

Correctional Health Services

Good morning Chair Rivera and members of the Committee on Criminal Justice. I am Dr. Bipin Subedi, Chief of the Mental Health Service at NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I appreciate the opportunity to testify today on the topic of self-harm and suicide prevention in NYC jails.

While Commissioner Molina and colleagues in the Department of Correction have spoken to the prevention of self-injury and suicide among incarcerated individuals from an environmental and operational perspective, I can address the clinical risk factors for these behaviors and contextualize self-injury in the jail setting. Even before the pandemic, persons detained in jail were more than five times more likely than in the community, and almost two times more likely than prisoners, to experience serious psychological distress. According to data from the Bureau of Justice Statistics, in 2019, national jail suicide rates were more than twice that of the community and almost double state prison rates.

The jail environment is associated with psychological instability, self-harm, and suicide for several reasons. Individuals enter jail with high levels of stress due to their recent detention, separation from family, disruptions in care, and loss of autonomy and access to usual outlets for coping. Uncertainty about the outcome of legal cases and the unpredictability of the jail environment can cause additional tension and anxiety. All these factors can exacerbate symptoms of an existing mental illness, as well as induce psychological distress and new self-injury in individuals without a history of mental health problems. The above conditions also contribute to suicide being the leading cause of death in jails across the United States, with a rate of about 49 deaths per 100,000 individuals in 2019.

While some incarcerated individuals harm themselves because of a desire to die, others self-harm to express and manage distress or to communicate an unmet need. In addition to relieving tension or anxiety, self-injury in a jail environment can also be a pathway for immediate attention when an individual does not believe other forms of communication would be successful.

The majority of the self-harming behavior in jails is defined as non-suicidal self-injury, or NSSI, which is self-inflicted damage to one’s own body (e.g., cutting) without the intent to die. Literature suggests that individuals in the criminal-legal system report NSSI at higher rates than people in the general population. The lack of lethal intent does not make NSSI any less serious or concerning because it can be fatal, even if not intentional. NSSI is particularly concerning in a population with extensive histories of trauma, which can lead to impulsivity and rapid emotional changes. This is why CHS uses a broad definition of self-injury when assessing and caring for patients.

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Understanding these challenges, in 2016, when CHS, as a new division of New York City Health + Hospitals, became the direct health care provider in NYC jails, it implemented a robust mental health system of care.. CHS hired additional mental health professionals with a focus on strengthening oversight and supervision; created a strong clinically based suicide prevention program centered around early detection, individual risk assessment, and treatment planning, as well as the close monitoring and investigation of all self-injury regardless of severity; and established specialty units for individuals with serious mental illness (SMI), which improved access to care and medication adherence and decreased injury due to violence. These interventions significantly improved the mental health services available to people incarcerated in NYC.

As Commissioner Molina discussed in his testimony, the COVID-19 pandemic, however, destabilized the jails in profound and impactful ways at both the individual and systemic level. Since the spring of 2020, detained individuals have contended with court delays, restricted communication with family, friends, and attorneys, and health concerns – for themselves and for loved ones. The ongoing and far-reaching disruptions in the functioning of the jail throughout 2020 and 2021 served to exacerbate the pressures and stresses on detained persons.

Although rate of self-injury decreased during the first three months of the pandemic, it subsequently increased approximately 75% in the subsequent quarter across all housing areas and several age groups, peaked during the spring of 2021, and remains elevated from pre-pandemic levels. This increase in self-harm has been driven by non-suicidal self-injury in non-SMI population and the percentage of individuals requiring referral to the hospital for self-injury has not changed. Yearly suicide rates have remained generally stable since 2019. The global increase in non-suicidal self-harm and the fact that the percentage of patients self-injuring with serious mental illness has decreased by more than 40% since the pandemic began, strongly suggests that systemic factors are inducing this phenomenon.

Since the pandemic, CHS has taken significant additional steps to minimize risk of self-harm and suicide related to, and independent of, mental illness. This includes focused efforts to ensure individuals with mental health needs are assessed early in the course of incarceration; the creation of additional mental health therapeutic housing areas, including one in the intake facility; central mechanisms to identify and escalate known high-risk individuals for evaluation; and instituting a lower threshold for referring and placing patients on suicide-watch observation and more stringent criteria for transferring them to general population. CHS has also provided education to clinical staff on suicide-risk assessment and to correctional officers on suicide prevention and the importance of taking all NSSI seriously.

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CHS also works with the Department of Correction and other City partners to advance criminal-legal reform efforts. This includes the creation of more normative and humane borough-based jails, in which approximately 50 percent of the housing units will be therapeutic, and hospital-based jail units for those who have significant medical and mental health needs. CHS also continues to support alternatives to incarceration and greater access to community-based mental health services and supports.

Prior to the pandemic, CHS was able to demonstrate that the implementation of robust clinical interventions could help mitigate the harms associated with the jail setting. Notably, from 2016 to 2020, the yearly rate of jail suicide in New York City was significantly lower than the national average, with one completed suicide during a four-year period between 2016 and 2020. There were four confirmed in-custody deaths from suicide in 2021, and one suicide-related death occurring immediately following release from custody. Since and in part due to the pandemic, there has been a significant increase in environmental and systemic stressors throughout the entire criminal-legal system that have negatively impacted the people we treat. Health care staff will continue to utilize all the tools we have to try to mitigate and manage the self-injury risks to our patients; however, it is crucial that all stakeholders recognize the inherent risks of involvement in the entire criminal-legal system up to and including jail detention, especially during public health emergencies, and that a myriad of factors contribute to the distress and self-harm of incarcerated people.

Regarding Intro 30, related to medical access during lock-ins, CHS will work with the Department in reviewing the legislation. We, too, look forward to working with Council on this important issue, as ensuring our patients can access health services is vital to their care and our operations.

I will close by taking a moment to acknowledge the remarkable work of CHS' health care workers. I am here representing a large team of professionals who have remained committed to treating people – our patients - during extremely difficult times. These past two years have been especially challenging, and I thank them for their ongoing dedication and sacrifice in performing this meaningful work.