

The Samaritans ...because we all need someone to lean on

**The New York City Council Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse & Disability Services**

SEPTEMBER 21, 2012

***Testimony for The Samaritans of New York on the
Hearing on Proposed Res. No. 1229-A- Resolution recognizing September as
Suicide Awareness Month in NYC***

Presented by Director of Operations, Fiodhna O'Grady

The Samaritans of New York, the City's only community-based organization devoted to suicide prevention which operates the City's 24-hour suicide prevention hotline, wants to thank the City Council's Committee on Mental Health for their ongoing support and the opportunity to speak today.

As a founding member of the National Council on Suicide Prevention, the primary force behind National Suicide Prevention Day (September 10), and an organization that has contributed to and is acknowledged in the new US Surgeon General's National Strategy on Suicide Prevention, Samaritans applauds the Council's resolution to declare September Suicide Awareness Month in NYC.

Samaritans was one of the groups that worked closely with Surgeon General Satcher back in 1998 in the development of his "call to action" to promote suicide awareness in the United States, the first time suicide was formally identified as a national public health problem. And we have seen first-hand over the past dozen years the benefits that arise out of "official recognition" of a problem that most people are hesitant to talk about let alone address directly.

It was the original *call to action* that led to initial government funding for suicide prevention research and awareness campaigns and that strongly encouraged states and municipalities to adopt strategic suicide prevention plans.

In NYS, this provided the impetus for groups and organizations from all over the state as disparate as Samaritans, AARP and the University of Rochester and Columbia to collaborate with the goal of advancing suicide prevention, resulting in a lobbying effort that led *then* NYS Office of Mental Health Commissioner Stone to place suicide on the state's public health agenda.

Working with the National Council, we have seen the tremendous impact that our National Suicide Prevention Day *Take 5 To Save Lives* campaign has had in promoting the need for suicide awareness, prevention and effective responses to those at risk. In fact, partnering with Facebook, the Take 5 campaign has reached over 6 million people around the world.

And last year, National Suicide Prevention Day and Take 5 were used as the backdrop by the US Secretaries of Health & Human Services and the Army to announce new initiatives to address this serious issue. So the positive impact of a NYC Suicide Prevention Day and the countless ways it can be utilized to promote action and awareness about the many health, social and cultural problems connected to suicide cannot be overstated.

As an organization that has been advocating for suicide prevention in this city for 30 years and a group that has responded to over 1 million calls from New Yorkers in crisis on our 24-hour hotline and have heard their pain and distress, we thank the Council for making this resolution to declare September Suicide Prevention Month in NYC.

Samaritans also recognizes the importance of focusing on our youth, especially with the bi-annual CDC surveys that document the threat of suicide to students in our public schools. But we would suggest that since you are declaring the entire month—with suicide the 4th leading cause of death of those 15-34 and 6th of those 35-44 in NYC—that the Council consider appending the last statement of the resolution to read something like:

...to focus on teen suicide prevention as well as other high-risk groups across the lifespan, such as returning veterans, young and middle-age males, those with mental disorders, members of the GLBTQ community, etc.

Whatever your decision, Samaritans supports the City Council's effort wholeheartedly and look forward to working with you in the future to make Suicide Prevention Month a significant annual event in NYC.

Thank you.



Rosa M. Gil, DSW
President/CEO

TESTIMONY PRESENTED BY

**ROSA M. GIL, DSW
PRESIDENT/CEO
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**PUBLIC HEARING SPONSORED BY NYC COUNCIL COMMITTEE MENTAL
HEALTH, MENTAL RETARDATION AND ALCOHOLISM SERVICES
SEPTEMBER 21, 2012**



comunilife

Good afternoon, I want to thank Council Member Oliver Koppel, Chair of the Mental Health Committee for holding this public hearing to recognize September as suicide awareness month in New York City and call upon government and non-government agencies to focus on teen suicide prevention. We also recognize all Council Members that serve in this committee.

My name is Dr. Rosa Gil, Founder, President and CEO of Comunilife, a Human Service Agency founded in 1989 that provides culturally-competent mental health, social services and supportive/affordable housing for persons living with mental illness and HIV/AIDS. Each year, more than 2,500 New Yorkers benefit from our programs in Queens, Bronx, Brooklyn and Manhattan. Ninety five (95%) is Hispanic or African American; roughly half is spanish speaking.

Comunilife is a leading provider of suicide prevention services in the city, has stepped in to address this issue head-on, offering bilingual and culturally competent youth development services to Latina teens and their families. We have developed two programs to combat the suicide epidemic among youth in the Latino community, namely Life is Precious™ and the Latino Youth Suicide Prevention Center in the Bronx. The later in the only center of its kind in the country, funded by the New York State Office of Mental Health. Both programs are pioneers in suicide prevention for Latino youth.

The Problem

Latina high school students in the nation, State and City have staggeringly high rates of suicide attempts since 1995 according to the Centers for Disease Control (CDC). The most recent CDC National Youth Risk Behavior Survey results published in June 2012 shows Latina adolescents seriously consider suicide at alarmingly high rates that are greater than any other ethnic and racial group. Nationally and across New York State, we have seen little progress over past years. However, in New York City, the data indicates that while rates are still very troubling, we have seen some small progress, not statistically significant, in the attempt suicide rates among Latina adolescents due to public awareness and educational campaigns and intervention programs since 2007.

We are grateful for the City Council's financial support to maintain Life is Precious™ in the Bronx and Brooklyn for the last two years. Your investment in this program has saved the lives of many Latina teens at risk of suicideo in the city.

Last year, the Council's Committee on Women's Issues hearings was extremely helpful in raising citywide awareness and discussion of solutions to prevent suicide among Latina adolescents.



However our young Latinas are still contemplating ending their lives at alarming rates. The 2012 CDC report shows that sixteen percent (16%) of Latina adolescents have seriously considered suicide in the previous twelve months in New York City as a whole. Seventeen percent (17%) of Latina teens seriously considered suicide in the Bronx and Brooklyn. The statistics are even more alarming in Manhattan and Staten Island where eighteen percent (18%) of Latina high schools adolescents gave serious thoughts to ending their lives in 2011.

We have much more work to do in order to continue saving lives and supporting Latino families. Twenty eight percent (28%) of New York City total population is Hispanic. Approximately over 700,000 Hispanic children (birth to 19) were living in New York city. Thirty eight percent (38%) of all Latino children live in immigrant families with one or more foreign born parent.

A number of inter-related stressors contribute to this crisis such as “acculturation stress”; family conflicts; socio-economic conditions: hostile environment; discrimination; physical or sexual abuse; and psychological struggles.

The Response

In response to this rapidly growing epidemic, in 2008 Comunilife created its *Life is Precious™* suicide prevention program for Latina adolescents, first launched in the Bronx with grant from New York Community Trust. In 2009, the program expanded to Brooklyn with the support of Congresswoman Nydia Velazquez.

Life is Precious™ is a culturally competent, family and community centered mental health and youth development program that addresses the combined social/cultural, family and psychological stressors that put Latina girls at higher risk of suicide. The model and its clinical interventions validate the girls and their families’ culture, honor their strengths, and addresses their deepest concerns.

Life is Precious™ is designed as a drop-in after-school program, operating out of centers in the Bronx and Brooklyn, that has served 100 Latina girls, ages 12-17, who are in psychiatric care for depression, suicidal ideation/attempt at Comunilife’s Vida Mental Health Clinic in the Bronx , Woodhull Hospital in Brooklyn and other mental health clinics in both boroughs. A few adolescents and their parents living in Queens attended the Bronx center; however the travel time was too much for them. *Life is Precious™* offers a range of wrap-around, enjoyable activities that engage the teens and parents. There are daily scheduled program hours for discussion groups, educational activities, homework assistance, computer time, weight reduction and healthy eating, creative art



therapy and case management. Parents are offered case management, dominos and “tertulia” (discussions groups), crisis intervention and “cultural broker” interventions.

The programs’ results for the last four years show: a reduction in suicide behaviors and hospitalization; increased compliance with medication and psychotherapy appointments in mental health clinics; improved academic performance and behaviors; and improvement in mother/daughter relationships.

The effectiveness of *Life is Precious*TM is determined by the model that incorporates Latino cultural values and norms into clinical interventions and services are provided by bilingual/bicultural mental health providers.

This program is very different from most of the established psychiatric services that lack culturally competency in the assessment and treatment of mental illness, insufficient bilingual/bicultural mental health providers, long waiting list for intake and other appointments and low utilization by Latino patients.

Regretfully, hispanic mental health services in New York City have been closed in the last decade. The mental health delivery system in New York City does not have sufficient culturally competent outpatient psychiatric services capacity to meet the needs of Latina adolescents and their families.

In the area of prevention, three years ago the NYC Department of Health and Mental Hygiene sponsored a public awareness and education campaign to prevent suicide among Latina adolescents. This was a good first step however the campaign had insufficient resources resulting in limited time and scope and also lacking involvement from the Latino community. We are not aware of the campaign’s results nevertheless Comunilife qualitative survey on suicide of Latina adolescents in the Bronx revealed that Latino parents and adolescents were not aware of the campaign nor suicide and crisis hotlines.

Public awareness and education campaigns to the Latino community must be launched with the confidence that there is sufficient capacity of culturally and linguistically competent psychiatric services, “hot lines and crisis services” to address the emotional health of Latina adolescents and their families.

Recommendations

Based on the existing research findings and our experience in implementing *Life is Precious*TM we would like to suggest the following recommendations to prevent suicide among Latina adolescents. *First* and foremost, it is critical that the City increase capacity of culturally competent mental health services to meet the neglected needs of Latina



adolescents and their families. *Second*, mental health clinics should be required to offer family therapy as one of the treatment interventions given the centrality of the family in the Latino culture. *Third*, the department of education need to provide youth suicide prevention training to teachers and parents that is embedded in the hispanic culturural norms and values. *Fourth*, there is a need for a citywide grass root public awareness and education campaign to prevent suicide among Latina adolescents. *Fifth*, research findings and recommendations are critical to the development and implementation of a New York City plan for all city agencies to prevent suicide among Latino youth.

I thank you again for the opportunity to share Comunilife experience in responding to this crisis in the Latino community.



Good Afternoon. Chairman Koppell and members of the Committee, thank you for the opportunity to testify today about the important topic of suicide prevention. My name is John Draper. I am Vice President of the Crisis and Behavioral Health Technologies Division at the Mental Health Association of New York City (MHA-NYC) and the Project Director for the National Suicide Prevention Lifeline. MHA-NYC has been a major voice for the cause of mental health for over 40 years. We have a unique three part mission of advocacy, community education, and direct services, which reach nearly one million people each year through MHA-NYC's services and those of Link2Health Solutions, our wholly owned not-for-profit subsidiary.

LifeNet, one of our core services, is New York City's only 24/7/365, accredited, multi-lingual mental health crisis intervention, information, referral and support hotline. LifeNet, which was founded through a partnership with the New York City Department of Health and Mental Hygiene in 1995, has grown by orders of magnitude to become one of our Nation's leading suicide prevention and crisis hotline services. In response to the needs of New York City's diverse communities, we partnered with DOHMH to add Asian LifeNet and Spanish LifeNet as well as call boxes on all major bridges in the New York City metropolitan area. In partnership with NYS Office of Alcohol and Substance Abuse Services, we added the HOPEline for people struggling with addiction to alcohol, drugs or gambling. And in the months after the terrorist attacks of 9/11, while our call volume tripled, we became the single point of access for New Yorkers seeking assistance with the aftereffects of that terrible tragedy. Currently, our crisis call center responds to more than 110,000 callers annually, many of whom are in suicidal crisis. In 2003, a federally-funded evaluation of LifeNet and seven other crisis call centers demonstrated that this service significantly reduces emotional distress and suicidal thinking in callers.

As a result of our record of accomplishments, we were invited by SAMHSA in 2004 to apply to administer the National Suicide Prevention Lifeline network of crisis call centers. We were humbled and gratified when we won the highly competitive process and were able to take a national leadership role in building a network of crisis centers in all fifty states to respond to the hundreds of thousands of people who reach out to the National Suicide Prevention Lifeline in their darkest hour. As the administrators of the Lifeline we have had the privilege of working with our nation's leading suicide prevention experts to develop national evidence-based standards in suicide risk assessment and intervention, standards that now inform the work of all 159 Lifeline centers across the country. When a caller dials 1-800-273-TALK from anywhere in the USA, s/he is routed to a crisis center nearby in which the crisis counselor assesses for suicidality and responds to callers at imminent risk of suicide in ways that are consistent with these national standards established through our organization. Calls to the Lifeline originating in New York City are routed to MHA-NYC's crisis center, LifeNet. This year, the Lifeline will assist over 825,000 callers in crisis.

In an effort to prevent suicides and extend help to our nation's veterans, the efficacy of this system prompted the Veteran's Administration in 2007 to secure our assistance with the Veteran's Crisis Line. Callers to 800-273-TALK who press one are routed to the Veteran's Administration's Crisis Center in Canandaigua, New York, and we have supported this VA service that has now assisted over 600,000 veterans in crisis.

Closer to home and directly relevant to the question of adolescent suicide, we were thrilled to open last October, in partnership with the United Federation of Teachers, the BRAVE line, a crisis support line for New York City public school children involved in bullying. While involvement in bullying incidents do not necessarily cause children to have thoughts of suicide, we know that it is a risk factor, so we are extremely grateful to UFT for their recognition of the value of this service to the children taught by their members, and we are proud to be their partner.

I am joined today by some of the extraordinary professionals who have dedicated their careers to making high quality, professional mental health services available by telephone, SMS text message and web chat any time day or night. Marshall, Melissa, Sunitha, Christine, Gloria, and Edwina are all New Yorkers who are playing leading roles in our nation's crisis center services.

Lest I leave you with the impression that crisis hotlines are the totality of suicide prevention initiatives, I'd like to spend a couple of minutes talking about the National Strategy for Suicide Prevention (NSSP) which was unveiled earlier this month. I was honored to serve among a distinguished community of advisors to the group that drafted the revised strategy, a group headed by US Surgeon General Regina Benjamin and Jerry Reed, Director of the Suicide Prevention Resource Center.

This version of the NSSP, the first revision since its original publication in 2001, is emblematic of both the enormous strides we have made in suicide prevention since its initial release, as well as the degree to which the nation's highest public health officials regard suicide prevention as a priority.

From the revised NSSP, the National Action Alliance for Suicide Prevention, for whom I serve on both the Clinical Care and Intervention Task Force and the Suicide Attempt Survivors Task Force, has selected four priorities that will help us reach our goal of saving 20,000 lives in the next five years. These priorities were selected because of their potential to produce systems-level change. Our chosen priorities are:

- 1) Integrate suicide prevention into health care reform and encourage the adoption of similar measures in the private sector.
- 2) Transform health care systems to significantly reduce suicide.
- 3) Change the public conversation around suicide and suicide prevention.
- 4) Increase the quality, timeliness, and usefulness of surveillance data regarding suicidal behaviors.

I would urge all of the members of this committee to read the full report, which is available at actionallianceforsuicideprevention.org.

This, of course, leads to the question of how the City Council can have a meaningful impact on New York City's suicide rate, especially for adolescents. We would recommend three initiatives on your part.

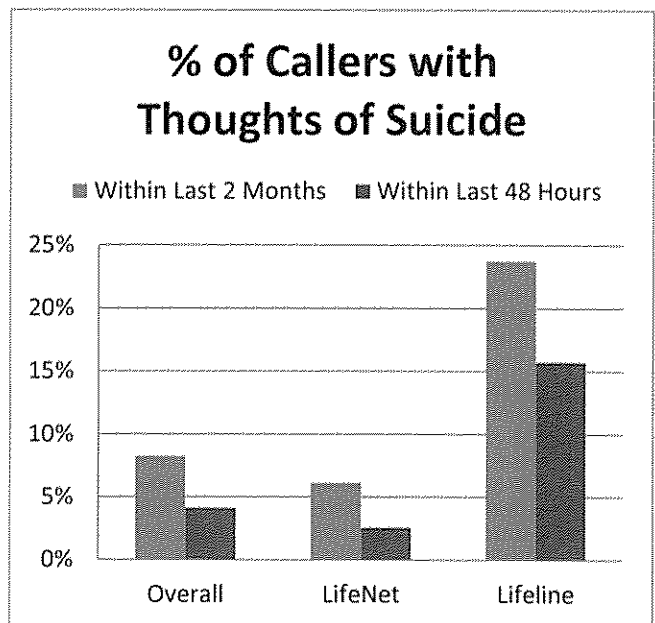
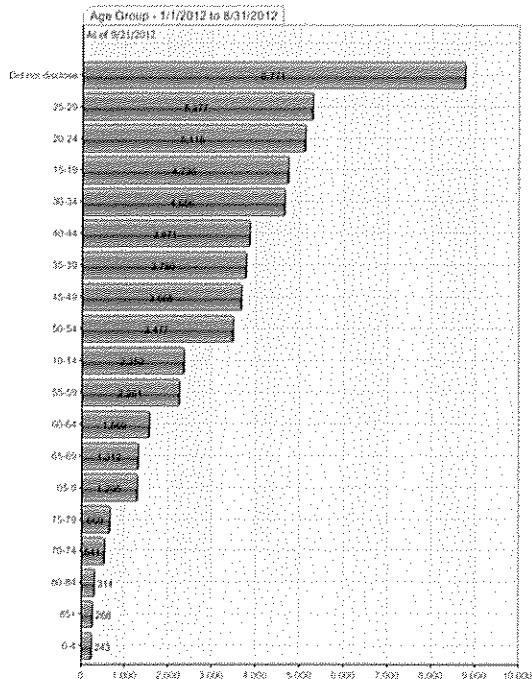
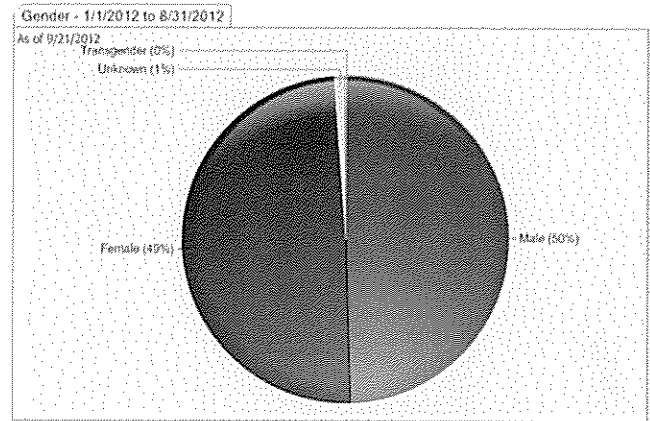
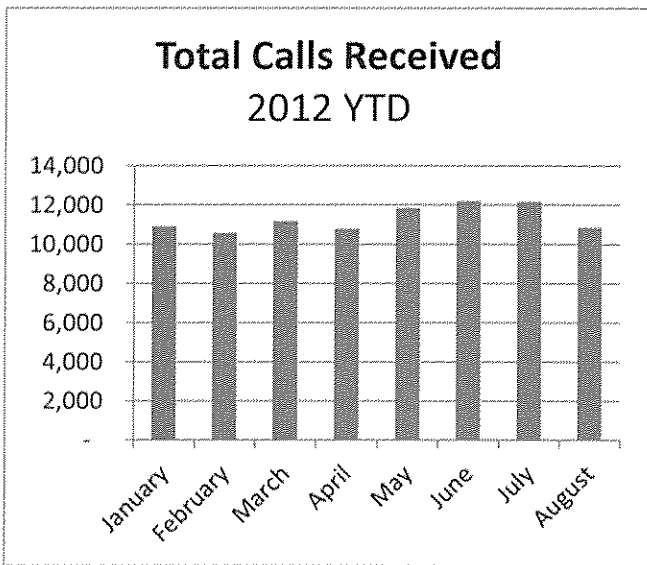
- 1) New York City's wealth of hotline services can be an essential ray of light for people in their darkest hour. Please help us spread the word about these free, multi-lingual essential resources. I have provided you information packets with posters, flyers and brochures. Please help us get this information to your constituents.
- 2) The BRAVEline is an incredible resource, but it is currently only available from 2:30 to 9:30 from Monday to Friday. With support from the City Council, we could make the BRAVE line available 24/7/365 so that all of New York City's public school children could have access at all times.
- 3) Lastly, the way people communicate has changed dramatically in recent years with the proliferation of smart phones and broadband internet. SAMHSA has made it a priority to incorporate chat and text services into the Lifeline so that people can have immediate access to help in their preferred communication mode. We have found that by doing so, we are able to reach a broader audience—in particular youth—who otherwise wouldn't call a hotline or visit a face-to-face clinician. Unfortunately, LifeNet lacks the funding to add these new communications modes into our services, even though we know doing so would increase access for youth across NYC. With your help, that can be changed.

My colleagues at MHA-NYC and I are grateful to the City Council for your attention to the terrible tragedy of suicide. We hope you will see us as a resource for you and your staffs as you craft interventions to impact our City's suicide rate. I have included some data about calls to our crisis communication center and the National Suicide Prevention Lifeline in your packets.

And we hope that when you have a constituent in distress that you will urge him/her to call 1-800-LIFENET. Our trained mental health professional crisis counselors are available to assist them 24/7/365 in over 140 different languages.

Thank you. I am happy to answer any questions you may have.

- MHA-NYC's Crisis Center has received 90,601 calls year to date in 2012
- Core hotline services for the public include:
 - LifeNet (includes 1-800-LIFENET, Asian LifeNet, and AYUDESE)
 - HOPEline
 - National Suicide Prevention Lifeline
 - BRAVEline
- 50% of callers are male and 49% are female
- A significant portion of callers are under 30 years of age
 - 16% of callers are between 10 and 19 years old
 - 23% of callers are between 20 and 29 years old



For additional data on community trends, please contact Josh Rubin, Vice President and COO, at jrubin@mhaofnyc.org or 212.614.6308.

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THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/21/2012

(PLEASE PRINT)

Name: John D. [unclear]

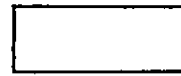
Address: 50 Broadway, 19th floor, NYC, NY 10004

I represent: MHA-NYC

Address: _____

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Name: DR. ROSA GIL

Address: 214 W 29th ST 8th FLOOR

I represent: COMMUNILIFE, INC.

Address: _____

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in favor in opposition

Date: 9/21/12

(PLEASE PRINT)

Name: FIOCHUA O'GRADY

Address: 197 VERNON AVE. BLDG 11206

I represent: THE SAMARITANS OF NEW YORK

Address: _____