

Community Services Board- Mental Health Subcommittee

Quarter 2 meeting

June 18, 2024

Attendees: Jamie Neckles (BMH), Jennifer Kwon (BMH), Ben McCarthy (BMH), Rachel Suss (BMH), Geoff Debery (CYF), Meghan Hamwey (CYF), Marnie Davidoff (CYF), Nicole Stratton (CYF), Jean Wright (MHY EDC), Devin Dattolico (MHY EDC's Office), Rachel Saloman (Mental Health advocate), Lisa O'Connor (Safe Horizon), Scott Shapiro (Psychiatrist), Stephanie LeMelle (Director of Public Psychiatry at Columbia), Rachel Vick (DOHMH Press Office),

Welcome and Introductions

Child, Youth and Families (CYF) Update:

Teenspace

Virtual mental health service for NYC adolescents ages 13-17, free, no insurance or payment required, care provided virtually by licensed therapists. Option of virtual visit with therapist and unlimited texting. You do not need a diagnosis to receive this service.

- i. *6,800 teenagers signed up for NYC Teenspace.*
- ii. *Nearly 60 percent of NYC Teenspace users identified as Black or Hispanic.*
- iii. *Eighty percent of users identified as Black, Hispanic, AAPI, bi-racial, or Native American.*
- iv. *Neighborhoods that led the city in signups are:*
 1. *11212 - Brownsville (Brooklyn)*
 2. *11208 - East New York (Brooklyn)*
 3. *11236 - Canarsie (Brooklyn)*
 4. *10456 – Morrisania (Bronx) 10467 – Norwood (Bronx)*
- v. *Teenage girls were more likely to seek help. Almost 70 percent of users identified as female, compared to roughly 23 percent who identified as male.*
- vi. *More than half exclusively engaged with their therapist via messaging.*
- vii. *Early results showed 65 percent of users already reported an improvement, with this group growing steadily.*

Adult Mental Health Update (BMH):

Clubhouses:

i. General Information and Background:

1. *Clubhouses support people experiencing serious mental illness by helping build social connections, get resources, gain supported employment and educational services, and find a supportive community of peers.*
2. *We are seeking to expand the number of New Yorkers served by clubhouses by at least 3,750 - to a total of at least 8,750 by reprocurring all current clubhouse contracts to expand and enhance the program reach and impact.*

3. *The current Clubhouse contracts needed to be restructured in order to grow the program.*
4. *We also needed to reassess and address the current needs of Clubhouse members – something that hadn't been done in decades.*
5. *The RFP allows us to:*
 - a. *Increase overall membership – there are so many people being kept out of the current system*
 - b. *Prioritize high-need neighborhoods – I'm happy that going forward the majority of Clubhouses will be operating in neighborhoods identified in the RFP as having a high burden of SMI.*
 - c. *Ensure quality services – the RFP requires that Clubhouses be accredited by Clubhouse International standards. This is the same standard that is also included in similar federal legislation.*
 - d. *Have better accountability with the programs operating these spaces.*
6. *The release of this new RFP was done with care and consideration so that more New Yorkers with SMI will be welcomed into safe, supportive communities where they can advance their quality of life through social, education and employment activities.*
7. *In April, we released the awards for the new Clubhouse RFPs. The contracts are currently under negotiation, but we anticipate that there will be 13 locations as a result of this RFP.*

ii. Locations Closing:

1. *We are working closely with all currently contracted Clubhouse providers that are winding down their programs to support them and their members in this transition.*
2. *We are meeting with each of them 1:1 and creating tailored transition plans.*
3. *We are ensuring that there is a plan every single member of the Clubhouse that is right for them, whether that be a warm handoff to another Clubhouse, other mental health service supports or other programming that is co-located at their existing location.*
4. *The team is committed to ensuring that everyone has the right home going forward.*
5. *We are also working with the providers on the right end date for their contracts, which looks like it will be sometime later in the summer/early fall.*

- CSB member expressed concerns about the closure of smaller community clubhouses and the lack of community needs assessments.
- DOHMH ensured members that clubhouses will reflect the communities they serve. Some clubhouses are already bringing in community plan implementation of the clubhouse. The idea is that these planning activities are therapeutic in themselves.

- CSB member expressed concern about referrals from acute care noting that most of the members of current clubhouses are not people being referred from acute care and noted that this will be changing the makeup of clubhouses. These two populations have very different needs.
- DOHMH noted that we will not only be using hospital referrals but will simply be adding this referral source.

State of Mental Health Report

Key takeaways for Children, Youth and Families (Meghan)

i. *Children ages 3-13:*

1. *A higher percentage of parents and caregivers of children age 3 to 13 reported having concerns about their child's development in 2021 (43%) than in 2019 (39%).*
2. *In both 2019 and 2021, 15% of children age 3 to 13 were reported to have a mental health diagnosis. Anxiety was the most common diagnosis followed by depression*
3. *An estimated 291,000 (23.4%) of children age 3 to 13 have experienced one to three adverse childhood events, and 30,000 (2.4%) have experienced four or more. This is concerning, as exposure to adverse childhood events increases the risk of mental health diagnoses and more frequently occurs among youth with IDD diagnoses.*

ii. *Sadness/Hopelessness and Depression*

1. *Between 2011 and 2021, there was an increase from 27% to 38% of NYC public high school students reporting feeling sad or hopeless.*
2. *Girls in NYC generally have poorer mental health outcomes compared with boys. Among public high school students, between 2019 and 2021, there was an increase in the percentage of girls who reported feeling sad or hopeless but no change for boys. In 2021, the percentage of girls who felt this way was also higher than the percentage of boys.*
3. *Among teens identified as having depressive symptoms, 48% had minimal symptoms, 27% reported mild symptoms, 14% reported moderate symptoms and 11% reported severe symptoms.*

iii. *Coping and Resilience*

1. *The most frequently endorsed coping mechanisms used by teens in 2023 were listening to music (67%) and using social media (56%).*
2. *Negative coping skills were also reported, with 23% of teens saying they criticized themselves a lot and 15% saying they blamed themselves a lot for things that happened.*
3. *Few teens (8%) report being highly resilient. In 2023, the majority of teens reported a medium amount of resiliency, and still 30% reported low*

resiliency. There are clear differences in the experience of resilience based on sexual orientation and gender with girls and those who identify as a sexual minority being more likely to report low resiliency, whereas boys and those who identify as heterosexual were more likely to report high resilience. •

iv. *Access to Care*

1. *Nearly one in four of NYC teens (24%) said that, sometime in the past 12 months, they had needed or wanted mental health care but did not get it.*

v. *Stressors*

1. *Teens feel social media has positive and negative impacts on their mental health (58%).*
2. *Between 2011 and 2021, there was an increase in the percentage of NYC public high school students who reported being electronically bullied.*
3. *Younger students, females and LGBTQ+ students were more likely to report electronic bullying.*
4. *Students experiencing bullying were more likely to use cannabis and misuse prescription drugs.*
5. *Although around one in three NYC teens said they had not experienced discrimination (34%), another 35% said they had experienced discrimination on the basis of their race or ethnicity. Racial or ethnic discrimination was more frequently reported by Asian teens (50%) than other groups.*
6. *In 2023, 4.7% of NYC teens reported misusing at least one prescription drug in the past 12 months. The most commonly cited source of such drugs was their own prescription.*
7. *In 2021, the proportion of NYC teens who reported other drug use in their lifetime decreased to 7% from 13% in 2019. However, in 2021, this proportion was twice as high among youth who identified as lesbian, gay, bisexual or another sexual orientation as among those who identified as heterosexual.*

vi. *Suicidality*

1. *The percentage of suicide attempts among NYC public high school teens has remained stable over the last 10 years, with no change since the COVID-19 pandemic.*
2. *In 2021, NYC public high school students who seriously considered suicide in the year before the survey was taken were more likely to be female (21%) than male (10%) and more likely to be Latino (16%) than white (11%).*

Key takeaways for Adults (Rachel)

vii. *Serious Psychological Distress (SPD)*

1. *During the height of the COVID-19 pandemic there was a high level of SPD, peaking in 2022 at 14%. In contrast, a 2023 survey showed that 8% of adult New Yorkers had recently experienced SPD. Although these surveys used different methods, the data indicate the mental health of adult New Yorkers seems to be improving post-pandemic.*

2. *Older adults (age 65 and older) had better outcomes than all other age groups in several areas. They were less likely to experience social isolation, SPD or unmet need for mental health treatment.*
3. *Young adults (age 18 to 24) experienced poorer mental health outcomes compared with older adults. They had higher levels of social isolation, SPD, unmet mental health need and psychiatric hospitalization.*
4. *Other groups of concern with respect to mental health include adults who identify as transgender men, nonbinary, genderqueer or another gender identity, who are experiencing more SPD than cisgender people. Adults who do not identify as cisgender also report higher unmet mental health needs compared with cisgender men.*
5. *Black, Latino, and Middle Eastern or North African adults and adults who identify as multiple races are more likely to have SPD than white adults.*
6. *While SPD ranged only from 7% to 13%† across different races and ethnicities, unmet mental health need among people with SPD was much more varied. It ranged from 32%† to 63%† across race and ethnicity. This suggests that cultural norms around mental health needs and treatment and structural barriers to treatment access vary significantly across race and ethnicity.*

Discussion Questions on State of Mental Health Report:

1. *How do the findings compare to members' experiences in their communities?*
 2. *What are the immediate and long-term implications of the findings?*
 3. *How can DOHMH (and/or government) respond to the findings?*
 4. *What do the findings mean for the Mental Health System as a whole?*
- Executive Deputy Commissioner of the Division of Mental Hygiene at DOHMH asked the presenters about disparity vs access to care and whether we knew which categories people were falling into. Are there certain areas where treatment exists but people do not access it due to cultural norms or previous negative experiences?
 - DOHMH research and evaluation team responded that current data is asking about unmet need but we do not know whether it is due to the neighborhood or community. Noted that the most reported reason for not receiving MH treatment is that people believed they could handle their MH without treatment, next most was cost.
 - CSB member noted that for teens we see a reliance on family to access resources and care, Teenspace feels like an important way to do this without having to rely on family.
 - CSB member noted that the MH report indicates that despite a ton of messaging to certain communities on mental health care and supports there is still a gap. CSB member asked the group what we can do differently to address unmet need for treatment? Stated that one of the reasons she got involved was denial of access especially for people of color.

- DOHMH stated that what we want to do is expand services in each of the four highlighted areas in *Care, Community, Action: A Mental Health Plan for NYC*.
- DOHMH noted that we hope investment in CBHCs and mobile treatment will greatly increase access but there are still waitlists and there is such a hunger and need for the services. So that is where we see clubhouses as an important area where we can amplify the reach of the mental health system and engage people.
- CSB member noted that they thought (clubhouses) help as ancillary services but it really is about having clinicians to meet that need.
- CSB member noted that there is something to be said for people not knowing where to go or who to contact for services. How do we build on where people are already accessing services?
- DOHMH stated that the data on transition age youth is incredibly striking when you compare to younger adults. We know our system don't do well for this group because they are in between. Older youth often do not want to get care in mental health labeled settings so that speaks strongly to where youth are going already.
- CSB member stated that taking a public health approach is important, if we're focused on treatment we are way down the line. There are so many things we could be focused on when it comes to primary prevention in terms of embedding services (not just treatment) in the places where people go. There is a lot of literature on engaging people through spiritual and religious settings, having more MH awareness in these places and other places where people go.
- Employment programs could be a way to engage people of that transitional age group. Clubhouses are a model for the SMI population but we don't really have funding for a way to address people with less serious mental illness or stress.
- DOHMH stated that a lot of other city agencies are trying to embed mental health into what they do.
- DOHMH stated that changing the language from treatment, therapy to healing spaces, coaching, life skills when it comes to the younger adult population can be helpful. Teens are open to the idea of living a better life and don't know how and will engage with this. Rather than setting services up in a clinic with a diagnosis etc.
- CSB member noted that before people are actually in a crisis. We can do crisis prevention by addressing these issues.
- CSB member noted that DOHMH can have a larger impact in addressing non-clinical issues. We realistically can't increase the number of clinicians. Does DOHMH have any interaction at community centers throughout the city?
- DOHMH noted that health action centers are located in 3-4 neighborhoods and are open for people to come in and get services and education. Attempting to do what is being discussed here which is having a community embedded site.
- DOHMH noted that Department for the ageing is doing this type of work and has mental health clinics co-located at senior centers. Older adults in every single indicator in this report are doing better than younger adults. They were the least socially isolated group and I think it is reasonable to assume that the resources we have invested are working.
- CSB member noted that we can work to mitigate crisis and isolation by using the community like other countries and global mental health does. Lots of ways that we can do this without cost or for low cost.

