
Suicide and Violence Prevention Newsletters

2021

2021 Winter Newsletter

Nova Southeastern University

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OFFICE OF SUICIDE & VIOLENCE PREVENTION

NOVA SOUTHEASTERN UNIVERSITY

Newsletter – Winter 2021

Dr. Scott Poland, Director

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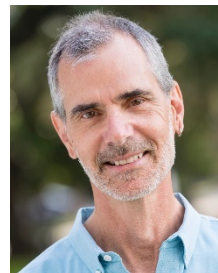
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SVP THANKS RETIRING CO-DIRECTOR, DR. DOUGLAS FLEMONS

By Elizabeth G. Hilsman, Psy.D.

We extend our sincere appreciation to Dr. Douglas Flemons, Professor Emeritus of Family Therapy and retiring co-founder and Co-Director of NSU's Office of Suicide and Violence Prevention (SVP), for his dedicated suicide prevention efforts. Since arriving on campus in 1988 before his dissertation was even complete, he has left a massive positive imprint on our university community by pioneering mental health programs and services on campus. In the words of Dr. Brad Williams, Vice President for Student Affairs and Dean of the College of Undergraduate Studies, "NSU is a far better university because of Douglas Flemons and the thousands of students he has impacted."

Translating his genuine concern for students into responsive and innovative programs, he was tapped to turn the university's student counseling services into a stand-alone center in the Parker Building, which he staffed with a dedicated group of full-time counselors and practicum students and



interns from psychology and family therapy. His effectiveness developing this program required not only his "compassion and care," according to Dr. Williams, but also an incredible amount of collaboration across colleges and departments. Crisis and psychiatric services were added, and mental health outreach extended across campus and into our community.

UPCOMING EVENTS:

Join us:

**#MSDStrong Three Years
Later – Local, Community,
and National Perspectives**

**[Click to register for the
free event](#)**

Dr. Scott Poland and many NSU College of Psychology faculty members have recorded webinars on helping children and families cope during the COVID-19 pandemic.

*Recordings and future webinars are freely available at:
www.nova.edu/sharkchats.com*

**See Page 2 of this
newsletter for more
information regarding
COVID-19 and suicide.**

After Dr. Scott Poland brought his suicide prevention expertise to our campus in the summer of 2005, his collaboration with Douglas was a natural fit in creating NSU's Office of Suicide and Violence Prevention in September 2007. Scott remembers that he and Douglas met shortly after Scott came to work at NSU in the aftermath of the tragic murder of a medical student. They bonded quickly while planning support for students and faculty after the tragedy. Thus began a collaboration between their respective colleges that served as a model for the entire university.

Scott commented that Douglas was the best professional partner he has ever worked with, and they worked together seamlessly from 2005 until Douglas' retirement in 2020. Douglas reflected on how much his time at NSU was enriched by his connection with Scott, appreciating his "vision and enthusiasm for life," as well as the way they demonstrated how to make cross-department collaboration work over the years. The two SVP Co-Directors complemented each other well personally and professionally, and the university is richer for their work together.

Right up to his retirement, wherever Douglas went on campus, he was recognized by his tall frame and easy manner, and it seemed that everyone knew him thanks to his deep involvement across all parts of the university. Douglas worked with everyone. He trained and dialogued with professors, students, the residence halls, and human resources. On one day, he could be found leading meditation workshops in the Health Professions Division to help relieve the stress of students preparing for exams. On another day, he could be found training clinical psychology doctoral students on the suicide risk assessment techniques described in his 2013 book with Dr. Leonard Gralnik, *Relational Suicide Assessment: Risks, Resources, & Possibilities for Safety*. He actively collaborated with the Student CARE Team, the Student Behavioral Concern Committee, the Office of Student Counseling and Well-being, and the residence halls. He and Scott would give presentations to the President's Council, to keep drawing awareness to students' mental health needs.

Following his expansive 31-year NSU career and his productive 15-year collaboration with Scott Poland, Dr. Douglas Flemons will be greatly missed by SVP, as his meaningful legacy of outreach to prevent suicide continues on and off campus.

COVID-19 & SUICIDE: WHERE WE STAND TODAY

By Sara Ferguson, Psy.D. &
Scott Poland, EdD

Our last newsletter was published in the late spring of 2020, just a few months into what has become a nearly year long worldwide pandemic. COVID-19 has wreaked havoc on medical and economic systems and physical and mental health. Families and friends have lost loved ones to this horrific virus and we continue to struggle with safe, in person social connections.

At the time of our prior newsletter, we discussed our concerns regarding the potential impact of COVID-19 as it relates to mental health and suicide. Since then, a number of studies have been conducted that examined the impact of the COVID-19 crisis on the mental health of the general population, health care professionals, and individuals with psychiatric disorders. We are sorry to share that these concerns remain true today, and have become graver with every day that this virus terrorizes our world. We have summarized the findings from the studies:

- COVID-19 pandemic is associated with:
 - distress, anxiety, fear of contagion, depression, limited social connectedness, and insomnia in the general population
- Medical professionals are highly distressed
- Vulnerable populations are at an increased risk for development or exacerbation of stress-related disorders and suicidality due to social isolation, anxiety, fear of contagion, uncertainty, chronic stress, and economic difficulties. This includes:
 - Those with pre-existing psychiatric disorders (many of whom do not receive psychiatric care)
 - Low-resilient persons
 - Individuals who reside in high COVID-19 prevalence areas
 - People who have a family member or a friend who has died of COVID)

References:

- John, A., Pirkis, J., Gunnell, D., Appleby, L., & Morrissey, J. (2020). Trends in suicide during the covid-19 pandemic. *Bmj*, M4352. doi:10.1136/bmj.m4352
- Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates. *QJM*. 2020 Oct 1;113(10):707-712. Doi: 10.1093/qjmed/hcaa202.

The ongoing safety, emotional, and psychological wellbeing of our nation is of utmost importance. As of now, we do not have a full understanding of the long-term effects of this pandemic and it is still too early to draw conclusions regarding the impact on suicide rates. However, what we do know is that even in the face of significant life challenges and barriers, *suicide is preventable*.

This is the time to know the warning signs of suicide and how to get help. We must lobby for increases in funding for suicide prevention and efforts to reduce the stigma of seeking help for mental health concerns. Additionally, in a time in which our students are engaged in distance learning, cut off from their typical social interactions in the classrooms, hallways, cafeterias, we must work to increase prevention and intervention efforts in schools across the nation (see Comprehensive School Suicide Prevention in a Time of Distance Learning at www.nasponline.org and resources from the American Foundation for Suicide Prevention at www.afsp.org).

While there are still many unknowns, experts have shared insights regarding how we can best combat the mental health struggles associated with the COVID-19 pandemic:

What can be done?

- Overarching goal: work to decrease stress, anxiety, fears and loneliness
- Encourage people to:
 - stay connected and maintain relationships by telephone or video
 - Maintain proper sleep
 - Eat healthy and exercise
- Communities must provide support for those living alone
- Basic mental health services should be integrated into primary care
 - Screenings for anxiety, depression, and suicidal feelings should occur
- Telemedicine should be utilized for easier access to mental health care
- Community or organizational gatekeepers (e.g., clergy, first responders, pharmacists, geriatric caregivers, and school employees) should be attuned to warning signs for individuals at risk for suicide and should direct them to proper evaluation and treatment.
- Suicide prevention helplines should be available and broadly publicized.
- Active outreach is necessary, especially for people with a history of psychiatric disorders, COVID-19 survivors, and older adults.
- People with psychiatric disorders are advised to maintain their treatment regimens and to stay connected with their mental health providers and support networks.
 - Adjust frequency of care (i.e., increase number of weekly appointments) when needed.
- Vulnerable individuals are advised to limit watching, reading, or listening to traditional & social media news stories.
- **Individuals in suicidal crises need special attention.**
 - It is important to note that some individuals with suicidal ideation may not seek help because of the fear of attending face to face appointments and the risk of contracting COVID-19.

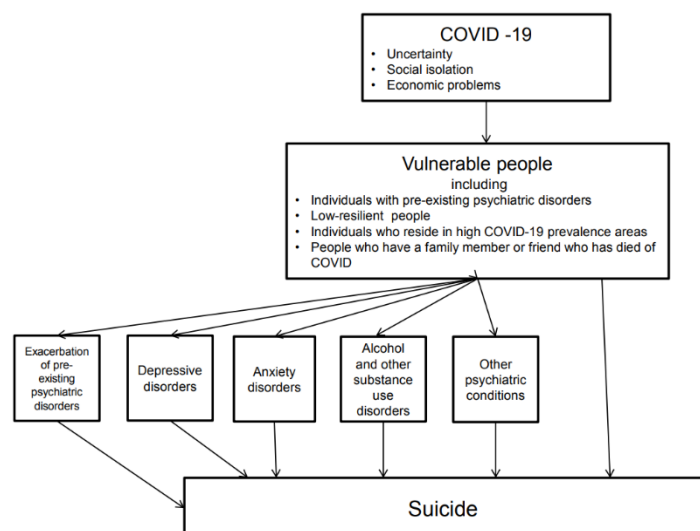


Figure 1: Suicidal behavior in vulnerable populations in the COVID-19 era

Source: Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates.

SUICIDE PREVENTION & MENTAL HEALTH AWARENESS IN THE MEDICAL PROFESSION

By Catherine Ivey, M.S. & Elizabeth Wolfe, M.S.

Over the past 20 years, suicide rates have increased by over 20 percent in the United States (US [Hedegaard, 2018]). Unfortunately, this rate continues to rise. While there is not one profile for suicidal individuals, there are many risk factors and warning signs that we should be aware of in order to aid in prevention. Some of these include previous attempts, talking about suicide, feeling like a burden to others, depression, increased anxiety, and increased drug and alcohol use. Particularly, one group of individuals who are at a high risk of suicide compared to the general US population is physicians. It is estimated this group ranks fifth in the highest rates of suicide across all occupations (Najjar, 2020, Schernhammer, 2004).

Approximately one physician dies per day (Center, 2003). Some of the prominent risk factors that make this group at a particular risk for suicide are the increased rates in depression and burnout due to the stressful nature of the occupation. Additionally, it has been noted across the literature that physicians minimally engage in help-seeking behaviors throughout their career. It is also posited that the culture of medicine places low priority on physician mental health, despite correlative evidence of untreated mental health disorders and rates of suicide (Solano, 2018).

Within the physician population, the subset of medical graduate students is of particular interest. Current trends of suicide risk suggest the need for increased attention to this cohort. Specifically, approximately a quarter of medical students are at a higher risk of suicide compared to other student peers and at any current moment, half of students experience depressive symptoms, and 17% of students report experiencing suicidal ideation (Blacker and colleagues, 2019 and Solano et al., 2018). It is noted that medical training may expose students to other risk factors of suicidal ideation such as decreased sleep, fewer support systems due to relocation, and subsequent feelings of isolation (Solano et al., 2018). Further, the rates of suicidal ideation from medical school to residency increases by 370% (Goldman, Shah, and Bernstein, 2014).

Sadly, despite the noted high rates of depression, suicidal ideation, and behaviors, there is a history of low treatment seeking behavior among physicians and medical students. Goldman and colleagues (2014) report that about 6% of residents report seeking treatment. The Suicide Prevention Resource Center (SPRC, 2020) highlights the many barriers to seeking help that are especially applicable to physicians. Such barriers include:

- the belief that their problems cannot be resolved
- the stigma of mental illness and related weakness
- a lack of knowledge regarding where to turn for help

The most common reasons reported in the literature are stigma and anticipated damage to future career prospects (Hassan et al., 2013). Experts on the topic have commented that "it is striking that a professional caregiver surrounded by caregivers can fall ill and not receive adequate care and support" (Najjar, 2020).

Students in the Osteopathic School of Medicine at Nova Southeastern University (NSU) gave us further insight to mental health treatment seeking barriers for medical students. They explained that "*time is one of the biggest concerns of any medical students.*" They commented on the pressure of feeling that their time is predetermined and allocated to consistent studying in order to become a successful student and physician.

When asked about suicide prevention for the college, they explained that the Association Osteopathic Medicine has not released any suicide prevention programming. However, the students themselves have taken the initiative to make mental health awareness and suicide prevention a priority on their campus. Specifically, two students, Alexander (Alex) Mikulka and Minh Chung, serve as the chairs and representatives for their respective cohorts as part of the Counsel of Osteopathic Student Government President (COSGP) and have made efforts to decrease stigma and facilitate discussion surrounding the importance of their peers' mental well-being. The students primarily aim to navigate and recognize the unique and individualized

stressors experienced by their fellow medical students by raising awareness of mental health among their peers, while simultaneously striving to emphasize and integrate feedback from the students.

Their past outreach events have included the Osteopathic Medical Student Day of Wellness, a national event for medical students consisting of a meditation group, food, and therapy dogs. Additionally, Alex has individually given presentations to students addressing the rising physician suicide rates. In the future, the two hope to collaborate with local businesses that foster mental and physical well being. They emphasized wanting to decrease stigma by increasing student participation in mental health awareness on a daily basis.

We explored the concern regarding the low rates of disclosure regarding suicide among medical students. The literature has highlighted that many medical student suicides go completely unreported, which can increase stigma, and decrease and discourage conversation around suicide prevention (Blacker et al., 2018). As mentioned previously, fear of stigma as a physician remains (Hassan et al, 2013).

Alex and Minh reflected on their own experiences in medical school and emphasized the considerable support from their faculty advisor, Dr. Daniel Shaw. They shared that in the future, they hope to work closely with administration to create a greater impact. They stated, *“by doing these things, we want to help fellow students in decreasing stress and improving coping strategies to deal with the overwhelming demands of being in medical school.”*

Given what we now know about the increased risk for medical students, employment of positive coping strategies is of utmost important, as many individuals may turn to maladaptive ways of coping, such as drugs and alcohol and disengagement from support. Solano (2018) emphasized the benefit of providing physicians and physicians in training effective coping strategies and raising mental health and suicide awareness in medical school.

The discussed considerations are especially important given the current context of living in a global pandemic. Medical students and residents have been faced with a significant increase in stressors; in fact, many are acting as frontline healthcare workers in the face of COVID-19. Although we are still in the midst of the pandemic and the related implications on this cohort are yet to be fully known, a few studies have already begun to examine its impact on health care professionals.

Specifically, the pandemic has been associated with increased levels of burnout in healthcare professionals (Yilirim and Solmaz, 2020). Further, some studies have shown half of hospital staff endorsing depressive symptoms, while 3/4th reporting currently being in distress (Lai et al., 2020). Stressors mentioned that were specific to the pandemic include exposure to the virus, improper use of and shortage of personal protective equipment (PPE), and exposing family members to the virus. The literature emphasizes the need for students and residents to seek ongoing support from supervisors (Greenberg et al., 2020).

After learning about the impact of and various initiatives of the Task Force at NSU, it is encouraging to know that students may greatly benefit from these student lead initiatives. In the future, other colleges may immediately benefit from this student lead model, rather than relying on formal programming to be implemented at some point in the future. Further, the future of the profession may also benefit from these programs as a preventative approach.

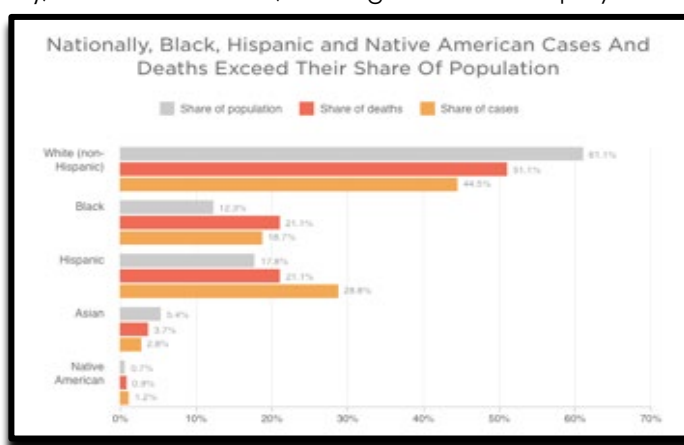
The Office of Suicide and Violence Prevention would like to extend a special thanks to Alex and Minh for participating in the interview and taking the time to share their personal accounts and efforts with us.

***reference located on page 10.**

HOW HAS THE HISPANIC COMMUNITY FARED DURING THE COVID-19 PANDEMIC?

By: **Claudia Rodriguez, M.S. & Sitara Rambarran, B.S.**

The Coronavirus (COVID-19) pandemic has plagued the United States since March 2020 and has now affected over 10 million people and cases continue to increase exponentially (The New York Times, 2020). The Hispanic community accounts for approximately 59 million people in the United States and has been undoubtedly impacted by the effects of the global pandemic (United States Census Bureau, 2017). This community has been disproportionately affected by COVID-19 due to wide public health disparities and many factors related to their socioeconomic status (SES), collectivist culture, and higher rate of employment in the service industry.



Source: COVID Tracking Project; 2018 American Community Survey five-year estimates from the U.S. Census Bureau. Credit: Daniel Wood/NPR

The low average SES of Hispanics, compared with non-Hispanic whites, is reflected in their family income, educational attainment, occupational characteristics, and asset accumulation (Escarce & Kapur, 2006) ; these factors subsequently results in high rates of infection by the virus. As lower-income earners, they are often less able to afford the out-of-pocket costs of care, even if they have health insurance coverage. Regarding insurance, this population's generally lower incomes and occupational statuses may result in low rates of health insurance coverage or even inaccessibility to health insurance. This acts as a barrier to receiving health care or COVID-19 tests in the event of being exposed to the virus or experiencing symptoms. Furthermore, Hispanics are much more likely than non-Hispanics to work in the service and hospitality industry such as agriculture, construction, domestic and food services, and other low-wage occupations (Escarce & Kapur, 2006). The nature of these jobs heightens the risk of their exposure to COVID-19 as they are in constant interaction with a large number of people. These types of jobs are often unable to be completed via telework or "work from home" policies, to limit exposure and rates of virus transmission.

Another challenge to the Hispanic community and exposure to COVID-19 is their use of public transportation to access services or their jobs, as the transmission is more likely in enclosed spaces where social distancing is not as probable or there is poor ventilation, much like the environment in buses, for example. They often lack access to equitable transportation or a personal vehicle, hence relying heavily on public transport.

Additionally, stress due to discrimination and acculturation has been associated with over three times increased odds of suicide attempts among emerging Hispanic adults (SPRC, 2020). Another risk factor is alcohol consumption. According to the National Violent Death Reporting System, of the Hispanic suicide decedents tested for alcohol, about 28% were legally intoxicated at the time of death. Of the ethnic minority groups studied, Hispanic populations had the second-highest rate of alcohol use during an attempt (SPRC, 2020).

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact (SAMHSA, 2019). In the Hispanic community, culture itself serves as a protective factor against suicide as it is closely tied with familism, cultural values, bonding, and parental and familial connectedness. Familism has been described as profound feelings of commitment, loyalty, and obligation to family members that go beyond the nuclear family. The collectivistic way of the Hispanic family includes making family needs a priority over individual needs and being able to turn to family for support. This is important as youth who report strong, supportive relationships with their parents are less likely to attempt suicide (SPRC, 2020). Religiosity and having a moral objection towards suicide is another protective factor the Hispanic community has.

Compared to non-Hispanics, individuals who identify themselves as Hispanics report higher scores on the measure of moral objection to suicide and have a stronger belief prohibiting suicidal thoughts and behaviors (SPRC, 2020). All of these protective factors for suicide in the Hispanic community have become challenging during COVID-19, as this population is attempting to balance their collectivistic culture and the pandemic guidelines. Anxiety has risen from not being able to follow stay-at-home and social distancing recommendations to protect themselves and their families. They've also experienced emotional stress staying separated from friends and family, especially those who are sick or at the hospital.

Before COVID-19, the Hispanic community was already being impacted by the multiple risk factors associated with increased suicide risk discussed in this article, but the pandemic has amplified all of them. Therefore, as the virus continues to disproportionately affect the Hispanic community, these suicide risk factors and protective factors need to be attended to more keenly by society and by the mental health profession in the hopes of reducing suicide rates amid a pandemic.



Source: Ramirez, A. (2020, April 16).
 Infographic: 8 Big Ways Coronavirus Impacts Latinos. Retrieved January 13, 2021,
 *Additional references located on page 10

Self Care During COVID-19

By Catherine Ivey, M.S. & Leeron Nahmias, B.S.

The Coronavirus (COVID-19) has had a devastating impact in many countries throughout the world. Specifically, it has impacted 221 countries and territories (World Health Organization, 2020). The World Health Organization (WHO) released that as of August 2020, there have been over 18 million reported cases with 691,000 deaths. Within a short period of time our world experienced economic downfall, lost jobs, loved ones, and physical isolation. These are just a few among the new stressors of COVID-19.

Among the many stressors, quarantine has been associated with increased stress, frustration, anger, and fear in the past (Brooks, 2020). In a recent review of literature, Arslan and colleagues (2020) reported the implications of COVID-19, have been associated with mild to severe psychosocial problems inclusive of depression, anxiety, posttraumatic stress, loneliness, negative consequences with spending increased time on the internet, and increased suicide risk. For example, college students who reported a confirmed or suspected case of COVID-19 in a relative or family member reported increased symptoms of anxiety and depression. In addition, having a relative diagnosed with COVID-19, having a severe diagnosis of COVID-19, and using social media to gather COVID-19 information was associated with increased symptoms of depression and lower quality of life (Ma et al., 2020).

These factors have not only impacted people in quarantine but also those in service oriented jobs. COVID-19 has been associated with increased levels of burnout in working individuals, especially those in the healthcare profession (Yilirim and Solmaz, 2020). Defined by Salyers and colleagues (2017), burnout is a process of developmental regression, job negativity, job turnover, depleted energy and productivity, interpersonal issues and depersonalization with client's. Specifically, the impacts on our mental health professionals are of interest. Given the psychological impacts of COVID-19, there has been an increase in their work loads. As explained by Soron and colleagues (2020), telehealth has led to an increase in client contact, creating increased occupational stress.

Self-care as a buffer against stress and burnout

One way for professionals and students to mitigate against stress and the psychological ramifications of COVID-19 is self-care. Self-care is described as the application of a range of activities with the goal being "well-functioning," which is described as "the enduring quality in one's professional functioning over time and in the face of professional and person stressors" (Coster and Schwebel, 1997, p.5).

It is important to note that self-care is not selfish and individuals should not feel guilty about taking some time to themselves. In fact, engagement in self-care activities is associated with increases in wellness, while buffering against the negative effects of stress. Further, the American Psychology Association (APA) calls psychologists to consider their well-being and engage in activities that mitigate the effects of burnout.

- Principle A: Beneficence and Nonmaleficence: "*Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they workability to help those with whom they work*" (APA, 2017).
- Further, Part 2.06 states, "*(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties*" (APA, 2017).

Linda Carter Sobell, Ph.D., ABPP, a President's Distinguished Professor and Associate Director of Clinical Training from the College of Psychology at Nova Southeastern University gave us further insight. She is a co-director of the Healthy Lifestyles Guided Self-Change Program (GSC) at Nova Southeastern University (NSU) and incorporates self-care initiatives into the motivational interview practices at GSC. Dr. Sobell described self-care as being a foundational competency that all psychologists should possess.

Self-care can look like a variety of things. Self-care does not have to be expensive, nor does it have to take all day; self-care ranges from drinking more water, doing a quick meditation in the morning, or even decreasing your workload. Finding what works for you is key, even if it is a 5-minute breathing exercise to connect with yourself- it all counts. Dr. Sobell explained that *"self-care is not just yoga"* and that for it to be effective, it needs to be done *"regularly."*

Dr. Sobell recommended implementing self-care plans with clients. She described coming up with at least 3 or 4 options with clients based on what they like. She stated, *"we can teach someone to be mindful; give people something that they can use in the spur of the moment."* Giving people something that they can implement in their day rather than adding something extra is key. Studies show that when individuals are more stressed, they are less likely to engage in self-care (Ayala, Ellis, Grudev, & Cole, 2017). Similarly, Dr. Sobell emphasized the importance of being realistic when helping clients develop their plans.

When asked about Dr. Sobell's own self-care practices, she mentioned using a Fitbit to track her steps, biking, meditation, and gardening. It is encouraged that mental health professionals take their own "advice" and integrate forms of self-care that work for themselves. Now more than ever, self-care is imperative for everyone for mitigating burnout and combating both work-related and COVID-related stressors. ***references located on page 11.**

5 self-care activities you can do at any time and any place:

The infographic consists of five vertical blue bars on an orange background, each with a green checkmark icon at the top. Each bar contains a title and a list of self-care activities.

- 4:7:8 Breathing**
 - Close your mouth and inhale for 4 counts.
 - At the top of the inhale, hold your breath for 7 counts
 - Exhale loudly for 8 counts.
 - Repeat as needed.
- Clean Your Space**
 - Organize your desk
 - Dust your furniture
 - Change your sheets
 - Do any other things that need tending to.
- Move Your Body!**
 - This can be done by taking a walk around the block or putting on your favorite song and dancing around.
- Stay Connected**
 - Call, text, email, video chat, or write a letter to a family member or a friend.
 - Stay connected with those close to you!
- Read**
 - Read a book or download an audiobook

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We welcome graduate students to join our SVP Crew & engage with us in outreach by contacting:
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SVP Presentations

The office of Suicide and Violence Prevention has provided 300+ presentations to various departments at NSU.

SVP has presented to over 6,000 NSU faculty, staff, and students, on a variety of topics related to suicide and violence training, management, and mental health struggles.

To request a presentation, email svp@nova.edu or use the form at our website www.nova.edu/suicideprevention.

Suicide & Violence Prevention Resources

Center for Student Counseling and Well-Being

- 954-424-6911 (available 24/7)
- www.nova.edu/healthcare/student-services/student-counseling.html

NSU Wellness

(mental health services for NSU employees)

- 1-877-398-5816; TTY: 800-338-2039
- www.nova.edu/hr/index.html

National Suicide Prevention Lifeline

- 1-800-273-TALK (8255) or 1-800-SUICIDE
- www.suicidepreventionlifeline.org
- **Veterans:** Press "1" or Text 838255
- **Chat:** www.suicidepreventionlifeline.org/chat
- TTY: 1-800-799-4889

Crisis Text Line

- **Text:** "Home" to 741741

Mobile Crisis Response Teams

(for on-site crisis assessment)

- **Broward** (Henderson): 954-463-0911
- **Palm Beach:**
 - North: 561-383-5777
 - South: 561-637-2102
- **Miami-Dade** (Miami Behavioral): 305-774-3627

Broward 2-1-1 Help Line

- 2-1-1 or 954-537-0211
- 211-broward.org
- **Chat:**
<https://secure5.revation.com/211FirstCallforHelp/contact.html>

Palm Beach 2-1-1 Help Line

- 2-1-1 or 561-383-1111 or 211Palmbeach.org

Jewish Community Services of South Florida

- 305-358-HELP (4357); 305-644-9449 (TTY)
- www.jcsfl.org/programs/contact-center/

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locators

- www.samhsa.gov/find-help

The Jed Foundation (JED)

- www.jedfoundation.org

Suicide Prevention Resource Center

- www.sprc.org

Suicide Awareness Voices of Education

- www.save.org

The Depression Center

- www.depressioncenter.net

Yellow Ribbon International

- www.yellowribbon.org

Florida Initiative for Suicide Prevention

- www.fisponline.org

Florida Suicide Prevention Coalition

- www.floridasuicideprevention.org

National Center for Injury Prevention and Control

- www.cdc.gov/ncipc/dvp/suicide

American Association of Suicidology

- www.suicidology.org

American Association for Suicide Prevention

- www.afsp.org

Florida Department of Children and Families Suicide Prevention

- www.myflfamilies.com/service-programs/mental-health/suicide-prevention