

Suicides in New York City, 2010 to 2019

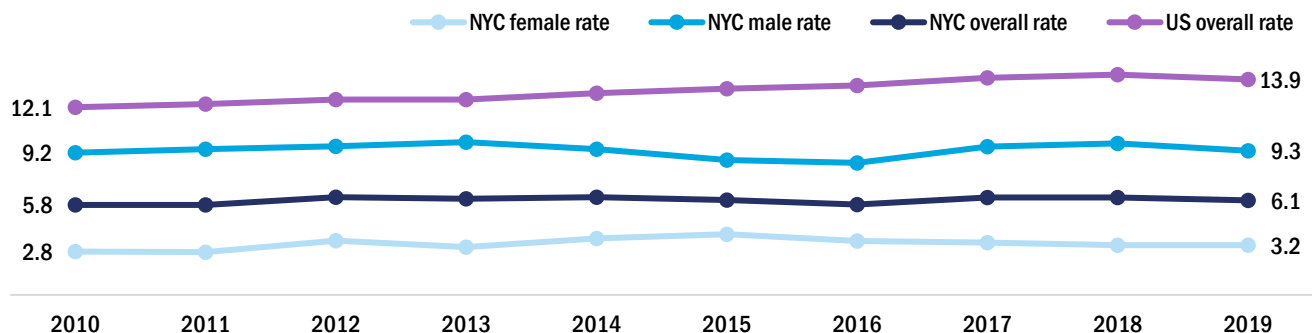
The pandemic and its related stressors – including job loss, financial stress, housing instability and feelings of isolation – are associated with adverse mental health outcomes among adults in New York City (NYC).^{1,2} Nationally and globally, prior economic downturns were associated with poor mental health and an increase in suicides.³ The impact of the COVID-19 pandemic on suicides in NYC will become clearer as data become available. To understand suicide rates and trends in NYC in the decade preceding the pandemic, this data brief describes differences by sex, age groups, race/ethnicity, and other demographic characteristics of suicide decedents from 2010 to 2019.^A

Overall New York City suicide rates remained stable from 2010 to 2019

- In 2019, 541 suicides occurred in NYC (6.1 per 100,000 people). Over the past ten years, the overall rate of suicide has remained flat in NYC and continues to be about half of the national rate (13.9 per 100,000 in 2019).⁴
- Among females in NYC, the suicide rate increased from 2010 to 2015 with an average annual increase of 6% per year, and then remained flat.
- There was no change in the suicide rate among males from 2010 to 2019. The suicide rate among males in NYC remained three times the rate of females (9.3 vs. 3.2 per 100,000 people in 2019).

Suicides in New York City by sex, and United States, 2010–2019

Age-adjusted rates per 100,000 people



Sources: NYC DOHMH Bureau of Vital Statistics, 2010 – 2019; National Vital Statistics System, 2010–2019. NYC DOHMH data for 2019 are provisional and subject to change.

^A Summary provisional data for suicide deaths in NYC in 2020 are available at www1.nyc.gov/assets/doh/downloads/pdf/epi/suicide-data-2015-2020.pdf

Data Sources:

NYC DOHMH Bureau of Vital Statistics 2010-2019: Mortality data on cause of death are classified using ICD10 codes. Suicides are coded U03, X60-X84, and Y87.0. Method of suicide is categorized using the following codes: firearm (X72-X74), hanging, strangulation, and suffocation (X70), poisoning (X60-X69), jumping from a high place (X80), jumping or lying before moving object (X81), and other methods (X71, X75-X79, X82-X84, Y87, U03).

NYC Department of Health and Mental Hygiene Population Estimates modified from US Census Bureau intercensal population estimates 2010-2018, updated September 2019, were used for denominators in rate calculations, except for neighborhood poverty.

American Community Survey (ACS) 2011-2015 estimates were used for neighborhood poverty rate calculations. Rates may differ slightly from other published sources.

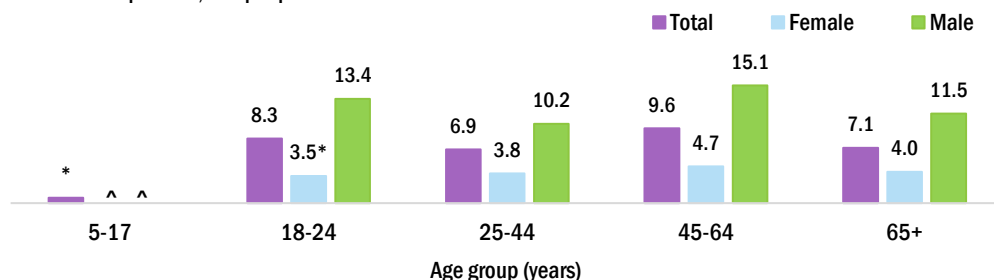
Note: All non age-specific rates are age-adjusted to the 2000 US standard population and include the entire population in the denominator. Age-specific rates include only the relevant ages. Trends in rates were evaluated using the Joinpoint Regression Program: Joinpoint Regression Program, Version 4.5.0.1 - June 2017; Statistical Methodology and Applications Branch, Surveillance Research Program, National Cancer Institute.

Individuals ages 45 to 64 years had the highest rate of suicide in New York City

- New Yorkers ages 45 to 64 had the highest rate of suicide in 2019, overall and by sex (9.6 overall, 4.7 females and 15.1 males, per 100,000 people).
- The suicide rate among males over age 65 declined from 18.4 in 2013 to 11.5 per 100,000 males in 2019, with an average annual decrease of 7%.

Crude suicide rate, by sex and age group, New York City, 2019

Rate of suicide per 100,000 people



*Interpret rates with caution due to the small number of events.

^ Rates with a relative standard error (a measure of precision) $\geq 50\%$ are unreliable and have been suppressed.

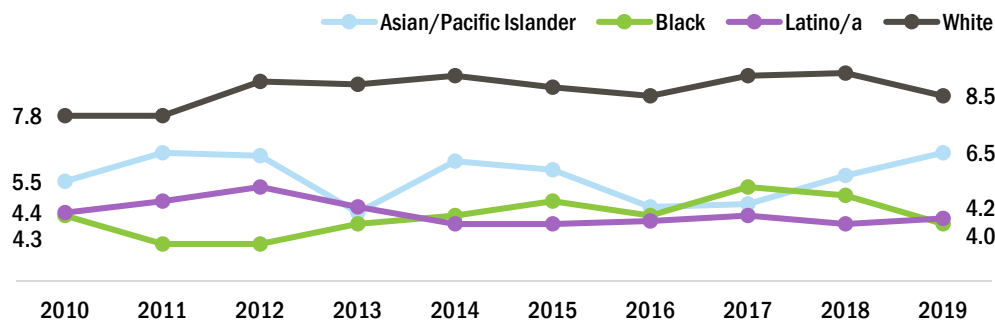
Source: NYC DOHMH Bureau of Vital Statistics, 2019. Data for 2019 are provisional and subject to change.

White New Yorkers had the highest suicide rate and the greatest increase was among Black female New Yorkers

- In 2019, the suicide rate among White New Yorkers (8.5 per 100,000 people) was higher compared with the suicide rate among Asian/Pacific Islander, Black, or Latino/a New Yorkers (6.5, 4.0, and 4.2 per 100,000 people, respectively).

Age-adjusted suicide rate, by race/ethnicity, New York City, 2010-2019

Rate of suicide per 100,000 people



Asian/Pacific Islander (API), Black and White race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race.

Source: NYC DOHMH Bureau of Vital Statistics, 2010-2019. Data for 2019 are provisional and subject to change.

- Suicide rates among Black females increased with an average annual increase of 6% from 2010 to 2019. Their rates remained lower than Asian/Pacific Islander, White, and Latina females but the upward trend is notable (1.9 per 100,000 females in 2019 vs. 5.4, 3.8, and 2.0, respectively).
- The rate among White females increased with an average annual increase of 10% from 2010 to 2015, remaining flat afterwards. There were no significant changes in suicide rates from 2010 to 2019 among Asian/Pacific Islander and Latina females.
- From 2010 to 2019, there were no significant changes in suicide rates by race/ethnicity among male New Yorkers.

Definitions:

Suicide is defined as death caused by self-directed injurious behavior with an intent to die.

Race/ethnicity: For the purpose of this publication, Latino/a includes persons of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race; Latino/a excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Black, White and Asian/Pacific Islander race categories do not include persons of Latino/a origin.

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

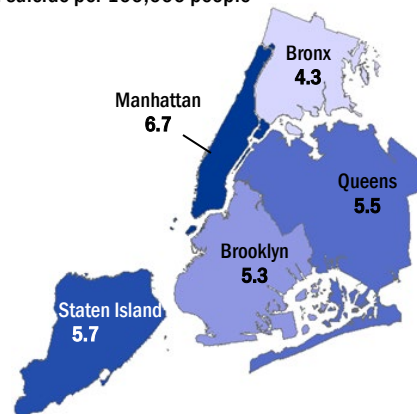
Neighborhood poverty: Based on modified ZIP code and defined as percentage of residents with income below 100% of the federal poverty level (FPL), per American Community Survey 2011-2015, in four groups: low (<10% FPL), medium (10%-<20% FPL), high (20%-<30% FPL), and very high ($\geq 30\%$ FPL). Borough and ZIP codes are based on the decedent's residence.

The rate of suicide was highest among Manhattan residents

- In 2019, the rate of suicide was highest among Manhattan residents (6.7 per 100,000) compared with residents from Staten Island, Queens, Brooklyn, and the Bronx (5.7, 5.5, 5.3, and 4.3 per 100,000, respectively).
- In 2015-2019, the two NYC neighborhoods with the highest rates of suicide were Chelsea-Clinton and Union Square-Lower East Side, both in Manhattan (9.2 and 7.8 per 100,000, respectively).
- From 2010 to 2019, Brooklyn residents had an average annual increase of 2% in suicide deaths (from 4.4 to 5.3 per 100,000). This increase was largely due to a 9% annual increase in the suicide rate for male residents in Brooklyn from 2016 to 2019 (6.1 to 8.5 per 100,000 males). There were no significant changes in suicide rates from 2010 to 2019 in other boroughs.

Age-adjusted rates of suicide by borough of residence, New York City, 2019

Rate of suicide per 100,000 people



Source: NYC DOHMH Bureau of Vital Statistics, 2019. Data for 2019 are provisional and subject to change.

Suicide rates differed by neighborhood poverty level

- Overall, NYC residents of low poverty (wealthiest) neighborhoods had the highest rate of suicide (6.3 per 100,000) compared with residents of medium, high, and very high poverty neighborhoods (5.4, 5.2, and 5.1 per 100,000 respectively) in 2019.
- From 2010 to 2019, the rates did not significantly change during the ten year period in any poverty group.

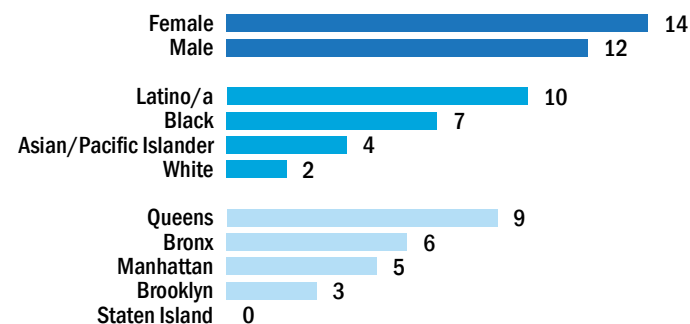
Methods of suicide differed between NYC and nationwide adults

- In 2019, the most common method of suicide among both male and female New Yorkers was hanging, strangulation, and suffocation (41%). Nationally, the most common method of suicide in 2019 was use of firearms (50%)⁴. In contrast, suicide due to firearms represented 9% of all suicides in NYC in 2019.
- The second-most common method of suicide was jumping from a high place, among both NYC females (29%) and males (18%) in 2019. Nationally, the second-most common method of suicide was suffocation (29% among US females, and 28% among US males).⁴

Suicides among youth in New York City

Demographic characteristics of suicides among youth ages 5-17, New York City, 2018-2019

Number of youth suicides



Asian/Pacific Islander (API), Black and White race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race.

NYC borough based on decedent's residence. Individuals with reported residence outside of NYC were excluded from the Borough of residence calculations.

Source: NYC DOHMH Bureau of Vital Statistics, 2018-2019.

Data for 2019 are provisional and subject to change.

- Over the past ten years, in two-year intervals, the number of youth suicides in NYC ranged from a high of 28 in 2016-2017 to a low of 22 in 2010-2011 and 2014-2015.
- In 2018-2019, there were a total of 26 suicides among youth ages 5 to 17; 14 suicides among females, and 12 among males.
- During this time period, the number of suicides among Asian/Pacific Islander (4), Black (7) and Latino/a (10) youth were higher than the number of suicides among White youth (2).
- In 2018-2019, youth who resided in Queens had the highest number of suicides among both female and male youth (9).

Implications

Suicide rates in NYC have remained stable over the past 10 years, however some demographic groups are disproportionately affected. While White adult males have the highest suicide rate, the lower rate among Black females has steadily increased over the past 10 years. The small number of suicides among youth are greater among Latino/a, Asian/Pacific Islander, and Black youth than White youth, although proportionally there are fewer Black and Asian/Pacific Islander youth than White youth in the NYC population; this is in contrast to the patterns seen among adult racial/ethnic groups, where White adults have the highest rate of suicide. This is in accordance with national findings on racial/ethnic differences in suicide attempts among youth, the greatest predictor of death by suicide.⁵ New York City's low proportion of suicide by firearm suggests that the city's strict gun policies may be contributing to its low suicide rate compared to national rates.

To reduce suicide related mortality, universal and COVID-19-specific suicide prevention strategies will continue in NYC. These include [suicide prevention media campaigns](#) in different languages targeted to adults and youth that acknowledge the impact the pandemic has on New Yorkers' mental health, including [Coping With Thoughts of Suicide During the COVID-19 Pandemic](#) which provides information and resources for people who are experiencing thoughts of suicide, have had thoughts of suicide in the past, or know a person who might be thinking about suicide; the School Mental Health Program which provides resources to every public school in New York City so schools can meet the emotional health needs of their students; and NYC Well, a free and confidential behavioral health support service supporting New Yorkers' mental health needs during COVID-19 and beyond. New Yorkers seeking support with their mental health can connect to trained counselors for free, 24/7 support in over 200 languages; call 888-NYC-WELL, text "WELL" to 65173 or chat online at nyc.gov/nycwell.

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 efforts to address historical and contemporary injustices such as discrimination based on social position (e.g., class, immigration status) or social identities (e.g., race, gender, sexual orientation). For more information, visit the Centers for Disease Control and Prevention's [Health Equity](#) page.

Authors: Iva Magas, Christina Norman

Acknowledgements: Marivel Davila, Myla Harrison, Hillary Kunins, Richard Ross, Randi Scott, Mary Huynh

References:

- 1 Impact of COVID-19 on Mental health in New York City; Magas, I, Norman, C, Baxter A, Harrison, M. NYC DOHMH, September, 2020. <https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-mental-health-impacts-hop.pdf>
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 - 4 Sone D, Jones C, Mack K. Changes in Suicide Rates — United States, 2018–2019. Morb Mortal Wkly Rep 2021;70. <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7008a1-H.pdf>
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- Suggested citation:** Magas, I., Norman, C. Suicide Deaths in New York City, 2010 to 2019. New York City Department of Health and Mental Hygiene: Epi Data Brief (127); September 2021.

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Epi Data Tables

September 2021, No. 127

Suicide Deaths in New York City, 2010 - 2019

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- Table 4.** Suicide counts and rates by borough and sex, New York City, 2010 - 2019
- Table 5.** Suicide counts and percentages by method and sex, New York City, 2010 and 2019
- Table 6.** Suicide counts and rates by neighborhood poverty level and sex, New York City, 2010 and 2019
- Table 7.** Suicide counts and rates by United Hospital Fund neighborhood in New York City, 2015 - 2019
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Data Sources

NYC DOHMH Bureau of Vital Statistics 2010 - 2019: Mortality data on cause of death are classified using ICD10 codes. Suicide deaths are coded U03, X60-X84, and Y87.0. Method of suicide is categorized using the following codes: firearm (X72-X74), hanging, strangulation, and suffocation (X70), poisoning (X60-X69), jumping from a high place (X80), jumping or lying before moving object (X81), and other methods (X71, X75-X79, X82-X84, Y87).

NYC Department of Health and Mental Hygiene Population Estimates, modified from US Census Bureau intercensal population estimates 2010-2018, updated September 2019, were used for denominators in rate calculations, except for neighborhood poverty. **American Community Survey (ACS) 2011-2015** estimates were used for neighborhood poverty rate calculations. Rates may differ slightly from other published sources.

Note: All non age-specific rates are age-adjusted to the 2000 US standard population and include the entire population in the denominator. Age-specific rates include only the relevant ages. Trends in rates were evaluated using the Joinpoint Regression Program: Joinpoint Regression Program, Version 4.5.0.1 - June 2017; Statistical Methodology and Applications Branch, Surveillance Research Program, National Cancer Institute.

Table 1. Suicide counts and rates by sex, New York City, 2010 - 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019.
Rates per 100,000 New Yorkers are age-adjusted to 2000 US standard population.

Year	Count of Suicides (Total)	Count of Suicides (Females)	Count of Suicides (Males)	Crude Rate (Total)	Crude Rate (Females)	Crude Rate (Males)	Age-Adjusted Rate (Total)	Age-Adjusted Rate (Females)	Age-Adjusted Rate (Males)
2010	503	129	374	6.1	3.0	9.5	5.8	2.8	9.2
2011	509	128	381	6.2	2.9	9.7	5.8	2.8	9.4
2012	557	163	394	6.7	3.7	9.9	6.3	3.5	9.6
2013	550	146	404	6.5	3.3	10.1	6.2	3.1	9.9
2014	565	172	393	6.7	3.9	9.8	6.3	3.6	9.4
2015	552	188	364	6.5	4.2	9.0	6.1	3.9	8.7
2016	525	166	359	6.2	3.7	8.9	5.8	3.5	8.5
2017	565	160	405	6.7	3.6	10.1	6.3	3.4	9.6
2018	562	150	412	6.7	3.4	10.3	6.3	3.2	9.8
2019	541	150	391	6.4	3.4	9.8	6.1	3.2	9.3

**Data for 2019 are provisional and subject to change.

Table 2. Suicide counts and rates by age group and sex, New York City, 2009 - 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019.

Rates per 100,000 New Yorkers

Age group (years)	2010		2011		2012		2013		2014		2015		2016		2017		2018		2019	
	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	10	0.6*	12	0.7*	12	0.7*	11	0.6*	14	0.8*	8	0.5*	14	0.8*	14	0.8*	14	0.8*	12	0.7*
Female	3	^	4	^	8	^	5	^	6	^	4	^	3	^	7	^	8	^	6	^
Male	7	^	8	^	4	^	6	^	8	^	4	^	11	^	7	^	6	^	6	^
18-24																				
Overall	52	5.9	55	6.4	60	7.1	48	5.8	48	5.9	60	7.6	50	6.6	47	6.3	50	6.9	60	8.3
Female	12	2.7*	13	3.0*	16	3.7*	14	3.3*	13	3.1*	17	4.2*	19	4.9*	9	2.4*	13	3.5*	13	3.5*
Male	40	9.3	42	9.9	44	10.5	34	8.3	35	8.8	43	11.1	31	8.3	38	10.5	37	10.5	47	13.4
25-44																				
Overall	176	6.9	173	6.7	177	6.8	201	7.6	211	7.9	173	6.5	177	6.6	215	8.1	188	7.1	183	6.9
Female	48	3.6	43	3.2	47	3.5	45	3.3	56	4.1	57	4.1	55	4	63	4.6	52	3.8	51	3.8
Male	128	10.3	130	10.4	130	10.3	156	12.2	155	12	116	9	122	9.4	152	11.7	136	10.5	132	10.2
45-64																				
Overall	206	10.2	182	8.9	222	10.8	183	8.9	202	9.8	204	9.8	193	9.3	205	9.9	219	10.7	198	9.6
Female	47	4.4	36	3.3	66	6.1	56	5.1	66	6	74	6.7	58	5.3	51	4.7	52	4.8	51	4.7
Male	159	16.9	146	15.4	156	16.3	127	13.2	136	14	130	13.3	135	13.7	154	15.7	167	17.2	147	15.1
65+																				
Overall	59	5.9	87	8.5	86	8.1	107	9.8	90	8	107	9.2	91	7.6	84	6.9	91	7.3	88	7.1
Female	19	^	32	5.2	26	4.1	26	4	29	4.3	36	5.2	31	4.4	30	4.2	25	3.4	29	4.0
Male	40	10	55	13.5	60	14.1	81	18.4	61	13.3	71	15	60	12.3	54	10.8	66	12.9	59	11.5

*Rates should be interpreted with caution. Rates's Relative Standard Error (a measure of estimate precision) is between 22% and 50%, or the cell size is too small, making the rate potentially unreliable.

^Rates with a relative standard error (a measure of precision) ≥50% are unreliable have been suppressed.

**Data for 2019 are provisional and subject to change.

Table 3. Suicide counts and rates by race/ethnicity and sex, New York City, 2010 - 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019.

Rates per 100,000 New Yorkers are age-adjusted to 2000 US standard population.

Race/Ethnicity	2010		2011		2012		2013		2014		2015		2016		2017		2018		2019	
	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/Pacific Islander																				
Overall	63	5.5	73	6.5	75	6.4	55	4.4	78	6.2	75	5.9	61	4.6	63	4.7	74	5.7	88	6.5
Female	17	2.9*	23	3.9	34	5.6	14	2.2*	28	4.2	36	5.3	29	4.1	25	3.6	28	4.2	40	5.4
Male	46	8.4	50	9.4	41	7.3	41	7.0	50	8.5	39	6.6	32	5.3	38	6.1	46	7.3	48	7.7
Black																				
Overall	83	4.3	65	3.3	65	3.3	76	4	84	4.3	94	4.8	85	4.3	102	5.3	94	5.0	76	4.0
Female	19	1.8	12	1.2*	15	1.4*	20	1.9	22	2.0	26	2.4	23	2.2	26	2.5	26	2.6	19	1.9
Male	64	7.7	53	6	50	5.7	56	6.7	62	7.2	68	7.7	62	7.0	76	8.6	68	7.9	57	6.5
Latino/a																				
Overall	102	4.4	114	4.8	126	5.3	109	4.6	98	4	97	4	103	4.1	107	4.3	99	4.0	103	4.2
Female	27	2.2	21	1.7	33	2.6	29	2.3	29	2.3	29	2.3	22	1.7	19	1.5	20	1.6	26	2.0
Male	75	6.8	93	8.2	93	8.3	80	7.2	69	6	68	5.9	81	6.8	88	7.5	79	6.8	77	6.5
White																				
Overall	243	7.8	245	7.8	278	9	279	8.9	289	9.2	277	8.8	263	8.5	280	9.2	279	9.3	253	8.5
Female	61	3.8	68	4.0	79	5.0	75	4.6	85	5.4	96	6.0	86	5.4	86	5.5	71	4.6	59	3.8
Male	182	12.1	177	11.8	199	13.3	204	13.5	204	13.4	181	11.8	177	11.7	194	13.0	208	14.2	194	13.4

*Rates should be interpreted with caution. Rates's Relative Standard Error (a measure of estimate precision) is between 22% and 50%, or the cell size is too small, making the rate potentially unreliable.

^Rates with a relative standard error (a measure of precision) ≥50% are unreliable and have been suppressed.

For the purpose of this publication, Latino/a includes persons of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race; Latino/a excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Black, White, Asian Pacific Islander, and Other race categories do not include persons of Latino/a origin. Individuals from other racial/ethnic background were excluded from the race/ethnicity table.

**Data for 2019 are provisional and subject to change.

Table 4. Suicide counts and rates by borough and sex, New York City, 2010-2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019.

Rates per 100,000 New Yorkers are age-adjusted to 2000 US standard population.

Borough	2010		2011		2012		2013		2014		2015		2016		2017		2018		2019	
	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
Bronx																				
Overall	54	4	80	5.8	78	5.6	74	5.3	66	4.5	83	5.7	80	5.5	79	5.4	65	4.5	63	4.3
Female	14	1.9*	18	2.4	21	2.7	14	1.8*	18	2.3	28	3.6	18	2.3	14	1.8*	15	2.0*	14	1.8*
Male	40	6.6	62	9.9	57	9.1	60	9.8	48	7.3	55	8.3	62	9.3	65	9.7	50	7.6	49	7.2
Brooklyn																				
Overall	116	4.4	116	4.4	118	4.5	119	4.5	125	4.6	131	4.8	120	4.4	131	4.9	133	5.0	141	5.3
Female	22	1.6	28	2.0	26	1.9	36	2.5	36	2.5	42	2.9	43	3.0	32	2.2	31	2.2	36	2.6
Male	94	7.7	88	7.3	92	7.6	83	6.9	89	7.3	89	7.2	77	6.1	99	7.9	102	8.3	105	8.5
Manhattan																				
Overall	101	5.7	116	6.4	132	7.2	135	7.4	138	7.6	120	6.4	103	5.7	145	7.9	122	6.7	123	6.7
Female	35	3.8	37	3.8	54	5.5	44	4.6	53	5.6	46	4.6	34	3.5	53	5.4	39	4.1	40	4.1
Male	66	7.9	79	9.5	78	9.2	91	10.7	85	9.8	74	8.8	69	8.2	92	10.6	83	9.8	83	9.8
Queens																				
Overall	148	6.1	129	5.3	143	5.8	133	5.4	141	5.7	131	5.2	137	5.4	122	4.9	155	6.3	136	5.5
Female	35	2.8	31	2.5	37	2.8	39	3.0	36	2.9	44	3.4	50	3.8	36	2.8	41	3.2	40	3.0
Male	113	9.8	98	8.5	106	9.1	94	8.1	105	8.9	87	7.3	87	7.2	86	7.4	114	9.7	96	8.1
Staten Island																				
Overall	27	5.3	22	4.3	33	6.7	29	5.9	29	5.7	31	5.9	28	5.7	34	7.0	31	6.1	28	5.7
Female	8	^	5	^	13	^	3	^	12	^	10	^	10	^	8	^	6	^	6	^
Male	19	7.8*	17	6.8*	20	7.9	26	11.0	17	7.2*	21	8.3	18	7.6*	26	10.9	25	10.2	22	9.1

*Rates should be interpreted with caution. Rates's Relative Standard Error (a measure of estimate precision) is between 22% and 50%, or or the cell size is too small, making the rate potentially unreliable.

^Rates with a relative standard error (a measure of precision) ≥50% are unreliable have been suppressed.

NYC borough based on decedent's residence. Individuals with reported residence outside of NYC were excluded from Borough table.

**Data for 2019 are provisional and subject to change.

Table 5. Suicide counts and percentages by method and sex, New York City, 2010 - 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2019.

Method	2010						2019					
	Count of total suicides	Count of suicides (Females)	Counts of suicides (Males)	Percent of total suicides	Percent of total suicides (Females)	Percent of total suicides (Males)	Count of total suicides	Count of suicides (Females)	Counts of suicides (Males)	Percent of total suicides	Percent of total suicides (Females)	Percent of total suicides (Males)
Hanging, Strangulation, Suffocation	178	44	134	35.4%	34.1%	35.8%	219	53	166	40.5%	35.3%	42.5%
Jumping from a high place	89	30	59	17.7%	23.3%	15.8%	114	43	71	21.1%	28.7%	18.2%
Poisoning	91	35	56	18.1%	27.1%	15.0%	87	39	48	16.1%	26.0%	12.3%
Firearm	61	2	59	12.1%	1.6%	15.8%	47	1	46	8.7%	0.7%	11.8%
Other	47	11	36	9.3%	8.5%	9.6%	41	8	33	7.6%	5.3%	8.4%
Jumping/lying before moving object	37	7	30	7.4%	5.4%	8.0%	33	6	27	6.1%	4.0%	6.9%

**Data for 2019 are provisional and subject to change.

Other methods include: drowning and submersion; explosive material; smoke, fire, and flames; steam, hot vapors and hot objects; sharp object; blunt object; crashing of motor vehicle; other specified means; unspecified means; sequelae of intentional harm.

Table 6. Suicide counts and rates by neighborhood poverty level and sex, New York City, 2010- 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2010- 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019; American Community Survey 2011-2015.

Rates per 100,000 New Yorkers are age-adjusted to 2000 US standard population.

Neighborhood poverty level	2010			2019		
	Count of suicides	Crude rate	Age-adjusted rate	Count of suicides	Crude rate	Age-adjusted rate
Low poverty						
Overall	97	6.2	5.4	113	7.1	6.3
Female	27	3.2	2.7	39	4.6	3.8
Male	70	9.5	8.6	74	9.9	9.1
Medium poverty						
Overall	171	5.7	5.3	177	5.8	5.4
Female	51	3.3	3.1	46	2.9	2.7
Male	120	8.4	7.8	131	9	8.4
High poverty						
Overall	96	5.2	5.0	104	5.5	5.2
Female	20	2.1	1.9	25	2.6	2.4
Male	76	8.6	8.5	79	8.7	8.4
Very high poverty						
Overall	79	4.3	4.4	97	5.2	5.1
Female	16	1.7*	1.7*	26	2.6	2.6
Male	63	7.2	7.7	71	8	8.1

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^Rates with a relative standard error (a measure of precision) ≥50% are unreliable and have been suppressed.

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 2011-2015. 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.

**Data for 2019 are provisional and subject to change. Poverty data tables for additional years available upon request.

Table 8. Suicide counts and rates by United Hospital Fund neighborhood, New York City, 2015 - 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2015 - 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019.

Rates per 100,000 New Yorkers are age-adjusted to 2000 US standard population.

Borough	United Hospital Fund neighborhood number	United Hospital Fund neighborhood name	Count of Suicides (Total)	Crude Rate (Total)	Age-Adjusted Rate (Total)
Bronx					
	101	Kingsbridge - Riverdale	37	7.9	7.2
	102	Northeast Bronx	44	4.3	4.3
	103	Fordham - Bronx Park	68	5.2	5.3
	104	Pelham - Throgs Neck	74	4.9	4.7
	105	Crotona - Tremont	60	5.5	5.6
	106	High Bridge - Morrisania	55	5.0	5.1
	107	Hunts Point - Mott Haven	34	4.8	4.8
Brooklyn					
	201	Greenpoint	32	4.7	4.8
	202	Downtown - Heights - Slope	67	5.2	5.2
	203	Bedford Stuyvesant - Crown Heights	85	5.2	4.9
	204	East New York	33	3.5	3.6
	205	Sunset Park	42	6.6	6.6
	206	Borough Park	72	4.3	4.5
	207	East Flatbush - Flatbush	53	3.5	3.4
	208	Canarsie - Flatlands	41	4.0	3.7
	209	Bensonhurst - Bay Ridge	82	8.0	7.1
	210	Coney Island - Sheepshead Bay	95	6.6	6.1
	211	Williamsburg - Bushwick	54	4.9	4.7
Manhattan					
	301	Washington Heights - Inwood	69	5.1	4.6
	302	Central Harlem - Morningside Heights	60	6.7	6.1
	303	East Harlem	26	4.6	4.4
	304	Upper West Side	93	8.6	7.1
	305	Upper East Side	96	8.8	7.6
	306	Chelsea - Clinton	81	10.8	9.2
	307	Gramercy Park - Murray Hill	56	8.5	7.0
	308	Greenwich Village - Soho	25	5.9	5.3
	309	Union Square, Lower East Side	84	8.9	7.8
	310	Lower Manhattan	19	6.3*	6.7*
Queens					
	401	Long Island City - Astoria	57	5.4	5.0
	402	West Queens	125	5.4	5.1
	403	Flushing - Clearview	106	8.4	6.9
	404	Bayside - Littleneck	34	7.7	6.8
	405	Ridgewood - Forest Hills	86	6.8	6.0
	406	Fresh Meadows	28	5.6	4.9
	407	Southwest Queens	91	6.3	6.1
	408	Jamaica	71	4.5	4.3
	409	Southeast Queens	48	4.5	4.3
	410	Rockaway	35	5.7	5.6
Staten Island					
	501	Port Richmond	9	^	^
	502	Stapleton - St. George	44	7.1	6.9
	503	Willowbrook	29	6.5	5.6
	504	South Beach - Tottenville	70	7.3	6.8

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^Rates with a relative standard error (a measure of precision) $\geq 50\%$ are unreliable and have been suppressed.

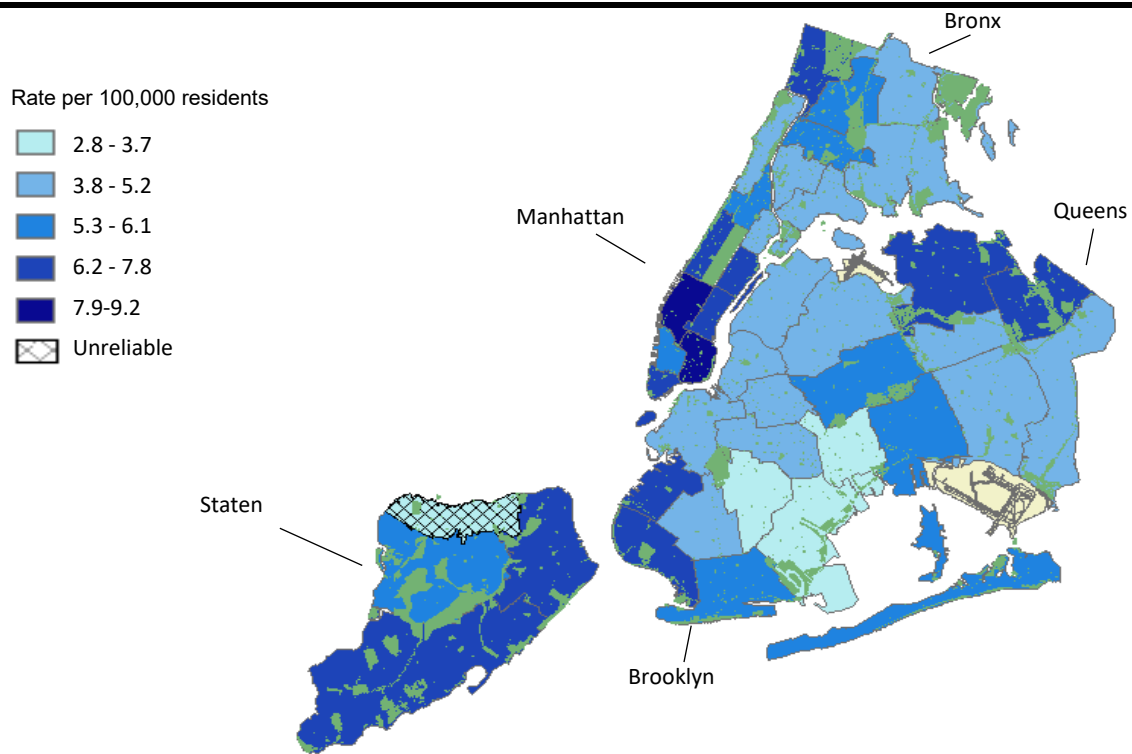
The United Hospital Fund classifies NYC into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit:

<http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf>

**Data for 2019 are provisional and subject to change.

Map 1. Suicide rates by United Hospital Fund neighborhood, New York City, 2015 - 2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2015 - 2019. Data for 2019 are provisional and subject to change. Rates per 100,000 New Yorkers are age-adjusted to 2000 US standard population.



The United Hospital Fund classifies NYC into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: <http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf>

**Data for 2019 are provisional and subject to change.

Table 8. Suicide counts among youth ages 5 to 17, New York City, 2010-2019**

Source: NYC DOHMH Bureau of Vital Statistics, 2019; NYC Department of Health and Mental Hygiene Population Estimates, 2018, updated September 2019.

	2010-2011	2012-2013	2014-2015	2016-2017	2018-2019
	Count of suicides	Count of suicides	Count of suicides	Count of suicides	Count of suicides
Sex					
Total	22	23	22	28	26
Boys	15	10	10	18	12
Girls	7	13	12	10	14
Race/Ethnicity					
Asian/Pacific Islander	2	2	2	3	4
Black	3	8	7	6	7
Latino/a	8	8	6	12	10
White	8	5	4	7	2
Borough					
Bronx	3	5	7	3	6
Brooklyn	7	4	5	4	3
Manhattan	2	4	4	5	5
Queens	7	5	4	6	9
Staten Island	1	3	0	4	0

For the purpose of this publication, Latino/a includes persons of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race; Latino/a excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Black, White, Asian Pacific Islander, and Other race categories do not include persons of Latino/a origin. Individuals from other racial/ethnic background were excluded from the race/ethnicity table.

NYC borough based on decedent's residence. Individuals with reported residence outside of NYC were excluded from the Borough table.

**Data for 2019 are provisional and subject to change.