



Understanding Suicide

A compassionate guide for
connection and care from
prevention to postvention

2025

About Samaritans

Our mission is to prevent suicide and help save lives.

For over 40 years, Samaritans has been a trusted leader in suicide prevention throughout New York City. As part of the world's largest suicide prevention network, spanning more than 400 centers in over 40 countries, we are committed to providing compassionate, accessible, and life-saving support to individuals and communities in need.

SUICIDE PREVENTION PUBLIC EDUCATION

Samaritans Suicide Awareness & Prevention Education programs are among the world's most respected, utilized in over 40 countries and across the U.S. They equip those in close contact with at-risk individuals with essential skills and resources in virtual and in-person settings. Samaritans is the only organization offering suicide prevention training alongside 24-hour hotline support.

To learn more contact pubed@samaritansnyc.org

COMMUNITY OUTREACH, ADVOCACY, & PUBLIC POLICY

A key component of Samaritans' mission is to advance and promote suicide prevention and awareness initiatives to address gaps in services, under-served populations and improve public policies. **We work collaboratively to strengthen the safety net for all!**

For more information on Samaritans' work in the community contact: advocacy@samaritansnyc.org

Our services are here to support every step of the journey, from prevention and crisis response to healing after loss.

24-HOUR SUICIDE PREVENTION HOTLINE

212-673-3000

NYC's only **completely confidential** 24-hour crisis response service provides free, immediately accessible emotional support from a caring and professionally trained hotline volunteer 24 hours a day, seven days a week.

To learn more, go to: samaritansnyc.org/get-support-2/

WELLNESS SUPPORT LINE

212-673-3661

[SCHEDULE A CALL TODAY](#)

Samaritans free mental health wellness line allows people to plan ahead and schedule a supportive call at their convenience, instead of waiting until they are experiencing a crisis.

To learn more, go to: samaritansnyc.org/get-support-2/

SUICIDE LOSS SURVIVOR SUPPORT

Samaritans Safe Place support groups for those who have lost a love one to suicide that provide a safe and supportive environment to help those bereaved by suicide to cope with their loss in the company of others who have had the same experience.

To learn more, go to: samaritansnyc.org/get-support-2/

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Overview and Suicide Statistics



Every **11 minutes** someone dies by suicide in the US.

Suicide is the **2nd** leading cause of death for all people aged 10-34 (CDC, 2024).

49,316

people died by suicide in 2023 (CDC, 2024)

2nd

leading cause of death for people aged 10-34 (CDC, 2024)

1.6 million adults and 953k teens

attempt suicide each year (SAMHSA, 2024)

Suicide touches people of every age, race, culture, religion, gender identity, sexual orientation, and socioeconomic background.

A CLOSER LOOK AT POPULATIONS

Women attempt suicide at **3.5x** the rate of men (CDC, 2022).

Men die by suicide at **4x** the rate of women (CDC, 2022).

Older adults have the **highest suicide completion rate** due to more lethal methods and being less likely to be rescued (CDC, 2023).

46% of those who die by suicide had a diagnosed **mental health condition** (CDC, 2022).

LGBTQ+ youth are **4x more likely** to attempt suicide than their peers (Trevor Project, 2023)

Black youth suicide rates increased by **36%** from 2018 to 2021 (CDC, 2023).

American Indian/Alaska Native populations have the **highest suicide rate** (23.8 per 100,000). This is **2-3x higher** than national average (CDC, 2023).

Unhoused individuals face suicide risk **7-10x higher** than the general pop. (SAMHSA, 2020).

1 in 59 Americans have lost a loved one to suicide. In 2023 alone **295,896** people became a suicide loss survivor in the US (CDC, 2024).

The “Why?”

Suicide often results from a combination of factors, such as high levels of prolonged distress, mental health issues, and trauma, all interacting with an individual's unique characteristics and life circumstances.

Suicides can also occur impulsively in moments of crisis often related to a major life change, sudden loss, or stressors including financial or legal troubles.

THERE IS NO SINGLE CAUSE FOR SUICIDE.

Suicide is the end result of a process in which a person's ability to cope breaks down, leading to intense struggle and crisis.

There is often a deep sense of hopelessness—marked by the belief that nothing will ever improve and no one can help.

Suicide is an ambivalent act; while there is a sincere desire to die, many who consider or attempt suicide wish that there were something else they could do.

As a person's ability to cope diminishes, they find it increasingly hard to see alternative ways to alleviate their suffering.

Importantly, suicide is not about dying, but it's about a desperate search for relief from unbearable pain.

Exploring myths & misconceptions



EXPLORING MYTHS + MISCONCEPTIONS

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.

TRUE OR
FALSE?

People who talk about suicide aren't serious and they won't go through with it. Sometimes they just want attention.

TRUE OR
FALSE?

Asking someone if they are suicidal might give them the idea.

TRUE OR
FALSE?

If someone is determined to take their own life, there is really nothing anyone can do about it.

TRUE OR
FALSE?

People who die by suicide are selfish and take the easy way out.

TRUE OR
FALSE?

Only certain kinds of people, like someone with a major mental health condition, think about suicide.

TRUE OR
FALSE?

Suicides usually occur out of the blue and without any warning.

TRUE OR
FALSE?

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.

TRUE OR
FALSE?

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.

TRUE OR
FALSE?

Only experts or professionals can help prevent suicide.

TRUE OR
FALSE?

If you limit someone's access to lethal suicide methods, they'll just find another way to end their life.

ANSWER KEY

TRUE OR
FALSE?

FALSE

People who talk about suicide aren't serious and they won't go through with it. Sometimes they just want attention.

At Samaritans we say, if someone is talking about suicide, it's not that they want attention, it's that they need attention. A better question is, why are we so reluctant to provide it?'

Take all talk of suicide seriously. The majority of people who attempt suicide do or say something to let others know before they act.

TRUE OR
FALSE?

FALSE

Asking someone if they are suicidal might give them the idea.

Research consistently shows that asking someone if they are having thoughts about suicide DOES NOT give them the idea.

If you are worried about someone you should talk to them directly about your concerns. Talking in an open and supportive way can actually help reduce the intensity of their suicidal ideation.

TRUE OR
FALSE?

FALSE

If someone is determined to take their own life, there is really nothing anyone can do about it.

Suicide is an ambivalent act. Most people who are suicidal do not want to die, but they don't see another alternative to deal with their pain.

For most, feeling actively suicidal is temporary. 90% of people who survive a suicide attempt DO NOT go on to die by suicide.

Targeted support focused on preventing suicide can help a person manage these feelings, ease distress, and reduce risk.

TRUE OR
FALSE?

FALSE

People who die by suicide are selfish and take the easy way out.

People who die by suicide are suffering. Their ability to cope has broken down and they are overwhelmed by the pain they experience.

They feel hopeless, isolated and see no end to their struggle.

Many feel they are a burden and believe their loved ones will be better off without them.

ANSWER KEY

TRUE OR
FALSE?

FALSE

Only certain kinds of people, like someone with a major mental health condition, think about suicide.

There is no single cause or profile for someone who dies by suicide.

Suicide often results from a combination of factors such as high levels of prolonged distress, mental health issues, and trauma, all interacting with an individual's unique characteristics and life circumstances.

While some mental health conditions are associated with an increased risk for suicide, not everyone with a mental health condition thinks about suicide, nor does everyone who attempts or dies by suicide have a mental illness.

Suicides can occur in moments of crisis often related to major life changes, sudden loss or stressors such as financial or legal troubles. Additionally, impulsivity can play a role, leading some to act suddenly on their suicidal thoughts during a crisis.

At Samaritans, we emphasize that suicide does not discriminate. It affects people of every age, race, gender identity, sexual orientation, culture, religion, and socioeconomic background.

TRUE OR
FALSE?

FALSE

Suicides usually occur out of the blue and without any warning. There is no single cause or profile for someone who dies by suicide.

A suicide can come as a sudden shock for loved ones, yet for the individual, it often marks the end of a long and painful struggle. A suicidal individual may only exhibit warning signs to those closest to them, who might not know what to look for or recognize the severity of the situation.

Sometimes, a suicide happens when it seems like someone is getting better. A sudden improvement might actually indicate a person has made a decision to act on their suicidal thoughts, as they now have the energy they lacked at their lowest points.

The person may also feel a sense of relief that their suffering will soon end. This can also contribute to the perception that a person is no longer at risk for suicide.

Learning the warning signs and risk factors for suicide, increasing protective factors like social support, and reducing access to lethal means can help save lives.

ANSWER KEY

TRUE OR
FALSE?

FALSE

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.

Helping is a process, not an outcome. It's not about changing the factual circumstances of a person's situation. If we focus our support on "fixing problems," what do we do when faced with situations or issues beyond our control?

This is especially important when we are talking about something like suicide because it's not a constant state. The desire to die can fluctuate, waxing and waning in intensity.

From the Samaritans' perspective, helping is a form of pressure release, grounding and connection. It is an ongoing process that involves creating a safe space for a person to share their experience, express themselves and be genuinely heard.

There are support models for helping a person in crisis which can be used by anybody. These models help increase confidence and competence. Go to: samaritansnyc.org, to learn more about Samaritans' approach to helping a person in crisis.

TRUE OR
FALSE?

FALSE

People in crisis really just need someone who can help them see that there is a reason to live by focusing only on the positive side of things.

At Samaritans, we say, if you're afraid of the dark, it's better to be holding someone's hand than sitting alone. We can't stop it from getting dark outside, but we can be there alongside you.

Telling a person who is struggling to "look on the bright side" can feel extremely invalidating. Offering support without minimizing their experience makes it easier for a person to open up and connect.

Samaritans acknowledges what a person is thinking and feeling—whether we understand it or not—and focuses on the individual we are talking to, not their crisis, illness, or problem.

ANSWER KEY

TRUE OR
FALSE?
FALSE

Only experts or professionals can help prevent suicide.

At Samaritans we say, **suicide prevention starts with me.**

We all have a role to play and you don't have to be an expert to make a difference, you just need to care enough to act.

Suicide prevention is about encouraging each one of us to educate ourselves on the issue, to be open to having real conversations, and to check-in when we suspect someone might be struggling.

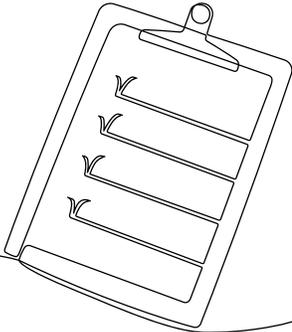
Suicide prevention is everyone's business. The question is, what will you do to help stop suicide?

TRUE OR
FALSE?
FALSE

If you limit someones access to lethal suicide methods, they'll just find another way to end their life.

Most people in a suicidal crisis will not simply find another method to kill themselves. Lethal Means Safety is an effective strategy for suicide prevention.

Putting distance between a suicidal person and their lethal means can help save a life by giving the person time: time for their intense suicidal feelings to subside, time to change their mind, and time for potentially lifesaving support and resources to intervene.



The Crisis Experience



The Crisis Experience

The crisis experience is a moment when a person feels completely overwhelmed, unable to cope, and sees no way forward. It's not just about suicidal thoughts; it's about the intensity of distress and the loss of perceived options.

Key Aspects of the Crisis Experience

- **Feeling suicidal is not a constant state**—The desire to die fluctuates, and many people who experience a crisis don't actually want to die, but they feel trapped.
- **Crisis is not just about mental illness**—it can be triggered by situational stressors, such as financial struggles, relationship breakdowns, or sudden loss.
- **The crisis moment is temporary**—but in that moment, it can feel like things will never change, which is why getting support is crucial.
- **People in crisis often feel disconnected**—they may withdraw from others, believing no one can help or understand.

KNOW WHAT TO LOOK FOR

learn the signs

While there is no single cause for suicide, there are some common characteristics to be aware of. **The majority of people who attempt suicide do something or say something to let others know, before they act.**

Learning the warning signs, risk, and protective factors for suicide can help you recognize if you or someone you care about needs support.

WHAT ARE WARNING SIGNS?

Behaviors, affects and actions that indicate someone might be considering suicide.

The key is to focus on changes in a person's usual behavior (especially when these changes are connected to a distressing event, a significant loss, or a major life change.)

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, 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 impulsivity, reckless, and/or risk-taking behavior



Warning signs are like the sudden flashing of your car's "check engine" light on the dashboard. They indicate there may be an urgent situation and signal the potential for danger that needs to be addressed right away.

WHAT ARE RISK FACTORS?

Characteristics related to a person's health, history and environment that increase the potential for suicide. The presence and severity of risk factors differs from person to person over their lifetime.

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, and/or 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 a known person and through the media/social media)
- Stigma



Risk Factors are the road signs urging caution such as a "sharp curves ahead". They alert you to conditions that increase the likelihood of an accident if not heeded, especially when coupled with other hazards.

WHAT ARE PROTECTIVE FACTORS?

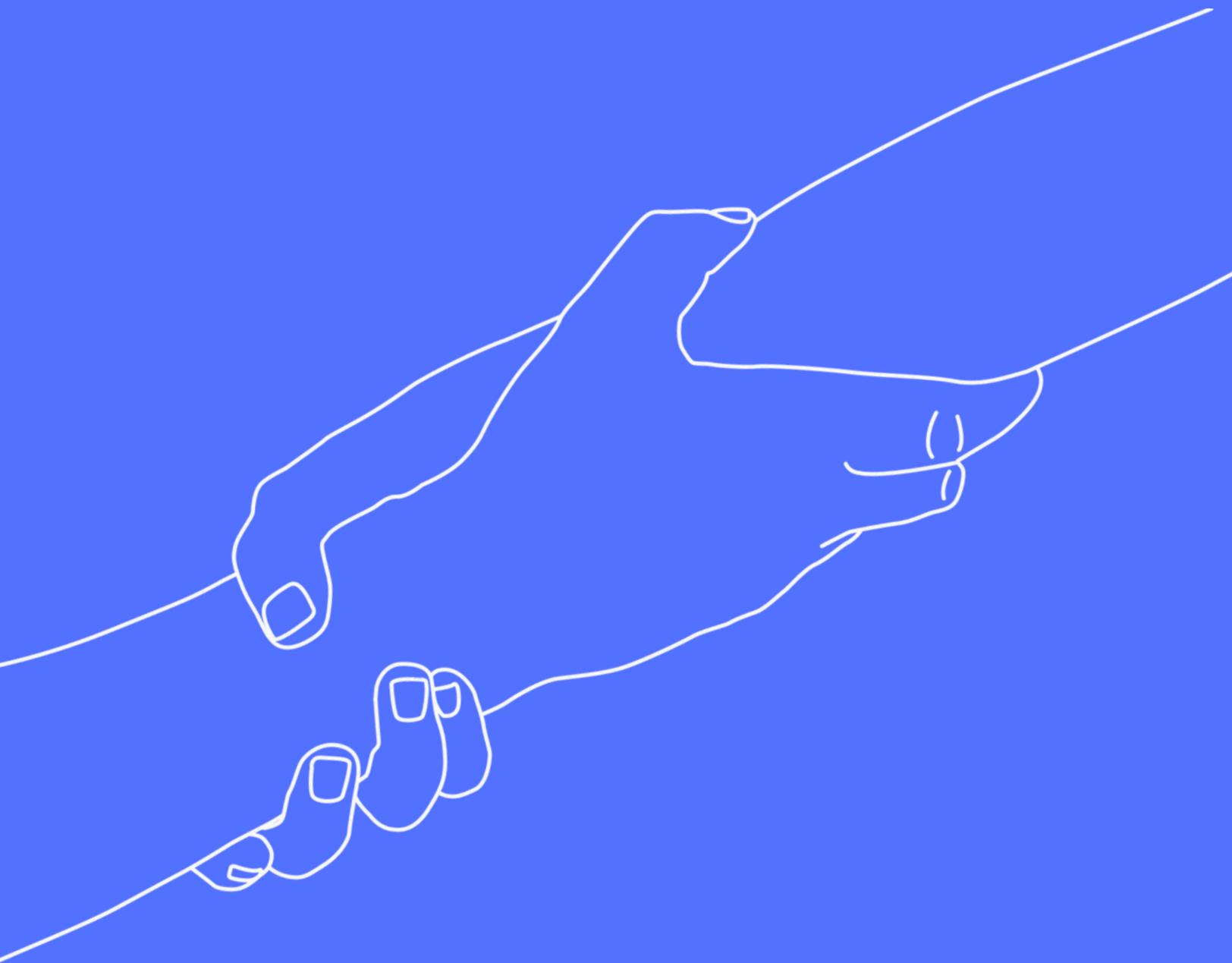
Behaviors, skills, environments or relationships that reduce the likelihood of suicide and enhance resilience. Protective factors help to counterbalance risk factors.

- 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



Protective factors are like the safety features in your car - seatbelts, airbags, and anti-lock brakes. While they don't remove the potential dangers or prevent hazardous conditions. They provide an additional layer of safety, buffering the impact should an accident occur.

Responding to Someone in Crisis



Guidelines for approaching tough conversations.

When faced with someone's pain or crisis, it can be hard to know the right thing to say. At Samaritans, we've learned that there are no perfect words; nothing we can say will change a person's circumstances or situation.

Think of it this way: if you're afraid of the dark, it's better to be sitting and holding someone's hand than sitting alone. We can't change the fact that it gets dark, but we can be there so you don't have to face it alone.

Be present.

- Minimize distractions—turn off your phone if possible.
- Ask open-ended questions (who, what, where, when, why, how) to explore what's going on right now.

Stay in the backseat.

- Listen more than you speak.
- Let them lead the conversation at their own pace.
- Avoid giving advice. Instead, focus on validating their experience and reassuring them that you're not judging.

Steer towards the pain.

- It's natural to want to cheer someone up, but don't rush past the hard stuff.
- Stay with their emotions.
- Explore their thoughts and feelings instead of trying to fix or reframe them.

Talk about suicide—directly.

- Worried about suicide? Ask.
- It's a myth that asking gives someone the idea.
- In truth, talking openly and supportively can help reduce suicidal thoughts.

What to say when you don't know what to say...

Starting the conversation...

Be warm and calm, making it clear that you are there to listen, not to judge or offer quick fixes.

- I've noticed that you haven't seemed yourself lately, what's been going on?
- I've been feeling worried about you recently, and I want to check in. How are you doing?
- It seems like something is going on and I want to let you know I'm here for you.
- I know you've been going through a lot. How are you holding up?
- I haven't heard from you in a while, how are you?

As you are talking, try starting your sentences using these phrases to help keep the focus on the person you are talking to.

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

Feeling stuck? Validate!

When emotions are intense or the conversation seems to stall, resist the urge to look for solutions. Remember that people in crisis are not problems to be solved. Instead, focus on the person's experience. Your role is to offer empathy, not answers.

- *Given what you're going through, what you're feeling makes a lot of sense.*
- *It's understandable you feel this way.*
- *That sounds really tough.*
- *That must be such a hard place to find yourself.*
- *No wonder you're feeling so upset.*
- *It seems like such a difficult thing to deal with.*
- *You're having a really hard time now and you're not sure what to do.*
- *Things feel really heavy right now.*

Wrapping up the conversation...

It's important to conclude conversations with a sense of ongoing support and reassurance. Reinforce the availability of continued support, letting them know that this conversation is not a one-time event. You can also mention the availability of other resources the person can consider if they want additional support.

- *It can be really hard to open up like you have. Thank you for trusting me.*
- *I'll be thinking of you and will follow up soon.*
- *It's really good we were able to talk about what's been going on.*
- *I'm going to check in with you in a few days to see how you're doing.*
- *I'll make sure to reach out soon, and I'm around if you want to talk sooner.*

5 tips for offering validation...

Validation is effective because it acknowledges someone's feelings as real and important, which helps them feel heard and understood.

Importantly, validation isn't the same as agreeing with every detail of someone's perspective. It's not about confirming the facts of the situation but about recognizing that their feelings are real to them.

This creates the opportunity for connection and trust, even when you don't see things the same way

Be Present, Not Perfect

- There are not perfect words, but showing someone they are being prioritized speaks volumes.
- Resist the urge to fill silence. At Samaritans, we say silence is meant to be shared, not filled.

Reflect Back What You Hear.

- Use their words and language when possible. It shows respect for their experience.

Say What You See.

- Notice emotional cues (tone of voice, facial expression, body language). *"I know it's hard to even talk through the tears. We can take it slow."*
- Gently acknowledge what's unsaid, especially when someone is struggling to find words. *"I noticed you got quiet just now" or "This seems hard to even say out loud"*

Focus on Feelings, Not Fixing

- Resist the urge to offer solutions or "make it better". Listen first, solve later (if at all).
- Sit with discomfort; don't fill it with advice, comparisons, or silver linings.

Let Pain Be Pain.

- Validate the depth of their pain without trying to minimize or reframe it.
- Avoid "at least" statements, which often feel dismissive even when well-intended.

When someone is hesitant to talk...

When someone is hesitant to talk, it's often due to fear, stigma, or uncertainty about how their feelings will be received. The key is to create a safe, non-judgmental space, letting them know that they don't have to open up right away, but you're there whenever they're ready.

Try a side-by-side conversation

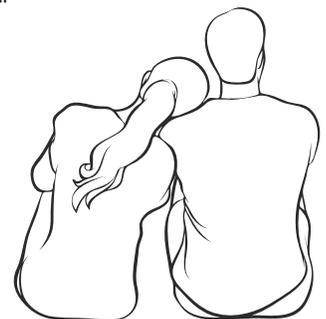
- Sometimes it's easier to open up more when there's less direct pressure.
- Try talking while doing something together—like driving, walking, or cooking—where you are side-by-side and facing forward.
- If they share something tough, stay calm. It's important not to react with shock.
- Validate their feelings ("That sounds really hard," or "I can understand why you'd feel that way") and let them decide what they want to happen next.

Asking Open-Ended Questions

- Avoid yes/no questions. Use prompts that encourage deeper responses:
- "What's been weighing on you lately?"
- "When do things feel a little less overwhelming?"
- This allows them to share at their own pace without feeling interrogated.

Normalizing the Conversation

- Let them know it's okay to talk about suicide. Many hesitate due to stigma or fear of judgment.
- Example: "A lot of people struggle with these feelings. You're not alone, and I'm here to listen."



Asking about suicide

- **Myth:** Asking someone about suicide might put the idea in their head. This is a common fear, especially when someone you care about is struggling.
- **Reality:** Research shows that asking about suicide doesn't increase risk—it actually helps. For someone in distress, being asked directly can feel like a relief. It gives them permission to talk openly about what they're feeling.
- **And if someone isn't thinking about suicide, asking won't suddenly make them start. It's not dangerous to bring it up. It's kind of like asking if someone smokes: if they don't, they won't start just because you asked.**



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.**

The more clearly someone can describe how, when, and where they might attempt suicide, the more serious the risk becomes.



- It's not the only indicator of danger, but it's one to pay close attention to. As you're listening, notice the picture forming in your mind. The more vivid and detailed it becomes, the more it suggests they may be moving from thought to action.
- It's like an athlete visualizing the finish line. The clearer the image, the more likely they are to follow through.

When to Stop Asking Questions?

- We ask questions in sequence, and we stop when it's appropriate.
- If someone says they are not thinking about suicide, or they have no plan, there's no need to continue probing for details like timing or setting.

Where to go From Here?

Prevention vs. Intervention

URGENT ACTION

- life threatening situation
- imminent risk
- intervention



Intervention happens when a person is actively taking steps toward suicide or is in immediate danger. This is when emergency services, crisis hotlines, or mental health professionals must be involved.

SUSTAINABLE SUPPORT

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



Prevention focuses on supporting someone before they reach a crisis point, helping them manage distress, build coping strategies, and stay connected to resources.

Prioritize Immediate Safety

IF YOU'RE WORRIED SOMEONE IS IN IMMEDIATE DANGER:

- **Do not leave them alone.**
- **Encourage professional help.** This may include calling emergency services, contacting a crisis hotline, or reaching out to a trusted mental health provider.
- **Help them get to a safe place.** When possible, support them in reaching a hospital, crisis center, or another safe, supportive environment like a friend's or family member's home.

Leaving the door open

WRAPPING UP THE CONVERSATION
AND OFFERING ONGOING SUPPORT



- **Acknowledge their courage** – *Thank you for trusting me with this. I know it's not easy to talk about.*
- **Express continued support** – *I'll check in again soon.*
- **Explore additional help** – Talk about what kind of support might feel manageable right now, whether it's a counselor, hotline, support group, or a trusted friend or family member. Help them come up people or places they can turn to when things feel heavy.
- **Take care of yourself too** – Supporting someone is emotionally taxing; set boundaries and seek support when needed. Don't go it alone.

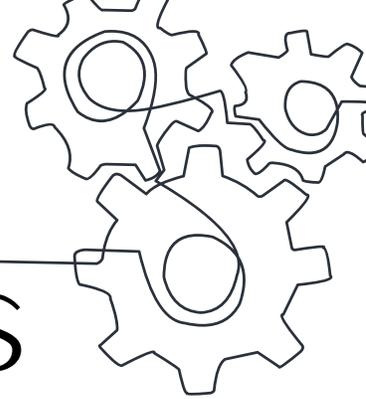
Self-Care While Supporting Others

- **Don't go it alone.** Bring in other trusted friends, family members, or professionals. You're not meant to carry this by yourself.
- **Set boundaries.** You can show up with compassion *without* taking on everything.
- **Prioritize your own well-being.** Make space to rest, eat, breathe, and recharge. Your care matters too.
- **Acknowledge your limits.** It's okay to step back when you're overwhelmed. Being honest about what you can hold is an act of care, for both of you.
- **Recognize when you need support.** Supporting someone who's struggling can be emotionally draining. Reaching out for help yourself isn't a weakness, it's how you continue to offer steady support without losing yourself in the process.

Helpful Grounding Techniques

- **5-4-3-2-1** Name 5 things you see, 4 things you feel, 3 things you hear, 2 things you smell, 1 thing you taste.
- **Box breathing** is a calming technique that helps regulate your breath and settle your nervous system. Here's how to do it:
 - Inhale slowly through your nose for 4 seconds
 - Hold your breath for 4 seconds
 - Exhale slowly through your mouth for 4 seconds
 - Hold again for 4 seconds

SAMARITANS' SUPPORT SERVICES



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MY SAFETY PLAN

Safety planning is a personalized, prioritized 6-step, guide designed to help reduce self-harm and suicidal behaviors.

The plan is created collaboratively with the person in distress to help them stay safe during a crisis.

The plan should be clear and concise, easy for the person in crisis to access and follow. It should be written in their own handwriting and their own words.

Samaritans' has created the following Safety Plan template utilizing the current standards and best practices.

For a step-by-step guide on how to create + implement a safety plan, go to: <https://bit.ly/Sams-Safety-Planning-Guide>

Keys to Safety Planning:

- **Plan Ahead.** Create your plan before a crisis
- **Be Realistic.** Select strategies that you are likely to use (e.g. if you tend to be in crisis at 3am, then going for a run might not be possible.)
- **Make it work for you.** Keep a copy of your plan on you accessible (a picture on your phone, a copy in your wallet, etc.)
- **Revise Your Plan As Needed.** Your plan is not set in stone. Consider what worked, what didn't and, as things evolve, update your plan.

Learn more at: samaritansnyc.org

1

Know the Sings

When I notice these thoughts, feelings or behaviors I should use my safety plan.

2

Things You Can Do on Your Own

Things I can do on my own that help me feel better: listen to music, read, exercise, journal, etc.

3

Distraction

People I can call and places I go to take my mind of things.

	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

4

Supportive family + friends

People I trust who I can reach out to for help.

	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

5

Professional Services

Samaritans Crisis Hotline: 212-673-3000

988 National Suicide Crisis Lifeline: Dial 988

Crisis Text Line: Text HOME to 741741

My Local Emergency Room:

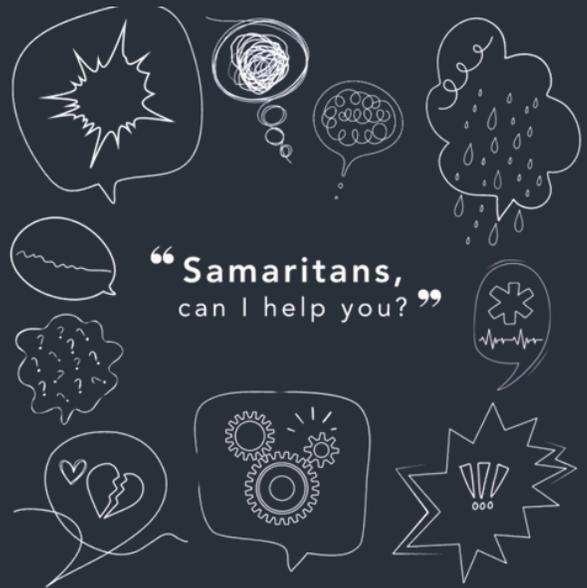
Other: _____

Other: _____

6

Steps I can take to make my environment safer and limit my access to lethal means.

Whatever you're dealing with, you don't have to face it alone.



“Samaritans,
can I help you?”

24-HR CRISIS HOTLINE

 **212.673.3000**

A safe place to turn in crisis.

Reaching out for help can be daunting, especially if you're new to support services or concerned about privacy. The hotline is completely confidential and anonymous. Samaritans has strict policies in place to protect caller privacy.

No judgments, just support.

Samaritans' hotline offers a space where you can be yourself without pretense. It's a place where you can focus on what's going on with you and express your concerns without the intrusion of unwanted advice or judgments.

Whatever your reason, Samaritans' is here.

From a bad day and heartache to financial strain, loss, overwhelm, or struggles with thoughts of suicide and self-harming behavior (and everything in between), Samaritans is here for you.



Completely Confidential



Anonymous



Available 24/7



Free of Charge



Non-judgmental Support

LEARN MORE

SCAN
ME



Lethal Means Safety



What is lethal means safety?



Lethal Means

Lethal means are objects or methods that can be used to end a person's life in a suicide attempt. These include things like firearms, medications, sharp objects, toxic substances, high places, and other potentially deadly tools or environments.

Lethal Means Safety

Lethal means safety refers to actions taken to reduce access to or the deadliness of these methods—especially during times of crisis. The goal is to put time and distance between someone who is suicidal and a potentially fatal method, giving space for the crisis to pass and for support and care to intervene.

Lethal means safety doesn't eliminate pain; it creates the possibility for life beyond it.

How does it work?

Lethal means safety is based on a simple, powerful idea: If we make it harder to access deadly methods during a suicidal crisis, we can save lives.

Key Principles

- **Time and distance matter.** The intensity of suicidal thoughts can lessen over time, and some suicide attempts are impulsive. Creating even a brief delay can help keep someone safe until the moment passes.
 - **Reducing access doesn't require the person to seek help.** It protects them during moments when they can't.
 - **Lethal means safety doesn't stop suicidal thoughts; it makes those thoughts less deadly.**
-

1. The experience of suicidal thoughts varies.

For some people, suicidal thoughts come and go over time, while others may feel an intense and sudden urge to act. Lethal means safety helps in both situations by reducing the chance that someone will act on a suicidal thought during a moment of vulnerability.

2. Most people don't switch to another method.

When a specific lethal method, such as a gun or medication, is not available, research shows that most people do not substitute another method. Often, the moment passes without an attempt.

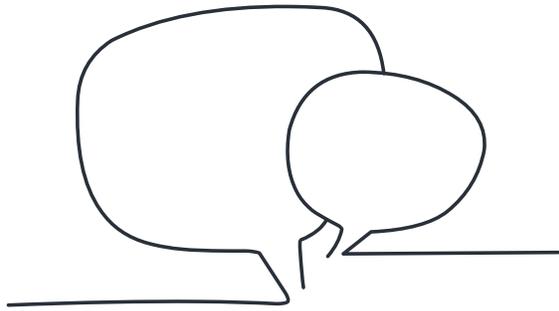
3. If someone does substitute, it's usually a less deadly method.

Firearms are 90% fatal when used in a suicide attempt, while all other methods combined have a fatality rate of about 5%. This means that if a person uses a different method, they are far more likely to survive and have a chance to get help.

4. Survival matters.

The vast majority of people who survive a suicide attempt do not go on to die by suicide. Lethal means safety gives them the chance to stay alive. It doesn't eliminate the pain, but it increases the chances someone will live through it.

Approaching the Conversation



It's not uncommon for someone to feel frustrated, embarrassed, or even betrayed when a loved one suggests removing or locking up lethal means—especially if they don't consider themselves suicidal or feel their autonomy is being threatened.

But this reaction doesn't mean it's the wrong thing to do.

TIP: You don't need to convince them they're in danger. Just agree that extra safety measures can't hurt right now.

1 Acknowledge their feelings.

Let them know you hear them. You don't need to fix their pain or have all the answers, just recognizing what they're going through can help them feel less alone.

2 Focus on your intention: safety, not control.

This isn't about taking away their autonomy, it's about making sure they have the time and support to get through this moment. Framing the conversation around care, not restriction, can help reduce resistance.

3 Offer a collaborative approach.

Instead of making decisions for them, involve them in the process. Ask what feels manageable, what steps they're comfortable with, and how you can support them in creating a safer environment together.

4 Keep the message simple: This is temporary.

Suicidal thoughts can feel overwhelming, but they don't last forever. Reinforce the idea that safety measures aren't permanent, they're just a way to get through this moment until things feel more manageable.

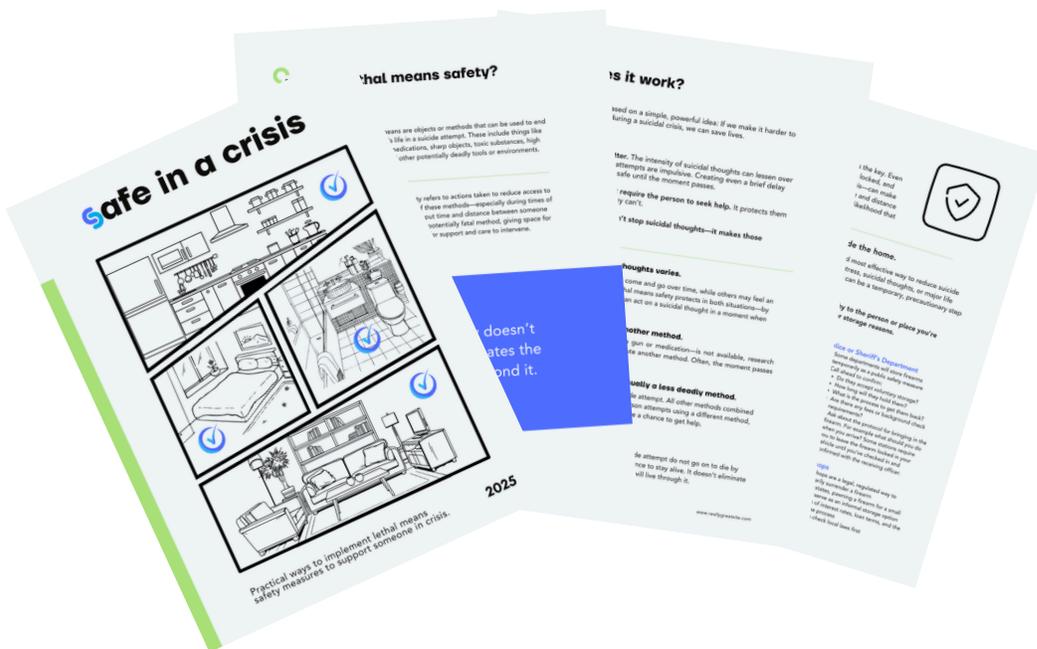
Safe in a Crisis

Lethal Means Safety Guide

Safe in a Crisis: Lethal Means Safety Guide provides practical strategies to reduce access to potentially dangerous items, such as firearms, medications, and sharp objects, during times of crisis.

It offers guidance on approaching conversations about safety, implementing protective measures at home and beyond, and fostering collaboration to support individuals at risk.

While no single approach eliminates all risk, this guide empowers individuals and families with tools to create a safer environment and prevent suicide.



When Someone Dies by Suicide



What makes losing a loved one to suicide different?

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.

The Suddenness and Violence of the Loss:

A suicide is often sudden, unexpected, and can be violent. This abrupt and shocking nature of the death can intensify the trauma for survivors, leading to a struggle in making sense of the event and even challenging their fundamental beliefs.

Emotional and Physical Reactions:

The emotions and physical reactions triggered by a suicide loss can be intense, complex, and sometimes overwhelming. The emotional response can involve a confusing mix of guilt, anger, shame, rejection, sadness, and fear. Physical reactions may include tension, stomach pains, insomnia, and difficulty concentrating.

Post-Traumatic Stress:

Those who discover the body or witness the suicide might experience symptoms of post-traumatic stress, such as flashbacks or nightmares. Even without direct exposure, survivors can struggle with distressing or intrusive visualizations of the event.

Persistent Questions

Survivors often wrestle with questions like "why did they take their own life?" and "could I have prevented it?" Although these questions are a natural part of the grieving process, they can exacerbate feelings of guilt and confusion if left unresolved.

Stigma and Isolation

Suicide carries a stigma that can exacerbate the feelings of grief, leading to feelings of isolation. Some may even try to deny the nature of the death due to cultural values or shame, which can further complicate the grieving process.

Other factors, such as the deceased's sexual orientation or circumstances of their death (e.g., if they died in custody), can add to the stigma and feelings of isolation.

Lack of Privacy:

Suicides often involve police investigations and potentially media attention, which can disrupt survivors' privacy and compound their distress.

Family and Community Tensions:

Suicide can expose existing tensions within families and communities, and potentially create new ones. Blame, denial, and differing views on the event can cause rifts and deepen feelings of hurt and isolation.

Investigations

Legal investigations into the death can be lengthy, unfamiliar, and intrusive, adding to the strain for survivors. They can also reveal information about the deceased that was previously unknown to their family and friends.

Practical Concerns:

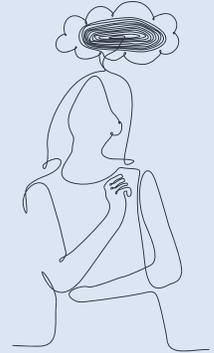
On top of all the emotional and psychological impacts, survivors must also navigate practical issues such as financial concerns, organizing the funeral, returning to work, and dealing with the deceased's belongings.

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.

Understanding suicide loss

THE WHY

“Why?” is a deeply human question and one that rarely has a clear answer. This distinctive quest for understanding sets apart the grief experienced from suicide loss from that of other types of losses.



For many suicide loss survivors, “the why” becomes part of an ongoing journey to make sense of a loss that feels beyond explanation.

The idea that someone we love ended their own life brings a set of painful questions that can be unique to suicide. Survivors often find themselves replaying the days and weeks leading up to the death, looking for signs, re-examining conversations, and wondering if there was something they missed or could have done differently.

Survivors often wrestle with these questions, which rarely have simple or universally accepted answers. The search for understanding can deeply shape how someone navigates their grief.

The weight of these questions can stir powerful emotions. For many survivors, the struggle to understand why is often central to their grief and can be deeply painful.

Guilt might sound like: *Why didn't I check in that day? Was I too focused on my own stuff? Did I miss the one moment I could've made a difference?*

Anger can rise up as: *Why didn't they give me a chance to help? Why am I the one left to pick up the pieces? Didn't they know what this would do to us?*

And **confusion** often lingers as: *What was real and what wasn't? Did they really want to die or just stop the pain? How did we end up here?*

These questions don't come with clear answers, they come from the ache of trying to understand what feels impossible to grasp.

At Samaritans, we've learned that healing doesn't always come from finding answers. Sometimes, it comes from finding ways to live alongside the questions with gentleness for ourselves. **It's okay to ask 'why' again and again, until you no longer need the answer.**

DIFFICULT DATES

Navigating significant dates such as holidays and anniversaries can be especially challenging in the aftermath of a suicide.

The anticipation of these significant periods can magnify the weight of the survivor's experience.

Experiences can include:

- A stronger sense of loss
- Intense emotional responses
- Feelings of dread
- Changed or disrupted traditions
- Unforeseen grief triggers
- Strong reminders of the loss (cards, seasonal music, decorations, etc.)
- Pressure from others' expectations
- Low physical and mental energy
- Lack of holiday spirit
- Past negative holiday experiences and associations

Strategies for Coping with Difficult Dates

- Plan ahead for challenging situations, thoughts and feelings (*Create a backup plan in case the original plan feels too overwhelming*).
- Allow space for whatever feelings come up.
- Lower overall expectations for the day. Opt for setting reasonable expectations of yourself and others.
- Release the pressure to put on a brave face if it doesn't feel authentic.
- Consider engaging in new activities or traditions
- Creating traditions to commemorate significant dates can provide comfort. These rituals, which can be adjusted or evolved over time, may offer a sense of continuity and healing each year.
- Allow the day to be whatever you need it to be; there are no fixed rules.

Everything else a suicide loss can affect...

In the aftermath of a suicide loss, the impact radiates outward, touching every part of life. **Secondary losses**, though connected to the death, carry their own pain and sorrow. Some appear in the days that follow; others emerge slowly, often when least expected.



Grief needs time to heal, but time alone does not heal grief.

IMPORTANT TERMS

GRIEF is a person's emotional response to loss. It includes psychological anguish, physiological distress, separation anxiety, confusion, yearning, obsessive dwelling on the past, and apprehension about the future.

MOURNING is an outward expression of that grief, including cultural and religious customs surrounding the death. It is also the process of adapting to life after loss.

BEREAVEMENT is a period of grief and mourning after a loss.

ANTICIPATORY GRIEF is the emotional response a person has tied to an expected loss. It affects both the person who is dying as well as their families.

Grief is process, not a state of being.

EXPERIENCES OF GRIEF

Feelings: The person who experiences a loss may have a range of feelings, including shock, numbness, sadness, confusion, denial, anger/rage, guilt, hostility, regret, shame, secrecy, helplessness, depression, yearning, abandonment/rejection, fear, relief, mystical experiences, suicidal thoughts, preoccupation with death etc.

Physical sensations: tightness and/or heaviness in the chest or throat, rapid heart rate, nausea, digestive distress, dizziness, body/headaches, numbness, muscle weakness and/or tension, fatigue/lethargy, immune system depression (frequent colds/illnesses), worsening of chronic health problems

Behaviors: Sleep disturbances, changes in appetite, withdrawal from daily activities, becoming more aggressive or irritable, a person may cry for no reason or cry uncontrollably, or experience an inability to cry, sensitivity to noise, startling easily, clumsiness, increase substance use

Psychological symptoms: Dissociation/de-realization, brain fog, self-focus, diminished capacity for empathy, hypervigilance, loss of intimacy, time distortion, sudden changes in mood, restlessness, inability to concentrate, vivid dreams/nightmares, lack of capacity to initiate and maintain an organized pattern of activities.

Myths about grief

Grief happens in stages

Evidence shows that the reaction to loss varies considerably from person to person, and that few people pass through the stages in a prescribed manner.

In fact, grief can be repetitive and erratic. The grief process typically proceeds in fits and starts, with attention oscillating to and from the painful reality of the death. The goal is for the intensity, frequency, and duration of these feelings to lessen over time.

Everyone grieves in similar ways.

The process of grieving is as unique as the individual experiencing it. While there may be common elements, the intensity, duration, and expression of grief can vary greatly from one person to another.

The absence of overt distress doesn't necessarily indicate an unhealthy response to loss. Each person's grief is unique and can involve a range of emotional responses, including numbness, calmness, or quiet introspection.

It's not unusual for individuals in grief to also experience positive emotions including moments of joy, relief, or other positive emotions. These feelings don't diminish the reality of the loss, but rather provide balance and resilience during the grieving process.

Grief is the same after all deaths.

The nature of the relationship, the circumstances of the death, the person's previous experiences with loss, and a host of other factors can significantly influence how a person experiences grief.

Once "resolved" grief should not come back up.

Grief is not something that gets fully resolved or completely goes away. It can resurface in response to reminders or significant dates, or even seemingly out of the blue. This is a normal part of the grieving process.

Grief is just an emotion.

Grief is far more than just an emotion. It can encompass a wide array of experiences including feelings, thoughts, and physical sensations, and it can impact every aspect of a person's life, including their physical health, relationships, and sense of self.

Children need to be protected from grief and death

While it's natural to want to shield children from pain, they are capable of understanding and processing grief and death at a level appropriate to their development. Open and honest communication can help them navigate these experiences and foster resilience.

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 <https://bit.ly/3XhTg2S>

After a Suicide Recommendations for Religious Services and Other Public Memorial Observances. <https://bit.ly/3Xlo3eV>

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. (under Programmatic Issues, click Postvention and Crisis Response) <https://bit.ly/4dRiHR8>

Memorial Activities at School A List of 'Do's and 'Don'ts', National Association of School Psychologists. <https://bit.ly/4jzTQCF>

Media Guidelines for Reporting on Suicide Media Contagion and Suicide Among the Young 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. <https://bit.ly/3JM8zsr>

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 <https://bit.ly/3yGwQR0>

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: <https://bit.ly/3lcAodl> or email: preventsuicideOMH@omh.ny.gov

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. <https://bit.ly/4dE0Go0>

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. <https://bit.ly/34YAOWd>

A Manager's Guide to Suicide Postvention in the Workplace This guide provides workplace leaders with clear action steps for suicide postvention, including immediate, short-term, and long-term responses to help employees cope with the aftermath of the traumatic event. <https://bit.ly/4lc7HjQ>

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

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. <https://bit.ly/395eZpN>

Suicide Loss Books

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.

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.

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.

'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 <https://bit.ly/SAMS-SafePlace>

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 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

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)

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.

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

Safe Place

suicide loss support group



*"Amidst loss,
amidst healing—
at Safe Place, you
are not alone."*

Safe Place Meetings are designed to provide suicide survivors with a supportive environment where they can talk about their thoughts and feelings and share their experiences tied to their loss in the company of people who are coping with the same emotions and issues.

MONTHLY SCHEDULE



SAFE PLACE

1st Wednesday of the month, 7-8:30pm
VIRTUAL
Meeting link: <https://bit.ly/SafePlace23>



SAMARITANS + NAMI-NYC METRO

2nd Thursday of the month, 6-7:30pm
IN-PERSON
Location: 307 West 38th Street, 8th Floor,
New York, NY 10018, Program Room B



SAFE PLACE

3rd Tuesday of the month, 7-9pm
IN-PERSON
Location: Grace Church School,
86 4th Ave, New York, NY, 10003
Pre-register at <https://bit.ly/SafePlace23>



SAMARITANS + NAMI-NYC METRO

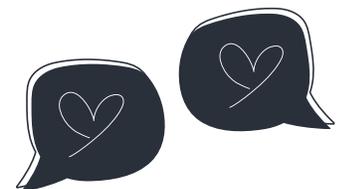
4th Thursday of the month, 6-7:30pm
VIRTUAL
Meeting Link: <https://bit.ly/SAMSNAMIGROUP>
Meeting ID: 812 6663 7294

HOW IT WORKS

Meetings are run by trained facilitators who are, also, respected Samaritans volunteers experienced in dealing with the complex issues surrounding suicide and its aftermath. The meetings are run as peer support groups, where the people participating have the opportunity to focus on their thoughts and feelings, challenges and difficulties coping with their loss, without any undue pressures or expectations or other people judging them or giving them advice.

MEETINGS ARE:

- free
- confidential
- non-judgmental
- peer support
- virtual or in-person



Who should attend?

Safe Place is open to those who have lost a loved one to suicide.



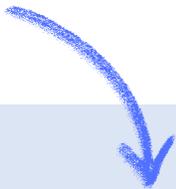
*The meetings are only for those who have lost a loved one to suicide. No one else is allowed to attend. Participants must be at least 18 years of age.

After a Suicide: Postvention

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.

While every loss is significant, special attention should be given to those most vulnerable, including individuals affected by past traumas, mental illness, or a close connection to the deceased. This group may include family, friends, colleagues, caregivers, teachers, therapists, clergy, and others who knew them.

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, and others in the planning and implementation.

Developing a Postvention Response

Timely action is essential in responding to a suicide, as information spreads quickly through various channels. Postvention should be implemented across multiple levels: individuals, families, workplaces, and the broader community, since the impact extends beyond direct connections. Key considerations for a postvention plan include:

Messaging and Social Networking

Clear communication should be disseminated to acknowledge the loss, its impact, and the existence of a plan. Monitoring all messaging, particularly on social media, is necessary to prevent sensationalism, misinformation, and the inadvertent exposure of individuals at risk.

Spontaneous Tributes and Shrines

Balancing the need for grief expression with the management of spontaneous tributes is essential to avoid glamorizing suicide or implying fame or notoriety for the deceased.

Identifying Those At Risk

Observe and gather feedback on individuals most strongly affected by the death, especially those who were close to the deceased, identified with them, or have a history of trauma or mental illness

Contagion and Copycats

Suicides can influence or encourage others in the community, particularly teenagers and young adults, who may already be at risk or have experienced trauma or mental illness.

Media Reporting

Collaborate with media outlets to prevent graphic depictions, detailed descriptions of suicide methods, or stories that induce identification with the deceased or portray suicide as inevitable or heroic.

Caregivers and Clinicians

Caregivers' & clinicians response to the loss of someone they worked with can be similar to that of family and loved ones. Their personal impact and professional concerns should be addressed, including confidence, competence, responsibility, blame, and career status.

Medical Examiner and Law Enforcement

Understanding the roles and responsibilities of law enforcement and medical examiners is essential to prevent exacerbating the situation and ensure cooperation and sensitivity, despite the necessary procedures and investigations.

Resources for Help + Support



Help & 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/SAMS-CrisisServices>

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 988 free, private mental health support. Speak to a counselor via phone, text, or chat. Call 988, when prompted, press 1 for Veteran support, or 2 for Spanish. Text 988, text "AYUDA" for Spanish, or text 838255 if you are a Veteran looking for support, call 711 then 988 if you need relay service for deaf or hard of hearing. <https://on.nyc.gov/4dKFuNd>

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>

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>

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>

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/TrevorProject-Chat>

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/4kM6D5M>

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>

Help & Support

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://chat.988lifeline.org/>

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>

Bereavement and Support

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 <https://bit.ly/SAMS-SafePlace>

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)
<https://bit.ly/3N2yo9n>

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
<https://bit.ly/3Fu8k4o>

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

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
<https://bit.ly/3M6hM0A>

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
<https://bit.ly/4jFJFMK>

NAMI Connection (Virtual & In Person) National Alliance on Mental Illness of New York City offers a peer recovery support group for adults with mental illness, led by trained facilitators. Develop coping skills, share common experiences, gain self-advocacy skills, and find community.
<https://bit.ly/38hc3pJ>

NAMI Black Minds Matter For people who identify as Black and are living with mental illness or any mental health challenge. 2nd and 4th Friday of the month, 6 to 7:30pm ET. Closed captioning is available.
<https://bit.ly/3Me8XTO>

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
<https://bit.ly/3kQiTW9>

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

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 for uninsured and underinsured individuals living with HIV in NYC. <https://on.nyc.gov/3kSEQUj>

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.
<https://bit.ly/38h0BKT>

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

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 <https://bit.ly/3wzo963>

Lighthouse International support for individuals with vision loss, especially tied to anxiety, fear and depression that often accompany vision loss, M-F, 9-5. 212 821-9200
<https://bit.ly/3KZvSPV>

AHRC NYC services for individuals with intellectual and developmental disabilities (autism, TBI, etc.). Counseling, family therapy, support groups, day programs, substance abuse treatment and caregiver respite services. 212-780-4491, M-F, 9-5
<https://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
<https://bit.ly/3yG7dgT>

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) <https://bit.ly/43PDlwm>

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) <https://bit.ly/3P63DST>

Help & Support

Comprehensive Programs and Services

Health & Hospitals 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
<https://bit.ly/3sPT5gk>

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
<https://bit.ly/3N6nBLv>

Coalition for the Homeless programs for homeless men, women and children include crisis intervention, housing, youth services and job training. 212-776-2000
<https://bit.ly/3sjE3zW>

Jewish Board of Family and Children's Services network of mental health and social services for children, adults and families; includes counseling and domestic violence services. 212 582-9100 <https://bit.ly/3vXynOs>

The Institute For Family Health Primary medical care, mental health, HIV/AIDS treatment, social work, women's health, homeless services, diabetes, 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)
<https://bit.ly/3MePwsJ>

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)
<https://bit.ly/3kXxUFD>

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

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

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
<https://ocfs.ny.gov/programs/cps/>

NYC Administration for Children's Services (ACS), Office of Safety First a special hotline for mandated reporters 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 718-543 7233 (Office of Safety First) 212-676 9421 (Office of Advocacy)
<https://on.nyc.gov/3yqf2H7>

NYU Child Study Center evaluation, therapy and specialized treatments for children and adolescents with psychiatric and learning disorders. 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
<https://bit.ly/3988PFm>

Children's Aid 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 <https://bit.ly/38aKnDd>

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,
<https://bit.ly/3yq17AX>

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
<https://bit.ly/3M17NJA>

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. <https://bit.ly/3M1UKYt>

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 212-695 2220, M, T, Th, F 12-5, Lower East Side 646-602-6404, M, T, Th, F 1-5 <https://bit.ly/3yq7Nzc>

Older Adults

Weill Cornell Medicine 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.
<https://bit.ly/3KX5PZB>

Help & Support

NY Presbyterian Hospital Health Outreach 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 <https://bit.ly/3kWCyn8>

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

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

NYC Anti-Violence Project serves LGBTQ and HIV-affected communities. 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) <https://bit.ly/3vW6feo>

The Trevor Project 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. 1-866-488-7386, 24/7 <https://bit.ly/3v7gkp4>

Herrick-Martin Institute services for LGBTQ youth 13-24 and their families include after-school services (arts, health and wellness, career exploration) and supportive services (individual and family counseling, meals, help finding housing, etc.referrals). 212-674-2400 <https://bit.ly/39HDyct>

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 <https://bit.ly/3yrC8x8>

Substance Abuse

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, outpatient, residential programs, after-school and day programs for teens, etc.1-800-DRUG HELP (378-4435) <https://bit.ly/3KYct1y>

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 <https://on.ny.gov/3smUOKO>

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 <https://bit.ly/3ynV4Ne>

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

Victim 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 <https://bit.ly/38edCVy>

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) <https://on.ny.gov/3smXxE2>

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

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 <https://on.nyc.gov/3ynVq6w>

New York Asian’s Women 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) <https://bit.ly/3s7GqWZ>

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 <https://bit.ly/3whK01C>

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 <https://bit.ly/38gFGHU>

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) <https://bit.ly/35eWRb4>

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. <https://bit.ly/3L1PG50>

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.

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. <https://bit.ly/3X00s5c>

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. <https://bit.ly/4cqkZo1>

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. <https://bit.ly/3M2WKzU>

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). <https://bit.ly/3KZjaka>

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. <https://bit.ly/3LQB2iB>

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] <https://bit.ly/3plrXb9> (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/45dQIJa>

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/43SWg8n>

JED Workshops JED offers educational programming related to the promotion of emotional well-being and suicide prevention. This programming is available to both professionals and non-professionals connected to colleges, universities, high schools, and community based organizations that serve teens and young adults. <https://bit.ly/46lzOB2>

On-line and 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. <https://bit.ly/3KRLAwk>

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. <https://bit.ly/3wiQnS8>

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. <https://bit.ly/4fJURHj>

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

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. <https://bit.ly/3KZk1RU>

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. <https://bit.ly/3H6xSDN>

Training, Educational Resources and Tools

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.) <https://bit.ly/3vXmHv6>
- **Substance Abuse Treatment Facility Locator**, on-line tool lists licensed, certified or otherwise approved private and public facilities <https://bit.ly/3yjQoYO>
- **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://bit.ly/3kSuvYv>

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

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

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

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. <https://bit.ly/3LXmoG0>

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://bit.ly/3kWqwkKu>
- **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. <https://bit.ly/3t00QOH>

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. <https://bit.ly/38hc3pJ>

Webinars

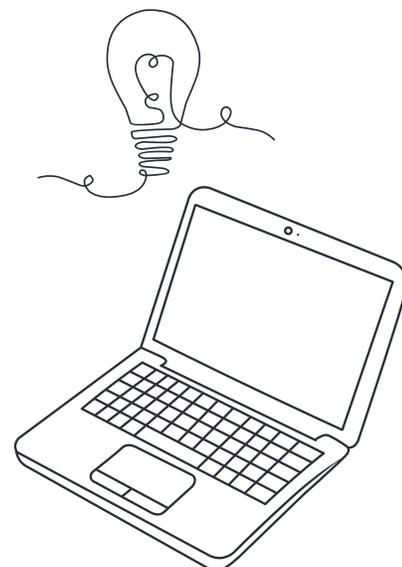
10 Things You Need to Know About Mental Health + Suicide (but are too afraid to ask) this program focuses on debunking myths about mental health and suicide, exploring common misconceptions and the fears behind them. The webinar provides clear and accessible information, making it suitable for both laypeople and professional audiences. Complete the form below to watch the recording. <https://bit.ly/SAMS-Recording-10-Things>

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. <https://bit.ly/3Jlt7SH>

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. <https://bit.ly/447XApe>

What to Say When You Don't Know What to Say webinar provides practical guidance on starting difficult conversations, offering strategies to break the ice, address sensitive topics, and create space for open dialogue with confidence and empathy. Complete the form below to watch the recording. <https://bit.ly/What-to-Say-SAMS-Recording>

The NYC City Council Briefing-Straightforward Strategies for Suicide Prevention is a virtual event designed to equip Council Members and staff with essential knowledge and tools to support New Yorkers in crisis. The session will cover suicide as a public health issue, effective communication strategies, crisis response, risk assessment, and policy considerations. Complete the form below to watch the recording. <https://bit.ly/Strategies-Suicide-Prevention-SAMS-Recording>



Samaritans' Resources, Training and Educational Tools

Support Programs

Suicide Prevention and Crisis Hotline

Samaritans free, crisis response hotline provides immediate and ongoing emotional support 24/7. The hotline is completely confidential and anonymous and, unlike some other hotline services, Samaritans does not utilize caller ID or any form of call-tracing, making Samaritans a safe place to turn during a time of distress or crisis. When you call Samaritans you will be greeted by a caring volunteer trained in active listening and the non-judgmental philosophy we call “befriending”. The hotline is completely confidential and anonymous providing a safe place to turn during a time of distress or crisis. 212- 673-3000 <https://bit.ly/SAMS-CrisisServices>

Mental Health Wellness Support Line

provides survivors of suicide loss, and those in distress with the opportunity to make a wellness call a component of their path to healing and ongoing mental health maintenance. Schedule to receive a support call in advance at a time that’s convenient for you. (212)-673-3661 <https://bit.ly/SAMS-WellnessLine>

Safe Place Support Group Meetings for

Survivors of Suicide Loss hosted by Samaritans the 1st Wednesday and 2nd Tuesday of each month. The Wednesday meetings are on zoom and the Tuesday meetings are in-person. Meetings are run as “peer support groups” by trained facilitators, and are only open to those who have directly lost a loved one to suicide, which is defined as someone in their life that they had personal contact and a close relationship with. There are no exceptions. Participants must be 18 or older and register in advance to get the meeting link by going to: <https://bit.ly/Register-SAFEPLACE> To learn more about Samaritans Safe Place visit <https://bit.ly/SAMS-SafePlace>

Samaritans Organizational Overview details Samaritans core programs and services as well as Samaritans advocacy work to help prevent suicide and save lives. <https://bit.ly/SAMS-OrgOverview>

Safety Planning Guide Check out Samaritans' user friendly Safety Plan template. This tool will help you develop a personalized, practical plan that outlines steps a person can take to stay safe during a suicidal crisis. <https://bit.ly/SAMS-Safety-Plan>

Understanding Suicide Handout a basic review of the incidence of suicide, warning signs, risk & protective factors, Samaritans 5 C's for crisis communication & a simple suicide assessment <https://bit.ly/4jUDmVE>

Samaritans Suicide Awareness & Education Programs Overview Samaritans education and training work has been utilized in over 40 countries and throughout the US and, has been the primary source of suicide prevention training in NYC for over 30 years providing workshops, seminars and technical support to over 40,000 individuals. <https://bit.ly/Suicide-Prevention-Education-2025>

The State of Suicide in NYC This downloadable resource provides an overview of the current landscape of suicide and suicide prevention, including statistics, trends, and strategies for prevention in NYC. We explore suicide rates, as well as the latest research and developments in suicide prevention. <https://bit.ly/State-of-Suicide-2025>

Hotline Flyer Downloadable and printable flyer for Samaritans 24-hour suicide prevention and crisis response hotline <https://bit.ly/SAMS-HotlineFlyer>

Safe Place Flyer Downloadable and printable flyer for Samaritans suicide loss support groups: <https://bit.ly/SAMS-SafePlace-Flyer>

Discover the Samaritans' Resource Hub, This online platform offers a wealth of mental health and suicide prevention resources.

Backed by 40 years of experience providing crisis support in NYC, Samaritans' Resource Hub is curated to connect you to the most relevant and reliable resources available. You can access the latest research, statistics, downloadable tools, and valuable insights.

The Resource Hub is organized into sections tailored to specific populations, situations, and environments. Whether you're a mental health, professional, looking for support for yourself, or helping a loved one, Samaritans' has got you covered!



Scan Here!

bit.ly/SamsResourceHub



MENTAL HEALTH + SUICIDE PREVENTION MOBILE APPS

Mental health apps can be a useful resource for individuals as well as their family members and caregivers, but with over 10,000 apps currently available it's hard to know where to start!

Samaritans can help! This list of free, mental health mobile applications includes descriptions and features. All apps on this list have been pre-screened and offer interactive, digital mental health support.

The apps include support for stress, anxiety, depression, PTSD, addiction, NSSI (non-suicidal self injury), suicidal ideation, and more.

Samaritans has also included culturally competent apps specifically designed to address some of the challenges faced by marginalized populations tied to mental health.

Stanley-Brown Safety Plan

Safety planning is an important tool to help individual's get through a suicidal crisis. This app version helps individuals identify suicide warning signs, create coping strategies, identify positive contacts and social settings to distract from the crisis, identify family members and friends available to help, find professional help and resources, and make their environment safe from lethal means that may be used in a suicide attempt. (Android, iOS) Free, English, Ages 4+ <https://bit.ly/3ju7JZO>

Calm Harm

Developed for teenage mental health, using principles from the evidence-based Dialectical Behavior Therapy (DBT), Calm Harm provides some immediate techniques to help break cycles of self-harm behaviors and explore underlying triggers; build a 'safety net of helpful thoughts, behaviors and access to supportive people; and opportunities to journal/ self-reflect. Private, anonymous, and safe. (Android, iOS) Free, English, French, Ages 12+. <https://bit.ly/3NbhFRb>

MY3 (National Suicide Lifeline)

Designed for those who are depressed or suicidal themselves, with the goal of enhancing their support network and develop safe contacts, activities, resources to utilize during periods of distress or suicidal feelings. (Android, iOS), Free, English, Ages 4+ <https://bit.ly/37L99JQ>

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. It helps the user figure out the best way to reach out to the person they're concerned about. The app includes how to determine suicide risk and a do's and don'ts list on maintaining sensitivity. (Android, iOS), English, Ages 4+ <https://bit.ly/3syfH5N>

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) Free, English, Ages 12+ <https://library.samhsa.gov/product/suicide-safe-mobile-app/pep15-safeapp1>

Shine

Founded by two women of color on a mission to make mental healthcare more representative and more accessible. Shine is a culturally competent daily self-care app that offers personalized support, self-care courses and virtual community workshops (Android, iOS), Free and paid options, English, Ages 4+ <https://bit.ly/3Hgl441>

The Safe Place

Geared towards the Black community, the purpose of the "Safe Place" is to bring more awareness, education, and hope to the issue of Black mental health. The app provides articles and information on mental health conditions and issues as well as tips for coping. (Android, iOS) Free, English, French, Ages 17+ <https://bit.ly/2HQSJy1>

7 Cups

This app connects users to peers and/or mental health professionals. It allows users to chat with people 1-on-1, or join group chats to discuss any mental health related topic. There are communities for specific issues (addiction support, OCD, etc.) as well as population specific groups (youth, BIPOC, LGBTQ, etc.) The app also has psychoeducation options. (Android, iOS) Free with in-app purchases, English, Ages 12+ <https://bit.ly/3jsqX1B>

PTSD Coach

This app provides you with education about PTSD, information about professional care, a self-assessment for PTSD, ways to find support, and tools that can help you manage the stresses of daily life with PTSD. Designed by the VA this app can be used by civilians as well as veterans. (Android, iOS) Free, English, Ages 12+ <https://bit.ly/38hngqv>

PTSD Family Coach

is for family members of those living with post-traumatic stress disorder (PTSD). The app provides extensive information about PTSD, how to take care of yourself, how to take care of your relationship with your loved one or with children, and how to help loved one get treatment. (Android, iOS) Free, English, Ages 2+ <https://bit.ly/37uWosZ>

Mindshift CBT MindShift® CBT

Uses scientifically proven strategies based on Cognitive Behavioral Therapy (CBT) to help you learn to relax and be mindful, develop more effective ways take charge of your anxiety. (Android, iOS) Free, English, French Ages 12+ <https://bit.ly/3PMABc2>

What's up?

Utilizing some of the best CBT (Cognitive Behavioral Therapy) and ACT (Acceptance Commitment Therapy) methods, Whats up is designed to help you cope with Depression, Anxiety, Anger, Stress and more! (Android, iOS), Free, English, Ages 4+ <https://bit.ly/whats-up-app>

Healthy Minds

The Healthy Minds program uses neuroscience, contemplative traditions, and skill-based learning methods to help users develop skills for a healthy mind. (Android, iOS), Free, English, Ages 4+ <https://bit.ly/3kUzdVH>

UCLA Mindfulness App

Practice mindfulness anywhere, anytime with guidance from the UCLA Mindful Awareness Research Center. Mindfulness can help manage stress-related physical conditions, reduce anxiety and depression, and improve overall wellbeing. (Android, iOS), Free, English (guided meditations are available in 14 languages), Ages 4+ <https://bit.ly/3Ftm0wB>

I Am Sober

A sobriety tracking app that helps users build healthier habits, stay accountable, and connect with a supportive community. It offers daily pledges, milestone tracking, and motivational tools based on Cognitive Behavioral Therapy (CBT) techniques. (iOS and Android), Free (with optional Sober Plus paid subscription), English, Spanish, and French, Ages 12+ <https://bit.ly/3FEvtpy>

WorryTree

WorryTree is a straightforward yet powerful app that helps users manage their worries with proven Cognitive Behavioral Therapy (CBT) techniques, offering practical tools for problem-solving, planning, and finding quick distractions to cope effectively. (Android, iOS) Free (in-app purchases available), English, Ages 4+ <https://bit.ly/3HJJdQd>

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