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

Testimony

of

Ashwin Vasan, MD, PhD
Commissioner
New York City Department of Health and Mental Hygiene

Before the

New York State Attorney General

on

Access to Mental Health Care for People with Serious Mental Illness

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Good afternoon, Attorney General James. I am Dr. Ashwin Vasan, Commissioner of the New York City (NYC) Department of Health and Mental Hygiene (NYC Health Department). Thank you for the opportunity to testify today on access to mental health care for people with serious mental illness in New York State.

First, I'd like to acknowledge the context of this timely and important conversation on mental health: the collective trauma, isolation and resulting mental health impacts faced by New Yorkers over the last two years as a result of the COVID-19 pandemic. According to NYC Health Department data, rates of anxiety and depression continue to be elevated from pre-pandemic levels: in 2021, a quarter of NYC adults reported symptoms of anxiety, and eighteen percent reported symptoms of depression. And the mental health impacts will continue to rise as we experience the long tail of this "second pandemic". I am grateful to Mayor Adams for bringing me into this Administration to lead on the issue of mental health, which is a first for a Commissioner of Health and Mental Hygiene.

The City's mental health strategy is a true public health approach – one that centers equity, evidence, innovation, and upstream policies and interventions as well as downstream care and support. It is grounded in population level goals and objectives, recognizing that the results of our efforts will be told not just by the clinics we staff and the projects we build, but by the impact we have on the wellbeing and mental of New Yorkers. And this extends especially to our efforts to serve New Yorkers with serious mental illness. This is one of the most impacted populations during COVID-19, and as we work across city agencies, and with community partners and providers, to provide life-saving care and to connect New Yorkers with social and economic supports they need.

Over 250,000 New Yorkers are known to have Serious Mental Illness – or SMI - that is, a mental health condition that is serious enough to affect their daily functioning. Up to 40% of these New Yorkers are disconnected from all or most forms of health care, instead living isolated in their homes, or more worryingly, in shelters, on streets, and in our correctional systems. New Yorkers with Serious Mental Illness are among the most socially and economically isolated members of our community. This isolation leads to cumulative neglect, and when combined with the stigma and discrimination they face from society and from health care systems, has led to disproportionately poor health outcomes. Across the country, these individuals lose up to 25 years of life, on average, dying prematurely and disproportionately from cardiovascular disease, stroke, sepsis, and tobacco related diseases and cancers. Recent studies have also found that Serious Mental Illness, independent of any other drivers, is among the top risk factors for poor COVID-19 outcomes and death.

To begin the effort to fundamentally shift the way we care for these New Yorkers, we must start by shifting 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. This perception has been created and perpetuated by the persistent lack of access to stable, community-based alternatives to care, treatment, and support, which are in and of themselves, a crisis preventive. Make no mistake, during a crisis, access to acute care resources is necessary. But we must shift towards a model of crisis prevention and long-term recovery in the community, and not simply in institutional settings.

So what does this look like in practice? I find it helpful, both in my experience as a physician and epidemiologist, as well as in my previous leadership of an organization that supports people with Serious Mental Illness, to think about three fundamental pillars, or legs of a stool, that allow people to stand and find dignity and hope. Those pillars are: housing, healthcare, and community.

We must ensure that people with Serious Mental Illness have permanent, affordable homes with health and social support services available through supportive housing. The Health Department contracts for

permanent, supportive housing for tens of thousands of people with behavioral health concerns who were previously chronically homeless. And, as announced in Mayor Adams's Housing Plan, we are committed to streamlining access to supportive housing to further reinforce this prevention strategy.

Of course we must also address gaps in acute mental health care and psychiatric bed access, and in order to do so, we must address access to long-term, community-based behavioral health care that address SMI and addiction as the chronic illnesses they are. In doing so, we must identify the multiple and intersecting issues that have led to a progressive shrinkage of State-run psychiatric beds over the last several decades, while artificially constraining the role of private and other nonprofit hospitals from expanding access to inpatient psychiatric care. The Institutions for Mental Disease (or IMD) exclusion, in place since Medicaid and Medicare's enactment in 1965, has disincentivized hospitals and other treatment facilities from building more than 16 inpatient psychiatric beds by preventing Medicaid from reimbursing for care at facilities with more beds, thereby restricting access to inpatient care for those who need it. We are of course encouraged by the Governor's attention to the former issue and efforts to increase access to State psychiatric capacity, a system that has also taken a major workforce hit due to COVID-19.

Underlying all of this is a structural issue of lack of parity in reimbursement between behavioral and physical healthcare, which drains billions of dollars from our mental health systems that could be invested back into recruiting and retaining more mental healthcare workers and expanding access to care both in the community and in hospitals. The sad truth is that lack of reimbursement parity drives psychiatrists, psychologists and other behavioral healthcare workers into private practice, where they do not have to address issues like SMI and do not have to staff inpatient psychiatric wards. Addressing these structural issues will require serious and sustained partnership with state and federal government, and I am optimistic that we have the conditions in place for just such work over the coming months and years.

Finally, housing and healthcare do not advance sustained recovery unless paired with efforts to build community and to break social isolation for people with Serious Mental Illness, which is, ultimately, the driver of poor health and neglect. Recovery-oriented mental health systems rooted in community and connection, require investment in places where people can come together to break isolation, otherwise known as social infrastructure. Social infrastructure includes places where people can build community, end social isolation, and develop connections to vital services, to opportunity, and purpose for themselves. These places save lives, prevent crisis, and they serve to set people on paths to recovery and learning to live with a serious mental illness. Our City's Support and Connection Centers, for example, provide a short-term alternative to criminal justice responses for people who may have a significant mental health or substance use need, and need help getting back on their feet. At the center, people have access to every day needs like clean clothes and food, along with access to counseling, and connections to mental health and substance use treatment, in communities where those services are needed the most. Our Continuous Engagement between Community and Clinic Treatment (CONNECT) program provides an innovative model of mental health treatment whereby clinics, through local community partnerships, will directly address and respond to social factors that can negatively impact mental health, such as involvement with the justice system or housing insecurity. This level of support aids and promotes continuity of services, preventing people from falling through the cracks while referred between systems.

And in all of this work, we are committed to meeting people where they are. Mental Health Clubhouses across our city also provide critical, long-term anchor institutions for people with Serious Mental Illness to build relationships, get access to resources, find employment and educational opportunities, and

build a supportive peer community to help them navigate the ups and downs of living with a chronic and serious mental illness. This includes expanded access to Intensive Mobile Treatment (IMT), which provides sustained 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 big, structural, and systemic changes that must happen in order to improve the mental health landscape and save and improve as many lives as possible. And we, at the City level, are committed to working concurrently on the levers that are in our control and partnering quietly or advocating loudly for the ones that are not.

I will close by mentioning that our strong relationships with both the Hochul and Biden administrations have renewed our optimism for collaboration on data-driven and public health informed mental health policies. We have already seen investments and policy improvements from both administrations, including an expansion of Assisted Outpatient Treatment, increase in reimbursement rates for psychiatric hospitalizations, and loan repayment for psychiatric providers, and other important mental health care investments in the State budget; as well as renewed support for harm reduction and mental health at the federal level. We are excited about this unprecedented and renewed focus on mental health – particularly from the federal government - and have been working hand in hand with the Biden Administration and our State partners on these priorities, including the roll- out of the new national 988 crisis hotline. We are excited to make NYC a model for 988 implementation, building off of our strong foundation of digital and telephonic Mental Health resources available through NYC.

This is a historic and unique moment in mental health, as central to the public health agenda – and we are uniquely ready to meet the challenge. Thank you again for your partnership and support for your commitment to the health and wellbeing of all New Yorkers. I am happy to take your questions.