



Testimony of

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At the Hearing on Women and Suicide

The Assembly Committee on Mental Health, Mental Retardation, and
Developmental Disabilities

The Puerto Rican/Hispanic Task Force

Peter M. Rivera, Member of Assembly, Chairman

The Task Force on Women's Issues

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December 7, 2006

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INTRODUCTION

Assemblyman Rivera, Assemblywoman Lifton, distinguished members of the Committee, thank you for the opportunity to testify before you today on the high rates of suicide among women in New York, particularly among young Hispanic and Asian American women. My name is Phillip Saperia, and I am the Executive Director of the Coalition of Behavioral Health Agencies, the trade association and umbrella advocacy organization of New York's behavioral health community, representing over 115 non-profit community-based behavioral health agencies in New York City and surrounding areas. Our members constitute a broad cross section of service providers – all sizes from very small to very large; treatment and rehabilitation-oriented; outpatient and residential; focused on linguistically and culturally specific populations and on many special-needs – serving more than 350,000 individuals in the five boroughs of New York City and its environs.

THE COALITION'S INITIATIVE

Part of the Coalition's mission is to inform and promote best practices in the delivery of services and offer high value training to local behavioral health agencies, so that they may provide effective services to New Yorkers living with psychiatric and/or addictive disorders. Our members who treat these individuals and families are further challenged by cultural and language barriers associated with serving diverse communities throughout the five boroughs. Despite the obstacles our agencies face, they are on the forefront of providing culturally-competent, community-based services and are committed to providing the most effective interventions and treatments available. For example, the Hamilton-Madison House serves the public health needs of

the Asian American community, including Chinese, Japanese, Vietnamese and many others. The Child Center of New York, formerly the Queens Child Guidance Center, employees skilled bi-lingual and bi-cultural staff that speak Arabic, Cantonese, English, Haitian Creole, Mandarin, Russian and Spanish, among others. Comunilife and the Puerto Rican Family Institute offer an array of social and health care services that are culturally and linguistically relevant to Hispanic communities, including Mexican, Cuban, Puerto Rican and many others. The Spanish Speaking Elderly Council – RAICES provides culturally sensitive and bi-lingual outreach services and trainings to Hispanic and other low-income elderly communities throughout Brooklyn and Queens. These agencies represent just a few of the many member agencies that provide culturally and linguistically-competent services.

In light of the fact that the CDC recently released data that Latina adolescents and Asian American women are at particularly high risk of attempting suicide, it is a positive reflection that NYC has so many programs that work with diverse populations. The Coalition has identified suicide as a public health crisis and is committed to improving the early identification of suicidality and reducing the number of suicides that occur annually.

Over the past 34 years, the Coalition has established itself as a center of excellence in education and training for those working in the field of behavioral health. Through the Professional Learning Center, the Coalition provides up-to-date seminars, workshops and trainings on issues that are most pressing to our membership. This past year, the Coalition formed a planning committee to develop a suicide prevention

program tailored to the needs of consumers served by our members. The committee members included Carmen Collado, from the Jewish Board of Family and Children Services, Inc., Rosa Gil, DSW, from Comunilife and Maria Elena Girone, from the Puerto Rican Family Institute, Inc. The Coalition has also worked very closely with Dr. Luis Zayas, a distinguished professor of Social Work and Professor of Psychiatry at Washington University in St. Louis. His clinical and research interests focus on Hispanic mental health and family processes. Presently, he is in the midst of a five-year study examining the phenomenology of suicide attempts among adolescent Latinas.

In September, we invited Dr. Luis Zayas, to discuss with our members the higher-than-average rates of suicide attempts by adolescent Latinas. During his presentation, Dr. Zayas provided an overview of the data on suicidal behavior by adolescents from different ethnic and racial groups in the U.S. He also provided epidemiological evidence, clinical and research experience, and theoretical explanations to explain the increased rate of suicide attempts by adolescent Latinas. This coming year, the Coalition will be hosting several educational seminars and will bring in national experts to speak about adolescent suicide in the African American, Asian, Latino and Native American communities. The program strives to raise awareness and increase knowledge of behavioral health professionals on adolescent suicide. The program focuses on strengthening an individual's protective factors, including reducing barriers to treatment, creating a support system, improving the rate of early identification, positive beliefs and attitudes against suicide. At the end of the series, we want behavioral health professionals, both administrators and line staff, to be

able to identify the symptoms and warning signs an individual may exhibit when he/she is suicidal.

I would also like to commend OMH Commissioner Sharon Carpinello for identifying suicide as a serious public health problem. The Coalition enthusiastically supports the Suicide Prevention Education and Awareness Kit (SPEAK) that OMH launched as a statewide public education and awareness campaign. This initiative is one more step towards increasing awareness and the public understanding of the causes of suicide, the warnings signs and the treatments that are available.

I'll now turn the microphone over to my colleague Heather R. Mermel, the Coalition's Policy Associate, who will provide more information on the high rates of suicide among women and what is needed to identify suicidality and reduce the number of suicides that occur annually.

THE CURRENT PICTURE

In 2004, suicide took the life of 32,439 Americans. Suicide is the 11th leading cause of death for all Americans, and is the third leading cause of death for young people ages 15 – 24 years old.

CULTURAL DISPARITIES

Research has shown that there are striking disparities among ethnic and racial minorities in the rates of mental illness and suicide.

Young Hispanic Population

Statistics report that one in five Hispanic adolescent females attempt suicide. The Centers for Disease Control and Prevention recently published their findings from the 2005 National Youth Risk Behavior Surveillance System (YRBSS). The YRBSS includes national, state and local school-based surveys of students in grades 9 – 12. The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults, including suicidal ideation, attempts and completions. Nationally, Hispanic adolescent females had the highest prevalence among adolescents of having felt sad or hopeless (47.6%), seriously considered attempting suicide (24.2%), made a suicide plan (18.5%), attempted suicide (14.9%) and whose suicide attempt needed to be treated by a doctor or nurse (3.7%). Among adolescents in New York City, Hispanic females had the highest rate of feeling sad or hopeless (46%) and of attempting suicide (14%). Research clearly demonstrates that Hispanic adolescent females are at high risk of attempting suicide.

Asian American Women Population

The CDC's National Center for Health Statistics found that in the United States, Asian American women have the highest suicide rate among all women over the age of 65 and the second highest rate among women ages 15 – 24. Data from the CDC's 2005 YRBSS found that among adolescents in NYC, Asian American females had one of the highest rates of having seriously considered attempting suicide (21%). These statistics show that Asian American women are at high risk of suicide.

RISK AND PROTECTIVE FACTORS

Understanding the interactive relationship between risk and protective factors of suicide is a challenge for researchers. Risk factors are defined as “leading to or being associated with suicide”. Often times, there are a number of risk factors that play a role in an individual’s suicide attempt. Protective factors are defined as “reducing the likelihood of suicide by enhancing resilience and/or by counterbalancing the risk factors”. Unfortunately, there is no direct explanation of how protective factors reduce an individual’s risk of suicide. Attached to our testimony is a list of risk and protective factors of suicide.

Research has found that there are specific risk and protective factors associated with minority populations. Risk factors that disproportionately affect minorities include language and cultural barriers, immigration, violence and racism. Discrimination, poverty, lack of health insurance and poor educational opportunities also increase one’s risk of suicide. In the Hispanic community, acculturation issues and conflicts contribute to an adolescent Latina’s increased risk of suicide. Protective factors for minority populations include strong community support systems. The religious and cultural beliefs, family dynamics, including parental expectations and sense of family obligation, of minority populations can either be a risk or protective factor of suicide. For example, in the Asian community, suicide is a noble resolution of a personal or family dilemma. Unfortunately, there has only been a limited amount of research done examining why adolescent Latinas and Asian American women attempt suicide.

SUICIDE PREVENTION INITIATIVES

The Suicide Prevention Action Network (SPAN USA), a national organization dedicated to suicide prevention advocacy, in collaboration with the National Center for Injury Prevention and Control, and the Education Development Center, Inc. produced a handbook titled, *Suicide Prevention: Prevention, Effectiveness and Evaluation* (2001). In this handbook they list nine principles to implementing an effective suicide prevention program. For example, they should be family-focused, age-specific, ethnically and culturally sensitive and enhance protective factors (e.g. help-seeking behavior). By implementing these principals, suicide prevention programs will be able to reduce the impact risk factors have on an individual's risk of suicide.

There are many different types of suicide prevention programs. Current strategies include (1) general suicide education, (2) school and community gatekeeper training, (3) screening programs, (4) crisis centers and hotlines, (5) support programs, (6) interventions after suicide and (7) restriction of access to lethal means. Unfortunately, researchers have not extensively evaluated the effectiveness and efficacy of the various suicide prevention programs.

RECOMMENDATIONS

Suicide is one of the leading causes of death in the United States among Native Americans, including American Indians and Alaska Natives, Asian American women among over the age of 65 and white men. In recent years, researchers have identified the disproportionately high rate of attempted suicide by Latina adolescents. It is crucial that we increase awareness and implement culturally competent trainings, educational

programs and mental health services that are tailored to minority populations. Suicide is one of the leading preventable causes of death in the U.S. and worldwide. As mental health professionals, we must also implement suicide prevention programs that promote awareness, education, intervention and treatment.

Suicide prevention programs are essential in increasing the early identification of suicidality and reducing the rate of suicide among women. One of the essential components of any suicide prevention program is educating not only behavioral health professionals, but also community leaders and family members on the key risk and protective factors that influence an individual's risk of suicide. In order for any suicide prevention program to be effective it must be tailored to the needs and resources of a specific population. Cultural differences and acculturation issues and conflicts must be considered and addressed as major factors that influence the suicide rates among minority populations. As behavioral health professionals, we need to further develop culturally appropriate community-based suicide prevention programs, trainings, screenings and we need to evaluate current suicide prevention strategies and evidence-based treatments within minority populations.

The Coalition has worked very closely with government at all levels to help guide the development of policy and ensure funding streams that support the delivery of effective mental health services. We ask that the State continue to provide resources and money for the expansion and creation of suicide prevention initiatives such as the SPEAK campaign. By doing so, researchers and community-based behavioral health providers can continue to identify and understand the risk and protective factors

associated with suicide among minority populations and create culturally responsive prevention programs and interventions. Furthermore, trade and advocacy organizations such as The Coalition can continue to raise awareness and conduct trainings on how to recognize, respond to and treat individuals who are depressed and/or suicidal.

Thank you for your time today, and we will be happy to answer any questions you may have.

Addendum

Risk Factors for Suicide

Biopsychological Risk Factors

- History of mental disorders, particularly depression
- History of alcohol and/or substance abuse
- Feelings of hopelessness
- Impulsive and/or aggressive tendencies
- Sense of isolation
- Previous suicide attempt
- History of trauma or abuse
- Family history of mental illness or suicide

Environmental Risk Factors

- Experiencing stressful life events
- Access to lethal means
- Local clusters of suicide

Sociocultural Risk Factors

- Barriers to accessing mental health treatment
- Stigma associated with mental health
- Lack of social support
- Cultural and religious beliefs (e.g. belief that suicide is a noble resolution of a personal or family dilemma)

Protective Factors for Suicide

- Access to clinical interventions and treatment
- Effective clinical care for physical, mental and/or substance abuse disorders
- Family cohesion
- Support from the community and medical professionals
- Presence of peer groups
- Coping skills
- Cultural and religious beliefs that discourage suicide
- Restricted access to lethal means of suicide (e.g. firearms)