



Testimony

of

**Hillary Kunins, MD, MPH, MS**  
**Executive Deputy Commissioner, Division of Mental Hygiene**  
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Mental Health, Disabilities and Addiction**

on

**Oversight - Increased Drug Overdose, Depression and Anxiety During COVID-19**

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Good afternoon, Chair Ayala and members of the committee. I am Dr. Hillary Kunins, Executive Deputy Commissioner of the Division of Mental Hygiene at the Department of Health and Mental Hygiene. I am joined today by Susan Herman, Director of the Mayor's Office of ThriveNYC. On behalf of Commissioner Chokshi, thank you for the opportunity to testify today about behavioral health challenges related to the COVID-19 public health emergency in New York City.

New Yorkers are facing unprecedented difficulties during this time. These difficulties include illness and loss of loved ones; physical distancing and disruption of social connections; job loss and financial insecurity; and uncertainty as we transition through phases of reopening. It is normal—and even expected—to feel overwhelmed, sad, anxious, and afraid.

Unfortunately, Black, Latinx, and Asian New Yorkers have experienced disproportionate health and social burdens from the pandemic. Like so many other health disparities, the consequences of COVID-19 are driven by underlying health and other inequities caused by structural racism. The Health Department has made it a priority to mitigate the pandemic's repercussions on our hardest-hit communities.

We anticipate that the behavioral health consequences of COVID-19 will outlast the pandemic itself. The Health Department has taken action to support both the immediate and long-term behavioral health needs of New Yorkers, particularly focusing on the communities and providers most burdened.

First, let me tell you what we know about how the COVID-19 pandemic is affecting the behavioral health and wellbeing of New Yorkers.

According to a Health Department Health Opinion Poll of 1,200 New Yorkers age 18 and older: health care workers; adults with children in the household; adults afraid of interpersonal violence; and adults who have a family member with a chronic health condition are more likely to report adverse mental health as a result of the COVID-19 pandemic.

Our poll also shows that COVID-19 is having an impact on anxiety and depression among adult New Yorkers: 44% of respondents reported symptoms of anxiety due to COVID-19, 36% reported symptoms of depression in the previous two weeks, and 35% of adults with children in their household report the emotional or behavioral health of at least one child has been negatively affected by the pandemic.

The reasons for adverse mental health also vary across race and ethnicity. Latinx (49%) and Asian (45%) adults are more likely than white (34%) adults to report a job loss or reduced hours. Latinx (53%) adults are more likely than white (40%) adults to report feelings of financial stress.

New Yorkers have had more contacts with NYC Well—the City's free and confidential behavioral health support and referral service supported by ThriveNYC— since mid-March 2020 compared to the 2019 average.

Additionally, New York City still is facing an opioid overdose epidemic. Although the impact of COVID-19 on overdose is unknown, the pandemic posed challenges for people with opioid use disorder to stay connected to treatment and other services. We know that disruptions in treatment can increase the risk of overdose.

In response, the Health Department has employed a number of strategies to support New Yorkers during this challenging time.

First, we work directly with our contracted behavioral health and other service providers to help them transition to telehealth and virtual platforms to maintain access to care for New Yorkers. We helped these providers identify new ways to deliver services and keep clients engaged while adhering to physical distancing guidelines. Through frequent outreach and communication, we connect these providers with additional information and resources to support their ongoing operations. We also funded a platform to address staffing needs for many providers during the peak of the pandemic in New York City.

In addition, we developed and disseminated guidance for all behavioral health service providers in New York City. We delivered virtual trainings on a wide range of topics, including how congregate care providers can adhere to physical distancing and participate in contact tracing; financial sustainability; managing staff burnout, grief and loss; and to reduce substance use related harms created or exacerbated by the pandemic.

The Health Department made particular effort to engage and support providers who work with groups disproportionately affected by COVID-19, such as syringe service programs and opioid overdose prevention programs, providers who serve elderly adults with mental health needs, and providers who work with immigrant communities. We will continue to work closely with these behavioral health providers.

In addition to supporting providers, we directly serve New Yorkers. We adapted our existing initiatives to meet the moment, launched new behavioral health services, and partnered with other City agencies to implement new or adapted programs. These initiatives serve communities disproportionately burdened by COVID-19 and other health disparities. I will now highlight some of this work.

We took swift action to help New Yorkers identify, understand, and manage their responses to COVID-19. We released guidance and public messaging around experiences of stress, anxiety, and grief; resilience and emotional well-being; and tools to cope with mental health challenges and to manage substance use. To date, we released 24 guidance documents available in 26 languages to support New Yorkers with mental health and substance use challenges. We continue to encourage New Yorkers to call, text, or chat with NYC Well for free and confidential support or referrals to services.

We also worked to maintain continuity of life-saving services and treatments for New Yorkers who use drugs or have opioid use disorder. We launched a new Methadone Delivery System. This initiative reduces visits to methadone clinics and makes medication available to patients who are isolating or in quarantine. We made over 1,300 deliveries since launch in late April.

This was made possible through emergency regulations issued by the state and federal government, and should be made permanent. We have also made naloxone—a medication which can reverse an opioid overdose—available for free at 15 pharmacies in neighborhoods with a high burden of fatal overdose, in all isolation hotels, and in many congregate care settings.

The Health Department partnered with the Department of Homeless Services to conduct outreach in neighborhoods where homelessness and public substance use are a concern. These collaborative teams engage community members to offer engagement and referral to services, and to provide naloxone and sexual health kits.

We are also working with the Mayor’s Office of Immigrant Affairs to provide immigrant communities with access to mental health resources that meet their needs. We worked with NYC Health + Hospitals and their partners to create a resilience and trauma training series to support health care workers and first responders.

In addition to these efforts, we implemented a new community education program in NYC’s most impacted neighborhoods. This program provides a virtual presentation that addresses COVID-19’s impact on mental health; health disparities; and the effects of trauma, grief, and anxiety. The program offers information about effective coping skills and mental health resources available in New York City to those most affected by the COVID-19 pandemic. Between July and August, our initiative partnered with community groups to engage more than 1,300 New Yorkers to get mental health support. We strive to reach 10,000 New Yorkers by the end of 2020.

These are just a few highlights of our efforts to support New Yorkers over the last six months. This work has been built on the meaningful progress we have made over the past several years to increase access to mental health and substance use services through ThriveNYC, the Crisis Prevention and Response Task Force, and HealingNYC.

We will continue to monitor our behavioral health data, work with our providers, and listen to communities to design and enhance services that help New Yorkers through the pandemic.

Now I will turn to the legislation being heard today. Intro 2005 would require the Health Department to report aggregate counts of mental health diagnoses and case data from across the behavioral health care system that have occurred since COVID-19 was declared a public health emergency.

The Health Department uses population-level data and surveys to identify health trends across the city. We rely on a variety of data sources to track trends in behavioral health, including citywide health surveys like the Community Health Survey, emergency department data, data from Health Department programs, and regular feedback from providers and community partners. Several of our data sources also capture demographic information, so we can evaluate differences across race/ethnicity, age, gender, and geography. We have shared today some provisional findings for 2020, and additional population level monitoring is ongoing. However, the types of data requested in this bill, individual-level case and service data, are not reported to the Health Department; nor is this data accessible in any organized way. Although health and

behavioral healthcare providers keep patient records, which are only for people that seek care and have been diagnosed, providers do not submit this information to a centralized entity and nor do they have the capacity.

The Health Department remains committed to using data to address the behavioral health needs of New York City, and we are happy to discuss with Council how we can best support the intention of this legislation.

We rely on the feedback of our partners in the City Council and members of the community like those here to testify today. I want to thank you for your continued partnership, feedback and support as we continue to care for the health of New Yorkers during this critical time in the city's history. I am happy to take your questions.