

June 4, 2019

Testimony from the New York State Office of Mental Health

New York State Senate Health and
Mental Health and Developmental Disabilities Committees



**Office of
Mental Health**

Good morning, Chairmen Carlucci and Rivera and members of the Senate Mental Health and Developmental Disabilities and Health Committees.

I am Dr. Ann Sullivan, Commissioner of the New York State Office of Mental Health (OMH). I want to thank you for the invitation to testify at today's hearing on one of OMH's most serious and important priorities, Suicide Prevention in New York State. Let me begin by stating that suicide is a complex phenomenon with many factors that put individuals at risk and operate at the individual, family, community, and broader societal level.

I would like to take this opportunity to thank you and your colleagues for your leadership on this issue.

Before providing an overview of the Office's activities, it would be helpful to contextualize trends that highlight areas of both hope and concern. Nationally, and here in New York, we have experienced rising rates of suicide over the last two decades. Nationally the increase was 25 percent; the rise in New York was 29 percent. **However, the rate of suicides in New York has been largely level since 2012 and New York now has the lowest suicide rate in the nation at 8.1 individuals per 100,000.**

In New York and nationally, three of every four suicide deaths are male. And transgender individuals have higher rates of suicide than cisgender individuals. With few exceptions, suicide rates among racial groups in New York are similar to data nationwide. Caucasians have historically had higher rates across all age groups. One of the exceptions is that the national rate for African American children between the ages of five through 11 is double those of Caucasians in the same age group, however, this trend reverses in adolescence. Latina adolescents, both in New York and nationwide, have self-reported a higher rate of suicide *attempts* than other racial/ethnic groups. Elderly white males are at high risk. Veterans have greater loss of life by suicide than their peers, and geography such as rural communities see increased rates of suicides.

The foregoing data does not take away from the stark and tragic fact that every one of the 1,700 annual suicide deaths in New York has a significant impact on all groups of people in this State. The collateral impact of every death on family members, friends, co-workers, and classmates is exponential in lives affected, and incalculable in psychological distress.

Tackling a complex social problem like suicide requires interventions at the level of health care systems and at the community and population health level. A comprehensive approach is needed to pull all the pieces together into an effective, multifaceted strategy. This includes a public health approach to help our communities identify at risk populations and strengthen suicide prevention programming across all age and demographic groups; and a clinical approach that equips providers with the specialized skills needed to care for suicidal New Yorkers and that embeds prevention throughout our healthcare system. Such a strategy must also recognize and incorporate the larger socioeconomic forces that put different groups and individuals at higher risk for suicide.

OMH is actively implementing a systemic approach of integrating suicide prevention in health and behavioral healthcare settings called the Zero Suicide model. Over 75 % of individuals who die by suicide have seen a healthcare provider within the month prior to their death. The healthcare system must improve its ability to identify individuals at risk and provide them state of the art care. The Zero Suicide model embeds these skills throughout the healthcare system providing a

network of preventive care. OMH has conducted a care collaborative of over 500 outpatient mental health clinics and satellites using the zero suicide model and trained over 2,330 unique providers in 2018.

In recognition of its work in suicide prevention, New York has also been the first state in the nation to receive a federal Substance Abuse and Mental Health Services Administration (SAMHSA) Zero Suicide grant, of \$3.5 million, to support voluntary implementation in health and behavioral health systems across New York, including intensive efforts in Onondaga County, Samaritan Hospital in Troy, and Bronxcare in New York City.

In addition, New York has been a leading champion in implementing the Collaborative Care Medicaid Program (CCMP), an evidence-based approach for behavioral health integration, with over 200 primary care practices across the state screening over three million New Yorkers for depression in 2018. By detecting previously undiagnosed mental illnesses, such as clinical depression and anxiety, screening for suicidal ideation or concerns, building mental health service capacity, and delivering measurement-based care to ensure patients are getting better, CCMP can help materially reduce morbidity in New York.

Additionally, a first in the nation program is piloting in Syracuse, the Attempted Suicide Short Intervention Program (ASSIP). Developed in Switzerland, this innovative program has been shown to significantly reduce repeat suicide attempts.

The second area of intervention is at the community and population health level. Our ability to employ effective clinical and public health interventions requires tailored community engagement approaches that build on existing strengths, and support leadership and planning in areas without an infrastructure in place. OMH has for many years provided direct technical assistance and education to local (usually county or regional-level) suicide prevention coalitions and organizations to implement suicide prevention and postvention activities. We plan to build on the existing community engagement operations to work with community coalitions where they do exist, and to support the creation of coalitions or leadership groups where there are none.

At an operational level, this work will include helping convene groups of stakeholders across health/mental health provider sectors, places of worship, law enforcement, educational institutions, and employers or local industry groups. We will work with local mental health leaders to further engage with primary practice groups to implement Zero Suicide interventions and Evidence Based Practices such as Collaborative Care, and we can help communities ensure that they are engaging the total population. Given the important role of the treatment system in suicide prevention, we will also continue our work in making additional funding streams available to providers in order to strengthen their capacity to identify and provide preventive care for those at risk.

Schools are a key high-opportunity area for suicide prevention, particularly with youths in New York demonstrating an upward trend in negative mental health and suicide indicators. Youth Risk Behavior Survey (YRBS) 2017 data indicate that approximately 30% of surveyed youth reported feeling sad or hopeless for two weeks or more in a row in the past year, 17% seriously considered suicide, and 8% reported one or more actual attempts in the past twelve months. Each of these data points mark an increase from ten years prior, in 2007. As these trends have borne out in communities across the State, OMH has worked with providers to expand school-based clinic satellites (now numbering in the hundreds), helped develop and implement mental health education curricula, provide training in Suicide Safer Schools, and educated school systems

including, administrators, teachers, and students, on identifying and connecting those in need of help to care. Over 10,000 community and school individuals were trained last year.

Innovative programming and strong partnerships tailored to a community's needs and assets can have dramatic results. For example, several teen suicides in Chemung County in 2004 – 2005 spurred creation of a Community Suicide Response Task Force to guide out-reach, make prevention recommendations, and promote safe media messaging. An OMH led team investigated and discovered a pattern of shared risk-taking behaviors among the teens—information that was used to formulate intervention for other at-risk teens. The Office instituted an action plan addressing crisis response, suicide prevention, and mental health barriers. No additional teens died by suicide in Chemung County for over a decade after these interventions went into place, suggesting that this community response contributed to reducing suicide contagion and may have prevented more deaths.

The Henry Ford Medical Group HMO also provides another lesson in the power of ambitious, comprehensive population-level suicide prevention strategies. In the decade following implementation of this HMO's "Pursuing Perfection National Collaborative" grant, suicides among the hundreds of thousands of covered lives reduced by 80 percent; levels that sustained for many years hence. This initiative incorporated several elements from access to care, restriction of lethal means, clinical encounter protocols, better incorporation of data, and workforce culture change and community education.

It is difficult to quantify the total suicide prevention expenditures by the State, given that suicide education and prevention is imbedded in OMH's operated, licensed, and funded inpatient, outpatient, and community-based services and programs. The agency provides support for the Suicide Prevention Office (SPO) housed within OMH and receives federal and grant funding for the Suicide Prevention Center of New York (SPCNY). The Center provides suicide prevention training annually to more than 10,000 individuals while fostering relationships with local suicide prevention leaders across the State. These entities welcome you to view their libraries of information and resources for suicide education and prevention through their websites and social media.

Funding is also provided to two nationally recognized OMH-supported centers of cultural competence at the New York Psychiatric Institute in Manhattan, and the Nathan Kline Institute in Rockland County. These facilities have conducted studies and research projects that help ensure our suicide prevention efforts are respectful and responsive to groups' beliefs, practices, and cultural and linguistic needs and preferences.

OMH also does extensive outreach, sending staff to community health and wellness fairs and events to provide materials and information to the public. Additionally, the Office collaborates with statewide and regional advocacy organizations such as the Mental Health Association of NYS (MHANYS) and the National Alliance on Mental Illness in New York State (NAMI-NYS) and various professional and health care societies to promote suicide prevention education.

However, all these efforts are still not enough. Our loss of life by suicide remains at about 1700 lives each year. In response, Governor Cuomo announced his intentions to create a task force on suicide prevention during his State of the State address in January 2017. The Task Force was officially announced in November 2017, and included leaders from state agencies, local governments, not for profit organizations, and other experts in suicide prevention. The Task Force was charged with examining and evaluating current suicide prevention programs, services, and

policies and making recommendations to increase access, awareness, and support for children, adolescents, and adults in need of assistance.

The first report from the Task Force was released in April of this year. The Task Force focused on vulnerable populations at greater risk for suicide, with special sub-committees created to examine how to better serve these groups. The Task Force's recommendations fall into four main categories and goals:

- Strengthening public health prevention efforts: Forging stronger partnerships with local communities, providing resources and expertise to assess local needs, and implementing research-informed prevention programs.
- Integrating suicide prevention in healthcare: Helping healthcare providers adopt a systematic approach to suicide prevention.
- Timely sharing of data for surveillance and planning: Gathering and tracking data on regional trends in suicide rates and related behaviors is critically important to implement a high-quality public health prevention approach.
- Infusing cultural competence throughout suicide prevention activities: Considering a community's unique cultural and societal factors to develop effective programs and resources needed to create a suicide-free New York.

The Task Force specifically highlighted three populations with high suicide incidence rates: Latina adolescents, veterans, and members of the LGBTQ community. In addition to the Task Force's work, OMH and the Suicide Prevention Office (SPO) will be working to enhance programs and outreach methods to better serve high-risk groups, such as African American youth and rural New Yorkers. The SPO works with and provides funding to suicide prevention coalitions and local governments across the state to bring resources and programs to inner city and rural schools and communities to help raise awareness and reach these at-risk groups.

Based on the Task Force recommendations, we will help communities use demographic and other data to ensure they are engaging all populations such as LGBTQ, racial and ethnic minorities, rural communities, and those at risk or affected by economic dislocation and job loss. For example, OMH can help suicide prevention coalitions identify and engage communities of color using culturally-informed practices and empower them to direct local efforts to reduce shame and stigma around mental illness and connect people in need to care.

Regarding Latina adolescents, the State is committed to convene and facilitate community forums with key stakeholder groups—such as county government leadership, social service agencies and health care providers with ties to the Latino community, school district and Parent Teacher Association (PTA) leaders, large employers of Latinos, and local clergy. The goal is to raise awareness and support the creation of community partnerships aimed at developing a coordinated community response.

LGBTQ suicide is a growing and important public health concern. LGBTQ individuals have a higher burden for suicide attempts and ideation than non-LGBTQ persons. OMH plans to increase training and opportunities to incorporate LGBTQ in cultural competence trainings, technical assistance, and regulatory review.

Suicide rates among veterans in New York State are comparable to nationwide statistics, and both are disproportionately high when compared to non-Veterans. New York State will address the need to increase access to enrollment into the Federal Veterans Administration (VA) system

for those who are eligible while improving the competency of civilian healthcare workers in providing treatment and meeting the specific needs of Veterans for those who do not receive VA services. OMH community outreach staff regularly attend pre-and post-deployment "Yellow Ribbon Program" events, where we help troops and their families connect to mental health support and resources. Our staff connect with troops and families if they have any questions or issues in identifying or accessing the appropriate type of support. New York State agencies will increase collaboration at events designed for individuals experiencing the transition period from active military to civilian status as this has been identified as a time of high risk. These events are an opportunity to provide mental health support as well as assist individuals in obtaining benefits.

I am also very excited regarding two upcoming events sponsored by the Office. Serving high-risk, vulnerable groups will be the subject of a two-day symposium hosted by OMH in June on "Strategies for Behavioral Health Equity: Leaving No One Behind." The conference will bring together researchers, policy decision makers, mental health clinicians and front-line workers to discuss how to best bring mental health services to marginalized and vulnerable populations to create mental health equity for all New Yorkers.

Secondly, in September, the SPO will host and sponsor its fourth annual New York State Suicide Prevention Conference, at which keynote speakers and 30 breakout sessions will focus on strengthening suicide prevention through state and local partnerships and targeting these diverse, at-risk groups. As we prepare the announcements for this conference, I will be sure you receive invitations to attend.

I would like to thank the Senate not only for their efforts to bring further awareness and education to the public on suicide prevention, and for their support of programs that either directly or indirectly address this issue such as the Joseph P. Dwyer Veteran Services program; NY FarmNet that provides confidential financial and personal wellbeing support to New York farmers; Crisis Intervention Team training programs that improve the way law enforcement and the community respond to individuals experiencing mental health crises and the peer based Sources of Strength High School Program.

Furthermore, the Legislature previously included funding for the State Education Department (SED) to provide grants to schools for mental health services and for a technical assistance center to provide training for teachers concerning mental health - which was continued by Governor Cuomo in this year's Enacted Budget. The Senate has also provided funding for Mental Health First Aid training, which gives people skills to assist individuals who are developing mental health problems or experiencing a mental health crisis. The Legislature also advanced an initiative requiring all New York schools to include mental health education in their curricula, the first law of this type in the nation.

Finally, I'd like to close with something I touched on earlier in my testimony, but which should not be understated or overlooked when we talk about suicide. This is an area where many of you in the Senate have worked with the Governor to make New York a leader in the nation in social and economic policies. While mental illness is associated with a greater risk of suicide, there are also more fundamental and often hidden factors that lead to disparities in mental health access and outcomes. These "social determinants of health and mental health" also contribute to suicide risk, and they have a disproportionate impact on low income, rural, and inner-city communities. Your work in support of living wages, access to safe and affordable housing, and job development are a few areas we can begin to raise the ground on which all New Yorkers stand as they seek happier, healthier lives; and to reduce their risk for death by suicide. We should not forget the

importance of continuing this work as we also work further downstream on the more proximate contributors to suicide risk.

I look forward to continuing our positive working relationship, which has provided New Yorkers with increased access to better mental health services and has helped our State better address the national suicide epidemic.

Thank you for this opportunity and I am happy to answer any questions at this time.