



**TESTIMONY OF THE COALITION FOR BEHAVIORAL HEALTH, INC.**

**Before the New York City Council**

**Christy Parque, MSW**

**President & CEO**

**Before the New York City Council**

**Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and  
Disability Services**

**Honorable Andrew Cohen, Chair**

**April 6, 2017**

Thank you, Chairperson Cohen and members of the committee for convening today's Youth Suicide Trends in New York City and allowing The Coalition for Behavioral Health to offer our thoughts on the needs and infrastructure necessary to adequately address this issue.

The Coalition for Behavioral Health, Inc. (The Coalition) is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 500,000 consumers. Our members provide the entire continuum of behavioral health care in every neighborhood of New York City. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The Coalition also trains on average 175 human services providers monthly on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health (OMH), and in conjunction with foundations and leaders from the behavioral health sector.

We will be presenting on the need to ensure that vulnerable populations of young people have the necessary resources to access and use the services they deserve to grow and lead fulfilling lives. You will also hear from a number of our members, including Comunilife, The Mental Health of New York City (MHA) and Samaritans, who will provide detailed information and testimony about their experiences serving at risk youth.

It is important to acknowledge the diversity among young people and that many subpopulations of youth and adolescents are at risk for suicide and suicide ideation. We have, however, decided to focus our comments on two populations whose risk are well documented and merit special attention – Latina youth and LGBTQ youth. While I am presenting, the testimony is that of our President and CEO Christy Parque, who was recently appointed as the Chair of the LGBTQ committee of the Regional Planning Consortium, and has special concern for LGBTQ youth based in part on recent discussions within the committee and its members.

## **National Scope**

The national Youth Risk Behavior Survey (YRBS) is a yearly survey produced by the Center for Disease Control, which monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States. In 2015, 17.7% of young people surveyed considered attempting suicide, 14.6% made a plan on how to attempt suicide, 8.6% attempted suicide and 2.8% attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse<sup>1</sup>.

## **New York**

The third leading cause of death<sup>2</sup> for individuals between the ages of 15 and 24 years old is suicide. About 30% of New York City's public high school students experience depression annually and 10% report a suicide attempt<sup>3</sup>. Girls are twice as likely to have reported considering suicide as boys (20% vs. 10%). Girls are also more likely to attempt suicide than boys (12% vs. 7%)<sup>4</sup>. Undiagnosed and untreated mental illness in youth continues into adulthood. Suicide rates among women in the city are growing, as opposed to a decline in males. A 2014 study found that women died by suicide at an increasing rate over the 14-year period examined by the Health Department, from a rate of 2.3 in 2000 to 3.9 deaths per 100,000 individuals in 2014<sup>5</sup>.

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<sup>1</sup> Center for Disease Control – Youth Risk Behavior Survey

[http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2015\\_us\\_suicide\\_trend\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2015_us_suicide_trend_yrbs.pdf)

<sup>2</sup> <http://chapterland.org/wp-content/uploads/sites/10/2016/03/New-York-Facts-2017.pdf>

<sup>3</sup> The Samaritans of New York.

<http://samaritansnyc.org/wp-content/uploads/2016/06/Resource-Guide-2016-color-online-active-links.pdf>

<sup>4</sup> New York City Department of Health and Mental Hygiene

<https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2008youthmh.pdf>

<sup>5</sup> New York City Department of Health and Mental Hygiene

<https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief75.pdf>

## Latina Youth

Of particular concern to researchers, educators, human services providers and our members is the increase in suicide and suicide ideation by young Latinas.

Dr. Rosa Gil, President of Comunilife, a highly respected provider and member of The Coalition has stated, “The two-year period between 2013 and 2015 saw the largest increase of Latina teens who seriously considered suicide,” further noting that in particular, “A surge of 34 percent was registered in the Bronx, from [13.7 percent in 2013 to 18.3 percent in 2015](#)”,<sup>6</sup>

- Persistent sadness is reported more often among Hispanic girls than girls of other racial/ethnic groups (46% vs. less than 40%)<sup>7</sup>.
- Latina teens have alarmingly high rates of seriously considering or attempting suicide. “In New York, 18.5 percent of all Hispanic, female high school students have seriously considered suicide. The most worrisome part is that 13.2 percent of all 10- to 14-year-old girls have already attempted to take their lives, while 15.7 percent of them have thought about how they could do it”<sup>8</sup>.
- According to the U.S. Center for Disease Control and Prevention’s Youth High Risk Behavior Survey, in 2015, 15.1% of Latina adolescents in the United States tried to take their own lives one or more times. In New York City, the number for the same group was 13.2%; in Brooklyn 10.2%, Bronx 15.1%, Manhattan 12%, Queens 13.2% and Staten Island 18.8%. Latina teens attempt suicide at rates far greater than their non-Hispanic counterparts – more than twice the rate of white youth in New York City (13.2% vs. 7.8%)<sup>9</sup>.

## LGBTQ Youth

Although only approximately 9% of U.S. youth identify as lesbian, gay, bisexual, transgender or questioning teens, their rates of suicide and suicidal ideation are significantly greater than the overall youth population.<sup>10</sup> The rate of suicide attempts is 4 times greater for LGBTQ youth and 2 times greater for questioning youth than that of straight youth<sup>11</sup>.

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<sup>6</sup> <https://voicesofny.org/2016/09/why-are-our-girls-taking-their-own-lives/>

<sup>7</sup> New York City Department of Health and Mental Hygiene  
<https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2008youthmh.pdf>

<sup>8</sup> <https://voicesofny.org/2016/09/why-are-our-girls-taking-their-own-lives/>

<sup>9</sup> Comunilife  
<http://comunilife.org/life-is-precious/>

<sup>10</sup> [http://www.yspp.org/about\\_suicide/gay\\_lesbian\\_FAQs.htm#seven](http://www.yspp.org/about_suicide/gay_lesbian_FAQs.htm#seven)

<sup>11</sup> <http://www.thetrevorproject.org/pages/facts-about-suicide>

- 1 in 3 transgender youth in New York City have seriously thought about taking their lives, and 2 in 5 report having made a suicide attempt in the past 12 months.<sup>12</sup>

### Homeless Youth

Furthermore, it has been noted that New York City is a hub for runaway and throwaway youth who gravitate to the city where they end up in the homeless population. We include them because their status as runaways or throwaway youth is often due to their sexual identity or orientation as noted above.

- Nearly 40%<sup>13</sup> of New York’s LGBTQ homeless youth cite familial rejection as the primary cause of their homelessness.
- 32% of the homeless youth in general have attempted suicide, nationally.<sup>14</sup>
- Mental health problems are seen at a higher rate for homeless youth compared to other youth.<sup>15</sup>

### Other Issues Impacting Youth

We would also like to mention the effects of bullying and cyber bullying as well as eating disorders that are more often associated, and more likely to affect, young women and LGBTQ youth.

- In 2009 a research study showed that “...the effect of bullying on suicide attempt was strongest among non-Hispanic sexual minority male youths<sup>16</sup>.”
- The rate of attempted suicide was 32% among NYC youth who have been bullied on school grounds in the past 12 months and identified as lesbian, gay, bisexual or were not sure of their sexual identity<sup>17</sup>.
- Adolescents who report disordered eating are more than 3 times as likely to report attempting suicide as those who do not (24% vs. 7%)<sup>18</sup>.

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<sup>12</sup> Department of Health  
<https://www1.nyc.gov/site/doh/health/health-topics/lgbtq-youth-suicide.page>

<sup>13</sup> NYC Coalition on the Continuum of Care Youth Survey  
<http://www.nyhomeless.com/html/home.html>

<sup>14</sup> National Network for Youth  
[https://www.nn4youth.org/wp-content/uploads/IssueBrief\\_Youth\\_Homelessness.pdf](https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf)

<sup>15</sup> Saddichha S, Linden I, Krausz MR. (2014) Physical and Mental Health Issues among Homeless Youth in British Columbia, Canada: Are they Different from Older Homeless Adults? *Journal of the Canadian Academy of Child and Adolescent Psychiatry.* 2;23(3):200-206.

<sup>16</sup> LeVasseur, M. T., Kelvin, E. A., & Grosskopf, N. A. (2013). Intersecting identities and the association between bullying and suicide attempt among New York City youths: Results from a 2009 New York City youth risk behavior survey. *American Journal of Public Health*, e1-e6.

<sup>17</sup> <https://www1.nyc.gov/site/doh/health/health-topics/lgbtq-youth-suicide.page>

## **Solutions**

Impulsive risk-taking, self-harming and self-destructive behaviors sometimes precede a suicide attempt, and these are signals to the vulnerability and fragility of these adolescents that must be heeded and addressed. Across the board, we need to identify and reach out to young people at risk before their despair escalates into a desperate attempt to end their life.

Young people are more likely to attempt suicide than die by suicide, however, an attempt is evidence enough that the young person is in severe distress. Additionally, unaddressed and undiagnosed mental health and substance use issues in youth will follow them into adulthood and become more difficult to treat.

Prevention and intervention are both needed. While critical intervention is essential to prevent a suicide that is imminent, prevention should be ongoing. Whereby, young people at risk are identified and offered appropriate services. For example, 200 school based mental health programs are currently doing this commendable work, many of which are operated by member agencies of The Coalition.

In attempting to deal with a problem, we know that the more points of access to services that are available, the more likely our efforts will be successful. Yet, the full outcome of our prevention efforts may never be completely quantified. We need to be mindful of this when earmarking funding for prevention. Services must be accessible to at risk youth, including in shelters, at schools, via street outreach or any place where youth hangout. Prevention efforts undertaken with a young person early on may also prevent a later suicide attempt or death.

We need to work on de-stigmatizing vulnerability and fragility in our society and continue our efforts in making feel that it is acceptable to seek help. With a city as diverse as ours, we commend the NYC Department of Health and Mental Hygiene (DOHMH) and ThriveNYC on their commitment to address the shame of stigma by ensuring that resources via NYC Well, 311 and materials are both culturally and linguistically appropriate to ensure maximum outreach impact.

## **Prevention**

Conceptualizing the causes of suicide can sometimes be difficult to grasp. In the attempt to understand this, research on the different characteristics and the trends that follow this cause of death can be imperative in unlocking the code on how to prevent it.

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<sup>18</sup> New York City Department of Health and Mental Hygiene  
<https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2008youthmh.pdf>

Beacon Health Options' recent white paper, "We Need to Talk about Suicide,"<sup>19</sup> promotes the Zero Suicide model as the best approach to shift how we think about and treat suicide. Risk of suicide or suicidal behavior is a condition that can be prevented and treated, similar to other mental or physical conditions. This fundamental shift in thinking alters the range of services for people at risk of suicide. Proactive identification of individuals with suicidal behavior disorder and then treating those individuals with evidence based practices will deliver the most impact. The Zero Suicide framework, developed by the Suicide Prevention Resource Center and the National Action Alliance for suicide prevention, offer an excellent approach for doing so.

Another resource and potential model is the CUNY mental health digital platform<sup>20</sup> which provides students with high quality, low cost mental health services and self-care resources in a way that is familiar and comfortable for them to use. Students can access information and resources online and from their phone or mobile devices, and can download vetted applications related to mental health, health insurance, food security and reproductive health. This approach aims to reduce the stigma of getting help for mental health problems and encourages young people with mental health concerns to take action. Digital solutions are increasingly proving helpful to individuals who reject conventional service modalities, but are familiar electronic platforms.

## **Conclusion**

We are fortunate for the investment of the de Blasio administration in ThriveNYC, and the companion investments in HealingNYC and NYC Well, the first initiatives of their kind in New York City and a model for other localities. This far reaching vision to address the mental health and substance use issues of New Yorkers goes a long way but we must remain committed to the highest at risk communities, including the LGBTQ youth and Latina youth communities. Both initiatives shine a light on the incidence of behavioral health concerns and provide a focus on the factors of stigma and ignorance which hinder individuals from accessing needed assistance. The first step in recovery is self-recognition, and for every young person who does not succumb to suicidal ideation, our society stands to gain a resourceful, thriving member of our community. We urge New York City to broaden its scope and depth, and use the vehicles provided by ThriveNYC and HealingNYC to prioritize those at higher risk and target resources to our young people.

Thank you for the opportunity to testify and your good work on behalf of the City of New York.

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<sup>19</sup> Staff Writer, "Shifts in How We Think About Suicide Prevention Needed," Behavioral Health News, March, 2017

<sup>20</sup> Thrive NYC

[https://thrivenyc.cityofnewyork.us/wp-content/uploads/2017/02/Thrive\\_Year\\_End\\_Updated.pdf](https://thrivenyc.cityofnewyork.us/wp-content/uploads/2017/02/Thrive_Year_End_Updated.pdf)