Report Examines Barriers and Presents Recommendations to Expand Mental Health Care Services in New York City

Mental health services are critical components of public health infrastructure that provide essential supports to people living with mental health issues. Nevertheless, the use of mental health services in New York City is low in relation to the need in the community, and mental health services are inequitably distributed throughout the city. The challenges of ensuring the availability of mental health services for all groups in NYC are particularly acute and were exacerbated by the COVID-19 pandemic.

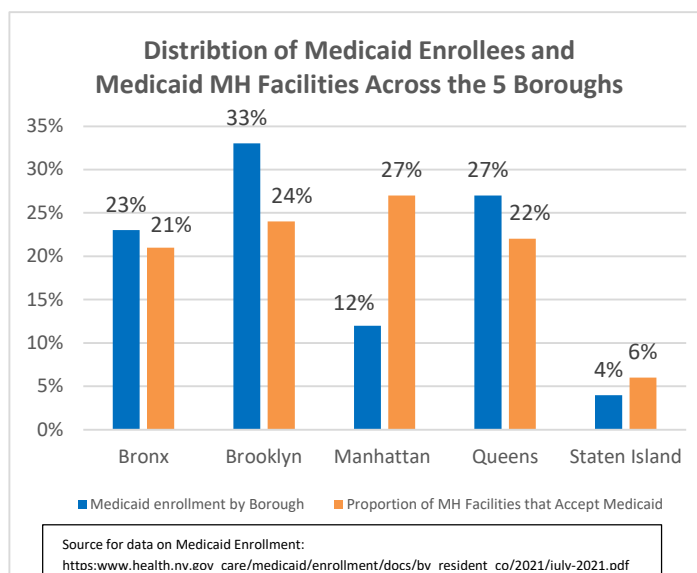> ### Defining "Availability" and "Accessibility"
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> _Availability_ captures key dimensions of the system of care: What is the distribution of facilities where mental health services are offered, and what is their capacity to provide services?
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> _Accessibility_ views the system from the users' perspective: What barriers or facilitators exist that make it harder or easier to use the services that are available? With respect to both issues, city policymakers are particularly interested in publicly funded services, which form the safety net for mental health services for low-income New Yorkers.

To advance policy strategy for addressing gaps in the mental health services system, the Mayor's Office for Economic Opportunity and the Mayor's Office of Community Mental Health worked with the RAND Corporation to investigate the availability and accessibility of mental health services in New York City. This mixed-methods study aimed to assess the need for mental health services by compiling quantitative data from investigation of the numbers, characteristics, and distribution of mental health treatment facilities across the five boroughs, and a qualitative investigation of stakeholders' perspectives on the availability and accessibility of those services.

Qualitative data comprised interviews with 32 stakeholders including health system and plan administrators, policy experts, government officials, representatives of City and State agencies that typically partner with mental health providers, leaders of community-based organizations that offer mental health services, primary care providers, and patients. Interview questions were tailored to the specific stakeholder group and inquired about service availability; interactions between care providers; pathways to accessing care; facilitators, barriers, and potential solutions to access to care; and the effects of the COVID-19 pandemic on service availability and accessibility. Quantitative analysis included mapping data on geographic locations and service characteristics of mental health treatment facilities in New York City.

Key Findings

There is a limited number of mental health providers in New York City's public sector. The study found that workforce shortages in mental health services were particularly high among providers of color, those who can practice in languages other than English, those who can provide specialized evidence-based treatments like experienced licensed clinical social workers, and child psychiatrists. COVID-19 also exacerbated mental health needs in the community and created additional challenges to provider recruitment and staff retention.

Patients experience difficulties accessing care and navigating the mental healthcare system. Patients highlighted factors affecting their ability to access care, included barriers related to patients' lives and barriers from providers. Providers barriers relate to navigating the system to choose a provider, struggling to find providers accepting clients, cost, and completing long intake forms that in some cases resulted in no appointments; personal barriers related to stigma and readiness to look for care.

Few providers accept Medicaid or other forms of insurance payment. Interviewees shared that workforce shortages are not attributed to just the small number of providers in the city, but due to the small number of those that take Medicaid and other forms of insurance. This is a national problem in the public sector where both reimbursement and salaries are low for mental health providers.

The COVID-19 pandemic increased use of telehealth resources as in-person care decreased. The study found mixed feedback on the use of telehealth services, including the benefits of expanding capacity and access. Telehealth also reduced no-show rates and increased provider flexibility. Nevertheless, both informants and patients expressed concern about quality of care, particularly for those with serious mental illness. Patients shared other challenges with telehealth resources including internet connectivity issues and feeling that providers were not fully present during the appointment.

Distribtion of Medicaid Enrollees and Medicaid MH Facilities Across the 5 Boroughs

Source for data on Medicaid Enrollment: https:www.health.nv.gov care/medicaid/enrollment/docs/bv resident co/2021/iulv-2021.pdf

There is a high need for increased integration of service providers across sectors and provider agencies, as well as a need for standardization of interagency agreement processes. There is a lack of communication across systems, especially for those who receive services in nontraditional mental health treatment settings (i.e., schools, jails) and those who have more than one mental health condition. Interviewees shared the need for information systems to facilitate collaboration and communication about patient care and care processes.

Large low-income neighborhoods have fewer mental health treatment facilities, and the distribution of Medicaid-accepting facilities does not align with the distribution of Medicaid enrollees. Facilities are unevenly distributed in New York City. Some areas of Brooklyn and Queens, with the highest percentages of low-income residents, have the smallest percentage of facilities that accept Medicaid. Also, areas of Brooklyn, South Bronx, and northern Queens with high percentages of Spanish speakers have low numbers of mental health facilities that offer services in Spanish.

Recommendations

Develop strategies to expand the industry's workforce and increase the overall mental healthcare system's efficiency. To address the worker shortage, informants recommended increasing pay for licensed clinical social workers, increasing reimbursement (i.e., through Medicaid), creating loan repayment programs for providers to work in designated underserved areas, developing models that give larger roles to peers and non-licensed providers, and training providers of color and those with cultural and linguistic skills most in demand. This could also increase provider cultural competence, which patients expressed as one of the most important factors they consider when looking for care providers.

Develop a telehealth strategy in collaboration with New York State agencies. The City can play an important role in shaping the use of telehealth resources through this collaboration. As New York State policy makers focus on Medicaid reimbursement strategies, licensing requirements, and quality measurement and monitoring, the City could work with state regulatory agencies on quality assessments and disseminating evidence-based treatment models to clinics.

Improve information technology by using systems that cross institutional boundaries and enable referral-tracking and information-sharing. Providers shared that improving information technology would facilitate integration of care and reduce duplicative work improving care efficiency. Systemic approaches to information-sharing would reduce the burden on both agencies and patients.

Improve facility and treatment capacity for monitoring data collection. To better inform planning and monitor improvements, the City can build on the analysis performed by RAND by integrating additional data such as school-based mental health services and census data on the uninsured population.