



## **Interim Strategy Map: Suicide Prevention**

This strategy map outlines the **priority strategies** the City and its partners will focus on to address HealthyNYC's loss in life expectancy due to suicide. This map is not inclusive of all possible strategies; it is a living document and will be updated as new research, initiatives, and interventions are identified.

Content experts have identified the top three to five modifiable contributing factors of high mortality rates for each HealthyNYC driver and the key strategies to address these factors. This strategy map will be used to track metrics over time within the NYC Health Department, across city agencies, and across sectors and to inform the priorities of the HealthyNYC campaign. It will also be used as an idea bank to foster collaboration among the City and its partners and an accountability tool to ensure the City is staying on track.

### **HealthyNYC Goal for Suicide Prevention**

Reduce suicide deaths by 10% by 2030.

### **Contributing Factors and Priority Strategies**

Suicide risk is impacted by the following contributing factors. In addition, see our priority strategy below for each factor listed:

1. Contributing factor: Lack of education about suicide risk and lack of access to appropriate care.
  - Priority strategy: Increase help seeking and access to culturally responsive, trauma-informed treatment for people at risk of suicide, especially for people of color and in different languages.

2. Contributing factor: The influence of social media and the built environment.
  - Priority strategy: Bolster protective factors and reduce risk factors that contribute to suicidal ideation and attempt.

### **Sources Informing Our Priority Strategies**

Sources that inform the City's work surrounding loss in life expectancy due to suicide include:

- Centers for Disease Control and Prevention's [Suicide Prevention: Resource for Action](#) Compilation
- U.S. Surgeon General's [Call to Action to Implement the National Strategy for Suicide Prevention](#)
- Martínez-Alés, Jiang, Keyes et al. [The recent rise of suicide mortality in the United States](#). Annual Review of Public Health, 2022.
- American Academy of Pediatrics [Suicide: Blueprint for Youth Suicide Prevention](#)
- SAMHSA Suicide Prevention Resource Center's [A Comprehensive Approach to Suicide Prevention](#)
- SAMHSA Suicide Prevention Resource Center's [State Suicide Prevention Infrastructure](#)
- Pollock. [Place, the built environment, and means restriction in suicide prevention](#). International Journal of Environmental Research and Public Health, 2019.
- Magas, Norman. [Suicides in New York City, 2010 to 2019](#). NYC Health Department. Epi Data Brief No. 127, September 2021.
- Wood. [UChicago study finds more evidence that social determinants of health closely linked to suicide risk](#). The University of Chicago, April 2023.

**Strategy Map for Suicide by Priority Strategy and Sub-strategy, Including Actor and Activity**

Reduce suicide deaths by 10% by 2030.			
Priority Strategy	Sub-strategy	Actor	Activity
1. Increase help seeking and access to culturally responsive, trauma-informed treatment for people at risk of suicide, especially for people of color and in different languages.	1.1 — Raise knowledge and awareness of suicide, including risk assessments, prevention training, and interventions, among New Yorkers.	Policymakers and government agencies	<ul style="list-style-type: none"> <li>Support populations (such as LGBTQ+ and TGNCNB individuals and youth of color) at heightened risk, and those serving these populations, through anti-stigma campaigns and other support services.</li> </ul>
		Community supports	<ul style="list-style-type: none"> <li>Launch <a href="#">suicide prevention training</a> for school staff, including nurses, teachers, and safety staff, to respond appropriately to the needs of students.</li> <li>Increase promotion of the <a href="#">988 suicide and crisis lifeline</a> to improve access to mental health crisis services.</li> </ul>
	1.2 — Promote screening for suicide and for referral at key points of contact for individuals receiving medical, social, child welfare, and criminal/legal services	Health systems and clinical providers; community supports; policymakers and government agencies	<ul style="list-style-type: none"> <li>Embed opportunities for suicide screening into social services and community-based programs, especially those related to child welfare.</li> </ul>
	1.3 — Address the rising racial and ethnic inequities in youth suicide through evidence-based interventions.	Community supports	<ul style="list-style-type: none"> <li>Implement and evaluate suicide prevention interventions that have been adapted to more effectively meet the needs of youth of color who face suicide-related risk that includes, or is intensified by, racial inequities through schools programming, family and peer training, and provider training.</li> </ul>

	1.4 — Expand coverage and financing for mental health care, with a focus on extending the community-based workforce.	Health systems and clinical providers	<ul style="list-style-type: none"> <li>• Offer paid training and certification on cultural competency to mental health care providers.</li> </ul>
		Policymakers and government agencies	<ul style="list-style-type: none"> <li>• Increase guidance and oversight on health plan compliance with <a href="#">behavioral health parity</a>, network adequacy, and nondiscrimination requirements to ensure access to crisis, intensive, and supportive mental health services.</li> </ul>
			<ul style="list-style-type: none"> <li>• Expand mobile treatment capacity for people with serious mental illness and other complex and transient life situations through models such as <a href="#">intensive mobile treatment (IMT) and assertive community treatment (ACT)</a>.</li> </ul>
			<ul style="list-style-type: none"> <li>• Create better technological infrastructure for referral systems to improve coordination and information sharing.</li> </ul>
	Health systems and clinical providers; community supports	<ul style="list-style-type: none"> <li>• Work to identify trends in access to objects or items that can be used to attempt suicide for youth online and advocate for restrictions.</li> </ul>	
1.5 — Mitigate suicide risks in NYC’s built environment.	Policymakers and government agencies	<ul style="list-style-type: none"> <li>• Increase access to <a href="#">prevention programs</a> that support individuals who have been hospitalized following a suicide attempt or serious suicide-related behavior to reduce reattempts.</li> </ul>	
			<ul style="list-style-type: none"> <li>• Develop policies and guidance to account for suicide risk in building design and public space design.</li> </ul>

2. Bolster protective factors and reduce risk factors that contribute to suicidal ideation and attempt.	2.1 — Support young people to minimize harms from social media, while regulating social media companies.	Health systems and clinical providers; community supports	<ul style="list-style-type: none"> <li>Engage parents and caregivers and provide guidance and strategies on how to <a href="#">protect youth from harms related to social media</a> as outlined by the <a href="#">American Psychological Association</a> and <a href="#">U.S. Surgeon General Warning</a>.</li> </ul>
		Policy makers and government agencies	<ul style="list-style-type: none"> <li>Regulate social media platforms to minimize harms to youth mental health. See the <a href="#">NYC Health Department’s 2023 Advisory, Guide for Parents and Caregivers</a>, and <a href="#">Guide for Youth-Serving Organizations</a>.</li> </ul>
	2.2 — Invest in spaces and programs that address social isolation among populations at risk of disconnection, with a focus on individuals with serious mental illness.	Policy makers and government agencies	<ul style="list-style-type: none"> <li>Increase the capacity of <a href="#">clubhouses for people who have serious mental health conditions</a> and enhance quality citywide.</li> </ul>
	2.3 — Expand coordination and access to supported employment and housing opportunities for people with serious mental illness.	Health systems and clinical providers; community supports	<ul style="list-style-type: none"> <li>Promote collaboration between treatment and care coordination providers and supportive housing providers for people with serious mental illness to obtain and maintain stable housing after leaving a shelter.</li> </ul>
		Policy makers and government agencies	<ul style="list-style-type: none"> <li>Increase the number of supportive housing and transitional housing units for people with serious mental illness who require this support to live safely in the community, especially people coming out of hospitals, jails, or prisons.</li> </ul>