



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 7

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Steven Brown, Board Chair

RESOLUTION

Date: April 5, 2022

Committee of Origin: Health & Human Services

Re: Self-harm and suicide prevention

Full Board Vote: 37 In Favor 0 Against 2 Abstentions 0 Present

This resolution is based on the following facts and information:

- Suicide is “a death caused by self-directed injurious behavior with any intent to die as a result of the behavior.”ⁱ Some warning signs include talk (e.g., of feeling like a burden, alone, trapped, or in unbearable pain), behavior (e.g., isolation, aggression), and mood (e.g., depression, anxiety, humiliation/shame).ⁱⁱ
- Self-injury or self-harm is “when a person hurts his or her own body on purpose.”ⁱⁱⁱ Some warning signs include unexplained wounds or cuts, unexpected body coverage (e.g., wrist bands, warm clothes in summer), and hiding of dangerous objects, such as razor blades.^{iv}
- Suicide and self-injury are preventable.

Risk factors and disparities

Every 16 hours (on average), someone dies from suicide in New York City;^v and an estimated ~6% of the U.S. population will self-injure in their lifetime.^{vi} Those at risk of suicide and self-injury include

- Health care workers: A recent study found that ~15% of health care workers presenting for care reported thoughts of “being better off dead” or suicide. Health care workers may also experience stigma around seeking care.^{vii} Other essential workers and unpaid caregivers also report elevated levels of suicidal thoughts.^{viii}
- Youth: In the U.S., suicide is one of the leading causes of death among those 14–18 years old;^{ix} and suicide rates among youth have almost doubled in the last decade.^x The CDC’s 2021 Adolescent Behaviors and Experiences Survey (ABES) found that ~20% of youth reported considering suicide, ~15% reported making a plan, and ~9% reported attempts.^{xi} Youth most at risk of suicide attempts include those who identify as American Indian/Alaska Native,^{xii} those living in high poverty communities,^{xiii} and girls.^{xiv} Between 2019 and 2021, the rate of ER visits for suicide attempts increased by ~51% for girls and ~4% for boys.^{xv} Rates of suicide attempts have increased significantly among Black youth (by ~80% since 1991) and especially Black girls.^{xvi} Also at high risk are youth who identify as LGBTQ and those who report having sex with persons of the same sex or with both sexes.^{xvii} The Trevor Project’s 2021 national survey of LGBTQ youth found that ~42% considered suicide in the past year, with highest estimates among youth who identify as Native/Indigenous (~31%), Black, Latinx, Asian/Pacific Islander, or multiracial.^{xviii} Of self-injury, an estimated ~12% to ~24% of youth have self-injured; and ~6% to ~8% report current, chronic self-injury.^{xix} Compared to boys and young men, girls and young women aged 10-24 have double the emergency department (ED) visit rate for self-injury; and the rate of ED visits doubled for girls and young women between 2001 and 2019.^{xx} The CDC’s 2021 ABES found that only ~9% of American youth received mental health care in the last year.^{xxi} The Trevor Project’s survey found that 48% of LGBTQ youth reported they wanted counseling but were unable to receive it in the past year.^{xxii}
- Those who have experienced violence and trauma, especially as children: The CDC’s 2021 ABES found that ~10% of youth reported sexual violence, ~14% reported bullying, ~55% reported verbal abuse by a parent, and ~11% reported physical abuse by a parent in the last year.^{xxiii} Risk factors for suicide and self-injury include violence such as bullying, sexual and physical violence, and other

adverse childhood experiences.^{xxiv} As many as ~79% of those who self-injure report physical and/or sexual abuse during their childhood.^{xxv} PTSD is a risk factor for suicide, especially for women,^{xxvi} veterans,^{xxvii} and those who have experienced sexual violence.^{xxviii} PTSD is also a risk factor for self-injury/self-harm: rates among those with PTSD have been estimated to exceed 50%.^{xxix} For those who have experienced violence, destructive behaviors may be attempts to solve problems related to powerlessness, fear, and danger.^{xxx}

- Additional risk factors for suicide and self-injury include prior suicide attempt, mental health challenges, low self-esteem, eating disorders, substance misuse, serious medical issues, social isolation, prolonged stress (e.g., financial strain), stressful life events (e.g., loss), structural barriers to receiving mental health care or stigma around seeking help, impulsivity and access to lethal means, as well as certain occupations (e.g., mining and construction), and poverty.^{xxxi}

A public health approach to prevention

Since the start of the Covid-19 pandemic, demand for services provided by NYC Well^{xxxii} and Safe Horizon have increased, along with an increase in stressors (e.g., related to Covid-19, health care, basic needs, and discrimination^{xxxiii}). Expanded services are needed, especially for those at high risk.

- **Screening:** Standardized screening in multiple settings (e.g., health care and education) is likely to increase detection and referral to appropriate treatment. Health care providers should be consistently trained in risk assessment and intervention for diverse populations.^{xxxiv}
- **Intervention and timely access to evidence-based care:** Effective intervention and care for suicide and self-injury includes cognitive behavioral therapy, dialectic behavior therapy, counseling focused on building coping and problem-solving skills, as well as social support and opportunities for connection.^{xxxv} NYC Well is an essential behavioral health linkage and crisis response resource, providing access to counselors by text, phone, or online chat,^{xxxvi} as well as online templates for safety and coping plans.^{xxxvii}
- **Crisis response and follow up:** NYC can invest in publicly funded alternatives to 911 for crisis response such as respite care centers, mental health urgent care centers, drop-in centers, and other forms of safe havens for those in immediate danger.^{xxxviii} Health care and hospital systems can provide Just-In-Time Access, which enables 24/7/365 crisis response with access to patient records; as well as use of technology to facilitate consistent and long term follow up. People have reported that follow ups remind them that someone cares, wants them to be alive, and believes they matter.^{xxxix}
- **Health education and communication:** There are many myths around suicide and self-injury that need to be addressed, such as the myth that asking about suicidal thinking makes someone more likely to attempt suicide. This is not true and is an addressable barrier to proper assessment and open and honest dialogue.^{xl} In addition, it's important to educate the community about strategies for supporting oneself and others, as well as how to respond if someone reports they are having suicidal thoughts. NYC can engage in a robust campaign of public service announcements to provide destigmatizing messages and information (e.g., the availability of safety planning apps); and solicit the support of schools, city agencies, and workplaces in this effort.
- **A “public health” approach to suicide prevention:** A public health approach uses multidisciplinary methods designed for specific populations (as well as geographic areas with high need); and considers prevention at family, community, and societal levels.^{xli} Any prevention or intervention strategy should be religiously and culturally appropriate^{xlii} and responsive to the strengths and needs of diverse populations. For instance, a recent U.S. HHS report found that Black children aged 10-17 are more likely to have experienced a crisis prior to dying by suicide, which should be taken into account.^{xliii} A majority of LGBTQ youth and youth of color report experiencing discrimination; and LGBTQ youth with access to affirming spaces reported lower rates of suicide attempts. Transgender and nonbinary youth who were able to change their name and/or gender marker on legal documents reported lower rates of suicide attempts.^{xliv} Different kinds of trauma should be taken into account when designing interventions. For example, trauma-informed counseling emphasizes the importance of personal agency and the connections between self-harming or destructive behaviors and PTSD.^{xlv} Health care workers may benefit from trauma-informed therapy to manage responses to violence at work. As a final example, some religious beliefs may encourage connecting and finding a sense of purpose.^{xlvi}

THEREFORE, BE IT RESOLVED THAT Community Board 7/Manhattan calls on NYC health care and hospital systems, the Department of Education (DoE), the Department of Youth and Community Development (DYCD), and the City University of New York (CUNY) to provide expanded screening programs for suicide, self-injury, and associated risk factors.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on NYC health care and hospital systems to provide training for health care workers that meets the needs of specific populations; and invest in infrastructure to help bridge patients to timely and appropriate care. This includes access to mental health services and Just-In-Time Access for crisis response, as well as supportive resources for health care workers (e.g., psychotherapy, peer support, crisis services) and unpaid caregivers.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on NYC to invest in trauma-informed alternatives to 911 for crisis response, including hotlines that serve as crisis intervention for abusive behaviors and greater investment in Child Advocacy Centers for children and youth.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on the DoE, DYCD, and CUNY to invest in long term supports, including more social workers and psychologists as well as safe spaces and resources for specific populations, such as LGBTQ youth. To empower students and staff, the DoE, DYCD, and CUNY should provide more information on risks, signs, protective factors (e.g., social connections, open communication, lack of stigma, self-efficacy), available public resources (such as safety planning apps), and appropriate reporting and intervention strategies.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on NYC to research possibilities for public- and population-health approaches to prevention, intervention, and response, including meaningful and evidence-based anti-violence and anti-discrimination pedagogies and practices for youth and professional development at all levels of NYC government.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on the Mayor and our elected city and state officials to advocate for and find ways to fund these initiatives.

**Jonathan DePierro, PhD and Anitha Iyer, PhD of Mt. Sinai and Kristina Coleman, LMSW, MPA, and Victoria Dexter, PhD, LCSW of Safe Horizon delivered presentations at the Health and Human Services Committee meeting on 3/29/2022. These presentations informed the content of this resolution.*

RESOURCES:

- Abusive behaviors, help/intervention:
<https://www.thehotline.org/support-others/help-for-abusive-behaviors/>
<https://respectphonenumber.org.uk/about-us/>
- ASSIST (Applied Suicide Intervention Skills Training):
<https://www.samhsa.gov/resource/dbhis/applied-suicide-intervention-skills-training-asist>
- COVID Coach App:
<https://mobile.va.gov/app/covid-coach>
- Crisis Text Line:
Text TALK to 741741
- MY3 Safety Planning App
- NYC Well:
Call 1-888-NYC-WELL
Chat via their website: <https://nycwell.cityofnewyork.us/en/>
Text "WELL" to 65173 (message & data rates may apply when using the SMS service)
- National Domestic Violence Hotline:
1-800-799-SAFE(7233) or <https://www.thehotline.org/help/>
- National Suicide Prevention Lifeline:
1-800-273-8255 (TALK)
Starting in 2022, dial 988 (<https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/>)
- Safe Horizon:
Crime victims: 1-866-689-HELP
Domestic violence: 1-800-621-HOPE
Rape and sexual assault: 1-212-227-3000
- SAMSHA Hotline (referrals):
1-800-662-HELP (4357)
- The Trevor Project:
https://www.thetrevorproject.org/?gclid=CjwKCAjwopWSBhB6EiwAjxmqDUtlc0r6l-pa81cy99d-OPwPTBkpJ9MP5ABoH9Tfgg3pDuGuE3zPChoCn2YQAvD_BwE

- ⁱ <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>
- ⁱⁱ <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- ⁱⁱⁱ <https://medlineplus.gov/selfharm.html>
- ^{iv} <http://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-self-injury-10.pdf>; <https://www.healthdirect.gov.au/self-harm#warning>
- ^v <https://www1.nyc.gov/site/doh/about/press/pr2021/dohmh-releases-data-on-suicide-death-rate-nyc.page>
- ^{vi} <https://pubmed.ncbi.nlm.nih.gov/21208494/>
- ^{vii} <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>
- ^{viii} <https://www.cdc.gov/suicide/facts/index.html>
- ^{ix} <https://www.cdc.gov/suicide/facts/index.html>
- ^x <https://answers.childrenshospital.org/poverty-and-suicide-in-children/>
- ^{xi} <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm>
- ^{xii} <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- ^{xiii} <https://answers.childrenshospital.org/poverty-and-suicide-in-children/>; <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2759427>
- ^{xiv} <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- ^{xv} <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- ^{xvi} <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780949>; <https://www.nytimes.com/2021/11/18/well/mind/suicide-black-kids.html>; [https://www.iaacap.org/article/S0890-8567\(21\)01365-4/fulltext](https://www.iaacap.org/article/S0890-8567(21)01365-4/fulltext); <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952>;
- ^{xvii} Underlying cause of death, 1999–2019. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>; Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019 | MMWR (cdc.gov); <https://www.cdc.gov/suicide/facts/index.html>
- ^{xviii} <https://www.thetrevorproject.org/survey-2021/>
- ^{xix} <http://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-self-injury-10.pdf>
- ^{xx} <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- ^{xxi} <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm>
- ^{xxii} <https://www.thetrevorproject.org/survey-2021/>
- ^{xxiii} <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm>
- ^{xxiv} <https://www.cdc.gov/suicide/facts/index.html>; <https://www.cdc.gov/suicide/facts/index.html>; <https://medlineplus.gov/selfharm.html>; https://www.ptsd.va.gov/understand/related/self_harm.asp
- ^{xxv} <http://www.selfinjury.bctr.cornell.edu/perch/resources/the-relationship-between-child-maltreatment-and-non-suicidal-self-injuryfinal.pdf>; <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- ^{xxvi} <https://www.sciencedirect.com/science/article/pii/S0165032720328536>;
- ^{xxvii} https://www.ptsd.va.gov/understand/related/self_harm.asp
- ^{xxviii} <https://www.cdc.gov/suicide/facts/index.html>
- ^{xxix} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4155484/>
- ^{xxx} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4155484/>
- ^{xxxi} Safe Horizon Risk and Protective Factors (cdc.gov); <https://medlineplus.gov/selfharm.html>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5454768/>
- ^{xxxii} [databrief130.pdf \(nyc.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5454768/)
- ^{xxxiii} <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf>; <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid-june.pdf>
- ^{xxxiv} Common measures evaluating depression and suicide risk include the Patient Health Questionnaire-9 (PHQ-9) and the Columbia Suicide Severity Rating Scale (C-SSRS). Free training for health care providers in the C-SSRS is available at [The Lighthouse Project](https://www.columbia.edu/~c1344/the_columbia_lighthouse_project/)
- ^{xxxv} <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- ^{xxxvi} NYC Well – Talk, Text, Chat. 24/7 (cityofnewyork.us)
- ^{xxxvii} Crisis Plans – NYC Well (cityofnewyork.us)
- ^{xxxviii} <https://www.pubadvocate.nyc.gov/reports/improving-new-york-citys-responses-to-individuals-in-mental-health-crisis/#conclusion>
- ^{xxxix} Anitha Iyer, Ph.D.
- ^{xl} [The Myths & Facts of Youth Suicide \(nv.gov\)](https://www.nv.gov/); Jonathan M DePierro, PhD
- ^{xli} https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue2-a.pdf
- ^{xlii} <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- ^{xliiii} https://www.nimh.nih.gov/sites/default/files/documents/health/topics/suicide-prevention/african_american_youth_suicide-report_to_congress.pdf
- ^{xliiv} <https://www.thetrevorproject.org/survey-2021/>
- ^{xlv} <http://www.selfinjury.bctr.cornell.edu/perch/resources/the-relationship-between-child-maltreatment-and-non-suicidal-self-injuryfinal.pdf>
- ^{xlvi} <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>