



**NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE**  
Ashwin Vasani, MD, PhD  
*Commissioner*

**FOR IMMEDIATE RELEASE**  
**Tuesday, May 24, 2022**

**TRANSCRIPT: HEALTH COMMISSIONER DR. ASHWIN VASANI'S MENTAL  
HEALTH AGENDA VISION SPEECH**

Good morning. It's an honor to be with you to talk about a topic near and dear to my heart – mental health. After more than two years of the COVID-19 pandemic, there has never been a more important moment to center mental health in the public health agenda of our City.

I want to thank Deputy Mayor Anne Williams-Isom and Chairs of the City Council Health and Mental Health committees – Council Members Schulman and Lee for being here today.

And I am grateful to David and everyone at Henry Street Settlement, for hosting us in their beautiful courtyard and for the tremendous work they do on behalf of New Yorkers. Like the Health Department, Henry Street was established to improve poor conditions in immigrant neighborhoods, and quickly evolved to respond to intersecting issues of health and social need. They are the embodiment of meeting the community where they are, and of providing a range of supports that reflect and improve people's lives, which is, ultimately, the work of health.

A special welcome to my public health and health care colleagues joining us from organizations both public and private, large and small, research- and practice-based. The range of specialties, geographies, and approaches you represent is a microcosm of the broad and unified coalition we will need to confront our mental health crisis.

And it is, indeed, a crisis. I have even previously referred to it as a “second pandemic”, because of its scale and widespread nature, especially in places hardest hit by COVID-19. And it is one so large and so threatening to the functioning and well-being of our city that it will take all of us to address it. And I mean ALL of us – health care workers and policymakers; parents and caregivers; teachers and administrators; business leaders and clergy; our friends, neighbors, acquaintances and loved ones. We are all in this together.

This is deeply personal to me. I lost my uncle to suicide and alcoholism when I was 10. I looked up to him; smart and cool and worldly as he was. I did not even know he took his own life until more than 25 years later, such was the degree of shame, stigma, and cultural discrimination against mental illness in my immigrant community. And I am the father of three school aged children, who sees every day how the pandemic has impacted his children's mental health and well-being. As someone who has sought mental health supports for my family, and myself, I know how confusing and frustrating the system can be (if you can even call it a system).

New Yorkers are in pain. [brief pause] None of us has emerged from the last two years emotionally unscathed. Grief, loss, trauma, isolation, fear, racism, distrust, economic insecurity,

violence, and political strife – have resulted in steep declines in mental health. And, like COVID-19 itself, the effects have not been felt equally. Food, job, and housing insecurity – experienced disproportionately by people of color – has compounded the impact of the pandemic on the mental and physical health of far too many. As we navigate this tricky transitional phase of COVID-19, between emergency and endemicity, between rapid response and recovery, we must acknowledge how none of us has really had the time to heal; to breathe out; and to figure out how to move about and to just be, in this new world we're in.

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In addition to being a primary care doctor who has cared for many low-income people facing intersecting health, mental health, and social needs, I'm also an epidemiologist, and my view on the world is shaped, in part, by population level health data. So, while we see with our eyes, and feel with our hearts, the pain and need within and around us, what do we know empirically?

What do the data tell us?

Health Department surveys conducted last year found that New Yorkers are experiencing, anxiety, depression, and financial stress. One in four reported symptoms of anxiety, and one in five reported symptoms of depression. According to a recent nonprofit survey, half of youth ages 18-24 reported symptoms of anxiety or depression, and over the last decade, suicides among 10-24-year-olds have increased by 30%.

And the reality is, the mental health crisis is not new, it's just gotten worse. For more than 20 years we've seen a dramatic increase in "deaths of despair" from suicide, overdose, and the effects of alcoholism, across this city and this nation. These data tell us that we have neglected mental health as a public health priority for far too long, and when we have made attempts, our responses have not been durable.

We can and must, do more.

We must build systems that meet the problem at scale; that offer widely accessible, but tailored solutions; and that consistently prioritize prevention and early intervention as much as treatment, support, and rehabilitation. We must call for a full-scale, systemically transformative response – one that this City and this Department of Health AND Mental Hygiene is stepping up to lead, in partnership with stakeholders inside and outside of government.

While the pandemic has had mental health consequences for us all, there are three groups that have felt the impact particularly hard. These are: Our children and youth, and their families, especially those of color; People with more serious and sometimes disabling forms of mental illness such as schizophrenia, bipolar disorder, major depression, or PTSD; and People facing substance use and addiction issues, especially with opioids, and who are at risk of overdose.

Today, I will give a broad overview of some of the ways we are restructuring our city's strategy around these core areas, and how we can partner and work together to transform our entire mental health and public health landscape, at a moment of increasing need and urgency.

## Youth and Families

Before the pandemic, nearly 40% of New York City high schoolers reported feeling sad or hopeless every day for more than two weeks. National suicide rates among Black youth have risen sharply in the past two decades. A report released this month by the Trevor Project revealed that 45% of LGBTQ+ youth said they had seriously considered suicide in the past year. A recent Health Department report showed that 26% of Asian and Pacific Islander middle schoolers in New York City -- more than their White, Black, and Latino peers -- have also seriously considered suicide.

Our children are hurting.

Mental health supports for children are too hard to navigate and too scarce in supply. This results in emergency rooms and hospitals providing care that is best delivered in homes, communities, and schools.

A better system to support children, youth, and families means, for starters, a stronger and more stable school nursing workforce. One capable of identifying and screening for mental health issues in children, providing immediate counseling, de-escalation, and relief, and able to make referrals to next-level care. This will, of course, also require an increasing team effort in our schools, with teachers, staff, and administrators who are able to recognize changes in behavior and academic performance as potential leading indicators of underlying mental health issues. This also means continuing to strengthen all of the mental health programs within our schools, including school-based health clinics. We must ensure they are staffed, trained, and equipped to deal with the mental health concerns of the thousands of New York City students who depend on them. I know that these goals are shared by Chancellor Banks and our colleagues at the Department of Education. As ever, we are eager to advance our work together through our joint Office of School Health to support students' social and emotional wellbeing.

A better system also means leaning on community-based organizations, faith-based organizations, and myriad non-profits, that are a critical pillar of a youth mental health delivery system. They are trusted community messengers and service providers because they know how to engage youth facing mental health challenges, and often, underlying trauma, in a non-stigmatizing manner. The work of these organizations should not be regarded as nice "projects" or "bright lights", but must be brought into a comprehensive system of youth mental health services – a coherent structure of cross-institutional coordination, designed to ensure that young people with mental health needs don't fall through the cracks, or miss out on opportunities for timely, effective services and care.

Our kids also need access to community-based mental health care interventions, such as counseling and talk therapy, cognitive behavioral therapy and dialectic behavioral therapy, care for complex trauma and ADHD, and ongoing medication management. The social isolation, loss, and uncertainty of the past few years have only exacerbated these needs, and our health care systems **MUST** step up to the rising demand and challenges this presents. We must continue to work across our health care systems to increase access to children's mental health services and child and adolescent psychiatry, which are in short supply in our city. Trust me, I know... one of

my children is on a six-month waitlist to get the support they need. If navigating the system and getting help is this difficult for me -a person with relative access and power - imagine what it's like for those without.

This cannot go on.

While working on these wider, systemic challenges, we can help children heal NOW, and create cultures of open dialogue and understanding, by investing in proven models of community-initiated care, and peer supports. These informal systems and workforce improvements must also be accompanied by training, supporting, and the creation of spaces for young people to develop key leadership and life skills to care for one another, to build communities and networks of mutual support and aid, and to grow into the next generation of leaders and do-ers in this great city of ours.

The path out of our youth mental health crisis must be an all-hands and all-communities on deck moment. Wherever young people gather, people should have the requisite skills, knowledge, will, and compassion to recognize and respond to needs and crises. As they help lay the foundations for open communication and emotional wellbeing, we will bring to bear our full range of public health and community resources – along with our compassion and resolve – to prevent crises and provide better access to care for our city's youth.

### Serious Mental Illness

While we focus on our children, we cannot forget a group of people who are among the most stigmatized, marginalized, and isolated in our city – people living with serious mental illness, or SMI. The issue is a political football. Used by some to embody our problems with rising violence and hate, and by others to highlight failures in compassion and services – all the while, in reality, being mostly ignored and unseen by us all.

But make no mistake, people with SMI are our brothers, sisters, parents, friends and neighbors. Everyone deserves to be seen, to live with and be treated with dignity, and to be welcomed as full members of the community.

There are over 250,000 New Yorkers known to have SMI, up to 40% of whom are disconnected from all or most forms of care. Many of these New Yorkers are isolated in their homes, or more tragically, living on our streets and subways, in our shelters, and cycling in and out of hospitals and of jails, which remain the largest providers of mental health treatment in our city, and in our country.

People with SMI in the U.S. lose up to 25 years of life, on average -- dying prematurely and disproportionately from cardiovascular disease, stroke, sepsis, and tobacco related diseases and cancers. This is a result of cumulative neglect, social and economic isolation, and frank discrimination from society as well as from health care systems.

It should come as no surprise, then, that those with serious mental illness – who are already predisposed to isolation, medical neglect, and societal stigma -- entered the pandemic most at

risk of its worst outcomes. Study after study from around the world has found that SMI is among the top risk factors for poor COVID-19 outcomes. One study from Bellevue found SMI to be the second leading risk factor for death among hospitalized patients with COVID-19.

The physical and social dislocation that people with SMI confronted during the pandemic made worse what was already their biggest threat to health and wellbeing – deep social and economic isolation. Isolation has measurable negative effects on our bodies. It increases stress hormone levels, decreases brain function and plasticity, places us at higher risk of infections, and prevents healing. It leads to medical neglect and increased risk behavior like substance misuse.

We must move away from the idea that all people living with serious mental illness are simply moving from crisis to crisis and can only be helped with acute care and hospitalization. We must instead move towards a model of prevention and recovery centered on breaking isolation.

We will do this by investing in social infrastructure - literal places and destinations where people can build community and end social isolation. Where they can develop direct human connections as well as connection to health care, housing, opportunity, and purpose, on paths to recovery and to learning to LIVE with a serious mental illness.

A perfectly named example is CONNECT, a treatment program we announced yesterday, with locations here at Henry Street and around the city, that draws the surrounding community together to supplement clinical care with an array of services in a single location. When surrounded by the right resources, supports, connections, and hope, people CAN live, and even thrive, with serious mental illness IN THE COMMUNITY, and not be relegated to institutions, like the asylums of our past, or the jails, prisons, and hospitals of our present.

We have allowed people with SMI to become victims of our failures, and our soft bigotry of low expectations, and instead have given too little thought, time, resources, and attention to meet the holistic needs of this most marginalized of peoples.

And this must stop.

Recovery-oriented mental health systems rooted in community and connection save lives and prevent crises. They are, frankly, a public health no-brainer. Investing in these systems of care, housing, and social infrastructure, is shown to reduce hospitalization, homelessness, and incarceration, while increasing rates of employment and educational attainment. And I should know. I ran just such an organization and model prior to coming into this role, and I know the restorative power of connection and community on health and wellbeing, as well as on public health and public policy outcomes. I know what “good” looks like. We must have the will to follow through and invest in it at scale.

In that regard, we’re also proud to be working with Chief Housing Officer Jessica Katz and our partner agencies – the Departments of Social Services and of Housing Preservation and Development -- to rethink and improve our supportive housing programs for people with mental health needs, a critical pillar of recovery for people with serious mental illness.

We're also committed to strengthening NYC WELL and other health-first crisis response systems to ensure that people in crisis get the care they need, when they need it. We will soon be announcing expansion of NYC Well and resources to support the roll out of the new 988 federal crisis response hotline, which will go live this summer. New York City already is a national leader in providing immediate telephonic, virtual, and in-person resources for people with a range of mental health needs, from counseling and referral services to acute crisis response -- and we're proud that, as 988 comes online, New Yorkers will be able to dial either 1-888-NYC-WELL or 988, and receive the same best-in-class mental health services in over 200 languages, regardless of immigration or insurance status.

Similarly, the City's B-HEARD pilot program provides emergency mental health care to people who place 911 crisis calls -- an example of the City's commitment to treating mental health emergencies as a health issue, not a public safety problem. We thank our colleagues at the Office of Community Mental Health, Health and Hospitals, and the New York City Fire Department, for their leadership and partnership in this critical program.

And we're actively working with our State and health care partners -- including our public hospital system -- to expand access to psychiatric beds, streamline referrals and discharges into our growing crisis stabilization and respite systems, and to make strategic changes to Kendra's Law and Assisted Outpatient Treatment, to ensure that people with deep and intractable SMI do not face administrative hurdles to getting the care they want and need.

#### Overdose

And of course, no conversation or commitment to tackling our mental health crisis can leave out the intersecting overdose epidemic. Overdoses have many drivers, and while more recently the presence of fentanyl in our drug supply has been an accelerant, we have seen rising opioid and overdose related deaths for the last decade -- and at the root of almost every overdose and substance use disorder are pain and mental health concerns of some kind. It's time we stopped treating these issues as separate, just because as a society, we choose to stigmatize them in slightly different ways.

The overdose crisis is taking the life of one New Yorker every four hours and would be regarded as a five-alarm public health emergency, were it not for COVID-19. A record number of New Yorkers died in 2020 from overdose, and we expect that will be surpassed in the 2021 data. That's more deaths than from homicides, suicides, and motor vehicle crashes, combined. And overdoses, like most public health crises, expose deeply entrenched inequities in this city, with overdose rates for Black New Yorkers more than 25% higher than the citywide average.

Despite these challenges, and despite rising need, New York City and the Health Department have and will continue to lead the nation in efforts to combat the overdose crisis.

Through our Healing NYC framework, and in partnership with many community providers and our public hospital system, we have launched a range of supports for people who use drugs, including investing in harm reduction supports through Syringe Service Providers, which reduce injection-related infections and offer a range of accompanying social, health, and mental health supports. Our NYC Relay team connects people in emergency rooms who have experienced a

non-fatal overdose with a peer-community health worker for 90 days post overdose, knowing that time period is particularly vulnerable for a subsequent fatal event. And we have invested in methadone and medication for addiction treatment for opioid use disorder, as well as widespread training, and distribution of naloxone, including through our innovative Public Health Vending Machines.

More recently, the nation's first two Overdose Prevention Centers, located in the neighborhoods with some of the greatest rates of overdoses, have been established thanks to OnPoint – one of the city's Syringe Service Providers. In just five short months, the two locations have served more than a thousand people, and staff have intervened to avert about 300 potentially fatal overdoses. I visited our OPCs just last week, and had the privilege of seeing how much of this success derives from the compassion and experience of staff. I witnessed them intervene in a potentially fatal overdose with calm, compassion, and expertise, likely saving a life. And make no mistake, these programs save lives.

We also see the community- benefits of a place-based approach. OPCs and other harm reduction services not only reduce overdose deaths, but also decrease syringe litter, public drug use, and drug-related crime in their immediate surroundings. Working with our syringe service providers, we are committed to seeing this model expand across our city, in part, by expanding drop-in hours and providing crucial mental health and primary health care connections to meet the needs of the New Yorkers who rely on their services every day.

Thanks to the State Attorney General, who secured sorely needed funding from private sector companies that have profited from so much pain, there is significant money to be invested in our evidence-based prevention, harm reduction and treatment approaches, in the communities that need them the most. The time to act is now, and we know what works. As a City we're committed to seeing these programs grow, so we no longer have to say goodbye to so many of our neighbors and loved ones, due to overdose.

## Conclusion

The integrated systems of community, connection, and care that I've laid out here today advance health equity, dignity, and compassion at a population level. In other words, they are the essence of public health.

And because public health means working AT SCALE, FOR EVERYONE, we must center equity on our path forward.

We must also bear in mind that public health is not only a service or a provider or a project. Public health builds systems and advances policies that impact population health. It's time these population-level tools and solutions were deployed to address our mental health epidemic in New York City.

Previous mental health initiatives in our city made critical progress toward naming, prioritizing, and normalizing the topic of mental health. They created a sense of collective responsibility for what has too long been regarded as an individual problem or a failing, for you, or you, or you to

keep to yourself and solve on your own. In doing so, they made mental health a core piece of public administration.

But the fact is that our community mental health systems are badly broken, a product of generations of neglect and disinvestment across every level of government and the private sector. Much as we've stigmatized mental health as a society for years, we have allowed that to infect our policy, which has led to continuous defunding and criminalization of mental health across this nation, and the absence of functional, coordinated, community mental health systems.

But the tides are shifting. And the moment to ride this wave, is now.

Rebuilding our mental health system to serve our city's children, our neighbors with serious mental illness, and our loved ones facing addiction, is not a problem that a City alone can solve. No amount of money can make up for the fact that insurance companies reimburse less for behavioral health care than physical health care, draining billions of dollars from our mental health care system each year that could be plowed back into training and hiring more health workers, creating more equitable access, improving quality, and supporting our community organizations. No amount of local money can make up for lack of a workforce pipeline, which makes behavioral health careers less attractive, and that because of reimbursement constraints, drive behavioral health practitioners into private practice, away from serving the most vulnerable.

To do what needs to be done, City, State, and Federal government must work in lock-step to transform our mental health system. To expand our block grant funding for mental health and substance use disorder, and to ensure that we drive that grant funding into higher quality programming that delivers real results for people. To address mental health parity once and for all, especially for Medicaid. We must leverage opportunities like our pending Medicaid waiver here in New York State to drive dollars into the social determinants of health, which are also the social determinants of mental health, like nutrition, housing, jobs, education, and transportation. We must study the effects of newly expanded tools such as telehealth, and leverage what works. And we must also be brave enough to end programs that simply aren't doing enough, and to do so transparently, and with a mind on our responsibilities to serve all New Yorkers and deliver real results.

The conditions are ripe for exactly this kind of structural change. Our partnership with the Governor Hochul and her team at the state is as strong as it's been in years, and I'm grateful to Commissioner Ann Sullivan for her leadership and collaboration, and to Commissioner Mary Bassett, for her ongoing leadership, partnership and support. We are already seeing the fruits of our growing collaboration in our city, and for our mental health response.

And for the first time in over 45 years a sitting President is prioritizing mental health, and a number of promising pieces of federal (bipartisan!) legislation - have the potential to make significant change, that will hopefully impact our city's mental health.

And of course, as ever, we're grateful to Mayor Adams and the entire administration for recognizing that healing, recovery, and resilience after COVID-19 cannot be achieved without



confronting our mental health crisis, and that we now have a once-in-a-generation chance to do that and to get it right.

Finally – a huge shout out to my incredible team at the Health Department. Their dedication inspires me daily and gives me the confidence to stand before you today and put a new stake in the ground on mental health. While we continue to fight COVID-19 (and monkeypox, and legionella, and a host of other health challenges, many that you don't even hear about because we're on it), we are ready to center mental health in the public health agenda of our City.

We're excited to work with all of you to build a level of social connection and community that will turn this mental health crisis into a public health revolution.

Thank you.