



COVID-19 Guidance for Peers and Community Health Workers Supporting Participants Coping With Thoughts of Suicide

The COVID-19 pandemic can affect your mental, physical and emotional well-being, as well as that of those you work with and loved ones. It is natural for community members, especially those who have experienced multiple or compounded effects of the pandemic (such as financial distress, death of friends and family, and other significant stressors) to feel overwhelmed, sad, anxious and afraid. New York City (NYC) residents are also reeling from incidents of police brutality, racial injustice and inequity, and working to confront centuries of historical trauma experienced by Black communities and other communities of color. These concurrent public health crises are significant stressors that can affect mental and emotional well-being.

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

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

When to call 911

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

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

Additionally, the Peer or CHW should ask the **911** operator to send someone who is trained in de-escalation and/or handling mental health emergencies as the call is for suicide risk and the person may be in psychological distress. Again, immediately contact your supervisor for assistance and guidance after calling **911**.

Understand your role as a peer supporter

- Peers and CHWs play an important role in working with individuals at risk for suicide by encouraging healthy behavior, linking individuals to peer support groups and individuals, and modeling hope and recovery by sharing lived experiences.
- Work on staying within your scope of practice and competencies. Peers and CHW scopes of practice generally focus on working with their participants by drawing on personal experiences or community ties through the use of shared decision-making, trauma-informed care, recovery-oriented perspectives and individualized models of support. Peers

and CHWs help individuals identify natural supports (such as family, friend, clergy, coach) and community resources that are helpful when participants are thinking about suicide. For more information about the peer support and CHW roles and core competencies, visit:

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Core Competencies for Peer Workers](#)
- [Centers for Disease Control and Prevention \(CDC\): Community Health Worker Toolkit](#)
- Peers and CHWs play critical roles in the lives of people at risk for suicide. Visit the [NYC Department of Health and Mental Hygiene \(Health Department\) Suicide Prevention](#) webpage for additional tips and resources, including how to support LGBTQ youth, older adults, veterans and other priority populations.

Important note regarding suicide threat

- It is outside the peer and CHW scope of practice to conduct suicide risk assessments. Contact your supervisor or follow your organization's specific guidance around procedures. Consult with your supervisor immediately if the participant is experiencing or expressing any of the following:
 - **Thoughts of suicide or harming themselves** (such as "I wish I wouldn't wake up in the morning; I don't want to be alive anymore; I want to die; Why should I continue living?")
 - **They have a plan of how they might harm themselves** (such as "I've been thinking about taking a whole bottle of pills; I've been thinking it would be a good thing to shoot myself in the head; I'm thinking about driving into a wall or a pole")
 - **They have access to means to carry out a plan to harm themselves** (such as "I will take all the blood pressure pills I have and then lay down; I can get hold of my friend's gun today")
- **If imminent risk of suicide is clear, call 911.**

Suggestions and resources on suicide prevention strategies

If you are supporting someone who is having thoughts of suicide:

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

- Please note that warning signs that someone may be thinking about suicide can present differently across different racial, ethnic, cultural or regional groups.
- Physical distancing can make warning signs harder to observe.
 - Check in with your participants while physical distancing (for example call, text, email, video chat, etc.) to see how they are coping, especially those with a history of attempting suicide, self-harm, depression, anxiety, mental challenges or illness, or those who have experienced a recent loss.
- Know the myths about suicide. Some myths include:
 - Talking about suicide will lead to, and encourage, a person to commit suicide.
 - Suicide only affects individuals with mental health conditions.
 - Someone who has their act together is not at risk of suicide.
- Being familiar with myths about suicide can help you feel more comfortable speaking with someone at risk. See this National Alliance on Mental Illness resource: nami.org/Blogs/NAMI-Blog/September-2018/5-Common-Myths-About-Suicide-Debunked
- Let them know you care.
- Ask and help them to identify natural supports with whom they feel comfortable sharing their feelings and thoughts.
- Listen to their story. Allow expression of feelings. Accept that they feel this way.
- Practice active listening. You don't have to be a mental health expert to talk with someone about their worries, stress or fears. To learn more about active listening, see NYC Well's [Helping Friends or Family in Crisis](#).
- Be direct. Talk openly and matter-of-factly about suicide. Use non-judgmental language. Avoid debate about whether suicide is right or wrong, whether feelings are good or bad, or whether there is value in life.
- Show interest and support. Offer hope that alternatives are available (such as "I'm glad you are talking with me. We can work together so that things can get better") but do not discount their feelings by saying things like "you'll feel better in no time."
- Do not be afraid to ask someone if they are thinking about suicide. By asking, you are giving them an opportunity to open up and allow you to help.
- Suggest seeking professional mental health support or help them get connected.
- Share resources from the "Encourage participants to seek mental health support from home" section below.

Encourage participants to seek mental health support from home

- If negative feelings become overwhelming, encourage your participant to reach out for support and help. Let them know that anyone can contact NYC Well, a free and confidential 24/7 helpline staffed by trained counselors. The counselors provide brief counseling and referrals to care in over 200 languages. Provide them the contact information to call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or chat at nyc.gov/nycwell.
- Let participants know that NYC Well's website offers a number of well-being and emotional support apps, including meditation apps, that can help them cope: nycwell.cityofnewyork.us/en/app-library/.
- Additional information on stress and anxiety, including tips for coping and staying connected, and information on grief and loss during the coronavirus pandemic, is available

online. Visit the NYC Health Department's [COVID-19 Coping and Emotional Well-Being](#) webpage.

- The New York State COVID-19 Emotional Support Helpline at 844-863-9314 is available from 8 a.m. to 10 p.m., seven days a week. The helpline is staffed with professionals who will listen, support and refer to care.

Encourage participants to develop a safety plan

- A safety plan is a written plan that reminds people what to do if or when they think about harming themselves. It is a list of steps and resources they can follow until they feel safe.
- Encourage participants who may be at high risk for suicide to work with clinicians to create or update a suicide safety plan. A safety plan is a prioritized written list of coping strategies and sources of support that patients who may be at high risk for suicide can use. If you are not familiar with a suicide safety plan you should review the key elements of a safety plan and an example of one in advance and go over it with your supervisor so you are familiar. Here is a [Safety Plan Template](#) as a guide.
- Encourage them to share their completed or updated safety plan with people whom they feel comfortable asking for emotional support or people with whom they are in frequent contact.
- Encourage participants, if they are open to suggestion, to contact their primary or behavioral health provider if they experience an increased feeling of depression, anxiety or suicidality.
- Encourage participants, if they are open to suggestion, to maintain medical adherence, maintain an adequate supply of medication or assist with refills of medications.

Encourage participants to take extra care of their physical health

- Stay physically active. Encourage them to exercise to the extent possible, get enough sleep and eat well.
- Practice moderation or harm reduction to limit or avoid excessive amounts of alcohol, non-prescribed drugs and caffeine. For guidance, see NYC Health Department's [Alcohol Use During the COVID-19 Pandemic](#).
- Get accurate COVID-19 health information from NYC Health Department's [COVID-19 Resource webpage](#) or by texting "COVID" to 692-692 to receive text updates.

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

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

Practice Self Care

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

Confidentiality

- Tell participants that you work as a peer or CHW for the NYC Health Department and that you share participants' information with your NYC Health Department supervisors. Informing participants in this way is encouraged as an organizational best practice. Tell the participant that if they tell you about having a plan to self-harm or attempt suicide, you will have to report back to your supervisors or some other agency to support the participant's safety.
- Peers and CHWs employed in other organizations should contact their supervisor for their organization's policy and procedure on supporting participants struggling with thoughts of suicide.
- If peers or their supervisors are providing mental health treatment, an additional confidentiality standard applies. Contact your supervisor for additional consultation about the laws and professional code of conduct governing their work.

Call Center Technology and Privacy

- To contact participants from a pre-identified list, some programs and organizations are using call center technology or software. Call center technology or software is the use of auto dialer software to make outbound phone calls to individuals by automated, rather than manual, means. If your program or organization plans to use this type of software, federal law (Telephone Consumer Protection Act) requires that you receive participants' written consent prior to calling or texting a proposed participant. *This requirement is only applicable if you are using automated call center technology.*
- If a peer or CHW is using a personal or agency cell phone, participants' prior written consent to be contacted by phone or text is not required.