



Did YOU know?

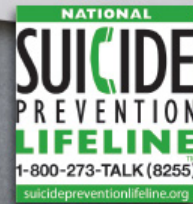


Suicide prevention is **everybody's** business. **Anyone** can help prevent the tragedy of suicide.



Did YOU know?

Most suicidal people tend to talk, directly or indirectly, about their intent to take their lives—sometime during the week before they attempt it.



How we talk about suicide MATTERS...



“Died of suicide” vs “committed-suicide”

“Suicide death” vs “successful-attempt”

“Suicide attempt” vs “unsuccessful-attempt”

“Working with” vs “dealing with suicidal patients”

“Suicide” vs “completed-suicide”



Examples of OMH's suicide prevention campaign on social media.

Suicide Prevention:

The important role we ALL play... every single day.

September, which is **National Suicide Prevention Month**, has come to an end. But this is a good time to remind ourselves that the need to care for our fellow New Yorkers is present throughout the **entire** year.

According to the Action Alliance, a national public-private partnership of more than 250 organizations, communication can be a powerful tool to promote mental-health resiliency, encourage people to seek help, and highlight successful prevention efforts. Research shows that **how** we communicate and talk about suicide can have a negative or positive impact.

“Suicide is a complex issue, and effective prevention requires cooperation and coordination among **all** segments of society,” said **OMH Commissioner Ann Sullivan, MD**, on World Suicide Prevention Day, September 10. “OMH, our Suicide Prevention Office, and our statewide Suicide Task Force are all working to foster partnerships and provide support and education to local governments, schools, healthcare providers, advocates, and other stakeholders.”

“We are also working to enhance programs and outreach methods to better serve high-risk groups,” Commissioner Sullivan added, “including African American youth, rural New Yorkers, Latina adolescents, veterans, and members of the LGBTQ community. Together, we are implementing policies and programs that can make a difference and help us save lives.”

This edition of *OMH News* will discuss some of the suicide prevention programs and activities that are being conducted throughout New York. We'll report on the fourth-annual New York State Suicide Prevention conference, highlight some of the people who are saving lives in their communities, and offer the latest information on suicide prevention best practices, resources, and research.

We welcome your comments at: omhnews@omh.ny.gov

Conference: The power of partnerships



The fourth Annual New York State Suicide Prevention Conference, held September 18 and 19 in Albany, brought together experts from throughout the nation to focus on best practices in the field of suicide prevention. The conference is sponsored by OMH and the Suicide Prevention Center of New York (SPCNY).

This year's conference, titled: "Stronger Together: Embracing Diversity and State/Local Partnerships in Suicide Prevention," featured presentations highlighting recent developments — including working with diverse populations, community coalitions, schools and college campuses, health systems, and advancements in monitoring data.

Collective efforts

"Our goal was to focus this year on how we can harness collective preventive efforts across the lifespan to meet the unique needs of New York's ethnic, cultural, linguistic, and high-risk groups in urban and rural communities," said **Sigrid Pechenik**, PsyD, SPCNY Director and Associate Director of the OMH Suicide Prevention Office (SPO).

"Our theme, 'Stronger Together,' is meant to emphasize that it's necessary for us to reach out and establish partnerships across the state and local levels to address existing barriers to ensure that no one is left behind," she added.

The conference's educational program featured 36 concurrent sessions on a wide variety of topics, designed to improve participants' knowledge and strengthen their skills. Conference organizers worked with the OMH Statewide Multicultural Advisory Committee to devote several sessions to the cultural aspects of suicide and suicide prevention.

Robert Gibbon, Assistant Counsel to Governor Andrew M. Cuomo, displaying the Governor's proclamation of Suicide Prevention Month.



Welcoming participants and providing opening remarks were, from left: Dr. Pechenik and New York State Assemblymember **Nathalia Fernandez**. At right: **Victoria Patti**, Coordinator of the Community Alliance for Suicide Prevention at the Chautauqua County Department of Mental Hygiene, presenting a plenary session on how lived-experience strengthens community efforts.





Since the conference's start in 2016, it has seen a steady growth in attendance. The number of concurrent educational sessions have increased from 16 to 32.

Concurrent sessions

Educational sessions included:

- Post-vention and grief work.
- Approaches for high-risk veterans.
- Suicide safety in schools.
- Use of data to inform the development of care.
- Problem solving strategies for clients.
- The role of social connectedness in reducing risk.
- Risk among LGBTQ youth.
- Engaging and supporting families.
- Socio-cultural constructs for the consideration of suicide prevention in communities of color.
- School-community partnerships.
- SafeTalk training in suicide awareness.

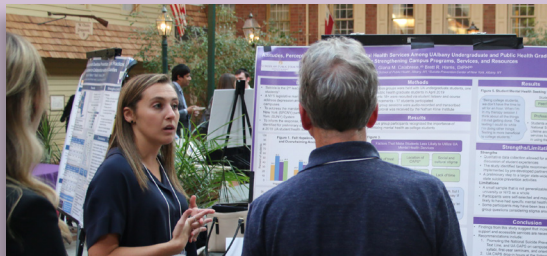
Youth suicide

Recent studies and news accounts have pointed to a rise in youth suicides. A plenary session focused on the latest trends in youth suicide, including some of the subgroups at greater risk. The panel discussed effective youth engagement and programs that are preventing suicides among African American, Latina, and LGBTQ youth with an emphasis on culturally and linguistically congruent care.



*Dr. Carruthers, at right, moderating a panel discussion on youth suicide prevention. Participants are, from left: **Keygan Miller, MEd**, Advocacy Associate for the Trevor Project; **Arielle Sheftall, PhD**, Principal Investigator at the Center for Suicide Prevention and Research at Nationwide Children's Hospital; and **Beatriz Coronel, MA**, Senior Director the Comunilife "Life is Precious" program.*

Displays and discussion



The conference featured information booths, a poster session at which researchers discussed their latest findings, and display of the American Foundation for Suicide Prevention Quilt, commemorating the lives of who have died by suicide.

Awards: Recognizing excellence in suicide prevention



Displaying their plaques are the evening's honorees. From left: **Jeffrey Simons**, Superintendent of East Greenbush School District; **Dr. Pechenik**; **Tina Yun Lee**, NAMI NYS; **Dr. Carruthers**; **Edward J. Dunne**, PhD; and **Carri Raynor** of the Community Alliance for Suicide Prevention.

Four individuals were honored during the conference as recipients of the 2019 New York State Excellence in Suicide Prevention Awards — recognizing their deep commitment and outstanding contribution to saving lives in their communities. Each year, SPCNY receives many worthy nominations, confirming the exceptional and powerful commitment that scores of individuals and communities across our state are making to suicide prevention. This year's recipients:

- **Creating and Strengthening Suicide Safer Schools** — **Jeffrey Simons**, Superintendent of East Greenbush School District. Simons and the East Greenbush School District have demonstrated outstanding leadership and commitment to students by openly talking about suicide, while also promoting prevention, resilience, and a commitment to supporting all students.
- **Creating and Strengthening Suicide Safer Communities** — **Tina Yun Lee**, Community Education and Outreach Manager for the National Alliance on Mental Illness in New York State. Lee was nominated for educating families and spending countless nights speaking to heartbroken parents over the phone, bringing to light a part of mental illness that a lot of people don't talk about: the impact it has on families.
- **Journey of Healing: Advocacy Work by Attempt and/or Loss Survivors** — **Carri Raynor** of the Community Alliance for Suicide Prevention in Chautauqua County. Raynor founded the Raynor Memorial Golf Tournament to honor her husband, Dan, who died by suicide.
- **Frederick Meservey Life and Leadership Award** — **Edward J. Dunne**, PhD, for his extraordinary leadership in the field of suicide prevention. His contributions include focusing on children as survivors of a suicide death, developing Survivor Support Group Guidelines and postvention consultations, and training countless mental health professionals in the art of bereavement counseling; in addition to maintaining a vibrant practice specialized on treating individuals and families after the suicide of a loved one.

Dr. Dunne was the Director of Professional Studies at Kingsboro Psychiatric Center and a clinical professor at Downstate Medical Center prior to joining the staff of New York State's Psychiatric Institute as a research scientist, as well as the clinical faculty at Columbia University. He was also a senior faculty member of the Ackerman Institute for the Family, and founder and director of its project of LGBTQ families. He is a past President of the American Association of Suicidology and was a founding member of the board of directors of the New York City chapter of the American Foundation for Suicide Prevention. Most recently, he was the Director for Survivor Initiatives for Suicide Prevention International.™



Above left: **Garra Lloyd-Lester**, Director, SPCNY Suicide Prevention Community and Coalition Initiatives; serving as master of ceremonies. Right: **Eslyn Hardeen**, SPCNY administrative assistant; and **Brett Harris**, DrPH, Director of SPO Public Health Initiatives; lighting ceremonial candles.

At-Risk:

Some populations are at a higher risk for suicide



As a state with great cultural and ethnic diversity, it is important to understand unique factors that may increase risk among minority cultures.

Factors may include trying to assimilate to a new culture; challenges accessing and receiving quality care; higher levels of stigma; cultural beliefs regarding suicide, mental health, and help-seeking; a culturally insensitive healthcare system; language barriers; lack of health insurance; being a victim of or witnessing a hate crime, or a crime that is motivated by the offender's bias against a race, ethnicity, religion, sexual orientation, or disability; experiencing discrimination, or the unlawful and intentional act of unfair treatment of a person based on race, ethnicity, gender, religion, national origin, physical or mental disability, or age; or being a victim of microaggressions, or intentional or unintentional daily forms of disrespect including snubs and put-downs.

Consequently, individuals from minority cultures who may be exhibiting multiple feelings and emotions including stress, sadness, fear, and violence, may cope by avoiding others different from themselves. As such, those experiencing suicidal thoughts may not seek out services, particularly those delivered by professionals who are different from them.

LGBTQ adolescents

According to the 2017 Centers for Disease Control and Prevention (CDC) *Youth Risk Behavior Survey*, 59.2 percent of New York state LGBTQ high school students felt sad or hopeless, 40.8 percent seriously considered suicide, 25.8 percent attempted suicide, and 10.1 percent made a suicide attempt that required medical attention in the 12 months prior to the survey. These self-reported numbers are statistically significantly greater than those reported by their heterosexual peers.

New York City LGBTQ youth who have experienced rejection by their families are 8.4 times more likely to have attempted suicide than those with no or low levels of rejection. One in three transgender youth in New York City have seriously considered suicide, and two in five report having attempted suicide in the past 12 months.

Individuals identifying as LGBTQ are at elevated risk for a variety of reasons, including undue stress and internalization of anti-LGBTQ sentiments resulting from residual stigma; harassment, discrimination, and bias among peers, family, colleagues, schools, workplaces, health care, and the community; a history of depression, anxiety, or alcohol or drug misuse; and victimization including bullying and abuse.

Latina adolescents

In New York state and nationally, it has been historically observed that Latina adolescents have a higher rate of suicide attempts than non-Latina white and black-female adolescents. Researchers have identified a number of risk and protective factors in connection to the higher rate of suicide attempts among Latina adolescents.

Latina girls face issues that are common among adolescents – such as self-esteem, forming their identity, and relationships. But studies have also identified unique pressures. Some Latinas may feel conflict between cultural values at home and at school. The culture at home may value a strong obligation to the family and expectations to uphold traditional gender roles. This conflict can cause tension between adolescents and their families and lead to depression and thoughts of suicide.

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ni una más

LA ESPERANZA LLEGÓ A WASHINGTON HEIGHTS.

LA VIDA ES PRECIOSA™ es un lugar seguro después de la escuela para latinas adolescentes en riesgo de suicidio.

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Terapias de arte y creativas • Servicio de apoyo familiar

2500 AMSTERDAM AVE, NEW YORK NY 10033

Para más información:
(646) 367-6669 LIP@comunilife.org comunilifeip.org

Life is Precious, by Comunilife, is a community-based program that strengthens protective factors and aims to eliminate suicide among Latina adolescents. Based in New York City, this program provides culturally and linguistically appropriate services for Latina teens who are living with depression or have seriously considered or attempted suicide, and their families. For information, visit: <http://comunilife.org/life-is-precious>.

Individuals with justice system involvement

Suicide is a leading cause of death within jails, prisons, and juvenile facilities. Between 2000 and 2012, the average suicide rate was 41 per 100,000 population for adult inmates in jails. The rate increased to 80 per 100,000 for white inmates and 86 per 100,000 for inmates not yet convicted. Youth who have had contact with the juvenile justice system, even those with “light touches” who remain in the community, are at increased risk for suicide. Screening and early interventions for suicide risk and upstream risk factors, such as depression and alcohol and other drug misuse, as well as diversion to behavioral health settings delivering suicide safer care, are critical for this population. The risk becomes much more severe once incarcerated. Among incarcerated youth age 17 and younger, the rate of death by suicide was 49 per 100,000.

Armed Forces veterans

Veterans account for 11.5 percent of New York state suicides, yet represent only 3.9 percent of the New York state population. The rate of suicide among this population continues to increase, reaching 29.1 per 100,000 population in 2014, with the highest rate among young veterans 18- to 34-years-old (64.5 per 100,000 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. Nationally, suicide rates are higher among those who do not access services within the Veterans Health Administration (VHA). While many receive services within the New York state VHA, some are not eligible or choose not to access these services.

Residents of rural areas

Rural counties consistently had higher suicide rates than metropolitan counties from 2001 to 2015, according to data released in the CDC’s *Morbidity and Mortality Weekly Report*. Some specific Risk factors include isolation, limited transportation and resources, stigma and access to lethal means.

Middle-aged men

Middle-aged men are one of the highest-risk groups in New York state and nationally. The suicide rate among men ages 50-to-59 is approximately 21 per 100,000 population in New York, almost three times the state average. The rate jumps to approximately 26 per 100,000 population among white middle-aged men. Reasons for increased risk include the use of firearms, the most lethal means for suicide; employment, financial, and/or legal problems – especially among those approaching retirement. Men are less likely to seek out and utilize behavioral health treatment. Reasons for this may include reluctance to acknowledge a behavioral health problem, failure of clinicians to recognize depression among men, perception that services are not effective, and perceived stigma.

American Indians/Alaskan Natives

Nationally, American Indians/Alaska Natives (AI/AN) have the second highest age-adjusted suicide rate of all racial/ethnic groups at 13.4 per 100,000 population, only slightly lower than the rate among whites (15.9 per 100,000 population). AI/AN youth and younger adults ages 15-to-34 have the highest suicide rate of all racial ethnic youth and young adult groups, soaring to 25.9 per 100,000 population for 25- to 34-year-olds. Risk in these populations may stem from high rates of alcohol or other drug misuse, mental health problems, intergenerational trauma, low socioeconomic status, lack of resources, and issues within native communities.

Seniors

The suicide rate among New Yorkers 75 and older is 8.6 per 100,000 population; it is 19.5 per 100,000 population among men in this age group. The highest-risk age group in New York state and nationally is men 85 and older, at 24 per 100,000 population. Suicide attempts by older adults are much more likely to result in death, as older adults plan more carefully and use more deadly methods, are frailer and less likely to recover from an attempt, and are 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. Nationally, one in nine women experience postpartum depression. Fathers may also experience depression following the birth of their child. Approximately four percent experience it within the first year after their child’s birth, and 20 percent will have experienced at least one episode by a child’s twelfth birthday. Younger fathers with a history of depression who have financial difficulties are at greatest risk.¹⁰



The Trevor Project is the leading national organization providing crisis intervention and suicide-prevention services to LGBTQ people under 25. It offers accredited life-saving, life-affirming programs and services that create safe, accepting and inclusive environments over the phone, online and through text. For information, visit: <https://www.thetrevorproject.org>.

Strategies: Strengthening 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 the state to bring resources and programs to inner-city and rural schools and communities to help raise awareness and reach these at-risk groups.

Governor's Task Force

In April, **Governor Andrew M. Cuomo** released the first report from the New York State Suicide Prevention Task Force. Established by the Governor in November 2017, the Task Force serves to increase awareness of and access to supportive services with a special focus on high-risk groups including veterans, Latina adolescents, and members of the LGBTQ community.

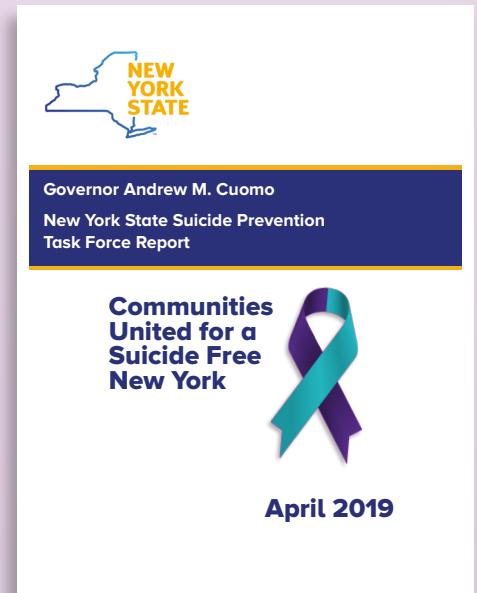
At the Governor's direction, the Task Force examined current programs, services, and statewide suicide-prevention policies in order to identify gaps in resources and strengthen coordination between state and local partners.

The group was co-chaired by **Christopher Tavella**, PhD, OMH Executive Deputy Commissioner; and **Peter Wyman**, PhD, Professor of Psychiatry, University of Rochester School of Medicine and Dentistry, and includes leaders from state agencies, local governments, not-for-profit groups, and other recognized experts in suicide prevention. The Task Force focused on vulnerable populations at greater risk for suicide, with special sub-committees created to examine how to better serve these groups.

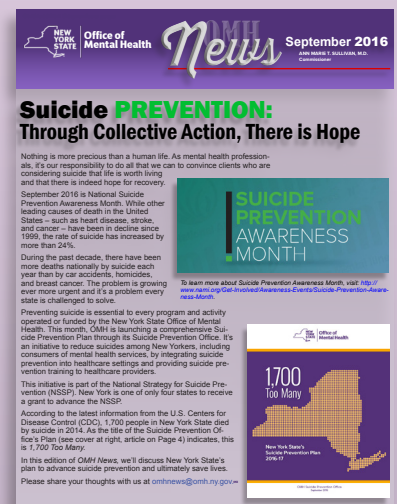
The Task Force's recommendations fall into four main categories and goals:

- **Strengthening public-health prevention efforts.** Forging stronger partnerships with local communities, providing resources and expertise to assess local needs, and implementing research-informed prevention programs. Several recommendations are designed to jump-start state and community actions to expand the number of communities with prevention expertise to implement comprehensive public-health prevention using best practices.
- **Integrating suicide-prevention in healthcare.** Helping healthcare providers adopt a systematic approach to suicide prevention, which includes helping them to promote access to services, more effectively identify those at risk, and utilize the most-effective treatments.
- **Timely sharing of data for surveillance and planning.** Gathering and tracking data on regional trends in suicide rates and related behaviors is critically important to implementing a high-quality public-health prevention approach. By improving the availability of data, gaps in services can be addressed and local planning and prevention efforts can be enhanced.
- **Infusing cultural competence throughout suicide-prevention activities.** Considering a community's unique cultural and societal factors is vital to developing the effective programs and resources needed to create a suicide-free New York. Competence to address the needs of New York state's diverse population is required across the full range of suicide-prevention activities. In addition to tailoring services to address differences in race, gender, sexuality, and nationality, cultural competence includes the capacity for state agencies to differentiate programming needs of more rural and urban communities; competence within local coalitions to engage representatives of their diverse communities; recognition of the methods needed to reach each generation; and selection and tailoring of programming to suit the needs of each group at elevated risk for suicide.

In 2017, the Governor signed legislation requiring that the unique needs of all demographic groups and populations, including a special focus on Latina adolescents, veterans and the LGBTQ community, be taken into consideration when developing suicide-prevention plans, programs and services.



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



Read more about New York's inaugural suicide-prevention plan and the Zero Suicide initiative in the September 2016 edition of OMH News: <https://omh.ny.gov/omhweb/resources/newsltr/2016/sept-2016.pdf>.

Strengthening the nation's first 'suicide safety net'

This summer, OMH was awarded a five-year \$3.68 million youth suicide-prevention grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

"The federal government has once again recognized the outstanding work being done in New York by OMH's Suicide Prevention Office," said **OMH Commissioner Dr. Ann Sullivan**. "We are a national leader in the fight against this tragic public health issue and will continue our work to help local governments build suicide-safe communities and schools."

The Garrett Lee Smith (GLS) 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. The GLS grant, in addition to SAMHSA's Zero Suicide and Life Line Expansion grants, will solidify efforts to create the nation's first county-level "Suicide Safety Net" to support adults and youth at-risk of suicide.

Participating clinical sites will develop a systematic approach to screening and assessing for suicide risk, providing suicide-specific, evidence-based interventions, and implementing protocols for care transitions. The project will provide clinical services to an estimated 35,000 youth over five years in primary care, psychiatric emergency rooms, inpatient and outpatient mental health treatment, school-based health centers, school-based mental health clinics, and substance use disorder (SUD) treatment.

Staff in juvenile justice, foster care, community-based programs, and 28 Onondaga County schools, as well as 150,000 college students and 5,500 faculty and staff across the State University of New York (SUNY) 64-campus system, will receive training to ensure that youth at-risk for suicide are identified and referred to appropriate clinical services.

Funding for community coalitions

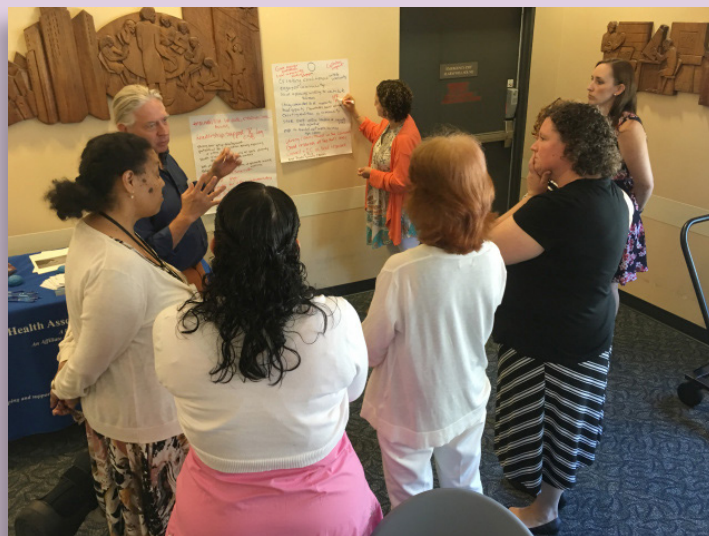
This past spring, OMH awarded \$196,000 to 14 suicide-prevention coalition groups in New York. The three-year award funding will support coalition projects that target five key suicide-prevention areas for New York state: means reduction, high-risk populations, loss and attempt survivors, men in their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

These coalitions are critical when it comes to 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 are 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. ^{omh}



Members of the Suicide Prevention Coalition of Erie County worked with their Canadian counterparts on a project to increase awareness in both communities. In the photo above, Niagara Falls is lit in yellow to commemorate World Suicide Prevention Day.



One of the initial meetings of the Tompkins County Suicide Prevention Coalition, organized in 2017 to serve the Central Southern Tier. The coalition brings together a diverse group of stakeholders who are invested in preventing suicides in the community.

Resources:

SPCNY provides help and information



In 2009, OMH founded the Suicide Prevention Center of New York (SPCNY) to develop a strong 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. 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 staff are experts in community, school, and youth suicide prevention. SPCNY works extensively with 57 suicide prevention coalitions throughout the state to identify, select, and implement data-driven programs and policies.

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.

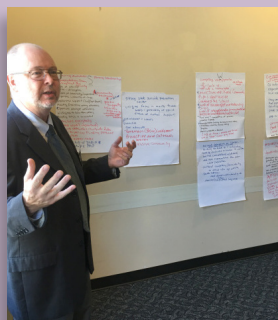
Training and workshops

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*.

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.



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 don't act shocked. Thank them for their courage. Ask them if they can share a little bit about what's led them to this point.

LISTEN.

Listen without judgement. Acknowledge their pain. Ask if they've done anything to harm themselves. Don't promise that you won't tell anyone.

ENCOURAGE.

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

WATCH OUT 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.
- Feeling a sudden sense of peacefulness.



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

Continued from the [previous page](#)

SPCNY also leverages strategic partnerships to advance suicide prevention on college and university campuses, as well as with high-risk groups, such as those with problem alcohol or drug use and individuals 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 (see article starting on page 2).

NY 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 will not appear on a phone bill.

Additional sources for information

- The [Suicide Prevention Resource Center](#) offers two information sheets to help high school teachers and mental health providers prevent student suicide: *Preventing Suicide: The Role of High School Teachers*, and *Preventing Suicide: The Role of High School Mental Health Providers*. 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 [American Association of Suicidology](#) has created a growing page full of resources shares resources, tips on how to help others, and encourage families to ask their schools about their suicide prevention plans/policies.
- The [American Foundation for Suicide Prevention](#), established in 1987, is a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.
- The [Action Alliance for Suicide Prevention](#) is the nation's public-private partnership for suicide prevention. The Action Alliance 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 conversation.
- The [Jed Foundation](#) is a nonprofit that exists to protect 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.sm

IN DISTRESS?
We're here to listen

TEXT **"Got5"** TO 741741
TO START A CONVERSATION

NEW YORK STATE Office of Mental Health CRISIS TEXT LINE |

Free, 24/7, Confidential Crisis Support

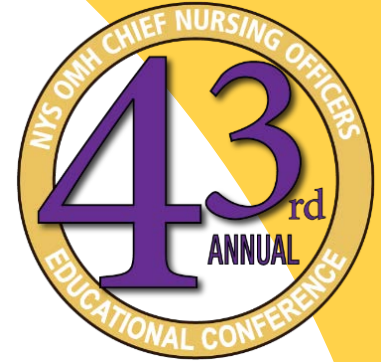
For information on the Crisis Text Line, visit: <https://www.omh.ny.gov/omhweb/suicideprevention/cp.html>.





2019 CNO Annual Educational Conference

Synergy: Clinical Providers, Peers and Families Driving a Culture of Safety and Excellence in Mental Health Care



New Therapy Aide Track
Day 1 - Thursday, November 7th



Empire State Plaza Convention Center
100 S Mall Arterial, Albany, NY 12242

Nursing Awards
MHTA of the Year Award
Poster Presentation
Opportunities for Networking

Registration for OMH Employees at Facilities

Other Registrants Contact
Jamillah.Austin@omh.ny.gov

Featured Speakers include:
Commissioner Ann Marie T. Sullivan, MD

Michael Compton, MD, MPH

Sarah Kuriakose, PhD, BCBA-D

Tari Dilks, RN, DNP, APRN, PMHNP-BC, FAANP.

Richard Tamayo, MPS, Mdiv

Tyson Boudreaux, MD

Merrill Rotter, MD
Julie Burton, LMSW

April Hackert, MS, RDN, CEDRD

Rebecca Owens, DNP, MBA, MSN, RN-BC

Lara Press-Ellingham, MPA, OTR/L
Linda Williams, BSN, RN

Maxine Smalling, MSN, BSN, RN to report on the Future of Nursing – Advancing the IOM Goals

Featured Performance by
M Lori Schneider
Every Brilliant Thing



OMH Statewide Virtual Town Hall

Featuring **Commissioner Ann Sullivan, M.D.**
Tuesday, November 19, from 1 p.m. to 3 p.m.

OMH is conducting a Statewide Virtual Town Hall with **Commissioner Ann Sullivan, M.D.**, presenting and taking feedback on several key priorities under the OMH Strategic Plan. This event will provide the public an opportunity to learn more about the OMH vision for the future of behavioral health services in New York State.

OMH is dedicated to providing individuals and families access to quality, integrated services and supports that foster recovery and well-being; public input is crucial in assisting the agency in meeting the needs of all of the people we serve.

Accessible Online

The town hall will be held online, with available in-person attendance at **44 Holland Avenue** in Albany for those who prefer to be on-site. Comments and questions can be received both online and in-person for those attending at the OMH Central Office.

Registration will be available soon at: <https://www.omh.ny.gov/omhweb/planning/507/>

If you require any special accommodations to participate in the event or have any questions, please contact **Ben Rosen at (518) 474-1897**.



Office of
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