



SUICIDE PREVENTION during COVID-19

As we approach World Mental Health Awareness Day on October 10, we can't help but reflect on the unprecedented stress that the COVID-19 pandemic has caused for us all. From the seemingly never-ending struggle for essential healthcare workers to the families that have lost their income, we're all feeling the pressure at levels we've rarely experienced before.

A study published in August by the US Centers for Disease Control (CDC) cites increased reports of anxiety, trauma, substance use, and serious thoughts of suicide from April to June 2020, as compared to the same time frame in 2019. It also indicated that the pandemic has disproportionately impacted communities of color and exposed frontline workers to great stress.

The COVID-19 pandemic has emphasized the need to strengthen our suicide-prevention efforts in New York State, as well as the need to understand the unique cultural influences that impact the ways in which New Yorkers experience thoughts of suicide and engage with suicide-prevention resources.

New York State has been working aggressively the past several years to address the public health crisis of suicide. Due in part to the wide range of innovative public health and health care interventions implemented by OMH and our partners, the CDC lists New York as having one of the lowest suicide rates in the nation. But even one death by suicide is too many.

Suicide is a complex issue and effective prevention requires cooperation and coordination among **all** segments of society. The OMH Suicide Prevention Office (SPO), the Suicide Prevention Center of New York (SPCNY), and our statewide partners are all working to foster partnerships and provide support and education to local governments, schools, healthcare providers, advocates, and other stakeholders.

Even though Suicide Prevention Month is behind us, OMH is at-work throughout the year enhancing programs and outreach methods to better serve groups that are at high-risk for suicide. Together, we are implementing policies and programs that can make a difference and help save lives.



Ann Sullivan, MD
OMH Commissioner

We welcome your
comments at [omh-
news@omh.ny.gov](mailto:omh-news@omh.ny.gov).

NY Cares: Digital campaign addresses pandemic, economic stress by raising awareness

In response to the stress brought on by the pandemic and economic downturn, **Governor Andrew M. Cuomo** announced in September a new digital campaign to raise awareness and to inform all New Yorkers of the suicide prevention resources available across the state.

"Increasing awareness of the suicide prevention resources available is critically important to addressing and lowering the suicide rate and helping more New Yorkers to get the help they need – something that's even more important amid this pandemic," Governor Cuomo said. "New York State will continue to train thousands of people to recognize the warning signs of suicide and implement new and innovative programs to help strengthen our prevention efforts."

"Every suicide is a tragedy that takes an enormous toll on families, friends and communities across the state," said OMH Commissioner **Dr. Ann Sullivan**. "OMH is committed to expanding our suicide prevention efforts and providing hope, especially for those who are most vulnerable and at-risk. We are implementing new and innovative programs and best practices that are making a difference. Our goal is to ensure that every New Yorker has access to the resources and mental health services they need to lead productive healthy lives."

New York has one of the lowest rates of suicide in the nation. However, the state loses approximately 1,700 New Yorkers to suicide each year. SPCNY tracks these trends to expand the state's prevention programming.

NY Cares campaign

To promote the importance of suicide prevention efforts OMH and SPCNY are launching the NY Cares campaign. A series of public service announcements and social media graphics will share important facts about suicide, including the importance and success of getting help. The public service announcements will target two main audiences with specific goals:

- **NY Cares Together**, which reminds New Yorkers that thoughts of suicide are more common than they think but there are steps everyone can take to help people who are struggling.
- **NY Cares about Preventing Suicide**, which seeks to normalize help-seeking behavior and points to the fact that up to 90 percent of people who get help for depression get better.

OMH will also run a series of informative graphics to help New Yorkers learn more about the impact of suicide, warning signs and how to create a suicide-safe environment at home.

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Working together,
we can provide support
and resources to those in need.

Because New York Cares.

Need help now?

Call 1-800-273-TALK (8255)

or

Text Got5 to 741741



Office of
Mental Health

You can watch the NY Cares public service announcements on YouTube at: <https://youtu.be/syPOb6sdcv4> and at: <https://youtu.be/6jnbcalwntY>.

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A streaming digital radio ad will highlight the prevalence of suicidal thoughts. There is also a NY Cares website with resources for yourself, others, suicide attempt survivors and loss survivors.

A national leader in new and innovative programs

New York has a history of innovation in suicide prevention, including Governor Cuomo's establishment of the New York State Suicide Prevention Task Force in November 2017. The task force focused on how to best serve high-risk groups, including Black and Latina youth, members of the LGBTQ community, veterans and residents of rural regions of the state. The work of the Task Force led to the development of new initiatives to help these groups and to reach and engage with Black and Latina youth in a culturally competent manner.

Other notable programs include:

- A first-in-the-nation pilot called the **Attempted Suicide Short Intervention Program (ASSIP)**. This promising intervention uses the individual's own story to develop a plan for safety and to help establish coping skills for the future. One study shows ASSIP reduces new suicide attempts by previous attempt-survivors by 80 percent.
- The **Suicide Fatality Review** grant project has started in Erie, Onondaga, Suffolk, and Westchester counties. The reviews recommend interventions such as training staff at animal shelters after research highlighted how often people surrender pets when planning suicide.
- New York is a leader in promoting the **Zero Suicide initiative** and has implemented the model in mental health settings, psychiatric emergency programs and substance use settings. The state is now expanding this model into medical emergency departments and primary care practices. By partnering with clinical settings, schools, higher education, and community organizations, we expect its newest youth-focused suicide prevention grant to reach 35,000 youths over five years.

Suicide Prevention Training

As COVID-19 continues to affect New York, the SPO realized the importance of training people who interact with the community in new, important ways (See article on page 4 for more):

- SPO trained 650 New York State Department of Health **contact tracers** on how to respond when people impacted by COVID-19 voice suicidal thoughts.
- **International Suicide Prevention Day**, September 10, marked the start of suicide prevention training that will ultimately be made available to 6,000 Emergency Medical Personnel. This training will help front line workers recognize the warning signs in their coworkers and get them the help they need.

The state has also taken extraordinary steps to support New Yorkers during the pandemic, including the creation of the **NY Project Hope Emotional Support Helpline**. The free, confidential helpline offers callers coping tips, connects them to resources and has a special line for health-care and other frontline workers. The helpline is **1-844-863-9314**.

During the peak of the pandemic, Governor Cuomo also announced a partnership with Kate Spade New York and Crisis Text Line to create the **FRONTLINENY** keyword, specific for the frontline workers emotionally impacted by COVID-19.



Governor Cuomo's proclamation recognizing September as Suicide Prevention Month and September 10 as Suicide Prevention Day in New York.



More than 20,000 New Yorkers have taken suicide prevention training in the last two years.

First Responders: Program helps frontline workers in NYC cope with pandemic's pressure

Before the COVID-19 pandemic, the job of an Emergency Medical Services (EMS) worker in New York City was already a stressful one.

The hours of EMS workers are long and often involve working overnight. Their work is hazardous and the risk for serious injury is extremely high. They often see society at its worst and frequently deal with trauma and death. Since the pandemic started this past spring, the life of an EMS worker has only become more stressful.

Reaching out

“Frontline workers have been disproportionately impacted by the pandemic,” said **Silvia Giliotti**, PhD, Director of New York City Operations for the Suicide Prevention Office. “The personal toll on EMS workers – increased exposure to death and trauma, long shifts, separation from family, concerns about personal safety and the safety of family members – has put their members at risk of developing mental health issues and at increased suicide risk.”

Concerned about the mental health of nearly 6,000 EMS workers, **Monte Posner**, LCSW, Executive Director of the Training Institute for Medical Emergencies and Rescue, reached out to OMH for help. Posner is also Clinical Director of Peer Support for the Regional Emergency Medical Services Council of New York City (REMSCO) a not-for-profit organization that works to improve and coordinate emergency medical services in the five boroughs.

In response, SPO is sponsoring a train-the-trainer workshop to teach REMSCO members how to recognize signs of extreme distress and offer guidance on where to turn.

“The culture of the EMS workforce can be similar to that of the police,” Giliotti said. “They may feel as though it’s not appropriate or a sign of weakness to speak about the impact that their job’s stress is having on them. Through this program, they’ll be able to speak with someone who is within their own trusted circle and be connected to the help they need.”

Training-the-trainer

They’ll start with a train-the-trainer workshop for 15 REMSCO members, using an evidence-based program developed by the QPR Institute. Standing for “question, persuade, and refer,” the program is designed to train people who are strategically positioned to recognize and refer someone at risk of suicide.

Just like people trained in CPR help save lives, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.



The risk for emotional trauma among EMS workers can be especially high.



Silvia Giliotti, PhD

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EMS workers will learn how to ask openly and directly about suicide and how to connect a colleague who is having thoughts of suicide to appropriate resources.

The session started on September 10, which was World Suicide Prevention Day. The goal is for this group of trainers to train others so that all 6,000 REMSCO members receive training before September 2021.

Additional programs

To complement the QPR program, REMSCO is planning to bring back peer-support teams to provide mental health support for emergency responders in all five boroughs. Such teams were put in place after the events of September 11, 2001, but funding has since ended. The program hopes to add self-care techniques such as mindfulness, meditation, and healthy eating and exercise to promote physical resilience. Ideally, REMSCO would like a team for each borough.

On August 17, SPCNY held a webinar that provided basic suicide prevention training to COVID contact tracers working in New York State. “When conducting outreach, they may find someone who has been exposed to the virus and is distressed to the point of thinking about suicide,” Giliotti said. “Knowing how to help them and which resources they could call upon in this situation could save lives.”



Monte Posner, LCSW

Majority of adults want suicide prevention to be a national priority as a result of COVID-19



According to a national survey conducted by the Harris Poll of more than 2,000 US adults ages 18 and older, as a result of the pandemic:

- A majority of adults surveyed (81 percent) want suicide prevention to be a national priority.
- More than half of Americans (52 percent) report being more open to talking about mental health.

The survey, which builds upon previous surveys in 2015 and 2018, speaks to the need for urgent action around these critical public health issues in the wake of the pandemic, and that Americans do want to take action to prevent suicide. In fact, most Americans believe that suicide can be prevented (93 percent) and would do something if someone close to them was thinking about suicide (95 percent).

The National Action Alliance for Suicide Prevention in partnership with the American Foundation for Suicide Prevention, Education Development Center, and Suicide Prevention Resource Center.

Who is at-risk: Economy, ethnicity among factors that increase the risk of suicide

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Not One More

LIFE IS PRECIOUS™ is a safe after-school place for Latina teens at risk of suicide.

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For more information:
(347) 514-0160 | LIP@comunilife.org | comunilifelip.org

Life is Precious, by Comunilife, provides culturally and linguistically appropriate services for Latina teens with depression or who have considered suicide. Visit: <http://comunilife.org/lip>.

New York is a state with great cultural and ethnic diversity, so it is important to understand the factors that may increase suicide risk and how they can interact, especially during the pandemic.

Economic distress

Research has documented overwhelming evidence about the impact of economic insecurity on suicide. At the community level, unemployment rates, number of bankruptcies, home foreclosures, and student loan defaults are highly correlated with suicide rates. At the individual level, unemployment, unmanageable debts, difficulty paying for basic needs such as food and housing, and inability to pay bills increase the risk of suicide attempts and dying by suicide. Financial stressors are highly documented reasons for, and precipitants of, suicidal behavior. The impact of unemployment and overall financial insecurity on suicide is particularly severe during periods of economic downturn. In 2007-10 there were close to 5,000 excess deaths in the nation associated with the increase in unemployment, housing foreclosures, and other forms of financial hardship caused by the 2008-09 economic recession.

Essential workers

Essential workers are another group of concern. Survey data document elevated levels of anxiety and distress during the pandemic among those identifying as essential workers. In the context of national shortages of personal protective equipment, the added stress of performing one's job with increased risk of COVID exposure and potentially transmitting the virus to family members is something with which essential workers have had to contend, whether frontline healthcare or emergency medical services personnel, transit workers, grocery store clerks, or any other essential worker.

Drug addiction

Suicide is a leading cause of death among people who misuse alcohol and drugs. Substance misuse significantly increases the risk of suicide: Approximately 22 percent of deaths by suicide involved alcohol intoxication, with a blood-alcohol content at or above the legal limit. Opiates, including heroin and prescription painkillers, were present in 20 percent of suicide deaths, marijuana in 10.2 percent, cocaine in 4.6 percent, and amphetamines in 3.4 percent.

LGBTQ adolescents

Individuals identifying as LGBTQ are at elevated risk for a variety of reasons, including stress and internalization of anti-LGBTQ sentiments due to pervasive stigma; harassment, discrimination, and bias from peers, family, colleagues, schools, workplaces, healthcare, and society as a whole; prevalence of depression, anxiety, or alcohol and drug misuse; and victimization, including bullying and abuse.

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Latina adolescents

While Latina adolescents face issues that are common among all adolescents, such as low self-esteem, identity-forming, and navigating relationships, studies have also identified unique pressures. The culture at home may value a strong obligation to the family and expectations to uphold a traditional gender role.

Black youth

The suicide rate among Black children ages 5-to-11 has increased substantially since 1993 and continues to rise, according to research. Today it is the tenth leading cause of death, with rates nearly twice that of their white counterparts. A recent study showed that suicide rates among Black girls ages 13-to-19 nearly doubled from 2001 to 2017. For Black males in the same age group over the same period, rates rose 60 percent.

Justice-system involvement

Suicide is a leading cause of death within jails, prisons, and juvenile facilities. Youth who have had contact with the juvenile justice system, even those who remain in the community, are at increased risk for suicide.

Armed Forces veterans

Veterans account for 11.5 percent of New York State suicides, yet represent only 3.9 percent of the state's population. Some of the factors that contribute to higher risk include deployment, co-occurring mental health conditions, alcohol or other drug use, and time away from family.

Residents of rural areas

Rural counties consistently had higher suicide rates than metropolitan counties from 2001 to 2015, according to the CDC. Some specific risk factors include isolation, limited transportation and resources, stigma, and access to lethal means.

American Indians and Alaskan Natives

Nationally, American Indians and Alaska Natives have the second highest age-adjusted suicide rate of all racial and ethnic groups. Risk may stem from high rates of alcohol or other drug misuse, mental health problems, intergenerational trauma, low socioeconomic status, and lack of resources.

Middle-aged men

Middle-aged men are one of the highest-risk groups in New York State and nationally. Reasons for increased risk include the use of firearms – the most lethal means for suicide, and problems related to employment, finances, or legal troubles. Those who are approaching retirement are at the greatest risk.

Seniors

Suicide attempts by older adults are much more likely to result in death, as older adults plan more carefully and use more deadly methods. They are also more frail and thus less likely to recover from an attempt, and they are also less likely to be discovered and rescued.

Postpartum depression

Suicide is the second leading cause of death among postpartum women, accounting for one in five postpartum deaths. Fathers may also experience depression following the birth of their child. Younger fathers with a history of depression who have financial difficulties are at greatest risk.

Always take ANY talk of suicide seriously.

If you suspect that someone is considering suicide, don't be afraid to...

ASK.

If they answer "Yes," remain calm and do not act shocked. Thank them for their courage. Ask them if they can share a little bit about what has led them to this point.

LISTEN.

Listen without judgement. Acknowledge their pain. Ask if they have done anything to harm themselves. Do not promise that you will not tell anyone.

ENCOURAGE.

Stay with them. Offer encouragement and hope, but do not minimize their struggles. Let them know that help is available. Try to connect them with resources when you can. Someone who is suicidal might actually be calling out for help.

WHAT TO WATCH FOR:

- Increased use of alcohol or drugs
- Expressing rage, irritability, anxiety, or despair.
- Acting reckless or withdrawn.
- Sleeping too much or too little.
- Talking about feeling hopeless, trapped, or being a burden.

Community Outreach: Strategies to strengthen local prevention efforts

OMH and the agency's Suicide Prevention Office (SPO) are working to enhance programs and outreach methods to better identify and serve high-risk groups.

The SPO works with and provides funding to suicide prevention coalitions and local governments across New York State to create programs for inner-city and rural schools and communities to help raise awareness and reach at-risk groups.

Governor's Task Force

Governor Cuomo's *Suicide Prevention Task Force Report*, published in April 2019, acknowledged the need to consider "the unique cultural and societal factors that impact suicidal behavior" in order to improve programs and resources.

The Task Force's recommendations fall into four main categories and goals:

- Strengthening public-health prevention efforts.
- Integrating suicide-prevention in healthcare.
- Timely sharing of data for surveillance and planning.
- Infusing cultural competence throughout suicide-prevention activities.

Initiatives related to Task Force recommendations and beyond, designed to focus on the perspective and experiences of members of diverse and high-risk communities, have begun. Although interrupted due to the COVID-19 pandemic, OMH is continuing this important work virtually.

Some of the current projects underway focused on at-risk populations:

- **Latina adolescents** – OMH began planning for community-based focus groups in four counties across the state that have a higher Latinx population and identified school districts with whom it could partner. Plans are currently underway to resume this project virtually later this fall. Facilitator **Caroline Silva**, PhD, an Assistant Professor at the University of Rochester, will meet with Latina adolescents and separately with parents of Latinx youth to explore themes of wellness and treatment engagement in order to identify and explore both barriers to access and potential solutions. This information will be shared with communities across the state to inform their suicide prevention efforts.
- **Black Youth** – Staff from OMH's Office of Diversity and Inclusion and the SPO are facilitating a workgroup comprised of experts, including **Michael Lindsey**, PhD, of the McSilver Institute for Poverty Policy and Research at New York University, and other advocates to develop some strategies for working with Black youth. They're finalizing recommendations identified within sub-groups focused on families, youth in-care, surveillance and research, and schools and community. In addition to implementing identified recommendations, this group will report back to the New York Suicide Prevention Council and its findings will inform the update of the New York State Suicide Prevention Plan.
- **Rural Areas** – A group of experts in rural suicide prevention met starting in December 2019 and wrapped up work as COVID-19 arrived.



*Discussing the Governor's Task Force report during the 2017 Suicide Prevention Conference. The Task Force was co-chaired by **Christopher Tavella**, PhD, OMH Executive Deputy Commissioner; and **Peter Wyman**, PhD, Professor of Psychiatry at the University of Rochester School of Medicine and Dentistry. The group included leaders from state agencies, local governments, not-for-profit groups, and recognized experts in suicide prevention.*

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Recommendations are currently being reviewed and finalized. This information will also be presented to the Suicide Prevention Council and used to inform the update of the New York State Suicide Prevention Plan. SPO staff continue to meet with members of rural communities to have discussions such as, “means matter” – especially in upstate communities where suicide by firearm is much more prevalent than in New York City.

- **LGBTQ** – Much of the focus on this group is wrapped into the work being done with school-aged youth. The Trevor Project – an important partner in LGBTQ advocacy – is represented on the Suicide Prevention Council. The Council’s Schools and Youth Workgroup developed and distributed *A Guide for Suicide Prevention in New York Schools*, which highlights the need to develop targeted suicide prevention strategies for identified at-risk groups.
- **Veterans** – OMH is currently participating in the Governor’s Challenge as part of New York’s team. The Governor’s Challenge is a partnership between the federal Substance Abuse and Mental Health Services Administration and the US Department of Veterans Affairs. Veterans are also included in the Virtual Summit launching at the end of September (see below).
- **Veterans, Military, Law Enforcement, Corrections Officers, and First Responders** – As directed by the Governor in his 2020 State of the State Address, OMH is convening a summit to take place this fall focused on reducing suicide deaths in these at-risk populations. Originally, this group was to have a special focus at the Annual Suicide Prevention Conference, culminating in a summit on the second day. But due to COVID-19, OMH has worked with state partners to convene a group of state and local representatives from each of the identified groups to come together virtually with the plan to outline identified barriers experienced by these populations and recommend strategies for improving overall wellness, engagement in treatment and services, and suicide prevention efforts.

Strengthening the nation’s first ‘suicide safety net’

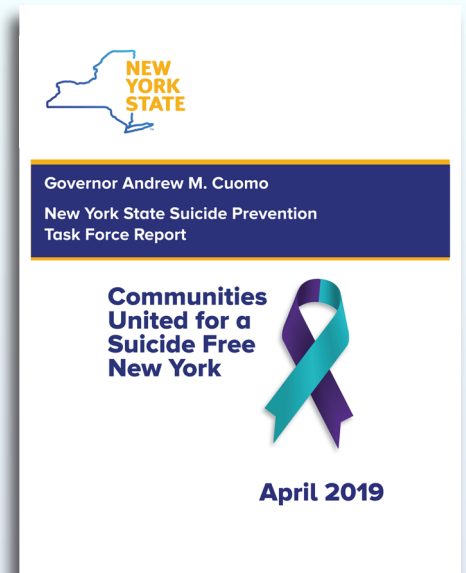
Last summer, OMH was awarded a five-year \$3.68 million youth suicide-prevention grant from SAMHSA. This Garrett Lee Smith Grant is awarded to states and tribal nations for comprehensive youth suicide prevention. The funds will support implementation of prevention and treatment services in clinical, school, community, and higher education settings for youth ages 10-to-24 in Onondaga County. This grant, in addition to SAMHSA’s Zero Suicide and Lifeline Expansion Grant, will solidify efforts to create the nation’s first county-level “Suicide Safety Net” to support adults and youth at-risk of suicide.

Funding for community coalitions

Last year, OMH awarded \$196,000 to 14 suicide-prevention coalition groups in New York. The three-year award funding will support coalition projects that target five key suicide-prevention areas for New York State: means reduction, high-risk populations, loss and attempt survivors, men in their middle years, and education and awareness.

These coalitions are critical when it comes to improving community awareness and involvement. They organize and educate New York communities while making significant strides in prevention efforts in high-risk populations. OMH is committed to supporting their efforts and is eager to see these awards in action.

New York State has more than 50 suicide-prevention coalitions, each with its own set of tools and resources specific to its geographic location. Using a public-health approach and technical assistance from SPCNY, the coalitions work to raise awareness and mobilize community action in response to suicide.



For information, visit: <https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>.

Support: Suicide Prevention Center of New York provides help and information

Need help now? Call 1-800-273-TALK (8255) or text Got5 to 741741

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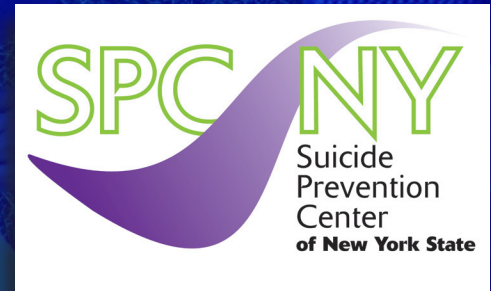
DATA

CALENDAR



United for a Suicide Free New York

We all have a role to play in preventing suicides. Suicide is a complex problem. But through our collective action, we can save lives. New York State is committed to preventing suicides. This site was designed to provide a comprehensive set of tools, information, and resources to support the effort.



Support and Resources for Individuals

Having thoughts of suicide, or knowing someone who does, can be frightening. Learn where to find help for yourself, how to help family and friends during a suicidal crisis, and what resources are available after a suicide loss.

Communities

Suicide prevention cannot succeed without community involvement and leadership. Learn what communities can do to reduce risk.

Schools, Colleges, and Universities

Young adulthood can be a time of significant change and challenges. Learn what you as an administrator, educator, parent, or student can do to reduce risk and prevent suicide.

Providers and Healthcare Systems

Suicide deaths for individuals under the care of health and behavioral health systems are preventable. Find the tools and resources you need to prepare the workforce and prevent suicide within your healthcare system.

In 2009, OMH founded the **Suicide Prevention Center of New York** (SPCNY) to develop a community network to promote suicide prevention in schools, training for early identification, and support for individuals.

SPCNY is operated by the **Research Foundation for Mental Hygiene** with funding from OMH. SPCNY staff are experts in community, school, and youth suicide prevention, working with 57 suicide prevention coalitions throughout the state to identify, select, and implement data-driven programs and policies.

Working in tandem, SPCNY and OMH seek to apply a combined clinical and public-health approach to suicide prevention implementation as articulated in the New York State Suicide Prevention Plan.

Taking a community level approach to suicide prevention, SPCNY prioritizes strategic planning and use of evidence-informed approaches to complement the clinical approach taken by OMH.

SPCNY developed and provided the first Coalition Academy to equip suicide-prevention coalitions with the knowledge and skills they need to implement best practices in their communities. SPCNY also provides seed funding to support the implementation of data-driven activities and has provided training in program evaluation to help assess implementation and outcomes.

Training and workshops

SPCNY has developed multiple trainings and workshops for school personnel, including Creating Suicide Safety in Schools, Suicide Safety for Teachers and Staff, and Helping Students at Risk for Suicide.

SPCNY's website provides a comprehensive set of tools, information, and resources to support suicide prevention efforts. Visit: <https://www.preventsuicideny.org>.

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- A train-the-trainer model, developed and implemented by SPCNY, has helped expand the network of trainers and the reach of the trainings. As a result, SPCNY is able to train more than 10,000 school personnel per year. SPCNY also provides consultation to schools, school districts, professional organizations, and state and local agencies.
- In addition to school trainings, SPCNY facilitates the delivery of gatekeeper trainings for communities throughout the state by supporting and leveraging a network of trainers.
- SPCNY trains in Applied Suicide Intervention Skills Training (ASIST) and SafeTalk, and provides training materials and support to other certified trainers.
- SPCNY also leverages strategic partnerships to advance suicide prevention on college and university campuses, as well as with high-risk groups – such as individuals with alcohol or drug use problems and those identifying as lesbian, gay, bisexual, or transgender.
- SPCNY also partners with data and surveillance experts to ensure that they address state-specific gaps in services.
- Working with OMH, SPCNY plans and hosts the annual New York State Suicide Prevention Conference, bringing together professionals in suicide prevention from across the state and providing the forum for knowledge transfer and collaboration.™

New York State Crisis Text Line

Last year, OMH began a partnership with **Crisis Text Line**, a national not-for-profit organization that provides free, 24-hour text-based support for people who are experiencing a mental health or situational crisis.

By texting **“GOT5”** to **741-741**, users are connected to a trained crisis counselor, who will help them sort through their crisis and develop a plan to stay safe. The trained volunteer crisis counselors are supervised by full-time licensed mental health professional staff. Text messages are confidential, anonymous and secure. Data usage while texting Crisis Text Line is free and the number won't appear on a phone bill.

For information, visit: https://www.omh.ny.gov/omhweb/suicide_prevention/cp.html™

2020 Suicide Prevention Conference postponed, virtual presentations being planned

Due to the COVID-19 pandemic, OMH has made the decision to postpone the 2020 New York State Suicide Prevention Conference.

OMH remains committed to convening New Yorkers involved in suicide prevention across the state. The regularly changing impact of the pandemic does not allow for the development of the type of conference that communities have come to expect over the past four years.

This year's conference had included a plan to convene a group of veterans, military, law enforcement, first responders, and corrections officers to examine the unique challenges of addressing suicide prevention within these at-risk populations. This effort has launched virtually and will continue over the next few months with a plan for some public presentations.

The OMH Suicide Prevention Office and its affiliate, the Suicide Prevention Center of New York, will continue to work to meet the shifting demands of suicide prevention for New York State during the coming year.™



Photos from last year's conference.

Resources: Links to additional information

The [American Association of Suicidology](#) has created a growing page full of resources, including tips on how to help others, and encourages families to ask their schools about their suicide prevention plans and policies.

The [American Foundation for Suicide Prevention](#), established in 1987, is a voluntary health organization empowered by research, education, and advocacy. This platform provides those affected by suicide a nationwide community to take action against this leading cause of death.

The [Action Alliance for Suicide Prevention](#) works with more than 250 national partners to advance the National Strategy for Suicide Prevention. Current priority areas include: transforming health systems, transforming communities, and changing the conversations around mental health.

The [Education Development Center](#) is offering events, tips, and tools to help people take action to build resilience and prevent suicide. “We’ve learned from public opinion polls that most people know suicide is preventable and want to help those in their lives who are struggling,” says **Elly Stout**, Director of the Suicide Prevention Resource Center (SPRC) at EDC. “So our focus should be on empowering people to play a role in preventing suicide in their communities.”

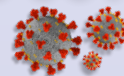
The [Jed Foundation](#) is a nonprofit that exists to promote emotional health and prevent suicide for our nation’s teens and young adults. It partners with high schools and colleges to strengthen their mental health, substance abuse and suicide prevention programs and systems.

The [Suicide Prevention Resource Center](#) offers information sheets to help high school teachers and mental health providers prevent student suicide. The sheets aim to help these key school personnel understand their role in preventing suicide, identify and assist students who may be at risk, respond to a suicide death, and access prevention resources.”



The New York State Project Hope COVID-19 Emotional Support Helpline is available for people who are experiencing anxiety, stress and depression during the Coronavirus emergency. Call **1-844-863-9314** for free and confidential support.

For information on the COVID-19 crisis



Visit OMH’s website to find guidance for providers, opportunities to join New York State’s volunteer response, and additional resources for managing stress and anxiety at: www.omh.ny.gov.