

Suicide Prevention Resource Guide for Public Health and Service Providers

The New York State Department of Health aims to provide local public health, first responders, and healthcare personnel with tools and resources to address the increase of suicide and self-harm in the community. The following are lists of recommendations and resources intended to support you in your efforts to respond to self-directed violence including self-harm, suicide attempts, suicidal ideation and intentional drug overdose.

For more information on suicide prevention in New York State, please visit [Suicide and Self-Inflicted Injuries](#) or contact suicideprevention@health.ny.gov.

Local Health Departments:

Address stigma as a barrier to help seeking by using [people-first language](#) when communicating about suicide prevention and at-risk populations.

Use the [Action Alliance's Framework for Successful Messaging](#) in public communication.

Educate community members about the [risks and protective factors](#) for suicide.

Provide training and educational opportunities to increase awareness of [unconscious biases](#).

At the organizational level, use the [National Standards for Culturally and Linguistically Appropriate Services](#) as a blueprint for creating and sustaining organizational change.

Educate your staff and community members on [Gatekeeper Trainings](#) to help them become better informed on how to identify and respond to suicide risk.

[New York State Health Connector](#): Suicides and Self-Harm in New York State Dashboard provides visual data on suicide and self-harm broken down by demographic, mechanism, marital status, and veteran status. Data is New York State, New York City, and the county level.

The Centers for Disease Control and Prevention's [Injury and Violence Data Dashboard](#) provides data on unintentional drug overdose, suicide and homicide at the national, statewide, city, county, and zip code level.

The [New York State Nonfatal Suicide Syndromic Annual Data brief](#) offers emergency department data by demographics and by county.

First Responders, Providers and Health Systems:

[Respond](#) to self-harm and suicide crisis calls with compassion and care. Avoid [stigmatizing language](#).

Use the [Suicide Assessment Five-step Evaluation and Triage](#) protocols and [develop safety plans](#) and interventions responsive to the risk level of patients. The resource also includes brief triage and documentation guidelines.

Refer patients and providers to educational resources to help them become more informed about suicide risk and prevention. Learn more about other brief and validated tools available to [screen and assess patients](#) for suicide risk.

Implement effective interventions to reduce suicide risk in high-risk individuals and a "bridging strategy" where health care systems provide timely follow-up care if the most appropriate [continuity of care plan](#) cannot be achieved in a timely manner.

Train staff on [Counseling on Access to Lethal Means](#) for at-risk individuals with access to firearms or medication.

Utilize a [Zero Suicide Framework](#) for integrating suicide prevention in health care. Conduct a [Stanley Brown Safety Planning Intervention](#) with patients who are at-risk, step six of which is counseling patients and developing a plan for reducing access to lethal means.

[Assess next-of-kin](#) and loved ones after experiencing a suicide death to identify suicide or self-harm risk. Have [suicide prevention resources](#) accessible and available for survivors and loved ones in all first responder and healthcare settings.

Explore [suicide prevention trainings and materials](#) from the Suicide Prevention Center of New York at no cost to you.