



Testimony of

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

Oversight: Youth Suicide

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Good afternoon. My name is Grant Cowles and I am the Senior Policy and Advocacy Associate for Youth Services at Citizens' Committee for Children of New York (CCC). CCC is a 73-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated and safe.

I would like to thank City Council Committee Chairs Cohen and Eugene and the members of the City Council Committees on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and Youth Services for holding today's hearing about youth suicide in New York City. I would also like to thank Council Member Cohen for introducing Res. 1374-2017, which would establish June 8th annually as Teen Mental Health Awareness Day in New York City.

CCC appreciates all of the efforts of the de Blasio administration to destigmatize teen mental health issues, create the 24/7 NYC Well mental health hotline, and provide more services and supports to youth at school and in their communities. We are particularly grateful to the work of the City's First Lady Chirlane McCray, and those who have been working to create and implement the City's Mental Health Roadmap, Thrive NYC.

Youth mental health and youth suicide are critical issues for the City to pay closer to attention to. According to the National Alliance on Mental Health (NAMI) approximately 20% of youth ages 13-18 live with a mental health condition.¹ According to the Centers for Disease Control, suicide is the third leading cause of death for youth ages 10-14 and the 2nd leading cause of death for those ages 15-34 years old.² The suicide completion rate for boys is much higher than for girls, but the number of girls committing suicide has tripled since 1999.

Furthermore, suicidal thoughts are becoming more pervasive among adolescents. Nationally, among students in grades 9 through 12 during 2015, 17.7 percent seriously considered attempting suicide, 14.6 percent made a plan about how they would attempt suicide and 8.6 percent attempted suicide one or more times.³

In New York City, suicide rates increased among NYC girls ages 5 to 17 from two suicides in 2000 to 8 in 2014, while suicide rates among boys remained approximately steady at 6, according the New York City Department of Health and Mental Hygiene.⁴ Latina adolescents are more likely to attempt suicide with suicide rates among Hispanic/Latina girls rising from zero suicides in 2000 to 3 in 2014.⁵

¹ National Alliance on Mental Illness. "Mental Health Facts: Children & Teens." Available at <http://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>.

² Centers for Disease Control and Prevention. "Suicide: Facts at a Glance - 2015." Available at <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>.

³ Kann L, McManus T, Harris WA, et al. Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2015*. June 10, 2016. Available at <https://www.cdc.gov/mmwr/volumes/65/ss/ss6506a1.htm>.

⁴ New York City Department of Health and Mental Hygiene. "Epi Data Brief." September 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief75.pdf>

⁵ Id.

Mirroring national trends, suicidal thoughts are becoming increasingly common among adolescents with 73,000 NYC adolescents reporting feeling sad or hopeless each month.⁶ Additionally, 8 percent of students in NYC public high schools report attempting suicide, with that percentage doubling if a student reports having been bullied on school grounds.⁷ This is extremely concerning given that 18 percent of students report having been bullied on school grounds. Adolescents' suicidal thoughts and well-being also affect their likelihood for suicide as an adult,⁸ and the number of adults who commit suicide in New York City continues its alarming rise, from 448 total suicides in 2000 to 565 in 2014.⁹

Adolescent health experts hypothesize that these rising numbers may be associated with the use of social media by youth, which exposes them to increased levels of scrutiny and opportunities of cyberbullying away from a parent or teacher's supervision. Social pressures now follow youth throughout their lives, and do not end when a child comes home from school. According to the Cyberbullying Research Center, the lifetime cyberbullying victimization rates rose from 24 percent in 2013 to 34 percent in 2016.¹⁰ As adolescents are already vulnerable due to their developmental stage, the constant scrutiny one faces as a result of engaging in social media serves to exacerbate these insecurities.

In addition, a recent report issued by state Attorney General Eric Schneiderman suggests that the City has been vastly underreporting incidents of bullying. According to the analysis from the 2013-14 school year, 1,257 of 1,792 city schools reported zero incidents of harassment, bullying or discrimination of students that year, and 98 percent of those schools reported 10 or fewer incidents. The report suggests that in addition to underreporting harassment and discrimination, many schools may face confusion or uncertainty in classifying incidents that are reported.¹¹

According to the National Alliance on Mental Illness, 90 percent of individuals who die by suicide experience mental illness.¹² The City is taking important steps to combat bullying and youth suicide, mainly by focusing on increasing access to mental health

⁶ New York City Department of Health and Mental Hygiene. *New York City Youth Risk Behavior Survey, 2013*, unpublished raw data. Available at <https://www1.nyc.gov/site/doh/data/data-sets/nyc-youth-risk-behavior-survey-public-use-data.page>.

⁷ Id.

⁸ Centers for Disease Control and Prevention. "Suicide: Risk and Protective Factors." <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>.

⁹ New York City Department of Health and Mental Hygiene.

¹⁰ Cyberbullying Research Center. "Summary of Our Cyberbullying Research (2004-2016)." November 26, 2016. Available at <http://cyberbullying.org/summary-of-our-cyberbullying-research>.

¹¹ New York State Office of the Attorney General. "A.G. Schneiderman and State Education Commissioner Elia Release Guidance and Model Materials to Help School Districts Comply with the Dignity For All Students Act." August 31, 2016. Available at <https://ag.ny.gov/press-release/ag-schneiderman-and-state-education-commissioner-elia-release-guidance-and-model>.

¹² National Alliance on Mental Illness. "Risk of Suicide." Available at <https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Suicide>.

services throughout the city as part of ThriveNYC, the City's mental health roadmap. These initiatives include placing mental health clinics in high needs schools, placing mental health services in all community schools, creating a network of mental health consultants for all schools, training school staff in youth suicide prevention, and focusing on suicide awareness and identification. Initiatives also focus on vulnerable youth, ensuring that all family justice centers and runaway and homeless youth shelters have mental health services. The City has also created a more robust phone-based crisis hotline, NYC Support, which not only provides 24-hour access to crisis services, but also provides non-crisis connections to behavioral health services.

RECOMMENDATIONS:

We are confident that the City will continue to make fighting youth suicide a top priority. We respectfully submit the following recommendations to help the City address bullying, mental health, suicidal thoughts, and suicide attempts:

1. Pass Res. 1374-2017 to Establish a Teen Mental Health Awareness Day in New York City.

CCC supports the establishment of an annual Teen Mental Health Awareness Day in NYC.

The Resolution would make June 8th the annual day. While CCC fully supports creating this day, the City Council may want to consider choosing a day in May, which is Children's Mental Health Awareness Month, or earlier in the school year when the awareness activities can be better infused into the school curriculum.

2. Continue to invest and baseline the initiatives associated with ThriveNYC, including increasing treatment capacity.

CCC appreciates all of the efforts being undertaken as part of the ThriveNYC initiative. We believe these efforts are tremendous steps in helping to address stigma and assess those in need of services. We urge the City to go further by baselining the funds for the various initiatives and also creating additional capacity to address the shortage of treatment capacity, particularly for children and youth.

In 2012, on behalf of the New York City Citywide Children's Committee and NYC Early Childhood Strategic Mental Health Workgroup, CCC sought to estimate the gap between the need for mental health treatment slots and the number of treatment slots available for children throughout New York City. Through an analysis of prevalence data, we found that an estimated 47,407 children ages 0-4 in New York City have a behavioral problem and 268,743 children ages 5-17 in New York City are estimated to have a mental health disorder.¹³ While we were unable to identify the citywide unmet need, due to the lack of

¹³ Citizens' Committee for Children, *New York City's Children and Mental Health: Prevalence and Gap Analysis of Treatment Capacity*, January 2012. Available at

data for Queens and Manhattan, our analysis of slot capacity for Brooklyn, Bronx and Staten Island suggested that treatment slots exist for only 1 percent of children ages 0-4 and 12 percent of children ages 5-17 who have treatment needs.

We urge the City to invest in the expansion of children's behavioral health services so that all children and youth in NYC with mental health needs can receive the necessary treatment.

3. Explore ways to enforce the Dignity for All Students Act so that schools are accurately reporting incidents of discrimination and bullying.

The Dignity for All Students Act was signed into law in 2010 and seeks to provide the State's public elementary and secondary school students with a "safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function."¹⁴ Part of the act also requires schools to have procedures in place to maintain records and accurately report material incidents of harassment or bullying to the Commissioner. However, as mentioned previously, incidents of bullying are vastly underreported in schools.

This data is important for schools to get a sense of how prevalent bullying is and whether their prevention efforts are working. It is important for schools to also engage parents and youth in building a community that does not tolerate bullying and sends a unifying message about the culture of the school. Involving youth and their families in this process will help engage students and give them a stake in building a community for themselves and their peers.

This should also include educating and training staff, as well as students and parents, on the Dignity for All Students Act.

We urge the Administration to continue strengthening its anti-bullying efforts by: working with school districts to guarantee that the appointments of Dignity Act Coordinators are filled; ensuring that school districts have access to and are effectively using the materials available to train school employees on their duties under the Dignity Act; and providing language and explanations for defining incidents of bullying or harassment so that schools are aware of what constitutes bullying and can report incidents appropriately.

We urge the Administration to widely distribute the document associated with this Act entitled, "Dignity for All Students Act: Guidance on Investigating, Responding, and Reporting," so that school staff and administrators are appropriately informed.

<http://www.cccnewyork.org/data-and-reports/publications/new-york-cityschildren-and-mental-health-prevalence-and-gap-analysis-of-treatment-slot-capacity/>.

¹⁴ New York State Education Department. *The Dignity Act*. Available at <http://www.p12.nysed.gov/dignityact/>

4. Work with the State to ensure a smooth transition into Medicaid Managed Care.

Multiple ongoing Medicaid reforms have placed a heavy workforce and administrative burden on children's behavioral health providers, many of which lack the resources and/or staff capacity to implement key requirements of the transition. Furthermore, the children's behavioral health system was already facing significant fiscal and workforce related challenges. CCC remains concerned about the viability of school-based mental health clinics.

We urge the Administration to work with the State to ensure that children's behavioral health remains a priority in this budget so that children have access to the programs and services that produce positive outcomes. Given the array of negative and costly life outcomes that can be the result of unaddressed health needs, it is imperative that resources are directed towards strengthening the children's behavioral health system.

5. Work with the New York State Office of Mental Health Suicide Prevention Office to support the plans to advance suicide prevention in New York State.

The Suicide Prevention Office was created in 2014 to coordinate all OMH-sponsored suicide prevention activities. As part of the plan, the State is working to prevent suicides through targeting communities, which offers opportunities to detect and intervene with high-risk populations that may not be easily reached through the larger health and behavioral healthcare system.¹⁵ This includes working with community coalitions and schools to ensure that all students at risk of suicide can be identified and referred to appropriate services.

The City is already working to ensure that school administrators and teachers are trained in youth suicide prevention, and we urge the City to expand this training to include all NYC public schools. We also urge the City to identify community-based organizations and coalitions targeting suicide prevention and direct resources towards these organizations so that they can effectively combat youth suicide.

We also urge the City to explore other ways to reach youth at risk of suicide, such as through working with the communities that have or will have a Neighborhood Action Center, an initiative through the Center for Health Equity. By targeting resources towards these centers, needed services can be directed towards youth that may otherwise not have access to services.

6. Consider investing in the creation of a program targeting self-esteem in adolescents as a preventive method to combat suicide.

¹⁵ OMH Suicide Prevention Office. *1700 Too Many: New York State's Suicide Prevention Plan 2016-2017*. September 2016. Available at <https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>.

Many incidents of bullying are related to appearance or self-esteem beliefs, which can especially affect girls. Girls' self-esteem often plummets at age 12 and does not improve until age 20, largely attributed to bodily changes.¹⁶ Girls may develop unhealthy ideals of how they want to look due to narrow media portrayals of beauty. Youth may develop unhealthy behaviors and mental health issues such as eating disorders, alcohol abuse, and smoking. Additionally, youth are often subjected to bullying based on weight, with obese children 63 percent more likely to be bullied.¹⁷

These cultural norms can be changed by building on initiatives seeking to expand awareness of mental health and self-esteem, challenging narrow standards of beauty or body image, providing a positive message of empowerment and acceptance, and integrating a curriculum into schools promoting healthy eating, positive body image and self-esteem. The City piloted a project focused on building self-esteem in girls in 2013 called the NYC Girls Project.¹⁸ We urge the Administration to revisit this initiative and work to expose more youth to these positive messages.

We look forward to working with the Administration and the Council to continue addressing youth suicide and assisting youth who may be struggling with suicidal thoughts by ensuring youth have access to the preventive services necessary for the chance to live healthy, productive lives.

Thank you for this opportunity to testify.

¹⁶ Baldwin, S.A. & Hoffmann, J.P. *The Dynamics of Self-Esteem: A Growth-Curve Analysis*. Journal of Youth and Adolescence, Vol. 31, Issue 2, p. 101-113. April 2002. Abstract available at <https://link.springer.com/article/10.1023/A:1014065825598>.

¹⁷ Puhl, Rebecca M., Jamie Lee Petersen, and Joerg Luedicke. *Weight-Based Victimization: Bullying Experiences of Weight Loss Treatment-Seeking Youth*. Pediatrics, Vol. 131, Issue 1. January 2013. Available at <http://pediatrics.aappublications.org/content/131/1/e1?sid=fc5b80c8-5518-4e81-890a-4663f645b4a2>.

¹⁸ The City of New York, NYC Girls Project. "The Issues." Available at <http://www.nyc.gov/html/girls/html/issues/issues.shtml>.