

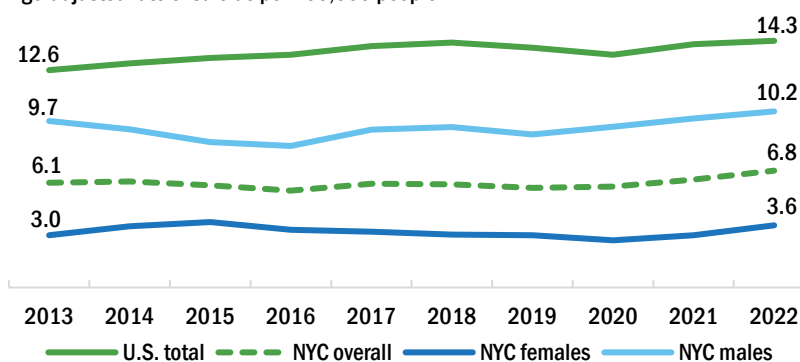
Suicide Deaths in New York City, 2013 to 2022

Suicide is among the top 10 leading causes of premature death in New York City (NYC).¹ It is a leading driver of loss of life expectancy and a focus of HealthyNYC, the New York City campaign for longer, healthier lives.² After a slight reduction in the suicide rate from 2018 to 2019, rates climbed during the COVID-19 pandemic. Lingering mental and physical health impacts of the pandemic, financial stress, housing instability, or feelings of isolation persist for many New Yorkers.^{3,4} To understand suicide rates and trends in NYC prior to, during, and after the pandemic, this data brief presents differences by sex, age group, race and ethnicity, and other demographic characteristics from 2013 to 2022.

In 2022, the suicide rate in New York City was the highest in the past decade

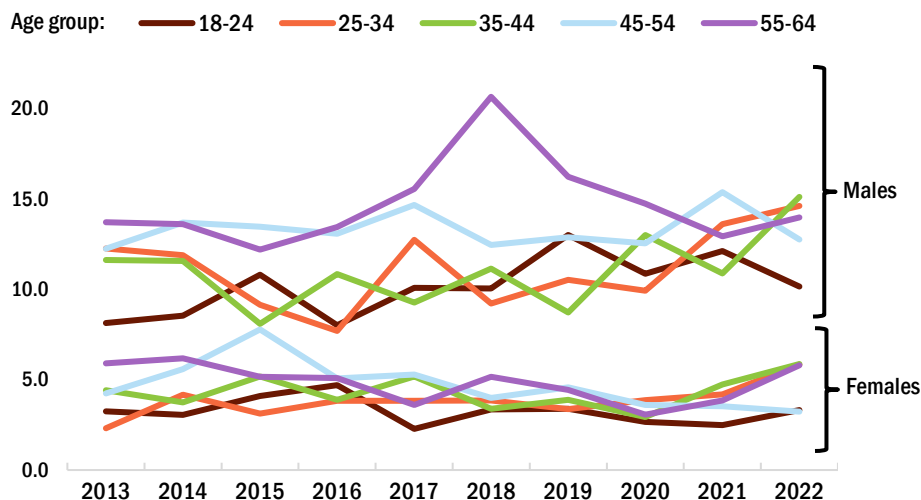
- The citywide suicide rate in NYC in 2022 was 6.8 per 100,000 people (602). As in previous years, this is half the national rate (14.3 per 100,000 people).^{5,6}
- Consistent with previous years, in 2022, the suicide rate among males in NYC was nearly three times the rate among females (10.2 vs. 3.6 per 100,000 people). This disparity is similar to national rates (23.1 vs. 5.9 per 100,000, males and females, respectively).
- Among males the suicide rate increased by 3% annually between 2015 and 2022 (8.4 to 10.2 per 100,000 males).
- According to the National Violent Death Reporting System (NVDRS), for suicide deaths in NYC in 2020-2022, male decedents (36%) had less documented history of mental health treatment when compared with female decedents (57%).

Suicide deaths by sex, New York City and United States, 2013-2022**
Age-adjusted rate of suicide per 100,000 people



Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022. National Vital Statistics System, 2013-2022. **Data for 2022 are provisional and subject to change.

Suicide deaths among females and males by age group, New York City, 2013-2022**
Crude rate of suicide per 100,000 people



Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022. National Vital Statistics System, 2013-2022. **Data for 2022 are provisional and subject to change.

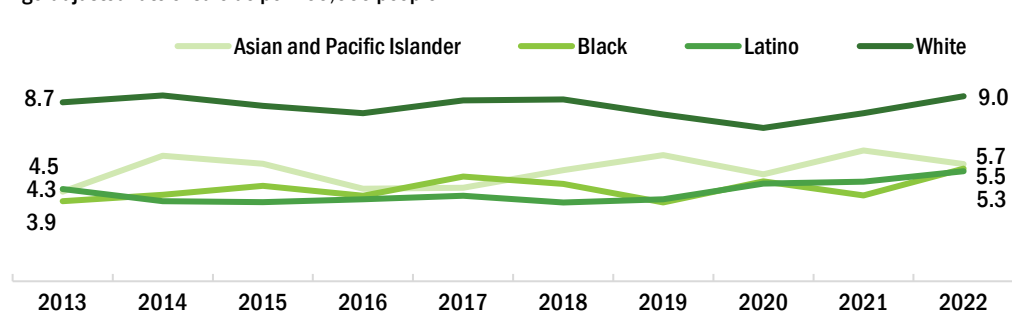
- From 2013 to 2022 there was a 4% average annual increase in the suicide rate among young males in NYC ages 18 to 24 (8.1 to 10.2 per 100,000 people).
- Among females in NYC ages 25 to 34, there was an average annual increase in the suicide rate of 6% from 2013 to 2022, while the rate among females ages 45 to 54 decreased by 10% annually from 2015 to 2022 (7.8 to 3.2 per 100,000 females).

Suicide rates among Latino people are rising, particularly among Latino males

- Suicide rates among Latinos increased by 9% annually between 2018 and 2022 (3.8 to 5.3 per 100,000 people).
- Among Latino males, there was a 3% average annual increase in the suicide rate between 2013 and 2022 (7.1 to 8.4 per 100,000 people).

Suicide deaths by race and ethnicity,* New York City, 2013-2022**

Age-adjusted rate of suicide per 100,000 people



*Asian/Pacific Islander, Black, and white race categories exclude Latino ethnicity. Latino includes Hispanic or Latino/a of any race.

Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022. National Vital Statistics System, 2013-2022. **Data for 2022 are provisional and subject to change.

The rate of suicide continues to be the highest among Manhattan residents

- In 2022, the rate of suicide was highest among Manhattan residents (6.9 per 100,000 people), followed by the Bronx (6.5 per 100,000 people), Staten Island (6.2 per 100,000 people), Brooklyn (5.6 per 100,000 people) and Queens (5.4 per 100,000 people).
- In Brooklyn, there was an average annual increase in the rate of suicide of 2% between 2013 (4.4 per 100,000 people) and 2022 (5.6 per 100,000 people).
- In 2022, neighborhoods with very high poverty had the highest rate of suicide (7.6 per 100,000 people) compared with neighborhoods of high, medium, and low poverty (6.2, 6.0, and 5.0 per 100,000 people, respectively). This is in contrast with prior years where low poverty neighborhoods tend to have the highest rate of suicide.

Suicide methods

- In 2022, the most common method of suicide was hanging, strangulation, and suffocation, accounting for 35% of all suicides in NYC, followed by jumping from a high place (24%), similar to prior years.
- Poisoning accounted for 15% of all suicides in NYC in 2022 (11% among males and 23% among females).
- The use of a firearm accounted for 9% of all suicides in 2022 (12% among males and 3%* among females), and was more common among older adults ages 65 and older (12%) compared with younger age groups. This is in stark contrast to firearms being the most common method of suicide in the U.S., accounting for 55% of suicides in 2022 nationally.⁷

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

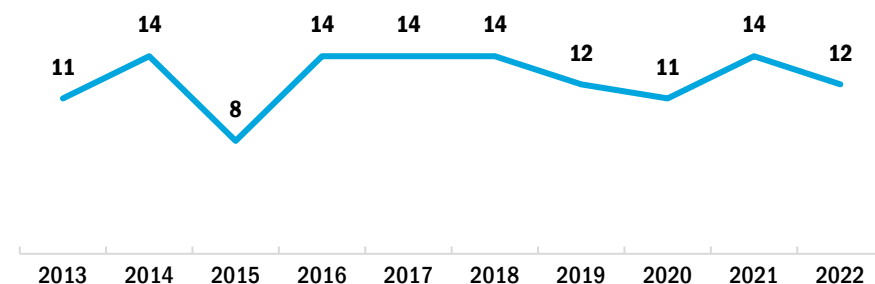
Definitions **Suicide** is defined as death caused by self-directed injurious behavior with an intent to die.

Race and ethnicity: For the purpose of this publication, Latino includes people of Hispanic origin based on ancestry reported on the [birth/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: 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 2017-2021, in four groups: low (<10% FPL), medium (10% - <20% FPL), high (20% - <30% FPL), and very high (>=30% FPL).

Suicide deaths among children and youth have remained unchanged over a decade

Count of suicide deaths among children and youth, New York City, 2013-2022**



Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022, National Vital Statistics System, 2013-2022. **Data for 2022 are provisional and subject to change.

- From 2013 to 2022, there were a total of 124 suicides among children and youth. On average, there were 12 children and youth suicide deaths per year. In 2022, there were 12 suicides among decedents ages 5 to 17.
- Between 2020 and 2022, data for NYC from NVDRS show that about one in three young decedents had a documented prior suicide attempt compared with one in five decedents of all ages.

Implications

In 2022, the overall suicide rate in NYC was the highest reported between 2013 and 2022, a pattern similar to national rates.^{4,5} Suicide deaths continue to be more common among white males than any other race and ethnicity group. However, the suicide rate among white males did not increase from 2013 to 2022. The rate among Latino people has increased since 2018, and the rate of suicide among Latino males has gradually increased since 2013. In NYC, suicide rates among young males ages 18 to 24 and young females ages 25 to 34 have increased since 2013. Conversely, the rate among older females ages 45 to 54 has decreased since 2015 and was the only age group for either sex to experience a decrease in suicide rate from 2013 to 2022. Suicide by hanging, strangulation, or suffocation continues to be the most common method in NYC, accounting for a third of all suicide deaths in 2022. NYC has a low proportion of suicide by firearm compared with the rest of the U.S. The recent New York vs. Bruen decision declared New York's law unconstitutional to require a license to carry a concealed weapon in public. Ongoing surveillance is needed to understand if loosening gun restrictions will impact the use of firearms in suicide deaths in NYC.

Although the number of suicide deaths among NYC children and youth remains stable and low, there is still a concerning prevalence of suicide attempts and ideation among this age group. Monitoring and responding to youth suicide attempts is a critical prevention strategy as previous attempts are major risk factors for suicide deaths.

The NYC Health Department aims to reduce suicide deaths and related behaviors among New Yorkers, with an emphasis on identifying and addressing disparities within and among populations. This includes efforts such as [HealthyNYC](#), the [Care, Community, Action](#) plan, and a newly established youth suicide prevention office. Other strategies include promotion of 988, a 24/7 suicide and crisis support line, and the [Caring Transitions Program](#), which supports youth within 24 hours of presentation to the hospital with a suicide attempt, and up to three months post-discharge, to reduce reattempts. Visit our website to learn more about the NYC Health Department's [suicide prevention](#) efforts.

For free, confidential mental health and substance use support for you and your loved ones, call or text 988 or chat online at nyc.gov/988, anytime. Trained counselors are available 24/7 by phone in over 200 languages, and text and chat services are available in English and Spanish. Teenspace is also available, providing free virtual mental health support to any teen ages 13 to 17 living in NYC.



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.

Data Sources**NYC DOHMH Vital Statistics (2013-2022)**

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-11), jumping from high place (X80), Jumping/lying before moving object (X81), all other methods (X79, X71, X75-X78, X82-X84, U03). NYC DOHMH data for 2022 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 4.9.1.0, Statistical Methodology and Applications Branch, Surveillance Research Program, National Cancer Institute. Annual Percent Change (APC) measures the year-over-year percent change within a specific segment of the data. Average Annual Percent Change (AAPC) is a summary measure of the trend over a pre-specified fixed interval. It allows us to use a single number to describe the average APCs over a period of multiple years.

NYC DOHMH Population Estimates modified from US Census Bureau intercensal population estimates, 2000-2021 and 2020-2022, updated September 2022 and November 2023, were used to calculate mortality rate.

National Violent Death Reporting System (NVDRS) is a CDC-funded state-based surveillance system linking information from Vital Statistics, medical examiner, and law enforcement records. The New York City Health Department partners with the New York State Department of Health to build and implement this surveillance system. Data reported for 2020-2022 are provisional and subject to change.

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Acknowledgements: Jo-Anne Caton, Vanessa Drury

References:

1. Li, W., Onyebeke, C., Castro, A., et al. Summary of Vital Statistics, 2021. New York, NY: Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene, 2022.
2. New York City Department of Health and Mental Hygiene. HealthyNYC: New York City's Campaign for Healthier, Longer Lives. Accessed August 15, 2024. <https://www.nyc.gov/site/doh/about/about-doh/healthynyc.page>
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, Norman C. Depression among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (141); July 2024.
5. Garnett, M. F., Curtin, S. C., & Stone, D. M. Suicide mortality in the United States, 2000–2020. NCHS Data Brief, No. 433. Hyattsville, MD: National Center for Health Statistics, 2022.
6. Curtin SC, Garnett MF, Ahmad FB. Provisional estimates of suicide by demographic characteristics: United States, 2022. Vital Statistics Rapid Release; no 34. November 2023.
7. CDC. Injury prevention & control: WISQARS—web-based injury statistics query and reporting system. Atlanta, GA: US Department of Health and Human Services, CDC. 2024. cdc.gov/injury/wisqars Accessed June 24, 2024.

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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.

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New York City Department of Health and Mental Hygiene





Epi Data Tables

November 2024, No. 143

Suicide Deaths in New York City, 2013 -2022

Data Tables

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- Table 3.** Suicide counts and rates by race and ethnicity and sex, New York City, 2013-2022
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- Table 6.** Suicide deaths by neighborhood poverty level, New York City, 2020-2022
- Table 7.** Suicide counts and rates by United Hospital Fund (UHF) neighborhood, New York City, 2020-2022
- Figure 1.** Suicide rates by borough of residence, New York City, 2022

Data Sources

NYC DOHMH Vital Statistics (2013-2022): 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-11), jumping from high place (X80), Jumping/lying before moving object (X81), all other methods (X79, X71, X75-X78, X82-X84, U03). NYC DOHMH data for 2022 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. Trends in rates were evaluated using the Joinpoint Regression Program: Version 4.9.1.0, Statistical Methodology and Applications Branch, Surveillance Research Program, National Cancer Institute. Annual Percent Change (APC) measures the year-over-year percent change within a specific segment of the data. Average Annual Percent Change (AAPC) is a summary measure of the trend over a pre-specified fixed interval. It allows us to use a single number to describe the average APCs over a period of multiple years.

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Table 1. Suicide counts and rates by sex in New York City, 2013-2022***Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023*

Rate per 100,000 population, age-adjusted to 2000 US 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)
2013	550	6.4	6.1	146	3.3	3.0	404	9.9	9.7
2014	565	6.5	6.2	172	3.8	3.5	393	9.5	9.2
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	3.0	2.7	413	9.8	9.3
2021	563	6.7	6.3	143	3.3	3.0	420	10.3	9.8
2022	602	7.2	6.8	166	3.8	3.6	434	10.8	10.2

** Data for 2022 are provisional and subject to change

Table 2. Suicide counts and rates by age group and sex, New York City, 2013-2022

Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023

Crude rate per 100,000 population

Age group (years)	2013		2014		2015		2016		2017		2018		2019		2020		2021		2022	
	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	11	0.6	14	0.8	8*	0.4*	14	0.8	14	0.8	14	0.8	12	0.7	11	0.6	14	0.8	12	0.7
Female	5*	0.6*	8*	0.9*	^	^	^	^	7*	0.8*	8*	0.9*	6*	0.7*	6*	0.7*	6*	0.7*	^	^
Male	6*	0.6*	6*	0.6*	^	^	^	^	7*	0.8*	6*	0.6*	6*	0.7*	5*	0.5*	8*	0.9*	^	^
18-24																				
Overall	48	5.7	48	5.8	60	7.4	50	6.3	47	6.1	50	6.6	60	8.1	49	6.7	51	7.2	47	6.6
Female	14	3.2	13	3.1	17	4.1	19	3.3	9*	2.3*	13	3.3	13	3.4	10	2.7	9*	2.5*	12	3.3
Male	34	8.1	35	8.5	43	10.8	12	8.0	38	10.1	37	10.0	47	13.0	39	10.9	42	12.1	35	10.2
25-34																				
Overall	107	7.1	121	7.9	94	6.0	90	5.7	129	8.2	102	6.5	108	6.9	104	6.8	124	8.8	141	10.2
Female	18	2.3	33	4.2	25	3.1	31	3.8	31	3.8	31	3.9	27	3.4	30	3.9	30	4.2	41	5.8
Male	89	12.3	88	11.9	69	9.1	59	7.7	98	12.7	71	9.2	81	10.5	74	9.9	94	13.6	99	14.6
35-44																				
Overall	94	7.9	90	7.5	79	6.6	87	7.3	86	7.2	86	7.2	75	6.2	96	7.9	91	7.8	121	10.5
Female	27	4.4	23	3.7	32	5.2	24	3.9	32	5.2	21	3.4	24	3.9	18	2.9	28	4.7	34	5.9
Male	67	11.6	67	11.6	47	8.1	63	10.8	54	9.3	65	11.1	51	8.7	78	13.0	63	10.9	86	15.1
45-54																				
Overall	91	8.1	107	9.5	119	10.5	101	8.9	110	9.8	89	8.0	93	8.6	86	8.0	97	9.3	80	7.8
Female	25	4.2	33	5.6	46	7.8	30	5.1	31	5.3	23	4.0	26	4.6	20	3.6	19	3.5	17	3.2
Male	66	12.2	74	13.7	73	13.5	71	13.1	79	14.7	66	12.4	67	12.9	66	12.5	78	15.4	63	12.7
55-64																				
Overall	92	9.5	95	9.6	85	8.4	92	9.0	95	9.1	130	12.4	105	9.9	91	8.6	85	8.2	99	9.7
Female	31	5.9	33	6.2	28	5.2	28	5.1	20	3.6	29	5.2	25	4.4	17	3.1	21	3.9	31	5.8
Male	61	13.7	62	13.6	57	12.2	64	13.4	75	15.5	101	20.6	80	16.2	74	14.7	64	12.9	68	14.0
65+																				
Overall	107	9.6	90	7.8	107	8.9	91	7.3	84	6.6	91	6.9	88	6.5	110	8.2	101	7.4	101	7.2
Female	26	3.9	29	4.2	^	^	^	^	30	4.0	25	3.2	29	3.6	33	4.2	30	3.8	^	^
Male	81	18.0	61	13.0	^	^	^	^	54	10.3	66	12.1	59	10.5	77	13.8	71	12.5	^	^

** Data for 2022 are provisional and subject to change.

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

^ Data for 5-17 age group by sex suppressed due to rate's Relative Standard Error (a measure of precision) greater than 50% and/or small cell size. Data in 65+ age group suppressed to prevent back-calculation.

Table 3. Suicide counts and rates by race and ethnicity and sex, New York City, 2013-2022**

Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023
Rate per 100,000, age-adjusted to 2000 US standard population

Race and Ethnicity	2013		2014		2015		2016		2017		2018		2019		2020		2021		2022	
	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	55	4.3	78	6.1	75	5.7	61	4.5	63	4.5	74	5.4	88	6.1	75	5.2	87	6.3	81	5.7
Female	14	2.1	28	4.1	36	5.1	29	3.9	25	3.4	28	4.0	40	5.0	20	2.5	34	4.7	39	5.1
Male	41	6.9	50	8.3	39	6.4	32	5.1	38	5.8	46	7.0	48	7.3	55	8.1	53	8.2	42	6.3
Black																				
Overall	76	3.9	84	4.2	94	4.6	85	4.1	102	5.1	94	4.7	76	3.8	96	4.9	80	4.2	100	5.5
Female	20	1.8	22	1.9	26	2.3	23	2.1	26	2.4	26	2.5	19	1.9	19	1.8	13	1.3	24	2.4
Male	56	6.6	62	7.0	68	7.5	62	6.7	76	8.3	68	7.5	57	6.2	77	8.4	67	7.5	75	8.8
Latino/a																				
Overall	109	4.5	98	3.9	97	3.8	103	4.0	107	4.1	99	3.8	103	4.0	122	4.7	122	4.8	132	5.3
Female	29	2.3	29	2.2	29	2.2	22	1.6	19	1.4	20	1.5	26	1.9	19	1.4	28	2.2	32	2.5
Male	80	7.1	69	5.8	68	5.7	81	6.5	88	7.2	79	6.5	77	6.2	103	8.4	94	7.6	100	8.4
White																				
Overall	279	8.7	289	9.0	277	8.5	263	8.2	280	8.8	279	8.8	253	8.1	231	7.4	242	8.2	257	9.0
Female	75	4.5	85	5.2	96	5.8	86	5.2	86	5.2	71	4.4	59	3.7	70	4.5	62	4.0	62	4.4
Male	204	13.2	204	13.0	181	11.4	177	11.3	194	12.5	208	13.4	194	12.7	161	10.4	180	12.4	194	13.6

** Data for 2022 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.

Table 4. Suicide counts and rates by borough of residence, New York City, 2013-2022**

Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023

Rate per 100,000, age-adjusted to 2000 US 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
2013	74	5.2	119	4.4	135	7.2	133	5.3	29	5.7
2014	66	4.4	125	4.5	138	7.4	141	5.6	29	5.6
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	4.4	121	6.4	143	5.4	30	5.7
2021	68	4.7	137	5.0	118	6.5	127	5.0	31	5.9
2022	90	6.5	152	5.6	128	6.9	131	5.4	34	6.2

** Data for 2022 are provisional and subject to change

Table 5. Suicide counts and percentages by method and sex, New York City, 2013-2022**

Source: NYC DOHMH Bureau of Vital Statistics, 2013-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023

Rate per 100,000, age-adjusted to 2000 US standard population

Method	2013		2014		2015		2016		2017		2018		2019		2020		2021		2022	
	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	9.8	55	9.7	54	9.8	56	10.7	54	9.6	56	10.0	47	8.7	55	10.1	48	8.5	56	9.3
Female	^	^	^	^	^	^	7*	4.2*	^	^	^	^	^	^	5*	3.7*	^	^	5*	3.0*
Male	^	^	^	^	^	^	49	13.6	^	^	^	^	^	^	50	12.1	^	^	51	11.8
Jumping Before Moving Object																				
Overall	39	7.1	32	5.7	27	4.9	38	7.2	32	5.7	48	8.5	33	6.1	30	5.5	43	7.6	41	6.8
Female	^	^	^	^	^	^	11	6.6	^	^	^	^	^	^	9*	6.7*	^	^	12	7.2
Male	^	^	^	^	^	^	27	7.5	^	^	^	^	^	^	21	5.1	^	^	29	6.7
Jumping High Place																				
Overall	115	20.9	107	18.9	120	21.7	103	19.6	124	21.9	117	20.8	114	21.1	118	21.6	120	21.3	142	23.6
Female	37	25.3	37	21.5	46	24.5	33	19.9	42	26.3	31	20.7	43	28.7	28	20.9	39	27.3	46	27.7
Male	78	19.3	70	17.8	74	20.3	70	19.5	82	20.2	86	20.9	71	18.2	90	21.8	81	19.3	96	22.1
Other																				
Overall	52	9.5	54	9.6	49	8.9	50	9.5	44	7.8	52	9.3	41	7.6	66	12.1	62	11.0	66	11.0
Female	^	^	10	5.8	14	7.4	10	6.0	9*	5.6*	12	8.0	8*	5.3*	12	9.0	9*	6.3*	9*	5.4*
Male	^	^	44	11.2	35	9.6	40	11.1	35	8.6	40	9.7	33	8.4	54	13.1	53	12.6	57	13.1
Poisoning																				
Overall	91	16.5	83	14.7	80	14.5	91	17.3	89	15.8	91	16.2	87	16.1	71	13.0	92	16.3	88	14.6
Female	38	26.0	41	23.8	45	23.9	43	25.9	45	28.1	42	28.0	39	26.0	29	21.6	35	24.5	39	23.5
Male	53	13.1	42	10.7	35	9.6	48	13.4	44	10.9	49	11.9	48	12.3	42	10.2	57	13.6	47	10.8
Hanging, Strangulation, Suffocation																				
Overall	199	36.2	234	41.4	222	40.2	187	35.6	222	39.3	198	35.2	219	40.5	207	37.8	198	35.2	209	34.7
Female	48	32.9	73	42.4	75	39.9	62	37.3	56	35.0	54	36.0	53	35.3	51	38.1	55	38.5	55	33.1
Male	151	37.4	161	41.0	147	40.4	125	34.8	166	41.0	144	35.0	166	42.5	156	37.8	143	34.0	154	35.5

** Data for 2022 are provisional and subject to change

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

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

Table 6. Suicide counts and rates by neighborhood poverty level, New York City, 2020-2022**

Source: NYC DOHMH Bureau of Vital Statistics, 2020-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023

Rate per 100,000, age-adjusted to 2000 US standard population

Neighborhood poverty level	2020			2021			2022		
	Count of suicides	Crude Rate	Age-Adjusted Rate	Count of suicides	Crude Rate	Age-Adjusted Rate	Count of suicides	Crude Rate	Age-Adjusted Rate
Neighborhood poverty level									
0 to <10% (wealthiest)	133	6.1	5.4	129	6.1	5.5	118	5.7	5.0
10 to <20%	219	5.7	5.3	204	5.4	5.0	237	6.4	6.0
20 to <30%	95	5.8	5.6	103	6.6	6.3	101	6.5	6.2
30 to 100% (poorest)	47	4.4	4.5	45	4.3	4.4	75	7.4	7.6

** Data for 2022 are provisional and subject to change

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.

Table 7. Suicide counts and rates by United Hospital Fund (UHF) neighborhood, New York City, 2020-2022**

Source: NYC DOHMH Bureau of Vital Statistics, 2020-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023

Rate per 100,000, age-adjusted to 2000 US standard population

			2020-2022		
Borough	UHF	UHF Neighborhood Name	Count	Crude Rate	Age-adjusted
Bronx					
	101	Kingsbridge - Riverdale	17	6.2	5.9
	102	Northeast Bronx	34	5.5	5.3
	103	Fordamn - Bronx Park	59	7.5	7.5
	104	Pelham - Throgs Neck	35	3.9	3.9
	105	Crotona - Tremont	34	5.3	5.4
	106	High Bridge - Morrisania	31	4.8	4.9
	107	Hunts Point - Mott Haven	24	5.7	5.8
Brooklyn					
	201	Greenpoint	23	5.4	4.8
	202	Downtown - Heights - Slope	46	5.8	5.8
	203	Bedford Stuyvesant - Crown Heights	44	4.2	3.9
	204	East New York	16	2.6	2.6
	205	Sunset Park	25	6.9	6.9
	206	Borough Park	45	4.5	4.6
	207	East Flatbush - Flatbush	52	5.8	5.6
	208	Canarsie - Flatlands	25	4.0	3.9
	209	Bensonhurst - Bay Ridge	32	5.1	4.7
	210	Coney Island - Sheepshead Bay	70	7.9	7.3
	211	Williamsburg - Bushwick	35	5.2	5.0
Manhattan					
	301	Washington Heights - Inwood	52	6.5	5.9
	302	Central Harlem - Morningside Heights	29	5.3	4.8
	303	East Harlem	30	8.8	8.3
	304	Upper West Side	48	7.2	5.8
	305	Upper East Side	44	7.1	6.2
	306	Chelsea - Clinton	40	8.6	7.3
	307	Gramercy Park - Murray Hill	38	9.5	7.3
	308	Greenwich Village - Soho	11	4.7	3.8
	309	Union Square, Lower East Side	62	11.1	9.0
	310	Lower Manhattan	12	6.5	7.1
Queens					
	401	Long Island City - Astoria	54	8.9	7.5
	402	West Queens	71	5.1	4.8
	403	Flushing - Clearview	63	8.2	7.3
	404	Bayside - Littleneck	26	9.4	8.5
	405	Ridgewood - Forest Hills	55	7.0	6.0
	406	Fresh Meadows	14	4.7	4.8
	407	Southwest Queens	40	4.7	4.5
	408	Jamaica	32	3.3	3.1
	409	Southeast Queens	25	3.8	3.9
	410	Rockaway	18	4.5	4.1
Staten Island					
	501	Port Richmond	9*	4.1*	4.0*
	502	Stapleton - St. George	38	9.9	9.2
	503	Willowbrook	19	6.7	5.9
	504	South Beach - Tottenville	29	4.9	4.6

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 2022 are provisional and subject to change

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

Figure 1. Suicide rates by borough of residence , New York City, 2022**

Source: NYC DOHMH Bureau of Vital Statistics, 2020-2022; NYC Department of Health and Mental Hygiene Population Estimates, November 2023

Rate per 100,000, age-adjusted to 2000 US standard population



** Data for 2022 are provisional and subject to change