NEW YORK STATE PUBLIC HEALTH ASSOCIATION

Envisioning Healthy People in Healthy Places

STATEMENT OF POLICY

Suicide Prevention

Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

Problem Statement

Suicide is a major public health problem that needs to be addressed using a comprehensive public health approach for prevention. There are specific groups of people who are disproportionately affected by suicide, including LGBTQIA+ youth, veterans, people of color, people who live in rural areas, adults with disabilities, workers in certain industries, middle-aged adults and tribal populations.

To reduce suicide in the United States, public health organizations, on the federal, state and local levels, should develop, support and implement programs to improve infrastructure to support suicide prevention programs. Ensuring quick access to accurate data, increasing research and evaluation opportunities to understand the risk factors of suicide, especially in high-risk groups and underserved populations is, vital. Additionally, organizations should increase awareness of mental health and suicide, work to decrease stigma, support crisis interventions and strategies, increase access to mental health facilities and services, and educate the general population on services available to them.

Policy Statement

Suicide impacts all 50 states, including New York and New York City. Most deaths by suicide may be prevented with a comprehensive, public health approach to suicide prevention, which includes interpersonal, intrapersonal, community, occupational, environmental, and societal factors that may contribute to the risk of suicide. The New York State Public Health Association urges its members and partners in the public health system to act to reduce lethal and nonlethal suicide attempts in the state.

Specifically, NYSPHA recommends the following actions:

1. Policies that reduce risk factors, such as gun ownership, substance use, and mental health concerns.
2. Long term funding to support suicide prevention through local prevention programs, such as firearm safety, screening and brief intervention in primary care settings, and mental health and substance use disorder treatment.
3. Support and fund SBIRT (Screening, Brief Intervention, and Referral to Treatment) which is an evidence-based model that identifies risks and delivers brief intervention as needed to reduce risk before consequence become more severe. This model should be implemented to adolescents and adults in primary care, school-based health care centers, emergency departments, hospitals, university health and counselling centers and all medical clinics.
4. Improved data systems that provide access to accurate, timely and comprehensive local data on suicide so public health offices can use allocated limited resources where they are most needed.
5. Forming partnerships among federal, state, and local health and mental hygiene departments to enable up-to- date data sharing so limited funds can be directed for maximum impact.
6. Providing dedicated funding and support to county suicide prevention coalitions including funding a coordinator to organize local efforts.
7. Public education and training in suicide prevention in the context of determinants of health in schools, workplaces, health providers, and faith-based organization.
8. Public education and training programs in wellness for the general public, health care providers and patients, teachers and students, and employers and employees with emphasis on reducing stressors and seeking help if needed.
9. Support local mental health infrastructure by increased state funding for additional staff to support and maintain the essential services they provide their county residents.
10. Support the local suicide prevention infrastructure with increased funding for a full-time staff coordinator to better support their communities.
11. Increase funding for resource limited rural areas, including additional funding for staff to provide guidance and support to rural communities to meet the special needs of the residents.
12. Increase funding for schools to support the mental health of students and staff to include routine screening of all students and staff for depression, anxiety, substance use and suicide risk. In addition, increase education of staff regarding student mental health and well-being.
13. Easy access to mental health facilities and support services for the public, especially for veterans.
14. Support culturally informed and relevant public health programs addressing marginalized communities that include public health messaging campaigns.
15. Support and train advocates, such as community health care workers and peer support specialists in evidence-based, culturally sensitive areas, and trauma informed suicide care.
16. Support the mental health crisis line, 988, a 24-hour help line for individuals who are seeking help.

Justification

In the last ten years, suicide has increased, and evidence-based approaches and programs have not been effective in reducing suicide rates. To address suicide prevention, a comprehensive public health action needs to include intrapersonal, interpersonal, community, occupational, environmental and societal factors that contribute to suicide risks.

In 2021, suicide was the 11th leading cause of death in the United States and the 15th in New York State, resulting in 1660 deaths in New York out of approximately 41,500 suicide attempts. New York's 2021 suicide rate was 8.4 per 100,000 residents, which is the second lowest in the nation. The New York State rate of suicide has been fairly stable since 2012. In 2021, of the New Yorkers who died from suicide, 78% were male, 82% were white, 11% were Hispanic or Latino, and 50% were between ages 35 and 64. The suicide rate in urban counties was 41% and the suicide rate in most rural counties was about 2.3 times higher than urban counties. (NYS Office of Mental Health, 2022.). In 2022, in New York State, the suicide rate increased slightly to 8.5% per 100,000, which resulted in 1765 deaths (CDCe, 2023). In New York in 2021, 9.6 percent of adolescents had attempted suicide one or more times in the past year. This was short of the state's Prevention Agenda goal of 9.1 percent (Prevention Agenda, 2021).

Between 2000-2021, national suicide rates have increased almost 36%, resulting in 48,183 deaths in 2021 or one death every 11 minutes. In addition, in 2021, approximately 12.3 million American adults contemplated suicide, 3.5 million planned a suicide attempt and 1.7 million attempted suicide. In 2021, for people aged 10 – 64, suicide was one of the top 9 leading causes of death and was the second cause of death for ages 10 – 14 and 20-34 (CDCa, 2023).

Suicide rates vary by race/ethnicity, age, and demographics. Suicide rates are approximately 4 times higher for males than females. Although 50% of the population is male, they account for 80% of suicides (CDCb, 2023).

Comparing age groups, people aged 75 and older have the highest rates of suicide at 20.3 per 100,000 people when compared to other age groups. Adults aged 35 – 64, account for 46.8% of all suicides in the United States. Among youth aged 10-24, suicide is the second leading cause of death (11 per 100,00 people and the suicide rate for this age group increased 52.2 % between 2000 and 2021. In 2019, 9 % of high school students attempted suicide in the previous year (CDCc, 2023).

Those that identify as lesbian, gay or bisexual have a greater risk of suicide. High school students that identify as LGB have a 5 times higher rate of attempting suicide when compared to heterosexual students. For veterans under age 45, suicide is the second leading cause of death and for all veterans, suicide is the 13th leading cause of death. Among adults in the United States, veterans account for almost 14% of all suicides (CDCb, 2023).

The racial/ethnic groups with the highest suicide rates are Non-Hispanic American Indian/Alaskan Native, 28.1%, followed by Non-Hispanic White, 17.4%. For both Hispanic and non-Hispanic people, suicide is the 11th leading cause of death (CDCb, 2023).

Suicide rates vary among demographic areas. Rural areas experience higher suicide rates when compared to metropolitan areas (21.7/100,000 vs 11.6/100,000). Rates also differ by occupation and industry. Those working in construction had the highest suicide rates. Industry groups with the highest suicide rates were mining, quarrying and oil/gas extraction (CDCb, 2023).

Social determinates of health, such as racism, discrimination, economic hardship/unemployment, lack of educational opportunities, lack of affordable housing, and barriers to physical and mental health care are some factors that increase suicide risk. In addition, relationship problems, health condition, experiences of violence, abuse and neglect can also lead to increased suicide risks. Health disparities increase suicide risks and include veterans, people of color, tribal populations, people that live in rural areas, sexual and gender minorities and middle-aged adults (CDCb, 2023).

Firearms account for 55% of suicides, followed by suffocation (26%), poisoning (12%) and all other methods (8%). Individual, relationship, community and societal risk factors increase risk of suicide and is usually caused by multi factors. There are many factors that can be used to diminish suicide risk at the same levels that increase the risk of suicide. Individual protective factors include coping/problem solving skills, family relationships and cultural identity. Relationship factors include support from friends and family and a connection to other people. Community supportive experiences by feeling connected to school, social institution and availability of physical and behavioral healthcare help reduce suicide risks. Societal factors include reduced access to lethal means, such as firearms, for people who are at risk (CDCa, 2023).

Education is a major key in identifying those at risk of suicide. Knowing the warning signs and addressing them can prevent suicide. On the federal level, by tracking trends and understanding which groups are at greatest risk, developing, implementing and educating prevention strategies, and supporting local, state, tribal, national and other healthcare agencies will decrease the suicide rate. States and local communities need to provide financial support to those in need, increase treatment options and delivery of care, create healthy environments, offer programs connecting people with communities, teach students to manage challenges and coping with problems, increase media coverage of resources available to those at risk and educate the public on the warning signs (CDCd, 2023).

Suicides and self-harm injuries are a growing public health concern across New York State with serious and lasting effects on the well-being of families and communities. An important part of suicide and self-harm injury prevention efforts is understanding the trends, along with regional and demographic differences. Clear and accurate data is key to supporting suicide prevention activities (NYS DOH, 2023).

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