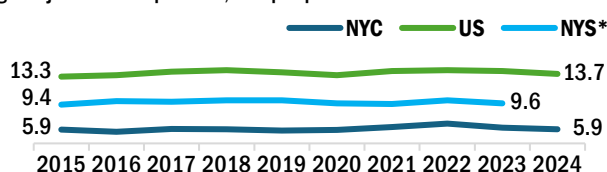


Suicide Deaths in New York City, 2015 to 2024

Suicide is among the five leading causes of premature death¹ in New York City (NYC), and a priority of [HealthyNYC](#), the NYC campaign to promote longer, healthier lives. [HealthyNYC](#) aims to reduce suicide deaths by 10% by 2030. Following a peak of 601 suicide deaths in 2022, 535 people died by suicide in NYC in 2024. While the overall suicide rate in NYC has remained stable, rates have varied across population groups and neighborhoods with different poverty levels.² Differences in suicide rates may reflect historical, social and structural factors that shape opportunities for health and mental well-being. These include economic inequities, housing affordability, neighborhood disinvestment, discrimination, and barriers to accessing health care and other resources.³⁻⁴ To better understand trends in suicide deaths in NYC from 2015 to 2024, this data brief presents rates over time by sex, age group, race and ethnicity, and other characteristics, as well as information on the circumstances preceding deaths using data from the National Violent Death Reporting System.

Suicide deaths in New York City, New York State,* and the United States, 2015 to 2024**

Age-adjusted rates per 100,000 people



*New York State, excluding New York City

Sources: NYC DOHMH Bureau of Vital Statistics, 2015-2024. National Vital Statistics System, 2015-2024. NYS Vital Statistics, 2015-2023.

**Data for 2024 are provisional and subject to change.

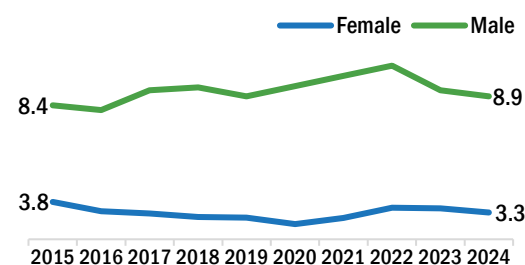
- The citywide suicide rate in NYC in 2024 was 5.9 per 100,000 people (535 deaths). Consistent with previous years, this rate was less than half the national rate (13.7 per 100,000) and lower than the New York State (excluding NYC) rate (9.6 per 100,000, 2023).
- According to data on suicide deaths from the National Violent Death Reporting System (NVDRS),^c in NYC from 2015 to 2024, 62% of decedents had a documented mental health condition, such as depression, and 33% were reported as receiving mental health or substance use treatment at the time of their death.

The suicide rate among males in New York City is nearly three times the rate among females

- Among males, the suicide rate increased by 2.7% annually between 2015 and 2022 (8.4 to 10.3 per 100,000 people). Among females, the suicide rate decreased by 4.7% annually between 2015 and 2020 (3.8 to 2.7 per 100,000 people).
- From 2015 to 2024,^c compared with female decedents, male decedents were less likely to have documented mental health conditions (74% vs. 57%), history of mental health or substance use treatment (51% vs. 35%), or current mental health or substance use treatment at the time of death (43% vs. 29%).
- From 2015 to 2024,^c one in five decedents had a documented prior suicide attempt. A lower percentage of males (18%) had a documented history of suicide attempt than females (31%).

Suicide deaths by sex, New York City, 2015-2024**

Age-adjusted rate 100,000 people



Sources: NYC DOHMH Bureau of Vital Statistics, 2015-2024.

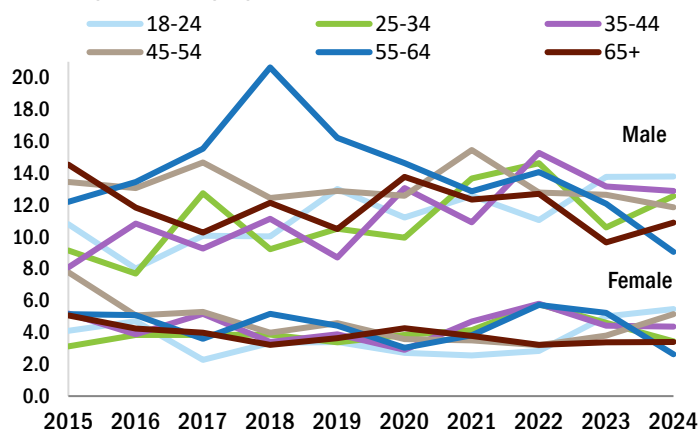
**Data for 2024 are provisional and subject to change.

References: 1. Li W, Seil K, Paudel P et al. Summary of Vital Statistics, 2023. New York, NY: Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene. 2. Arango T, Zhao J, Ikhlef A et al. Suicide Deaths in New York City, 2013 to 2022. New York City Department of Health and Mental Hygiene: Epi Data Brief (143); November 2024. 3. Hamwey, M., Norman, C., Suss, R., et al. The State of Mental Health of New Yorkers. New York City Department of Health and Mental Hygiene. May 2024. 4. Caton J, Suss R, Close M et al. Depression among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (141); July 2024. 5. Centers for Disease Control and Prevention: [cdc.gov/nchs/fastats/suicide.htm](https://www.cdc.gov/nchs/fastats/suicide.htm) Accessed July 6, 2026. 6. Stratton N, McIntosh K, Ogburn C et al. Suicide-related Behaviors among New York City Public High School and Middle School Students. New York City Department of Health and Mental Hygiene: Epi Data Brief (149); September 2025.

In 2024, suicide rates were the highest among adults ages 18 to 24 in New York City

- Among NYC adults ages 18 to 24, between 2015 and 2024, there were average annual increases of 3.7% in the suicide rate overall (7.4 to 9.5 per 100,000 people) and 4.1% among males (10.8 to 13.8 per 100,000).
- Among those ages 35 to 44, between 2015 and 2024, there were average annual increases of 4.0% in the suicide rate overall (6.6 to 8.7 per 100,000 people), and 5.1% among males (8.1 to 12.9 per 100,000).
- Among New Yorkers ages 45 to 54, between 2015 and 2024, there was an average annual decrease of 2.2% in the suicide rate overall (10.5 to 8.4 per 100,000). Among females, the rate decreased by 11.2% annually between 2015 and 2022 (7.8 to 3.2 per 100,000).
- Among males ages 55 to 64, between 2015 and 2018, the suicide rate among males ages 55 to 64 increased by 17.6% annually (12.2 to 20.6 per 100,000) and then decreased by 10.1% annually between 2018 and 2024 (20.6 to 9.1 per 100,000).
- Among females ages 65 and older, there was an average annual decrease of 4% among (5.1 to 3.4 per 100,000).

Suicide deaths by age group and sex, New York City, 2015-2024**
Crude rates per 100,000 people



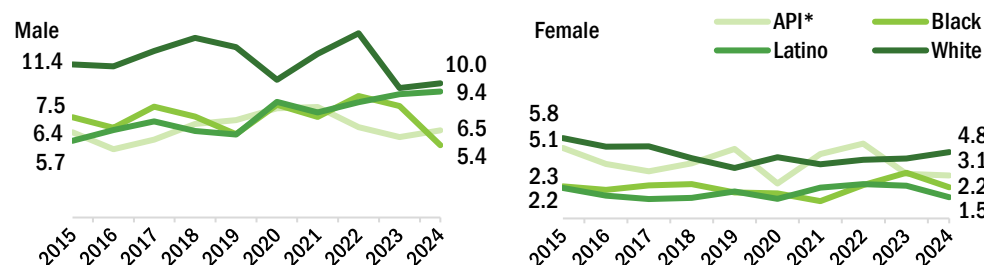
Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024. **Data for 2024 are provisional and subject to change.

- From 2015 to 2024,^c physical health problems were more frequently reported as contributing to suicide among decedents ages 65 years and older than among younger age groups (28% vs. 7%).
- From 2015 to 2024,^c intimate partner problems such as a history of or ongoing conflict, a divorce, or break up between current or former partners were more frequently involved in suicide deaths among decedents ages 25 to 34 (19%) and 35 to 44 (21%) compared with all other age groups (9%).

Suicide rates among Latino males continue to rise in New York City

Suicide deaths by race and ethnicity and sex, New York City, 2015 to 2024**

Age-adjusted rates per 100,000 people



*Asian or Pacific Islander (API), Black, and white race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. American Indian, Alaska Native, multi-racial, and other race categories are not shown due to small numbers.

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024. **Data for 2024 are provisional and subject to change.

- Among Latinos, between 2015 and 2024, there was an average annual increase of 5% in both overall suicide rates (3.8 to 5.4 per 100,000) and among males (5.7 to 9.4 per 100,000).
- The suicide rate among white females decreased by 10% annually between 2015 and 2019 (5.8 to 3.7 per 100,000).

Definitions: **Suicide** is defined as death caused by self-directed injurious behavior with an intent to die. **Sex** is based on information documented on the death certificate. **Race and ethnicity:** For the purpose of this publication, Latino includes people of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race; Latino excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Asian, Black, white, other race categories do not include people of Latino origin. **Neighborhood poverty level:** Based on ZIP code and defined as the percentage of residents with incomes below 100% of the federal poverty level (FPL), per American Community Survey 2019-2023, in four groups: low (<10% FPL), medium (10% - <20% FPL), high (20% - <30% FPL), and very high (≥30% FPL).

Suicide rates are increasing among Latino residents living in neighborhoods with medium and high poverty

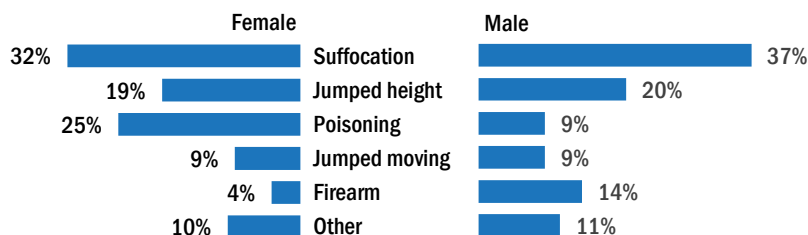
- In 2024, suicide deaths were most likely to occur in Manhattan (9.9 per 100,000) followed by Staten Island (8.1 per 100,000), the Bronx (5.1 per 100,000), Queens (4.9 per 100,000), and Brooklyn (4.3 per 100,000).
- The rate of suicide deaths in Brooklyn increased by 4% annually between 2015 and 2022 (4.6 to 5.7 per 100,000). The majority (80%) of suicide deaths occurred in decedents' borough of residence.
- Between 2022 and 2024, several UHF neighborhoods had higher suicide rates among their residents, including Hunts Point–Mott Haven (107) in the Bronx; East Harlem (303), Washington Heights–Inwood (301), Chelsea–Clinton (306), and Lower Manhattan (310) in Manhattan; Fresh Meadows (406) in Queens; and Stapleton–St. George (502) in Staten Island.
- Between 2015 and 2024, suicide rates among Latino residents had an average annual increase of 3.7% in neighborhoods with medium poverty (3.8 to 4.6 per 100,000; 10% - <20% FPL) and 7.3% in neighborhoods with high poverty (2.9 to 5.0 per 100,000; 20% - <30% FPL).

Suicide deaths by poisoning are more common among females than males

- In 2024, the most common method of suicide was hanging, strangulation, and suffocation, accounting for 36% of all suicides in NYC, followed by suicide by height (20%), poisoning (13%), firearm (11%), other causes (11%), and jumping in front of moving objects (9%).
- Poisoning was more common among females who died by suicide than males (25% vs. 9%), while firearms were more common among males who died by suicide than females (14% vs. 4%).

Suicide deaths by method and sex, New York City, 2024**

Total percent of suicides by sex



Suffocation method represents deaths by hanging, strangulation, and suffocation.

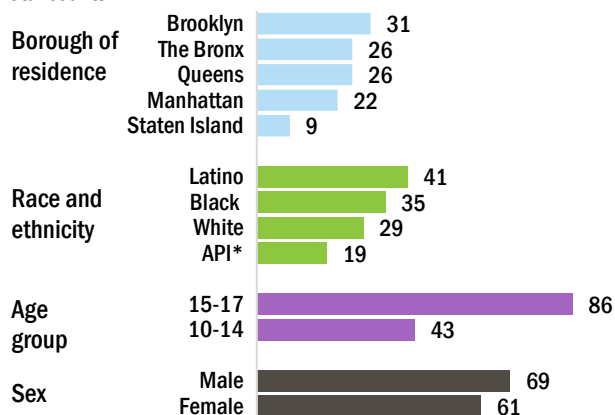
Jumped moving method represents deaths by jumping in front of moving objects. Other methods include ICD-10 codes: X71, X76, X78, X79, X82, X83, X84, Y87.0

Source: NYC DOHMH Bureau of Vital Statistics, 2024. **Data for 2024 are provisional and subject to change.

Youth suicide deaths in New York City

Suicide deaths among youth ages 5 to 17, by demographic characteristics, New York City, 2015 to 2024**

Total counts



*Asian or Pacific Islander (API), Black, and white race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. American Indian, Alaska Native, multi-racial, and other race categories are not shown due to small numbers. Totals may differ by category due to missing data or subcategories not shown. Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024. **Data for 2024 are provisional and subject to change.

- Over the last decade, the number of suicides among youth ages 5 to 17 averaged 13 per year. In 2024, there were 12 youth decedents.
- From 2015 to 2024, youth who resided in Brooklyn had the highest number of suicide deaths (31).
- The number of suicides among Latino youth (41) was highest among all races and ethnicities, followed by Black youth (35).
- In contrast to adults, there were a similar number of deaths among male (69) and female youth (61).
- Between 2020 and 2024, data for NYC from NVDRS show that about one in three youth decedents had a documented prior suicide attempt compared with one in five decedents of all ages.



If you are feeling sad, depressed, or suicidal, or if you or someone you care about is having problems with alcohol or drug use, talk to someone right away.

Implications

NYC's suicide rate has remained stable between 2015 and 2024 and continues to be less than half the U.S. rate. However, suicide remains a leading cause of premature death in NYC, rising from the 10th leading cause in 2000 to the 5th in 2023.¹ Rates have increased among younger adults. In 2024, males ages 18 to 24 had the highest suicide rate of any age-sex group. These patterns highlight the need for comprehensive, population-responsive prevention that strengthens family and community connectedness, reduces stigma and bias around seeking help, and ensures accessible, affordable mental health care as young New Yorkers transition into adulthood. Although suicide deaths remain relatively low among NYC youth, suicidal ideation and attempts increased among middle and high school students from 2013 to 2023, with higher levels among Black and Latino students and LGBTQ+ youth.⁶ Prevention should combine early identification and intervention with culturally appropriate care and follow-up after suicide attempts, while also addressing discrimination and structural barriers to resources, particularly for racially marginalized and

LGBTQ+ youth. The NYC Health Department is advancing this approach through the [Caring Transitions Program](#). These same structural barriers and inequities may also contribute to the increase in rates among Latino New Yorkers, particularly those living in neighborhoods with medium and high levels of poverty. Discrimination, immigration-related stress, and barriers to health care, food, and housing shape mental well-being. Between 2022 and 2024, UHF neighborhoods such as Hunts Point and Washington Heights had high suicide rates, reflecting longstanding inequities from discriminatory policies like redlining and disparities in wealth, neighborhood investment, and resource access. Prevention strategies should build community strength and expand equitable access to care. The Health Department is addressing NYC's distinctive pattern of suicides associated with buildings and other tall structures through **Safer Buildings NYC**, a cross-sector effort to make buildings safer. The Department is also establishing a new Office of Suicide Prevention to strengthen and coordinate suicide prevention efforts across the city. For more information, visit our [suicide prevention](#) website.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization's [Health Equity](#) webpage.

Data Sources: **A. NYC DOHMH Vital Statistics (2015-2024)** Data are compiled from death certificates issued in NYC. Causes of death are coded according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10): suffocation (X70), poisoning (X60-X69), firearm (X72-X74), jumping height (X80), moving object (X81), all other methods (X71, X76, X78-X79, X82-X84, Y87.0). NYC data for 2024 are provisional and subject to change. Rates are age-adjusted to Census 2000 U.S. standard population, except for specific age groups, and the entire population in the denominator. The use of increase/decrease in this data brief indicates the change in trend was statistically significant, $p < 0.05$. Trends in rates were evaluated using the Joinpoint Regression Program: Version 5.2.0.0. April 2024; Statistical Research and Applications Branch, National Cancer Institute. Annual Percent Change (APC) measures the year-over-year percent change within a specific segment of the data. AAPC is a summary measure of the trend over the whole study period, providing a single number to describe the average annual change across that period. **B. NYC Department of Health and Mental Hygiene population estimates**, modified from US Census Bureau population estimates: 2015-2019, updated September 2022 and 2020-2024, updated September 2025. Rates were calculated using updated postcensal population estimates with a base file from the 2020 Census and differ from previously reported rates based on previous versions of population estimate using a base file from the 2010 Census. **C. National Violent Death Reporting System (NVDRS) (2015-2024)** is a Centers for Disease Control and Prevention (CDC)-funded state-based surveillance system linking information from Vital Statistics, medical examiner, and law enforcement records. The NYC Health Department partners with the New York State Department of Health to build and implement this surveillance system. NVDRS is administered by the Centers for Disease Control and Prevention (CDC) by participating states. The findings and conclusions of this (study/report) are those of the authors alone and do not necessarily represent the official position of the CDC or of participating NVDRS states. **Authors:** Tiffany Arango, Amal Ikhlef, Christina Norman, Carla Clark, Stephanie Mazzaferro, Anna Caffarelli Nicole Stratton, Kayla Diggs **Acknowledgements:** Liza King, Kinjia Hinterland **Suggested citation:** Arango T, Ikhlef A, Norman C, Clark C, Mazzaferro S, Caffarelli A, Stratton N, and Diggs K. Suicide Deaths in New York City, 2015 to 2024. New York City Department of Health and Mental Hygiene: Epi Data Brief (160); September 2026.

MORE New York City Health Data and Publications at nyc.gov/health/data

Visit EpiQuery – the Health Department's interactive health data system at nyc.gov/health/EpiQuery

New York City Department of Health and Mental Hygiene





Epi Data Tables

September 2026, No. 160

Suicide Deaths in New York City, 2015-2024**

Data Tables

Table 1. Suicide counts and rates by sex in New York City, 2015-2024**

Table 2. Suicide counts and rates by age group and sex, New York City, 2015-2024**

Table 3. Suicide counts and rates by race and ethnicity and sex, New York City, 2015-2024**

Table 4. Suicide counts and percentages by method and sex, New York City, 2015-2024**

Table 5. Suicide counts and rates by borough of residence, New York City, 2015-2024**

Table 6. Suicide counts and rates by borough of death, New York City, 2015-2024**

Table 7. Suicide counts and rates by race and ethnicity and neighborhood poverty level, New York City, 2015-2024**

Table 8. Suicide counts and rates by United Hospital Fund (UHF) neighborhood of residence, New York City, 2022-2024**

Figure 1. Suicide rates by United Hospital Fund (UHF) neighborhood, New York City, 2022-2024**

Data Sources

** Data for 2024 are provisional and subject to change

Data Sources: **A. NYC DOHMH Vital Statistics (2015-2024)** Data are compiled from death certificates issued in NYC. Causes of death are coded according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10): suffocation (X70), poisoning (X60-X69), firearm (X72-X74), jumping height (X80), moving object (X81), all other methods (X71, X76, X78-X79, X82-X84, Y87.0). NYC data for 2024 are provisional and subject to change. Rates are age-adjusted to Census 2000 U.S. standard population, except for specific age groups, and the entire population in the denominator. The use of increase/decrease in this data brief indicates the change in trend was statistically significant, $p < 0.05$. Trends in rates were evaluated using the Joinpoint Regression Program: Version 5.2.0.0. April 2024; Statistical Research and Applications Branch, National Cancer Institute. Annual Percent Change (APC) measures the year-over-year percent change within a specific segment of the data. AAPC is a summary measure of the trend over the whole study period, providing a single number to describe the average annual change across that period. **B. NYC Department of Health and Mental Hygiene population estimates**, modified from US Census Bureau population estimates: 2015-2019, updated September 2022 and 2020-2024, updated September 2025. Rates were calculated using updated postcensal population estimates with a base file from the 2020 Census and differ from previously reported rates based on previous versions of population estimate using a base file from the 2010 Census. **C. National Violent Death Reporting System (NVDRS) (2015-2024)** is a Centers for Disease Control and Prevention (CDC)-funded state-based surveillance system linking information from Vital Statistics, medical examiner, and law enforcement records. The NYC Health Department partners with the New York State Department of Health to build and implement this surveillance system. NVDRS is administered by the Centers for Disease Control and Prevention (CDC) by participating states. The findings and conclusions of this (study/report) are those of the authors alone and do not necessarily represent the official position of the CDC or of participating NVDRS states.



Table 1. Suicide counts and rates by sex in New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population

Year	Count of Suicides (Total)	Crude Rate (Overall)	Age-Adjusted Rate (Overall)	Count of Suicides (Females)	Crude Rate (Females)	Age-Adjusted Rate (Females)	Count of Suicides (Males)	Crude Rate (Males)	Age-Adjusted Rate (Males)
2015	552	6.3	5.9	188	4.1	3.8	364	8.7	8.4
2016	525	6.0	5.6	166	3.6	3.3	359	8.6	8.2
2017	565	6.4	6.0	160	3.5	3.2	405	9.6	9.2
2018	562	6.4	6.0	150	3.3	3.1	412	9.8	9.3
2019	541	6.1	5.8	150	3.3	3.0	391	9.3	8.9
2020	547	6.3	5.9	134	2.9	2.7	413	9.8	9.4
2021	563	6.7	6.3	143	3.3	3.0	420	10.4	9.8
2022	601	7.2	6.8	163	3.7	3.5	438	10.9	10.3
2023	547	6.5	6.2	160	3.7	3.5	387	9.6	9.2
2024**	535	6.3	5.9	151	3.4	3.3	383	9.4	8.9

** Data for 2024 are provisional and subject to change

Table 2. Suicide counts and rates by age group and sex, New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

Crude rate per 100,000 population

Age group (years)	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024**	
	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate	Count of Suicides	Crude Rate
5-17																				
Overall	8	0.4*	14	0.8	14	0.8	14	0.8	12	0.7	11	0.6	14	0.8	12	0.7	19	1.2	12	0.7
Female	^	^	^	^	7	0.8*	8	0.9*	6	0.7*	6	0.7*	6	0.7*	^	^	7	0.9*	^	^
Male	^	^	^	^	7	0.8*	6	0.6*	6	0.7*	5	0.5*	8	0.9*	^	^	12	1.4	^	^
18-24																				
Overall	60	7.4	50	6.3	47	6.1	50	6.6	60	8.1	49	6.8	51	7.4	47	6.8	65	9.3	68	9.5
Female	17	4.1	19	4.7	9	2.3*	13	3.3	13	3.4	10	2.7	9	2.6*	10	2.8	18	5.0	20	5.5
Male	43	10.8	31	8.0	38	10.1	37	10.0	47	13.0	39	11.2	42	12.6	37	11.1	47	13.8	48	13.8
25-34																				
Overall	94	6.0	90	5.7	129	8.2	102	6.5	108	6.9	104	6.8	124	8.8	140	10.1	105	7.5	111	7.9
Female	25	3.1	31	3.8	31	3.8	31	3.9	27	3.4	30	3.8	30	4.2	41	5.8	33	4.6	25	3.4
Male	69	9.1	59	7.7	98	12.7	71	9.2	81	10.5	74	10.0	94	13.7	99	14.6	72	10.6	86	12.6
35-44																				
Overall	79	6.6	87	7.3	86	7.2	86	7.2	75	6.2	96	7.9	91	7.8	121	10.5	102	8.8	103	8.7
Female	32	5.2	24	3.9	32	5.2	21	3.4	24	3.9	18	2.9	28	4.7	34	5.8	26	4.4	26	4.4
Male	47	8.1	63	10.8	54	9.3	65	11.1	51	8.7	78	13.1	63	10.9	87	15.3	76	13.2	76	12.9
45-54																				
Overall	119	10.5	101	8.9	110	9.8	89	8.0	93	8.6	86	7.9	97	9.3	80	7.8	82	8.1	85	8.4
Female	46	7.8	30	5.1	31	5.3	23	4.0	26	4.6	20	3.6	19	3.5	17	3.2	20	3.8	27	5.2
Male	73	13.5	71	13.1	79	14.7	66	12.4	67	12.9	66	12.6	78	15.5	63	12.8	62	12.6	58	11.9
55-64																				
Overall	85	8.4	92	9.0	95	9.1	130	12.4	105	9.9	91	8.5	85	8.1	100	9.7	87	8.5	58	5.7
Female	28	5.2	28	5.1	20	3.6	29	5.2	25	4.4	17	3.0	21	3.8	31	5.7	28	5.2	14	2.6
Male	57	12.2	64	13.4	75	15.5	101	20.6	80	16.2	74	14.6	64	12.9	69	14.1	59	12.1	44	9.1
65+																				
Overall	107	8.9	91	7.3	84	6.6	91	6.9	88	6.5	110	8.3	101	7.4	101	7.2	87	6.0	98	6.6
Female	36	5.1	31	4.2	30	4.0	25	3.2	29	3.6	33	4.3	30	3.8	26	3.2	28	3.4	29	3.4
Male	71	14.5	60	11.8	54	10.3	66	12.1	59	10.5	77	13.8	71	12.3	75	12.7	59	9.7	69	10.9

* Interpret with caution, rate's Relative Standard Error (a measure of precision) is between 32% and 50% and may be unreliable

** Data for 2024 are provisional and subject to change.

^ Data suppressed due to rate's Relative Standard Error (a measure of precision) greater than 50% and/or small cell size

Table 3. Suicide counts and rates by race and ethnicity and sex, New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population

	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024**	
Race and Ethnicity	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate
Asian or Pacific Islander																				
Overall	75	5.7	61	4.5	63	4.5	74	5.4	88	6.1	75	5.2	87	6.4	86	6.0	63	4.6	70	4.7
Female	36	5.1	29	3.9	25	3.4	28	4.0	40	5.0	20	2.5	34	4.7	41	5.4	24	3.2	24	3.1
Male	39	6.4	32	5.1	38	5.8	46	7.0	48	7.3	55	8.2	53	8.3	45	6.7	39	6.0	46	6.5
Black																				
Overall	94	4.6	85	4.1	102	5.1	94	4.7	76	3.8	96	4.8	80	4.1	102	5.5	103	5.7	65	3.7
Female	26	2.3	23	2.1	26	2.4	26	2.5	19	1.9	19	1.8	13	1.3	24	2.4	31	3.3	19	2.2
Male	68	7.5	62	6.7	76	8.3	68	7.5	57	6.2	77	8.4	67	7.5	78	9.1	72	8.3	46	5.4
Latino																				
Overall	97	3.8	103	4.0	107	4.1	99	3.8	103	4.0	122	4.9	122	4.9	133	5.5	138	5.7	133	5.4
Female	29	2.2	22	1.6	19	1.4	20	1.5	26	1.9	19	1.4	28	2.2	32	2.5	29	2.4	19	1.5
Male	68	5.7	81	6.5	88	7.2	79	6.5	77	6.2	103	8.7	94	7.8	101	8.6	109	9.2	113	9.4
White																				
Overall	277	8.5	263	8.2	280	8.8	279	8.8	253	8.1	231	7.3	242	8.0	260	8.9	210	7.0	221	7.4
Female	96	5.8	86	5.2	86	5.2	71	4.4	59	3.7	70	4.4	62	3.9	61	4.3	67	4.3	73	4.8
Male	181	11.4	177	11.3	194	12.5	208	13.4	194	12.7	161	10.3	180	12.2	199	13.8	143	9.7	148	10.0

** Data for 2024 are provisional and subject to change

For the purpose of this publication, Latino includes people of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race; Latino excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Black, White, Asian, and Other race categories do not include people of Latino origin. American Indian, Alaska Native, multi-racial, and other race categories are not shown due to small numbers.

Table 4. Suicide counts by method and sex, New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024**	
	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides	Count of Suicides	Percent of Total Suicides
Firearm																				
Overall	54	10%	56	11%	54	10%	56	10%	47	9%	55	10%	48	9%	56	9%	62	11%	60	11%
Female	^	^	7	4%*	^	^	^	^	^	^	5	4%*	^	^	5	3%*	8	5%*	6	4%*
Male	^	^	49	14%	^	^	^	^	^	^	50	12%	^	^	51	12%	54	14%	54	14%
Jumping Before Moving Object																				
Overall	27	5%	38	7%	32	6%	48	9%	33	6%	30	5%	43	8%	41	7%	39	7%	49	9%
Female	6	3%*	11	7%	6	4%*	8	5%*	6	4%*	9	7%*	^	^	12	7%	9	6%*	14	9%
Male	21	6%	27	8%	26	6%	40	10%	27	7%	21	5%	^	^	29	7%	30	8%	35	9%
Jumping High Place																				
Overall	120	22%	103	20%	124	22%	117	21%	114	21%	118	22%	120	21%	141	23%	106	19%	105	20%
Female	46	24%	33	20%	42	26%	31	21%	43	29%	28	21%	39	27%	43	26%	32	20%	29	19%
Male	74	20%	70	19%	82	20%	86	21%	71	18%	90	22%	81	19%	98	22%	74	19%	76	20%
Poisoning																				
Overall	80	14%	91	17%	89	16%	91	16%	87	16%	71	13%	92	16%	88	15%	88	16%	71	13%
Female	45	24%	43	26%	45	28%	42	28%	39	26%	29	22%	35	24%	40	25%	42	26%	38	25%
Male	35	10%	48	13%	44	11%	49	12%	48	12%	42	10%	57	14%	48	11%	46	12%	33	9%
Hanging, Strangulation, Suffocation																				
Overall	222	40%	187	36%	222	39%	198	35%	219	40%	207	38%	198	35%	209	35%	200	37%	192	36%
Female	75	40%	62	37%	56	35%	54	36%	53	35%	51	38%	55	38%	54	33%	61	38%	49	32%
Male	147	40%	125	35%	166	41%	144	35%	166	42%	156	38%	143	34%	155	35%	139	36%	142	37%
Other																				
Overall	49	9%	50	10%	44	8%	52	9%	41	8%	66	12%	62	11%	66	11%	52	10%	58	11%
Female	14	7%	10	6%	9	6%*	12	8%	8	5%*	12	9%	9	6%*	9	6%*	8	5%*	15	10%
Male	35	10%	40	11%	35	9%	40	10%	33	8%	54	13%	53	13%	57	13%	44	11%	43	11%

* Interpret with caution, Relative Standard Error (a measure of precision) is between 32% and 50% and may be unreliable

** Data for 2024 are provisional and subject to change

^ Data suppressed due to small cell size

Causes of death are coded according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10): suffocation (X70), poisoning (X60-X69), firearm (X72-X74), jumping height (X80), moving object (X81), all other methods (X71, X76, X78-X79, X82-X84, Y87.0).

Table 5. Suicide counts and rates by borough of residence, New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population

Year	Bronx		Brooklyn		Manhattan		Queens		Staten Island	
	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate
2015	83	5.5	131	4.7	120	6.2	131	5.1	31	5.7
2016	80	5.3	120	4.3	103	5.5	137	5.2	28	5.5
2017	79	5.2	131	4.7	145	7.5	122	4.7	34	6.7
2018	65	4.3	133	4.7	122	6.4	155	6.0	31	5.8
2019	63	4.1	141	5.1	123	6.4	136	5.2	28	5.4
2020	76	5.2	124	4.5	121	6.4	143	5.4	30	5.7
2021	68	4.8	137	5.0	118	6.5	127	5.0	31	5.9
2022	90	6.5	152	5.6	127	6.8	130	5.3	34	6.2
2023	74	5.3	131	4.8	128	7.0	133	5.6	23	4.2
2024**	67	4.9	112	4.2	127	6.6	131	5.3	33	6.5

** Data for 2024 are provisional and subject to change

Table 6. Suicide counts and rates by borough of death, New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2024

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population

Year	Bronx		Brooklyn		Manhattan		Queens		Staten Island	
	Count of Suicides	Age- Adjusted	Count of Suicides	Age- Adjusted	Count of Suicides	Age- Adjusted	Count of Suicides	Age- Adjusted	Count of Suicides	Age- Adjusted
2015	87	5.8	129	4.6	180	9.4	122	4.7	34	6.1
2016	83	5.5	124	4.4	155	8.4	135	5.1	28	5.5
2017	85	5.5	127	4.5	197	10.3	120	4.7	36	7.2
2018	72	4.8	138	4.9	159	8.5	158	6.1	35	6.7
2019	67	4.4	142	5.1	160	8.4	143	5.5	29	5.6
2020	75	5.1	129	4.6	169	9.0	145	5.5	29	5.5
2021	74	5.2	153	5.6	188	10.7	118	4.6	30	5.8
2022	95	6.9	155	5.7	191	10.5	127	5.2	33	6.0
2023	82	5.9	140	5.2	164	9.0	137	5.7	24	4.5
2024**	71	5.1	115	4.3	186	9.9	123	4.9	40	8.1

** Data for 2024 are provisional and subject to change

Table 7. Suicide counts and rates by race and ethnicity and neighborhood poverty level, New York City, 2015-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2015-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025; American Community Survey, 2019-2023

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population

Neighborhood poverty level	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024**	
	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate	Count of Suicides	Age-Adjusted Rate
0 to <10% (wealthiest)																				
Overall	111	5.6	112	5.9	137	6.6	137	6.1	131	6.0	119	5.6	106	5.4	109	5.4	94	4.8	108	5.2
Asian or Pacific Islander	7	2.5*	11	4.2	18	6.0	17	5.2	31	9.1	15	4.6	19	6.0	24	6.9	10	3.5*	13	3.4
Black	5	2*	9	3.5*	10	3.4*	6	2.1*	13	4.2	12	4.8	5	2.1*	^	^	8	3.1*	9	3.8*
Latino	5	2.3*	8	3.9*	8	3.2*	12	4.5	9	3.5*	13	4.6	7	2.3*	13	4.5	14	5.0	16	5.5
White	92	7.9	82	7.1	99	8.3	100	8.0	75	6.3	75	6.2	68	6.6	66	6.1	58	5.3	67	5.9
10 to <20%																				
Overall	192	5.2	206	5.3	200	5.0	225	5.4	217	5.2	233	5.2	229	5.3	244	5.8	252	6.0	221	5.1
Asian or Pacific Islander	30	4.8	33	4.9	17	2.4	35	4.7	35	4.7	34	4.4	38	5.0	32	4.0	34	4.5	33	3.9
Black	27	3.5	28	3.5	28	3.4	38	4.6	30	3.8	38	4.0	29	3.4	43	5.4	46	5.5	20	2.6
Latino	31	3.8	30	3.2	40	4.0	36	3.5	36	3.4	54	4.7	46	4.3	37	3.5	55	5.2	50	4.6
White	103	7.3	110	8.2	108	7.7	108	7.4	108	7.4	95	6.6	105	7.0	119	8.2	103	6.9	92	6.3
20 to <30%																				
Overall	109	5.1	96	4.4	112	6.1	95	4.9	97	5.0	97	5.4	104	6.0	99	5.8	89	5.2	94	5.4
Asian or Pacific Islander	20	7.1	13	4.2	17	6.7	11	3.9	15	5.4	18	6.6	17	7.2	19	7.9	12	4.6	15	6.1
Black	27	5.1	20	3.4	31	6.0	23	4.2	17	3.2	17	3.6	18	3.7	17	3.4	17	3.7	15	3.4
Latino	21	2.9	24	3.3	26	4.2	26	3.9	25	3.8	29	4.9	39	6.6	33	5.6	33	5.6	30	5.0
White	39	7.4	36	6.7	35	8.7	33	8.5	36	8.9	29	7.1	23	6.4	28	8.8	20	6.0	27	7.7
30 to 100% (poorest)																				
Overall	84	6.0	54	4.6	61	5.6	48	4.3	46	4.0	45	4.4	42	4.0	78	7.6	52	5.1	47	4.6
Asian or Pacific Islander	10	8.7	^	^	^	^	^	^	^	^	5	8.7*	^	^	^	^	^	^	^	^
Black	26	6.3	18	5.3	22	7.1	19	6.0	9	2.7*	16	4.9	12	3.5	27	8.4	14	4.3	11	3.5
Latino	36	5.2	28	4.3	30	5.1	16	2.6	23	3.7	18	3.7	21	4.0	35	7.0	26	5.2	23	4.5
White	12	9.1	6	6.7*	6	6.6*	7	7.4*	6	5*	5	4.3*	6	5*	13	11.8	8	6.8*	10	8.9*

* Interpret with caution, rate's Relative Standard Error (a measure of precision) is between 32% and 50% and may be unreliable

** Data for 2024 are provisional and subject to change

^ Data suppressed due to rate's Relative Standard Error (a measure of precision) greater than 50% and/or small cell size

Neighborhood poverty based on modified zipcode is defined as the percentage of the population living below the Federal Poverty Line (FPL), per the American Community Survey 2017-2021. Neighborhoods are categorized into four groups as follows: "Low poverty" neighborhoods are those with <10% of the population living below the FPL; "Medium poverty" neighborhoods have 10-<20% of the population below FPL; "High Poverty" neighborhoods have 20-<30% of the population living below the FPL; "Very high poverty" neighborhoods have ≥30% of the population living below the FPL. Based on decedent's borough of residence.

For the purpose of this publication, Latino includes people of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race; Latino excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Black, White, Asian, and Other race categories do not include people of Latino origin. American Indian, Alaska Native, multi-racial, and other race categories are not shown due to small numbers. Totals may differ by category due to missing data or subcategories not shown.

Table 8. Suicide counts and rates by United Hospital Fund (UHF) neighborhood of residence, New York City, 2022-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2022-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population

				2022-2024**	
Borough	UHF	UHF Neighborhood Name	Count	Crude Rate	Age-adjusted
Bronx					
	101	Kingsbridge - Riverdale	13	4.9	4.7
	102	Northeast Bronx	34	5.8	5.8
	103	Fordamn - Bronx Park	39	5.2	5.2
	104	Pelham - Throgs Neck	43	4.9	4.9
	105	Crotona - Tremont	35	5.5	5.6
	106	High Bridge - Morrisania	34	5.5	5.6
	107	Hunts Point - Mott Haven	34	8.1	8.3
Brooklyn					
	201	Greenpoint	26	5.8	5.5
	202	Downtown - Heights - Slope	37	4.6	4.3
	203	Bedford Stuyvesant - Crown Heights	43	4.1	4.0
	204	East New York	22	3.7	3.7
	205	Sunset Park	27	7.6	7.4
	206	Borough Park	33	3.3	3.4
	207	East Flatbush - Flatbush	56	6.5	6.4
	208	Canarsie - Flatlands	18	3.1	3.0
	209	Bensonhurst - Bay Ridge	37	6.1	5.4
	210	Coney Island - Sheepshead Bay	61	7.1	6.7
	211	Williamsburg - Bushwick	35	5.3	5.1
Manhattan					
	301	Washington Heights - Inwood	67	8.9	8.0
	302	Central Harlem - Morningside Heights	29	5.3	5.0
	303	East Harlem	28	8.1	7.7
	304	Upper West Side	53	7.7	6.8
	305	Upper East Side	48	7.6	6.2
	306	Chelsea - Clinton	53	10.9	8.8
	307	Gramercy Park - Murray Hill	22	5.4	4.1
	308	Greenwich Village - Soho	12	5.0	4.9
	309	Union Square, Lower East Side	50	8.8	7.2
	310	Lower Manhattan	16	8.4	8.6
Queens					
	401	Long Island City - Astoria	52	8.3	7.2
	402	West Queens	73	5.3	5.1
	403	Flushing - Clearview	58	7.5	6.8
	404	Bayside - Littleneck	17	6.2	5.6
	405	Ridgewood - Forest Hills	46	6.0	5.6
	406	Fresh Meadows	24	8.2	8.7
	407	Southwest Queens	41	5.0	4.7
	408	Jamaica	34	3.6	3.5
	409	Southeast Queens	21	3.3	3.0
	410	Rockaway	26	6.8	6.5
Staten Island					
	501	Port Richmond	16	7.5	7.4
	502	Stapleton - St. George	32	8.3	7.7
	503	Willowbrook	15	5.3	5.0
	504	South Beach - Tottenville	27	4.5	4.0

The United Hospital Fund (UHF) classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf

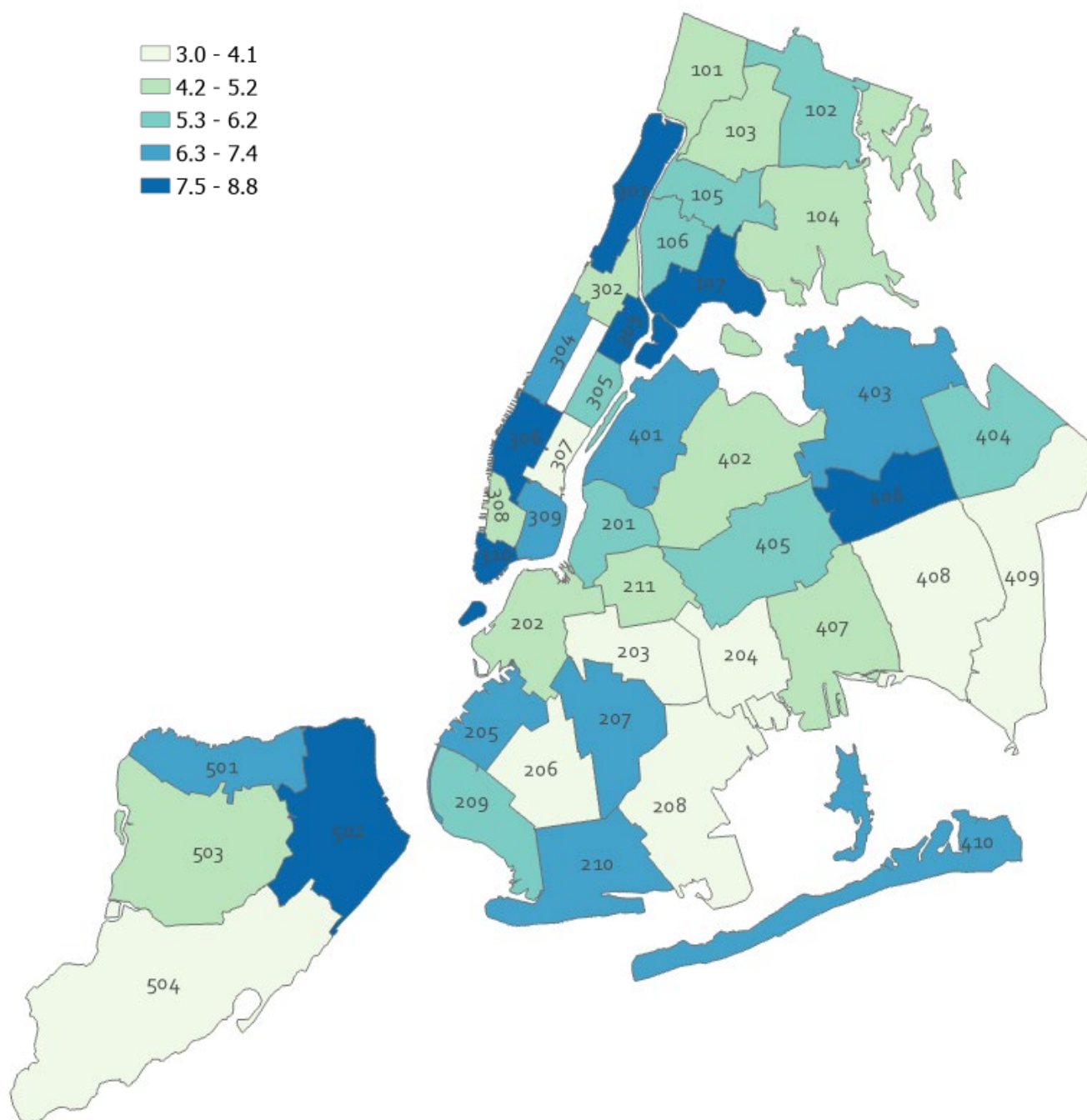
** Data for 2024 are provisional and subject to change

Figure 1. Suicide rates by United Hospital Fund (UHF) neighborhood of residence, New York City, 2022-2024**

Source: NYC DOHMH Bureau of Vital Statistics, 2022-2024; NYC Department of Health and Mental Hygiene Population Estimates, September 2025

Rate per 100,000 population

Data are age-adjusted to the US 2000 Standard Population



The United Hospital Fund (UHF) classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf

** Data for 2024 are provisional and subject to change