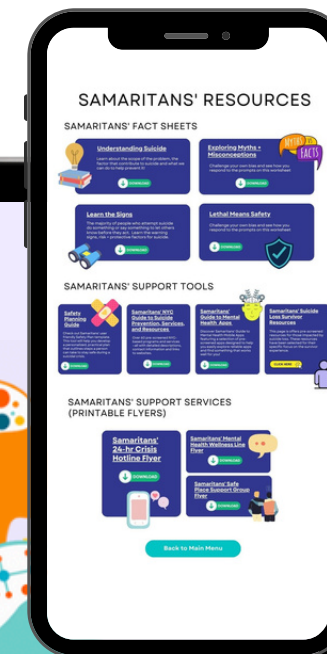
EXPLORE RESOURCES



RESOURCE GUIDE



RESOURCE HUB



MOBILE APPS



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THANK YOU FOR
PARTICIPATING
TODAY!



SAMARITANS' RESOURCE HUB
bit.ly/SamsResourceHub

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