



The Suicide Prevention, Intervention and Postvention Resource Directory for the Long Island Region of New York

Forward

The Suicide Prevention, Intervention and Postvention Resource Directory (SPIP) was developed as a living document for the Long Island Region of New York State in order to begin a comprehensive and grass roots effort to inform, educate and mobilize the community to prevent suicides.

At least 36,000 Americans die by suicide every year and it is widely believed that many of these losses may have been prevented through a coordinated effort of increasing the awareness, education and preparedness of community gatekeepers and stakeholders. Suicides are the most preventable cause of death and deserve the attention and commitment of society as a whole, not just specific groups or individuals, including the families who have been directly touched by their own tragic losses. At least seven individuals (though often many more) are immediately and intimately affected by each loss through suicide. This number continues to grow and adds to those survivors who are left with unanswered questions and who struggle to make sense of what seems to be a senseless act. Understandably, hoping no one else would ever endure this kind of pain.

New York State has been fortunate recently to see a reduction in the total number of suicides, perhaps in part as a result of the untiring efforts of organizations and individuals dedicated to the cause of suicide prevention in the private and public sector.

It is hoped that this living directory will serve as the beginning and basis for an ensuing collaborative effort on the part of citizens of Long Island to reduce the number of these tragic losses due to suicide.

This directory is dedicated to the memory of those who have believed there was no hope and decided to take their own lives through suicide.

Mansour (Max) Banilivy, Ph.D.

Acknowledgement

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Help in a Crisis

Sometimes we don't know how to *reach out* to others. If you know someone who is depressed or suicidal, there are certain things that you may want to do, but you may not be sure if they are helpful.

Below is a simple list of Do's and Don'ts which will guide you on how to deal with a friend or a loved one in crisis.

Do:	Don't:
Reach out	Make your friend's problem sound unimportant
Show that you care	Act shocked
Encourage your friend to talk	Keep your friend's suicide plan secret
Listen without making judgments	Try to take any weapon away from your friend
Remain calm	Leave your friend alone when he or she is in crisis
Be positive	Assume that your friend is simply having a bad day
Ask direct questions: Are you planning on killing yourself? How? When? Where?	Take on the responsibility of your friend's safety by yourself
Know your limits	Stop being a good friend no matter what
Get help	Lose patience if your friend tries to reject your help
Act quickly if you think your friend is in danger	Give up hope

Nelson, R., & Galas, J., (1994) *The Power to Prevent Suicide: a guide for teens helping teens*, Free Spirit Publishing

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Suicide: Cost to the Nation

- Suicide takes the lives of more than 36,000 Americans every year
- Every 15.2 minutes another life is lost to suicide; Everyday 90 Americans take their own life and over 1500 attempt suicide
- Suicide is the third leading cause of death among 15-24 year olds
- Suicide is now the tenth leading cause of death in America
- For every two victims of homicide in the U.S., there are three deaths from suicide
- In the month prior to their suicide, 75% of elderly persons had visited a physician
- Over half of all suicides occur in adult men aged 25-65
- Many who make suicide attempts never seek professional care immediately after the attempt
- Males are four times more likely to die from suicides than are females
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease, combined
- Suicide is the leading cause of death among people who abuse alcohol and drugs
- 25% of individuals who die by suicide were intoxicated at the time of their death
- Alcohol was involved in 64% of attempts and is a factor in about 30% of all completed suicides
- Individuals treated for a substance use disorders are at a 10x greater risk to eventually die by suicide compared with the general population, and people who inject drugs are at about 14x greater risk for eventual suicide.
- Problem gamblers have the highest rate of suicide of any other addiction. According to the National Council on Problem Gambling, one in five problem gamblers have attempted suicide.
- People who struggle with problem gambling may experience serious social, emotional, financial and health consequences. For many, coping with the negative emotions related to these issues can be overwhelming. Shame, hopelessness and failure may seem too hard to bear, for some suicide appears to be a solution to these issues. If the gambling is hidden from the family, or if the individual does leave a suicide note that mentions gambling, suicide deaths related to gambling, go under reported. For some families the shame and guilt they experience related to the gambling, and or the suicide, may cause them to withhold that information.
- Suicides, in one year, cost the U.S. \$13 billion in lost earnings
- Suicide attempts requiring hospitalization, cost the U.S. \$3.54 billion in lost medical and work loss costs

Suicide: Cost to Nassau and Suffolk Counties 2006-2008

Through communication and coalition building on L.I., stakeholders such as healthcare workers, mental health organizations, educators, policymakers, the faith based community, business owners, community leaders, survivors, individuals and families, as well as diverse ethnic, racial and special interest groups, can prevent the unnecessary loss of Long Islanders to suicide. Suicide is a 100% preventable public health problem.

Suicide Deaths and Death Rates per 100,000 Residents*

Region/County	Deaths				Population	Crude	Adjusted
	2006	2007	2008	Total	2007	Rate	Rate
Nassau	76	69	86	231	1,306,533	5.9	5.5
Suffolk	103	102	107	312	1,453,229	7.2	7.0
Region Total	179	171	193	543	2,759,762	6.6	6.3

*Source: 2006-2008 Vital Statistics Data as of February, 2010
Adjusted Rates Are Age Adjusted to the 2000 United States Population [Back to the top](#)



For individuals, families and friends, a source of hope and a way to help!

Warning Signs

These behaviors can be signs that a person is depressed, and may be thinking about suicide:

- Taking risks and becoming self-destructive. (feelings of helplessness or hopelessness)
- Sudden changes in eating, sleeping, hygiene or other daily patterns of behavior.
- Difficulty concentrating, decline in schoolwork.
- Making arrangements, such as cleaning one's room, paying off an overdue debt, or giving away treasured possessions.
- Unusual neglect of personal appearance.
- Withdrawal from activities that used to be enjoyed. Sudden ending of friendships. Tuning out the world.
- A sudden change in personality. Aggressive, rebellious, or disobedient behavior that goes beyond the person's normal behavior. Unusual spitefulness and hostility.
- Breaking up a love relationship in the last two months.
- Impulsivity-risk taking
- Fatigue or loss of energy.
- Becoming suddenly cheerful and calm after a period of depression and restlessness. This may mean that a person has come to the decision to commit suicide.
- Abusing drugs and alcohol.
- Verbal hints of suicide, such as "I've had enough," "You'd be better off without me," "Nothing matters," "I hate my life," or "I can't take it anymore."
- Persistent boredom and disinterest.
- Direct suicide threats, such as "If you break up with me, I'll kill myself."
- Anxiety-Agitation
- Not tolerating praise or rewards.
- Feelings of worthlessness or self-loathing.
- Self-Injury

What can you do if someone you know shows one or more of these signs?

These signs should be taken seriously. If possible, try to reach out to that person. Above all, you should let an adult know what you have observed.

Suicide is preventable. Together we can make a difference.

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Prevention of Adolescent Suicide

14 ways that you can help someone who may be having thoughts of suicide
<http://www.preventsuicideli.org/HowtoHelp.aspx>

Important Things to Remember
<http://www.sptsusa.org/parents/important.html>

TIPS FOR PARENTS:

When asked about their problems with parents, teenagers most often cite not being listened to. Really listening is not always easy. The following suggestions may help.
<http://www.preventsuicideli.org/TipsforParents.aspx>



The Second Wind Fund
<http://www.thesecondwindfund.org/index.html>

The mission of Second Wind Fund, Inc. is to decrease the incidence of teen suicide nationally by removing financial and social barriers to treatment for at-risk youth, provide prevention resources and to create a network of local affiliates to provide such services in their own communities.

Yellow Ribbon Suicide Prevention Program
www.yellowribbon.org

The Yellow Ribbon Suicide Prevention Program® is a community-based outreach program of Light for Life Foundation International. Yellow Ribbon offers a program that teaches about the internal nature of depression and loneliness. Even though thousands of youth may appear to be happy, they may actually be screaming silently in the deepest emotional pain. Suicide Prevention Community Development, Gatekeeper Training, seminars, workshops with fully developed curriculum (and videos) are available. These are available to youth and adults, separately and jointly and are in high demand. Yellow Ribbon chapters, schools and organizations throughout the U.S. and in 47 countries use this powerful program to teach teens and youth vital life skills.

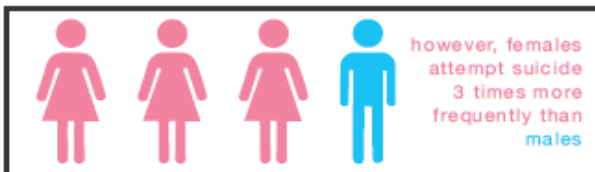
Reach Out
<http://us.reachout.com/>

ReachOut.com is a place where teens and young adults can improve their understanding of mental health issues, develop resilience, build their coping-skills and increase help-seeking behavior. It provides evidence-based information and support, real life stories and the ability to connect and contribute in a safe and supported community.

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adolescent **suicide**

the truth about the nation's adolescents and college students



every 35 seconds
someone in the U.S. attempts suicide.

- ### Risk Factors
- Mental illness
 - Substance abuse
 - Previous suicide attempts
 - Firearms in the household
 - Nonsuicidal self injury
 - Exposure to friend's or family member's suicidal ways
 - Low self-esteem

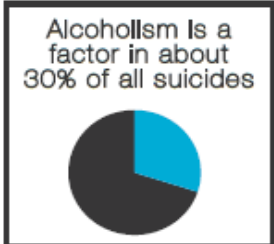
In 2007 for youth aged 10-24 there were
4,320 suicides

youth suicide methods
firearms 45%
suffocation 38%

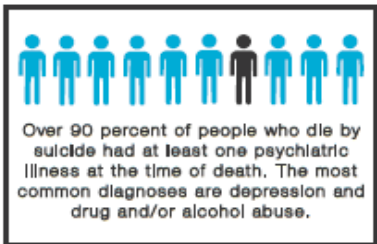
every 14.6 minutes
someone in the U.S. commits suicide.

suiciderates
are highest among college seniors and graduate students

10% of college undergrads have seriously considered suicide
1.5% of college undergrads report having attempted suicide



1100 suicides & 24000 attempts
occur annually among college students (18-24yrs).
that's about **1/3rd** of nation wide suicide deaths



Between **20%** and **50%** of people who take their lives have previously attempted suicide.

COLLEGE KIDS RUN ON IMPULSE

1 in 5 college suicides occur the same day as an acute life crisis

1 in 4 suicides occur within the next two weeks of an acute life crisis

1 in 12 college students have made a suicide plan

Suicide is the **3rd** leading cause of death among college students (15-24 years) behind unintentional injuries and homicides.

suicidology.org | afsp.org

Suicide Prevention for Foster Children



Suicide Prevention Resource Center

877-GET-SPRC (877-438-7772)

www.sprc.org

Education Development Center, Inc.

55 Chapel Street,

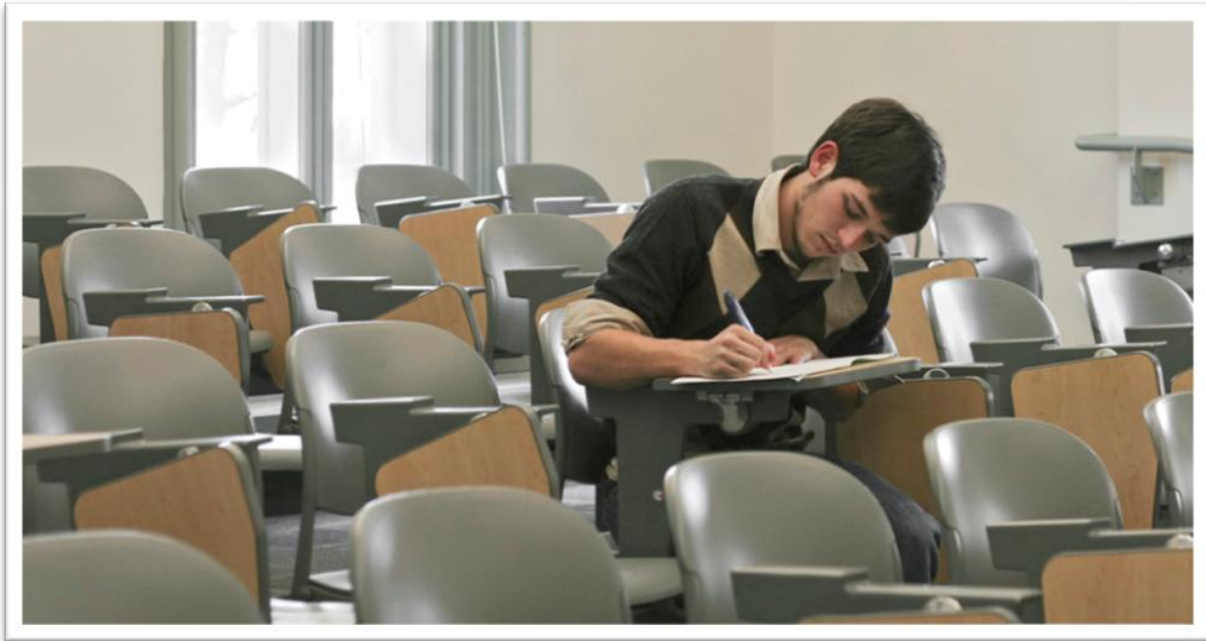
Newton, MA 02458-1060

Rosa and her husband had provided short-term foster placements for many kids with problems. But Jorge was the saddest child Rosa had ever met. His response to virtually every question or suggestion was a despondent “I don’t care.” One day Rosa found him sitting in the kitchen holding a large knife. She took it away from him and returned it to the drawer. He wouldn’t answer her questions about what he was doing or planning to do. She was upset – the knife was clearly dangerous and Jorge wasn’t talking to her. She asked her husband to stay with Jorge while she considered the situation. Finally, she decided that she needed to get professional help for Jorge right away. She told Jorge that she had cared for other children who felt like killing themselves and she was concerned about him. When she said it was important to her to keep him safe, Jorge started to cry. Rosa asked Jorge to go with her to the emergency room. She was quite relieved when he agreed.

http://www.sprc.org/featured_resources/customized/FosterParents.asp#role

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Suicide Prevention for College Students



Suicide Prevention

Suicide can be prevented. While some suicides occur without any outward warning, most do not. Most people who feel suicidal give definite [warning signs](#) that they plan to attempt suicide, but those close to them are often unaware of the significance of these signals or are unsure of what to do about them. Most suicidal people also desperately want to live but are unable to find other ways to cope with their thoughts and feelings. <http://www.ulifeline.org/main/page/58/WarningSigns> or www.afsp.org

There are many reasons why individuals engage in suicidal behaviors. Some reasons attributed to the appearance or increase in suicidal behaviors in college students include:

- New and unfamiliar environment
- Difficulties adjusting to new demands and different work loads
- Lack of adequate social and coping skills
- Academic and social pressures
- Feelings of failure or decreased performance
- Sense of alienation and lack of social support
- Family history of mental illness
- Resistance to complying with medication

The most effective way to prevent suicide is to know the [warning signs](#), take those signs seriously, and know how to respond when you experience them yourself or see them in a friend or classmate. The important thing to remember is that there is hope - and effective, available treatment - for people who are suicidal. The following sections will help you understand why people may feel suicidal and how to be of help to yourself or someone you know who may be at risk for suicide.

If you are concerned that you or someone you know may be at risk for suicide, we strongly encourage you to do one or more of the following:

- Contact a mental health provider within your community
- Call 1-800-273-8255(TALK), the National Suicide Prevention Hotline, for a referral
- Call your college's emergency number
- Call 911

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The Jed Foundation

Offers a screening tool Ulifeline for depression:
<http://www.ulifeline.org/main/Home.html>



People Prevent Suicide

www.PeoplePreventSuicide.org

College administrators are usually the last to know when a student is in trouble. Friends are much more likely to notice changes in behavior and are going to be the first in the line of influencers when it comes to persuading someone to get help. With the tools on this website, you can be the friend that makes a difference. Learn how to save a life.

Special Issues:

- [When a friend in crisis relies on you too much.](#)
- [Taking care of yourself when you are taking care of someone else.](#)
- [Becoming a suicide prevention gatekeeper.](#)
- [When you lose a friend or family member to suicide.](#)

How do you link to combat the stigma of mental illness?

- [Ad Council "What a Difference a Friend Makes" – broadcast these PSAs](#)
- [Learn about mental illness](#)
- [Combat the stigma of mental illness](#)
- [Start a mental health grassroots advocacy group on your campus – Active Minds on Campus](#)
- [Learn about how to help a friend – watch this interactive video](#)
- [Learn about the role of college students in preventing suicide](#)
- [Suicide Prevention Resource Packages](#)

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Individuals



Suicide is not chosen; it happens when pain exceeds resources for coping with pain.

If you are thinking about
Suicide...Read this first

A collection of readings addresses topics of interest to people coping with suicidal ideation as well as the people trying to help them.

<http://www.metanoia.org/suicide>

<http://psychcentral.com>

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Seniors



SPEAK about: Older adults: depression and suicide

<http://www.omh.state.ny.us/omhweb/speak/speakelderly.htm>

Depression, one of the most common conditions associated with suicide in older adults, is a widely under recognized and undertreated medical illness. In fact, several studies have found that many older adults who die by suicide—up to 75 percent—have visited a primary care physician within a month of their suicide. These findings point to the urgency of improving detection and treatment of depression as a means of reducing suicide risk among older persons.

Older Americans are disproportionately likely to die by suicide. Comprising only 13 percent of the U.S. population, individuals age 65 and older accounted for 18 percent of all suicide deaths in 2000. Among the highest rates (when categorized by gender and race) were white men age 85 and older: 59 deaths per 100,000 persons in 2000, more than five times the national U.S. rate of 10.6 per 100,000.

Of the nearly 35 million Americans age 65 and older, an estimated 2 million have a depressive illness (major depressive disorder, dysthymic disorder, or bipolar disorder) and another 5 million may have "subsyndromal depression or depressive symptoms that fall short of meeting full diagnostic criteria for a disorder. Subsyndromal depression is especially common among older persons and is associated with an increased risk of developing major depression. In any of these forms, however, depressive symptoms are not a normal part of aging. In contrast to the normal emotional experiences of sadness, grief, loss, or passing mood states, they tend to be persistent and to interfere significantly with an individual's ability to function.

Depression often co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals may mistakenly conclude that depression is a normal consequence of these problems—an attitude often shared by patients themselves. These factors together contribute to the under diagnosis and under treatment of depressive disorders in older people. Depression can and should be treated when it co-occurs with other illnesses, for untreated depression can delay recovery from or worsen the outcome of these other illnesses. The relationship between depression and other illness processes in older adults is a focus of ongoing research.

Both doctors and patients may have difficulty identifying the signs of depression. NIMH-funded researchers are currently investigating the effectiveness of a depression education intervention delivered in primary care clinics for improving recognition and treatment of depression and suicidal symptoms in elderly patients.

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Research and Treatment

Research has revealed varying patterns of clinical and biological features among older adults with depression. As compared to older persons whose depression began earlier in life, those whose depression first appears in later life are likely to have a more chronic course of illness. In addition, there is growing evidence that depression beginning in later life is associated with vascular changes in the brain.

Both antidepressant medications and short-term psychotherapies are effective treatments for late-life depression. Existing antidepressants are known to influence the functioning of certain neurotransmitters in the brain. The newer medications, chiefly the selective serotonin reuptake inhibitors (SSRIs), are generally preferred over the older medications, including tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs), because they have fewer and less severe potential side effects. Both generations of medications are effective in relieving depression, although some people will respond to one type of drug, but not another.

Research has shown that certain types of short-term psychotherapy, particularly cognitive-behavioral therapy and interpersonal therapy, are effective treatments for late-life depression. In addition, psychotherapy alone has been shown to prolong periods of good health free from depression. Combining psychotherapy with antidepressant medication, however, appears to provide maximum benefit. In one study, approximately 80 percent of older adults with depression recovered with combination treatment. The combination treatment was also found to be more effective than either treatment alone in reducing recurrences of depression.

More studies are in progress on the efficacy and longer-term effectiveness of SSRIs and specific psychotherapies for depression in older persons. Findings from these studies will provide important data regarding the clinical course and treatment of late-life depression. Further research will be needed to determine the role of hormonal factors in the development of depression in older adults, and to find out whether hormone replacement therapy with estrogens or androgens is of benefit in the treatment of late-life depression.

The New York State Office of Mental Health thanks the National Institute of Mental Health for providing the information contained in this booklet.

For a copy of this kit, write or call the Office of Mental Health Community Outreach & Public Education Office, 44 Holland Avenue, Albany NY 12229 or 866-270-9857 (toll free).

Town Senior Citizens Divisions

For information regarding senior citizens centers, senior clubs and locations contact the individual town senior citizen divisions.

Suffolk County

<http://www.suffolkcountyny.gov/>

Suffolk County Office of the Aging

H. Lee Dennison Building, 3rd Floor
100 Veterans Memorial Highway
P.O. Box 6100
Hauppauge, NY 11788-0099
Phone: (631) 853-8200
Fax: (631) 853-8225

Riverhead County Center Office

County Road 51
Riverhead, NY 11901-3397
Phone: (631) 852 1420
Fax: (631) 853-8225

Babylon	631 422 7642
Brookhaven	631 451 9191
E. Hampton	631 324 4947
Huntington	631 351 3253
Riverhead	631 722 4444
Shelter Island	631 749 1059
Smithtown	631 360 7616
Southampton	631 728 1235
Southold	631 298 4460

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Nassau County

<http://www.nassaucountyny.gov/agencies/Seniors/Recreation/RecreationalPrograms.html#recpgms>

NASSAU COUNTY Dept. of Senior Citizen Affairs
60 Charles Lindbergh Boulevard, Suite #260
Uniondale, NY 11553-3691
(516) 227-8900
FAX: (516) 227-8972
E-mail to: seniors@hhsnassaucountyny.us

Town of Hempstead
Department of Senior Enrichment
200 North Franklin Street
Hempstead, N.Y. 11550
www.townofhempstead.org
(516) 485-8100

Town of North Hempstead
Department of Community Services
1601 Marcus Avenue
Manhasset, N.Y. 11030
www.northhempstead.com
(516) 869-6311

Town of Oyster Bay
Dept of Community Services/ Division of Senior Citizen Services
977 Hicksville Road
Massapequa, N.Y. 11758
www.oysterbaytown.com
(516) 797-7900

City of Glen Cove
Office of Senior Services
130 Glen Street
Glen Cove, N.Y. 11542
www.glencove-li.com
(516) 759-9610

Long Beach Recreation Department
Magnolia Boulevard and West Bay Drive
Long Beach, N.Y. 11561
(516) 431-3890

The Geriatric Mental Health Foundation: was established by the American Association for Geriatric Psychiatry to raise awareness of psychiatric and mental health disorders affecting the elderly, eliminate the stigma of mental illness and treatment, promote healthy aging strategies, and increase access to quality mental health care for the elderly. www.gmhfonline.org

Hospice Care Network: believes in making every day count for the patient diagnosed with advanced illness. The focus is on caring, not curing, to allow the patient to live in peace and with dignity, surrounded by their friends and family in the environment they are most comfortable. www.hospice-care-network.org
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Groups & Communities

LGBT



LGBT Youth Suicide Hotline: Trevor Lifeline 866 488 7386

Some Facts about Suicide:

(NOTE: Refrain from using the phrase "commit(ed) suicide." Instead, use "died by suicide" or "completed suicide" when describing a fatal suicide attempt).

- In the United States, more than 36,000 people die by suicide each year (Centers for Disease Control and Prevention, CDC 2007).
- Suicide is the third leading cause of death among 15 to 24-year-olds, accounting for over 12% of deaths in this age group; only accidents and homicide occur more frequently (National Adolescent Health Information 2006).
- Suicide is the second leading cause of death for college age students (CDC 2008).
- Lesbian, gay, and bisexual youth are up to five times more likely to attempt suicide than their heterosexual peers (Massachusetts Youth Risk Survey 2007).
- More than 1/3 of LGB youth report having made a suicide attempt (D'Augelli AR - *Clinical Child Psychiatry and Psychology* 2002)
- Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt (Grossman AH, D'Augelli AR - *Suicide and Life Threatening Behavior* 2007)
- Questioning youth who are less certain of their sexual orientation report even higher levels of substance abuse and depressed thoughts than their heterosexual or openly LGBT-identified peers (Poteat VP, Aragon SR, et al – *Journal of Consulting and Clinical Psychology* 2009)
- LGB youth who come from highly rejecting families are more than 8 times as likely to have attempted suicide than LGB peers who reported no or low levels of family rejection (Ryan C, Huebner D, et al - *Peds* 2009;123(1):346-352)

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Additional Facts about Lesbian, Gay, Bisexual, and Transgender Youth

- Nine out of 10 LGBT students (86.2%) experienced harassment at school; three-fifths (60.8%) felt unsafe at school because of their sexual orientation; and about one-third (32.7%) skipped a day of school in the past month because of feeling unsafe
- LGBT students are three times as likely as non-LGBT students to say that they do not feel safe at school (22% vs. 7%) and 90% of LGBT students (vs. 62% of non-LGBT teens) have been harassed or assaulted during the past year.
- Sexual minority youth, or teens that identify themselves as gay, lesbian or bisexual, are bullied two to three times more than heterosexuals
- Almost all transgender students had been verbally harassed (e.g., called names or threatened) in the past year at school because of their sexual orientation (89%) and gender expression (89%).
- LGBT youth in rural communities and those with lower adult educational attainment face particularly hostile school climates.
- Lesbian, gay, and bisexual adolescents are 190 percent more likely to use drugs and alcohol than are heterosexual teens.
- It is estimated that between 20 and 40 percent of all homeless youth identify as lesbian, gay, bisexual, and/or transgender (2006 National Gay & Lesbian Task Force: An Epidemic of Homelessness). 62% of homeless LGB youth will attempt suicide at least once—more than two times as many as their heterosexual peers.

http://ccclambda.weebly.com/uploads/9/6/3/5/963579/suicide_warning_signs_data.pdf

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Trevor Project

<http://www.thetrevorproject.org>

The Trevor Project is determined to end suicide among LGBTQ youth by providing life-saving and life-affirming resources including our nationwide, 24/7 crisis intervention lifeline, digital community and advocacy/educational programs that create a safe, supportive and positive environment for everyone.

If you are a youth who is feeling alone, confused or in crisis, please call The Trevor Lifeline at 1-866-4-U-TREVOR for immediate help. You can also write [Dear Trevor](#) with any non-time sensitive questions.

Don't have access to a telephone? Are you in a location where you are unable to talk? Are you hearing impaired? Let's chat!

TrevorChat is a free, confidential, secure online messaging service that provides live help through this website. TrevorChat is only intended to assist those who are not at risk for suicide. It's available on **Fridays** between the hours of **1:00 PM Pacific (4 PM Eastern) and 5:00 PM Pacific (7:00 PM Eastern)**. Connect with a volunteer who can support you with your concerns and questions. **[U.S. Residents only]** [Click here on Fridays to see if an IM session is available.](#)

Connect with others

There are plenty of ways for young people to get involved in spreading the word about The Trevor Project, whether you're LGBTQ, a straight ally or anywhere in between! Youth are our most important advocates, and you can do a lot to be a "lifeguard" for your peers and create a safe, accepting environment for yourself and your friends.

[Learn about the warning signs of suicide](#) and what you can do to help a friend in crisis.

[Visit and join TrevorSpace.org](#), TrevorSpace is a social networking site for lesbian, gay, bisexual, transgender and questioning youth ages 13 through 24 and their friends and allies. Join today!

Ben Cohen Foundation

<http://www.standupfoundation.com/>



The Ben Cohen StandUp Foundation is the first organization dedicated solely to anti-bullying, no matter where or to whom it happens. Because LGBT youth are often targeted by bullies, the Foundation gives particular attention to this community. Its work extends to anti-gay bullying and homophobia in sports, as the Foundation was founded by Ben Cohen, MBE, one of the world's greatest athletes. He is the first straight sports star to dedicate his philanthropic efforts for the benefit of LGBT people. The Foundation is funded, in part, through profits shared by the StandUp social-commerce brand, the first brand to engage the consumer marketplace to drive social change for LGBT people. Mr. Cohen is chairman of both organizations.

Friends of Project 10

<http://www.project10.org/index.html>

Project 10 envisions lesbian, gay, bisexual, and transgender (LGBT) students as fully included and affirmed in the public school environment where justice, equality, and respect for all prevail. Since 1984 the mission of Project 10 has been to provide education and support for LGBT youth in the Los Angeles Unified School District. Project 10 works with students, faculty and staff to maintain safe, open, and inclusive campuses.



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GLSEN

<http://www.glsen.org/cgi-bin/iowa/all/home/index.html>



GLSEN is an education organization creating safe schools for all lesbian, gay, bisexual and transgender people. The Gay, Lesbian and Straight Education Network strives to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression.

The Matthew Shepard Foundation

<http://www.matthewshepard.org/>



The Matthew Shepard Foundation seeks to "Replace Hate with Understanding, Compassion and Acceptance" through a variety of programs including school assemblies on diversity, outreach to LGBT and allied workplace resource groups, and advocacy for legal equality, as well as by providing a resource directory, youth blogs, and motivational interviews with LGBT and allied professionals and celebrities through its youth-oriented website, MatthewsPlace.com.

PFLAG - Parents, Families and Friends of Lesbians and Gays

<http://community.pflag.org/Page.aspx?pid=194&srcid=-2>



PFLAG - Parents, Families and Friends of Lesbians and Gays promotes the health and well-being of gay, lesbian, bisexual and transgender persons, their families and friends through: support, education, and advocacy.

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Local Organizations

Pride for Youth is a service and an advocate for lesbian, gay, bisexual and transgender (LGBT) youth. Our mission is to enhance the health, wellness and cultural competency of LGBT young people through supportive services, education and youth development. We believe that LGBT young people are courageous, bright, creative and exceptional youth that enhance our communities. Formidable barriers such as homophobia, stigma, lack of understanding and institutionalized bias prevent some of them from achieving their potential. Pride for Youth offers a matrix of opportunities and supports that assist LGBT youth with their healthy development, break through obstacles to their success, and create a more responsive community in which they can grow.

Contact Us: www.longislandcrisiscenter.org

By mail: Pride for Youth
L.I. Crisis Center
2050 Bellmore Ave.
Bellmore, NY 11710

By phone: (516) 679-9000

Long Island Gay and Lesbian Youth (LIGALY) is a bi-county (Nassau and Suffolk) not-for-profit organization providing education, advocacy, and social support services to Long Island's gay, lesbian, bisexual, and transgender (GLBT) youth and young adults, and all youth, young adults, and their families for whom sexuality, sexual identity, gender identity, and HIV/AIDS are an issue. Our goals are to empower GLBT youth, advocate for their diverse interests, and to educate society about them.

Contact: Long Island Gay and Lesbian Youth, Inc. www.ligaly.org

The Center at Bay Shore
34 Park Avenue
Bay Shore, NY 11706-7309
Telephone: 631.665.2300
Fax: 631.665.7874
Directions >>

The Center at Garden City
400 Garden City Plaza, Suite 110
Garden City, NY 11530
Telephone: 516.323.0011
Fax: 516.750.4715
Directions >>

Email: info@ligaly.org

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American Indian, Alaskan Natives



Today, there are 5.2 million American Indians and Alaska Natives in the United States. The U.S. government recognizes 565 Indian tribes. Every year, the President designates November as [Native American Heritage Month](#).

Read more:

<http://iipdigital.usembassy.gov/st/english/inbrief/2011/11/20111108162812esiuo0.3491327.html#ixzz1gMwLdedh>

The recently published IHS Trends in Indian Health, 2002-2003 reports:

- The American Indian and Alaska Native suicide rate (17.9) for the three year period (2002-2004) in the IHS service areas is 1.7 times that of U.S. all races rate (10.8) for 2003.
- Suicide is the second leading cause of death behind unintentional injuries for Indian youth ages 15-24 residing in IHS service areas and is 3.5 times higher than the national average.
- Suicide is the 6th leading cause of death overall for males residing in IHS service areas and ranks ahead of homicide.
- American Indian and Alaska Native young people ages 15-34 make up 64 percent of all suicides in Indian Country.

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http://www.ihs.gov/announcements/index.cfm?module=announce_SuicidePrev

The purpose of the Indian Health Service's (IHS) Community Suicide Prevention Website is to provide American Indian and Alaska Native communities with culturally appropriate information about best and promising practices, training opportunities, and other relevant information regarding suicide prevention and intervention. The goal of the website is to provide Native communities with the tools and information to create, or adapt to, their own suicide prevention programs.



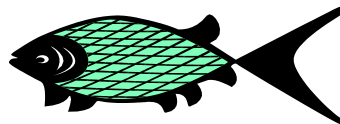
For more information about these tribes: <http://www.hanksville.net/maps/ny/ny.html>

Some tribes are creating their own suicide prevention programs. However, it is difficult to obtain permission to share what they are doing out in the field due to issues of confidentiality. Nationally, there are only five evidence based suicide prevention programs that have met the requirements of [SAMHSA's National Registry of Evidence-based Practices and Programs \(NREPP\)](#). [The Suicide Prevention Resource Center](#) and the American Foundation for Suicide Prevention collaborated to review and classify twelve programs as evidence-based (either Effective or Promising). Many of the Tribes or Tribal programs are using or adapting some of the following mainstream programs or components of these programs into their suicide prevention programs.

For more information on the IHS NSPN Project, to request suicide prevention and/or intervention assistance, or to post suicide prevention or related materials on the IHS Community Suicide Prevention

Web site, please contact:

Cheryl Peterson
Senior Public Health Analyst
Division of Behavioral Health
Indian Health Service
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-1870
Email: cheryl.peterson@ihs.gov



<http://www.ihs.gov/nonmedicalprograms/nspn/>

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Preventing Suicides in Ethnic and Racial Minorities



National Organization for People of Color against Suicide (NOPCAS)

[National Organization for People of Color Against Suicide](#)

Contact:

Donna Barnes, Executive Director

4715 Sargent Road, NE

Washington, DC 20017

Phone: 202.549.6039 or 1.866.899.5317

Email: nopcas@onebox.com

Website: www.nopcas.org

The National Organization for People of Color against Suicide (NOPCAS, Inc.) NOPCAS has a primary focus and mission to increase suicide awareness and education in populations that are racially and ethnically diverse. Additionally; it is our aim to develop prevention, intervention, and postvention support services to these families and communities impacted adversely by the effects of violence, depression and suicide in an effort to decrease life threatening behavior. NOPCAS has been conducting workshops upon request since 1998 in diverse communities. Every effort is made to disseminate knowledge about practices within the mental health services, suicide prevention, and treatment fields, that will enable attendees to develop awareness and skills to take back to their respective departments, communities, and institutions. We have a scientific Advisory Board that consists of leaders within their field of psychiatry, psychology, and social work and generally call on them to present their latest findings in research on depression and suicide at our conferences. For further information, please contact Donna Barnes 202-549-6039 or 1-866-899-5317 and visit our website www.nopcas.org

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Active Military and their Families



Active Military and their Families

Studies estimate at least 300,000 of our service men and women are suffering from major depression or post-traumatic stress disorder. An additional 320,000 are suffering from a traumatic brain injury. There are an average of 18 suicides a day among America's 25 million veterans.

The Division of Injury and Violence prevention can provide trainings to military/veterans employees and the community, on how to identify and help individuals with thoughts of suicide.

http://www.vahealth.org/Injury/preventsuicideva/Military_and_Veterans.htm

Army Suicide Prevention

<http://www.armyg1.army.mil/hR/suicide/default.asp>



Improve readiness through the development and enhancement of the Army Suicide Prevention Program. Policies are designed to minimize suicidal behavior; thereby preserving mission effectiveness through individual readiness for Soldiers, their Families, and Department of the Army civilians.

Contact Suicide Prevention <http://www.armyg1.army.mil/hR/suicide/contactus.asp>

For Immediate Concerns

The Army Suicide Prevention Office is not a crisis center and does not provide counseling services. If you are feeling distressed or hopeless, thinking about death or wanting to die, or, if you are concerned about someone who may be suicidal, please contact The National Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/> at 1-800-273-TALK (8255).

For Crisis Intervention:

E-mail Address: [Suicide Prevention team](#)

National Suicide Prevention Lifeline - 1-800-273-TALK (8255)

In Theater (Iraq, Afghanistan and Kuwait) - 94-800-273-TALK (8255)

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Air Force Suicide Prevention

[United States Air Force Suicide Prevention Program](http://www.osophs.dhhs.gov/ophs/bestpractice/usaf.htm) or
<http://www.osophs.dhhs.gov/ophs/bestpractice/usaf.htm>



The Air Force Suicide Prevention Program (AFSPP) seeks to:

- Reduce the number and rate of active duty Air Force suicides.
- Advocate a community approach to suicide prevention.
- Provide assistance and guidance to organizations and individuals administering various components of the AFSPP.
- Identify factors contributing to the incidence of suicide and develop a response to reduce the impact of such factors.

U.S. Marine Corps Suicide Prevention

<http://www.usmc-mccs.org/suicideprevent/index.cfm?sid=ml&smid=1>



If you think a fellow Marine, family member, or friend might be suicidal, help by taking action. People who kill themselves see suicide as the only remaining solution to their problems. If an individual has displayed any warning signs for suicide or, if you get a "sense" that he or she may act, don't wait. Take action! Remembering the Marine Corps Values of Honor, Courage and Commitment, can empower us to make a difference in the life of someone who might be at risk for suicide. Suicide can be prevented. Information & Referral is your first link to base and community services and programs. Toll-free information and referral telephone lines are available in regional areas as follows:

East of the Mississippi River (minus Wisconsin) is served by: Marine Corps Base (MCB) Quantico, VA	Phone: (800) 336-4663
West of the Mississippi River (plus Wisconsin) is served by: MCB Camp Pendleton, CA	Phone: (800) 253-1624
Eastern Recruiting Region and personnel on independent duty are served by: MCRD Parris Island, SC	Phone: (800) 826-7503
Western Recruiting Region and personnel on independent duty are served by: MCRD San Diego, CA	Phone: (888) 718-3027
Marine Forces Reserve: MCCS	Phone: (866) 305-9058
OIF (Operation Iraqi Freedom) hotline	Phone: (866) 227-2708
Links to local Marine Corps Base Numbers:	MCB Hawaii

[Marine Forces Reserve](#) (Each of our units/sites has a family readiness program and callers should ask to speak to the unit/site Family Readiness Officer.)

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Navy Suicide Prevention

<http://www.suicide.navy.mil/>



Remember: ACT- ASK - CARE - TREAT

- ASK if someone is depressed and is thinking about suicide.
- Let them know you CARE.
- Get them assistance (TREATment) as soon as possible.

Helping Agencies

National Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/>

1-800-273-Talk

Military One Source

<http://www.militaryonesource.mil/MOS/f?p=MOS:HOME>

1-800-342-9647 Free Help 24x7

[The Leaders Guide](#) for managing Sailors in distress is an excellent tool for Suicide Prevention.
[Navy Marine Corps Public Health Center Suicide Prevention Page](#) is another tool for Suicide Prevention

The following LINKS are provided as additional resources in Suicide Prevention, Operational Stress Control and Combat Stress.

Chaplain Care Website

<http://chaplaincare.navy.mil/index.htm>

Suicide Prevention Resource Center

<http://www.sprc.org/>

DoD/VA Suicide Outreach (SPARRC)

<http://www.suicideoutreach.org/>

Survivors of Suicide

<http://www.survivorsofsuicide.com/>

DoDSER Annual Report:

http://www.suicideoutreach.org/about_suicide or

<http://www.t2health.org/programs-surveillance.html>

U.S Coast Guard Suicide Prevention

http://www.uscg.mil/worklife/suicide_prevention.asp



If you know of a friend, loved-one, co-worker, or family member who is exhibiting suicidal communications or behaviors, bring it to the attention of someone who can help. Don't keep it a secret. If the person is on active duty, informing the person's chain of command is essential, particularly if the person is unwilling or unable to obtain help on his/her own.

[Coast Guard Chaplains](#)

[Coast Guard Medical Clinics](#)- In addition to military personnel, CG Clinics may serve dependents at some locations if space is available.

[Coast Guard National Command Center](#)- If you need the assistance of a Coast Guard command in an emergency, the National Command Center can assist in identifying needed contact information. Call 1-800-DAD-SAFE (323-7233).

[Coast Guard Employee Assistance Program](#) - (800) 222-0364

[Military Treatment Facility \(MTF\) Locator](#) (Note: only those MTFs serving both active duty and dependents are included.)

The National Suicide Prevention Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255).

Other Military Resources

Military OneSource <http://www.militaryonesource.com/home.aspx?MRole=&Branch=&Component=>
Army OneSource <http://www.myarmyonesource.com/default.aspx>

Give an Hour: Give Help, Give Hope

Give an Hour is a nonprofit organization providing free mental health services to U.S. military personnel and families affected by the current conflicts in Iraq and Afghanistan deployment.

Click here to search for providers by zip code. www.giveanhour.org

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VETERANS SERVICES:



Iraq and Afghanistan Veterans Of America (NYC)- <http://iava.org> (212) 982-9699
Advocates On Behalf Of Veterans Who Served In Wars In Iraq And Afghanistan.

Nassau County Veterans Service Agency (Plainview) (516) 572-8450
Helps veterans and dependents file for compensation, pension and education benefits from the U.S. Department of Veterans Affairs. Also assists veterans enroll for medical services, tax exemptions, and state education benefits. <http://www.nassaucountyny.gov/agencies/Veterans/index.html>

Suffolk County Veterans Service Agency (Hauppauge) (631) 853-8387
Helps Veterans and Dependents File For Compensation, Pension and Education Benefits From The U.S. Department Of Veterans Affairs.
Also assists veterans enroll for medical services, tax exemptions, and state education benefits.
<http://www.suffolkcountyny.gov/veterans/Home.aspx>

Town of Oyster Bay Veterans Services Division (Massapequa) (516) 797-7875
Represents veterans who reside in the 36 communities that comprise the Town of Oyster Bay. Provides assistance to veterans and their families. Provides information on veteran's issues to veterans' organizations and government agencies. www.oysterbaytown.com

Vietnam Veterans of America #82 Nassau County Chapter (516) 733-8414
Comprised of Vietnam Era Veterans. Provides information about benefits, offers assistance with benefits applications, advocates for veterans issues and provides camaraderie. Meetings held at Hicksville VFW Hall. www.vvachapter82.org

Vietnam Veterans Of America New York State Council (518) 338-8147
Coordinates activities of New York State chapters to advocate for the social, economic, educational and physical welfare of Vietnam Era Veterans. www.vva.org/state_council.html

Homelessness:

Homeless veterans should either walk-in or call:
Homeless Veterans Outreach Team
Nassau County Health and Human Services Building
60 Charles Lindbergh Blvd.
Uniondale, NY

(516) 227-8731

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TRAINING FOR PROVIDERS AND COMMUNITY ORGANIZATIONS:

GAYLENE PANDOLFO (New York State Office of Mental Health)

Gaylene Pandolfo is a Program Specialist and the Veterans Liaison for the New York State Office of Mental Health, Long Island Field Office. She chairs the "Program and Training" Workgroup for the Veterans Health Alliance. She is the sister of a Marine Corps Iraqi veteran. As an expert in trauma recovery, she has trained over 200 Long Island mental health providers to more effectively treat combat related Post Traumatic Stress Disorder.

Training modules regarding the care of veterans are available for clinical providers, military families and community organizations.

To arrange a training please call (631) 761-2512 or e-mail gaylene.pandolfo@omh.state.ny.us

FOR MORE Information about the Veterans Health Alliance of Long Island call John Javis (516) 489-1120 ext.1101

Resources

Department of Veteran Affairs Suicide Prevention
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420
http://www.mentalhealth.va.gov/suicide_prevention/index.asp



Veterans Health Alliance of Long Island Mental Health Association of Nassau County

"You served your country, now let your community support you"

The Veterans Health Alliance of Long Island is comprised of representatives from state and county government, the VA, veterans organizations, mental health and substance abuse providers, universities, business and individual veterans, who all have a personal interest in supporting Long Island veterans. The mission of the Veterans Health Alliance of Long Island is to: Promote the health and wellbeing of Long Island veterans and their families through advocacy, and a broad array of services.

A wide range of services and supports are available to veterans from all generations. Veterans may seek services from the **VA in Northport**, as well as from providers in their local community. Some services are free. Others may be covered by private insurance, TRICARE, government benefits, or other forms of payment.

For more information please call: (516) 504-HELP
Veterans Health Alliance of Long Island: (rev. 1/12/10)

<http://www.106rqw.ang.af.mil/shared/media/document/AFD-100718-005.pdf>

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VA MEDICAL CENTER (Northport) www.northport.va.gov

The VA in Northport offers a wide range of health, mental health, dental, rehabilitation, employment, substance abuse, pharmacy, aging and women's services. Veterans of Operation Enduring Freedom (OEF) and Veterans of Operation Iraqi Freedom (OIF) have a five year window of eligibility to register. Veterans from every generation are always encouraged to register with the VA.

CONTACT: VA Medical Center, 79 Middleville Rd. Northport, NY 11786, (631) 261-4400

Suicide Prevention Coordinator on staff

TRAUMATIC BRAIN INJURY:

BRAIN TRAUMA FOUNDATION (NYC) (212) 772-0608 ext. 301

Foundation dedicated to improve outcomes for individuals with TBI through clinical research, the development of best practices, and the education of medical personnel. Information regarding Combat Related Head Trauma may be obtained from: www.braintrauma.org

FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES (Hauppauge) www.familyres.org

FAMILY WELLNESS CENTER (631) 851-3810

Offers health and mental health services to individuals with TBI.

CASE MANAGEMENT (631) 273-1300. Provides case management for those with TBI.

CHILDREN'S SERVICES:

FAMILY AND CHILDREN'S ASSOCIATION (Hicksville) (516) 935-6858

Offers counseling for children. www.familyandchildrens.org

NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER (Roslyn Heights)

(516) 626-1971 www.northshorechildguidance.org

Provides outpatient clinical treatment and counseling; substance abuse counseling; trauma and bereavement individual, family and group services for all children ages birth – 24 and their families.

ROSEN FAMILY WELLNESS CENTER at NORTH SHORE – LONG ISLAND

JEWISH HOSPITAL (Manhasset) (516) 562-3260 www.northshorelij.com

Counseling for children, adolescents and family members of military personnel is offered at no charge.

The Rosen Center also offers free Parenting, Wellness and Child Resilience Workshops.

YES COMMUNITY COUNSELING CENTER (Massapequa) (516) 799-3203 www.yesccc.org

Provides counseling to young people age 10 – 21 related to issues of substance abuse, depression, and other family issues.

FAMILY SUPPORT:

ADELPHI UNIVERSITY (Garden City) (516) 877-3016

Institute for Parenting offering "Dads on Duty", a series of seven monthly parent education classes for military dads who are experiencing the challenge of raising their young children after separation or divorce.

BABYLON VET CENTER (Babylon) (631) 661-3930

Provides counseling to family members of veterans serving during specific periods of war or hostile actions. Services are free of charge.

FAMILY SERVICE LEAGUE (Bayshore) (631) 647-3100 ext. 103

Offers support group for loved ones of active service members. (Tri-care, private insurance and sliding scale accepted as payment)

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MHA OF NASSAU COUNTY (Hempstead) (516) 489-2322 ext. 1253
Offers weekly evening support group for family members of those with PTSD or other psychiatric disabilities. Services are provided free of charge.

MHA OF SUFFOLK COUNTY (Lindenhurst) (631) 226-3900
Call for support group information.

PATCHOGUE-MEDFORD YOUTH AND COMMUNITY SERVICES (Patchogue) (631) 758-4100
Offers free weekly support groups for veterans and family members.

ROSEN FAMILY WELLNESS CENTER at NORTH SHORE – LONG ISLAND
JEWISH HOSPITAL (Manhasset) (516) 562-3260
Provides individual, couples and family counseling at no charge to military families.

POST TRAUMATIC STRESS DISORDER SUPPORT GROUP:

MHA OF SUFFOLK COUNTY (Meeting in Riverhead) (631) 226-3900
Free support group for those with PTSD.

MILITARY SEXUAL TRAUMA:

BABYLON VET CENTER (Babylon) (631) 661-3930
Provides psychotherapy for military sexual trauma which occurred while on active duty. All veterans are eligible, regardless of period of service. All services are free of charge.

BEREAVEMENT COUNSELING:

BABYLON VET CENTER (Babylon) (631) 661-3930
Offers bereavement counseling to family members who had a loved one die while on active duty, regardless of period of service. Services are free of charge.

NASSAU COUNTY VET CENTER (Babylon / Plainview) (631) 661-3930
Offers bereavement counseling to family members who died in the service of their country. Services are free of charge.

ADDICTION / GAMBLING:

LONG BEACH MEDICAL CENTER (Long Beach) (516) 897-1671 / (516) 897-1250
Provides detox services, outpatient treatment as well as services related to gambling addiction.

LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
(LICADD) (Williston Park, Hauppauge, Riverhead) (516) 747-2606
Provides drug / alcohol assessment, brief intervention, treatment referrals and family based interventions. Anger management classes offered in Nassau and Suffolk.

PEDERSON-KRAG (Huntington) (631) 920-8053
GamPro program offers treatment and recovery from gambling addiction

SOUTH OAKS HOSPITAL (Amityville) (631) 264-4000
Chemical Dependency Outpatient and Intensive Outpatient treatment, as well as recovery program for adults with gambling addiction.

YES COMMUNITY COUNSELING CENTER (Massapequa) (516) 799-3203
Provides counseling to adults with issues related to drug or alcohol addiction.

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DOMESTIC VIOLENCE:

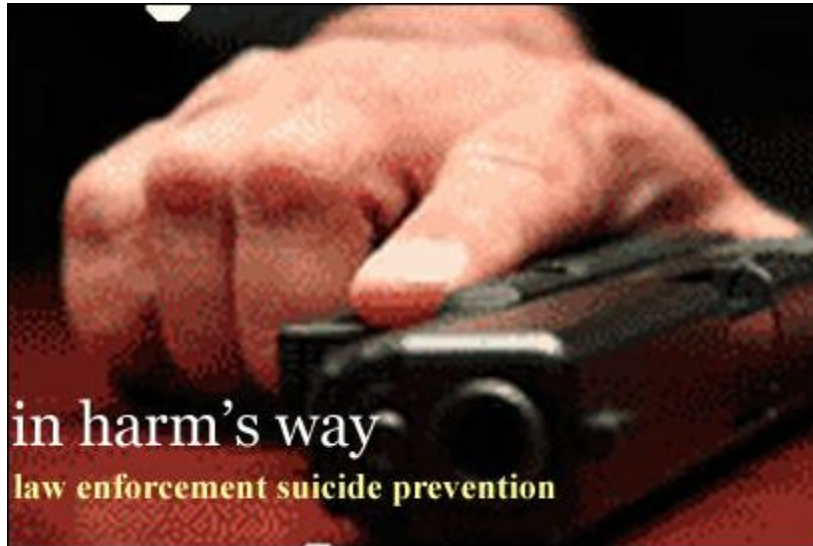
VICTIMS INFORMATION BUREAU OF SUFFOLK COUNTY (Holbrook)

(631) 360-3606 Family Violence and Rape Counseling (Victims) Offers hotline and counseling.

(631) 360-2270 HALT Program (batterer's intervention program) offers domestic violence groups on a sliding scale fee (insurance accepted) for veterans.

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Law Enforcement Personnel



The Badge of Life

<http://www.badgeoflife.com/links.php>

We are a group of active and retired police officers, medical professionals and surviving families of suicides from the United States and Canada. We have suffered the worst that posttraumatic stress disorder (PTSD) brings—the hopelessness, the despair, the flashbacks, the attempts at suicide, the nightmares and insomnia, the hypervigilance, anxiety and terror. Among us are victims of both critical incident and cumulative PTSD. Our families have suffered the loss of a loved one to police suicide.

Our program came after long discussion and research--and the realization that, in the search for complex answers, we were all missing some of the simple solutions. For that reason, we undertook [a two-year study](#), with Dr. John Violanti of the University of Buffalo, to determine once and for all how many police suicides were happening each year. This put to rest some of the outlandish figures that were being passed around the lecture circuit for far too many years.

We fully support suicide prevention programs, but they represent only one-half of the "solution." To that end, we have developed our program of "[Emotional Self-Care](#)" (ESC) training, from the "cradle to the grave, to supplement suicide prevention and keep officers from reaching the point of crisis and suicide in the first place.

“Suicide Prevention Resource Center”

http://www.sprc.org/featured_resources/customized/lawenforcementpersonnel.asp

Javier is a seven-year veteran uniformed police officer. He recently applied for a position that would involve a promotion. Before the morning roll call, Javier's shift supervisor, Tony, thought that Javier looked out of sorts and anxious.

When he had a chance to talk to Javier in private, Tony asked him if he had heard anything about the new job. Javier replied, "I think that I'm going to withdraw my application. It just doesn't matter anymore." Tony asked why, and Javier said that his wife had just filed for divorce and was asking for full custody of their two children. Tony suggested that Javier talk to a mental health professional, but Javier was reluctant; he had never seen a counselor or psychologist. Tony admitted that he had seen a therapist after he shot a teenager a few years ago. Tony told him that even though the shooting was justified, it really shook him up, and talking to someone really helped. Tony offered to make an appointment for

Javier and to go with him to the appointment if Javier wanted his support. Javier appeared relieved and took Tony up on his offer.

Please use the link to view valuable information from the "Suicide Prevention Resource Center http://www.sprc.org/featured_resources/customized/lawenforcementpersonnel.asp

- [The Role of Law Enforcement Personnel in Preventing Suicide](#)
- [Recognizing the Warning Signs](#)
- [Responding to the Warning Signs](#)
- [The Role of the Department](#)
- [Helping the Public](#)
- [References](#)
- [Resources](#)
 - [Resources for Law Enforcement Personnel](#)
 - [General Resources on Suicide and Suicide Prevention](#)

If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the [National Suicide Prevention Lifeline](#) at 1-800-273-TALK (8255).

Resources for Law Enforcement Personnel

The Central Florida Police Stress Unit, Inc. (<http://www.policestress.org/>) is a not-for-profit organization that operates a telephone hotline for officers under stress and provides information and in-service training on a variety of issues relating to stress and the law enforcement community, including Stress Awareness and Resolution for Law Enforcement, Dispatchers and Corrections Officers, Crisis Intervention, and Post-Traumatic Stress Disorder: Officer at Risk. The hotline can be reached at (407) 428-1800.

COPLINE is the first national hotline exclusively for law enforcement officers and their families. COPLINE is run by retired officers to help active officers with the wide variety of psychosocial stressors they face in their careers. COPLINE can be reached at (800) 267-5463. For more information, contact COPLINE, 501 Iron Bridge Road #6, Freehold, NJ 07728. Telephone: (732) 577-8300, ext. 8; fax: (732) 577-9960; e-mail: Copline@optonline.net.

The National Center for Post-Traumatic Stress Disorder (<http://www.ncptsd.org/index.html>) is an educational resource on PTSD developed by the Department of Veterans Affairs. It includes publications, fact sheets, and other resources on the assessment, identification, and treatment of PTSD, many of which are useful for those in law enforcement (particularly the fact sheet on Casualty and Death Notification).

The National P.O.L.I.C.E. Suicide Foundation (<http://www.psf.org/>) provides suicide awareness and prevention training programs and support services to meet the psychological and spiritual needs of emergency workers and their families. The foundation offers a three-day police suicide awareness train-the-trainer seminar that provides participants with the skills and materials needed to establish Police Suicide Awareness training within their own agencies.

QPR Triage. The Law Enforcement Wellness Association, in association with QPR Institute, developed QPR Triage, a one-day training program for police officers who are in a position to identify, screen, and refer persons who may be exhibiting suicidal behavior or may otherwise be at risk of suicide-including other officers. For more information on QPR Triage, visit the website of the Law Enforcement Wellness Association (<http://www.cophealth.com/sp.html>) or the QPR Institute (<http://www.qprinstitute.com>).

Suicide Survivor Support Group Directories. The American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP) offer online directories of suicide survivor support groups. The AAS directory is located at http://www.suicidology.org/associations/1045/files/Support_Groups.cfm. AFSP's directory can be found on its website (<http://www.afsp.org/index-1.htm>) on the navigation bar under "Survivors."

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Suicide Prevention for Faith Based Communities



After a suicide: Recommendations for religious services and other public memorial observances
<http://www.sprc.org/library/aftersuicide.pdf>

A guide to help community and faith leaders who plan memorial observances and provide support for individuals after the loss of a loved one to suicide.

Kathleen Logan, M.A., M.S.

Associate Director for Family Ministry:

Bereavement Coordinator, Diocese of Rockville Centre Catholic Cemeteries

Office of Faith Formation

PO Box 9023

Rockville Centre, NY 11571-9023

(516) 678-5800 ext. 236 - Voice Mail

E-mail address klogan@drvc.org

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Prevention Resources



American Foundation for Suicide Prevention: Survivor Outreach Program

Geographic Service Area: Nassau and Suffolk County

Primary Function: Support services

SPIP Related Activities: **PREVENTION POSTVENTION**

Description: Through AFSP's Survivor Outreach Program, trained local volunteers are on hand to: meet in person with newly-bereaved survivors and their families, listen with compassion and offer reassurance that surviving a suicide loss is possible, recommend helpful things to read, provide information about support groups and other local resources.

Agency Address: 25 Pepperidge Rd., East Rockaway, N.Y. 11518

Phone and Extension: 516-869-4215

Website: www.afsp.org

BOCES- Student Assistance Program

Geographic Service Area: Suffolk

Primary Function: **ARS Prevention & Education**

SPIP Related Activities: Primary **PREVENTION/ INTERVENTION**, Education,

Description: Drug/ Alcohol education/intervention/prevention program for schools

Agency Address: 1737A North Ocean Ave, Medford, NY 11763

Phone & extension: 631 289 0078

Fax: 631 289 0499

Website: www.sricbores.org/SAS

The Cope Foundation – Healing Programs

Geographic Service Area: Nassau and Suffolk County

Primary Function: Support services, **PREVENTION, POSTVENTION**

SPIP Related Activities: Advocacy, Public awareness/Education

Description: COPE is a grief and healing organization dedicated to helping parents and families living with the loss of a child. COPE offers small group support, individual support, therapy classes, and professionally led lectures and workshops,

Agency Address: Mailing Address: P.O. Box 1251, Melville NY 11747

Phone and Extension: 516-364-COPE (2673)

Website: www.copefoundation.org

HUGS, Inc.

Geographic Service Area: Suffolk

Primary Function: **ARS prevention and leadership training, PREVENTION,**

SPIP Related Activities: Primary prevention and Education

Description: Drug and alcohol prevention and leadership training seminars, along with smaller workshops offered to school and community groups

Agency Address: 39 Mill Road, Westhampton Beach, NY 11978

Phone & extension: 631 288 9505

Fax: 631 288 7170

Website: www.facebook.com/pages/HUGS-Inc/233133164393

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Long Island Families Together, Inc. (LIFT)

Geographic Service Area: Nassau and Suffolk

Primary Function: Support, education, advocacy, information and referral **MHS**

Description: As a parent and youth guided organization, LIFT will provide a strong voice to ensure children and youth with emotional, behavioral and mental health challenges and their families have access to needed information, support and services

SPIP Related Activities: Public Awareness/ Education, Advocacy, Referral and support **PREVENTION**

Agency Address: 193 A Broadway, Amityville, N.Y. 11701

Phone & extension: 631 264 5438 ext. 103

Fax: 631 264 0762

Website: www.lift4kids.org

The Pederson-Krag Center

Geographic Service Area: Suffolk County

Primary Function: **ARS Outpatient, MHS, problem gambling treatment,**

SPIP Related Activities: **PREVENTION, INTERVENTION for Admitted Clients, POSTVENTION**

Advocacy

Description: Licensed by the Office of Mental Health and the Office of Alcohol and Substance Abuse Services the Pederson-Krag Center provides a continuum of comprehensive mental health and addiction recovery services for individuals and families

Contact: Admissions

Agency Address: 55 Horizon Dr. Huntington, NY 11743

11 Route 111, Smithtown, N.Y. 11787

240 Long Island Ave., Wyandanch, NY 11799

3600 Route 112, Coram, NY 11727

Phone & extension:

631 920 8324

631 920 8053 for the Thomas R. Kenney GamPro Program

631 920 8500 Coram PROS

Fax: 631 920 8460

631 920 8162 GamPro

631 920 8501 Coram PROS

Website: www.pedersonkrag.org



Response of Suffolk County, Inc. -Response Hotline

Geographic Service Area: Suffolk County

Primary Function: Immediate Assistance, **Crisis Support, INTERVENTION PREVENTION,**

SPIP Related Activities: Crisis Intervention, Clinical Services, Education

Description: The **Crisis intervention/referral hotline** is open every day of the year, day and night, including holidays. Professionally trained and supervised volunteers offer callers telephone support and help them to explore options that can lead to thinking through next steps. Goal is to help callers lower their anxiety and find their own solutions. Crisis counselors also provide referrals for support groups, clinicians, mental health clinics, other hotlines and a host of other community programs and services.

Description: Support line: The support line is a separate line for callers who, due to a physical disability or mental illness, have limited access to social supports. From this line, volunteer counselors make telephone "visits" to callers weekly or several times a week, depending on the caller's needs. These visits "visits" mean a great deal to the callers, as they allow time for them to discuss their plans for the day and share their joy in recent achievements. Support line counselors also advocate for callers when necessary.

Description: Hear2Help Online Crisis Counseling. Since so many people find the internet a convenient and comfortable way to reach out, we offer crisis counseling online through our website. Callers can talk privately with a Response counselor about any subject and receive the same compassion, referrals, and advocacy that they would find on our hotline. Hear2Help is available Monday through Friday 5pm-11pm.

Description: Conexión is a hotline targeting **Spanish-speaking families**. Conexión is intended for children and teens that are going through a difficult time and for parents or other caregivers struggling to help them with depression and many other challenges. There is a wide array of bilingual services available in Suffolk, and Conexión counselors provide referrals as necessary to callers in addition to offering emotional support. Conexión can be reached at (631) 751-7423 Mon - Fri, 5-10 pm.

Agency Address: Mailing Address- P.O. Box 300, Stony Brook, NY 11790

Phone and Extension: 631-751-7500

Website: www.responsehotline.org

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The International Association for Suicide Prevention invites you to light a candle at 8 PM



World Suicide Prevention Day

On September 10th

**World Suicide
Prevention Day**

**Light a candle near
a window at 8 PM**

**to show your support
for suicide prevention**

to remember a lost loved one

**and for the survivors
of suicide**

iasp.info/wspd

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Intervention and Postvention

Feeling lost, lonely, desperate?



When it seems like there's
no hope, there is **help**.

If you or someone you know is thinking about suicide,
call the National Suicide Prevention Lifeline:

1-800-273-TALK (8255)

With help comes hope.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.nimh.gov

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NATIONAL
**SUICIDE
PREVENTION**
LIFELINE
1-800-273-TALK
1-800-273-8255
www.suicidepreventionlifeline.org

Means Matter



Recommendations for Families

If you're concerned that a member of your household may be suicidal, there are steps you can take to help keep them safe.

1. Call the National Suicide Prevention Lifeline, 1-800-273-TALK (1-800-273-8255) for support and to find out about resources in your area. You can also urge the family member to call the hotline him or herself for support. It's accessible around the clock.

2. Reduce easy access to dangerous substances at home. That includes:

- Firearms - Because firearms are the most lethal among suicide methods, it is particularly important that you remove them until things improve at home, or, second best lock them very securely. See below for [Questions about Removing or Storing Firearms](#).
- Medications - Don't keep lethal doses at home. Your doctor, pharmacist, or the poison control center (1-800-222-1222) may be able to help you determine safe quantities for the medicines you need to keep on hand. [Click here](#) for information on how to dispose of excess medications safely. Be particularly aware of keeping [prescription painkillers](#) (such as oxycodone and methadone) under lock and key both because of their lethality and their potential for abuse.
- Alcohol - Alcohol can both increase the chance that a person makes an unwise choice, like attempting suicide, and increase the lethality of a drug overdose. Keep only small quantities at home.

3. Learn more about [helping a family member who is feeling suicidal](#) or [has recently attempted suicide](#). ([Download PDF](#) of "Recommendations for Families")

Questions about Removing or Storing Firearms

(Adapted from [Maine Youth Suicide Prevention Program](#))

To explore the research on each of these concepts in greater depth, click here:

- [Many suicide attempts occur impulsively during a crisis.](#)
- [Intent isn't all that determines whether an attempter lives or dies; means also matter.](#)
- [90% of attempters who survive do NOT go on to die by suicide later.](#)
- [Access to firearms is a risk factor for suicide.](#)
- [Firearms used in youth suicide usually belong to a parent](#)
- [Reducing access to lethal means saves lives](#)
- [Means Matter Booklet](#): an introduction to the relationship between guns and impulsive suicides. *The above link is sufficient for office printing. For a high quality version to give to a professional printer to have more booklets printed, use [this file](#). Means Matter Slideshow
- [Brochure from Washington State's Lok-It-Up Campaign](#) (courtesy of the Snohomish Health District, WA)
- [Brochure on Gun Locking Devices](#) (courtesy of the Indiana Partnership to Prevent Firearm Violence)
- ["Five Minutes Can Save a Life"](#) brochure (courtesy of Community Action for Youth Survival at University of Illinois- Chicago)
- [Slide show](#) with pictures of various types of bridge barriers

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How to Report Suicidal Users on Facebook



We recently announced an innovative partnership with Facebook to offer crisis services via chat so that people in distress can more easily access the support that they need. This is part of our continued effort to expand our online crisis services to reach people where they are.

There are two ways to report a suicidal user to Facebook. You may either report it when you are scrolling on the suicidal user's comment or from the Facebook Help Center.

Reporting suicidal content while scrolling on the suicidal user's page

- 1) From your newsfeed, click on the user's name to go to their page. When you are on the suicidal user's page, click on the "Report/Mark as Spam" button in the upper right hand of the comment. It will only appear after you scroll over the X.
- 2) Click on the X and you will see a message that says, "Thanks for your feedback. You can undo this action or report it as abusive."
- 3) Click the option to report. The following screen will pop-up.
- 4) Check the "Violence or harmful behavior" field and scroll down to "Suicidal Content." Click continue. Your report will be sent to Facebook and reviewed by the Safety Team, who may send the person who posted the suicidal comment an e-mail encouraging them to call the National Suicide Prevention Lifeline 1-800-273-TALK (8255) or to click on a link to begin a confidential chat session with a crisis worker.

Reporting suicidal content from the Facebook Help Center

- 1) From any screen, click the downward arrow button which can be found on the upper right hand of the screen. Click on the "Help" option which will take you to Facebook's help page. The following screen will appear.
- 2) Type the word "suicide" into the search box. The following screen will appear.
- 3) Click on the result, "How do I help someone who has posted suicidal content on the site?" An option will appear that says, "To report suicidal content to Facebook, click here." Click on the "click here" link to report and the following screen will appear.
- 4) Complete the form with the full name and web address of the user and click submit. Your report will be sent to Facebook and reviewed by the Safety Team, who may send the person who posted the suicidal comment an e-mail encouraging them to call the National Suicide Prevention Lifeline 1-800-273-TALK (8255) or to click on a link to begin a confidential chat session with a crisis worker.

Note: Please read the press release <http://www.samhsa.gov/> for more information about the new service.

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Psychiatric Services on College Campuses



If an individual has a suicide plan, it is necessary to seek help immediately!

Hofstra University

Student Counseling Services
Joan and Arnold Saltzman Community Services Center
Hofstra University
Hempstead NY 11550
516-463-6791



In the event of an emergency:

If you are a Hofstra University student and experience a psychological emergency during non-business hours, please contact Hofstra's Public Safety department at (516) 463-6789, where an officer can page a crisis counselor immediately or contact the nearest emergency room.

Adelphi University

Student Counseling Center
University Center Room 310
Adelphi University
P.O. Box 701
Garden City, NY 11530-0701
p - 516.877.3646
f - 516.877.3139



In the event of an emergency:

On-campus: Call Public Safety by dialing extension 5 on any campus phone.
Off-campus: Call Public Safety at 516.877.3511 or call 911.

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C.W. Post-Long Island University

Student Health and Counseling Center
Life Science Building, Room 154
C.W. Post Campus
Long Island University
720 Northern Boulevard
Brookville, NY 11548-1300
Phone: 516-299-2345 | Fax: 516-299-4113
Email: studenthealth@cwpost.liu.edu



In the event of an emergency:
For 24 Hr Emergency Services Call: 516-299-2222

Stony Brook University

Counseling and Psychological Services (CAPS)
Student Health Services, Second Floor
Stadium Road
Stony Brook, NY 11794-3100
Phone: (631) 632-6720
Fax: (631) 632-9754



In the event of an emergency:
During office hours: CALL 631-632-6720 Or Come to the Center. Tell the receptionist that this is an emergency.

After hours:

- Call the University Police at 911 from a campus phone or 632-3333 from a cell phone or if you are off campus.
- Go to the Stony Brook Hospital Emergency Room on Health Sciences Drive
- Call the Psychiatry ER at 631-444-6050.

Farmingdale State College

Personal Counseling Services
Farmingdale State College
A Campus of the State University of New York
2350 Broadhollow Road
Farmingdale, NY 11735
Phone: 631-420-2006
Email: counseling@farmingdale.edu



In the event of an emergency:
Please call: 631-420-2111

NYIT-Old Westbury Campus

Counseling and Wellness Center
New York Institute of Technology
Harry Schure Hall, Suite 208
Phone: 516.686.7976



In the event of an emergency:
If you are unable to reach the above number and are in distress, call 911

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St. Josephs College

St. Joseph's College's Wellness Services
St. Joseph's College
Room N311 in O'Connor Hall
155 West Roe Boulevard
Patchogue, NY 11772
Phone: 631.687.4588



Emergency

In the event of an emergency:

For 24 hour services, please contact Campus Security at 917-209-3625. Security will assess the level of threat and contact the police and/or an ambulance if needed.

Molloy College

Student Personal Counseling
Molloy College
Kellenberg Hall 003
Phone: 516-678-5000 ext. 6545 or ext. 7721



Emergency

In the event of an emergency:

For all psychological emergencies, please dial public safety at 516-678-5000 ext. 11. The Director of Counseling will then be notified of the emergency.

Long Island University at Riverhead

Public Safety Department
Long Island University at Riverhead
121 Speonk-Riverhead Rd
Shinnecock Building, Room 120
Riverhead, NY 11901-3499
Phone: (631) 548-3636



Emergency

In the event of an emergency:

If you are unable to reach the above number and are in distress, call 911

Nassau Community College

Psychological Counseling Center
Nassau Community College
One Education Drive
Garden City, New York 11530-6793
Phone: (516) 572-7698



Emergency

In the event of an emergency:

If you are in a crisis situation, you will be seen right away. If you are in a crisis when the office is closed call Public Safety at 516-572-7111 or you may go to your nearest emergency room.

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SUNY Old Westbury

Counseling and Psychiatric Wellness Center Counseling Center
SUNY College at Old Westbury
Student Union, Lower Level, Suite 100
Old Westbury, New York 11568-0210
Phone: (516) 876-3053



In the event of an emergency:

If you are unable to reach the above number and are in distress, call 911

Dowling College

Rudolph-Oakdale Campus

150 Idle Hour Boulevard
Oakdale, NY 11769
631.244.3000

Brookhaven Campus

1300 William Floyd Parkway
Shirley, NY 11967
631.244.3000

Melville Center

145 Pinelawn Road, Suite 350 S
Melville, NY 11747
631-244-3190



For all Dowling College campuses-in the event of an emergency:

On-campus: Call Public Safety by dialing 88 on any campus phone.

Off-campus: Call Public Safety at 631-244-3060 or call 911.

For Personal Assistance and Counseling Services please call 631-244-3455.

Suffolk County Community College

Campus Counseling Services:

Ammerman 631-451-4053

Eastern 631-548-2524

Grant 631-851-6250

Riverhead Center: 311

Sayville Center: 311



In the event of an emergency:

On-campus: Dial 311 on all Campuses and Centers, or press the "HELP" button for direct connection to Public Safety.

College Mental Health Resources

College Response

Your college years will be some of the most memorable of your life.

New friends, experiences, and freedoms provide an exciting backdrop as you wind your way through mid-terms, social gatherings and all-nighters. Despite all the fun, adjusting to college life can be difficult, leaving you feeling stressed, anxious, disconnected, and alone.

<http://mentalhealthscreening.org/locator/collegeresponse.html>

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Hotlines



Reaching out for help is the most important thing you can do for yourself or someone you love. If you are worried that you or a loved one may harm themselves, please call 911 or go to your local emergency department

Local

Response of Suffolk County Inc.	24 hr. hotline	(631) 751-7500
Response Spanish Line	M-F 5pm-10pm	(631) 751-7423
Response On-Line Hear2Help	M-F 5pm-11pm	www.responsehotline.org
LI Crisis Center (Nassau County)	24 hr. hotline	(516) 679-1111
Islip Hotline		(631) 277 4700
Huntington Hotline		(631) 549-8700
The Samaritans (NYC)		(212) 673-3000
UJA Federation of New York's (J11 Information and Referral Center)	M-F 9am-4pm	(877) 852 6951
NYS HOPE LINE		www.ujafedny.org/find-help 877-8-HOPENY (877-846-7369)

Mental Health Association in New York State

<http://www.mhanys.org/index.php>

MHANYS

194 WASHINGTON AVE, SUITE 415,

ALBANY, NY 12210

Phone: 518-434-0439

Fax: 518-427-8676

Email: info@mhanys.org

National Suicide Prevention Lifeline 24 hr. hotline (800) 273-TALK (8255)

A free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.

- Call for yourself or someone you care about
- Free and confidential
- A network of more than 140 crisis centers nationwide

Suicide Crisis Telephone Numbers For NYS

In the event that you have a family member living in another part of NYS we have provided the list of suicide crisis phone numbers including numbers for local county mental health clinics or the mental health units of hospitals, as these are the only places equipped to handle crisis calls in some counties. See "New York City" for Bronx, Kings, New York, Queens, and Richmond Counties.

Please notify the Information Center of any errors you discover by sending an e-mail to:

infocenter@mhanys.org

Albany

Albany County Mobile Crisis

(518) 447-9650

Samaritans Suicide Prevention Center

(518) 689-4673

Allegany

Allegany County Community Services Crisis Hotline

(585) 593-5706

Broome

United Health Services

(607) 762-2032 / (800) 451-0560

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Cattaraugus

Cattaraugus County Crisis Hotline (by Olean General Hospital) (800) 339-5209

Cayuga

Contact-Syracuse (315) 251-0600 / (877) 400-8740
Suicide Prevention and Crisis Service (607) 272-1616
Lifeline (585) 275-5151 / (800) 310-1160 /
TTY (585) 275-2700

Chautauqua

Crisis Services Counseling Hotline (716) 834-3131
Toll-free number for children and adolescents only: (877) KIDS400 (877-543-7400)

Chemung

Chemung County Crisis Service (607) 737-5369

Chenango

A.O. Fox Hospital Crisis Intervention Service (607) 431-5412 / (877) 369-6699

Clinton

CEF Crisis Helpline of the Crisis Center of Clinton (518) 561-2330 /
(800) DIAL-SOS (800-342-5767)

Columbia

Columbia County Mental Health Dept. Crisis Line (518) 828-9446
Samaritans Suicide Prevention Center (518) 689-4673

Cortland

Cortland Memorial Hospital Psychiatric Services Crisis Line (607) 756-3771
Suicide Prevention and Crisis Service (607) 272-1616

Delaware

A.O. Fox Hospital Crisis Intervention Service (607) 431-5412 / (877) 369-6699

Dutchess

Dutchess County Helpline (845) 485-9700 / 877-485-9700 /
TTY (845) 486-2866

Erie

Crisis Services Counseling Hotline (716) 834-3131 /
Toll-free number for children and adolescents only: (877) KIDS400 (1-877-543-7400)

Essex

CEF Crisis Helpline of the Crisis Center of Essex (518) 561-2330 /
(800) DIAL-SOS (800-342-5767)

Franklin

CEF Crisis Helpline of the Crisis Center of Franklin (518) 561-2330 /
(800) DIAL-SOS (800-342-5767)

Fulton

St. Mary's Mental Health Hotline (518) 842-9111

Genesee

Regional Action Phone, Inc. (585) 343-1212 / 1-800-527-1757

Hamilton

Hamilton County Community Services Crisis Line (800) 533-8445

Herkimer

Crisis Services of St. Elizabeth's Medical Center (315) 734-3456

Jefferson

Mobile Crisis Services of North Country Transitional Living Services (315) 782-2327

Lewis

Lewis County Community Services (315) 376-5450

Livingston

Lifeline (585) 275-5151 / (800) 310-1160 /
TTY (585) 275-2700

Madison

Madison County Mental Health Department (315) 366-2215

Monroe

Lifeline (585) 275-5151 / (800) 310-1160 /
TTY (585) 275-2700

Montgomery

St. Mary's Mental Health Hotline (518) 842-9111

Nassau

Helpline (212) 532-2400
Long Island Crisis Center Suicide Hotline (516) 679-1111
Suicide & Crisis Response Helpline (516) 504-HELP (504-4357) /
(516) 489-2322 ext. 2

New York City (Bronx, Kings, New York, Queens, and Richmond Counties)

Helpline (212) 532-2400
LIFENET (800) 543-3638 (800-LIFENET) /
(212) 995-5824.
Spanish Language line (877) 298-3373
Asian Languages (877) 990-8585
Samaritans Suicide Prevention Hotline (212) 673-3000

Niagara

Niagara County Crisis Hotline (716) 285-3515

Oneida

Crisis Services of St. Elizabeth's Medical Center (315) 734-3456

Onondaga

Contact-Syracuse (315) 251-0600 / (877) 400-8740

Ontario

Lifeline (585) 275-5151 / (800) 310-1160 /
TTY (585) 275-2700

Orange

Mobile Mental Health Through Occupations (888) 750-2266 ext. 2
Orange County Helpline (800) 832-1200 / (845) 294-9355.

Orleans

Regional Action Phone, Inc. (585) 343-1212 / (800) 527-1757

Oswego

Oswego Hospital Behavioral Services Division 24-Hour Hotline (315) 343-8162

Otsego

A.O. Fox Hospital Crisis Intervention Service (607) 431-5412 / (877) 369-6699

Putnam Putnam Community Services Crisis Intervention	(845) 278-2100
Rensselaer Crisis Line of the Crisis Dept. of Samaritan Hospital Samaritans Suicide Prevention Center	(518) 274-4345 (518) 689-4673
Rockland Suicide Hotline of the Rockland County Dept. of Mental Health	(845) 354-6500
Saint Lawrence Reach out of St. Lawrence, Inc.	(315) 265-2422
Saratoga Samaritans Suicide Prevention Center Saratoga County Crisis Line	(518) 689-4673 (518) 584-9030
Schenectady Ellis Hospital Mental Health Clinic Samaritans Suicide Prevention Center	(518) 386-3300 (518) 689-4673
Schoharie A.O. Fox Hospital Crisis Intervention Service	(607) 431-5412 / (877) 369-6699
Schuyler Schuyler County Health Services - weekday daytime Schuyler County Health Services - after hours Suicide Prevention and Crisis Service	(607) 535-8282 (607) 737-5369 (607) 272-1616
Seneca Lifeline	(585) 275-5151 / (800) 310-1160 / TTY (585) 275-2700
Steuben Steuben County Community Mental Health Steuben Suicide Prevention and Crisis Service	(607) 776-6577 (607) 272-1616
Suffolk Helpline Suffolk Response of Suffolk County	(212) 532-2400 (631) 751-7500
Tioga Suicide Prevention and Crisis Service	(607) 272-1616
Tompkins Suicide Prevention and Crisis Service	(607) 272-1616
Ulster Family of Woodstock Family of New Paltz Family of Ellenville	(845) 679-2485 (Woodstock number) / (845) 338-2370 (Kingston number) (845) 225-8801 (845) 647-2443
Wayne Lifeline	(585) 275-5151 / (800) 310-1160 / TTY (585) 275-2700

Westchester

Helpline (212) 532-2400
Mobile Crisis Team of Westchester Medical Center (914) 493-7075
Suicide/Crisis Prevention Hotline (914) 347-6400

Wyoming

Wyoming County Crisis Line (800) 724-8583 / (585) 786-0190

Yates

Lifeline (585) 275-5151 / (800) 310-1160 /
TTY (585) 275-2700
Suicide Prevention and Crisis Service (607) 272-1616

National

Boys Town National Hotline

24 hr. hotline (800) 448-3000

TDD line (800) 448-1833.

24-hour crisis, resource and referral line that have trained counselors that will respond to calls 24/7, 365 days a year. Spanish-speaking counselors and translation services, representing more than 140 languages, are also available.

Covenant House Nineline

(800) 999-9999

Lifeline National Suicide Prevention Hotline 24 hr. hotline (800) 273-TALK (8255)

A free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you. ** For Veterans Press 1 **

For other languages and the deaf

Spanish

(877) Ayudese (877-298-3373)

Asian LifeNet

(877) 990 8585

TTY: (212) 982 5284

Lifeline Student Lifeline, Inc.

24 hr. hotline (800) 543-3829

Offers youths who need to get out of a bad situation free transportation. Located at 922 Hempstead Turnpike Franklin Square, NY 11010

National Suicide Prevention Hotline

(800) SUICIDE (800-784-2433)

TTY: (800) 799-4TTY (4889)

National Youth Crisis Hotline

(800) 442-HOPE (4673)

Lifeline (National Suicide Hotline) Spanish 24 hr. hotline (888) 628-9454

Trevor Project Hotline 24 hr. hotline (866) 4-U-TREVOR (866-488-7386)

The Trevor Project is a national organization focused on crisis and Suicide Prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.

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Evaluation & Treatment Facilities

Comprehensive Psychiatric Emergency Program (CPEP)



Suffolk County

Located at Stony Brook University Medical Center, this hospital-based emergency psychiatric service is open 24 hours a day, 7 days per week. The program provides an organized system for responding to psychiatric emergencies for evaluation, intervention, treatment and referral for the residents of Suffolk County who have demonstrated a need for emergency psychiatric evaluation or treatment.

Comprehensive medical, physical and psychiatric assessments are completed. Alternatives to inpatient treatment to persons in crisis will be given to those who do not require admission to an acute inpatient service. Transfers to other acute psychiatric care facilities may be arranged for persons who are in need of an inpatient level of care. In some cases where additional evaluation or a period of observation is needed, the patient may be retained or admitted to an Extended Observation Bed (EOB) for up to 72 hours. Tel: (631) 444-6050

Nassau County

The Nassau University Medical Center has a psychiatric emergency room serving the entire county of Nassau 24 hours a day, 7 days per week. Provides many of the services offered by a CPEP. Tel: (516) 572-4775

Mobile Crisis Teams

Provides mental health assessment and crisis intervention in the home or other setting (may take several hours to arrive on scene). Tries to avoid hospitalization where possible; provides linkage to community services.

Suffolk County

Adults - Mobile Crisis Unit/Pilgrim Psych Center	10am – 11pm 7 days/wk	(631) 952 3333
Children - Sagamore Mobile Crisis Unit	11am – 7pm 7 days/wk	(631) 370 1700
Sagamore Youth Crisis Team		(631) 370 1701 or (631) 370 1714

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Inpatient Hospitals with an Acute Care Psychiatric Unit:



An Individual in Crisis May go to ANY Hospital Emergency Room for Assistance 24/7, 365 days a year

Nassau County:

Nassau County Adult Mobile Crisis Teams	(516) 572 6419
Nassau County Youth Mobile Crisis Teams	(516) 868 3030 x245/246

Suffolk County:

Brookhaven Memorial Hospital (Patchogue)	(631) 447-3000
Brunswick General (Amityville)	(631) 789-7000
Eastern LI Hospital (Greenport)	(631) 477-1000 x268
Huntington Hospital (Huntington)	(631) 351-2000 or 351-2434
John T. Mather Memorial Hospital (Port Jefferson)	(631) 473-1320 x5800
St. Catherine of Siena Hospital	(631) 862-3000
South Oaks Hospital (Amityville)	(631) 264-4000
Southside Hospital (Bay Shore)	(631) 968-3000
University Medical Center (Stony Brook)	(631) 444-4000
Veteran's Admin. Hospital (Northport)	(631) 261-4400

Nassau County:

Franklin General Hospital (Valley Stream)	(516) 256-6000
Long Beach Medical Center (Long Beach)	(516) 897-1000
Mercy Medical Center (Rockville Center)	(516) 705-2525
Nassau University Medical Center (East Meadow)	(516) 572-0123
South Nassau Communities Hospital (Oceanside)	(877) 768-8462
Zucker Hillside Hospital (Glen Oaks)	(718) 470-8590
A member of the Northshore LIJ Health System	

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Veterans Intervention Services

EMERGENCY / CRISIS

Department of Veterans Affairs Suicide HOTLINE: 1-800-273-TALK
24 Hour availability

Holliswood Hospital (Queens) 1-800-990-3785
Recovery from Traumatic Stress Program offers comprehensive inpatient treatment alternative for veterans experiencing difficulties with pre or post deployment stress.

Mental Health Association of Nassau County Crisis Helpline 1-516-504-HELP
Crisis counseling, information and referral services available 9 a.m. – 9 p.m. 365 days a year. The service is free, and all calls are confidential.

Mental Health Association of Suffolk County Information and Referral 1-631-226-3900
Free, confidential referral information regarding Suffolk County services available Monday – Friday 8:30 a.m. – 4:30 p.m.

Military OneSource 1-800-342-9647
Available 24 hours a day, 365 years a day. Provides help and information over the phone for Active Duty, Guard, Reservists, and their immediate family members.

Nassau University Medical Center Psychiatric Emergency (Uniondale) 1-516-572-4775
2201 Hempstead Turnpike, East Meadow, NY

South Nassau Communities Hospital 1-877-768-8462
One Healthy Way, Oceanside, NY

South Oaks Hospital (Amityville) 1-631-264-4000
Inpatient care for those in acute phase of mental illness / chemical dependency

Veterans Hotline Center 1-866-403-2668
Available 24 hours a day, 365 days a year. Statewide Veterans Hotline located in Canandaigua, NY offering crisis counseling.

The Veterans Crisis Line is a toll-free, confidential resource that connects Veterans in crisis and their families and friends with qualified, caring VA responders. Veterans and their loved ones can Call 1-800-273-8255 and Press 1 **or** Chat online at <http://www.veteranscrisisline.net> to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

VA MEDICAL CENTER (631) 261-4400 ext. 2204
79 Middleville Rd.
Northport, NY

Homelessness:
Homeless veterans should either walk-in or call:
Homeless Veterans Outreach Team (516) 227-8731
Nassau County Health and Human Services Building
60 Charles Lindbergh Blvd.
Uniondale, NY

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EMOTIONAL SUPPORTS:

BABYLON VET CENTER (Babylon) (631) 661-3930

Provides war trauma psychotherapy. Eligibility based on military service during war or hostile actions. Have irregular hours to accommodate working veterans. All services are provided free.

CATHOLIC CHARITIES Freeport (516) 623-3322, Bayshore (631) 665-6707,
Medford (631) 654-1919

Provides clinical treatment and counseling.

CENTRAL NASSAU GUIDANCE AND COUNSELING (Hicksville) (516) 822-6111

Provides clinical treatment, counseling, and rehabilitation and substance abuse services.

DR. DAVID CURTIS (Huntington) (516) 768-5798

Licensed clinical psychologist offering pro bono counseling for OEF / OIF veterans and immediate family members. (Please call for availability.)

FAMILY AND CHILDREN'S ASSOCIATION (Hicksville) (516) 935-6858

Operates a Veterans Resource Center providing mental health (including PTSD) and substance abuse counseling for veterans and their families.

FAMILY SERVICE LEAGUE (Suffolk - Various locations) (631) 647-3100 ext. 123

Provides clinical treatment, counseling and substance abuse services.

FEGS (Central Islip, Center Moriches) For appointments call (516) 364-0794

Provides clinical treatment, counseling and substance abuse services.

FEDERATION OF ORGANIZATIONS (Nassau, Suffolk -Various locations) 1-877- INTAKES

Provides counseling, substance abuse services, and a wide range of psychiatric rehabilitation and recovery services.

HISPANIC COUNSELING CENTER (Hempstead) (516) 538-2613

Provides clinical treatment, counseling and substance abuse services. Services available in Spanish.

HOFSTRA UNIVERSITY CLINIC (Hempstead) (516) 463-5234

Provides counseling services. The Hofstra clinic is open to the general public.

HOLLISWOOD HOSPITAL (Queens) 1-800-990-3785

Provides counseling and substance abuse services. Tricare accepted.

LONG BEACH MEDICAL CENTER (Long Beach) (516) 897-1270

Provides mental health and substance abuse treatment and counseling.

MELILLO CENTER (Glen Cove) (516) 676-2388

Provides clinical treatment, counseling and substance abuse services.

MERCY MEDICAL CENTER (Garden City) (516) 705-3400

Provides clinical treatment and counseling

NASSAU COUNTY VET CENTER (Babylon / Plainview) (631) 661-3930

Provides war trauma psychotherapy. Eligibility based on military service during war or hostile actions. All services are provided free of charge.

NASSAU UNIVERSITY MEDICAL CENTER (East Meadow) (516) 572-6822

Provides clinical treatment and counseling.

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NEW YORK STATE PSYCHIATRIC INSTITUTE (Manhattan) (212) 543-6747
Anxiety Disorder Clinic offering treatment for Post-Traumatic Stress Disorder.
Veterans may be eligible for treatment at no cost. Call for more information.

PATCHOGUE-MEDFORD YOUTH AND COMMUNITY SERVICES (Patchogue) (631) 758-4100
Offers Free counseling to OEF / OIF Veterans and family members.

PEDERSON-KRAG (Huntington) (631) 920-8000, Smithtown (631) 920-8300,
Wyandanch (631) 920-8280
Provides, problem gambling, mental health and chemical dependency treatment and counseling.

PENINSULA COUNSELING CENTER (Valley Stream) (516) 569-6600
Provides clinical treatment, counseling, and substance abuse and rehabilitation services.
Peninsula Counseling is a TRICARE provider.

ROSEN FAMILY WELLNESS CENTER at NORTH SHORE - LONG ISLAND
JEWISH HOSPITAL (Manhasset) (516) 562-3260
Provides assessments and counseling at no cost for current Active Duty, Guard and Reservists, OEF /
OIF and Desert Storm veterans and their families.

SKILLS UNLIMITED (Oakdale) (631) 567-3320
Provides clinical treatment and counseling.

SOUTH NASSAU COMMUNITIES HOSPITAL (Baldwin) (516) 546-1370
Provides clinical treatment and counseling.

SOUTH OAKS HOSPITAL (Amityville) (631) 264-4000
Provides clinical treatment and counseling.

THE SOLDIERS PROJECT (Various, Long Island) (212) 242-3784
Licensed Mental Health Professionals offering free counseling offered to OEF / OIF veterans, their
parents, children, siblings, spouses and significant others.

YMCA FAMILY SERVICES (Centereach) (631) 580-7777
Agency provides clinical treatment, counseling and substance abuse services, family counseling and
stress management.

ADDICTION / GAMBLING:

LONG BEACH MEDICAL CENTER (Long Beach) (516) 897-1671 / (516) 897-1250
Provides detox services, outpatient treatment as well as services related to gambling addiction.

LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
(LICADD) (Williston Park, Hauppauge, Riverhead) (516) 747-2606
Provides drug / alcohol assessment, brief intervention, treatment referrals and family based interventions.
Anger management classes offered in Nassau and Suffolk.

PEDERSON-KRAG (Huntington) (631) 920-8053
GamPro program offers treatment and recovery from gambling addiction

SOUTH OAKS HOSPITAL (Amityville) (631) 264-4000
Chemical Dependency Outpatient and Intensive Outpatient treatment, as well as recovery program for
adults with gambling addiction.

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YES COMMUNITY COUNSELING CENTER (Massapequa) (516) 799-3203
Provides counseling to adults with issues related to drug or alcohol addiction.

Outpatient Providers of Mental Health & Addiction Services



Suffolk County

INTERVENTION

Alternatives Counseling Centers, Inc.

Geographic Service Area: East end of Long Island

Primary Function: ARS Outpatient

SPIP Related Activities: INTERVENTION: for admitted clients

Description: Substance abuse treatment and prevention for individuals and families. Individual and group counseling for adolescents, women and court mandated clients. Hispanic program, substance abuse education and prevention program for schools, the Shinnecock reservation and the community.

Agency Address: 291 Hampton Rd., Southampton, NY 11968

Phone & extension: 631 283 4440

Fax: 631 283 4456

Alternatives East End Counseling Centers, Inc.

Geographic Service Area: East end of Long Island

Primary Function: ARS Outpatient

SPIP Related Activities: INTERVENTION: for admitted clients

Description: Substance abuse treatment and prevention for individuals and families. Individual and group counseling for adolescents, women and court mandated clients. Substance abuse education / prevention and community programs.

Agency Address: 540 E. Main St., Riverhead, NY 11901

Phone & extension: 631 369 1200

Fax: 631 369 1280

Website:

Brentwood Mental Health Clinic- Suffolk County Dept. of Health Services

Geographic Service Area: Town of Islip

Primary Function: MHS

SPIP Related Activities: INTERVENTION: for admitted clients

Description: Provides individual, family and group counseling and medication management.

Agency Address: 1941 Brentwood Rd., Brentwood, NY 11717

Phone & extension: 631 853 7300

Website: www.suffolkcountyny.gov/health

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Bridge Back to Life Center

Geographic Service Area: Nassau and Suffolk

Primary Function: ARS Outpatient MHS

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Intense Outpatient Programs, Individual Psychotherapy, Group psychotherapy, DUI/DWI Groups, Adolescent Programs, Assessments and Referral Services, Family Therapy, Medication Management and Educational Groups. Work with Probation, Parole, TASC, Drug Treatment Courts, Family Treatment Courts, Federal Probation, CPS, DWI Criminal Courts in all Counties and NYS/NYC Correctional Facilities.

Agency Address: 4271 Hempstead Turnpike, Bethpage, NY 11714 (Adults and Adolescents)
25 Newbridge Road, Hicksville, NY 11801 (Adults Only)

Phone & extension: 516-520-6600 – Bethpage
516-433-6069 – Hicksville

Fax: 516-520-6750

Website: www.bridgebacktolife.com

BOCES- Student Assistance Program

Geographic Service Area: Suffolk

Primary Function: ARS Prevention & Education

SIPI Related Activities: Primary PREVENTION/ INTERVENTION, Education,

Description: Drug/ Alcohol education/intervention/prevention program for schools

Agency Address: 1737A North Ocean Ave, Medford, NY 11763

Phone & extension: 631 289 0078

Fax: 631 289 0499

Website: www.sricboces.org/SAS

Brookhaven Memorial Hospital Medical Center- Alcoholism Services

Geographic Service Area: Suffolk

Primary Function: ARS Outpatient

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Group, individual and family counseling, substance abuse education, HIV counseling and testing, psychiatric assessments, parenting groups

Agency Address: 365 E. Main St., Patchogue, NY 11772

Phone & extension: 631 854 1222

Fax: 631 854 1245

Website: www.brookhavenhospital.org/services/behavioralhealth.html

Catholic Charities Chemical Dependence Services (three sites)

Geographic Service Area: Suffolk

Primary Function: ARS Outpatient

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Outpatient chemical dependency treatment, individual and group counseling, significant others treatment and services, on-site psychiatric services

Agency Address: P. O. Box 758, 31 Montauk Hwy, E, Hampton Bays, NY 11946 0701

129 Springs Fireplace Rd., E. Hampton, NY 11937

155 Indian Head Rd., Commack, NY 11725

Phone & extension: 631 723 3362 Hamptons
631 543 6200 Commack

Fax: 631 723 3365 Hamptons
631 543 6203 Commack

Website: www.catholiccharities.cc/index.html

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Catholic Charities- Talbot House

Geographic Service Area: Suffolk

Primary Function: ARS, Crisis services-detox

SPIP Related Activities: INTERVENTION: for admitted clients -detox,

Description: Chemical dependency crisis services, referral to inpatient and outpatient services

Agency Address: 30-C Carlough Rd., Bohemia, NY 11716

Phone & extension: 631 589 4144

Fax: 631 589 3281

Website: www.catholiccharities.cc/index.html

Charles K. Post Addiction Treatment Center

Geographic Service Area: Nassau/Suffolk

Primary Function: ARS, Inpatient

SPIP Related Activities: INTERVENTION: for admitted clients

Description: Substance abuse treatment and education.

Agency Address: 998 Crooked Hill Road, Bldg. #1, PPC Campus, W. Brentwood, NY 11717

Phone & extension: 631 434 7200

Fax: 631 434 7254

Website: <http://www.oasas.ny.gov/atc/post/index.cfm>

Clubhouse of Suffolk, Inc.

Geographic Service Area: Western and Central Suffolk

Primary Function: MHS PROS Program

SPIP Related Activities: INTERVENTION: for admitted clients

Description: Individually tailored services designed to build or rebuild personal readiness and skills needed to attain vocational, educational, health and social goals for people whose lives have been disrupted by serious forms of mental illness

Agency Address: 939 Johnson Ave., Ronkonkoma, N.Y. 11779

Phone & extension: 631 471 7242 x 1339/ 1319

Fax: 631 471 5150

Website: www.clubhouseofsuffolk.org

Concepts, Inc. The Place Drug & Alcohol treatment

Geographic Service Area: Huntington

Primary Function: ARS Outpatient

SPIP Related Activities: INTERVENTION: for admitted clients

Description: chemical dependency individual, group and family counseling

Agency Address: 324 Main St., PO Box 434, Northport, NY 11768

Phone & extension: 631 261 2670

Fax: 631 261 5554

Daytop Suffolk Outreach

Geographic Service Area: Suffolk

Primary Function: ARS Outpatient

SPIP Related Activities: INTERVENTION: for admitted clients

Description: Group, individual and family counseling, parent and significant other support groups.

Accredited preparatory school for grades 7-12.

Agency Address: 2075 New York Ave, Huntington, NY 11743

Phone & extension: 631 351 7112

Fax: 631 351 0862

Website: www.daytop.org

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Family Counseling Service

Geographic Service Area: Eastern Long Island

Primary Function: ARS Outpatient, MHS

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Ambulatory treatment and prevention. Medically supervised outpatient including intensive outpatient treatment. Chemical dependency and mental health programs for youth, adults and families

Agency Address: Beinecke Bldg. PO Bo 1348, Westhampton Beach, NY 11978

154-5 Montauk Highway, Hampton Bays, NY 11946

464-10 William Floyd Parkway, Shirley, NY 11967

Phone & extension: 631 288 1954 Westhampton Beach

631 728 7232 Hampton Bays

631 399 9217 Shirley

Fax: 631 288 1955 Westhampton Beach

631 728 6331 Hampton Bays

631 399 9225 Shirley

Family Recovery Center

Geographic Service Area: Suffolk

Primary Function: ARS Outpatient

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Individual, group and family counseling for those affected by chemical dependency issues

Agency Address: 1444 Fifth Ave., Bay Shore, NY 11706

1490 William Floyd Parkway, E. Yaphank, NY 11967,

40 W. Main St., Riverhead, NY 11901

66 Newton Lane, East Hampton, NY 11937

Phone & extension: 631 647 3100 Bayshore

631 924 3741 Yaphank

631 369 0104 Riverhead

631 329 3919 East Hampton

Fax: 631 647 3130 Bayshore

631 924 2413 Yaphank

631 369 5433 Riverhead

631 329 6709 East Hampton

Website: www.fsl-li.org

Farmingville Mental Health Clinic- Suffolk County Dept. of Health Services

Geographic Service Area: Town of Brookhaven

Primary Function: MHS

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Provides individual, family and group counseling and medication management.

Agency Address: 15 Horseblock Rd., Farmingville, NY 11738

Phone & extension: 631 854 2552

Fax: 631 854 2550

Website: www.suffolkcountyny.gov/health

Hope for Youth Family Service Center

Geographic Service Area: W Suffolk

Primary Function: ARS Outpatient

SIPI Related Activities: INTERVENTION: for admitted clients

Description: Individual, group and family therapy for those experiencing chemical dependency issues

Agency Address: 275 A Dixon Ave., Amityville, NY 11701

Phone & extension: 631 842 7900

Fax: 631 842 7977

Website: www.hfny.org

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Horizons Counseling and Education Center

Geographic Service Area: Town of Smithtown

Primary Function: **ARS Outpatient**

SPIP Related Activities: **INTERVENTION: for admitted clients**

Description: Medically supervised substance abuse treatment and prevention counseling for youth, individuals and families.

Agency Address: 124 W. Main Street, Smithtown, NY 11787

Phone & extension: 631 360 7578

Fax: 631 360 7687

Website: www.smithtowninfo.com/HorizonsCounseling

Huntington Drug & Alcohol Project (7 additional sites)

Geographic Service Area: Huntington Township

Primary Function: **ARS Outpatient**

SPIP Related Activities: **INTERVENTION: for admitted clients**

Description: Individual, group and family counseling for those that have been affected by substance abuse issues

Agency Address: 423 Park Ave., Huntington, NY 11743

Phone & extension: 631 271 3591

Fax: 631 271 1360



Islip Hotline

Geographic Service Area: Suffolk County

Primary Function: Immediate Assistance, **Crisis Support**, **PREVENTION, INTERVENTION**

SPIP Related Activities: Crisis Intervention, Clinical Services, Depression Screening, Education

Description: Help is just a phone call away for any problem large or small. Crisis intervention, peer counseling and referrals are available to residents of Long Island by trained volunteers. All services are free and strictly confidential. Volunteers will take as much time as necessary to help clients work through their situation. Hours of operation are Mon-Fri from 8:30am to 4:30pm.

Agency Address: Town Hall, 401 Main Street, Islip, New York 11751

Phone and Extension: 631-227-4700

Website: www.isliphotline.org

Kenneth Peters Center for Recovery (two sites)

Geographic Service Area: Nassau and Suffolk Counties

Primary Function: **ARS Outpatient**

SPIP Related Activities: **INTERVENTION: for admitted clients**

Description: Structured Intensive Outpatient Chemical Dependency Rehabilitation.

Agency Address: 6800 Jericho Turnpike, Suite 122W, Syosset, New York 11791

300 Motor Parkway, Suite 110, Hauppauge, New York 11788

Phone & extension: 516-364-2220 – Syosset

631-273-2221 – Hauppauge

Fax: 516-364-2980 – Syosset

631-273-4985 – Hauppauge

Website: www.kenpeterscenter.com

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Long Island Crisis Center-Middle Earth Hotline

Geographic Service Area: Nassau and Suffolk County

Primary Function: Crisis Counseling **Crisis Support** **PREVENTION, INTERVENTION**

Primary SPIP Related Activities: Primary Prevention, Crisis Intervention

Description: A free, anonymous, and confidential hotline open 24 hours a day, 7 days a week. Crisis intervention and suicide prevention counseling are available; counselors also provide information and referrals.

Contact: Middle Earth Hotline

Agency Address: 2740 Martin Avenue, Bellmore, NY 11710

Phone and Extension: (516) 679-1111

Website: www.longislandcrisiscenter.org



Long Island Crisis Center-Suicide Prevention Hotline

Geographic Service Area: Nassau and Suffolk County

Primary Function: Crisis Counseling **Crisis Support** **PREVENTION, INTERVENTION**

Primary SPIP Related Activities: Primary Prevention, Crisis Intervention

Description: Provides suicide prevention services on a dedicated telephone hotline for callers who are in emotional distress or feeling suicidal. Callers connect with trained counselors who can provide immediate assistance and referral to support services or emergency intervention.

Title: LIRR Suicide Prevention

Agency Address: 2740 Martin Avenue, Bellmore, NY 11710

Phone and Extension: **1-877-582-5586**

Website: www.longislandcrisiscenter.org

Mather Memorial Hospital Alcoholism/ Substance Abuse Services

Geographic Service Area: Suffolk

Primary Function: **ARS Outpatient, Inpatient medically managed detox**

SPIP Related Activities: **INTERVENTION: for admitted clients**

Description: Individual, group and family counseling for those who have been experiencing substance related issues

Agency Address: 208 Route 112, Port Jefferson, NY 11776-outpatient
North Country Rd., Port Jefferson, 11777-Hospital-inpatient detox

Phone & extension: 631 331 8200-outpatient
631 476 2747-inpatient detox

Fax: 631 331 8259-outpatient and detox

Website: <http://matherhospital.com/alcohol.html>

Mobile Crisis Unit – Suffolk County

Geographic Service Area: Suffolk County

Primary Function: **MHS Immediate Assistance,**

SPIP Related Activities: **Crisis Support** **INTERVENTION**

Description: Offers crisis intervention services to individuals 18 years or older who are mentally ill and experiencing psychiatric behaviors. The team will make referrals for after care if necessary or arrange for hospitalization.

Agency Address: 998 Crooked Hill Road, Building 72, West Brentwood, NY 11717

Phone and Extension: (631)952-3333

Fax: 631)761-3304

Website: www.omh.state.ny.us/omhweb/facilities/pgpc/facility.htm

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Morningstar Community

Geographic Service Area: Suffolk

Primary Function: ARS Residential Program

SSIP Related Activities: INTERVENTION: for admitted clients

Description: Residential chemical dependency treatment for women

Agency Address: 151 Burrs Lane, Dix Hills, NY 11746

Phone & extension: 631 643 0849

Fax: 631 491 4440

Website: www.goodshepherdsistersna.com/Agencys/MadonnaNY/morning_star_community.htm

Outreach Project, Adult Outpatient Services

Geographic Service Area: Suffolk

Primary Function: ARS Outpatient (Adult)

SSIP Related Activities: Crisis Support, INTERVENTION: for admitted clients

Description: Day treatment and intensive outpatient services, Individual, group and family services

Agency Address: 11 Farber Drive, Unit D, Bellport, NY 11713

Phone & extension: 631 286 0700

Fax: 631 286 0688

Website: www.opiny.org

Outreach Project- Outreach House II

Geographic Service Area: Suffolk

Primary Function: Adolescent 12-18, : ARS Residential Program

SSIP Related Activities: Crisis Support, INTERVENTION: for admitted clients

Description: Residential substance abuse services for adolescents. Individual, group and family counseling, post residential treatment

Agency Address: 400 Crooked Hill Road, Brentwood, NY 11717

Phone & extension: 631 231 3232

Fax: 631 231 3370

Website: www.opiny.org

The Pederson-Krag Center

Geographic Service Area: Suffolk County

Primary Function: ARS Outpatient, MHS, problem gambling treatment,

SSIP Related Activities: PREVENTION, INTERVENTION for Admitted Clients, POSTVENTION

Advocacy

Description: Licensed by the Office of Mental Health and the Office of Alcohol and Substance Abuse Services the Pederson-Krag Center provides a continuum of comprehensive mental health and addiction recovery services for individuals and families

Contact: Admissions

Agency Address: 55 Horizon Dr. Huntington, NY 11743
11 Route 111, Smithtown, N.Y. 11787
240 Long Island Ave., Wyandanch, NY 11799
3600 Route 112, Coram, NY 11727

Phone & extension: 631 920 8324
631 920 8053 for the Thomas R. Kenney GamPro Program
631 920 8500 Coram PROS

Fax: 631 920 8460
631 920 8162 GamPro
631 920 8501 Coram PROS

Website: www.pedersonkrag.org

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Phoenix House of L.I.

Geographic Service Area: Nassau/ Suffolk

Primary Function: ARS In-patient and outpatient services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Individual, group and family therapy. Drug and alcohol education and relapse prevention. Medication monitoring

Agency Address: 998 Crooked Hill Rd., Box 3001, Bldg #5, PPC Campus, W. Brentwood, NY 11717
co-occurring program.

283 Springs Fireplace Rd, East Hampton, NY 11937

153 Lakeshore Rd., Ronkonkoma, NY 11779- Men's, Women's, and Women's & Children's programs

220 Veterans Memorial Hwy, Hauppauge, NY 11788- Male mandated treatment program

Phone & extension: 631 306 5700 Brentwood
631 329 0373 E. Hampton
631 471 5666 Ronkonkoma
631 979 0922 Hauppauge

Fax: 631 306 5885 Brentwood
631 329 0376 E. Hampton
631 471 9747 Ronkonkoma
631 979 0948 Hauppauge

Website: www.phoenixhouse.org

Quannacut

Geographic Service Area: Suffolk

Primary Function: ARS In-patient and outpatient services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Treatment also includes services for the chemically addicted mentally ill. (MICA or CAMI). Quannacut Detoxification Unit has 10 acute beds. Quannacut Rehabilitation Unit has 20 sub-acute beds. Quannacut Outpatient Program is located in Riverhead at 814 Harrison Avenue. Quannacut Inpatient and Outpatient programs are medically managed with treatment plans structured to meet each individual's needs.

Agency Address: 201 Manor place, Greenport, NY 11944- inpatient and detox
814 Harrison Ave., Riverhead, NY 11901-outpatient

Phone & extension: inpatient-631 477 8877

Outpatient-631 369 8966

Fax: 631 369 8516

Website: <http://www.elih.org/HOME/BEHAVIORALHEALTH/AddictionServices/tabid/101/Default.aspx>



Response of Suffolk County, Inc. -Response Hotline

Geographic Service Area: Suffolk County

Primary Function: Immediate Assistance, Crisis Support, INTERVENTION

SPIP Related Activities: Crisis Intervention, Clinical Services, Education

Description: The **Crisis intervention/referral hotline** is open every day of the year, day and night, including holidays. Professionally trained and supervised volunteers offer callers telephone support and help them to explore options that can lead to thinking through next steps. Goal is to help callers lower their anxiety and find their own solutions. Crisis counselors also provide referrals for support groups, clinicians, mental health clinics, other hotlines and a host of other community programs and services.

Description: Support line: The support line is a separate line for callers who, due to a physical disability or mental illness, have limited access to social supports. From this line, volunteer counselors make telephone "visits" to callers weekly or several times a week, depending on the caller's needs. These visits "visits" mean a great deal to the callers, as they allow time for them to discuss their plans for the day and share their joy in recent achievements. Support line counselors also advocate for callers when necessary.

Response of Suffolk County, Inc. -Response Hotline continued: [Back to the top](#)

Description: *Hear2Help Online Crisis Counseling.* Since so many people find the internet a convenient and comfortable way to reach out, we offer crisis counseling online through our website. Callers can talk privately with a Response counselor about any subject and receive the same compassion, referrals, and advocacy that they would find on our hotline. Hear2Help is available Monday through Friday 5pm-11pm.

Description: *Conexión* is a hotline targeting **Spanish-speaking families**. Conexión is intended for children and teens that are going through a difficult time and for parents or other caregivers struggling to help them with depression and many other challenges. There is a wide array of bilingual services available in Suffolk, and Conexión counselors provide referrals as necessary to callers in addition to offering emotional support. Conexión can be reached at (631) 751-7423 Mon - Fri, 5-10 pm.

Agency Address: Mailing Address- P.O. Box 300, Stony Brook, NY 11790

Phone and Extension: 631-751-7500

Website: www.responsehotline.org

Riverhead Mental Health Clinic, Suffolk County Dept. of Health Services

Geographic Service Area: Eastern Long Island

Primary Function: **MHS**, Medication Management

SPIP Related Activities: **INTERVENTION** for Admitted Clients

Description: Provides individual, family and group counseling and medication management

Agency Address: County Center, 300 Center Dr., Riverhead, NY 11901

Phone & extension: 631 852 1440

Fax: 631 852 1448

Website: www.suffolkcountyny.gov/health

Sagamore Children Psychiatric Center-Mobile Mental Health Services for Children and Adolescents

Geographic Service Area: Suffolk County

Primary Function: **MHS** Immediate Assistance

SPIP Related Activities: **Crisis Support**, **INTERVENTION**, Education

Description: When youngsters experiencing emotional crisis need assistance, they need help right away. Mobile Teams provide an immediate response to youngsters and their families in their homes, schools, or other community settings. The Mobile Teams serve children and adolescents, under the age of 18 years, who reside in Suffolk County. Youngsters referred are generally experiencing serious problems related to family, school, and/or their peer groups. Often the situation has grown to a critical point where immediate intervention is required. Referrals are accepted from, but are not limited to, schools, police departments, child welfare agencies, mental health clinics, juvenile justice services, parents, or youngsters themselves. The Mobile Teams operate 7 days per week (except holidays). The teams operate from 11:00 a.m.-7:00 p.m.

Agency Address: 197 Half Hollow Road, Dix Hills, NY 11746

Phone and Extension: 631-370-1700

Website: <http://www.omh.ny.gov/omhweb/facilities/scpc/mobile.html>

Sagamore Children Psychiatric Center- Crisis Respite Bed Program

Geographic Service Area: Suffolk County

Primary Function: **MHS** Immediate Assistance

SPIP Related Activities: **Crisis Support**, **INTERVENTION**, Education

Description: The Crisis/Respite Bed Program represents a joint effort among a variety of public and private child-serving agencies in Suffolk County. The program offers a temporary (up to 2 weeks), voluntary (both parent and child agree), out of home placement which provides a "cooling off" period for both the youngster and the parent(s). Suffolk County youngsters between the ages of 5 and 17, who are at risk of or are currently experiencing an emotional/behavioral crisis, are eligible. Depending upon the youngster's particular needs, placement will be in the home of a licensed family, group home, or residential setting on Long Island.

Agency Address: 197 Half Hollow Road, Dix Hills, NY 11746

Phone and Extension: 631-370-1700

Website: <http://www.omh.ny.gov/omhweb/facilities/scpc/facility.htm#crisis>

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St. Lawrence Addiction Treatment Center

Geographic Service Area: NYS

Primary Function: **Inpatient problem gambling treatment**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: To engage the patient in a supportive and therapeutic experience in a residential setting where a pathological gambler is presented with the opportunity to learn skills to promote recovery, experience benefits of abstinence, and develop a plan for ongoing recovery.

Agency Address: Hamilton Hall, 1 Chimney Point Drive, Ogdensburg, NY 13669

Phone & extension: 315 393 1180 x 13

Fax: 315 394 7104

Website: <http://www.oasas.ny.gov/atc/stlawrence/index.cfm>

Seafield Center (Mineola & Westhampton Beach)

Geographic Service Area: Nassau and Suffolk Counties

Primary Function: **ARS In-patient and outpatient services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: **Seafield Center**: Detox and Inpatient Rehabilitation, Adolescents 16+ and Young Adult Program, Medication Assisted Withdrawal (Suboxone), Women's Program, Dual Focus Program, 12 Step Recovery Program, Individualized Treatment Plan, Spiritual Counseling, Relapse Prevention, Acupuncture, Transportation Provided.

Seafield Mineola: Assessments, Individual and Group Counseling, Men's and Women's IOP, Evening IOP for the Working Professional, Intensive Dual Focused Group, Young Adults Recovery Group, Professionals Group, Criminal Justice Group including DWI, Batterers Intervention Program, Anger Management, Conjoint Sessions, Psychiatric Evaluations and Medication Monitoring, Free Educational Series.

Agency Address: 7 Seafield Lane, Westhampton Beach, NY 11978

Phone & extension: 631-288-1122 – Seafield Center

516-747-5644 – Seafield Mineola

Fax: 631-288-1638 – Seafield Center

516-747-2556 – Seafield Mineola

Website: www.seafieldcenter.com

South Oaks Hospital

Geographic Service Area: Long Island

Primary Function: **ARS In-patient and outpatient services, MHS Inpatient and outpatient services**

SPIP Related Activities: **Crisis Support, PREVENTION, INTERVENTION, POSTVENTION**

Description: South Oaks has dedicated its expertise, staff and resources to providing treatment and recovery from acute psychiatric illness and [addiction](#) in an optimal setting for individualized assessment.

Contact Person: Admissions dept.

Agency Address: 400 Sunrise Hwy, Amityville, N.Y. 11701

Phone & extension: (631) 608-5610

Website: www.south-oaks.org

Town of Babylon Division of Drug & Alcohol Services

Geographic Service Area: Town of Babylon

Primary Function: **ARS outpatient services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Individual and group chemical dependency treatment

Agency Address: 400 Broadway, Amityville, NY 11701

Phone & extension: 631 789 3700

Fax: 631 789 2418

Website: www.townofbabylon.com/departments/details.cfm?did=10

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YMCA Family Services

Geographic Service Area: Suffolk

Primary Function: ARS outpatient services

SIPI Related Activities: INTERVENTION for Admitted Clients

Description: Intensive outpatient treatment services. Individual, group, and family services

Agency Address: 2545 Middle Country Rd., Centereach, NY 11720

Phone & extension: 631 580 7777

Fax: 631 580 7773

Website: www.ymcali.org/y_famserv.html

POSTVENTION

American Foundation for Suicide Prevention

Geographic Service Area: Nassau and Suffolk County

Primary Function: Support services

SIPI Related Activities: PREVENTION POSTVENTION

Description: Through AFSP's Survivor Outreach Program, trained local volunteers are on hand to: meet in person with newly-bereaved survivors and their families, listen with compassion and offer reassurance that surviving a suicide loss is possible, recommend helpful things to read, provide information about support groups and other local resources.

Agency Address: 125 Minneola Avenue, Ste. 106, Long Island NY 11577

Phone and Extension: 516-869-4215

Website: www.afsp.org

The Cope Foundation – Healing Programs

Geographic Service Area: Nassau and Suffolk County

Primary Function: Support services, PREVENTION, POSTVENTION

SIPI Related Activities: Advocacy, Public awareness/Education

Description: COPE is a grief and healing organization dedicated to helping parents and families living with the loss of a child. COPE offers small group support, individual support, therapy classes, and professionally led lectures and workshops,

Agency Address: Mailing Address: P.O. Box 1251, Melville NY 11747

Phone and Extension: 516-364-COPE (2673)

Website: www.copefoundation.org

The Pederson-Krag Center

Geographic Service Area: Suffolk County

Primary Function: ARS Outpatient, MHS, problem gambling treatment,

SIPI Related Activities: PREVENTION, INTERVENTION for Admitted Clients, POSTVENTION

Advocacy

Description: Licensed by the Office of Mental Health and the Office of Alcohol and Substance Abuse Services the Pederson-Krag Center provides a continuum of comprehensive mental health and addiction recovery services for individuals and families

Contact: Admissions

Agency Address: 55 Horizon Dr. Huntington, NY 11743
11 Route 111, Smithtown, N.Y. 11787
240 Long Island Ave., Wyandanch, NY 11799
3600 Route 112, Coram, NY 11727

Phone & extension: 631 920 8324
631 920 8053 for the Thomas R. Kenney GamPro Program
631 920 8500 Coram PROS

Fax: 631 920 8460
631 920 8162 GamPro
631 920 8501 Coram PROS

Website: www.pedersonkrag.org

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South Oaks Hospital

Geographic Service Area: Long Island

Primary Function: **ARS In-patient and outpatient services, MHS Inpatient and outpatient services**

SPIP Related Activities: **Crisis Support, PREVENTION, INTERVENTION, POSTVENTION**

Description: South Oaks has dedicated its expertise, staff and resources to providing treatment and recovery from acute psychiatric illness and [addiction](#) in an optimal setting for individualized assessment.

Contact Person: Admissions dept.

Agency Address: 400 Sunrise Hwy, Amityville, N.Y. 11701

Phone & extension: (631) 608-5610

Website: www.south-oaks.org

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Nassau County



INTERVENTION

Baldwin Council against Drug Abuse

Geographic Service Area: Baldwin

Primary Function: ARS outpatient services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Individual, group, family, education, anger management, women's program, anger management, relapse prevention

Agency Address: 950 Church St., Baldwin, NY 11510

Phone & extension: 516 546 1771

Fax: 516 623 5880

Website: www.bcadaonline.org

Angelo Melillo Center for Mental Health

Geographic Service Area: Nassau County

Primary Function: MHS Outpatient Services, Medication Management

Primary SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 113 Glen Cove Avenue, Glen Cove, NY 11542

Phone and Extension: 516-759-5259

Fax: 516-579-5259

Website: <http://melillo.org>

Bio Behavioral Institute

Primary Function: MHS Outpatient Services

Primary SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 932 Northern Boulevard, Suite 102, Great Neck NY 11021

Phone and Extension: 516-487-7116

Website: www.biobehavioralinstitute.com

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Bridge Back to Life Center

Geographic Service Area: Nassau and Suffolk

Primary Function: **ARS outpatient services, MHS Outpatient Services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Intense Outpatient Programs, Individual Psychotherapy, Group Psychotherapy, DUI/DWI Groups, Adolescent Programs, Assessments and Referral Services, Family Therapy, Medication Management and Educational Groups.

Work with Probation, Parole, TASC, Drug Treatment Courts, Family Treatment Courts, Federal Probation, CPS, DWI Criminal Courts in all Counties and NYS/NYC Correctional Facilities.

Agency Address: 4271 Hempstead Turnpike, Bethpage, NY 11714 (Adults and Adolescents)
25 Newbridge Road, Hicksville, NY 11801 (Adults Only)

Phone & extension: 516-520-6600 – Bethpage
516-433-6069 – Hicksville

Fax: 516-520-6750

Website: www.bridgebacktolife.com

Catholic Charities Mental Health Clinic

Geographic Service Area: Nassau County

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: **333 North Main Street**

Phone and Extension: 516-623-3322

Website: www.catholiccharities.cc

Central Nassau Guidance and Counseling Services, Inc.

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: **950 South Oyster Bay Road, Hicksville, NY 11801**

Phone and Extension: 516-822-6111

Fax: 516-396-0553

Website: www.centralnassau.org

Charles K. Post Addiction Treatment Center

Geographic Service Area: Nassau/Suffolk

Primary Function: **ARS In-patient services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Substance abuse treatment and education.

Agency Address: **998 Crooked Hill Road, Bldg. #1, PPC Campus, W. Brentwood, NY 11717**

Phone & extension: 631 434 7200

Fax: 631 434 7254

Website: <http://www.oasas.ny.gov/atc/post/index.cfm>

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C.O.D.A. - Five Towns Community Center

Geographic Service Area: Far Rockaway, Lawrence, Five Towns, Valley Stream

Primary Function: ARS outpatient services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: C.O.D.A. is a New York State OASAS licensed, medically supervised, chemical dependence outpatient non-intensive treatment program. C.O.D.A. provides a full range of services necessary for complete drug recovery and rehabilitation.

Agency Address: 270 Lawrence Ave. Lawrence, N.Y. 11559

Phone & extension: 516 239 6244 x 256

Fax: 516 371 2147

Website: <http://www.fivetownscommunityctr.org/abuse.html>

Community Counseling Services of W. Nassau

Geographic Service Area: Nassau

Primary Function: ARS outpatient services, problem gambling treatment, MHS Outpatient Services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Offers outpatient chemical dependency, problem gambling and behavioral health services to individuals and families

Agency Address: 1200 A Hempstead Turnpike, Franklin Square, NY 11010

Phone & extension: 516 328 1717

Fax: 516 328 1627

Website: <http://www.ccswn.org>

COPAY, Inc. Community Organization for Parents

Geographic Service Area: Great Neck and surrounding area

Primary Function: ARS Outpatient Services, MHS Outpatient Services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Medically Managed Intensive Drug and Alcohol Treatment and Treatment for Co-Existing Mental Health Disorders;

Prevention Services for Children and Youth; Children's

After School Program; Children's Summer Program;

Parenting Skills Training and Support; Family Therapy.

Agency Address: 21 North Station Plaza, Great Neck, NY 11021

Phone & extension: 631 466 2509

Fax: 516 482 3145

Website: www.copayofgreatneck.com

EAC Outpatient clinic

Geographic Service Area: Nassau County

Primary Function: ARS Outpatient Services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: EAC Outpatient Clinic is an outpatient program for Chemical Dependency treatment. EAC Outpatient Clinic staff currently administers the Modified Mini Screen (MMS) upon intake to determine any mental health concerns. We also provide psychiatric evaluation and referral when needed

Agency Address: 175 Fulton Ave, Suite 403, Hempstead, N.Y. 11550

Phone & extension: 516 486 3222

Fax: 516 486 8956

Website: www.eacinc.org

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Epilepsy Foundation of Long Island

Geographic Service Area: Nassau County

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 506 Steward Avenue, Garden City NY 11530

Phone and Extension: 516-739-7733

Website: www.efli.org

Family and Children's Association (three sites)

Geographic Service Area: Nassau

Primary Function: **ARS Outpatient Services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Individual, Group, Family Counseling. Psychiatric Evaluations, Vocational Services/Education, Chronic Relapse Group, Parolee Reentry Group, Adolescent Group,

Co-Dependency Group. Prevention, Substance Abuse Education. Self Help (NA and AA) Groups.

Agency Address: 180 Broadway, Hicksville, NY 11801

126 N. Franklin Street, Hempstead, NY 11550

510 Hempstead Turnpike, West Hempstead, NY 11552

Phone & extension: Hicksville: 516 935 6858

Hempstead: 516 486 7200

W. Hempstead 516 437 6304

Fax: Hicksville: 516 935 2717,

Hempstead: 516 486 7291,

W. Hempstead: 516 437 6304

Website: www.familyandchildrens.org

F.E.G.S/ Caroline K. Simon Counseling Centers

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 6900 Jericho Turnpike, Syosset, NY 11791

Phone and Extension: 516-496-7550

Fax: 516-496-9561

Website: www.fegs.org

Freeport Pride

Geographic Service Area: Freeport

Primary Function: **MHS Outpatient Services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Individual, Family, Group Counseling, Vocational Counseling, Educational Series, Self Help Groups.

Agency Address: 33 Guy Lombardo Ave., Freeport, NY 11520

Phone & extension: 516 546 2822

Fax: 516 546 5051

Website: www.freeportpride.org

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Hispanic Counseling Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 344 Fulton Avenue, Hempstead NY 11550

Phone and Extension: 516-538-2613

Fax: 516-538-0772

Website: www.hispaniccounseling.org

Kenneth Peters Center for Recovery (two sites)

Geographic Service Area: Nassau and Suffolk Counties

Primary Function: **ARS Outpatient Services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Structured Intensive Outpatient Chemical Dependency Rehabilitation

Agency Address: 6800 Jericho Turnpike, Suite 122W, Syosset, New York 11791

300 Motor Parkway, Suite 110, Hauppauge, New York 11788

Phone & extension: 516-364-2220 – Syosset

631-273-2221 – Hauppauge

Fax: 516-364-2980 – Syosset

631-273-4985 – Hauppauge

Website: www.kenpeterscenter.com

Long Beach Medical Center-Counseling Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 445 East Bay Drive, Long Beach, NY 11561

Phone and Extension: 516-897-1270

Fax: 516-897-1274

Website: www.libmc.org

Long Beach Medical Center-Family Alcoholism Counseling and Treatment Services (FACTS)

Geographic Service Area: Long Beach, Island Park, Lido Island, Oceanside

Primary Function: **ARS outpatient services, problem gambling treatment,**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Chemical Dependency and problem gambling treatment services

Agency Address: 455 East Bay Drive, Long Beach, N.Y. 11561

Phone & extension: 516 897 1259 / 1250

Fax: 516 897 1262

Website: www.lbmc.org/services/facts.htm

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Long Beach Reach

Geographic Service Area: Long Beach and Southwest Nassau County

Primary Function: **ARS outpatient services** intensive outpatient services

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Substance Abuse Treatment, Prevention and Education Staffed by Experienced Psychologists, Social Workers and Psychiatrist and Nurse Practitioner Providing Individual, Group and Family Psychotherapy and Outreach Counseling in the Long Beach Schools. Psychotherapy, Psychiatric and Psychological Evaluations, Chemical Dependency Education, Play Therapy for Children Parent Education, Parent/Child Interaction and Vocational Counseling. Other Program Components include: Harriet Eisman Alternative Community High School Program, Sharing and Caring Teen Pregnancy Program, Nightwatch Crisis Hotline and Juvenile Justice Advocacy including the Court Liaison Unit Pre/Post Institutional Project (PPIP), Reach for Peace and Family Solutions Program which Offers Persons in Need of Supervision (PINS) Diversion Services.

Agency Address: 2-12 W. Park Ave., Long Beach, NY 11561

Phone & extension: 516 889 2332

Fax: 516 889 2399

Website: www.longbeachreach.com

Long Island Council on Alcoholism and Drug Dependence (LICADD)

Geographic Service Area: Nassau County

Primary Function: **ARS outpatient services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Chemical Dependency Evaluation and Assessments, Planned Family Interventions, Treatment Placements, Insurance Advocacy, Family Education Workshops Group, Relapse Prevention Support Groups, Anger Management Workshops and Coaching, DWI Assessments, Mentoring for Children of Incarcerated Parents.

Agency Address: 207 Hillside Avenue, Williston Park, NY 11596

Phone & extension: 516-747-2606

Fax: 516-747-0714

Website: www.licadd.org

Long Island Counseling Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 570 Elmont Road, Elmont NY 11003

Phone and Extension: 516-437-6050

Fax: 516-623-1644

Website: www.familyandchildrens.org



Long Island Crisis Center-Middle Earth Hotline

Geographic Service Area: Nassau and Suffolk County

Primary Function: **Crisis Support, PREVENTION, INTERVENTION, POSTVENTION**

Primary SPIP Related Activities: Primary Prevention, Crisis Intervention

Description: A free, anonymous, and confidential hotline open 24 hours a day, 7 days a week. Crisis intervention and suicide prevention counseling are available; counselors also provide information and referrals.

Agency Address: 2740 Martin Avenue, Bellmore, NY 11710

Phone and Extension: (516) 679-1111

Website: www.longislandcrisiscenter.org

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Long Island Crisis Center-Suicide Prevention Hotline

Geographic Service Area: Nassau and Suffolk County

Primary Function: **Crisis Support, INTERVENTION**

Primary SPIP Related Activities: Primary Prevention, Crisis Intervention

Description: Provides suicide prevention services on a dedicated telephone hotline that is for callers who are in emotional distress or feeling suicidal. Callers connect with trained counselors who can provide immediate assistance and referral to support services or emergency intervention.

Contact: **LIRR Suicide Prevention**

Agency Address: 2740 Martin Avenue, Bellmore, NY 11710

Phone and Extension: 1-877-582-5586

Website: www.longislandcrisiscenter.org

Mercy Medical Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 385 Oak Street, Garden City, NY 11530

Phone and Extension: 516-705-3400 x. 2001

Website: www.mercymedicalcenter.chsli.org



Mental Health Association of Nassau County HELPLine

Geographic Service Area: Nassau County

Primary Function: **Crisis Support, INTERVENTION**

Primary SPIP Related Activities: Primary Prevention, Crisis Intervention

Description: Free and confidential crisis and referral help is available from 9 am to 6 pm, seven days a week, including holidays. For emergencies and suicide intervention an experienced mental health professional is trained to provide emergency and crisis services.

Agency Address: 16 Main Street, Hempstead NY 11550

Phone and Extension: (516) 504-HELP

Website: www.mhanc.org



Mental Health Association of Nassau County Warmline

Geographic Service Area: Nassau County

Primary Function: **Crisis Support, INTERVENTION**

Primary SPIP Related Activities: Primary Prevention

Description: The peer-to-peer "warm line" offer consumers a chance to talk with other consumers to hear a psychiatric survivor's point of view. Individuals experiencing feelings of depression and would like to talk to someone can contact us from 9am to 9pm for peer support services.

Agency Address: 16 Main Street, Hempstead NY 11550

Phone and Extension: (516) 489-0100

Website: www.mhanc.org

Nassau University Medical Center Ambulatory Mental Health Services, J Building

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 2201 Hempstead Turnpike, East Meadow NY 11554

Phone and Extension: 516-705-3400 x. 2001

Website: www.numc.edu

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Nassau University Medical Center- Mobile Crisis Unit

Geographic Service Area: Nassau County

Primary Function: Immediate Assistance, **Crisis Support, INTERVENTION**

SPIP Related Activities: Crisis Intervention, Clinical Services, Education, Depression Screening,

Description: Serve Nassau County residents 18 years and older who is experiencing, or is at risk of a psychological crisis and requires mental health intervention.

Agency Address: 2201 Hempstead Turnpike, East Meadow, NY, 11552

Phone and Extension: (516)-572-6419

Website: <http://www.omh.state.ny.us/omhweb/facilities/pgpc/facility.htm>

North Shore Child and Family Guidance Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 480 Old Westbury Road, Roslyn Heights NY 11577

Phone and Extension: 516-626-1971

Fax: 516-626-8043

Website: www.northshorechildguidance.org

Oceanside Counseling Center

Geographic Service Area: Oceanside

Primary Function: **ARS outpatient services, MHS Outpatient Services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Individual, Group, Family Therapy, Psychiatric Evaluations and Medication Management. Specialty

Groups: Women's Group, Anger Management Group,

Gay and Lesbian Group, Co-Occurring Disorders

Group, Co-Occurring Disorders Psycho-Educational

Series, Adolescent Group and Parenting Workshops.

Agency Address: 71 Homecrest Court, Oceanside, NY 11572

Phone & extension: 516 766 6283

Fax: 516 766 3705

Website: www.oceansidecounselingcenter.com

Peninsula Counseling Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 50 West Hawthorne Avenue, Valley Stream, NY 11580

Phone and Extension: 516-569-6600

Fax: 516-374-2261

Website: www.peninsulacounseling.org

People (BADA Inc.)

Geographic Service Area: Bethpage

Primary Function: **MHS Outpatient Services**, Medically supervised

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Information and Referrals, Intakes, Assessments,

Evaluations, Individual, Family and Group Counseling,

Alcohol and Drug Psycho Education Group, Recovery and Relapse Prevention Groups.

Agency Address: 936 Stewart Ave., Bethpage, NY 11714

Phone & extension: 516 433 5344

Fax: 516 433 0067

Website: www.bada.com

Port Counseling Center, Inc

Geographic Service Area: Port Washington, Manhasset
Primary Function: ARS outpatient services, problem gambling treatment
SPIP Related Activities: INTERVENTION for Admitted Clients
Description: Offers chemical dependency and problem gambling treatment
Agency Address: 225 Main St., Port Washington, NY 11050
Phone & extension: 516 7678 1133
Fax: 516 767 3680
Website: <http://www.portcounseling.org>

REACT Center Inc.

Geographic Service Area: Roosevelt, Uniondale
Primary Function: ARS outpatient services
SPIP Related Activities: INTERVENTION for Admitted Clients
Description: Individual, Group, Family Counseling. Intensive and Standard Clinic Service that includes Drug Education, Relapse Prevention, Specialized Groups for Co-Occurring Disorders, Women, Men, Anger Management, and DWI. Medical/Psychiatric Assessments, Vocational Services, Computer Literacy and Community Presentations.
Agency Address: 27A Washington Place, Roosevelt, NY 11575
Phone & extension: 516 623 7741
Fax: 516 623 7775
Website: www.reactcenterinc.org

Reflections Counseling Inc.

Geographic Service Area: Plainview and surrounding area
Primary Function: ARS outpatient services, MHS Outpatient Services
SPIP Related Activities: INTERVENTION for Admitted Clients
Description: Individual, Family and Group Therapy, Significant others
Agency Address: 202 Terminal Drive, suite 3, Plainview, NY 11803
Phone & extension: 516 576 3120
Fax: 516 623 3446
Email Address: reflectioncc@aol.com

Rockville Narcotics/Confide Counseling Center

Geographic Service Area: Nassau County
Primary Function: ARS outpatient services
SPIP Related Activities: INTERVENTION for Admitted Clients
Description: The Mission of Confide is to help any individual, family, group, organization or institutions in our community overcome any form of substance abuse or related problem.
Agency Address: 30 Hempstead Ave, suite H-6, Rockville Centre, N.Y. 11570
Phone & extension: 516 764 5522
Fax: 516 764 0514
Website: www.confideny.org

Roosevelt Counseling and Resource Center

Primary Function: MHS Outpatient Services
Primary SPIP Related Activities: INTERVENTION for Admitted Clients
Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.
Agency Address: 175 Nassau Road, Roosevelt, NY 11575
Phone and Extension: 516-623-1644
Fax: 516-623-3125
Website: www.familyandchildrens.org

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St. Lawrence Addiction Treatment Center

Geographic Service Area: NYS

Primary Function: **Inpatient problem gambling treatment**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: To engage the patient in a supportive and therapeutic experience in a residential setting where a pathological gambler is presented with the opportunity to learn skills to promote recovery, experience benefits of abstinence, and develop a plan for ongoing recovery.

Agency Address: Hamilton Hall, 1 Chimney Point Drive, Ogdensburg, NY 13669

Phone & extension: 315 393 1180 x 13

Fax: 315 394 7104

Website: <http://www.oasas.ny.gov/atc/stlawrence/index.cfm>

Seafield Center (Mineola & Westhampton Beach)

Geographic Service Area: Nassau and Suffolk Counties

Primary Function: **ARS In-patient and outpatient services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: **Seafield Center**: Detox and Inpatient Rehabilitation, Adolescents 16+ and Young Adult Program, Medication Assisted Withdrawal (Suboxone), Women's Program, Dual Focus Program, 12 Step Recovery Program, Individualized Treatment Plan, Spiritual Counseling, Relapse Prevention, Acupuncture, Transportation Provided.

Seafield Mineola: Assessments, Individual and Group Counseling, Men's and Women's IOP, Evening IOP for the Working Professional, Intensive Dual Focused Group, Young Adults Recovery Group, Professionals Group, Criminal Justice Group including DWI, Batterers Intervention Program, Anger Management, Conjoint Sessions, Psychiatric Evaluations and Medication Monitoring, Free Educational Series.

Agency Address: 7 Seafield Lane, Westhampton Beach, NY 11978

Phone & extension: 631-288-1122 – Seafield Center

516-747-5644 – Seafield Mineola

Fax: 631-288-1638 – Seafield Center

516-747-2556 – Seafield Mineola

Website: www.seafieldcenter.com

Southeast Nassau Guidance Center

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 2146 Jackson Avenue, Seaford, NY 11783

Phone and Extension: 516-221-3030

Fax: 516-221-1013

South Nassau Communities Hospital Outpatient Clinic

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 2277 Grand Avenue, Baldwin NY 11510

Phone and Extension: 516-377-5400

Fax: 516-377-5490

Website: www.southnassau.org

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South Oaks Hospital

Geographic Service Area: Long Island

Primary Function: ARS In-patient and outpatient services, MHS Inpatient and outpatient services

SPIP Related Activities: Crisis Support, PREVENTION, INTERVENTION, POSTVENTION

Description: South Oaks has dedicated its expertise, staff and resources to providing treatment and recovery from acute psychiatric illness and [addiction](#) in an optimal setting for individualized assessment.

Contact Person: Admissions dept.

Agency Address: 400 Sunrise Hwy, Amityville, N.Y. 11701

Phone & extension: (631) 608-5610

Website: www.south-oaks.org

South Shore Child Guidance Center- The Care Center

Geographic Service Area: Nassau County

Primary Function: ARS outpatient services

SPIP Related Activities: INTERVENTION for Admitted Clients, PREVENTION

Description: The South Shore Child Guidance Center's Clinic Program provides a range of outpatient services that includes assessment, psychiatric evaluation, treatment, and support, while promoting social and educational development.

Agency Address: 17 W. Merrick Rd., Freeport, N.Y. 11520

Phone & extension: 516 378 2992 ext. 244

Fax: 516 378 0348

Website: <http://www.southshorechildguidance.org>

Tempo Group Inc. (three sites)

Geographic Service Area: Nassau

Primary Function: ARS outpatient services

SPIP Related Activities: INTERVENTION for Admitted Clients

Description: Assessment, Individual Counseling, Group Counseling, Family Counseling, Psychiatric Assessment, Medication Management and Referral Management for Higher Level Care Programs.

Agency Address: 112 Franklin Place, Woodmere, NY 11598
1260 Meadowbrook Rd., North Merrick, NY 11566
23 Willis Ave, Syosset, NY 11791

Phone & extension: Woodmere: 516 374 3671
N. Merrick: 516 546 9008
Syosset: 516 921 3740

Fax: Woodmere: 516 374 7864
N. Merrick: 516 546 9071
Syosset: 516 921 5019

Email Address: info@tempogroup.org

YES Community Counseling Center

Geographic Service Area: South Eastern Nassau County

Primary Function: ARS outpatient services, MHS Outpatient Services Speakers Bureau

SPIP Related Activities: PREVENTION, INTERVENTION for Admitted Clients, Public Awareness and Education

Description: YES Community Counseling Center is a nonprofit community based organization, providing comprehensive treatment and prevention services and programs to children, adolescents, adults and family members.

Agency Address: 75 Grand Ave., Massapequa, NY 11758

Phone & extension: 516 799 3203

Fax: 516 799 3061

Website: www.yesccc.org

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Youth and Family Counseling Agency of Oyster Bay/ E. Norwich, Inc.

Geographic Service Area: North shore of Nassau

Primary Function: **ARS outpatient services**

SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Individual, Group and Family Substance Abuse Treatment. Additional Groups for Tobacco Cessation,

Anger Management, Significant Others. All Services are Available in Both English and Spanish.

Agency Address: 193A South Street, Oyster Bay, NY 11771

Phone & extension: 516-922-6867

Fax: 516-922-5722

Website: www.yfcaoysterbay.org

Zucker Hillside Hospital-Ambulatory Child and Adolescent Psychiatry Services

Primary Function: **MHS Outpatient Services**

Primary SPIP Related Activities: **INTERVENTION for Admitted Clients**

Description: Offers outpatient mental health to individuals and families experiencing psychiatric, psychological, behavioral and emotional difficulties.

Agency Address: 75-59 263 Street, Glen Oaks, NY 11004

Phone and Extension: 516-470-8950

Website: www.northshorelij.com/NSLIJ/zhh

POSTVENTION

Long Island Crisis Center-Middle Earth Hotline

Geographic Service Area: Nassau and Suffolk County

Primary Function: **Crisis Support, PREVENTION, INTERVENTION, POSTVENTION**

Primary SPIP Related Activities: Primary Prevention, Crisis Intervention

Description: A free, anonymous, and confidential hotline open 24 hours a day, 7 days a week. Crisis intervention and suicide prevention counseling are available; counselors also provide information and referrals.

Agency Address: 2740 Martin Avenue, Bellmore, NY 11710

Phone and Extension: (516) 679-1111

Website: www.longislandcrisiscenter.org



Nassau Long Island Survivors of Suicide

Geographic Service Area: Nassau County

Primary Function: Support services, **PREVENTION, POSTVENTION**

SPIP Related Activities: Advocacy, Public awareness/Education

Description: Groups are led by professionals. There is a charge for this group. Sliding scale payments are available. Meetings offered twice a month. Please call for meeting times and to register before attending.

Agency Address: 125 Minneola Avenue, Ste. 106, Long Island NY 11577

Phone and Extension: 516-488-7697, 516-625-4012

South Oaks Hospital

Geographic Service Area: Long Island

Primary Function: **ARS In-patient and outpatient services, MHS Inpatient and outpatient services**

SPIP Related Activities: **Crisis Support, PREVENTION, INTERVENTION, POSTVENTION**

Description: South Oaks has dedicated its expertise, staff and resources to providing treatment and recovery from acute psychiatric illness and [addiction](#) in an optimal setting for individualized assessment.

Contact Person: Admissions dept.

Agency Address: 400 Sunrise Hwy, Amityville, N.Y. 11701

Phone & extension: (631) 608-5610

Website: www.south-oaks.org

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YES Community Counseling Center

Geographic Service Area: South Eastern Nassau County

Primary Function: **ARS** outpatient services, **MHS Outpatient Services** Speakers Bureau

SSIP Related Activities: **PREVENTION, INTERVENTION for Admitted Clients**, Public Awareness and Education

Description: YES Community Counseling Center is a nonprofit community based organization, providing comprehensive treatment and prevention services and programs to children, adolescents, adults and family members.

Agency Address: 75 Grand Ave., Massapequa, NY 11758

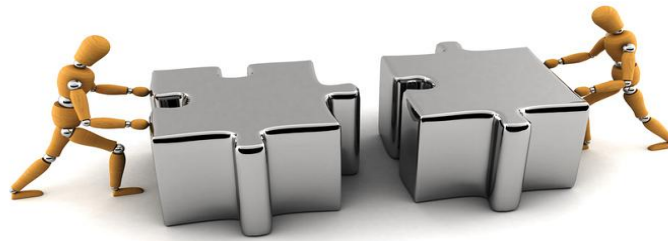
Phone & extension: 516 799 3203

Fax: 516 799 3061

Website: www.yesccc.org

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Additional Resources



Mental health resources for people of all income levels:

- American Academy of Child & Adolescent Psychiatry: <http://www.aacap.org>
- American Association for Marriage and Family Therapy therapist locator: <http://www.therapistlocator.net>
- American Association of Suicidology: <http://www.suicidology.org>
- American Foundation for Suicide Prevention: <http://www.afsp.org/>
- Center for Mental Health in Schools: <http://smhp.psych.ucla.edu/>
- Center for Substance Abuse Research <http://www.cesar.umd.edu/>
- Depression and Bipolar Support Alliance: <http://www.DBSAAlliance.org>
- ePrevent - Suicide: <http://www.eprevent.com/pages/index.html>
- Ensuring Solutions to Alcohol Problems <http://www.ensuringsolutions.org/>
- Finding a mental health professional <http://locator.apa.org>
- Florida Initiative for Suicide Prevention: <http://www.fisponline.org/>
- Gamblers Anonymous <http://www.gamblersanonymous.org/index.html>
- Help Kids Avoid Gambling Online
<http://www.microsoft.com/protect/family/activities/gambling.msp>
- I Need A Lighthouse: A Depression & Suicide Education Program:
<http://www.ineedalighthouse.com>
- Medication-Assisted Treatment for Opiate Addiction
<http://www.ncsl.org/programs/health/forum/mat.htm>
- Mental Health Association of NYC <http://www.mhaofnyc.org>
- Nassau Alliance for Addiction Services (NAFAS) www.nassaualliance.org
- National Alliance for the Mentally Ill: <http://www.nami.org>
- National Council on Alcoholism and Drug Dependence <http://www.ncadd.org/>
- National Council on Problem Gambling <http://www.ncpgambling.org>
- National Institute on Alcohol Abuse and Alcoholism <http://www.niaaa.nih.gov/>
- National Institute on Drug Abuse <http://www.drugabuse.gov/>
- National Institute on Mental Health: <http://www.nimh.nih.gov/>
- National Mental Health Association: <http://www.nmha.org>

- National Suicide Prevention Lifeline: <http://www.suicidepreventionlifeline.org/>
- National Suicide Prevention Resource Center: <http://www.sprc.org/>
- National Strategy for Suicide Prevention: <http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp>
- National Youth Anti-Drug Media Campaign (for parents) <http://www.theantidrug.com>
- National Youth Anti-Drug Media Campaign (for teens) <http://www.freevibe.com>
- NYS Office of Alcoholism and Substance Abuse Services <http://www.oasas.state.ny.us/index.cfm>
- Project YES: <http://www.projectyes.org>
- SAVE-Suicide Awareness/Voices of Education: <http://www.save.org>
- Suicide Prevention Advocacy Network USA, Inc.: <http://www.spanusa.or>
- Substance Abuse & Mental Health Services Administration <http://www.samhsa.gov/>
- The Children's Safety Network: <http://www.childrenssafetynetwork.org>
- The Jason Foundation: <http://www.jasonfoundation.com>
- The Partnership for a Drug-Free America <http://www.drugfree.org/>
- The Society for the Prevention of Teen Suicide www.sptsusa.org
- U.S. Dept. of HHS & National Clearinghouse for Alcohol & Drug Information <http://ncadi.samhsa.gov/>

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New York State

New York State Office of Mental Health

Melanie Puerto Conte
NYS Director of Suicide Prevention Initiatives
New York - Research Foundation for Mental Hygiene

44 Holland Ave.
Albany, NY 12229
Tel: 518-408-2139
Fax: 518-474-8998
Email: melanie.puerto@omh.ny.gov

Suicide Prevention Center of New York

The Suicide Prevention Center of New York (SPCNY)
Advances and supports state and local actions
to reduce suicide attempts and suicides in New York State and to promote the recovery of persons
affected by suicide.

150 Broadway, Suite 301
Menands, NY 12204
Tel: 518-402-9122
Frederick Meservey, Director
Email: frederick.meservey@omh.ny.gov
Website: <http://www.preventsuicideny.org/>

State and Local Prevention Resources: Organizations:

[*American Foundation for Suicide Prevention-Capital Region New York Center*](#)
Tel: 518-899-0021

[*New York - Center for the Promotion of Mental Health in Juvenile Justice*](#)
Tel: 212-543-5298

[*The Samaritans of New York*](#)
Tel. 212 673-3000

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National Suicide Prevention Organizations:

[American Association of Suicidology \(AAS\)](#)

5221 Wisconsin Ave., NW

Washington, DC 20015

Telephone: 202.237.2280

Fax: 202.237.2282

Website: www.suicidology.org

The American Association of Suicidology (AAS) is a not-for-profit membership organization founded in 1968. AAS's mission is to understand and prevent suicide by:

- Advancing Suicidology as a science and disseminating scholarly work in Suicidology
- Developing and implementing strategies to reduce the incidence and prevalence of suicidal behaviors
- Disseminating accurate public information about suicidal behaviors
- Fostering the highest possible quality of suicide prevention, intervention, and postvention to the public
- Promoting research, education, and training in Suicidology

AAS hosts annual conferences in Suicidology, publishes a bimonthly peer-reviewed journal *Suicide and Life-Threatening Behavior*, and two quarterly newsletters for its members.

[The American Foundation for Suicide Prevention \(AFSP\)](#)

120 Wall Street, 22nd Floor

New York, New York 10005

Telephone: 212.363.3500

Fax: 212.363.6237

Website: www.afsp.org

The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

Suicide Prevention Action Network USA, Inc. (SPAN USA) now part of AFSP

1025 Vermont Ave., NW, Suite 1066

Washington, DC 20005

Telephone: 202.449.3600

Fax: 202.449.3601

Email: info@spanusa.org

Website: www.spanusa.org

The Suicide Prevention Action Network USA (SPAN USA) is a 501(c)3 non-profit organization dedicated to preventing suicide through public education and awareness, community engagement, and federal, state and local grassroots advocacy. By empowering those who have been touched by suicide, SPAN USA seeks to advance the implementation of the National Strategy for Suicide Prevention.

SPAN USA envisions a world where suicide prevention is embraced as a public priority by all members of society, where people touched by suicide are supported, and where communities link awareness with action in order to save lives. Our work is focused on opening minds, changing policy, and saving lives and promoting an understanding that suicide is a preventable public health problem.

ANSWER (Adolescents Never Suicide When Everyone Responds)

<http://www.teenanswer.org>

A grassroots movement that began in response to the impact suicide was making in the community. The goal of this program is to educate everyone about the risks of teenage suicide and to provide resources for help in an effort to reach our mission in eliminating teen suicide.

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The Jason Foundation

181 East Main Street, Suite 5
Hendersonville, TN 37075
Telephone: 615.264.2323
Fax: 615.264.0188
Website: www.jasonfoundation.com

The Jason Foundation, Inc. (JFI) was founded after the suicide death of Jason Flatt – age 16 in 1997. Jason is the youngest son of our current President / CEO, Clark Flatt. The Jason Foundation provides educational programs and seminars for the awareness and prevention of youth suicide. JFI has a nationwide network of affiliate offices in collaboration with their National Clinical Affiliate – Psychiatric Solutions, Inc. Currently; JFI operates fifty-three regional offices and operates in forty-nine states. Several foreign countries also utilize JFI's programs for schools and educators.

The Jed Foundation

583 Broadway, Suite 8B
New York, NY 10012
Telephone: 212.647.7544
Fax: 212.343.1141
E-mail: emailus@jedfoundation.org
Websites: www.jedfoundation.org
www.ulifeline.org

The Jed Foundation focuses on understanding the underlying causes of suicide and producing effective prevention programs, information and interventions for college and university campuses nationwide. Working with leaders in higher education, government and the scientific research community, The Jed Foundation:

- Fosters greater public awareness of the extent of college-age suicide
- Collaborates with colleges and universities to strengthen the mental health services on campus
- Creates linkages between the academic research community that work on suicide prevention and the higher education professionals who work directly with students
- Produces innovative internet-based intervention systems for college students

A nonprofit public charity committed to reducing the young adult suicide rate and improving mental health support provided to college students nationwide

The Kristin Brooks Hope Center

1250 24th St NW, Suite 300
Washington, DC 20037
Telephone: 202.536.3200
Fax: 202.536.3206
Website: www.hopeline.com

Program Manager of the National Hopeline Network 1.800.SUICIDE (784-2433)
Kristin Brooks Hope Center is a public benefit corporation whose focus and mission is suicide prevention and depression awareness education. One of KBHC's direct services is the National Hopeline Network 1.800.SUICIDE (784-2433). This Network connects callers – people who are depressed or suicidal, or those who are concerned about someone else – automatically to an American Association of Suicidology (AAS) or CONTACT USA certified crisis center nearest to where the call is placed. It brings the tremendous knowledge, skill and resources of existing crisis centers under the safety net of a single, easy-to-remember, toll-free telephone number. KBHC, through the National Hopeline Network, makes appropriate, critical services available to all. For a list of crisis centers nearest your location, check CRISYS — Crisis Response Information System. This data base provides the name, address, telephone numbers, and other information identifying whether a crisis center is AAS or CONTACT USA certified or a member of the National Hopeline Network.

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Life Savers Training

A peer-support crisis prevention program aimed at training young adults to be caring listeners in their interactions with their peers. It involves a team approach to helping teenagers cope healthfully with the challenges of drugs and alcohol, peer and family relationships, sexual issues, violence, academic problems, death and grieving, aggression, anxiety, and suicide.

Living Works Education

Dedicated to enhancing suicide intervention skills at the community level through training products such as ASIST, suicideTALK, safeTALK, and suicideCARE.

National Center for Injury Prevention and Control (NCIPC)

A branch of the Centers for Disease Control of Prevention working to reduce morbidity, disability, mortality, and costs associated with injuries.

National Center for Suicide Prevention Training (NCSPT)

Provides educational resources to help public officials, service providers, and community-based coalitions develop effective suicide prevention programs and policies.

National Mental Health Association (NMHA)

The country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness

National Suicide Prevention Lifeline

24-hour, toll-free suicide prevention service available to anyone in suicidal crisis 1-800-273-TALK (8255). President's New Freedom Commission on Mental Health

<http://www.mentalhealthcommission.gov>

Established by President George W. Bush in April 2002 as part of his commitment to eliminate inequality for Americans with disabilities

Preventing Suicide Network

A national suicide prevention web site developed by iTelehealth, Inc. with a grant from the National Institute of Mental Health. Its mission is to leverage the power of technology to assist persons in informing themselves and others regarding preventing suicide.

QPR Institute

A multidisciplinary training organization whose primary goal is to provide suicide prevention educational services and materials to professionals and the general public.

Samaritans USA - The Samaritans of New York

samsCouncil@aol.com

P.O. Box 1259 Madison Square Station

New York, NY 10159

Telephone: 212.677.3009

Fax: 212.677.1884

Website: www.samaritansusa.org

Samaritans USA is the coalition of the 11 non-profit, non-religious Samaritans suicide prevention centers in the United States whose first branch was established in 1974 and who respond collectively to almost 250,000 calls annually. Its primary purpose is to further the Samaritans principles of befriending people who are depressed, in crisis and suicidal as practiced on or through our volunteer-staffed crisis response hotlines, public education programs and suicide survivor support groups. The Samaritans "befriending" model emphasizes active listening and the providing of unconditional emotional support. Samaritans USA is a member of the oldest and largest suicide prevention network in the world with close to 400 centers in 40 countries.

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Stop A Suicide Today

Developed by Harvard psychiatrist Douglas Jacobs, MD, Stop a Suicide, Today! teaches you how to recognize the signs of suicide in family members, friends and co-workers, and empowers you to make a difference in the lives of your loved ones.

Suicide Awareness/Voices of Education (SAVE)

9001 East Bloomington Freeway, Suite 150
Bloomington, MN 55420
Telephone: 952.946.7998
Website: www.save.org

Suicide Awareness Voices of Education (SAVE) is a national non-profit agency whose mission is to prevent suicide through public awareness and education, reduce stigma, and serve as a resource for those touched by suicide. SAVE utilizes a national multi-media campaign including television and radio ads, indoor and outdoor media, as well as print ads to raise awareness and educate the general public on the link between brain illnesses such as depression and bipolar disorder and suicide. SAVE also educates youth, parents, communities and businesses and conducts professional training on issues related to suicide and mental illness. Resources (wallet cards, packets, brochures, posters, books, etc.), referrals, technical assistance and support for those impacted by suicide are available through SAVE's award-winning website and toll-free line 1-888-511-SAVE.

Surgeon General's Call to Action to Prevent Suicide

<http://www.mentalhealth.org/suicideprevention/calltoaction.asp>

The Link's National Resource Center for Suicide Prevention

348 Mt. Vernon Highway, NE
Atlanta, GA 30328
Telephone: 404.256.9797
Fax: 404.256.3483
Website: www.thelink.org

The National Resource Center for Suicide Prevention and Aftercare is dedicated to reaching out to those affected by suicide and connecting them to resources. Suicide Prevention: through speeches and workshops concerning depression, warning signs of suicide, and how to respond and get help; resource materials including a Prevention Packet of Information; telephone counseling for individuals, family, and friends seeking support and guidance; information referrals concerning other resources and organizations; and suicide curriculum for high school students. Suicide Aftercare: referrals for support groups for survivors of suicide (SOS); telephone counseling for survivors and caregivers; SOS Support Team Training; resource materials including a Survivors of Suicide Packet of Information and The Journey, a survivor newsletter; and, information referrals concerning other resources and organizations.

The Suicide Support Forum

a safe place for discussion of suicide related issues, and also a place for those whose lives have been affected by suicide to share.

Suicide Prevention Resource Center (SPRC)

A national resource center that provides technical assistance, training, and information in order to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention.

The Suicide Reference Library

A centralized location that offers materials for use by anyone who is involved in suicide education, awareness, support and prevention activities.

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Youth Suicide Prevention Education Program <http://yspep.org>

Youth Suicide Prevention Education Program seeks to prevent suicide among adolescents and young adults by providing information and resources to youth, parents, and the community

Raise Your Voice and Help Prevent Suicide

http://www.suicidology.org/c/journal_articles/view_article_content?groupId=1&articleId=405&version=1.0&print=true

Materials from Other Organizations:

The National Suicide Prevention Lifeline provides a number of materials to the public free of charge.

<http://www.vahealth.org/Injury/preventsuicideva/pubs.htm>

The National Suicide Prevention Lifeline

- [Wallet Cards](#)
- [Wallet Cards for Counselors](#)
- [Wallet Cards for Disaster Survivors](#)

Their materials and others can be viewed and ordered by [clicking here](#).

SAFE-T Pocket Card - the Suicide Assessment Five-Step Evaluation and Triage Card (SAFE-T), Screening for Mental Health (PDF), is available for free to download at

http://www.sprc.org/library/safe_t_pcktrd_edc.pdf

Effectively Engaging the Media in Suicide Prevention: A Resource Guide

http://www.sprc.org/library/media_guide.pdf

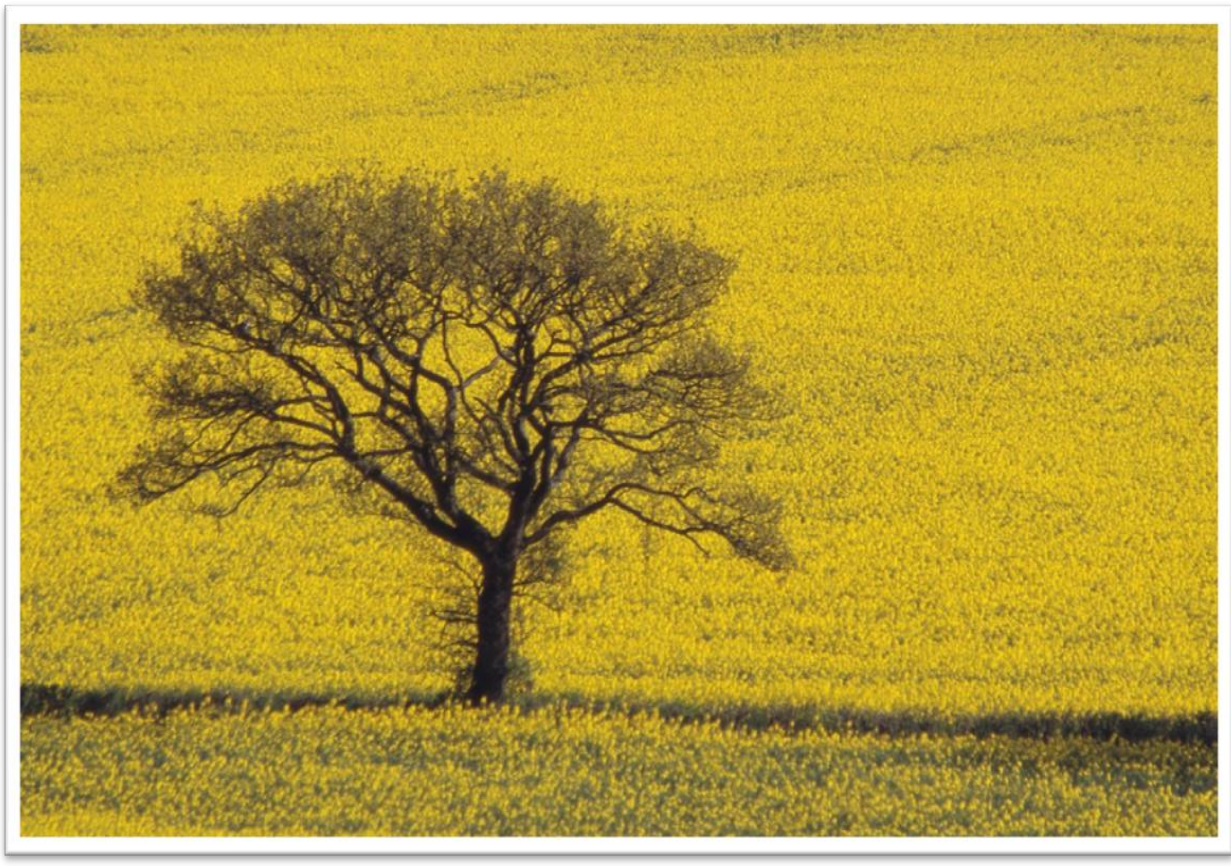
The Second Wind Fund

<http://www.thesecondwindfund.org/index.html>

The mission of Second Wind Fund, Inc. is to decrease the incidence of teen suicide nationally by removing financial and social barriers to treatment for at-risk youth and to create a network of local affiliates to provide such services in their own communities.

PO Box 260795
Lakewood, Colorado 80226-0795
Phone: 303.988.5870
Fax: 720.962.0821

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"Suicide Survivor"

An individual who remains alive following the suicide death of someone with whom they had a significant relationship or emotional bond

John L. McIntosh, PhD

Surviving Suicide

Survivors of Suicide

www.survivorsofsuicide.org

International Survivors of Suicide Day <http://www.afsp.org>

Surviving Suicide

<http://www.survivingsuicide.com/index.htm>

This is “a web site for healing after the loss of a loved one by suicide.”

Includes “This Survivor Support Links”

<http://www.survivingsuicide.com/links.htm>

Provides “links to other healing web sites.”

Prevent Suicide Now

<http://www.preventsuicidenow.com/suicide-survivors.html>

This link provides suicide survivors resources and information.

In addition to a directory of suicide survivor support groups, the web page addresses the following topics:

- What Should I do After a Suicide?
- The Suicide Was Not Your Fault.
- Coping With the Emotional Pain.
- How to Cope with Holidays, Birthdays, and Anniversaries.
- What to Do If You Feel Suicidal.
- Take it One Day at a Time.
- Dealing with Stigma, Ignorance, and Insensitivity
- The Importance of Joining a Suicide Survivor Support Group

Organization for Attempters and Survivors of Suicide in Interfaith Services. (Oassis,)

www.oassis.org

This web page offers connection to an “Organization for Attempters and Survivors of Suicide in Interfaith Services.”

The Suicide and Mental Health Association International,

<http://suicideandmentalhealthassociationinternational.org/Survivors.html>

This link provides access to the association’s survivor division

Suicidal

<http://suicidal.com/depressionlinks/soslinks/>

This web page includes a collection of resources for the survivors of suicide.

SAVE (Suicide Awareness Voices of Education),

<http://www.save.org/Grfaftersuic.shtml>

This web page has a variety of resources for suicide survivors including the link “coping with loss.”

From this link you can access the following papers:

- [When the Worst Has Happened](#)
- [What to Tell Children](#)
- [Grief after Suicide](#)
- [People Grieve Differently](#)
- [Responding to Survivors](#)
- [Support Groups](#)
- [Personal Stories](#)

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WebMD Health

http://my.webmd.com/hw/mental_health/shc54.asp

This web page provides the contact information for a number of different suicide prevention associations (e.g., American Association of Suicidology, American Foundation for Suicide Prevention, etc).

Readings

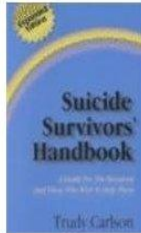
SOS: A Handbook for Survivors of Suicide

http://www.suicidology.org/c/document_library/get_file?folderId=229&name=DLFE-73.pdf

This book is written "for people who have lost a loved one to suicide,

Written by someone who has suffered the same loss"

Jackson, J., American Association of Suicidology in (2003)



Suicide Survivors Handbook

Based on personal experience and extensive grief research, this practical compendium is filled with frank advice for fellow survivors. Dealing with the three major survivors issues (the question "Why?" anger over the event and guilt) the book gives description of typical patterns in grief process and offers helpful steps to recovery. Chapters include dealing with others, handling holidays, and effects of death and tragedy on the family unit. Of special interest is a portion of one chapter devoted to grief issues of surviving children.

Carlson, T., Benline Press, (2000) Suicide Survivors Handbook, ISBN-10: 0964244381

After a Suicide Death

The Dougy Center for Grieving Children & Families offers an activity book for children, roughly ages 6-12, though some teens like it too, called "After a Suicide Death," and we just published a DVD called "Understanding Suicide, Helping Children."

Donna L. Schuurman, Ed.D., FT (Executive Director)

The Dougy Center for Grieving Children & Families

P.O. Box 86852

Portland, OR 97286

Phone: 503-888-8154

Email: donna@dougy.org

Website: www.dougy.org

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Support Groups



Local Support Groups

Brookhaven Memorial Hospital Hospice - The Brook House

Geographic Service Area: Suffolk County

Primary Function: Support services

Description: This hospice based in Patchogue, Long Island offers bereavement groups for adults and children in Suffolk County only, including young widows/widowers, adults grieving loss of parents or grandparents, survivors of suicide and others. No fee.

Agency Address: 101 Hospital Road, Patchogue, NY 11772

Phone and Extension: 631-654-11772

Website: www.brookhavenhospital.org

Family Service League-Joes Project for Surviving Suicide Loss

Geographic Service Area: Suffolk County

SPIP Related Activities: Advocacy, Public awareness/Education

Description: Joes Project was designed to assist those who have lost family or friends to suicide. Joes Project provides help for “those left behind” for those “who have walked in their shoes” and are trained to provide this specialized peer support. Joe’s project also provides professional counseling, support groups, and education. Contact the program if you would like to schedule a visit from a Joe’s project volunteer, or if you need immediate assistance.

Contact: Joe’s Project

Agency Address: Locations all over Long Island, for more information call 631-427-3700 ext. 221

Phone and Extension: 888-375-2228

Website: www.fsl-li.org

Survivors of Suicide A Place for Hope

St. Rose of Lima Parish, Fr. Graham Center

2 Bayview Ave., (corner of Merrick Road), Massapequa

Fourth Wednesday of the month, 7:30 pm

Contact: Anne Marie Maiorana (516) 868-1576; MaresMyAngel@aol.com

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Survivors of Suicide Brookhaven Memorial Medical Center Hospice

105 West Main St., Patchogue

Every Thursday 6:00-7:30 pm

Contact: Hospice (631) 687-2960

Survivors of Suicide Long Island Survivors of Suicide (LISOS)

New Hyde Park

Second Wednesday of every month. 7:30-9:30 pm

Contact: Beverly and Bill Feigelman (718) 380-8205 or 8206; feigelma@aol.com or feigelw@ncc.edu

website: www.LISOS.org

Survivors of Suicide “You’re Not Alone” for those left behind after suicide loss

St Anthony of Padua Parish Outreach Office, 20 Cheshire Place, East Northport

Contact: Pat & Bob Karpowicz (631) 266-2656.

Local Mental Health Support Group

The third Thursday of the month for consumers, families, and friends, 6:00-8:00 pm

SUNY Downstate Medical Center, Health Science Education Building, Classroom 1B

Contact: Mabel Martinez (718) 270 2537 or Mabel.martinez@downstate.edu

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State and National Support Groups

American Foundation for Suicide Prevention

http://www.afsp.org/index.cfm?page_id=FEE33687-BD31-F739-D66C210657168295

This link direct you to a discussion and directory (by state) of suicide survivor support groups.

Mental Health Support Groups

Help to find a support group so you can speak to others who have walked the same path and found their way to a better future

Mood Disorders Support Group of NYC

212 533 6374

<http://www.mdsg.org>

Mood Disorders Support Group of LI

516 499 MDSG (6374)

www.mdsgli.org or www.dbsalliance.org

The National Alliance for Mental Illness (NAMI)

1 800 950 6264

www.nami.org go to "Find your local NAMI," to contact your local support group for information

Depression and Bipolar Support Alliance

<http://www.dbsalliance.org> click on: "find support," to the left

Families Together in NYS

518 432 0333

<http://www.ftnys.org>

info & ref 888 326 8644

A non-profit, parent run organization that strives to establish a unified voice for children with emotional, behavioral, and social challenges. Their mission is to ensure that every family has access to needed information, support and services.

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Help for Caregivers

Parents and Families as Caregivers

For Parents, Important Things to Remember

An overview and guide for parents on how to respond if your child is depressed or suicidal, including how to talk to him/her, questions to ask teachers and friends and what to do. Society for the Prevention of Teen Suicide (SPTS)

www.sptsnj.org/educators/talking-myth.html

Facts for Families, Children's Threats: When Are They Serious?

A guide to responding to children who are potentially suicidal, what to say, what threats should be taken seriously and what parents should do if they are concerned. American Academy of Child & Adolescent Psychiatry (AACAP)

www.aacap.org/page.ww?section=Facts%20for%20Families&name=Childrens%20Threats:%20When%20Are%20They%20Serious?

Protecting Your Child's Mental Health: What Can Parents Do?

A guide for parents who have children applying to or preparing to enter college in terms of understanding your child's personality and the proper "fit" with the college, understanding the available mental health services and identifying your child's personal, emotional, medical and other needs. The Jed Foundation

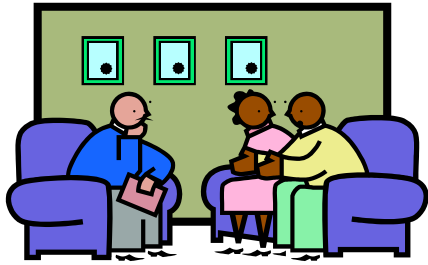
www.jedfoundation.org/parents/tools-and-advice

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Gatekeepers and Stakeholders



For Clinicians



Recommendations for Clinicians

http://www.hsph.harvard.edu/means-matter/files/Recommendations_for_Clinicians.pdf

Lethal Means Counseling

If you're concerned that a patient or client is suicidal, in addition to using your standard clinical strategies to assess and manage suicidal risk, talk with them and their family members about whether there are firearms and other lethal means at home.

(Need to brush up on your standard clinical strategies to assess and manage suicidal risk?

<http://training.sprc.org/> (Click here for info on workshops.)

Speak with the Client's Family and Loved Ones

If the client is an adult, follow your agency's protocols regarding gaining the client's permission to contact family/loved ones

- Explain that you're concerned their loved one is at risk for suicide.
- Ask if there are firearms at home and explain why you're asking (the presence of a gun increases the chance that a suicide attempt will be fatal).
- Ask the men too. When clinicians speak with a parent, it is often the mother. Women don't always know when their male partner has a firearm at home. If possible, speak with all adults in the home.
- Ask about all firearms. If there's one gun, there's usually more than one.
- Assess each relevant household (e.g., for a teenager in a joint custody situation, ask about both parent's homes).
- Advise that the safest option is not having firearms at home until the situation improves. See: [Questions about Removing or Storing Firearms](http://www.hsph.harvard.edu/means-matter/files/Questions_about_Storing_Firearms.pdf) http://www.hsph.harvard.edu/means-matter/files/Questions_about_Storing_Firearms.pdf (Means Matters, Removing and Storing Firearms, accessed 11-21-11)
- Local law enforcement may be able to store the guns (or dispose of them). (Don't state that this is a definite option unless you're acquainted with the agency's policy; not all agencies provide this service.)
- Sympathize with gun owners who find the option of living without a firearm at home, even temporarily, very difficult. Don't minimize that this is a tough sacrifice. You're all on the same team trying to keep the patient safe. But be firm that the safest option is keeping guns out of a suicidal person's home.
- Storing the firearms at a trusted friend's or relative's until the situation improves may be an acceptable option to the owner. (Not everyone can hold on to firearms, however. See summary of federal law regarding people prohibited from receiving firearms.)
- Locking the firearms up is also an option if the family won't remove the guns, but it's not the safest option. Lock all firearms unloaded in a safe designed for firearms or in a tamper-proof, locked storage place. Lock the ammunition separately. Better yet, advise the family not to keep ammunition at home until the situation improves. Be sure the keys or combinations aren't accessible to the person at risk.
- Hiding unlocked guns is not advised. Remember, kids know their parent's hiding places!
- Document in your notes that you've reviewed this information with the family.

- Don't limit your conversation to lethal means. Lethal means counseling is only one part of a comprehensive approach to activating the client's support system.

Speak with the Adult Client

- Review the same information as above.
- Express your concerns about his or her safety and your wish to keep them safe.
- Get releases to talk with important family members or other concerned parties. Enlist them in keeping lethal means out of the home and providing other support.
- Help the client understand that risk sometimes escalates rapidly - for example right after a fight with a family member. Not having lethal means quickly at hand is like keeping the keys to the car away from a person who's been drinking. It reduces bad outcomes in volatile situations.
- Advise removing firearms and other lethal means if the client is at risk for suicide.
- Enlist a support person to make the actual transfer if doing so would be risky for the client.
- Document in your notes that you've reviewed this information with the client.
- Assess the client's compliance. Compliance is a good sign that they are trying to stay safe. If he or she is at high risk and has not agreed to remove guns (or, for example, has stockpiled medication and won't remove it), will he agree to do so if you think it could help him avoid hospitalization?
- Follow your agency's policies regarding taking more extreme steps such as contacting police and/or hospitalization if the person is in acute danger and has not removed lethal means or removing lethal means is not enough to keep them safe.
- Assess suicidal risk on an ongoing basis; things can improve or deteriorate rapidly.
- Note: Most people who kill themselves (except with pills) do so on their first attempt. Many never sought treatment for suicidal feelings. As a clinician, you may come into contact with them over some other issue--marriage counseling, court-remanded anger management, substance abuse treatment, etc. This underlines the importance of including suicide assessment with all clients.

Medications

- Limit prescriptions of lethal medications to suicidal patients to a non-lethal quantity.
- Call the Poison Control Hotline if you need help determining a non-lethal quantity: (800) 222-1222.
- Advise clients and families to remove lethal doses from the home. See [Safe Medication Disposal Guidelines](http://www.mmc.org/mmc_body.cfm?id=4535). http://www.mmc.org/mmc_body.cfm?id=4535 (Maine Medical Center, Need to get rid of old or unwanted medicines, accessed 11-21-11)
- Also see [Frequently Asked Questions](http://www.hsph.harvard.edu/means-matter/faq/index.html). <http://www.hsph.harvard.edu/means-matter/faq/index.html> (Harvard School of Public Health, accessed 11-21-11)

For Addiction Recovery Professionals

<http://store.samhsa.gov/product/TIP-50-Addressing-Suicidal-Thoughts-and-Behaviors-in-Substance-Abuse-Treatment/SMA09-4381>

TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment

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For Communities

Means Matter - Communities

Recommendations for Communities and Suicide Prevention Groups

http://www.hsph.harvard.edu/means-matter/files/Recommendations_for_Communities.pdf (Harvard School of Public Health, accessed 11-21-11)

At the state and local level, we can work to ensure that every suicidal person and their loved ones hear the message that keeping firearms out of reach during a suicidal crisis can save lives.

Four practical steps:

1. [Change policy](#) - Add "Lethal means counseling" protocols to providers' and gatekeepers' existing suicide prevention protocols.
<http://www.hsph.harvard.edu/means-matter/recommendations/communities/index.html#change>
2. [Train providers](#) and gatekeepers how to conduct lethal means counseling.
<http://www.hsph.harvard.edu/means-matter/recommendations/communities/index.html#train>
3. [Change information systems](#) to cue providers to educate families.
<http://www.hsph.harvard.edu/means-matter/recommendations/communities/index.html#info>
4. [Expand options](#) in the community for temporary storage or disposal of firearms for families requesting these services.
<http://www.hsph.harvard.edu/means-matter/recommendations/communities/index.html#Expand>

Change policy.

Encourage statewide and local professional groups and institutions to add a "[lethal means counseling](#)" policy to their current suicide prevention protocols to ensure that all suicidal or at-risk patients and their families are counseled about reducing access to guns at home. Examples of state associations to target: state hospital association, social workers' association, school psychologist association, truancy officer association, etc. Examples of local agencies to target: mental health agencies, emergency departments, schools, employee assistance groups, etc. In most cases your job will be to add lethal means counseling policies to existing suicide prevention policies. If a group doesn't have basic suicide prevention policies, try to work with them (or ask your state suicide prevention coalition) to work with them to adopt basic suicide prevention policies as well as lethal means counseling policies.

<http://www.hsph.harvard.edu/means-matter/lethal-means-counseling/index.html>

Train providers.

Train providers who come into contact with people at risk for suicide and their families on how to talk about reducing access to firearms at home. Most currently do not. A good training model is New Hampshire's [CALM Training](#) (Counseling on Access to Lethal Means) <http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/index.html>, which trains mental health providers, emergency department personnel, and primary care providers. The training covers three general areas (the public health approach to suicide prevention, firearm safety basics, and clinical skills in speaking with families about reducing access to firearms and lethal medications at home). Suicidal people--particularly those who use a firearm--often don't seek out care by a mental health provider. Think about other types of providers with whom they may come into contact, such as police, counselors providing services to domestic abusers, defense attorneys, substance abuse counselors, school truancy officers, primary care providers, etc. See other examples of [means reduction programs](#). <http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/index.html>

Change Information Systems.

One way to ensure that at-risk patients and their families receive lethal means counseling is to build reminders into an agency's information system. For example, a health care institution with electronic patient charting software can add a flag to indicate whether the patient is considered at risk for suicide. Checking off the patient as "at risk" would trigger the software to remind the provider to talk with the patient and his/her family about firearms and lethal medications at home, in addition to following the agency's existing protocols for responding to suicidal risk. Standard paper forms (for example, intake

forms for new psychiatric patients, suicide assessment forms used by school psychologists, etc.) could also include check-off boxes cueing the provider to ask about firearms at home.

Expand options.

Work with local police and other public safety groups to expand options for families who want to permanently or temporarily remove their guns. Many police departments currently have no policy or protocols in place to dispose of or store firearms and aren't able to help families. Work with them to explore [some feasible options](http://www.hsph.harvard.edu/means-matter/recommendations/families/index.html#Questions) <http://www.hsph.harvard.edu/means-matter/recommendations/families/index.html#Questions> . If you come up with some good options (such as getting a local shooting range to offer storage lockers), please [contact us](#) and let us know so that we can spread the word.

**New York Foundling Vincent J. Fontana Center for Child Protection,
Garrett Lee Smith Memorial Youth Suicide Prevention and Early Intervention Program**

A regional suicide prevention training site which provides and coordinates evidenced based suicide prevention models. The trainings are meant to promote safety amongst populations at high risk for suicide, including LGBTQ youth. Trainings are targeted to youth, community members and professionals working with high risk groups. The Foundling provides trainings such as QPR, ASIST and other trainings in NYC, Long Island and the lower Hudson Valley. Call : 212 660 1306
<http://www.nyfoundling.org/fontana-center>

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Schools



NYS OMH is prepared with current best practice recommendations to support schools, whether they are just beginning to look at their suicide prevention and postvention policies, or they are moving toward comprehensive integration of suicide prevention practices. The trainings listed below are available through: **Suicide Prevention Center of NYS**

http://www.preventsuicideny.org/Training_Programs.html#Creating_Suicide_Safer_Schools

Contact the Center at:

Riverview Center
150 Broadway, Suite 301
Menands, NY 12204

[ASIST](#) is a **two-day intensive**, interactive and practice-dominated course **designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide**. It is by far the most widely used, acclaimed and researched suicide intervention training workshop in the world. Trainers are certified by Living Works, Inc. as accomplished practitioners in suicide prevention, intervention and postvention.

[ASIST](#) prepares caregivers of all kinds to provide suicide first aid interventions. Professionals, volunteers and informal helpers all need to know how to help persons with thoughts of suicide in ways that increase their suicide safety. As an ASIST-trained first aid intervention caregiver, you will be better able to:

- Identify people who have thoughts of suicide
- Understand how your beliefs and attitudes can affect suicide interventions
- Seek a shared understanding of the reasons for thoughts of suicide and the reasons for living
- Review current risk and develop a plan to increase safety from suicidal behavior for an agreed amount of time
- Follow-up on all safety commitments, accessing further help as needed.

<http://www.livingworks.net/ASIST>

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The Connect Project- Training Professionals & Communities in Suicide Prevention & Response



CONNECT postvention training is designed to reduce risk and promote healing following a suicide death and is a designated National Best Practice program. Suicide deaths not only affect family but frequently create larger community distress; suicide clusters may follow. CONNECT helps communities prepare for suicide deaths and to mobilize to prevent suicide clusters. The 3-4 hour CONNECT Suicide Postvention Training provides specific knowledge and skill development for various professions who might be involved in suicide response. Postvention is prevention.

<http://www.theconnectproject.org/postvention>

The need: Few issues that administrators face evoke as much passion as that of youth suicide. As this issue has gained prominence, so have the many programs being offered. Schools looking for guidance are often inundated with guide books, training programs and presenters. Sorting out what a school should be investing its limited resources in, can be a daunting task.

The workshop: *Creating Safer Schools* is a one-day, interactive workshop designed to engage high school teams in a process to:

- Evaluate existing suicide prevention and intervention readiness
- Receive evidence-based and best practice guidance
- Develop a comprehensive suicide prevention and response plan
- Learn about resources to enhance safety and health of your school environment that are subsidized or available at low or no cost.

The QPR mission is to save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training.

QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor. QPR is the most widely taught gatekeeper training program in the United States, and more than 725,000 adults have been trained in classroom settings in more than 48 states.

QPR can be learned in our Gatekeeper course in as little as one hour. The four cornerstones of the theory upon which our approach is derived are these:

1. Those who most need help in a suicidal crisis are the least likely to ask for it.
2. The person most likely to prevent you from dying by suicide is someone you already know.
3. Prior to making a suicide attempt, those in a suicidal crisis are likely to send warning signs of their distress and suicidal intent to those around them.
4. When we solve the problems people kill themselves to solve, the reasons for suicide disappear.

<http://www.qprinstitute.com/>

SafeTALK is a two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety. As a safeTALK-trained suicide alert helper, you will be better able to:

- Move beyond common tendencies to miss, dismiss or avoid suicide;
- Identify people who have thoughts of suicide;
- Apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

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Powerful video clips illustrate both non-alert and alert responses. Discussion and practice help stimulate learning. Learn steps that contribute to saving lives.

<http://www.livingworks.net/page/safeTALK>

Working with Schools in the Aftermath of Suicide Suggested Resources

American Foundation for Suicide Prevention

120 Wall St., 29th floor, NY, NY 10005

Phone: 212 363 3500

www.afsp.org

American Foundation for Suicide Prevention After A Suicide: A toolkit for schools

www.afsp.org/schools or www.sprc.org/AfterASuicideforSchools.asp



The Dougy Center for Grieving Children and Families

www.dougy.org

More than Sad - AFSP educational program on teen depression and suicide prevention

For use in high colleges, the truth about suicide

www.morethansad.org

Reporting on Suicide:

Recommendations for the Media

www.afsp.org/media

A Guide for a School's Response in the Aftermath of Sudden Death

www.starcenter.pitt.edu/files/document/PostventionManual.pdf

National Suicide Prevention Lifeline 800 273 TALK

www.suicidepreventionlifeline.org

<http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>

Suicide Prevention Resource Center- Best Practices Registry for Suicide Prevention

A list of programs determined by expert peer review to reflect best practices

Maintained by AFSP and the Suicide Prevention Resource Center

www.sprc.org

National Registry of Evidence-Based Programs and Practices

A database of scientifically-tested mental health interventions (not specific to suicide prevention).

Maintained by the U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)

www.nrepp.samhsa.gov

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Berkowitz, J., McCauley, J., Schuurman, D., Jordan, J. (2010). Organizational postvention after suicide. In J. Jordan & J. McIntosh (Eds.) *Grief after Suicide: Understanding the Consequences and Caring for the Survivors*, New York: Routledge

Gould, M. et al., Media Contagion and Suicide among the Young. *Am Beh. Scientist*. 46:9 (May 2003) 1269-1284

Gould, M.S. (n.d.). Suicide contagion (clusters). Retrieved from Suicide and Mental Health Association International (SMHAI) website in 2008 at <http://suicideandmentalhealthassociationinternational.org/suiconclust.html>

Insel, B.J., & Gould, M.S. (2008). Impact of modeling on adolescent suicidal behavior. *Psychiatric Clinics of North America*, 31(2), 293-316

Schuurman, D. & DeCristofaro, J. (2010). Children and traumatic deaths. In D. Balk & C. Corr (Eds.) *Children's Encounters with Death, Bereavement, and Coping*, (pp. 257-269). New York:

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Means Matter www.meansmatter.org

Restricting Access to Lethal Means at Colleges and Universities

Contributed by the Suicide Prevention Resource Center [www.sprc.org]

Restricting access to lethal means is one strategy in a comprehensive approach to reducing the risk of suicide on a college campus.¹ Colleges and universities should consider the following steps to assess and implement means restriction:

- 1.) Gathering information
- 2.) Engaging the entire campus and community
- 3.) Changing policies and practices
- 4.) Working with the media

http://www.hsph.harvard.edu/means-matter/files/LM_at_Colleges-SPRC.pdf

CollegeResponse offers screening tools for institutions of higher education.

<http://www.mentalhealthscreening.org/college/>

Best Practices Registry (BPR) For Suicide Prevention

American Foundation for Suicide Prevention http://www.afsp.org/index.cfm?page_id=05967029-BC0C-603D-5A32D68043B9D7A8

Interactive Screening Program

During the academic year, AFSP will expand its innovative, anonymous Interactive Screening Program for college/university students, which has been shown effective in getting those at risk into treatment. The ISP is now in place in 30 colleges and universities nationwide, including SUNY Farmingdale, Emory University, the Massachusetts Institute of Technology, Cornell University, the University of Colorado and the University at Albany (SUNY). Also among this number are six medical schools, including those at Ohio State University College, the University of Massachusetts and the University of California at San Diego. At least 20 additional colleges and universities will be able to join the program in 2011-12.



[2011-12 ISP Manual](#)

[Request for Information Form](#)

[ISP Schools](#)

[Published Studies](#)

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Why Do Colleges and Universities Need ISP?

An estimated 15 percent of students suffer from depression and other mental disorders that put them at risk for suicide. Each year, 10 percent of students report that they've seriously considered suicide. Those who need help the most are often the least likely to request available services. Research shows that many troubled students have beliefs and attitudes that pose significant barriers to treatment. Each year, surveys show that less than 20 percent of college students who die by suicide were past or current clients of the campus counseling center.

The ISP provides a simple and effective way to proactively identify at-risk students and encourage them to get help. By engaging those in need, ISP supports student mental health, helps students remain in school and protects the institution in the event of a suicide death.

ISP Stress & Depression Questionnaire

ISP provides an anonymous, web-based method of outreach that starts with a brief online Stress & Depression Questionnaire. Students are typically invited to participate in the screening via an email invitation from the counseling center director or another college/university official. Each participating college and university has its own customized, secure website, which supports the Stress & Depression Questionnaire and all other program features.

All students who submit the questionnaire receive a personalized written response from a campus mental health counselor through the website. At-risk students are urged to meet with the counselor in person for further evaluation and discussion of treatment options. All students are offered the option of exchanging online messages with the counselor without identifying themselves.

ISP is a Best Practice

Following review by an outside expert panel, ISP has been listed in the Suicide Prevention Resource Center/AFSP Best Practices Registry for Suicide Prevention. [Published studies](#) have reported the success of ISP. Findings include:

- 85 percent of students who completed the online questionnaire had serious depression or other suicide risk factors; 90% were not receiving treatment.
- Students who exchanged online messages with the ISP counselor were three times more likely than those who did not to come for an in-person meeting, and three times more likely to enter treatment.
- 75 percent of students who entered treatment were described by counselors as not likely to have sought mental health services without the ISP program.

ISP is Adaptable to Any College or University

ISP can be implemented in any higher educational setting, including community college, baccalaureate, graduate, medical or other professional programs. In addition to students, the program can also be adapted for use with medical residents, staff or faculty.

Where Can I Learn More?

As a first step, prospective colleges and universities are urged to download and carefully review the [2011-12 ISP Manual](#). The Manual describes how the program works, what it can achieve, what it costs and the key implementation procedures. After reviewing the Manual, interested schools are urged to complete an online [Request for Information Form](#). Our staff will then contact you to talk in depth about bringing ISP to your campus.

To download the brochure for this program, [click here.](http://www.afsp.org/files/Misc_/isp.pdf) http://www.afsp.org/files/Misc_/isp.pdf

AFSP Contacts

Ann P. Haas, Ph.D.
Senior Project Specialist
ahaas@afsp.org
(207) 236-2475

Maggie Mortali
Education Manager
mmortali@afsp.org
(212) 360-3500, ext. 2034

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American Foundation for Suicide Prevention

The Interactive Screening Program (ISP) provides an online mechanism to identify and encourage college students who are at risk for depression, suicide and related problems to seek treatment. It is available from AFSP for a fee. [ISP.pdf](#)

The BPR is collaboration between the [Suicide Prevention Resource Center \(SPRC\)](#) and the [American Foundation for Suicide Prevention \(AFSP\)](#). Funding is provided by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#).

American Foundation for Suicide Prevention (AFSP) (accessed 11-1-11)

1) Podcasts on how to support a campus community in the aftermath of a suicide:

Part I (helping individuals):

<http://peoplepreventsuicide.org/part-2-helping-communities-cope-with-the-aftermath-of-suicide>

Part II (helping communities):

<http://peoplepreventsuicide.org/part-i-helping-communities-cope-with-the-aftermath-of-suicide>

(Self-help podcast) Life after Loss: 5 Strategies to Help You Through:

<http://peoplepreventsuicide.org/life-after-loss>

2) Crisis Response Policy Suggestions:

<http://peoplepreventsuicide.org/crisis-response>

Carson J Spencer Foundation

528 Commons Drive

Golden, CO 80401

Sally@CarsonJSpencer.org

720-244-6535

www.PeoplePreventSuicide.org - resources for colleges and universities

The DORA College Program (Depression OutReach Alliance)

<http://www.mentalhealthscreening.org/programs/colleges/dora.aspx>

CollegeResponse is proud to announce the Suicide Prevention Resource Center/American Foundation for Suicide Prevention has listed the DORA College Program (Depression OutReach Alliance) in Section III of the Best Practices Registry (BPR) for Suicide Prevention. A panel of suicide prevention experts reviewed the DORA program for accuracy, safety, likelihood of meeting goals and objectives, and adherence to prevention program guidelines. Practices listed in Section III of the BPR address specific objectives of the National Strategy for Suicide Prevention.

The DORA College Program (**Depression OutReach Alliance**) is a peer based mental health wellness and suicide prevention program. The main teaching tool is an educational DVD (recently chosen as a finalist in the 2010 New York Festivals®) that profiles college students who struggled with depression and suicidal ideation and are now in recovery thanks to the support of peers and mental health professionals. Along with these interviews, the DVD also features an acted scenario modeling a successful intervention as well as input from college counselors ([watch a preview of the DVD](#)).

The DORA College Program is meant to be administered to small groups of students by peer leader groups working in conjunction with clinical professionals on campus. The program consists of several activities designed to teach students the importance of early intervention and professional help-seeking when it comes to suicide prevention.

The DORA kit is \$125 and includes: 1) One implementation guide for peer leaders; 2) 15 individual student workbooks with screening forms; 3) One educational DVD; 4) Access to a downloads page with extra materials including a PDF of the poster, multimedia links, and public relations materials for use with the school newspaper. [Order the DORA Kit](#)

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Safe-T Suicide Assessment Five-step Evaluation and Triage

http://www.mentalhealthscreening.org/docs/Safe_T_Card_Mental_Health_Professionals.pdf

“Go Ask Alice” Answering questions that some people can’t even talk about!

<http://goaskalice.columbia.edu/>

Teen Screen: More than one million teens in the U.S. suffer from depression, yet less than one-third of those teens receive help. Find out how to provide screening from: www.teenscreen.org

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Employee Assistance Program Resources (EAP)



A Survivor's Story - Read the account of a State Government employee who has chosen to share her story of how suicide has impacted her life.

Just so you know, I am still a new survivor. You are considered a new survivor up to seven years following the death of a spouse, child or loved one to suicide. Also, let me tell you that the grief to a survivor is just as raw today as it was on the day that our loved ones took their own lives. You just tend to deal with it better over time.

Let me begin by telling you a little bit about my husband. First and foremost, he was a Christian. He knew the Bible better than a lot of ministers and more importantly, he lived it. He was one of the most laid back individuals you would ever meet. He was one of those people that never met a stranger. He had a wide circle of friends from all walks of life. He was educated and outgoing. He didn't have a mean bone in his body and you never saw him angry. He loved his family and friends and in turn everyone loved him. He was the last person in this world you would ever expect to commit suicide.

But, looking back, now that I have had some counseling and have participated in the Kentucky Suicide Prevention Group, I realize that my husband did exhibit a lot of the signs of a person that would commit suicide. I just didn't see them.

To begin my experience I need to go back a little ways. My husband's father committed suicide when he was in college. We were dating at the time and I remember the night I got the call about his father's death. I remember how devastating it was to him. His father left no note or indication of why he committed suicide. Over the years, my husband often asked me how someone could do that? He questioned how his dad could have done that to his family. He also stated on numerous occasions that he could never put his family through what he went through.

Then, on July 4th of 2002, my husband's younger brother, whom he thought of as a son, also committed suicide. I believe that was the beginning of the end for my husband. He often told me that he wished he could have done something. There were a lot of...if only's. He kept telling me that he couldn't get his brother out of his mind. We talked about it on many different occasions and he always asked me that question of how someone could do that to his or her family. Again he made the statement that he would never do that to his family. And, oddly enough, I believed him.

After my husband's mother died in May of 2004 and after our daughter got married and moved out of our house with her three year old son in June the following month, is when I started to notice that he seemed different. Nothing drastic, but just subtle things.

- He seemed to be distracted more.
- He was an avid golfer and played three times a week. He gave it up.
- I had to push him to go out with friends.
- He would sleep more but be up and down a lot during the night.

- He gave away things...like his golf shoes to our grandson.
- We went to a friend's house July 4' 2004 and he seemed like his old self. He interacted with our friends like he always had and told them all how much he cared for them.

Of course, I realize now that these are all warning signs. Warning signs that I wasn't aware of until after his death.

Five days later, on July 9th, my husband committed suicide.

The day before his death, I had taken off work to be with my daughter who had some oral surgery performed. I left the house really early and assumed my husband had gone on to work and would call about her once I got her home and settled.

You need to understand that he talked to her every day. She, along with her brother and grandson, were the light of his life. When he didn't call to find out how the surgery went, I became concerned. I tried to hide that from my daughter but I could see that she was worried too. I told her I was going home for a while and would be back to check on her.

On the way, I began calling everywhere looking for him. He didn't answer his cell phone. I called at his work and was told he hadn't come in nor had he called in. That's when I knew something was wrong. I knew I had to tell my children. I made the calls. They both came home and waited with me. At about 11:00 pm Thursday night, my husband came home. He acted surprised to see us all waiting for him.

My daughter was crying and he seemed confused as to why she would be crying. She told him she was afraid that he had done what Uncle did.

He assured her he would never do that to her or to the rest of us. He loved us and would never put us through that. Appeased, she and my son left to go back to their homes.

At this point, my husband and I went out on the porch and started talking. He revealed a lot of what he was feeling to me that night including a lot of changes going on at work with the new administration, his feelings about the death of his brother and mother, and how quiet the house was since our children had left. But, he assured me that he never entertained any thoughts of taking his own life and never would. But he did admit that he was deeply depressed and couldn't snap out of it.

It was at this point that I realized how depressed he was and that he needed help. I told him we needed to go see a doctor. He agreed with me and told me I needed to get to sleep as I had a big day at work as my boss was retiring and we were having a big luncheon for her. He promised me he would call the doctor the first thing in the morning and make an appointment for us to go in and see him.

I went to bed and left him up watching TV and playing with our dog. When I got up the next morning, he wasn't in bed. This wasn't unusual as he often fell asleep on the couch because he was up and down so much during the night. I didn't think anything about it and got in the shower to get ready for work.

When I came into the den, expecting to find him asleep on the couch, he wasn't there. And, our dog that follows my husband everywhere was in the den. That is when I realized that something was wrong. I went through the house calling for him and then I went outside and that's when I found him.

He had taken a gun that I didn't know he had, gotten in his car, put the gun to his head, and pulled the trigger.

The devastation his suicide left behind for his family, friends, colleagues, and community was something I wish no one would ever have to experience.

The following days were a blur. Family and friends surrounded me with their love and support. With this love and support and my faith in God, I made it through the funeral.

At this point, I must say, that fear of the future was staring me in the face. I didn't know which way to turn. I was totally lost.

Several weeks following my husband's death my funeral director's grief counselor came to see me. She brought with her a folder with all kinds of pamphlets about suicide. It was from these pamphlets that I learned about the Survivors of Suicide meetings sponsored by Hospice. While attending one of these

meetings I was invited to attend the “Remembering, Healing and Growing Conference” sponsored by the Kentucky Department of Mental Health and Mental Retardation and the Kentucky Suicide Prevention Group, which was held in conjunction with the National Suicide Survivors Day.

I am determined that I will do everything that I can to keep even one person from going through what I went through during and after the suicide of my husband. I have vowed to speak openly about suicide and its effect on me, my family and my friends and to be there for anyone that needs me. Suicide is one of the most preventable deaths there is. So why isn't more being done to prevent it? We have to remember that most suicidal people don't really want to die—they just want the pain to go away. We also have to remember that “Suicide is Everybody's Business” and we all need to get involved to prevent even one more suicide.

Kentucky Suicide Prevention Group, <http://www.kentuckysuicideprevention.org/>

Suicide Prevention - Supervisors

- Two-Thirds of all suicides occur among the nation's workforce, Americans ages 25-65.
- The average cost per case of suicide is \$1 million in lost productivity and \$2,596 in medical costs.

The workplace can play a vital role in the prevention of suicide. Please take the time to read this slide presentation that offers important information on the role supervisors can play in the prevention of suicide.

[Suicide Prevention \(Supervisor's Perspective\) Presentation \(PPT -51KB\)](http://personnel.ky.gov/emprel/keap/SuicidePrevention-Supervisors.htm)

<http://personnel.ky.gov/emprel/keap/SuicidePrevention-Supervisors.htm>

The workplace can play a vital role in the prevention of suicide. Please take the time to read this slide presentation that offers important information on the role co-workers can play in the prevention of suicide.

[Suicide Prevention \(Co-workers Perspective\) Presentation \(PPT -52KB\)](http://personnel.ky.gov/emprel/keap/SuicidePrevention-Co-workers.htm)

<http://personnel.ky.gov/emprel/keap/SuicidePrevention-Co-workers.htm>

1 Kentucky Suicide Prevention Group, <http://www.kentuckysuicideprevention.org/>

1 Paul, Rich & Jones, Edwards. Suicide Prevention: Leveraging the Workplace. *EAP Digest*. Winter 2009

Why Does an Employer Offer an EAP?

It's smart business. If employees are doing well and day-to-day problems aren't a distraction, they are more likely to be alert, motivated and concentrating on their job. This means a more productive organization. Also, it costs more to hire and train a new employee than it does to help and keep a current employee.

What Types of Problems Does EAP Handle?

The EAP handles a wide range of problems. These include problems related to:

Emotional	Financial
Family	Substance Abuse
Marital	Legal
Mental Health	Work Place
Stress	Elder Care

Will the Counselor Keep Employee Problems Confidential?

Yes. Absolutely. Confidentiality is a requirement and a guarantee we make to all employees. Without it, the EAP wouldn't work. Every counselor knows this rule. No information goes anywhere without your request and written permission. Remember, too, counselors are specially trained in EAP work. They handle delicate issues, and they have the knowledge and skills to assist you toward solving your problems.

What is an EAP Counselor?

An EAP counselor is someone educated, trained and experienced in helping employees and their eligible dependents solve their problems. An EAP counselor is also able to find any other professionals or organizations in the community whose services may be needed. EAP counselors typically are experienced in dealing with problems in substance abuse, behavioral health, relationships, work place

and numerous social, financial and legal situations that plague all of us at one time or another.
<http://lecsa.org/WhyEAP.html>

Richard Buckman, LCSW-R, CASAC, CEAP, SAP
EAP Program Director
rbuckman@lecsa.org
(631) 851-1295

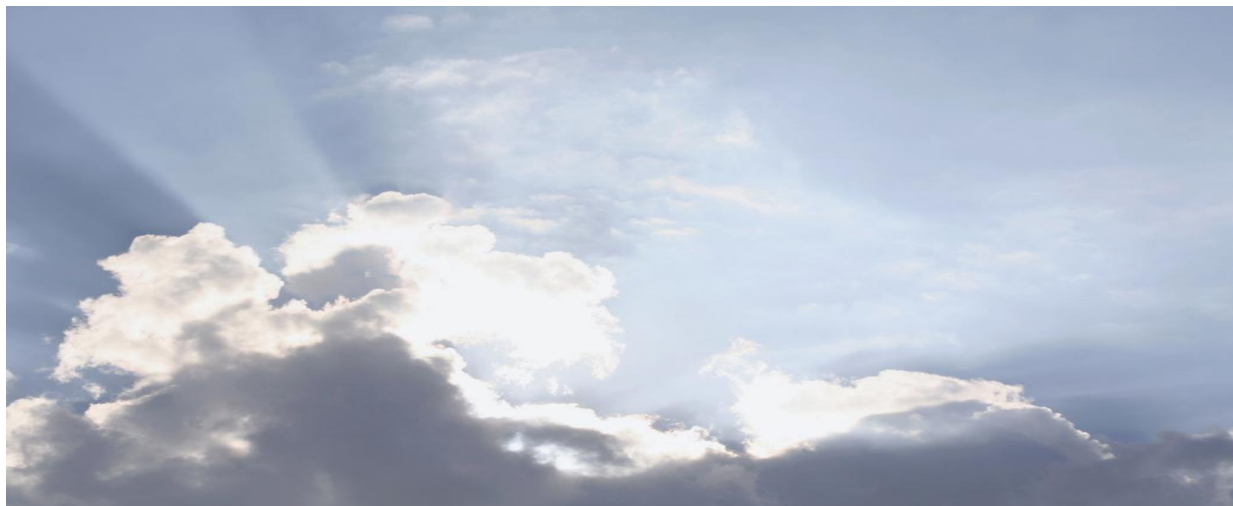
Linda J. Villano, LMSW, SAP
EAP Representative
lvillano@lecsa.org
(631) 851-1295

About LECSA <http://lecsa.org/Index.html>

LECSA
390 Rabro Drive
Hauppauge, NY 11788
Tel: (631) 851 - 1295
Fax: (631) 851 – 1299
Materials from Other Organizations
<http://www.vahealth.org/Injury/preventsuicideva/pubs.htm>

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Clergy and Community Stakeholders



After a suicide: Recommendations for religious services and other public memorial observances

<http://www.sprc.org/library/aftersuicide.pdf>

A guide to help community and faith leaders who plan memorial observances and provide support for individuals after the loss of a loved one to suicide.

Mental illness and families of faith: How congregations can respond

http://www.mentalhealthministries.net/links_resources/study_guide/mental_illness_study_guide.pdf

This resource/study guide is designed to be used with clergy, members of congregations, family members and anyone desiring to learn more about mental illness and how to respond with compassion and care. It can be used as a small group study guide or as a resource to quickly find information on a specific topic. Material may be adapted.

Resource scan of faith-based materials addressing suicide prevention

<http://www.sprc.org/library/faithscan.pdf>

During the summer of 2006, the Suicide Prevention Resource Center conducted a number of resource scans, designed to identify readily available materials for specific audiences on given topics related to preventing suicide and promoting mental health. This report details the findings of the faith-based resource scan

Building bridges: Mental health consumers and members of faith-based and community organizations in dialog

<http://store.samhsa.gov/shin/content/SMA04-3868/SMA04-3868.pdf>

This monograph summarizes findings and recommendations from the SAMHSA's CMHS sponsored dialog between mental health consumers and members of the faith community.

Clergy (SPRC Customized Information Series)

http://www.sprc.org/featured_resources/customized/clergy.asp

Information for Clergy on recognizing and responding to warning signs, resource materials about suicide prevention, including programs and the role of clergy in preventing suicides.

Consensus statement on suicide and suicide prevention from an interfaith dialogue

http://www.sprc.org/library/Consensus_Statement.pdf

This statement was developed at the Interfaith Suicide Prevention Dialogue meeting (March 12-13, 2008, Rockville, MD), conducted by the SPRC. The participants included representatives from the Buddhist, Christian, Hindu, Jewish, and Muslim faith communities. The full report of the meeting, the role of faith communities in preventing suicide: A report of an interfaith Suicide Prevention Dialogue, is available at <http://library.sprc.org/item.php?id=652>

First national conference for survivors of suicide attempts, health care professionals, and clergy and laity: Summary of workgroup reports

<http://www.sprc.org/library/SOSAconf.pdf>

This report from an October 2005 meeting led by the Organization of Attempters and Survivors of Suicide in Interfaith Services (OASSIS) and the Suicide Prevention Action Network (SPAN USA) contains recommendations from participants on issues related to suicide attempts and the needs of suicide attempt survivors.

Meeting summary and recommendations: Clergy workgroup on suicide prevention and aftercare

<http://www.sprc.org/library/faithbasedconf.pdf>

A workgroup meeting was held to identify clergy needs related to preventing and responding to suicide in the church community. This paper describes the process of the workgroup and provides a summary of the meeting's content. The purpose of this was to identify the critical elements needed for a competency-based curriculum to train clergy in suicide prevention and response to survivors of suicide. The workgroup provided information about needs, suggested training content and format, and identified possible dissemination strategies. The workgroup also identified action steps to further this project.

Mental illness and families of faith: How congregations can respond

http://www.mentalhealthministries.net/links_resources/study_guide/mental_illness_study_guide.pdf

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Resource scan of faith-based materials addressing suicide prevention

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The role of faith communities in preventing suicide: A report of an Interfaith Suicide Prevention Dialogue

http://www.sprc.org/library/faith_dialogue.pdf

Report of an Interfaith Suicide Prevention Dialogue that was convened by the Suicide Prevention Resource Center (SPRC) to further the progress of faith communities in preventing suicide, and was supported by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). Participants included representatives of the five largest faith groups in the United States: Christian, Jewish, Islamic, Buddhist, and Hindu.

The role of faith communities in suicide prevention: A guidebook for faith leaders

Physical Location/Acquisition Information: The guidebook is available for purchase at

http://www.amazon.com/Role-Faith-Communities-Suicide-Prevention/dp/0979942225/ref=sr_1_1?ie=UTF8&s=books&qid=1269360349&sr=1-1

The purpose of this guidebook is to prepare leaders of faith communities to prevent, intervene and respond to the tragedy of suicide.

Sabbaths of hope: Faith communities responding to depression

<http://www.mhah.org/go/sohoresponsekit.pdf>

Sabbaths of Hope is about faith communities responding to depression. Its objectives are to enable clergy, seminarians, and other faith leaders to recognize signs and symptoms of depression; offer more effective support to congregants and clergy suffering from depression; provide referral and linkage to treatment options; address stigma, discrimination, and other barriers to treatment; and promote holistic approaches to depression treatment.

Sustaining grassroots community-based programs: A toolkit for community- and faith-based service providers

<http://store.samhsa.gov/product/SMA09-4340>

This toolkit is designed to help grassroots community and faith based organizations develop program services. Includes six separate books: Introduction; Organizational Assessment and Readiness; Effective Marketing Strategies; Financial Management; Sustainability Strategies; and Results-Oriented Evaluation.

Diocese of Rockville Centre

Training for Bereavement Group Facilitators and those working with the bereaved. Facilitator Training and Educational Programs, Bereavement Programs are available to be offered at parish sites. For more information please call the Department of Family Ministry. 516 678-5800 Ext. 236

Bereavement Facilitator Training (Part 1)-For the development and training of individuals or parish teams to provide ministry to the bereaved - Offered by the Department of Family Ministry.

Please check our website at www.drvc-faith.org or call Marissa D'Agostino-516 678-5800 Ext 505.

ANNUAL BEREAVEMENT CONFERENCE: "Blessed Are You..." Workshop presentations include loss of child, parent, or spouse.

If your parish or agency is offering a support group or program, please send your information to:

Kathleen Logan

Associate Director for Family Ministry Office of Faith Formation

Diocese of Rockville Centre

PO Box 9023 Rockville Centre, NY 11571-9023

Phone: 516 678-5800 ext. 236 or Email: klogan@drvc.org

Website: www.drvc-faith.org

THE ROLE OF FAITH COMMUNITIES IN PREVENTING SUICIDE
A REPORT OF A SUICIDE PREVENTION RESOURCE CENTER
INTERFAITH SUICIDE PREVENTION DIALOGUE (2009)

http://www.sprc.org/library/faith_dialogue.pdf

Roman Catholic

Annual Bereavement Conference - Diocese of Rockville Centre

"Blessed Are You..." Workshop presentations include loss of child, parent, or spouse.

Facilitated workshops will be held. Keynote-Fr. Anthony Stanganelli. Registration will begin in early January.

Evangelical Lutheran Church Suicide Prevention

Adopted by: The Church Council of the Evangelical Lutheran Church in America, on November 14, 1999.

- [Download](#) the Message
- [Descargar](#) el Mensaje
- Order multiple copies of this item from the [ELCA Resource Catalog](http://www.elca.org/What-We-Believe/Social-Issues/Messages/Suicide-Prevention.aspx)

UJA Federation of New York's J11 Information and Referral Center

<http://www.ujafedny.org/find-help/> 877- UJA- NYJ11 (1-877-852-6951)



For help with a wide range of mental health needs, J•1•1 resource specialists are available Monday through Friday from 9:00 a.m. to 4:00 p.m., with 24-hour voice mail.

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SUICIDE PREVENTION TERMS

Activities: the specific steps that will be undertaken in the implementation of a plan; activities specify the manner in which objectives and goals will be met.

Adolescence: the period of physical and psychological development from the onset of puberty to maturity.

Advocacy groups: organizations that work in a variety of ways to foster change with respect to a societal issue.

Affective disorders: see mood disorders.

Anxiety disorder: an unpleasant feeling of fear or apprehension accompanied by increased physiological arousal, defined according to clinically derived standard psychiatric diagnostic criteria.

Best practices: activities or programs that are in keeping with the best available evidence regarding what is effective.

Bio psychosocial approach: an approach to suicide prevention that focuses on those biological, psychological and social factors that may be causes, correlates, and/or consequences of mental health or mental illness and that may affect suicidal behavior.

Bipolar disorder: a mood disorder characterized by the presence or history of manic episodes, usually, but not necessarily, alternating with depressive episodes.

Causal factor: a condition that alone is sufficient to produce a disorder.

Cognitive/cognition: the general ability to organize, process, and recall information.

Community: a group of people residing in the same locality or sharing a common interest.

Comprehensive suicide prevention plans: plans that use a multi-faceted approach to addressing the problem; for example, including interventions targeting bio psychosocial, social and environmental factors.

Comorbidity: the co-occurrence of two or more disorders, such as depressive disorder with substance abuse disorder.

Connectedness: closeness to an individual, group or people within a specific organization; perceived caring by others; satisfaction with relationship to others, or feeling loved and wanted by others.

Consumer: a person using or having used a health service.

Contagion: a phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts.

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Culturally appropriate: a set of values, behaviors, attitudes, and practices reflected in the work of an organization or program that enables it to be effective across cultures; includes the ability of the program to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.

Culture: the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith or social group.

Depression: a constellation of emotional, cognitive and somatic signs and symptoms, including sustained sad mood or lack of pleasure.

Effective: prevention programs that have been scientifically evaluated and shown to decrease an adverse outcome or increase a beneficial one in the target group more than in a comparison group.

Elderly: persons aged 65 or more years.

Environmental approach: an approach that attempts to influence either the physical environment (such as reducing access to lethal means) or the social environment (such as providing work or academic opportunities).

Epidemiology: the study of statistics and trends in health and disease across communities.

Evaluation: the systematic investigation of the value and impact of an intervention or program.

Evidence-based: programs that have undergone scientific evaluation and have proven to be effective.

Follow-back study: the collection of detailed information about a deceased individual from a person familiar with the decedent's life history or by other existing records. The information collected supplements that individual's death certificate and details his or her circumstances, the immediate antecedents of the suicide, and other important but less immediate antecedents.

Frequency: the number of occurrences of a disease or injury in a given unit of time; with respect to suicide, frequency applies only to suicidal behaviors which can repeat over time.

Gatekeepers: those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

Goal: a broad and high-level statement of general purpose to guide planning around an issue; it is focused on the end result of the work.

Health: the complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.

Health and safety officials: law enforcement officers, fire fighters, emergency medical technicians (EMTs), and outreach workers in community health programs.

Healthy People 2010: the national prevention initiative that identifies opportunities to improve the health of all Americans, with specific and measurable objectives to be met by 2010.

Indicated prevention intervention: intervention designed for individuals at high risk for a condition or disorder or for those who have already exhibited the condition or disorder.

Intentional: injuries resulting from purposeful human action whether directed at oneself (self-directed) or others (assaultive), sometimes referred to as violent injuries.

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Intervention: a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).

Means: the instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

Means restriction: techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

Methods: actions or techniques which result in an individual inflicting self-harm (i.e., asphyxiation, overdose, jumping).

Mental disorder: a diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional or social abilities; often used interchangeably with mental illness.

Mental health: the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational).

Mental health problem: diminished cognitive, social or emotional abilities but not to the extent that the criteria for a mental disorder are met.

Mental health services: health services that are specially designed for the care and treatment of people with mental health problems, including mental illness; includes hospital and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services, and other intensive outreach approaches to the care of individuals with severe disorders.

Mental illness: see mental disorder.

Mood disorders: a term used to describe all mental disorders that are characterized by a prominent or persistent mood disturbance; disturbances can be in the direction of elevated expansive emotional states, or, if in the opposite direction, depressed emotional states; included are Depressive Disorders, Bipolar Disorders, mood disorders due to a medical condition, and substance-induced mood disorders.

Morbidity: the relative frequency of illness or injury, or the illness or injury rate, in a community or population.

Mortality: the relative frequency of death, or the death rate, in a community or population.

Objective: a specific and measurable statement that clearly identifies what is to be achieved in a plan; it narrows a goal by specifying who, what, when and where or clarifies by how much, how many, or how often.

Outcome: a measurable change in the health of an individual or group of people that is attributable to an intervention.

Outreach programs: programs that send staff into communities to deliver services or recruit participants. [Back to the top](#)

Personality disorders: a class of mental disorders characterized by deeply ingrained, often inflexible, maladaptive patterns of relating, perceiving, and thinking of sufficient severity to cause either impairment in functioning or distress.

Postvention: a strategy or approach that is implemented after a crisis or traumatic event has occurred.

Prevention: a strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.

Protective factors: factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

Psychiatric disorder: see mental disorder.

Psychiatry: the medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders.

Psychology: the science concerned with the individual behavior of humans, including mental and physiological processes related to behavior.

Public information campaigns: large scale efforts designed to provide facts to the general public through various media such as radio, television, advertisements, newspapers, magazines, and billboards.

Public Health Approach: the systematic approach using five basic evidence-based steps, which are applicable to any health problem that threatens substantial portions of a group or population. The five steps include defining the problem, identifying causes, developing and testing interventions, implementing interventions and evaluating interventions.

Rate: the number per unit of the population with a particular characteristic, for a given unit of time.

Resilience: capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Risk factors: those factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment.

Screening: administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Screening tools: those instruments and techniques (questionnaires, check lists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems.

Selective prevention intervention: intervention targeted to subgroups of the population whose risk of developing a health problem is significantly higher than average.

Self-harm: the various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses or exhibiting deliberate recklessness.

Self-injury: see self-harm.

Sociocultural approach: an approach to suicide prevention that attempts to affect the society at large, or particular subcultures within it, to reduce the likelihood of suicide (such as adult-youth mentoring programs designed to improve the well-being of youth).

Social services: organized efforts to advance human welfare, such as home-delivered meal programs, support groups, and community recreation projects.

Social support: assistance that may include companionship, emotional backing, cognitive guidance, material aid and special services.

Specialty treatment centers (e.g., mental health/substance abuse): health facilities where the personnel and resources focus on specific aspects of psychological or behavioral well-being.

Stakeholders: entities, including organizations, groups and individuals, which are affected by and contribute to decisions, consultations and policies.

Stigma: an object, idea, or label associated with disgrace or reproach.

Substance abuse: a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use; includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens and heroin.

Suicidal act (also referred to as suicide attempt): a potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

Suicidal behavior: a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

Suicidal ideation: self-reported thoughts of engaging in suicide-related behavior.

Suicidality: a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

Suicide: death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

Suicide attempt: a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries.

Suicide attempt survivors: individuals who have survived a prior suicide attempt.

Suicide survivors: family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

Surveillance: the ongoing, systematic collection, analysis and interpretation of health data with timely dissemination of findings.

Unintentional: term used for an injury that is unplanned; in many settings these are termed accidental injuries.

Universal preventive intervention: intervention targeted to a defined population, regardless of risk; (this could be an entire school, for example, and not the general population per se).

Utilization management guidelines: policies and procedures that are designed to ensure efficient and effective delivery (utilization) of services in an organization.

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Supplemental definitions of terms used in the field of suicide prevention

Prevention network: coalitions of change-oriented organizations and individuals working together to promote suicide prevention. Prevention networks might include statewide coalitions, community task forces, regional alliances, or professional groups.

Public health: the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

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