



Testimony

of

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before the

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

on

Oversight – The State of NYC’s Mental Health and Plans to Address the Mental Health Crisis

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Good morning, Chair Lee, and members of the Committee on Mental Health, Disabilities and Addiction. I am Dr. Michael McRae, Acting Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. I am joined by Jason Hansman, Acting Co-Director of the Mayor's Office of Community Mental Health (OCMH). On behalf of Commissioner Chokshi, thank you for the opportunity to testify today about the state of NYC's mental health and plans to address the mental health crisis.

First, I want to acknowledge the context in which this hearing is taking place and the collective trauma we have all experienced from the last two years. New York City (NYC) residents continue to experience substantial mental health impacts due to the COVID-19 pandemic. Many factors have contributed to these impacts, disruptions in mental health services and care, social isolation, social and economic instability, and the stresses associated with maintaining heightened vigilance with COVID-19 precautions.

Unfortunately, as we have reported throughout the pandemic, Black, Latino, and Asian New Yorkers, as well as low-income New Yorkers, have experienced disproportionate health and social burdens from COVID-19. Like so many other health disparities, the consequences of COVID-19 are driven by underlying health and other inequities caused by structural determinants of health, including structural racism.

NYC Health Opinion Polls show that in August 2021, twenty five percent of NYC adults reported symptoms of anxiety, and eighteen percent reported symptoms of depression. These continue to be elevated compared to pre-pandemic levels. And the polls found that these mental health concerns extend to our children: twenty eight percent of adults with children in their household reported the emotional or behavioral health of at least one child had been negatively affected by the pandemic in the two months prior to the survey.

Evidence from past disasters indicates the effects of the COVID-19 pandemic on mental health will persist as the pandemic continues to evolve. The Health Department monitors our behavioral health data, collaborates with providers, and listens to communities to design and enhance services to help New Yorkers, particularly communities most burdened, for both the immediate and long term.

The Health Department's approach to mental health is a true public health approach – one that centers equity, evidence, innovation, and upstream policies and interventions so we are not only serving people when they are in crisis, but preventing crises to begin with. Our staff are experts in their fields – epidemiologists, social workers, clinicians, policy and thought leaders, and data professionals. It will take a multi-disciplinary, wholistic, and data-driven public health strategy to meet our communities' many needs. And we are up to the task.

We are committed to bringing all public health tools to bear to address mental health on a population level, through preventive services and interventions and tackling the social determinants of mental health, in addition to expanding access to downstream care and making improvements in the clinical environment. We have begun the process of catalyzing long-term conversations and solutions, acknowledging the intersection of serious mental illness, substance use, homelessness, and criminal legal system interaction. And these upstream interventions are where we, as a City, can have the most impact. But it's also critical to note the importance of our partnership with our State and Federal colleagues, who regulate and fund much of the mental health system. Our strong relationships with both the Biden and Hochul administrations have

renewed our optimism for collaboration on data-driven and public health informed mental health policies. And here, at the Health Department, our new Health Commissioner, Dr. Ashwin Vasan, will be starting in just a few weeks, and brings with him a strong background in meeting the mental health needs of New Yorkers from his previous work. This is an historic and unique moment in public health – including for mental health – and we are ready to meet the challenge.

To address the specific mental health challenges brought on by the pandemic, the Health Department continues to share reliable information and resources, collaborate with behavioral health partners across the city, and is working to strengthen existing resources to support the mental health and well-being of all New Yorkers. We have shared public messaging and guidance 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. We continue to promote the use of NYC Well—the city’s 24/7 talk, text, and chat service for mental health and substance use support, counseling, and connection to additional services—and support the mental health and resiliency of communities most impacted by COVID-19 through our COVID-19 Community Conversations initiative. This program holds structured discussions with communities about the impact of the pandemic, including structural racism, provides coping and resiliency skills, and informs residents of available mental health resources.

We continue to work with our contracted behavioral health and other service providers to help identify new ways to deliver services, such as telehealth, and keep clients engaged while adhering to COVID-19 safety guidance. Through frequent outreach and communication, we connect providers with additional information and resources to support their ongoing operations. Our outreach and trainings cover topics such as COVID-related precautions; financial sustainability; managing staff burnout, grief, and loss; and how to reduce substance use related harms created or exacerbated by the pandemic.

We have 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 have also adapted or expanded our existing initiatives to meet the moment and have launched new behavioral health services during the pandemic. These initiatives serve communities disproportionately burdened by COVID-19 and other health disparities.

For example, in partnership with the State, we launched a Methadone Delivery System to deliver medication to patients who were isolating or in quarantine. We 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.

We have also expanded access to Intensive Mobile Treatment (IMT), which provides treatment and support to individuals in their community where they are most comfortable. IMT offers mental health, substance use, and peer specialists who provide support and treatment, including medication, and facilitate connections to housing and additional supportive services. These are just several examples of what we’ve done to improve access to mental health and substance use services for New Yorkers.

And throughout the pandemic and prior to it, our work with our sibling agencies has been critical to reaching New Yorkers. The Health Department coordinates implementation of the City's mental health priorities across multiple agencies, including working closely with the Office of Community Mental Health (OCMH), NYC Health + Hospitals (H+H), the Department of Education (DOE), the NYC Fire Department (FDNY), the Department of Homeless Services (DHS), the NYC Police Department (NYPD), and the Department of Sanitation (DSNY) on cross-agency initiatives designed to help New Yorkers when they need it most. For example, Co-Response Teams are a collaboration with NYPD and the Health Department, to work with community members experiencing mental health or substance use challenges to facilitate connections to care and linkages to support services. And because our Office of School Health sits jointly between the Health Department and DOE, we work regularly on responding to the mental health needs of our City's children, which has never been more important than now. Most recently, we partnered with our colleagues at DHS and NYPD on the launch of the Mayor's subway outreach initiative to address unmet mental health and substance use among people experiencing homelessness. The Health Department's trained behavioral health clinicians are working side-by-side with DHS outreach workers and NYPD officers to engage people who are homeless and may have unaddressed mental health needs and working to engage them into supports or treatment. This type of collaboration extends to many of our initiatives to help connect New Yorkers to the services they need.

These are just a few of the many ways we work to support New Yorkers with mental health and substance use needs. I thank the committee for your ongoing partnership and support as we continue to care for the mental health of all New Yorkers. I am happy to take your questions.