

Peers Supporting Participants Coping with Thoughts of Suicide

The COVID-19 pandemic can affect your mental, physical and emotional well-being, as well as that of those you work with and loved ones.

It is natural for community members, especially those who have experienced multiple or compounded effects of the pandemic (such as financial distress, death of friends and family, and other significant stressors) to feel overwhelmed, sad, anxious and afraid. New York residents are also reeling from incidents of police brutality, racial injustice and inequity, and working to confront centuries of historical trauma experienced by Black communities and other communities of color. These concurrent crises are significant stressors that can affect mental and emotional well-being.

Physical distancing can feel isolating for anyone and can be even more challenging for people who have thoughts of suicide or harming themselves. Warning signs that someone may be thinking about suicide can present differently across different racial, ethnic, cultural or regional groups. This document provides guidance to peers supporting participants who may be coping with thoughts of suicide or self-harm during the COVID-19 pandemic.

If a participant you work with is experiencing thoughts of suicide, you should contact your supervisor for assistance and guidance.

When to call 911

A Peer may have to call 911 in any of the following, or similar scenarios:

- If a participant has harmed themselves; or
- If a participant is likely to harm themselves; or has already done something to harm themselves such as swallowed pills or cut themselves.

Additionally, the Peer should ask the 911 operator to send someone who is trained in de-escalation and/or handling mental health emergencies as the

call is for suicide risk and the person may be in psychological distress. Again, immediately contact your supervisor for assistance and guidance after calling 911. **Do not leave the person alone and make sure to stay until help arrives.**

Understand your role as a peer supporter

Peers play an important role in working with individuals at risk for suicide by encouraging healthy behavior, linking individuals to peer support groups and individuals, and modeling hope and recovery by sharing lived experiences.

Work on staying within your scope of practice and competencies. Peers scopes of practice generally focus on working with their participants by drawing on personal experiences or community ties through the use of shared decision-making, trauma-informed care, recovery-oriented perspectives and individualized models of support. Peers help individuals identify natural supports (such as family, friend, clergy, coach) and community resources that are helpful when participants are thinking about suicide.

For more information about the peer support roles and core competencies, visit:

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Core Competencies for Peer Workers](#)

Peers play critical roles in the lives of people at risk for suicide. Visit:

[New York State Suicide Prevention Center](#) for additional tips and resources, including how to support LGBTQ youth, older adults, veterans and other priority populations.

Important note regarding suicide threat:

- **It is outside the peer scope of practice to conduct suicide risk assessments**

Contact your supervisor or follow your organization’s specific guidance around procedures. Consult with your supervisor

immediately if the participant is experiencing or expressing any of the following:

- Thoughts of suicide or harming themselves (such as “I wish I wouldn’t wake up in the morning; I don’t want to be alive anymore; I want to die; Why should I continue living?”)
- They have a plan of how they might harm themselves (such as “I’ve been thinking about taking a whole bottle of pills; I’ve been thinking it would be a good thing to shoot myself in the head; I’m thinking about driving into a wall or a pole”)
- **They have access to means to carry out a plan to harm themselves** (such as “I will take all the blood pressure pills I have and then lay down; I can get hold of my friend’s gun today”)
- **If imminent risk of suicide is clear, call 911.**

Suggestions and resources on suicide prevention strategies

If you are supporting someone who is having thoughts of suicide know the warning signs and check in regularly.

- **Warning signs can include:**
 - Talking about death or suicide
 - Seeming relieved because they made a plan and are planning to go through with it
 - Showing feelings of hopelessness
 - Saying that they are a burden
 - Avoiding friends and family
 - Losing interest in activities
 - Extreme mood swings
 - Giving away possessions, including pets
 - Saying goodbye to family and friends
- **Pay attention to the way a person talks and behaves.** This can help you recognize when someone may be thinking about suicide.

- **Warning signs may present differently across different racial, ethnic, cultural or regional groups.**
- **Physical distancing can make warning signs harder to observe.**
 - Check in with your participants while physical distancing (for example call, text, email, video chat, etc.) to see how they are coping, especially those with a history of attempting suicide, self-harm, depression, anxiety, mental challenges or illness, or those who have experienced a recent loss.

- **Know the myths about suicide**

Some myths include:

- Talking about suicide will lead to, and encourage, a person to commit suicide
 - Suicide only affects individuals with mental health conditions
 - Someone who has their act together is not at risk of suicide
 - Being familiar with myths about suicide can help you feel more comfortable speaking with someone at risk
- **Let them know you care**
 - Ask and help them to **identify natural supports** with whom they feel comfortable sharing their feelings and thoughts
 - **Listen to their story**
Allow expression of feelings; accept that they feel this way.
 - **Practice active listening**
You don't have to be a mental health expert to talk with someone about their worries, stress or fears.
To learn more about active listening, see: [NYC Well's Helping Friends or Family in Crisis](#)

- **Be direct**
Talk openly and matter-of-factly about suicide. Use non-judgmental language. Avoid debate about whether suicide is right or wrong, whether feelings are good or bad, or whether there is value in life.
- **Show interest and support**
Offer hope that alternatives are available (such as “I’m glad you are talking with me. We can work together so that things can get better”) but do not discount their feelings by saying things like “you’ll feel better in no time.”
- **Do not be afraid to ask**
By asking someone if they are thinking about suicide, you are giving them an opportunity to open up and allow you to help.
- Suggest seeking **professional mental health support** or help them get connected
- Share resources from the **“Encourage participants to seek mental health support from home”** section below

Encourage participants to seek mental health support from home

If negative feelings become overwhelming, encourage your participant to reach out for support and help.

Anyone can contact 211 and find resources in their local area for 24/7 support such as:

- The National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Textline
Receive support through text by sending the word “Got5” to 741741
- **Find a Program**
New York State Office of Mental Health has a “find a program” feature on their webpage that can assist them in finding resources and programs in their area.

Additional information on stress and anxiety, including tips for coping and staying connected, and information on grief and loss during the coronavirus pandemic, is available online:

- **New York State Office of Mental Health for COVID-19 Resources**
- **NYC Well**
Well-being and emotional support apps, including meditation apps, that can help them cope.
- **The New York State COVID-19 Emotional Support Helpline**
Call 844-863-9314, available from 8:00 AM to 10:00 PM, seven days a week. The helpline is staffed with professionals who will listen, support and refer to care.
- **Mobile Crisis or Crisis Intervention Teams**
This service may be available in their area. Ensure they have the number for these teams in case of a crisis.
- **Coping Circles**
Provide home-based support and resilience tele-group sessions to help people who are feeling overwhelmed by the pandemic. While most groups are general, there are special circles for individuals with shared experiences, such as first responders, people who have had COVID-19, or those who have lost a loved one.

Encourage participants to develop a safety plan

A safety plan is a prioritized written list of coping strategies and sources of support that patients who may be at high risk for suicide can use. It reminds people what to do if or when they think about harming themselves. It is a list of steps and resources they can follow until they feel safe.

If you are not familiar with a suicide safety plan you should review the key elements of a safety plan and an example of one in advance and go over it with your supervisor, so you are familiar. There are many free resources for safety plans online.

Here is a **Safety Plan Template** as a guide.

Encourage participants who may be at high risk for suicide to work with clinicians to create or update a suicide safety plan.

If they are open to suggestion, encourage them to:

- Share their completed or updated safety plan with people whom they feel comfortable asking for emotional support or people with whom they are in frequent contact
- Contact their primary or behavioral health provider if they experience an increased feeling of depression, anxiety or suicidality
- Maintain medical adherence, maintain an adequate supply of medication or assist with refills of medications

Encourage participants to take extra care of their physical health

- **Stay physically active**
Encourage them to exercise to the extent possible, get enough sleep and eat well.
- **Practice moderation or harm reduction**
Limit or avoid excessive amounts of alcohol, non-prescribed drugs and caffeine. For guidance, see:

NYC Health Department's Alcohol Use During the COVID-19 Pandemic

- **Get accurate COVID-19 health information** from:

New York State's Department of Health COVID-19

Encourage participants to take care of their mental wellness and stay connected

- **Set a self-determined limit on media consumption** (including social media, local or national news)
- **Connect with loved ones, friends, family** or others in their networks via phone or video chat
- **Suggest learning a new skill** (such as online courses, videos, tutorials, etc.) or practicing something they want to get better at or starting a new hobby

Practice Self Care

- **Take care of yourself**
Supporting someone who is coping with thoughts of suicide can be challenging and may bring up painful feelings for you.
- **Be sure to seek support** from supervisors and other peer supporters doing this work
- **Continue to check in with yourself and others you find supportive**
Even if you feel OK after a difficult conversation, session or incident, individuals process stress and challenging situations differently. For some, feelings of stress may be delayed and come up at a later time.
- **Be mindful of the activities that help keep you well** and make time to engage in these activities
- **Ensure you have appropriate supplies**
Follow guidelines regarding personal safety and protective equipment (gloves, masks, etc.)

Confidentiality

Tell participants that you work as a peer and that you share participants' information with your supervisors. Informing participants in this way is encouraged as an organizational best practice. Tell the participant that if they tell you about having a plan to self-harm or attempt suicide, you will have to report back to your supervisors or some other agency to support the participant's safety.

Peers should contact their supervisor for their organization's policy and procedure on supporting participants struggling with thoughts of suicide.

If peers or their supervisors are providing mental health treatment, an additional confidentiality standard applies. Contact your supervisor for additional consultation about the laws and professional code of conduct governing their work.

Call Center Technology and Privacy

To contact participants from a pre-identified list, some programs and organizations are using call center technology or software. Call center technology or software is the use of auto dialer software to make outbound phone calls to individuals by automated, rather than manual, means. If your program or organization plans to use this type of software, federal law (Telephone Consumer Protection Act) requires that you receive participants' written consent prior to calling or texting a proposed participant. This requirement is only applicable if you are using automated call center technology.

If a peer is using a personal or agency cell phone, participants' prior written consent to be contacted by phone or text is not required.

The New York State Office of Mental Health may change recommendations as the situation evolves. 07-19-20

This document was adapted from the [NYC Department of Health's COVID-19 Guidance for Peers and Community Health Workers Supporting Participants Coping with Thoughts of Suicide](#).