

January 2020

Report on Suicide Prevention Activities



**Office of
Mental Health**



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Attached you will find the NYS Office of Mental Health’s report to the Governor and Legislature on the Suicide Prevention programs and activities we are overseeing and supporting across the State.

When any individual loses their life to suicide, it is a tragedy that impacts us all. Suicide Prevention is one of OMH’s most important priorities, and I want to share with you the progress we have already made and the steps we will be taking in the future. We are working hard in New York State to decrease lives lost to suicide and New York now has the lowest suicide rate in the nation at 8.1 individuals per 100,000. While suicide rates have been on the increase nationally, the rate in New York has been largely level since 2012.

While this is positive news, it is only the beginning. OMH is committed to further enhancing and strengthening our suicide prevention efforts by collaborating with local governments, integrating suicide prevention in our healthcare system, and implementing new and innovative programs that have made New York a national leader in suicide prevention.

Governor Cuomo launched the New York State Suicide Prevention Task Force in November 2017, and directed the group, composed of leaders from state agencies, local governments, not for profit organizations, and other experts in suicide prevention to work together to develop a comprehensive plan to strengthen the State’s Suicide Prevention efforts. In this report we will provide detailed information on the findings and recommendations of the Task Force and the steps we are taking to implement those recommendations. These include integration of suicide prevention in healthcare, strengthening public health prevention efforts, timely sharing of data for surveillance and planning, and the infusion of cultural competence throughout suicide prevention activities.

You will also find information in this report on the steps we are taking to identify and provide support to groups that are at a higher risk of suicide than the general population, including African-American and Latina youth and adolescents, veterans, members of the LGBTQ community, and people living in rural areas of the State.

Every year, OMH facilitates thousands of evidence-based suicide prevention trainings, workshops and online learning modules for clinicians and other health care workers, community members, and school staff. In addition to trainings, we are helping to create suicide-safer schools by working with providers to expand school-based clinics and helping to develop mental health education curricula.

We at OMH look forward to working with you in the future to further reduce lives lost to suicide and provide for all New Yorkers the support and services necessary to achieve optimal mental health and wellness.

A handwritten signature in black ink, appearing to read "Ann Marie T. Sullivan, M.D.", written in a cursive style.

Ann Marie T. Sullivan, M.D.
Commissioner

Table of Contents

1. Comprehensive Suicide Prevention Efforts through the OMH Suicide Prevention Office and the Suicide Prevention Center of New York.....Page 3
2. Integrating Suicide Prevention in Healthcare.....Page 4
3. Strengthening Public Health Prevention Efforts.....Page 8
4. Suicide Prevention Training for schools, community, providers, and the State workforce...Page 10
5. Timely Sharing of Data for Surveillance and Planning.....Page 14
6. Infusing Cultural Competence Throughout Suicide Prevention Activities.....Page 14
7. Research Institutes.....Page 17

In accordance with Chapter 626 of the Laws of 2019, the Office of Mental Health has prepared this written report for the Governor, Speaker of the Assembly, and temporary President of the Senate on the progress of all development of plans, programs, and services in the areas of research and prevention of suicide, the reduction of suicidal behavior and suicide through consultation, training, implementation of evidence-based practices, and use of suicide surveillance data. Program initiatives to address suicide prevention within high-risk groups including black youth, Latina adolescents, individuals residing in rural communities, members of the LGBTQ community, and veterans are contained within this report.

The Office of Mental Health Suicide Prevention Office (SPO) works collaboratively with State and local partners to provide technical assistance to localities across New York State in their efforts to reduce suicide death. This assistance takes many forms and will be outlined in the details of this report. In order to more effectively complete this task, the Suicide Prevention Center of New York (SPC-NY) was founded in 2009 by OMH and developed to be the community-based presence of suicide prevention within the State. The SPC-NY advances statewide and county-specific suicide prevention initiatives. SPC-NY has developed a strong community-based infrastructure that supports local efforts to prevent suicide, including promoting suicide prevention in schools, early identification through gatekeeper trainings, and local support for individuals through fostering competent caring communities. When a community is affected by a suicide death, SPC-NY through its collaborative efforts with OMH regional field offices and local organizations, facilitates responses and activities to address the loss and limit contagion effects.¹ In addition to implementing numerous projects and pilots, technical assistance, consultation, and trainings are provided to numerous stakeholders by staff of the SPO and SPC-NY in the following domains:

- Zero Suicide – assistance provided to behavioral health and health care providers
- Coalition Building
- Gatekeeper Trainings
- School District consultation and trainings
- Consultation to OMH program bureaus and other State agency partners

Comprehensive Suicide Prevention Efforts

The New York State Suicide Prevention Plan “1,700 Too Many: New York State’s Suicide Prevention Plan 2016-2017” was published by the SPO in September 2016. There are currently numerous initiatives underway designed to inform the development of an updated plan in 2020.

The NYS Suicide Prevention Council (Council) is comprised of statewide experts and leaders in the field of suicide prevention who represent academia, State agencies, health care systems, and local county leaders and coalition members. The Council is facilitated by SPO and serves as a consulting body for statewide activities pertaining to suicide prevention and the development of the New York State Suicide Prevention Plan.

The Governor’s New York State Suicide Prevention Task Force was launched in November 2017 and charged with reviewing suicide prevention programs and activities in New York State in order to make recommendations on how to improve the system. Findings from the Task Force were published in

¹ 1,700 Too Many <https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>

an April 2019 report titled “Communities United for a Suicide Free New York”.² The Task Force report outlines recommendations to better coordinate and implement suicide prevention efforts in four domains: strengthening foundations for a public health approach; building health system competencies and pathways to care; improving surveillance methods/tools and access to timely data; and the infusion of cultural competence throughout suicide prevention activities. Although the Task Force was a collaboration of State and local agencies and experts in the field of suicide prevention, the SPO has taken primary responsibility for implementing the recommendations.

The New York State Suicide Prevention Conference features leaders in suicide prevention research, treatment, service delivery, advocacy, and from the lived experience community. Held annually in September, the conference provides networking and learning opportunities for clinicians, administrators, coalitions, survivors, educators, advocates, and anyone interested in suicide prevention, intervention, and postvention. In 2019, the theme of the conference was *Stronger Together: Embracing Diversity and State/Local Partnerships in Suicide Prevention*. With approximately 350 attendees, 33 sessions were offered on improving services in health care, coalition building, and a focus on prevention in high-risk populations such as Asian American, black youth, college students, gun owners, individuals with addictions to gambling and/or substance use, Latina adolescents, Latinx adults, LGBTQ, Native Americans, rural communities (including farmers), school-based populations of all ages, sexual abuse survivors, and veterans. The next conference being planned for September 2020 will highlight veterans, law enforcement and first responders.

Integrating Suicide Prevention in Health Care

Helping health care providers adopt a systematic approach to suicide prevention – often referred to as the Zero Suicide model - is a priority. The goal is to assist health care systems in adopting standardized protocols focused on the assessment, treatment, and monitoring of individuals who are at risk for suicide. OMH research and activities support this priority in a number of ways outlined below.

The New York State Collaborative Care Medicaid Program (CCMP) is an evidence-based approach for behavioral health integration into primary care settings and helps a practice build the capacity to treat behavioral health conditions while maintaining the ability to manage co-morbid chronic diseases. CCMP has 280 primary care physician practices participating across the state with 131 new practices enrolled in 2019 and has screened over 8 million New Yorkers for depression since its inception in 2015. An estimated 3 million individuals were screened in 2019.

Project TEACH (Training and Education for the Advancement of Children’s Health) Pediatrics meets the mental health needs of children and families in New York State by providing education and support services to all New York State pediatric primary care providers (PCPs) at no cost. Project TEACH assists PCPs, psychiatrists and nurse practitioners in treating children and youth with depression through consultation, referral, and education. Over 3,600 providers across the State have enrolled since the project began in 2010 and have provided over 18,000 consultations.

² Communities United for a Suicide Free New York: <https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>

Maternal Depression Screening and Treatment

At the direction of Governor Cuomo, the NYS Department of Financial Services amended regulations requiring all commercial health insurance policies in New York State to provide reimbursement for maternal depression screenings, including all policies covering the child but not the mother in May 2018. In support of this change, and building upon the success of Project TEACH Pediatrics, OMH launched the Maternal Depression TEACH to provide education and support to PCPs, obstetricians, psychiatrists and nurse practitioners in treating maternal mental health concerns through consultation, referral, and education. OMH also launched a State-operated intensive outpatient program focused on maternal depression at Hutchings Psychiatric Center in June 2018.

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) for Medicaid is a Health Insurance Portability and Accountability Act (HIPAA)-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population. Through the OMH Bureau of Evidence-based Services and Implementation Science, the PSYCKES team has initiated projects focused on suicide prevention.

The Suicide Prevention CQI Project (2016-2019) has engaged 165 outpatient mental health clinics with 280 satellites in implementing best practices in suicide safer care, including, universal screening, risk assessment, Safety Planning, lethal means restriction, and enhanced services and tracking of patients at high risk for suicide following a “suicide care pathway.” Participating clinics received training and consultation on clinical and organizational best practices to support suicide safer care. Suicide related data extracted from state databases is made available to treating clinicians through the PSYCKES application to help them identify high risk patients. In addition, Safety Plans and Suicide Screens are entered into PSYCKES so that they can be available to support patient care in a crisis, promote care coordination, and improve our capacity to monitor outcomes for suicidal patients. The project is the largest implementation of Zero Suicide in the country and has received federal grant funding to test the impact of two different implementation strategies with our partners at Columbia’s Center for Practice Innovations.

The Engaging Clinic CQI Project (launching in March 2020) is focused on the identification and engagement of high-risk clients in outpatient specialty mental health clinic services, including those with high risk for suicide and self-harm. The project will provide training and consultation on clinical and organizational best practices for screening, assessment, interventions, and monitoring of high-risk patients. A central feature of this project involves screening for and addressing social and structural determinants of health, and monitoring and management of engagement and progress toward goals. Participating clinics will use PSYCKES to help them identify their clients at risk and will enter their high-risk clients into PSYCKES to support monitoring and care coordination.

The High-Risk Quality Collaborative (HRQC) for Emergency Rooms (2019-2021) is an OMH-Office of Addiction Services and Supports (OASAS)- Department of Health (DOH) partnership effort that has engaged 94 emergency rooms (ER) and Comprehensive Psychiatric Emergency Programs (CPEPs) statewide in a voluntary improvement initiative to support identification and management of ER and CPEP patients who have high behavioral health related risk, including suicide. Participating hospitals across New York State have begun implementing PSYCKES, an award-winning health information technology application developed by OMH, to better identify patients at risk. Best practice workgroups of hospitals and academic experts are currently being

established to review best practices for screening, assessment, interventions and follow-up for these high-risk patients, and in 2020, participating ERs and CPEPs will implement best practice protocols to improve care for patients at high behavioral health risk.

New Yorkers Advancing Suicide Safer Care (NYASSC/Zero Suicide) was initiated in 2017 as a comprehensive approach to suicide prevention in health systems. This grant-funded initiative supports implementation of the Zero Suicide model in eight large health systems across the State, including an intensive effort in Onondaga County aimed at creating a Zero Suicide safety net across an extensive network of health and behavioral health providers. The program emphasizes systematic screening, detection, intervention and monitoring for individuals who are 25 years of age or older to improve care and outcomes for individuals at risk for suicide. More than 300 staff have been provided with training and an overview of the NYASSC project, safety planning, and lethal means reduction and select staff (50-75) have been trained on structured follow up and monitoring. Technical assistance has been provided for implementing suicide safer care protocols across psychiatric and SUD settings including inpatient, CPEP, outpatient psychiatry, detox, inpatient and outpatient substance use disorder (SUD) programs, opioid treatment, and community residential programs. The project will expand to primary care settings in 2020.

Attempted Suicide Short Intervention Program (ASSIP) is an intervention developed in Switzerland and being piloted in New York at Hutchings Psychiatric Center. It is designed for individuals who have already made a suicide attempt to share their experience in a structured therapeutic format and has been shown to significantly reduce repeat suicide attempts.

The intersection of substance use and suicide is being addressed through the development of suicide safer care protocols for substance use disorder settings by an OASAS workgroup. The protocols are being piloted in Onondaga County as part of the SAMHSA Zero Suicide grant. An OASAS internal suicide prevention workgroup is co-led by SPO staff and an OASAS suicide prevention liaison. The workgroup is focusing on:

- Completion of a proposal for the development, testing and dissemination of suicide safer substance use disorder treatment in rural New York which will be submitted to OASAS for funding under their SAMHSA opioid grant
- Development and distribution of a survey to substance use and suicide prevention coalitions as well as local directors of community services to explore how to jointly address suicide and opioid overdose in communities
- A Traumatic Loss in the Workforce Workgroup led by OASAS to develop postvention protocols for clinicians who have lost patients to suicide or overdose. The work has included the development of presentations, guides, and a train-the-trainer program which has been implemented in New York City, Buffalo, Syracuse, and Albany.

The OMH Bureau of Inspection and Certification provides an operating certificate to nearly 500 outpatient mental health clinic programs across New York State. During regular inspections to ensure that each program is meeting standards of care based on Title 14 of the Codes, Rules, and Regulations of the State of New York (14 NYCRR), licensing staff review a sample of health records to verify that an assessment to determine risk of self-harm and suicide is completed for each recipient upon admission and following significant events, and a person-centered safety plan is developed when indicated. In addition, as part of an ongoing effort to standardize best practices in suicide prevention clinical care,

SPO staff have participated in the review and update to the Standards of Care for outpatient clinic and CPEPs. Standards of care are the interpretive guidelines based on OMH regulatory requirements.

OMH State Operated Services (Civil Facilities) includes the operation of nineteen psychiatric centers, eighty-three outpatient clinics, twelve Assertive Community Treatment (ACT) teams, and additional support services such as residential programs and Health Home Care Management teams. OMH has streamlined and optimized the content and functionality of the current Suicide Safer Care Protocol to better meet clinical needs in State operated settings. OMH State Operations implemented the current Suicide Safer Care Protocol in the Fall of 2017 for the inpatient setting and outpatient clinics for both adults and children. This implementation also included the PSYCKES CQI project activities as outlined above for the outpatient clinics. Center for Practice Innovation learning portal trainings on suicide prevention are required for staff in both settings and support from the Office of the Medical Director and local champions have been established at each facility.

SPO has proposed a pilot to Review Suicide Deaths in State Operated Outpatient Facilities and steps are currently underway to establish guidelines for this project. Medical records would be reviewed along with facility-level reviews for all patients who die by suicide or make a severe suicide attempt (level “3”) while in OMH-operated outpatient care. The goals of the pilot are to identify systemic issues in the provision of clinical care for suicide prevention to inform the development of training and facility-level technical assistance. Participants will suggest potential edits to the standards of care policy as it pertains to suicide prevention, while also testing the feasibility of conducting a standardized suicide specific incident review for providers’ use and quality assurance activities.

The OMH Division of Forensic Services operates freestanding forensic psychiatric centers and forensic units across the State, as well as prison-based services. OMH also provides training and consultation to local corrections and police departments. Over the past year, the OMH Division of Forensic Services has reviewed suicide prevention protocols and developed new programs to address high-risk inmates.

- **Peer Supporter Program** – It is a collaborative effort of OMH and Department of Corrections and Community Supervision (DOCCS), providing peer support for those recently discharged from the correctional crisis unit - Residential Crisis Treatment Program (RCTP) - returning to the general population. The pilot is underway in three facilities (Bedford Hills, Wende and Green Haven Correctional Facilities), with the goal of expanding to all Level 1 facilities.
- **Inpatient and Corrections-Based Operations Systemic Development** - A work group was formed to identify additional methods of coordinating treatment strategies across Central New York Psychiatric Center (CNYPC) programs to enhance continuity of care for individuals at elevated risk for suicide, including the development of a centralized process for monitoring individuals at elevated risk of suicide, formalization of a uniform safety planning process, and implementation of targeted treatment interventions for the reduction of suicide risk.
- **Residential Crisis Treatment Program Development** - CNYPC is working to revise and enhance current policies and procedures for the Residential Crisis Treatment Program (RCTP) including the centralized monitoring of the consultation process to assist treatment teams in safely managing individuals at elevated risk for suicide
- **Suicide Prevention Clinical Skills Training** - CNYPC is working to enhance current policies regarding new employee, annual and specialized clinical skills training for the assessment and treatment of suicide risk. In addition, advanced clinical skills training opportunities are being developed for ongoing enhancement of clinical staff’s suicide risk assessment and treatment

competency. Methods for periodic assessment of clinical competence for all clinical staff conducting risk assessments will be implemented.

- **Suicide Prevention Awareness** - CNYPC is implementing targeted approaches to the ongoing development of suicide prevention awareness for staff and the individuals served.

Strengthening Public Health Prevention Efforts

Also referred to as the community prevention approach, the goal is to forge stronger partnerships with local communities through the provision of resources and expertise to assess local needs and implement research-informed prevention programs designed to meet the needs of individual communities and at-risk populations in each county.

Suicide Prevention Framework and County Designation

The creation of a suicide prevention framework was a recommendation from the NYS Suicide Prevention Task Force and has been developed through a collaborative process by the Suicide Prevention Office, Office of Mental Health, NYS Health Department, and select Task Force members, with input from the New York State Suicide Prevention Council, members of the Conference of Local Mental Hygiene Directors, and an advisory group comprised of representatives from Local Governmental Units, Local Health Departments, and local suicide prevention coalitions. The framework outlines benchmarks in the domains of community prevention, health systems, and data surveillance efforts with the expectation that all local level planning be done with a special emphasis on identifying the unique cultural characteristics and needs of each community. Communities that achieve the identified benchmarks will be eligible to receive a State designation as a *Community United for Suicide Prevention* and will be recognized at the next annual NYS Suicide Prevention Conference in September 2020. A designation survey is on track to be included in the upcoming Mental Hygiene Local Services Plan process (March 2020). In addition to the guidelines included with the survey, the SPO and SPC-NY will provide an array of resources to be used for meeting the identified benchmarks including webinars on each domain scheduled for March and April. Technical assistance and feedback will also be provided to individual counties as they develop their local suicide prevention strategy.

The Garrett Lee Smith Grant (GLS)

Awarded to the Suicide Prevention Office in July 2019, The GLS is driving a comprehensive approach to youth suicide prevention in health systems, schools, and community organizations in Onondaga County. Using the Zero Suicide Model as a framework, 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 the transition of care. The project will provide clinical services to an estimated 35,000 youth over five years in primary care, a CPEP, a pediatric emergency room, inpatient and outpatient mental health, school-based health centers, school-based mental health clinics, and substance use disorder treatment.

Building Lifeline Capacity and Increasing Public Awareness of Crisis Text Line

Building crisis capacity across New York State includes **Building Lifeline Capacity** which is a project to increase the in-state answer rate of lifeline calls from 45%-70% and began in September 2019. New York State also partnered in 2018 with **Crisis Text Line**, a 24-hour crisis text support service. Young adults and teenagers prefer to text, and this suicide prevention resource provides a more anonymous way of seeking support in times of need – *Text Got5 to 741-741*. Recent data has also illustrated the

success of the crisis text line in reaching high-risk groups including LGBTQ and Latinx youth as it is perceived to reduce bias. OMH is increasing efforts to publicize *Got5*.

The NYS Coalition Academy was developed by integrating knowledge from existing coalition research, as well as lessons learned from existing coalitions. Drawing on the Communities That Care model developed by Hawkins and Catalano and the Suicide Prevention Resource Center’s “A Strategic Planning Approach to Suicide Prevention”, the academy’s goal is to guide communities toward the development and implementation of locally supported best practice interventions.^{3 4} The academy is offered to counties across New York State.

SPC-NY provides technical assistance for postvention, a series of planned interventions with those affected by suicide in order to facilitate the grieving process, stabilize the environment, reduce the risk of negative behavior and limit the risk of contagion. Postvention response is particularly important because of the high percentage of people who die by suicide after the suicide of a friend or family member. Many schools and communities struggle with the occurrence of multiple suicides in short periods of time and often request assistance or support. This assistance has also been provided to State agencies with a goal toward moving beyond training to develop and/or adopt suicide prevention strategies. Furthermore, OMH published “The Impact of Suicide on Professional Caregivers: A Guide for Managers and Supervisors” in January 2019.

Increasing public awareness and outreach has been an ongoing effort by the Public Information Office, which distributed 18 press releases on new suicide prevention programs, initiatives and grants since January 2018. Additionally, PIO has developed and distributed two newsletters dedicated solely to suicide prevention and has included 16 articles on New York’s suicide prevention efforts in our regular monthly newsletters, many of them focused on groups at high-risk of suicide, including black and Latina youth, veterans, members of the LGBTQ community and residents of rural regions of the State. On social media, the Public Information Office has written and posted more than 125 Facebook articles and more than 75 tweets on Twitter focused on suicide prevention resources and efforts and launched a veterans’ suicide prevention campaign leading up to Veterans Day in November 2019. Additionally, PIO has shared or retweeted hundreds of posts from our partners, including Crisis Text Line, the National Suicide Prevention Lifeline, the JED Foundation, and others. OMH webpages dedicated to suicide prevention are continuously updated to include the most current information available. OMH’s Community Outreach and Public Education Office has distributed more than 500,000 brochures and other educational materials at conferences, community meetings and fairs (including the State Fair) across New York.

SPO is partnering with Family Connections – Managing Suicidality and Trauma Recovery (FC-MSTR) to adapt the program for families of young adults who had a suicidal or self-injurious crisis and make it available to New Yorkers. It is designed to provide parents with education, skills, and support to manage stress and other challenges resulting from the crisis.

³ Hawkins JD, Catalano RF. Investing in your community’s youth: An introduction to the Communities That Care System. 2005. Available at: <http://www.communitiesthatcare.net/userfiles/files/Investing-in-Your-Community-Youth.pdf>. Accessed June 8, 2016.

⁴ Suicide Prevention Resource Center. The strategic planning approach to suicide prevention. Available at: <http://www.sprc.org/basics/about-suicide-prevention/planning>. Accessed June 8, 2016.

A Guide for Suicide Prevention in NY Schools⁵ was developed and published by the Schools and Youth Workgroup of the Suicide Prevention Council in 2019. This guidance document outlines best practices for school districts in New York State to help protect the health and safety of all students, and to guide school districts in developing policies and procedures to prevent, assess the risk of, intervene, and respond to youth suicidal behavior. Presentations on the guide were provided at two statewide conferences, and the SPO is collaborating with State partners to further distribute the guide.

Suicide Prevention for Colleges and Universities is a project that began in March 2019 and to date has held two focus groups with undergraduate students: one with public health students and one with students in the LGBTQ community. Two additional focus groups are currently being scheduled with student athletes, and one for medical students is in development. Plans for 2020 include the identification and cultivation of strategic partnerships with more colleges and community stakeholders, additional focus groups including with private schools and international students, and continued work with the SUNY system to develop standardized suicide prevention and postvention guidelines. A NYS College Suicide Prevention Symposium with the SUNY system and the development and dissemination of crisis text materials geared towards college students and at-risk groups are being planned.

Suicide Prevention Training

Suicide Prevention for the State Workforce

Suicide Prevention Training is provided to stakeholders in the community, schools, and clinical settings by the Suicide Prevention Office and a network of trainers statewide with over twenty-five thousand individuals trained in 2019. In addition, the Suicide Prevention Task Force recommended training the State workforce as a mechanism for suicide prevention in the workplace as well as expanding the understanding of suicide to the community. The SPO is currently working with the Center for Practice Innovations to develop a training to be provided to all New York State employees through the Statewide Learning Management System (SLMS). The training will provide information on how to recognize signs of depression and distress as well as how to create safer work places and neighborhoods in New York State. There are over 200,000 state employees who currently access SLMS with approximately 400,000 community level employees who would have access to this training through the SLMS system. The training module development is expected to be completed by mid-year 2020.

Training and Resources for School Staff and Community Members

OMH is developing a comprehensive approach to school-based suicide prevention, building upon the extensive training and consultation currently provided across the State. The SPO is designing a strategy to ensure that all school districts are aware of the resources that are available.

Professional development and training opportunities designed to meet the suicide prevention needs of school staff and community members are provided by staff of the Suicide Prevention Center of New York in collaboration with a network of trainers, local communities, and school districts. These partnerships also provide for training to students. Community Gatekeeper and Brief Intervention trainings are delivered in communities across New York State. A gatekeeper is someone strategically positioned to help those at risk for suicide. Gatekeepers can be anyone and may include teachers, doctors, nurses, family, friends, clergy, police officers, colleagues, and firefighters. In 2019, the SPO has supported training for nearly 25,000 individuals.

⁵ A Guide for Suicide Prevention in NY Schools <https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf>

Creating Suicide Safety in School is a full day (six hours) workshop designed to assist school administrators, school-based mental health and health professionals, school safety staff, and school counselors with planning suicide prevention activities. Sometimes board members, teachers, and parents attend; it is ideal to include members of the school community who are vested in assessing current prevention and response readiness and providing recommendations for improvements. Implementation teams come together to spend the day learning about suicide and best practices in prevention. Small and large group discussions facilitate the development of a customized action plan. In 2019, over 400 school staff received this training. In addition, 30 trainers were developed between the New York City, Long Island, and Central New York regions with a plan for the development of 20 additional trainers in 2020.

Suicide Safety for Teachers and School Staff is a 60- to 90-minute training designed to meet the basic needs of school administration, faculty, and staff, with an emphasis on recognizing warning signs, clarifying the referral process in place at school, and making a warm handoff. Initiated in 2017, over 16,000 school staff have been exposed to this workshop, which encompasses 128 school districts and 12 regional leaders. There are 209 active trainers that have been developed and three additional master trainers who can provide train-the-trainer courses. A brief refresher training is expected to be completed and disseminated in 2020, along with a plan to expand the training to New York City and assure that the training is available to every school throughout the State.

Helping Students at Risk for Suicide focuses this full day workshop on incorporating the process of assessing, intervening, safety planning, and following up when there is concern that a student may be at-risk for suicide. This training is suitable for school-based health, mental health, pupil services, school safety professionals, administrators, special education, and pupil services administrators. The goals are two-fold: 1) to improve the competence and confidence of school-based professionals to intervene when suicide risk is identified, and 2) to assist school leaders with developing standardized policies and procedures to support best practices in suicide intervention. In calendar years 2018 and 2019, staff provided 14 workshops and developed training materials while working with the New York Association of School Psychologists and the University of Buffalo on sustainability and dissemination models. In 2019, the full-day workshops reached 340 mental health professionals. Twelve additional trainings will be provided in 2020, with the goal of developing a train-the-trainer process.

Lifelines Postvention: Responding to Suicide and Traumatic Death at School is a manualized, full-day workshop which helps school crisis teams review current procedures for suicide and other traumatic deaths in the school community. The strategies presented respect the critical role of the school in the recovery process and provide support, control, and structure to maintain order while assisting in the grieving process of school community members. This training is suitable for school crisis team leaders and members, those who support students and staff in the aftermath of traumatic death and suicide, school policy makers and leaders, and community agency staff who respond to schools after tragedy. One hundred twenty-three school mental health consultants in New York City received training in 2018-19 with a plan to develop four crisis team modules in 2020 to be accessed by consultants and crisis team leaders based on the Lifelines Postvention model.

Sources of Strength™⁶ is a universal public health-oriented suicide prevention program developed to utilize the influence of natural adolescent opinion leaders (peer leaders), working in partnership with adults, who provide mentoring and guidance. In secondary schools, peer leaders who are nominated by school staff and students are trained in the Sources of Strength curriculum to develop positive coping norms and resources and increase their connections to capable adults. They are trained to conduct activities designed to spread those norms and practices through their naturally occurring social networks, to increase school-wide healthy coping practices and to connect peers to adults, particularly students who are suicidal and/or isolated. The overall objective is to decrease suicidal behavior and long-term, suicide mortality. A randomized trial of Sources of Strength in schools found that four months of peer leader activities increased school-wide coping norms and youth-adult connections. The study also found that it's the first peer leader program to positively change the social-ecological protective factors that are associated with lower suicidal behavior.⁷

Over the past ten years, with support from OMH, Professor Peter Wyman at the University of Rochester and his team have focused on bringing the Sources of Strength program to schools in New York State where mental health resources are limited, and youth suicide rates are highest. Wyman's research to date has shown that Sources of Strength increases peer leaders' positive coping skills and connectedness to adults, and that their activities, in turn, strengthen the school-wide culture and behaviors surrounding help-seeking as it relates to suicide.⁸

Since 2016, 45 schools have implemented Sources of Strength (53 schools when including Above the Influence™ programming⁹). As of June 2019, a total of 2,764 student peer leaders and 674 adult advisors were receiving training and ongoing technical assistance from the University of Rochester and it is estimated that 18,678 secondary students were exposed to the prevention messaging for the 2018-19 school year. It is estimated that 108,000 secondary students have been exposed to the prevention messaging since 2016.

Community Gatekeeper and Brief Intervention training

Applied Suicide Intervention Skills Training (ASIST) - ASIST is a two-day practice-dominated course to help caregivers learn to recognize and review risk, and to intervene to prevent imminent risk of suicide. Fifteen contact hours of continuing education are available for Social Workers, Licensed Mental Health Counselors, and Credentialed Alcohol and Substance Abuse Counselors (CASACs). More than 3,000 individuals have been trained since 2018.

Suicide Alertness For Everyone-Tell Ask Listen Keepsafe (SafeTALK) - SafeTALK is a half-day alertness training that prepares anyone aged 15 or older, regardless of prior experience or training, to recognize warning signs, effectively communicate with individuals who are thinking about suicide, and connect them with life-saving intervention resources. Three contact hours of continuing education are available for Social Workers, Licensed Mental Health Counselors, and Credentialed Alcohol and Substance Abuse Counselors (CASACs). In 2018 and 2019, approximately 8,000 individuals have been trained. SafeTalk training has been provided to the

⁶ Sources of Strength™ <https://sourcesofstrength.org/>

⁷ Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high school. *Am J Public Health*. 2010;100:9 1653-1661.

⁸ Wyman PA, Brown CH, LoMurray M, Schmeelk-Cone K, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high school. *Am J Public Health*. 2010;100:9 1653-1661

⁹ Above the Influence <https://abovetheinfluence.com/about/>

civilian workforce, active military, and surrounding community partners, as well as the development of a partnership with the National Guard reserves.

Center for Practice Innovations (CPI) online Learning Management System (LMS)

The following suicide prevention-related trainings are hosted on the Center for Practice Innovations (CPI) online Learning Management System (LMS) although some trainings are delivered in person. These 35 individual trainings are currently designed for individuals employed by OMH/OASAS-licensed agencies, or for agencies participating in New York State grants or special projects. More than 9,000 trainings were completed in 2019, with a total of 40,420 cumulative trainings completed to date. The following is a list of some of the courses offered with completed number of trainings for 2018-2019.

- Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP): Introducing a Suicide-Safer Care Pathway for Clients at Elevated Risk - In 2018-19, 1,510 health care workers were trained.
- Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP): Model of Suicide-Safer Care Adaptation for Children and Adolescents - In 2018-19, 1,462 health care workers were trained.
- Assessment of Suicidal Risk Using the C-SSRS - In 2018-19, 1,633 health care workers were trained.
- Comprehensive Suicide Risk Assessment - In 2018-19, 1,902 health care workers were trained.
- Intervention and Prevention of Suicidal Behavior - In 2018-19, 895 Individuals were trained.
- Means Reduction Counseling for Suicidal Individuals with 859 individuals trained in 2019.
- New Yorkers Advancing Suicide Safer Care Initiative with 1,024 individuals trained in 2019.
- Optimizing Clinical Care for Suicidal Individuals – launched at the end of 2018, 104 individuals have been trained to date.
- Problem Solving Strategies for Suicidal Clients – 285 individuals either participated in the live webinar or took advantage of the recorded version.
- Safety Planning Intervention for Suicide Prevention - In 2018-19, 2,975 individuals were trained.
- Structured Follow-Up and Monitoring for Suicidal Individuals - In 2018-19, 739 individuals were trained.
- Suicide Prevention for Health Care Workers (20-minute module for non-clinical staff) – In 2018-19, 1,167 health care workers were trained.
- Suicide Prevention in First Episode Psychosis: A Two-Part Series launched in 2018 which has trained 28 individuals.
- Suicide Prevention Initiative in New York State: The “Zero Suicide” Model – in 2018-19, 262 individuals were trained.
- Suicide Screening and Risk Assessment combined course – in 2018-19, 192 individuals were trained.
- Treatment Engagement and Motivational Enhancement with Suicidal Clients with 228 individuals trained in 2019.

Timely Sharing of Data For Surveillance and Planning

In addition to the use of data to identify demographics and high-risk groups in each community, it is critically important to gather and track data on regional trends in suicide rates and related behaviors in order to implement a high-quality public health prevention approach. The Suicide Fatality Review pilot is an example of a promising program that has led to innovative strategies and prevention approaches.

The Suicide Fatality Review (SFR) Grant: “Learning from Loss: Using Suicide Fatality Reviews for Effective Prevention Activities” was awarded to the Suicide Prevention Office in 2019. This project will develop, test, and refine a formal in-depth suicide review process in four counties greatly impacted by suicide (Erie, Onondaga, Suffolk, Westchester). The purpose of the grant is twofold: first, to ensure accurate and complete data collection by medical examiners’ offices during investigations of suicide deaths; and second, to look for systemic patterns while conducting in-depth community reviews of suicide deaths. The innovative model being piloted in New York is based on a program successfully implemented in a Washington County, Oregon where a multidisciplinary team with representatives from the medical examiner’s office, healthcare providers, law enforcement, crisis workers, clergy, and other community partners share information during in-depth reviews of suicides after obtaining permission from next of kin. This multidisciplinary team is known as a Suicide Fatality Review (SFR) committee.

New York State Health Connector Suicide and Self-Harm Dashboard¹

The Suicide Prevention Council Data workgroup supported the NYS Department of Health towards the launch of the Suicide and Self-Harm Dashboard in 2018. The dashboard provides suicide and self-harm injury data collected on deaths from the vital statistics mortality data and hospitalizations and emergency room visits from the New York State Statewide Planning and Research Cooperative (SPARCS) hospital discharge data. The data can be used by local communities to inform prevention efforts and interventions.

Local Demographic Profiles – Staff from the SPO and the Nathan Kline Institute have collaborated on the development of county profiles that highlight demographic data such as race, ethnicity, and veteran status. The demographic profiles will be provided to communities to inform the development of their suicide prevention planning as part of the technical assistance provided by the SPO.

Infusing Cultural Competence Throughout Suicide Prevention Activities

Considering a community’s unique cultural and societal factors in the development of programs and identification of needed resources is essential to create a suicide-free New York. Universal prevention approaches must be adapted or changed to meet the needs of individual target groups. In addition, communities must utilize data to identify the demographics in each community and be sure that treatment and services are delivered in a manner that is consistent with the way in which each population is able to effectively engage with providers. SPO with State and local partners has reinforced this expectation within the suicide prevention framework being shared with counties in March 2020. Along with trainings provided by the OMH Office of Diversity – Bureau of Cultural Competence, SPO will provide additional resources to localities. Many of the following initiatives focused on high-risk groups will inform the technical assistance being developed for localities.

Black Youth Suicide Prevention

OMH has begun working with Dr. Michael Lindsey and staff at the New York University McSilver Institute to develop strategies related to black youth suicide prevention. Utilizing the report, “*Ring the Alarm: The Crisis of Black Youth Suicide in America*”, a report to Congress from the Congressional Black Caucus and the Emergency Taskforce on Black Youth Suicide and Mental Health¹⁰ as a starting point, Dr. Lindsey and OMH will collaborate on incorporating the unique needs of this population into the curriculum for mental health education in schools, a public awareness campaign utilizing the Center for Practice Innovations public facing portal, reviewing the evidence-based practice curriculum in higher education for social work, and additional public awareness efforts launched by OMH. In addition, SPO will review existing school-based clinics and encourage the expansion of those clinics into underserved communities.

Latina Adolescent Engagement Project

In recognition of the increased number of Latina adolescents who have reported making an attempt to die by suicide¹¹ and the unique cultural factors that must be considered in the development of programs and suicide prevention strategies, OMH is convening focus groups across the State based on data showing a high percentage of Latinx living in select communities and a higher percentage of enrollment in public school. Focus groups will initially be held in Suffolk, Rockland, Monroe, and Montgomery counties and will be comprised of Latinx community members, parents, providers, and consumers. Caroline Silva PhD from the University of Rochester will facilitate the Focus groups and engage individuals in discussion focused on the areas of Latina adolescent risk, barriers to effective treatment, and the development of unique strategies to engage the community. At the completion of the initial groups, findings will be reviewed with leaders in the Latinx mental health community and additional focus group(s) will be held within New York City. A summary paper will then be written to include a strategic plan which can be used at the local level to improve service delivery and utilization in the Latinx community. The findings will be used by the Suicide Prevention Council to inform the update of the New York State Suicide Prevention Plan.

LGBTQ Suicide Prevention

Recognizing the increased risk of suicide and self-harm within the LGBTQ community, trainings have been provided – and are ongoing – for State Operated Psychiatric Center staff to enhance children and youth facility staff’s understanding of gender identity and transgender individuals. The goals of the training are to increase understanding of the concepts of sexual orientation, assigned sex, gender identity and expression; provide information on current trends and barriers for youth in care; identify tools for improving communication, programs, and physical care in the hospital setting; and increase provider confidence and competence in serving transgender, gender-nonconforming and non-binary youth.

OMH has partnered with the Trevor Project on initiatives such as *A Guide for Suicide Prevention in NY Schools*¹² and will be working with the Trevor Project and Family Acceptance Project to develop resources that can be used by communities that do not have access to any local advocacy and educational organizations.

¹⁰ https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

¹¹ Silva C., Hispanic Adolescent Females and Suicide Risk, NYS Suicide Prevention Task Force Report, Appendix B, <https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>, pages 33-37.

¹² <https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf>

Rural Suicide Prevention

A Workgroup on Rural Suicide Prevention was launched in December 2019 comprised of individuals who have expertise and/or experience addressing suicide prevention and/or services to rural areas. A literature review of research and scholarly articles to orient and inform the workgroup is being written by Carrie Henning-Smith, PhD, MPH, MSW and Deputy Director of the University of Minnesota Rural Health Research Center and renowned expert in the field. The group also consists of representatives from OMH, OASAS, Division of Veterans Services (DVS), Office For the Aging, FarmNet, rural hospital administrators, NY Center for Agriculture Medicine and Health, Rural Schools Association of NYS, local public health/mental health leaders from rural counties, veterans and those with lived experience. The workgroup is reviewing the unique characteristics of rural living and professions associated with rural communities that may lead to an increased risk of suicide. The work will culminate in recommendations for improved treatment, services, community coordination, and prevention strategies to inform the New York State Suicide Prevention Council and the development of the next New York State Suicide Prevention Plan. Findings from the workgroup will also be shared with communities to further inform local suicide prevention plans.

Veterans, law enforcement, and first responders increased suicide risk will be highlighted at the annual NYS Suicide Prevention Conference in September 2020. OMH is partnering with a number of State agencies including the Division of Veteran Services (DVS), Office of Victim Services, Department of Corrections and Community Supervision, NYS Police, and the Division of Criminal Justice Services (DCJS), among others, to develop this program. In addition to the conference, OMH has increased collaboration with DVS on a number of initiatives including efforts to develop a mechanism for all State agencies to identify individuals with military history and refer them to DVS for benefits advisement. DVS will provide training and information to OMH staff at state operated programs to increase their understanding of benefits and services available to veterans.

OMH Community Outreach and Public Education participates in transitional events for military personnel and their families (both active duty and veterans) in order to facilitate a discussion on planning for adjustment to deployment and/or reintegration following deployment. Furthermore, direct case referrals are made for service members or families, when necessary, by working with local departments of mental health and community providers. Community Outreach is also increasing their collaboration with the DVS at these events and fairs throughout New York State, and recently participated in a statewide training to educate DVS staff on accessing local mental health services and OMH assistance. The bureau is partnering with Police Organization Providing Peer Assistance (POPPA) to support the New York City Police Department and have modified some OMH outreach materials (“hope cards”) to cater specifically to the target audience. Additionally, partnerships have been forged with the New York State Police EAP to expand resources and support for their employees. OMH further seeks to connect with this population by attending conferences, wellness days, and seminars, and working directly with attendees to provide exposure to materials on mental health education, wellness, psychological first aid, and how to access mental health services in any part of the State.

Veterans suicide prevention activities and research are also being conducted at the New York State Psychiatric Institute outlined in the research section below.

Research

OMH operates two world-renowned Research Institutes, Nathan Kline Institute (NKI) and New York State Psychiatric Institute (NYSPI). NKI is affiliated with New York University and NYSPI is affiliated with Columbia University. These institutes are among the preeminent sources for psychiatric research in the United States and continue to break new ground in the worlds of research, practice, treatment and policy.

The Nathan S. Kline Institute for Psychiatric Research (NKI) was established in 1952, when Dr. Kline and associates opened a research unit at what was then called the Rockland State Hospital, now Rockland Psychiatric Center. A major emphasis of NKI is to conduct innovative and interdisciplinary research with discoveries made in basic science laboratories, followed by translating these discoveries into clinical application. The goal is to develop more effective and tailored treatment for a variety of psychological problems and to enable those affected with a psychiatric illness to live more productive, happier, healthier lives, thereby reducing the impact of mental illness on families and society. Findings from the following research projects could inform the direction of suicide prevention activities in New York State. Some of the many ongoing research projects that impact suicide prevention are outlined below.

Utilization of Statewide Dataset (SPARCS) to Evaluate Behavioral Health Trends is an analysis of SPARCS data (years 2005-2015) to identify suicide, mental illness, and substance use trends in New York and linking these data with vital records data to describe mortality trends, and census data to layer social contextual data to these trends with a focus on African Americans, Latinx, and Asian Americans. This analysis is ongoing and is fully funded by the NKI Center for Research on Cultural and Structural Equity in Behavioral Health (CCASE).

Neural Correlates of Emotion Regulation in Psychosis with Suicidal Ideation and Behavior is a study being conducted by Matt Hoptman, PhD, on suicidal ideation and behavior (SIB) in people with psychosis. The study is funded by the American Foundation for Suicide Prevention (AFSP) to study 26 people with high levels of SIB and 26 people with low levels of SIB. Participants are evaluated on a number of different aspects of suicidal ideation and behavior as well as on traumatic experiences and impulsiveness. They also receive an MRI scan in which they are asked to perform a task that examines how they manage their emotions (emotion regulation). The expectation is that the high SIB group will show abnormalities in the function of the frontal lobe in comparison to the low SIB group, and that these abnormalities will be related to problems in emotion regulation. By understanding the underlying mechanisms, theories on how to prevent suicidal ideation and behavior can be developed and potentially inform the development of novel prevention strategies for individuals with psychosis.

The New York State Psychiatric Institute (NYSPI), established in 1895, was one of the first institutions in the United States to integrate teaching, research and therapeutic approaches to the care of patients with mental illnesses. NYSPI plays a key role in promoting OMH's Research and Practice agenda, whereby cutting-edge scientific knowledge and expertise are rapidly made available to inform decision makers, planners, and clinicians. Under the umbrella of the NYSPI, the **Center for Practice Innovations (CPI)** supports the OMH's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families. The CPI serves as a key resource to OMH by spreading those practices identified by OMH as most critical to accomplish OMH's system-transformation initiatives. Furthermore, the **Suicide Prevention-Training, Implementation, and Evaluation program (SP-TIE)** was established

in 2014 at New York State Psychiatric Institute, SP-TIE is an initiative within the CPI, a joint program of OMH and Columbia University. SP-TIE's mission is to increase the capacity of clinicians in the state to assess, manage and treat suicidal individuals. SP-TIE, in coordination with the SPO, selects, develops, implements, and evaluates evidence-based suicide prevention clinical interventions. It is responsible for developing suicide safer care clinical training approaches and materials for clinicians across the state (e.g. risk assessment, safety planning, and evidenced-based interventions), identifying and targeting gaps in expertise and training, and conducting ongoing evaluation for both SP-TIE and SPC-NY training offerings. There are many suicide prevention activities at NYSPI that include research, education, and consultation. Some of the researchers are identified below with an explanation of current projects.

Randy Auerbach

Dr. Randy P. Auerbach is conducting novel research that seeks to identify risk factors that facilitate the transition from suicidal thinking to behaviors. First, he is using advanced computational models that relay on passive sensor data collected from adolescent smartphones to predict suicide risk states in real time. Second, Dr. Auerbach's lab is using a multimodal neuroimaging approach—including structural/functional magnetic resonance imaging (MRI) and electrophysiology—to elucidate biological markers that may signal risk for adolescent suicidal behaviors. Last, Dr. Auerbach is conducting the largest cross-national psychiatric epidemiological study of college students across 25 countries and five continents to identify risk markers for suicidal behaviors in this key population segment.

Maura Boldrini

The Boldrini lab is working on identifying alterations at the brain circuit, cellular and ultimately molecular level, that are involved in the pathogenesis of suicidal behavior in subjects with psychiatric illness, life adversity and traumatic experience exposure, drug and alcohol use, and in aging individuals. With the understanding that the brain is plastic and responds to environmental and biological insults with cellular and molecular changes that affect communication between neurons and ultimately mood, emotional responses and behavior, and understanding these mechanisms informs how to keep people from experiencing suicidal thoughts and urges.

Madelyn Gould

Since the National Suicide Prevention Lifeline's inception, Dr. Gould's evaluations of its effectiveness in meeting the needs of its callers have proceeded on an ongoing basis. Findings from the evaluations have been used in an iterative process to develop new policies and practices designed to improve and expand the Lifeline's capacity to mitigate suicide risk. These evaluations are more crucial now than ever in light of Congress's consideration of the National Suicide Hotline Designation Act of 2019, recommending the designation of a three-digit number (988) to be used as a national suicide prevention hotline.

Michael Grunebaum

Dr. Grunebaum's team conducted the pivotal trial of ketamine for rapid reduction of suicidal thoughts in depressed patients with clinically significant suicidal ideation, an analogous pilot trial in suicidal bipolar patients, and they have submitted a letter of intent to the National Institute of Mental Health (NIMH) to apply for a grant to study intramuscular ketamine as an easy-to-use rapid treatment for high-risk suicidal patients in the emergency department. There are also early stage studies using brain imaging (positron emission tomography and magnetic resonance

spectroscopy) to uncover the molecular mechanism of ketamine's anti-suicidal ideation effects which will accelerate the discovery of safer, next-generation medications.

John J. Mann

Dr. Mann is the principal investigator on a Federally funded NIMH grant awarded via the Research Foundation for Mental Health (RFMH) to study the causes of suicidal behavior that supports research at NYSPI. This is a five-year, \$15 million grant. He is the Principal investigator in additional grants supporting the following research: 1) familial transmission of suicidal behavior as a way of identifying modifiable risk factors and risk processes; 2) a study of how fluctuations in inflammatory processes cause variable levels of suicide risk; and 3) a study of how to use electronic health records to study suicide risk and genetic risk factors (in which he is the co-principal investigator).

Laurel Mayer and Claude Mellins

Drs. Mayer and Mellins are heading a group of NYSPI researchers examining the risk factors for suicidal behavior and ideation in medical internship. The trajectory of suicidality and its relationship to burnout as well as other work-related factors are being examined.

Jeffery Miller

Dr. Miller is an investigator on a brain imaging study examining the relationship of two biological measures to suicide attempt history: 1) inflammation in the brain and 2) the metabolism of common neurotransmitters including serotonin, norepinephrine, and dopamine. This work may help identify novel biological treatments for individuals at increased risk for suicide.

Mark Olfson

Dr. Olfson is principal investigator on a project improving the emergency department management of deliberate self-harm by evaluating the effectiveness of five widely recommended emergency mental health services to increase linkage to outpatient mental health services and reduce the short-term risk of deliberate self-harm and suicide for young people and adults who present to general hospital emergency departments following episodes of deliberate self-harm. He is also part of a research project aimed at identifying socio-demographic groups at increased risk of suicide due to firearms. Dr. Olfson is also working with investigators at the National Institute on Drug Abuse, National Health Lung and Blood Institute, and the Census Bureau on an analysis of the largest study ever conducted to identify risk factors for suicide due to firearms.

Maria Oquendo

Dr. Oquendo conducted a study on the varying rates of major depression and suicide attempts across ethnic groups within the United States. Her research underscored the differences between Hispanic ethnic groups and the impact of acculturation and socio-economic status.

Mina Rizk

Dr. Rizk is conducting a brain imaging study to examine the functional brain mechanisms underlying the anti-suicidal effects of buprenorphine in high risk suicidal individuals with opioid disorder. This may help refine the use of buprenorphine for the treatment of suicidal ideation in people abusing opioids and ultimately help curb the increasing suicide rates among this population.

Oscar Jimenez-Solomon

Oscar Jimenez-Solomon has developed a Financial Hardship Screening tool for veterans examining the intersect between financial burden and suicide risk. SPO is currently working with NYSPI on the research plan of identifying pilot sites and partners for studying the screening tool.

Barbara Stanley

Dr. Stanley is conducting several NIMH studies through RFMH and in partnership with Columbia University as well as other institutions (Michigan State, Brown University) and foundation grants (in partnership with Columbia and New York Presbyterian). These projects include: 1) Evaluating the effectiveness of zero suicide implementation in 165 outpatient clinics in New York State; 2) Examining whether there are subtypes of suicidal individuals with different underlying neurobiology and patterns of suicidal ideation; and 3) Determining the effectiveness of the Safety Planning Intervention, a widely used brief intervention to prevent suicide in patients discharged from the emergency department, suicidal inmates released from jail, and veterans in outpatient settings.

Conclusion

OMH will continue to collaborate with State and local partners on suicide prevention, including through innovative research, piloting evidence-informed interventions, improving protocols for local and State providers, and facilitating community planning. We also look forward to supporting communities in identifying and engaging at-risk populations to ensure that no one is left behind as we reduce suicide statewide. For additional information and resources on many of the initiatives outlined in this report, please visit the OMH website.

ⁱ NYS Health Connector Suicide and Self-Harm <https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>