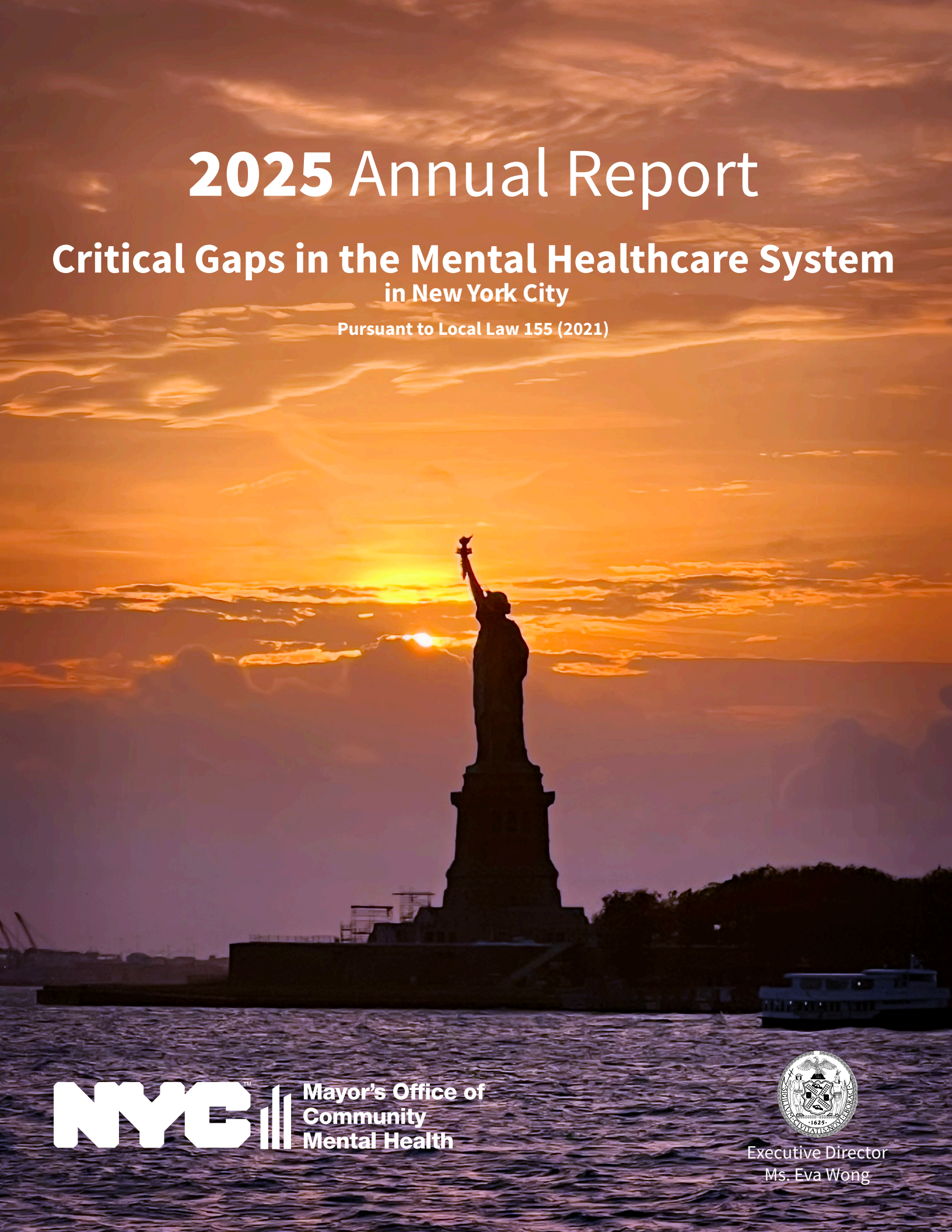

2025 Annual Report

Critical Gaps in the Mental Healthcare System in New York City

Pursuant to Local Law 155 (2021)

Mayor's Office of Community Mental Health

Executive Director
Ms. Eva Wong


NYC
Mayor's Office of
Community
Mental Health

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About the
NYC Mayor's Office of Community Mental Health

Codified into the City Charter by Executive Order 68 and Local Law 155 by the City Council in December of 2021, The Mayor's Office of Community Mental Health became the first and only mayoral office dedicated to addressing the mental health of New Yorkers.

The Mayor's Office of Community Mental Health (OCMH) is dedicated to enhancing mental health for every resident of New York City, promoting equitable access to the mental health support necessary for leading healthy and fulfilling lives. In pursuit of this mission, OCMH actively coordinates and develops citywide policies and strategies to address critical gaps in mental healthcare. We collaborate with City agencies and community stakeholders to innovate solutions that help eliminate barriers that impede access to mental health care, especially for vulnerable and marginalized communities. This involves improving availability and accessibility of essential support and services across the full mental health continuum.

At OCMH, our commitment is anchored in principles of equity, inclusivity, racial justice, and cultural responsiveness. This commitment is focused on effecting long lasting system level change and eliminating stigma surrounding mental health needs. OCMH embraces a community centered, strength and place-based approach that invites, and honors the inherent strengths, diverse perspectives, and lived experiences of individuals and communities.

Overall, OCMH plays a critical role in advancing mental health services and policies that impact communities, and our work is instrumental in engaging every part of city government to improve the mental health and wellness outcomes for all New Yorkers.

Our strategic priorities include:

- Improving Access to Mental Health Care and Equitable Distribution of Resources
- Partnering with Communities to Elevate Mental Health Promotion and Community Resilience
- Developing a Coordinated Mental Health Crisis Response System
- Building and Supporting the Behavioral Health Workforce in New York City

Introduction

Eva Wong, Executive Director
NYC Mayor's Office of Community Mental Health

The Mayor's Office of Community Mental Health (OCMH) submits the following report to the Honorable New York City Mayor, Eric Adams, and Speaker of the New York City Council, Adrienne Adams, pursuant to Local Law 155 (2021).

Community Mental Health complements the Public Health approach and offers a distinct and unique approach to addressing support for New Yorkers. Public Health as articulated in Care, Community, Action: A Mental Health Plan for New York City, focuses on prevention, harm reduction, treatment, and recovery. This approach emphasizes addressing social, economic, racial, and cultural factors, improving access to basic needs like housing and food, and enhancing access to quality treatment and care. Further, it elevates the need to convene resources and supports across sectors to guide actions to improve mental health outcomes for all New Yorkers.

Community Mental Health, focuses on mental health services and support that are deeply rooted in community.[1] Built from the ground up, community mental health often emphasizes accessible, culturally relevant, and person-centered care involving both clinical and non-clinical professionals.[2] It prioritizes local needs and resources, bolstering strong community relationships, and addressing mental health within the context of the community's unique cultural, social, and economic factors.[3]

This report, while addressing the very real public health data, context, and mental health needs of New Yorkers, also provides a community mental health lens to responding to these needs. The report provides an overview of the current state of mental health for New Yorkers, the gaps in access that they face, and what New York City is doing to address these challenges. It takes an equity approach to addressing mental health access, focusing on those populations that are the most vulnerable: individuals with serious mental illness; unhoused individuals, children, youth, and families; individuals with substance use disorders; older adults; veterans; and justice-involved individuals. The report acknowledges that these population have distinct needs that the City must address, and in doing so, will improve mental health outcomes for all New Yorkers.

In addition to capturing the efforts and programs in the city that are currently serving high-need populations, the report highlights some critical components of community mental health: prevention, promotion, and resilience. These components involve fostering positive mental health, taking proactive measures to mitigate the risk of developing mental health issues, and speak to the ability of an individual or community to adapt to and recover from challenges. To support the mental health

of New Yorkers, the City must take a multi-pronged strategy that involves not only treatment, but also holistic approaches that address the overall health of New York City communities.

Critical to addressing the gaps in access facing New Yorkers is building the mental health workforce. This report looks at the current challenges facing the workforce – including a labor crisis, lack of diverse representation, mental health of practitioners themselves, and public-system limitations – and what efforts are being undertaken in New York City to address these challenges.

Finally, this report tackles how to strengthen the City's response to mental health crisis - a situation in which a person's mental or emotional state has reached a level of distress or instability that significantly impairs their ability to function or cope with daily life and often requires immediate support. In the event of a crisis, New Yorkers need someone to contact, someone to respond, and a safe place for help, and the City is continuing to build on these components to strengthen its crisis response.

OCMH collaborated with key City agencies to obtain information on critical gaps and deficiencies in mental health care and the concerted efforts, plans, initiatives, and programs underway or in the pipeline to support the mental health of all New Yorkers. While this plan uplifts this information, it is also an opportunity for City agencies to break silos – to understand how other agencies are supporting New Yorkers and special populations with their mental health, and how agencies can work together to bolster the City's response.

We extend our sincere thanks to our colleagues from fellow City agencies and the OCMH team for their invaluable contributions to this report. Furthermore, we deeply appreciate our government and community partners for their collaborative spirit and unwavering commitment to supporting the mental health and well-being of New Yorkers.

A special note of gratitude goes to the Honorable Mayor Eric Adams and Deputy Mayor of Health and Human Services Anne Williams-Isom for their steadfast leadership in addressing the challenges facing our city with vision, courage, and determination. With confidence in our shared purpose, we will overcome present and future challenges to ensure the well-being of all New Yorkers.

Agency Contributors

The following New York State and New York City Agencies contributed to this report:

- NYC Administration of Children Services (ACS)
- NYC Department of Homeless Services (DHS)
- NYC Department of Health & Mental Hygiene (NYC Health)
- NYC Department of Social Services (DSS)
- NYC Department of Veterans' Services (DVS)
- NYC Department of Youth & Community Development (DYCD)
- NYC Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV)
- NYC Human Resources Administration (HRA)
- NYC Mayor's Office of Immigrant Affairs (MOIA)
- NYC Mayor's Office of Criminal Justice (MOCJ)
- NYC Department for the Aging (NYC Aging)
- NYC Health + Hospitals (NYC Health + Hospitals)
- NYC Public Schools (NYCPS)
- NYC Office of Chief Medical Examiner (OCME)
- New York State Office of Mental Health (OMH)

I. Expanding Access to Mental Health Care

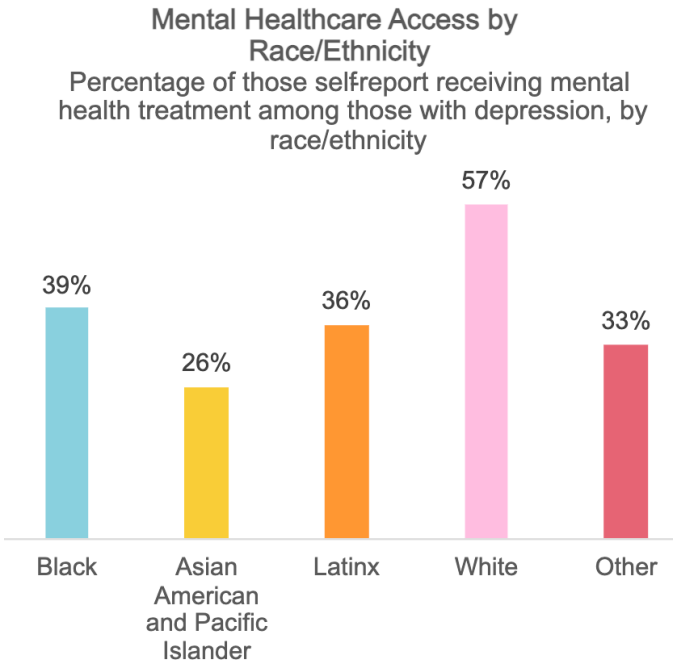
Current State of Mental Health Care Access

We are working toward a city where more New Yorkers can access timely and quality mental health care, while reducing the number of mental health crises and suffering caused by delayed or insufficient treatment and supports. Access to mental healthcare often disproportionately affects many New Yorkers on the basis of race, ethnicity, sex, insurance status, and the poverty level of the neighborhood in which they live, among other factors.

Seventy percent of New York City adults with a diagnosed mental illness (schizophrenia, bipolar disorder, post-traumatic stress disorder, major depressive disorder, and anxiety) received mental health treatment (counseling, medication, or both) in 2023.[4] Unmet needs for mental health treatment may include individual perceptions of receiving less treatment than desired, not receiving treatment within a desired timeframe, or not having easy access to treatment when it is sought. Among New York City adults with a diagnosed mental illness, 34% had an unmet need for mental health treatment in 2023.[5]

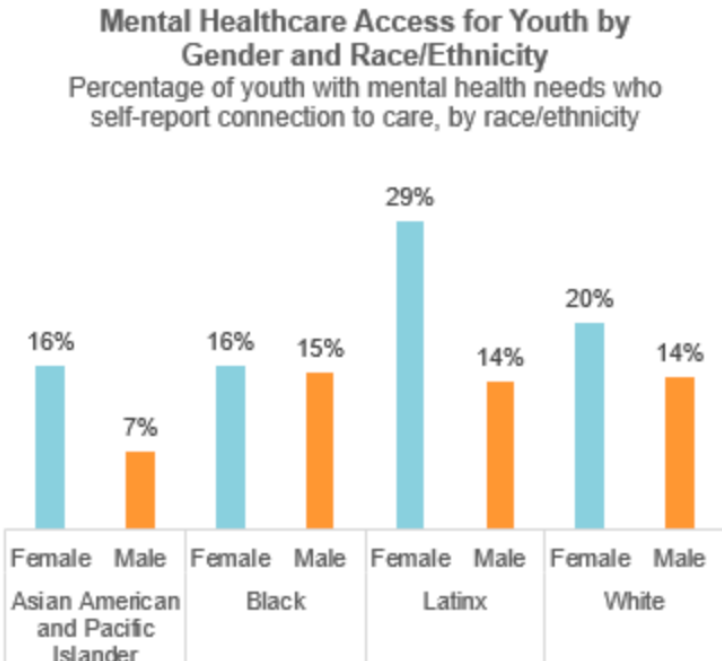
Connection to mental healthcare differs based on race and ethnicity. Black, Latinx, and Asian American and Pacific Islander New Yorkers are less likely to be connected to mental healthcare than White New Yorkers (Figure 1).[6] Among youth in New York City with mental health needs, males are less likely than females, and Asian Americans and Pacific Islanders are less likely than other races and ethnicities to be connected to mental health care, as defined by receiving help from a professional counselor, social worker, or therapist in the last 12 months for an emotional or personal issue that they could not face alone

Figure 1



Source: NYC Community Health Survey, 2022

Figure 2



Source: Centers for Disease Control and Prevention. 2023 Youth Risk Behavior Survey.

Barriers to Accessing Care

Timely access to mental health support is a priority for our city. The COVID-19 pandemic highlighted that all New Yorkers face vulnerability and reminded us of the critical importance of mental healthcare. Throughout this challenging time, many New Yorkers sought mental health support, demonstrating increased awareness of mental health as a vital component of well-being. According to 2023 data from the New York City Department of Health and Mental Hygiene (DOHMH), 8% of New York City adults experienced serious psychological distress (SPD) - characterized by heightened senses of nervousness, hopelessness, restlessness, worthlessness, and general feelings of exertion in everyday tasks. This is a decrease from 14% in 2022, but still higher than pandemic and pre-pandemic levels of 6% in 2020 and 5% in 2019. Additionally, this rate varies greatly by race and ethnicity, age, gender identity, sexual orientation and neighborhood poverty level.

As we continue to work towards a New York City where mental healthcare is available to all New Yorkers in need, it must be recognized that various barriers prevent individuals from receiving the mental health support they require. Solutions that

are responsive to each of these challenges are needed. The barriers to accessing mental health support are multifaceted and include:

High Demand and Limited Resources

In New York City, the demand for mental health services consistently surpasses the available resources. The gap between demand and supply subsequently widened since the COVID-19 pandemic. This has resulted in prolonged wait times for appointments in many communities, making it difficult to receive timely care. A shortage of mental health professionals in the public sector, including psychiatrists, psychologists, and social workers, exacerbates difficulties in securing prompt appointments. These shortages disproportionately impact New Yorkers dependent on Medicaid, those unable to cover services costs out of pocket, and individuals with limited English proficiency.[7] (See, Building Mental Health Workforce Capacity section for more details on workforce limitations.)

Financial Barriers

According to U.S. Census Bureau's American Community Survey (2022), about 5% of New Yorkers often do not have insurance coverage.[8] While this is below the national average of 8.6%, being uninsured still affected hundreds of thousands of New Yorkers. Even with health insurance, cost can be a significant obstacle to access mental healthcare, as individuals may face high co-pays and deductibles. Additionally, some people may be unaware of available low-cost or sliding-scale options. These financial barriers are more pronounced for people of color, who experience greater inequities in access to health insurance and fair wages.[9]

Outdated and Inaccurate Provider Information

In December 2023, New York Attorney General Letitia James released a comprehensive report, *Inaccurate and inadequate: Health plans' mental health provider network directories*, demonstrating that health insurance companies are failing to offer adequate access to mental health care. The Office of the Attorney General surveyed approximately 400 mental health providers listed on health plans' networks and found that a staggering, 86%, were effectively "ghosts," ---"unreachable, not-in-network, or not accepting new patients". These inaccurate network directories are worsening the mental health crisis, disproportionately affecting marginalized communities, leading to adverse health outcomes and increasing costs for patients.

Geographic Barriers

While New York City has numerous mental health facilities, individuals living in certain neighborhoods still face challenges in receiving care. Transportation can pose a significant hurdle, especially for those in remote or under-resourced areas, with associated costs further limiting the ability to seek care. In addition, the availability of mental health providers across different communities can vary sharply.[10] Telehealth options can alleviate some of these geographic barriers. In 2023, The New York State Office of Mental Health (NYS OMH) updated telehealth regulation to allow audio-only technologies and permit telehealth practitioners the option to deliver services from out-of-state locations (within the U.S.).[11] While these options can support New Yorkers, particularly in underserved areas, access remains a barrier for individuals who prefer or require in-person services.

Stigma

In 1999, the Surgeon General issued the first-ever report on mental health, emphasizing the importance of policies, actions, and information to reduce and eventually eliminate the harmful stigma surrounding mental illness and its effect on accessing care.[12] Despite continued efforts, mental health issues still face various forms of stigma including social, structural and media stigma which can deter individuals from seeking help due to fear of judgment, rejection or discrimination.[13]

Cultural and Language Barriers

New York City is a diverse city with a rich tapestry of cultures and languages. Finding mental health providers who can

effectively communicate and understand different languages and cultural contexts can be a challenge. Underrepresented translation services in CBOs and lack of diversity in the workforce are barriers to culturally responsive care.[14] This issue is becoming more urgent as an increasing number of asylum seekers speaking languages of limited diffusion, such as Wolof and Pulaar, seek safety and stability in our city.

Lack of Awareness

Many individuals may not receive adequate information about mental health conditions and available resources. Contributing factors may include language barriers, complex terminology, or resources presented in formats that are difficult to understand. Furthermore, mental health services might not be highly visible in communities due to a lack of culturally responsive outreach and promotion, leading to low awareness of available resources and knowledge of how to access them. Studies show that New York City's immigrant communities often lack awareness of available resources.[15] This situation is likely becoming more significant as asylum seekers arrive from countries with limited healthcare infrastructure.

A. Serious Mental Illness

Overview & Gaps

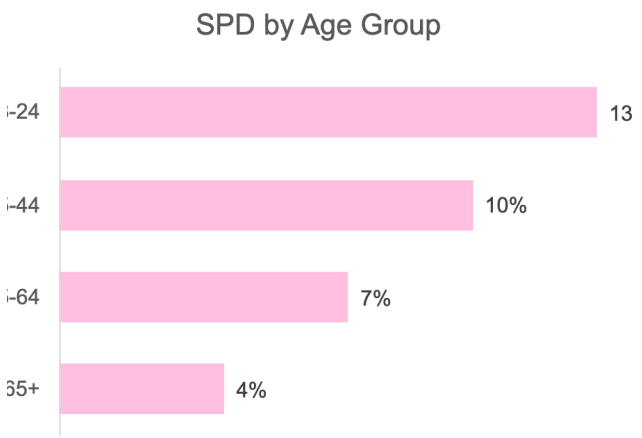
Serious Mental Illness (SMI) is defined by the National Institute of Mental Health (NIMH) as "a mental, behavioral, or emotional disorder resulting in serious functional impairment which substantially interferes with or limits one or more major life activities."[16] As of 2022, the NIMH estimates that about 6% of U.S. adults have SMI.[17] Assuming a prevalence rate consistent with this national average, we can estimate that about 411,000 adult New Yorkers live with some form of SMI.

While the term "Serious Mental Illness" (SMI) is often used to describe the most severe mental illnesses such as schizophrenia, bipolar disorder, and schizoaffective disorder, the scientifically accepted definition is broader. It includes mental health conditions like major depression, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD), provided they result in significant functional impairment for the individual. Importantly, the classification of a condition as SMI depends not only on the diagnosis but also on the severity and extent to which it interferes with or limits major life activities.

Serious Psychological Distress

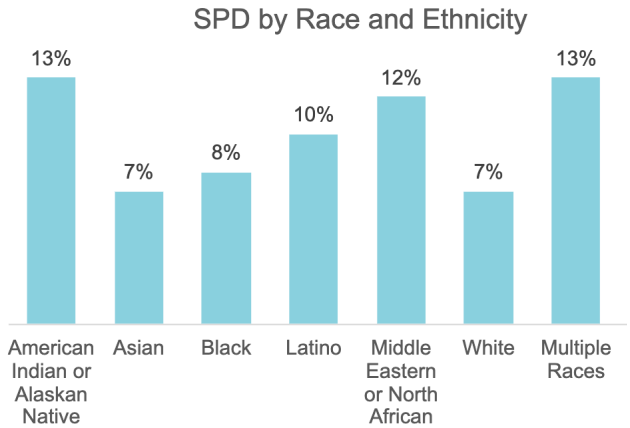
New York City Department of Health and Mental Hygiene (DOHMH) looks at New York City adults with Serious Psychological Distress (SPD) - defined as "the feelings of people who have recently been having problems functioning due to negative emotional or mental experiences." SPD is not a diagnosis but is a good way to understand how large groups of people have been feeling within the past 30 days."[18] While SPD is different from SMI, and is more common, it is important to note that SPD can be a precursor to SMI. As of 2023, an estimated 8% of adult New Yorkers (541,000 adults) had SPD, and the rates were

Figure 3



Source: NYC Neighborhood Wellness Survey, 2023

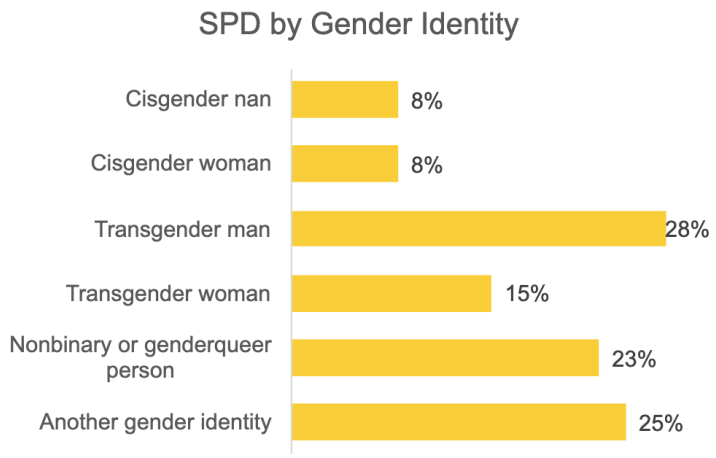
Figure 4



Source: NYC Neighborhood Wellness Survey, 2023

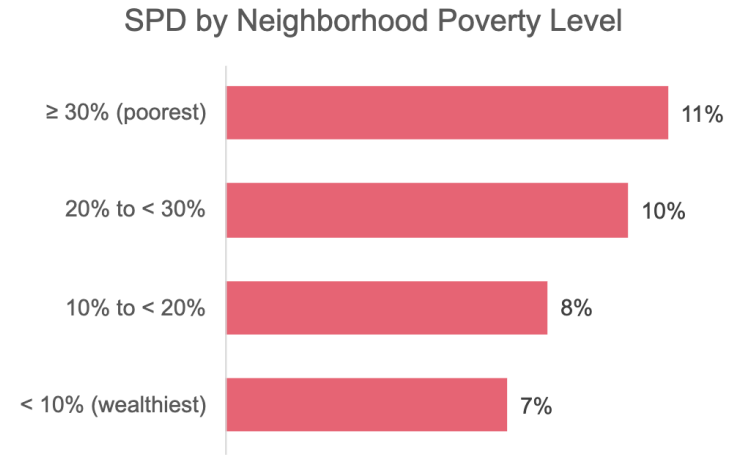
higher for young adults aged 18 to 24 (Figure 3). Black, Latino, and Middle Eastern or North African adults, and adults who identify as multiple races, were also more likely to have SPD than white adults (Figure 4).[19]

Figure 5



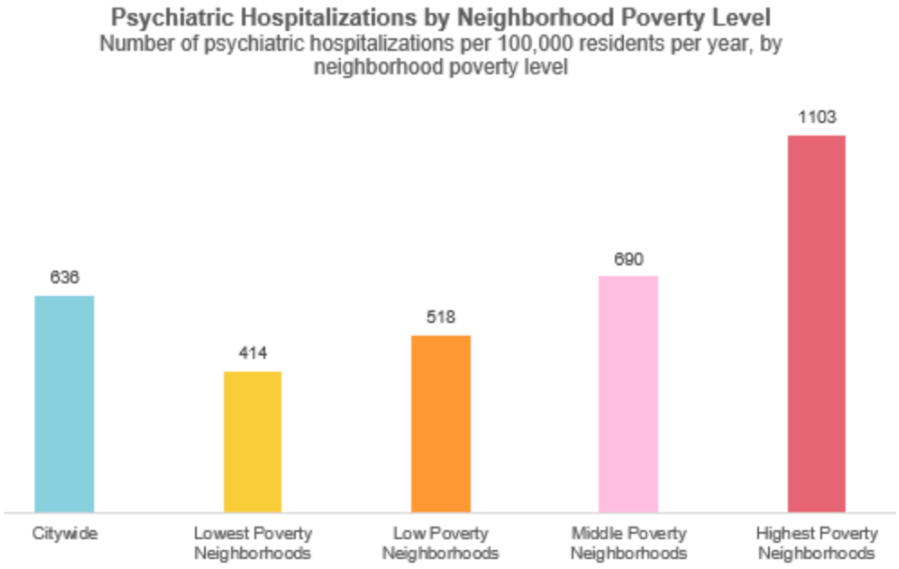
Source: NYC Neighborhood Wellness Survey, 2023

Figure 6



Source: NYC Neighborhood Wellness Survey, 2023

Figure 7



Source:
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2023

Individuals who do not identify with the gender they were assigned at birth had 2 to 3.5 times the rates of SPD than their cisgender peers (Figure 5).[20] SPD is also higher in neighborhoods with higher concentrations of poverty (Figure 6).[21] Geography and neighborhood intersect with psychiatric distress and hospitalizations. The highest poverty neighborhoods have over almost three times as many psychiatric hospitalizations per capita as the lowest poverty neighborhoods in New York City (Figure 7).[22]

Almost half of New York City adults with SPD reported an unmet need for mental health treatment in the last 12 months. The top three barriers to treatment were that they thought they could handle their mental health without treatment, they could not afford the cost, or they did not know where to go for treatment.[23]

Gaps in Access

The City has invested in community-based care (more supportive housing, more mobile treatment/faster crisis services, more

clubhouses), and those investments have shown promise in closing gaps, especially gaps that have led to over utilization of inpatient psychiatric services. However, there are fewer hospitals, and gaps persist in community services that unfortunately lead to other sectors, like the criminal legal system, caring for people with SMI without adequate infrastructure, expertise, or funding to support those with SMI. Although New York City has a high number of psychiatrists and therapists, many do not accept Medicaid or Medicare, leaving many people with SMI without adequate care.

New York City also provides a plethora of psychiatric rehabilitation programs - an evidence-based practice that encompasses services such as supported employment to obtain and retain jobs, and education support to pursue formal education for a career goal. In addition, psychiatric rehabilitation programs offer mental health peer support which provides mentoring, learning coping skills, and most importantly, encouragement and hope for recovery from someone who is trained, certified, and has a mental health condition themselves. However, many individuals, including many mental health workers, are unaware of the range of services available resulting in a gap in referrals to these excellent care options.

Stigma Towards People with SMI

According to the American Psychiatric Association, stigma and discrimination can contribute to worsening symptoms and reduced likelihood of getting treatment.[24] Public stigma, or discriminatory attitudes, towards people with SMI is a major systemic problem which makes it harder to access care, advocate for better services, or fully participate in community life. Self-stigma is the process by which an individual's identity is replaced by a devalued view of oneself – one in which an individual applies the public stigma to themself.[25] Research shows that self-stigma for people with SMI is associated with "poor clinical and functional outcomes."[26]

The City's Response

The City remains committed to a public health approach for supporting individuals with SMI, emphasizing prevention, intervention, and responsive care. The goal is to offer health and social supports that are affordable, accessible, acceptable, and free of stigma. By providing the right help, the City aims for all New Yorkers with SMI to thrive. This approach seeks to enhance health, reduce suffering and social isolation, and improve well-being. It recognizes that focusing solely on healthcare is insufficient; attention to home, community, and response is equally crucial in preventing mental health issues and creating healthy environments for recovery.

Released in 2023, Care, Community, Action: A Mental Health Plan for New York City, describes how the City continues its commitment to prioritizing support, and services these individuals through the following goals:[27]

- Improve access to specialty SMI care and primary care that is race-conscious and trauma-informed
- Expand the stable housing options available to New Yorkers with SMI
- Expand city infrastructure for rehabilitative supports, education, and employment for people with SMI and for their families
- Serve New Yorkers in mental health crisis with a health-led response

Below are a few of the main initiatives led by New York City social service agencies to address the gaps facing New Yorkers with SMI.

Clubhouse Expansion (DOHMH)

- Clubhouses are gathering places for people with SMI that follow evidence-based models of psychiatric rehabilitation. They are one-stop locations providing peer support and lifelong friendships, access to benefits and legal services, help obtaining employment and completing formal education, opportunities to improve executive function and cognitive skills, healthy snacks and meals, socialization, and recreation in a safe, restorative, and structured settings during the day, evening, weekends, and even holidays. Research shows that the clubhouse model reduces hospitalization and contact with the criminal legal system and improves health and wellness.[28]
- In 2024, DOHMH re-procured its clubhouse contract portfolio for the first time in 30 years to expand clubhouse access and enhance clubhouse quality. This renewed commitment to the program model was intended to improve member experience, expand connections into the rest of the health and social services safety net, and more systematically

achieve and measure program outcomes, including quality of life, self-efficacy, education and employment. DOHMH awarded new contracts for 13 clubhouses. By December 2024, ten of these clubhouses were already open and operating. The remaining three are expected to open in the first part of 2025.

Restore Inpatient Beds (NYC Health + Hospitals)

- As of early 2024, NYC Health + Hospitals had successfully restored all the system's psychiatric beds that were closed to accommodate medical needs during the COVID-19 pandemic, reaching at least 1,000 beds that were staffed and ready to accept patients. Bringing these beds back to behavioral health use was a complex and wide-ranging effort, requiring collaboration from facilities, human resources, finance, nursing leadership, finance, and program leaders.
- In 2024, between the system's Comprehensive Psychiatric Emergency Programs (CPEPs) and Psychiatric Emergency Rooms, 32,700 unique patients were seen for a total of 55,200 visits. Inpatient behavioral health services were provided to 11,500 unique patients and there were 14,400 hospitalizations for inpatient behavioral healthcare.

Expanded Outpatient Access (NYC Health + Hospitals)

- Outpatient programs are the backbone of New York City's behavioral health infrastructure. They provide an array of treatment services including medication management, substance use disorder treatment, and individual and group therapy, for patients with all levels of need from all walks of life.
- By 2025, NYC Health + Hospitals aims to increase outpatient clinic capacity by growing staff, introducing process improvements to drive productivity and quality, and expanding services. In 2024, adult overall scheduled visits increased by 13.2% from 2023 and two new Domestic Violence outpatient clinics opened (NYC Health + Hospitals/Kings County, Lincoln)

Increased Support for People with Intellectual and Developmental Disabilities (NYC Health + Hospitals)

- NYC Health + Hospitals recognizes that people with intellectual and developmental disabilities often have behavioral health issues that add to their distress and behavioral challenges. Having an intellectual or developmental disability also creates a disparity in health care access and quality. With the support of the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), and Department of Health (DOH) – NYC Health + Hospitals championed and launched the Intellectual/Developmental Disabilities + Mental Illness/Behavioral Health Specialty Unit at Kings County Hospital in 2020. The unique, state-of-the-art inpatient unit offers 12 specialty beds and enhanced specialty staffing ratios; single rooms; extensive use of Licensed Creative Art Therapists; and staff with expertise in behavior, speech and language, occupational therapy, and other resources. To date, the unit has evaluated and stabilized 175 of the most complex need, high utilizers in New York City. The unit discharges to two closely affiliated resources: a 12-bed step-down unit at the Bernard Fineson campus and NY AHRC's 5 community crisis transitional beds.

Assertive Community Treatment (ACT) Teams (DOHMH and OMH)

- Across the city there are specialty ACT Teams which provide ACT services to specific populations. DOHMH holds OMH awarded contracts for the following specialty teams: Older Adult ACT Teams serve individuals 55 and older; and Forensic ACT Teams serve individuals involved in the criminal justice system. OMH directly contracts: Shelter Partnered ACT Teams serving individuals within the shelter system; Young Adult ACT Teams serving individuals ages 18-28; and Youth ACT teams serving youth ages 10-21, which are designed to address the significant mental health needs of youth who are at risk of entering, or returning home from high intensity services, such as inpatient or residential services.

Subway Co-response Outreach (SCOUT) and Partnership Assistance with Transit Homelessness (PATH) Teams (DHS with MTA-PD and NYPD)

- Supplementing the efforts of DHS-contracted outreach teams serving the general population of unsheltered New Yorkers, DHS has also partnered with law enforcement to serve the specific needs of those among the unsheltered who struggle with untreated SMI. In 2024, DHS has deployed nurses to form "co-response" teams with police officers in two programs operating in the subway system: Partnership Assistance with Transit Homelessness (PATH) and Subway Co-response Outreach (SCOUT) programs -- an essential component of the City's comprehensive Subway Safety Plan. Under the co-response model, clinical professionals are paired with police officers to engage with members of the public who appear to be unsheltered and in need of medical care and/or social services. Participating police officers receive specialized training in crisis de-escalation and allow their clinical partners to take the lead in engagement and assessment of

needs, once safety is assured. While co-response is not meant to replace traditional outreach conducted without police involvement, in certain situations, the presence of police affords clinicians a greater sense of personal safety, enabling more meaningful engagement. Having police partners on-scene also greatly enhances the ability of clinicians to initiate transport to a hospital for evaluation in circumstances where an individual exhibits symptoms of mental illness presenting a danger to self or others.

Coordinated Behavioral Health Task Force (CBHT) (DHS, DOHMH, NYC Health + Hospitals, NYPD)

- The Coordinated Behavioral Health Taskforce (CBHT) is an enhanced effort among city and state agencies and community-based outreach providers to identify and assist unsheltered individuals who consistently refuse shelter and efforts to engage them in the process towards permanent housing, and who are known or suspected to have untreated SMI. In addition to mental health treatment, these individuals are typically in need of other medical care and/or substance abuse treatment. The CBHT focuses on 100 such individuals at a time, evenly divided between those entrenched in the subway system and those known to frequent street locations. This target group allows for a concentrated, manageable approach to provide tailored interventions and support.

B. Unhoused Individuals

Overview & Gaps

According to the US Department of Housing and Urban Development, there are four categories of homelessness:[29]

- **Literally homeless**: Individuals or families who lack a fixed, regular, and adequate nighttime residence.
- **Imminent risk of homelessness**: Individuals or families who will imminently lose their primary nighttime residence.
- **Homeless under other federal statutes**: Unaccompanied youth under 25 years of age, or families with children and youth who are defined as homeless under other federal statues, have not had permanent housing in the last 60 days, have experienced persistent instability and can be expected to continue in such a status.
- **Fleeing/attempting to flee domestic violence**: Individuals fleeing or attempting to flee domestic violence with no other residence and lacking the resources or support networks to obtain permanent housing.

Recent estimates from Coalition for the Homeless put the unhoused population in New York City at more than 150,000 as of March 2024, with an additional 200,000 living in doubled-up homes with others.[30] This includes over 50,000 asylum seekers in the city's care (across both DHS and non-DHS systems) as of January 2025.[31] The prevalence of serious mental illness among New York City's homeless population is alarmingly high. According to the DHS's 2023 report on Mental Health Services in Shelters, nearly half (45%) of single adult shelter residents are grappling with a serious mental illness (e.g., bipolar disorder, schizophrenia, PTSD, schizoaffective disorder, and panic disorder), highlighting the urgent need for increased mental health support within this vulnerable population. This statistic illuminates the intersection between homelessness and mental health challenges and highlights the need for targeted support.

According to the City's Mental Health Plan, housing insecurity, characterized as "a lack of security in a person's housing due to things like high costs relative to income and poor housing quality," can worsen symptoms of mental illness and increase the likelihood a person will face high-risk situations, ultimately leading to avoidable hospitalization or incarceration.[32] In 2020, approximately 13,000 New Yorkers with SMI experienced homelessness, either within the New York City shelter system or on the street.[33] Safe, stable, and affordable housing is a critical social determinant of health for individuals with SMI, significantly impacting their well-being and ability to manage their condition.

Homelessness and housing instability impact health for people of all ages, from children and young adults who face higher rates of asthma and mental health conditions, to parents and older adults who experience more chronic and behavioral health issues. There is a pressing need to provide tailored mental health services for young people experiencing homelessness. Adolescence and early adulthood are critical periods when targeted support and engagement can reduce the long-term effects of adverse childhood experiences and promote resilience toward successful future outcomes.

The complexities of caring for the mental health needs of people experiencing homelessness in NYC necessitate sufficient numbers of well-trained professionals with specialized knowledge in helping those with severe mental health challenges. Yet, the City is experiencing a large gap in qualified mental health workers in homeless services settings, driven in part by a multi-pronged workforce crisis including labor shortages, burnout, lack of diversity and a need for increased investment.[34] Addressing workforce challenges is imperative for sustaining mental health services to support those experiencing homelessness.

The City's Response

The transient nature of individuals experiencing homelessness presents a challenge in both accessing and sustaining engagement with outpatient behavioral health services. For those without stable housing, maintaining connections with healthcare resources can be particularly challenging, emphasizing the need for care coordination and support to access and maintain care. Because of these challenges, providing care for unhoused individuals warrants focused attention and efforts. NYC Department of Homeless Services (DHS) and NYC Health + Hospitals, along with other city agencies, play key roles in supporting unhoused New Yorkers with mental health services. DHS collaborates with hospitals and other organizations to deliver mental health services and coordinate care. NYC Health + Hospitals is the public safety net hospital system and takes a leading role in providing services to individuals and groups that are experiencing complex psychiatric and social needs and partners with DHS on a number of targeted initiatives.

Some of these initiatives to improve the mental health of New Yorkers experiencing homelessness include:

Expansion of Initiatives for Unhoused Individuals (NYC Health + Hospitals)

- NYC Health + Hospitals providers support the unhoused population by integrating health care services with other city programs, housing providers, and community-based mental health services to provide holistic, intensive and ongoing care after discharge from the hospital. This includes working closely with DHS shelters and homeless outreach teams, New York State Office of Mental Health Street Option Support (SOS) teams, and supportive housing providers across the city. Recognizing the longer-term needs within this population, NYC Health + Hospitals has also created specialized programming such as Extended Care Units (ECU) and Street Health Outreach & Wellness (SHOW) mobile units to serve New Yorkers experiencing homelessness. In 2024 an ECU was opened at NYC Health + Hospitals/Elmhurst.

Telehealth in Shelters (NYC Health + Hospitals, DSS/DHS)

- NYC Health + Hospitals ExpressCare collaborated with DSS/DHS to offer special access to this service for DSS/DHS clients via a dedicated telephone and web-link at no out-of-pocket cost for current DSS/DHS clients. NYC Health + Hospitals ExpressCare is a 24 hour/7 day a week telehealth service for urgent medical or behavioral healthcare, treatment, and medications. NYC Health + Hospitals and DSS/DHS continue to collaborate closely to increase awareness and utilization of these services among DSS/DHS clients, especially families.

Expansion of Supportive Housing (DOHMH)

- Supportive housing improves health outcomes and saves public dollars. Investment in housing that is accompanied by supportive services can improve outcomes for people with mental health and substance abuse issues, while yielding significant taxpayer savings by reducing demand for high-cost shelters, hospitals, and other emergency resources.

Assisted Discharge Planning for Homeless Psychiatric Inpatient Clients (DSS/DHS)

- DSS/DHS routinely collaborates with hospitals to support safe discharge to shelter with adequate support in place to address medical, substance use, and mental health needs, and to prevent or decrease the risk of decompensation, community violence, and return to street/subway homelessness. DSS/DHS works with hospitals to expedite enrollment into specialized health care programs for people experiencing homelessness such as the NYC Health + Hospitals Safety Net clinics, Assertive Community Treatment, Intensive Mobile Treatment, Safe Options Support, Assisted Outpatient Treatment, and community health work programs. DSS/DHS collaborates with the hospital and mobile health programs to coordinate shelter placement, support engagement in follow-up care, provide accompaniment through shelter intake, and expedite mental health or other specialized shelter placement processes to support continuity of care immediately after discharge and prevent a return to the street or subway.

Complex Care Coordination Program (DSS/DHS)

- The Complex Care Coordination Program conducts outreach and provides dedicated support to service providers within DSS/DHS, and coordinates care across multiple city and state agencies (e.g., DOHMH, NYC Health + Hospitals, ACS, OMH) and healthcare providers for people with severe and complex health and service needs, including clients who are associated with multiple negative incidents in shelter and community, and/or who have cycled through multiple city systems, such as jails, shelters, and hospitals.
- The Complex Care Coordination Program works collaboratively with clients, shelter staff, outreach staff, and community-based care team to identify goals, develop care plans, implement interventions, coordinate transitions of care, promote access to safe and effective community-based health services, identify and enroll in supportive services, specialized medical and behavioral health care, and benefits for which clients are eligible and provide ongoing monitoring and advocacy in support of short-term stabilization and long-term success in permanent housing and employment and ongoing access and engagement in services.

Mental Health Services in Family Shelters (DSS/DHS)

- Formally launched in January 2024, the DSS/DHS Child Mental Health program is dedicated to increasing access to culturally responsive and trauma-informed mental health services to enhance positive outcomes for children and their families. The program aims to identify children and families who present with behavioral health incidents, increased vulnerabilities, or risk factors for behavioral health needs and who would benefit from mental health services. The program combines the launch of the Child Mental Health Program via telehealth and the implementation of Local Law

35 that aims to enhance mental health services in the approximately 150 shelters for families with children that DSS/DHS operates and maintains.
- The program overall aims to build shelter staff capacity to address the mental and behavioral health needs of clients in the DSS/DHS shelters for families with children through training, technical assistance, and resource guides. It also seeks to enhance access to mental health, substance use, and crisis intervention services by strengthening partnerships with agencies like DOHMH, NYC Health + Hospitals, and ACS, raising provider awareness of services, and promoting the use of virtual behavioral health resources such as NYC Health + Hospitals ExpressCare, NYC 988, and NYC TeenSpace. The program focuses on supporting licensed social workers at these shelters with tools, training, technical assistance and monitoring of service provision.

Mental Health Services in Domestic Violence (DV) shelters (HRA)
- HRA's Domestic Violence Services is collaborating with NYC Health + Hospitals to increase access to mental health services for families residing in DV shelters through customized individualized onsite and telehealth treatment options for survivors, bringing mental health services, screenings, individual and group sessions, and medication management to adults and children in shelters.
- The program aims to address gaps in behavioral health services including long wait times, lack of domestic violence-informed care, lack of low-cost or free services, and limited access for adults and children.
- DV shelter residents now have access to culturally and trauma-informed critical mental health services and care provided by a multidisciplinary team of highly skilled, domestic violence trained social workers, and adult and child psychiatrists.
- Clients are provided an appointment with a provider within approximately 14 days, and clients who have urgent needs are connected to care within 72 hours. By providing connection to care within 2 weeks as compared to the wait times reported by shelter providers (upwards of 6 months), the DV Services program has reduced wait times by 92%.
- Through Virtual ExpressCare, clients can speak to a provider on demand via video or phone for help with anxiety, depression, stress, burnout, substance use disorders, withdrawal, and emotional distress. Virtual ExpressCare is available 24/7, in over 200 languages. Additionally, as part of the program, clients who call Virtual ExpressCare can be connected to a DV program provider for continued care.

Visiting Psychiatric Services (DSS)
- The Visiting Psychiatric Services (VPS) unit provides psychiatric assessments and removals to hospitals as needed to adult HRA and DSS service recipients and selected supportive housing clients.
- VPS has two components: Field staff (psychiatrists and psychiatric nurse practitioners who conduct the evaluations) and the Clinical Intake Unit (licensed Social Workers who process and triage the referrals).
- Referral sources include Adult Protective Services (APS), the HIV/AIDS Services Administration (HASA), DHS shelters and NY/NY supportive housing residences.
- Common referral reasons include rent arrears/pending eviction (primarily for APS clients), housing application (2010e), decrease in ability to care for self/significant change in mental status, abuse/neglect, and exploitation. VPS collaborates with APS to address questions of capacity and risk, and to help formulate a plan using the least restrictive interventions necessary to effectively safeguard the client. Evaluations are primarily used to implement services such as financial management and guardianship that are critical to eviction prevention and stability in the community, and for housing applications to secure long-term placement in supportive residences.

Harm Reduction Strategic Plan (DSS/DHS)
- In addition to these initiatives, DSS/DHS has also developed the NYC Harm Reduction in Shelters Strategic Plan for 2023-2024 to expand on overdose prevention services in city shelters. Overdose is the leading cause of death among people experiencing homelessness in NYC and alcohol related conditions are in the top five causes of death. DSS/DHS implemented a two-year strategic plan to build systemwide capacity to provide evidence-based harm reduction services to shelter clients. Key activities include providing harm reduction training, technical assistance, and toolkit to shelter staff; establishing a central harm reduction specialist program; enhancing DSS/DHS data systems to improve risk detection; continuing to provide overdose prevention and naloxone administration training and distribute naloxone kits; and collaborating with DOHMH and NYS Office of Addiction Services and Supports (OASAS) to provide additional harm reduction staff in shelters and distribute naloxone kits; and, collaborating with DOHMH and NYS Office of Addiction Services and Supports (OASAS) to provide additional harm reduction staff in shelters.

C. Children, Youth, & Families

Overview & Gaps

Children, young people and families today are navigating a variety of challenges that increasingly impact their mental health, including social media pressures, bullying, and the unrealistic standards often promoted online. DOHMH's The State of Mental Health of New Yorkers report, released in May 2024, reveals a troubling rise – from 27% in 2011 to 36% in 2023 – of New York City public high school students feeling sad or hopeless, underscoring the urgent need for support and intervention.

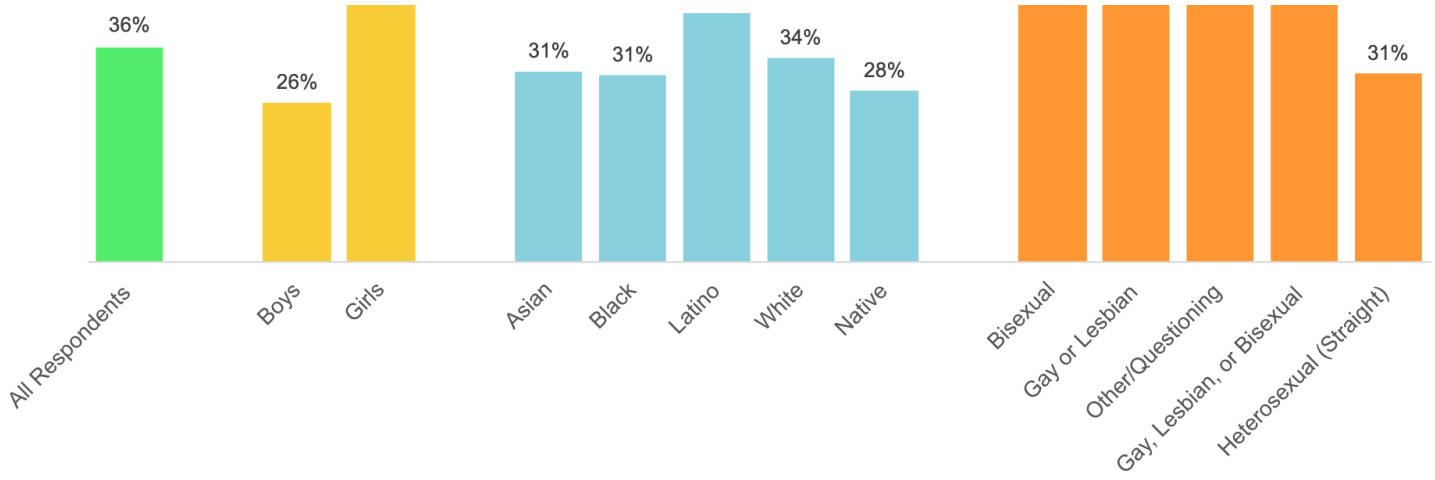
Children

The report revealed that as of 2021, an estimated 291,000 (23%) of children ages 3 to 13 in New York City have experienced one to three adverse childhood experiences (ACEs), and 30,000 (2%) have experienced four or more.[35] ACEs are potentially traumatic events that occur in childhood and include events such as experiencing violence, abuse, or neglect; witnessing violence; and growing up in a household with substance abuse problems, mental health problems, or incarcerated household members. ACEs can have long-term negative impacts on health, opportunity and well-being and increase the risk of mental health diagnoses and other challenges.[36]

Teens

- **Depression and Suicidality**
  Between 2011 to 2023, there was an increase from 27% to 36% in public high school students in New York City who reported feeling sad or hopeless.[37] [38] As of 2023, Girls; Latino students; students who identify as lesbian, gay, or bisexual, and students who identify as transgender or not sure if they are transgender, report higher rates of sadness and hopelessness than their peers (Figure 8).

Figure 8



Source: Centers for Disease Control and Prevention. 2023 Youth Risk Behavior Survey.

The percentage of New York City public high school students who reported seriously considering suicide in the past 12 months has increased over the last 10 years, from 12% in 2011 to 18% in 2023.[39] These rates were higher for girls, and Black and Latino students. However, the percentage of suicide attempts among NYC public high school teens has remained stable over the last 10 years, with no change since the start of the COVID-19 pandemic (8% in 2011 and 9% in 2021).[40]

- **Social Media and Bullying**
  DOHMH's Special Report on Social Media and Youth highlights the concerning connection between social media use and mental health issues. Data suggests that children who use social media are more likely to experience anxiety (16%) compared to those who do not (12%). For teens, this gap widens significantly: 27% of social media users experience anxiety and 14% experience depression, compared to just 9% and 4% respectively in non-users. The stark difference in anxiety rates between teen social media users and non-users—up to 18%—is particularly alarming. Moreover, parents who use social media report higher rates of anxiety and depression than those who do not.[41]

- **Mental Health Care Access**
  In a 2023 survey of New York City teens, 24% said they needed or wanted mental health care but did not get it over the past 12 months. Among these teens who needed or wanted but did not receive mental health care, the most common reasons were feeling that they could handle their own mental health without treatment (55%), not wanting to share with family that they needed mental health care (53%) and worrying that if they received mental health care people would think badly of them (27%).[42]

Parents, Caregivers, and Maternal Health

In August 2024, the U.S. Surgeon General released an advisory on the mental health and well-being of parents, titled Parents Under Pressure. The advisory outlined the unique and new challenges facing parents, including managing social media, concerns about the rising youth mental health crisis, and the loneliness epidemic in addition to traditional stressors such as financial and economic challenges. Chronic and excessive stress can increase the risk of mental health conditions for parents which can, in turn, have significant implications for the well-being of children and youth. This is particularly pronounced for new mothers - post-partum depressive symptoms affect approximately 1-in-8 mothers and disproportionately affect women of color.[43] The leading cause of pregnancy-related deaths is mental health conditions (22.7%), including from suicides and overdose/poisoning related to substance use disorders.[44]

Domestic Violence (DV) and Gender-Based Violence (GBV) Survivors

Family violence continues to make up a sizable portion of all domestic violence (DV) crime in New York City. In 2023, NYPD responded to 89,223 family-related domestic violence incident reports. They accounted for 43% of the domestic violence incidents where a relationship could be determined.[45] Many more incidents of family violence go unreported to NYPD due to stigma, fear, and other factors.[46] Despite its prevalence, there are few services and resources specifically for people impacted by family violence, particularly when it comes to harm between siblings, toward parents and among extended family members.

Providing culturally and linguistically appropriate mental health services for survivors is particularly challenging due to workforce challenges – the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) names that their community of DV/GBV providers have significant challenges hiring and retaining qualified staff to support the complex needs survivors of DV/GBV present. Challenges are especially pronounced for survivors from diverse backgrounds, including recently arrived migrants and immigrants. For these populations, there are limited linguistically appropriate services, and many face additional barriers due to cultural difference that may affect their willingness to seek help or access support. Improving access to culturally and linguistically appropriate services would have a profound impact, not only benefiting survivors but also fostering broader equity in mental health services across the city.[47]

Asylum Seekers

New York City continues to support a large number of asylum-seeking families within our systems. Adults and children in this population can experience elevated rates of depression, anxiety, and PTSD due to the impact of their migration journey that includes traumatic experiences such as family separation, exposure to violence, and challenges in their new place of living. Unaccompanied minors, in particular, face high rates of PTSD.[48] Ongoing efforts to connect asylum-seeking families with essential services—such as schools, legal support, and activities for young children—are critical for supporting their mental health. When these basic needs are unmet, the risk of mental health challenges increases for both adults and children in

these families.

Unique Gaps and Needs by Borough (NYC Public Schools Crisis Teams)

While many needs are shared across boroughs, NYC Public Schools Crisis Teams – multidisciplinary teams that assess and address emotional needs at school and provide supports, intervention, de-escalation, and connection to community resources – have identified specific borough-wide priorities to address unique gaps for children, youth, and families:[49]

- **Brooklyn**
  - Expand mental health services to offer shorter wait times and greater language accessibility
  - Enhance the capacity of in-school mental health clinics to serve more students
  - Increase the number of social workers in schools

- **Staten Island**
  - Ensure equitable access to mental health services across the entire borough
  - Provide targeted support programs for single fathers
  - Develop alternative training programs tailored for high school students

- **Bronx**
  - Immigration resources and streamlined support for new New Yorkers
  - Support on critical legal issues, including housing, incarceration, and navigating HRA systems
  - Reduction of wait time for psychiatric care after emergency room visits or hospitalization
  - Increasing trauma-informed training across the borough for children that have experienced trauma

- **Queens**
  - Culturally responsive services, resources in accessible languages, shorter wait times, and more transportation or resources to reach providers for students in temporary housing and migrant students.
  - Increased access to specialized services, trained educational professionals, classroom placements, and educational resources for students diagnosed with autism and their families.

- **Manhattan**
  - Increase support for LGBTQIA students both in schools and community-based MH and Substance Abuse treatment
  - Increase capacity for Mobile Crisis Teams- shorter response time

The City's Response

City agencies are undertaking extensive efforts to support vulnerable children and families, including foster youth, runaway and homeless youth, individuals with maternal health challenges, and youth with complex health needs. The initiatives outlined below represent work from a variety of agencies and departments, including the DOHMH, ACS, NYC Health + Hospitals, DYCD, and others.

NYC Teenspace (DOHMH)

- On November 15, 2023, New York City launched NYC Teenspace, the City's virtual mental health service available to all New York City teenagers between the ages of 13- and 17-years-old at no cost. The service, created in partnership with online therapy platform Talkspace, allows New York City teenagers to connect with a licensed therapist through phone, video, and text. In its first year, NYC Teenspace has served over 16,000 teens.

Caring Transitions: Youth Suicide Prevention (DOHMH)

- To prevent youth suicide attempts and deaths, the NYC Health Department partnered with NYC Health + Hospitals to launch Caring Transitions, a program for youth ages 5-17 in Queens and the Bronx who have been hospitalized or seen at an Emergency Department for a suicide attempt or serious suicidal behavior. The Caring Transitions team, which includes clinical staff as well as family and youth peer advocates, provides 90 days of follow-up to the youth and their family after

the youth has been discharged from the hospital.

Perinatal Mental Health (DOHMH)

- The NYC Health Department's Early Childhood Mental Health Network, which is comprised of 5 specialty clinics and a Training and Technical Assistance Center (TTAC), expanded its focus on perinatal mental health in FY24. Each of the specialty clinics added clinical staff to serve additional pregnant and postpartum individuals. Furthermore, the TTAC expanded its trainings on perinatal mental health, covering topics such as perinatal mood and anxiety disorders (PMADs), and training practitioners in evidence-based treatment models. The Early Childhood Mental Health Network has worked in close collaboration with the City's home visiting programs and citywide doula initiative to increase awareness of PMADs and streamline referrals to mental health services.

Youth Committee on Mental Health (DOHMH)

- The NYC Health Department launched a Youth Committee on Mental Health. Members are between the ages of 16 and 24 and represent all 5 boroughs. The Committee will advise the NYC Health Department on how to support the mental health and well-being of New York City youth and ensure that policies and initiatives are responsive to their needs.

Mental Health Screenings for Asylum Seekers (DHS)

- New arrivals complete the PHQ-9 screening for depression and can be referred for further care as needed upon initial intake at the Arrival Center at the Roosevelt Hotel.

Mental Health First Aid for Asylum Seekers (DOHMH)

- NYC Health Department support staff are onsite at the Asylum Application Help Center, the site that supports recently arrived asylum seekers with the completion of federal immigration applications that are an important step toward stability. These staff members provide mental health first aid (to inform staff about how to assist those experiencing mental health and substance use needs) and provide crisis counseling to asylum seekers and the staff supporting them with their applications.

Soul Care: Mental Health Care for Foster Youth (ACS, OCMH)

- The Soul Care project aims to enhance mental health services for foster youth in New York City by addressing their unique needs through a youth-led research and design process. Insights gathered from 143 participants, including youth in foster care, mental health providers, and foster care staff, highlighted the need for choice in care, culturally competent providers, peer support, early interventions, and skill-building in self-regulation and communication. In response, the project developed two key initiatives: the Soul Care Program, which offers guided support primarily through Fair Futures Coaches, and the Youth Wellness Collective, aimed at supporting local alternative therapy providers. Both initiatives will enter the pilot phase in early 2025, with a 21-month implementation period across five agencies. The pilot will be evaluated for potential redesign and expansion based on funding availability.

Runaway Homeless Youth (RHY) Mental Health Hubs in Drop-In Centers (DYCD)

- DYCD Runaway and Homeless Youth Drop-In Centers provided mental health support for 1,119 youth and young adults in FY24, an increase of 100 young people as compared to FY23. In line with the uptick in engagement, in FY24, 86% of young people (986) who were referred to a Hub therapist subsequently enrolled and participated in individual and or group therapy for the first time, an increase of 102 as compared to last year. To ensure service continuity, Hubs connect young adults turning 25 to non-RHY community behavioral health service providers.

School-Based Mental Health Clinics (NYC Health + Hospitals)

- As part of the Mental Health Continuum, NYC Health + Hospitals and NYC Mayor Adams announced the opening of 16 school-based mental health clinics in NYC public schools across the Bronx and Central Brooklyn to offer access to therapy, connections to outpatient clinics and telehealth services.[50] NYC Health + Hospitals reports that 14 out of 16 School Based Mental Health Clinics have been opened thus far.

NYC Public Schools Crisis Teams (NYCPS)

- To expand access to mental health services, NYCPS offer both short- and long-term staff support to schools,

encompassing crisis response, consultations, and program development and implementation. In the 2023-24 school year, this included the placement of 207 social work student interns in schools from 23 partner universities who provide an additional layer of mental health support, ensuring resources are accessible across the city.

Professional Learning opportunities on key topics such as Trauma-Informed Practices, Culturally Responsive Practices, Strength-Based Approaches, and Improving Student Attendance, among over 30 other Professional Learnings were offered in SY23-24. Targeted training for Substance Abuse Prevention and Intervention Specialists (SAPIS) counselors further strengthened the City's collective ability to meet the diverse needs of students effectively and compassionately.

Strategic partnerships with Superintendent Teams, Project Open Arms, the Division of Inclusive and Accessible Learning, and initiatives for Students in Temporary Housing enhance the City's ability to bridge critical resources for school communities. Collaborations with external organizations, such as The Lesbian, Gay, Bisexual & Transgender Community Center, expand professional learning opportunities and connect students and families to essential mental health and substance abuse treatment services.

The Children and Adolescent Mental Health Continuum (DOHMH, NYC Schools, NYC Health + Hospitals)

- The Child and Adolescent Mental Health Continuum supports the behavioral health needs of students in designated high-need neighborhoods in the South Bronx and Central Brooklyn. Select schools operate on-site mental health services and all participating schools have access to expedited referrals for clinical supports. This is a collaboration between the Office of Behavioral Health at NYC Health + Hospitals, the Bureau of Children, Youth and Family at the DOHMH and the Offices of School Health (OSH) and Community Supports and Wellness (OCSW) at NYC Public Schools.

D. Substance Use Disorders

Overview & Gaps

Substance use disorder (SUD) is a multifaceted condition influenced by various factors including:

- Biological factors, such as genetic predisposition and alterations in brain chemistry that can increase an individual's vulnerability
- Environmental factors, including exposure to trauma, chronic high stress levels, and peer pressure
- Psychological factors such as co-occurring mental health disorders and specific personality traits all can make an individual more susceptible to developing SUD.
- Additionally, socioeconomic status, cultural influences, early experimentation, substances availability and developmental factors can further contribute to the risk of developing SUD.

It is crucial to recognize that these factors often interact, making prevention and intervention strategies complex. Thus, comprehensive approaches that address the unique circumstances of each individual are most effective.

Moreover, it is important to emphasize that within the complex intersection of mental health and substance use in New York City, untreated, underlying, or undiagnosed mental health conditions often lead individuals to resort to self-medication with alcohol or drugs to cope with their challenges. The absence of adequate care for those with co-occurring mental health conditions and substance use disorder (SUD) compounds the situation, fostering isolation and heightening the risk of overdose, which can lead to premature death.

In 2023, approximately 207,000 New Yorkers (3.2% of New Yorkers ages 18 or older) reported receiving substance use treatment during the past year. According to DOHMH, of the 46,100 individuals admitted to OASAS SUD treatment programs in 2021: 21,840 (47%) had a co-occurring psychiatric disorder, and 2,250 (5%) had experienced a psychiatric hospitalization within the six months prior to their admission. This prevalence emphasizes the necessity for a comprehensive, integrated care approach that simultaneously addresses both mental health and substance use.

Although drug overdose deaths have stabilized in the past year, they remain at all-time high levels. In 2023, 3,046 individuals succumbed to drug overdose-induced deaths, a 1% decrease from the preceding year's 3,070 deaths.[51] This figure represents the second-highest recorded number since the commencement of reporting in 2000. Of those overdoses, 2,537 (83% of all overdose deaths) involved an opioid; fentanyl was the most common, involved in 2,444 overdose deaths (80% of all overdose deaths). These numbers include 45 overdose deaths among Asian and Pacific Islander New Yorkers; 1,072 overdose deaths among Black New Yorkers; 1,077 overdose deaths among Latino New Yorkers; 691 overdose deaths among White New Yorkers; and 161 overdose deaths among New Yorkers whose race/ethnicity was recorded as "missing" or "other." Each statistic not only highlights the need for targeted interventions, enhanced accessibility to mental health and addiction services, and a concerted effort to disrupt the cycle of isolation prevalent in co-occurring disorders but also signifies a precious life lost and a family ruptured by the tragedy of overdose death.

The City's Response

Reducing overdose deaths and enhancing the well-being of people who use drugs and those with SUDs is a top priority for New York City. As outlined in the Care, Community, Action: A Mental Health Plan for NYC, the City and its partners in the community are expanding a comprehensive and integrated system of services and supports with the overarching target of reducing overdose deaths in New York City by 15% by 2025.[52] Harm reduction has been at the center of the City's overdose response strategy, including syringe services, overdose prevention centers, naloxone distribution drug checking, public health vending machines, and peer-based services. Administrative data and information provided by DOHMH, NYC Health + Hospitals, and the Office of Chief Medical Examiner (OCME) highlight progress in these initiatives over the past year:

People with Substance Use Disorders (NYC Health + Hospitals)

- To address the needs of people with SUDs, NYC Health + Hospitals emphasizes system wide access; a culturally responsive approach to wellness; comprehensive substance use care for more acute or complex needs; demonstrated outcomes; and financially viable service. In addition, training and education of both SUD and non-SUD staff is essential to developing the next generation of addiction champions and substantively addressing substance use-related stigma. SUD patients can receive services through many outpatient points to the NYC Health + Hospitals system.

Family Support Team (OCME)

- Social Workers at Office of the Chief Medical Examiner (OCME) provide direct outreach for service referrals, including mental health services, to any individuals identified during the death investigation process, including immediate and extended family, friends, roommates, and others who may have witnessed the overdose.
- OCME Family Support Team Social Workers check-in with overdose bereaved New Yorkers multiple times in the weeks and months after their loss, using a person-centered approach to care.
- OCME connects survivors with long- and short-term mental health care, as well as emergency financial support services, harm reduction and substance use treatment, housing support programs, food benefits, and immigration services.
- OCME helps families navigate common administrative issues related to the sudden and unexpected passing of a loved one, including benefits transfers and applications, financing of funeral arrangements, and retrieval of the decedent's property.
- In 2023, OCME hired and trained nine full-time social workers, program coordinators, and data analysts to support the implementation and expansion of this program.
- Between September 2022 and November 2024, OCME Social Workers have spoken with more than 2,400 individuals who have lost a loved one to overdose. Of these individuals, 75% (1,857) received help from the Family Support Team or referrals to other programs for support.

Substance Use Centralized Assessment Program (SUCAP) (HRA, HASA)

- The National Association for Drug Abuse Problems (NADAP)'s Substance Use Centralized Assessment Program (SUCAP) at HRA provides substance use assessments for HASA clients who may have alcohol and/or substance use-related problems.
- NYS Credentialed Alcoholism and Substance Use Counselors (CASACs) are located at each HASA center to provide assessment and referral services, education, and support for clients. When a HASA Caseworker or Supervisor identifies a substance use issue for a client, they can easily refer the client to the CASAC for consultation and assessment. The CASACs can then provide treatment referrals and Narcan training along with the kits, where applicable.

Other Outpatient Services (NYC Health + Hospitals)

- NYC Health + Hospitals operates a number of outpatient services, including opioid treatment programs, substance use disorder clinics, ambulatory detox, outpatient mental health, and partial hospitalization programs among others, which serviced 55,800 unique patients over 827,500 visits in 2024.


NYC
Mayor's Office of
Community
Mental Health

E. Older Adults

Overview & Gaps

The United States is undergoing a significant demographic shift with the population aging at a rate never seen before. The youngest baby boomers turned 60 in 2024, and the older population is also becoming more racially and ethnically diverse.[53] With these shifts, it is important to recognize the mental health challenges that often accompany aging. Ensuring that older adults have access to the necessary support to maintain their well-being is essential as we continue to work toward an age-inclusive New York City.

Prevalence of Mental Health Issues

Prevalence estimates suggest that 20-22% of older adults meet the criteria for a mental disorder nationally, and in New York State, this number is expected to increase by 56%, from 495,000 in 2000 to 772,000 people in 2030.[54]

Older adults may experience late-onset mental health disorders, particularly conditions like depression and anxiety; however, these disorders are often underdiagnosed, misdiagnosed, or untreated, making accurate prevalence rates difficult to determine.[55] Additionally, many older adults with mental health conditions do not seek treatment.[56] Even when psychological symptoms are less impairing or distressing, they are important to address.[57] Untreated and undertreated mental health challenges can result in social isolation, higher suicide risk, elevating the risk for premature institutionalization, and increased mortality rates.[58]

Social Isolation and Loneliness

Social Isolation – the objective physical separation from other people – and loneliness – the subjective distressed feeling of being alone or separated – are different but both linked to higher risks of mental health conditions in older adults including anxiety, depression, and cognitive decline.[59] Research shows that engaging in meaningful and productive activities can improve mood and increase lifespans.[60] However, activities and interventions must address the structural obstacles that older adults face that may prevent them from participating in engaging activities in their communities, including neighborhood crime and violence, access to transportation, and access to affordable home health care.[61]

Barriers to Access

Older adults face barriers to accessing and utilizing mental health services such as stigma, transportation issues, and a lack of culturally sensitive mental health professionals. Without accessible mental healthcare, older adults are at increased risk for suicide, substance use disorder, and/or premature death.[62] [63] [64] [65] Among racial and ethnic minorities, Black and Latinx older adults have been found to be at a higher risk for negative health outcomes, as well as are more likely to have limited access to mental health services.[66] It is essential that mental health programs for older adults are a social service priority.

The effects of isolation, poverty, and reduced access to care and resources are known factors contributing to and exacerbating declining physical and emotional health. Older adults living in New York City who utilize older adult centers (formerly senior centers) are known to be among those with the lowest incomes, have the fewest resources, be in the poorest health, be largely socially isolated, and most in need of services.[67]

Elder Abuse

Older adults are particularly susceptible to various forms of neglect and abuse, including physical, psychological, financial exploitation, and neglect. These issues not only threaten their physical safety but also have profound implications on their mental health and overall well-being. In New York City, the prevalence of elder abuse is a significant concern, with many older adults living in vulnerable situations where their emotional and psychological health is compromised. According to the New York City Office for the Aging (NYC Aging), it is estimated that 300,000 older New Yorkers are victimized annually.[68]

The City's Response

Geriatric Mental Health Initiative (DGMH) (NYC Aging)

- DGMH was developed to bridge gaps in mental health service provision and utilization stemming from unequal access, affordability and stigma and help New York City address unmet mental health needs of older adults. The program consists of a "one-stop shopping model" of integrated, co-located mental health care to allow older adults to receive mental health services at the same location where they socialize, thereby reducing a major barrier to the utilization of services. Contracted mental health providers employ licensed, often bilingual/bicultural clinicians offering structured (formal sessions) and unstructured (informal outreach) engagement to older adults; short- and long-term therapy with individuals, families, couples, and group therapy; psychiatric medication management; and in-person or tele-mental health services.

  Since its inception in 2016 as a demonstration project, 16,629 older adults have participated in 79,695 clinical sessions, with 63% of identified as having mental health needs – higher than the national average. Older adults have seen strong outcomes: 61.0% have shown clinically significant improvements in depression, 48.8% have shown clinically significant improvements in anxiety, 31.8% indicated feeling less lonely, and 40% indicated feeling less socially isolated.

Hub-and-Spoke Demonstration (NYC Aging)

- NYC Aging initiated an innovative demonstration mental health program to expand services to a greater number of older adults. The two components of this model include a Hub site, where mental health services are provided, and Spoke sites, where clinicians conduct engagement activities and mental health screenings. The program aims to assess whether older adults with identified mental health needs, when engaged at Spoke sites in their community by a clinician, would subsequently be open to receiving clinical services at Hub sites. Participants have shown improvements in depression, anxiety, social isolation and loneliness.

NYC Enhanced Multi-Disciplinary Teams (HRA)

- HRA/Adult Protective Services is a core member of the NYC Enhanced Multi-Disciplinary teams (EMDT) administered by the New York City Elder Abuse Center (NYCEAC) at Weill Cornell Medicine. The EMDT bring together various disciplines to intervene in cases of older adult abuse, including financial exploitation, physical abuse, psychological abuse, sexual abuse, and neglect by others.
- Team members include local professionals from various disciplines, including but not limited to Adult Protective Services, aging services, health and human services, law enforcement, forensic accountants, mental health professionals, and civil legal services with the purpose of providing an effective and efficient means of addressing cases of abuse of older adults (aged 60 and older) citywide.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F. Veterans

Overview & Gaps

Veterans experience a unique set of challenges, stressors, and traumas, from physical to moral injury and the difficult process of transitioning back to civilian life —all of which can have a significant and long-lasting impact on their mental health and well-being. Although military service members who have deployed to combat zones face particularly elevated risks of mental health problems, research shows general military service can also give rise to challenges. While most who return from deployment are able to reintegrate successfully into civilian life, a sizable percentage experience mental health problems, including Post-Traumatic Stress Disorder (PTSD), major depression, anxiety, Military Sexual Trauma (MST), Traumatic Brain Injury (TBI), and substance use disorder. These conditions can also increase the risk of physical health problems and, if left untreated, can result in significant declines in quality of life, job outcomes, family relationships, and overall well-being.

Recent studies have highlighted significant mental health challenges among veterans in New York City, which is home to more than 210,000 veterans.[69] According to a 2024 RAND Corporation study, 25% of New York veterans who served between January 2018 and January 2023 screened positive for probable depression or PTSD.[70] The unadjusted rate of suicide in 2021 among U.S. Veterans was 33.9 per 100,000, making it the second leading cause of death among post-911 veterans.[71]

Barriers to Care

While almost all new veterans in New York have health insurance, 21% report that they did not receive the mental health care they needed, citing difficult to access services, perceived ineffectiveness of treatment options, and stigma of mental health challenges as barriers.[72] Of note is that 60% of recent New York veterans in 2024 preferred accessing support from a community provider rather than a military or VA facility – up from 48% in 2010.

Another gap to accessing care is the lack of military cultural competency among providers. Training civilian mental health providers in military cultural competency is essential for improving veteran care. A 2022 RAND report found that only 10% of Veterans Affairs Community Care Network clinicians have completed training in military cultural competency, and only 19% of healthcare clinicians ask about military service history.[73]

This lack of training can lead to misdiagnoses and ineffective treatment plans, as providers may not fully grasp the unique challenges veterans face.[74] Enhancing cultural competency among civilian providers is crucial for ensuring veterans receive empathetic and informed care.[75]

Military Families

Military spouses face significant challenges accessing mental health services. Research confirms that availability, accessibility, and acceptability are key factors impacting their use of mental health services. Availability is restricted due to the limited number of civilian mental health providers who accept Tricare — insurance provided by the Department of Veterans Affairs (VA) —resulting in limited space and long wait lists.[76]

Accessibility becomes even more difficult during deployments, especially for spouses acting as solo parents. A recent study identified that 78% of military spouses reported mild to severe depression, and 44% having unaddressed mental health needs.[77] Barriers included the inability to attend daytime appointments, difficulty finding a counselor who understands their unique needs, and concerns about confidentiality.

Additionally, mental health treatment remains stigmatized within the military community, with 20% of military spouses believing that seeking treatment may negatively impact their service member's career.[78]

Military children also encounter barriers to mental health care, which can significantly impact their well-being. According to a study by the Naval Postgraduate School, up to 35% of military families lack adequate access to psychiatric care despite having government insurance.[79] A 2021 Blue Star Families lifestyle survey found that 32% of active-duty families indicated a need for mental health support, underscoring the significant challenges faced by military families.[80]

Heavily Impacted Subgroups

The 2023 National Veteran Suicide Prevention Annual Report identified women veterans, homeless veterans, justice-involved veterans, American Indians or Alaska Native veterans, and veterans using the Veterans Health Administration (VHA) healthcare system as being more impacted by mental health issues.[81] An increase in veteran suicides seen in 2021, compared to 2020, was particularly noticeable in women veterans, for whom there was a 24.1% increase in the age-adjusted suicide rate, compared to an increase of 6.3% among male veterans. Similarly, when looking at race/ethnicity, the largest increas among American Indian or Alaska Native veterans. Among veterans in VHA care, those with legal system involvement were at increased risk of suicide-related behavior. The suicide rate for recipients of VA Justice Program services was 10.2% higher in 2021 than in 2020. Additionally, in 2021, the unadjusted suicide rate among recent veteran VHA users with indications of homelessness was 38.2% higher than in 2020. These increases in reported distress were associated with increasing socioeconomic concerns, greater problematic alcohol use and decreased community integration.

The City's Response

Administrative data and information provided by the NYC Department of Veterans' Services (DVS) shows key initiatives aimed to improve mental health and well-being of New York City veterans and their families.

Military Family Advocate Program (DVS)

- DVS and NYC Public Schools partnered to identify at least one person in every public school as the Military Family Advocate (MFA). The MFA therapeutically engages, assesses needs, and connects military families to available services and resources. MFAs also create engagement opportunities throughout the school year to reduce stigma and help disseminate resources and information.

Mission - VetCheck (DVS)

- Launched in May 2020, VetCheck facilitated over 34,000 total calls with an approximate 25% answer rate, resulting in over 100 calls per week. Of those answered calls, DVS is proud to have been able to serve over 1,200 requests for service since launching. These requests ranged from food assistance, eviction prevention, mental health, benefits navigation, and more.

Crisis Intercept Mapping (DVS)

- Led by VA/SAMHSA facilitator, DVS curated a group of representatives drawing from medical facilities, mental health providers, city agencies (NYPD, DA offices, DOHMH, OCMH), colleges/universities, military chaplains, and nonprofit organizations to help community stakeholders visualize how at-risk service members, veterans, and family members flow through the crisis care system. Discussion centers on identifying stakeholders at various intercept points: First Contact, Acute Care, Care Transitions, and Ongoing Treatment, and Recovery Support.

Mental Health Assessments (DVS)

- Started in 2021, DVS administers two voluntary mental health screeners upon intake. The General Anxiety Disorder Screener (GAD-7) and Patient Health Questionnaires (PHQ-9), measuring anxiety and depression respectively, are offered to clients, and their scores are shared with them. They are then offered a mental health referral regardless of their score.


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G. Justice Involved Individuals

Overview & Gaps

In the US, a significant number of individuals in the criminal justice system have pre-existing mental health conditions, with about 43% of state prisoners reporting a history of mental health problems, according to the Bureau of Justice Statistics. The prevalence of mental health conditions among incarcerated individuals is notably high in New York City. As of May 2023, approximately 50% of detainees in city jails had some form of mental health diagnosis, with about 20% diagnosed with a serious mental illness.[82]

Data from Correctional Health Services shows that 55% of people in custody are using mental health services, 22% have an SMI, and approximately 26% of those using mental health services are homeless.[83] However, these numbers are likely higher as not all people in custody that have mental health needs want to utilize services. Approximately 60% of all individuals who reenter the justice system have a history of substance use or mental health diagnoses.[84] Individuals with mental health diagnoses and/or housing instability are often rearrested for low level offenses and detained for longer periods of time than those without mental health diagnoses.[85]

The disproportionate number of individuals with mental health conditions within the incarcerated population highlights the critical need for comprehensive mental health services within the justice system. Systemic issues, such as inadequate access to mental health care, lack of community support, and the use of the criminal justice system as a response to mental health crises, contribute to the frequent intersection of mental health conditions and justice involvement. Addressing these mental health needs is essential to ensure individuals receive appropriate care, supporting their rehabilitation and reducing unnecessary incarceration.

Barriers to Care

For justice-involved individuals, access to timely services is a major concern. A significant issue is the inability to obtain necessary medications promptly after release from incarceration, which can have a disproportionate negative impact, particularly when medication and mental stability are essential to prevent reoffending. Moreover, crisis response times remain inadequate, with few specialized systems in place to address the acute needs of justice-impacted individuals, particularly women experiencing homelessness, substance use crises, or intimate partner violence.[86]

Housing

Access to stable housing is a critical issue within the criminal legal system, as homelessness often co-occurs with other challenges, including substance use disorder and mental health diagnoses. Without stable housing, individuals lack the necessary foundation for health, recovery, and healing. Between 30-60% of participants in Emergency Transitional Housing programs need supportive housing. However, eligibility for supportive housing is often restricted, especially for justice-involved individuals who may not meet the chronic homelessness criteria after spending more than 90 days in Rikers, as they are no longer considered homeless. This, along with a mismatch in the timing of housing referrals and release dates, complicates access to housing. Additionally, delays in psychiatric evaluations create further barriers, preventing timely submission of housing applications.

Justice-Involved Women

For women in the justice system, gender-based violence plays a significant role in mental health challenges. An estimated 85% of Women's Prison Association (WPA) participants report histories of trauma, including childhood abuse, domestic violence, and sexual assault. More than 60% of these participants also face co-occurring mental health and substance use disorders, underscoring the need for integrated care. Furthermore, 70% of justice-involved women experience housing instability, which exacerbates their mental health challenges.

The City's Response

The NYC Mayor's Office for Criminal Justice (MOCJ) provides takes a holistic look at the ctiy's criminal justice system to provide advise and solutions to maintain healthy communities and improve pulbic safety. MOCJ has several programs and initiatives in place specifically geared towards the mental health of justice-involved individuals.

Supervised Release Program (MOCJ)

- Through four contracted partners, MOCJ's Office of Pre-trial Services (Pre-trial Services) implements the City's supervised release program, a court-mandated service which allows a person who is charged with a crime to remain in community until the resolution of their case. Supervised Release (SR) Program is designed to ensure return to court; people mandated to supervised release have not been convicted of the crime with which they have been charged. The SR Program recognizes the challenges faced by people seeking mental health support in the pre-trial stage of a criminal case.

Alternatives To Incarceration (MOCJ)

- Alternatives to Incarceration (ATIs) are programs which offer services and accountability mechanisms in lieu of jail or prison. Twenty-three ATI programs served over 8,000 individuals in FY24. All 23 MOCJ-funded ATI programs offer some form of mental health services to mandated participants, however, providers and MOCJ staff observe that many participants require a higher-level of care than providers are equipped to provide. This, along with lack of housing, limits the availability of ATIs as a viable alternative to jail or prison.

Community Justice Reentry Network (MOCJ)

- MOCJ funds the Community Justice Reentry Network, which consists of 10 providers that offer discharge planning on Rikers Island and in-community re-entry services. MOCJ's reentry service team works with providers to hire social workers, develop their own in-house mental health clinics, incorporate therapeutic interventions into their current services, and improve training for their current staff to increase the strength and timeliness of referrals to behavioral health services.

Reentry Providers' Mental Health Services/Interventions (MOCJ)

- The CJI-Staten Island Justice Center, Transformative Reentry Initiative (TRI) has a social worker onsite, curating a model for short term therapy at the location. The Women's Prison Association maintains an in-house Clinical Services team that meets new participants, conducts comprehensive mental health assessments, provides immediate support and develops individualized care plans. Therapeutic services are done within agency and referrals to external providers when needed

Center for Community Alternatives (MOCJ)

- Center for Community Alternatives (CCA) programs and sites include the Seeds to Roots Youth Center which provides peer-to-peer mental health support through the Youth Mental Health Advocates Program; "EASE" program, a mental health intervention for youth and caregivers adapted specifically to youth living in New York City; The Art Therapy Project (TATP), an eight-week art therapy group; Trauma Recovery Center; and Healing Circles in partnership with 67th Precinct.

Youth Justice Network (MOCJ)

- The Youth Justice Network's (YJN) work includes a part-time Creative Arts Therapist (LCAT) conducts psychosocial, individual and group therapy sessions and has completed 123 individual/group sessions with youth since December 2022. YJN's work also includes collaboration with local mental health organizations for those who have complex needs like medication management or diagnostic evaluation services; internal trainings through the Art and Science of Advocacy series for all frontline staff in the areas of motivational interviewing, restorative practices, cognitive behavioral therapy, and mental health 101.


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II. Strengthening Community Mental Health through Prevention, Promotion, and Community Resilience Efforts

Overview

To improve the overall health of New York City communities, adopting an inclusive and holistic approach to mental health and well-being is essential. The community mental health approach emphasizes the importance of prevention, promotion, and resilience to create a supportive environment in which all New Yorkers can thrive.[87] The approach ultimately aims to foster a sense of belonging, empathy, support, and purpose within the community.[88] Given the intrinsic link between social connection and mental well-being, reducing isolation and building strong support networks lay the foundation for a resilient and healthy community. This framework, rooted in community collaboration and culturally relevant care, naturally supports efforts to enhance mental well-being at every level.[89]

Mental Health Prevention

Prevention involves early detection and proactive measures to reduce the risks associated with mental health challenges. Mental health prevention can take on many forms, from stopping mental health issues before they start, to helping individuals living with mental illness to stay well.[90] They can be universal (serving all populations), or targeted (serving high-risk and vulnerable populations). In New York City, initiatives such as education, awareness campaigns, and stigma reduction equip individuals with the tools to seek help early and build supportive networks within their communities

Mental Health Promotion

Promotion efforts focus on fostering well-being and resilience, which are essential for building strong, healthy communities. It involves policy and strategic communications efforts related to network building, stakeholder engagement, enhanced mental health literacy, and behavior change and takes place in the settings where people live, work, and learn.[91] These strategies encourage healthy behaviors that can help prevent the onset of mental health issues.[92] City agencies in New York work hand-in-hand with each other as well as with CBOs and communities to promote mental health and well-being.

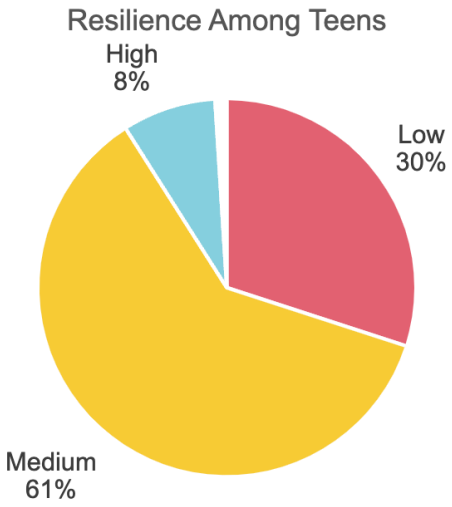
Community Resilience

Resilience—the capacity of an individual or a community to adapt and recover from exposure to challenging environments and adverse events—is a crucial element in mental health.[93] Fostering resilience at both the individual and community level equips individuals to navigate life's ups and downs and thrive.

Individual resilience includes behaviors, thoughts, and coping strategies that foster personal and emotional well-being. Traits of resilience involve maintaining close social connections with family and friends, managing strong emotions and impulses, and accessing necessary resources. External factors, such as education, community safety, stable housing, healthcare, and economic stability, also significantly contribute to resilience and overall well-being.

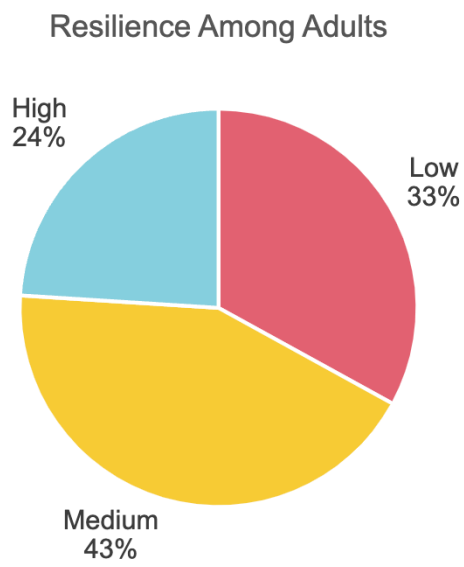
According to DOHMH's The State of Mental Health of New Yorkers report, only 8% of surveyed New York City teens reported having high resilience – or the ability to "bounce back and thrive in the face of challenges or stressors" and 30% reported low resilience (Figure 9).[94] In 2023, the most common coping strategies among teens were listening to music (67%) and using social media (56%).[95]

Figure 9



Source:
NYC Teen Mental Health Survey, 2023

Figure 10



Source:
NYC Health Opinion Poll, April 2023

Among adults, 33% had low resilience in 2023 – a decrease from 38% in 2021. About one in four adults had high resilience in 2023 – approximately the same as 2021 (Figure 10).[96] Strengthening these internal and external factors, along with addressing social determinants of health, is essential to promoting mental well-being and resilience within individuals and communities.

Social capital also serves as a powerful protective factor for individuals to be able to cope with challenges. CBOs and grassroots groups of individual New Yorkers have built longstanding supportive networks, such as mutual aid groups, to provide and share resources. CBOs, city agencies, and private funders have increasingly focused on developing community capacity and resilience to strengthen and prepare New Yorkers for future stressors by building upon the learnings of recent years.[97]

Gaps

Social Determinants of Health

Fostering resilience requires addressing social determinants of health, such as access to affordable housing, quality education, and economic opportunities, which significantly impact mental well-being. The NYC Neighborhood Wellness Survey shows that neighborhood poverty, education levels, neighborhood violence, and economic stability all impact the overall mental health and well-being of New Yorkers.[98]

- Neighborhoods with higher concentrations of poverty have a greater prevalence of SPD than wealthier neighborhoods.
- Adults who have not completed high school are more likely to have SPD than those with higher degrees.
- Adults who have a very hard time paying for basic needs are more likely to experience SPD (SPD prevalence of 24% among those who found it very hard to pay for basic needs vs 4% for those who found it not hard).
- Adults who sometimes, always or often experience discrimination because of their race or ethnicity were more likely to have SPD than adults who never or rarely experience it.

Mental health promotion, prevention and community resilience efforts must consider the social determinants of health and their intersection with mental health and well-being. Addressing social determinants of health promotes and sustains individual and collective resilience, reduces psychological distress, and improves the mental health and well-being of all New Yorkers.

Disparities in Sense of Belonging and Social Connection

DOHMH's 2022 Social Determinants of Health Survey found that New Yorkers who felt a sense of belonging to a community had a lower prevalence of SPD compared to those who did not (12% vs. 26%). Similarly, lower prevalence was observed among those who felt close to people in their community compared with those who did not (8% vs. 23%) and those who reported they could count on at least one person to care for them if they were sick (12% vs. 32%).[99]

The City's Response

Community mental health, in this context, transcends mere physical location. It necessitates culturally and linguistically competent services that are integrated within the fabric of the community itself. This means creating spaces where individuals feel seen, heard, and understood, reflecting the diverse cultural landscape of New York City. By providing mental health care within this framework, we can reduce stigma, increase accessibility, and promote a sense of belonging for all individuals.

Prevention

Prevention/Mental Health Promotion/Promoting Community Resilience (ENDGBV)

- Early childhood trauma related to DV/GBV continues to drive service needs at FJCs and with community-based partners, speaking to the need for both early intervention services and enhanced focus on prevention, including comprehensive sexual education and additional social emotional learning resources for schools and communities.

Providing long-term mental health options to survivors of human trafficking (ENDGBV)

- Survivors of human trafficking, which includes sex trafficking and labor trafficking, may require specialized, long-term mental health services. Survivors of human trafficking experience severe levels of trauma and may suffer from depression, anxiety, PTSD, substance abuse, and addiction. Ideally, mental health services for human trafficking survivors would be available outside of normal business hours, have diverse language accessibility, and be closely connected to other services and resources survivors of trafficking may need, like housing and workforce development.

Enhance Social Work, Care Management and Peer Services (NYC Health + Hospitals)

- Social Work, Care Management and Peer Services (services provided by people who have lived experience with mental health or substance use conditions), are integrated across the patient care spectrum from emergency, to inpatient, to outpatient settings – to support patient psychiatric needs and other social determinants of health, including food and housing insecurity.[100] Social work, care management and peer staff are charged with ensuring the continuity of care through ongoing engagement of patients, facilitating access to appropriate health care and social services, and supporting recovery. In 2024, NYC has launched the Social Work Training Academy. Additionally, NYC Health + Hospitals Peer Academy has graduated over 100 peers since the start of the program.

Suicide Prevention Training (DSS/DHS, American Foundation for Suicide Prevention- AFSP)

- DSS/DHS continues to collaborate with AFSP to provide regular suicide prevention training for DSS/DHS staff. The training program aims to provide general education around suicide risk factors, prevention, warning signs, and seeking support.

Supporting Maternal Mental Health (ACS)

- To raise maternal mental health awareness among all pregnant and birthing people and their families, recognize the signs and symptoms of Perinatal Mood and Anxiety Disorders PMADs, and offer appropriate PMAD resources for referrals the Office of Child and Family Health (OCFH) is facilitating an interdivisional workgroup to develop division-specific protocols on staff education/information dissemination, identification of potentially at-risk pregnant and birthing people, and prompt referrals to resources as appropriate. This work includes a referral pilot that will involve a social services provider with experience in supporting people and families with PMADs to develop and test an effective and efficient referral process. ACS also created a new dedicated landing page on its website with information and resources related to PMADs.

Cornerstone Community Centers (DYCD)

- Cornerstone Community Centers are designed to engage the whole family including youth, adults and older adults offering a variety of services and activities to enhance community engagement and healthy living. Services are year-round including holidays and weekends. There are 100 Cornerstone Community Centers located in New York City Housing Developments.
- The Cornerstone Case Management Expansion (CME) Project is an initiative that provides additional services and resources needed to support young adults who are engaged in gang activities and at times violence, and utilizes a strength-based, youth-centered, trauma-informed lens to support these specific young adults with positive alternatives. This consists of a case-management approach which incorporates a social worker, a navigator, and the development of Peer Support Leaders into assigned Cornerstone Community Centers. This project was launched in FY23 and was re-awarded for FY24 and FY25. The project served a total of 346 youth in FY24. Services also include healing circles, employment workshops and youth retreats.
- A total of 49 agency and provider staff were trained in Mental Health First Aid in FY24, in partnership with DOHMH.

CPEP Peer Bridgers (OMH)

- The goal of the Peer Bridger initiative is to integrate peers with lived experience into Comprehensive Psychiatric Emergency Programs (CPEPs) to support the transition of individuals from the CPEP setting back to the community and promote their recovery journey. In 2024, 15 CPEPs in NYC (including 5 non-H+H CPEPs) had hired and implemented Peer Bridgers.

Handle with Care for Youth Exposed to Violence (DYCD)

- Handle with Care is a trauma-informed, cross-system program aimed at ensuring that children who are exposed to adverse violent events (in particular, typically witness of death) receive support to cope and build resilience through positive relationships with program staff. The program creates a secure and direct line of communication from NYPD and OCME to NYCPS and DYCD to ensure that children and youth are treated with compassionate care by adults at their school or community program. In FY24, DYCD received 144 referrals, of which nine young people were enrolled in DYCD-funded programs.

Family Justice Centers (ENDGBV)

- ENDGBV continues to operate the City's five Family Justice Centers (FJCs) which provide holistic, supportive wrap-around services to survivors of domestic and gender-based violence and recorded 49,163 client visits in 2023. At the FJC's, ENDGBV partners with NYC Health + Hospitals to provide trauma-informed mental health services including therapy, support groups, and psychiatric services at each of the centers. In 2023, the FJC Mental Health program served 237 clients through 1,836 visits.

Early Relationship Abuse Prevention Programs (ENDGBV)

- The Early Relationship Abuse Prevention Program (ERAPP) places a Community Educator in middle schools to provide education, outreach, and training to students, caregivers, and teachers regarding healthy relationships, domestic and gender-based violence, and conflict resolution. ERAPP staff not only help middle schoolers identify unhealthy behaviors and build healthy relationship skills at a critical time in their development but also work to create a school culture that supports those relationships and creates safe spaces for young people to seek help for themselves and their peers. The program currently engages three community-based providers to serve 128 middle schools throughout the city, conducting 1,751 workshops and reaching 35,833 students in 2023.

Respect First (ENDGBV)

- Respect First is a free program to engage young people ages 13-21 who have demonstrated harmful behavior in family or dating relationships. Respect First serves young people who are not mandated to services as well as those mandated to services through family court or other systems. Respect First will officially begin accepting referrals in January 2025.

Respect & Responsibility (ENDGBV)

- Respect and Responsibility (R&R) is a free, non-mandated, program for adults who have caused harm, have been abusive, or are abusive in their relationship(s). The city contracted with three providers to implement the initiative:

Urban Resource Institute, the RISE Project at Center for Court Innovation, and STEPS to End Family Violence- a program of Rising Ground. Providers utilize a curriculum rooted in trauma informed healing, reflection, and accountability. The program model includes a multi-week intervention and individualized assessments, case management, counseling, and other supportive services for program participants.

Exhale to Inhale (ENDGBV)

- ENDGBV partners closely with Exhale to Inhale (ETI) to address the wellness needs of provider community and survivors. As such, ETI provides ongoing trauma informed yoga to survivors of domestic and gender-based violence and partner staff at each of the city's Family Justice Centers and provides ongoing trauma informed training to the domestic and gender-based violence prevention community as part of ENDGBV's ongoing core and advanced training series.

Strengthening Youth Mental Health and Building Community Capacity through the Adaptation of the "EASE" Evidence-Based Intervention (OCMH)

- OCMH partnered with the New School Center for Global Mental Health and three Brooklyn-based non-profits – The B.R.O. Experience, Center for Community Alternatives, and El Puente – to develop the first-ever US cultural adaptation of the "Early Adolescent Skills for Emotions (EASE)" intervention. Originally developed by the World Health Organization, EASE is an evidence-based, brief psychological model designed to support youth ages 10-15 experiencing emotional distress, along with their parents and caregivers. All materials for EASE NYC have been adapted to incorporate feedback from youth, caregivers, nonprofit staff, and additional stakeholders. This pioneering adaptation introduces a task-sharing approach to community-based care, integrating principles of Positive Youth Development (PYD) and Social and Emotional Learning (SEL) competencies through structured group-based programming. Through EASE, non-clinical staff such as team leaders and activity specialists will be trained to address youth emotional distress through skill-building exercises and care connections in a safe environment that fosters agency and belonging. This maximizes the capacity of schools and community-based organizations to promote mental health and wellbeing and provide responsive, culturally competent care.

Comprehensive Psychiatric Emergency Programs (CPEPs)

- The goal of the Peer Bridger initiative was to integrate peers with lived experience into Comprehensive Psychiatric Emergency Programs (CPEPs) to support the transition of individuals from the CPEP setting back to the community and promote their recovery journey. 15 CPEPs in NYC (including 5 non-H+H CPEPs) hired and implemented Peer Bridgers in 2024.

Overdose Prevention Centers (DOHMH)

- There are two overdose prevention centers currently operating in New York City: one in East Harlem and one in Washington Heights.
- New York City's two overdose prevention centers have served more than 5,550 individuals since launching on November 30, 2021.
- No overdose fatalities have occurred at New York City overdose prevention centers.

Opioid Overdose Prevention (DSS, HRA, HASA)

- In 2016, DHS became a NYS-certified Opioid Overdose Prevention Program and started providing overdose response and naloxone administration training for all DHS shelters. As such, DHS trains staff as trainers and as responders and clients as responders on an ongoing manner, and distributes thousands of naloxone kits each year. In December 2017, the HRA Opioid Overdose Prevention Program (OOPP) started training HRA's HIV/AIDS Services Administration (HASA) contracted facility staff routinely as responders. Participants that successfully complete the training are State Certified Opioid Overdose Responders and receive individual and communal naloxone kits to ensure all facilities supported by this program have a continuous adequate supply of naloxone onsite. In 2023, the DHS and HRA Opioid Overdose Prevention Programs merged into one program under the management of the newly created DSS Health Services Office. This joint program continues to train and provide naloxone to DHS and HASA, and has expanded overdose response training and naloxone distribution to the HRA Domestic Violence shelters.

Mental Health Promotion

NYC Health + Hospitals Behavioral Health Blueprint

- In June 2024, NYC Health + Hospitals published its first of its kind Blueprint that outlines how the office is stepping forward to meet the greater need for a coordinated approach to behavioral health service delivery across the city. The Behavioral Health Blueprint identifies six core strategies for 2024 through 2026:
  1. Restore and maximize inpatient capacity
  2. Expand access to outpatient services
  3. Increase services to special populations
  4. Enhance social work, care management, and peer services
  5. Prevent violence and increase safety, and
  6. Build the behavioral health workforce

Racial Equity Plan (MOERJ)

- The NYC Mayor's Office of Equity and Racial Justice (MOERJ) was established in October 2023 and serves as New York City government's centralized equity office. Focusing on developing critical, equity-driven strategies across our diverse communities, MOERJ oversees the NYC Commission on Gender Equity (CGE), NYC Her Future (NHF), the Young Men's Initiative (YMI), and the NYC Unity Project (UP) as well as multi-agency bodies like the NYC Pay Equity Cabinet (PEC) and the NYC Taskforce on Racial Inclusion and Equity (TRIE). Together, this body of offices and commission places equity and racial justice at the heart of city government.
- MOERJ will issue the city's first citywide racial equity plan in Spring 2025, establishing short and long-term goals and strategies for advancing racial equity and addressing disparities. The City's plan will reflect community priorities and be rooted in the foundational values of the new City Charter preamble, which calls on the government to value the talents and contributions of all, ensure all individuals have the conditions for thriving, and address the harms of the past.
- The City is committed to implementing the racial justice charter amendments thoughtfully and in the spirit of what New Yorkers voted for in the November 2022 election. Over the past year, the NYC Mayor's Office for Equity and Racial Justice (MOERJ) has been spearheading a whole-of-government effort to design and implement our city's first-ever NYC Citywide Racial Equity Plan while working to advance the NYC True Cost of Living (TCOL). Our administration has been engaged at all levels of government, with agencies forming racial equity planning teams, participating in full-day training workshops, and working closely with MOERJ to develop and finalize their racial equity plans. MOERJ will soon issue the City's first NYC Citywide Racial Equity Plan, establishing short, medium, and long-term goals and strategies for advancing racial equity and addressing disparities. The City's plan is rooted in the foundational values of the new City Charter preamble, which calls on the government to:
  - Value the talents and contributions of all;
  - Ensure all individuals have the conditions for thriving; and
  - Address the harms of the past.

Unity Project Trauma-Informed Healing Initiative (MOERJ)

- Unity Project is a new community-led healing initiative for the LGBTQ+ community to support those disproportionately impacted and suffering due to trauma, religious hate, and discrimination. The work aims to build the capacity across several providers to address clients' past trauma while creating educational curriculums, trainings, best practices, and therapeutic spaces for fellowship.

Adult Protective Services PSA (HRA)

- As part of the Mayor's Cabinet for Older New Yorkers, HRA/APS created a public service awareness video, distributed among all city staff, to help identify red flags that may indicate abuse, neglect, and/or exploitation.

Community Resilience

Academy for Community Behavioral Health (the Academy) (CUNY SPS, NYC Opportunity, OCMH)

The Academy for Community Behavioral Health provides training, coaching, and technical assistance that build the capacity of community-based organizations, city and state agencies, and others to proactively address behavioral health. Partnering

with trusted helpers in communities most impacted by racism and other inequities, the Academy aims to transform access to compassionate, culturally responsive care. The Academy does this through:

- Free learning programs that equip non-profit care providers with relevant behavioral health skills and tools to manage the emotional demands of their work
- Pilot initiatives that use participatory methods to uplift the healing wisdom in communities, co-design new care approaches, and expand our knowledge about what works

In 2024, the Academy:

- Served over 1,000+ unique learners from 200+ organizations across NYC. The Academy reached over 3,000+ total learners in 2024, reflecting that many learners return or take multi-session courses.
- Delivered 30 unique courses. Highlights include:
  - Courses on healing the harms of stress and trauma that care providers and community members encounter, including harms related to racism, discrimination, and structural violence. New and revised 2024 courses draw from diverse traditions, such as Chinese Five Element Theory (A Call to Action), Indo-Tibetan contemplative healing tools and contemporary science (Nalanda Institute's Compassion-Based Resilience Training), Indigenous wisdom (Introduction to Indigenous Tools for Living), and new research on healing intergenerational and complex trauma (Deep Roots: Tools for Healing Complex Trauma).
  - Motivational Interviewing (MI). The Academy has provided in-depth training and coaching for MI practitioners (6-week course), MI supervisors (5-week course), MI implementation teams (8-month course), and MI trainers (3-day workshop). Of 144 unique learners trained as MI practitioners, 61% demonstrated MI competence or higher by course end, with many moving on to advanced courses. In 2024, the Academy began revising its MI programs to integrate new research and focus on how MI can be adapted to mitigate the harms of structural inequality, with plans to pilot new courses in 2025.
  - New advanced skills courses, such as Principles of Grief Support (8 weeks), to deliver individual bereavement care and facilitate bereavement support groups, and Integrating Art and Creative Expression in Communities (5 weeks), to facilitate trauma-informed art experiences that promote connection and healing among young people impacted by violence.
- Welcomed a second cohort of Youth Mental Health Advocates. In collaboration with CUNY SPS Youth Studies, NYC Opportunity, and HRA's Work Progress Program, this pilot equips young adults with skills to care for their own mental health and deliver youth-centered mental health support in NYC community organizations. Part of Working the Gap, a CUNY SPS Youth Studies initiative, Youth Advocates receive applied skills training and coaching from the Academy, work part-time in a youth-serving CBO, and earn college credits. Through reflection logs, community mental health projects, co-design workshops, and more, youth advocates and their host organizations are helping the Academy co-develop a program model that can be more widely applied.
- Advanced shared learning and capacity building among community members, non-profit care providers, and researchers, including by:
  - Partnering with Principal Investigator Anna Ortega-Williams, PhD, Academy Innovation Resident, to support the NYC Land-Based Healing Project. This community-based participatory research project explores how Black youth, other youth of color, and community elders view the work of tending to land, including ways community gardens may promote healing from historical trauma and ongoing systemic violence.
  - Published a case study on the Academy's efforts to better understand how contemplative healing tools can protect and nurture community care providers in their demanding roles.

Psychological First Aid (The New School University, the Academy, OCMH)

- In partnership with the Academy and OCMH, The New School University offers Psychological First Aid training for community based providers. Psycholigical First Aid (PFA) is a brief, evidence-informed training to provide help in the aftermath of stressful and potentially traumatic events. In 2024, The New School trained a total of 845 New Yorkers in PFA. This includes 445 learners through the Academy, representing 54 community-based organizations, and 400 New Yorkers connected to other City partners.

RECOUP-NY (The New School University, George Washington University, OCMH)

- Funded by the National Institutes of Health, RECOUP-NY is a five-year program to train staff in community-based organizations to deliver a five-session psychological intervention to reduce symptoms of distress, depression, and anxiety. This intervention, entitled Problem Management Plus (PM+), offers a unique approach to addressing issues of

equity and community empowerment. In task-sharing models of mental health support, like PM+, people without a professional background or a formal education in mental health are taught the necessary skills to support members of their own community experiencing emotional distress. Community organization staff from the same neighborhoods as their clients often share culture and personal experiences so that they can be trusted helpers. RECOUP-NY collaborates with 27 community-based organizations (CBOs) to deliver PM+ training and services. To date, 98 individuals have been trained in PM+, and 194 clients have received PM+ services. In 2024 alone, RECOUP-NY trained 58 individuals and provided PM+ services to 172 clients.

Community Resiliency Hubs (NYCHA)

- NYCHA completed a feasibility study to identify capital upgrades necessary to transform existing NYCHA community centers into Climate Resiliency Hubs. Hubs would provide critical resources such as backup power and medical refrigeration during climate disasters, as well as training and other resources before, during, and after such events. The intention is to build social cohesion and personal adaptive capacity through emergency preparedness, job training, financial literacy classes, medical and mental health support, as well as social activities to bring residents together. To be successful during, and in the aftermath of, an emergency, a Hub must be a trusted, go-to space year-round. The more stable and connected are residents, the greater ability to withstand a major climate-induced disruption.

NYCHA Mental Health Task Force (NYCHA)

- The NYC Housing Authhority (NYCHA) Mental Health Task Force is committed to enhancing mental health and well-being within NYCHA communities. Moving forward, NYCHA aims to secure funding and build capacity to implement recommendations that support the Task Force's vision: ensuring equitable access to mental health and well-being supports, reducing stigma, and fostering health, opportunity, and empowerment in NYCHA communities.
- Based on the task force's recommendations, NYCHA has expanded activities to promote resident's mental health. In 2024, they hosted 12 Mental Health First Aid training sessions at 11 locations, reaching over 200 NYCHA resident leaders. NYCHA also connected these leaders to the Academy for Community Behavioral Health training and provided overdose prevention supplies. In collaboration with the NYC Health Department, they posted 5,000 suicide prevention stickers in residential buildings to promote awareness of 988 and distributed information on NYC Mental Health and Substance Use Services at over 50 community events across the five boroughs.


NYC
Mayor's Office of
Community
Mental Health

III. Building Behavioral Health Workforce Capacity

Overview & Gaps

The behavioral health workforce plays a critical role in building and sustaining a city where all New Yorkers are safe, healthy, and able to access opportunities. With growing mental health needs, the demand for qualified behavioral health providers is more dire than ever. However, New York City agencies and contracted providers across the board note workforce challenges they are facing in effectively supporting New Yorkers with mental health needs. New York City's mental health workforce is confronted with interconnected obstacles, including a shortage of trained professionals joining and remaining in the public sector, insufficient diversity and inclusion within the workforce and widespread staff burnout.

1. Labor Crisis

The concern about a mental health workforce shortage is a commonly recognized one, and this shortage was made worse by the pandemic. Data on a subset of mental health clinics in New York State (NYS) show that the number of clients served by these clinics statewide increased by more than half between 2009 and 2021 but overall staffing increased by only 37.7%. This resulted in staff-to-client ratios falling by 24.8%. In NYS, there were 10.5 full-time clinical staff members per 1,000 clients in 2009 but only 7.9 clinical staff per 1,000 clients in 2021.[101]

Growth in the mental health workforce is primarily concentrated in the private sector, particularly in settings that rarely accept insurance. On the contrary, the mental health workforce in the public sector continues to shrink.[102] This disparity in growth between the private and public sectors highlights the need for targeted efforts to bolster the public mental health workforce, ensuring that the services are accessible and inclusive for a wider segment of the population.

- **Recruitment and Retention Challenges**
  The public mental health sector broadly includes government agencies, public hospitals and clinics, schools, non-profits, community-based organizations (CBOs), faith-based organizations (FBOs), and facilities that accept Medicaid. Gaps persist in both recruitment and retention. In June of 2024, the NYC Comptroller's Office reported an overall government vacancy rate of 5.7%, noting that this was "down from a high of 8.4%... in November 2021, but well above the pre-pandemic level of approximately 2%."[103] The city continues to experience high vacancies in many behavioral health and human service areas. The NYC Comptroller's Office reported a vacancy rate of 9.1% at the Department of Social Services (DSS), 10.1% for the Administration for Children's Services, and 10.4% for the Health Department.[104] Notably, the Health Department experienced a 40% vacancy rate in FY24 for full-time mental health roles specifically.[105] Many nonprofit organizations surveyed also reported vacancy rates of 30-45% for client-facing and clinical roles including case managers, residential aides, crisis counselors, peer navigators, social workers, and clinical supervisors.

- **Workforce Shortages Impacting Special Populations**
  Behavioral health workforce gaps are more pronounced for positions seeking professionals with experience serving certain populations, namely those that require specific knowledge and skills to serve, and those that are engaged during non-traditional work hours and in exclusively in-person work environments and crisis response situations - particularly professional serving individuals experiencing gender-based violence, people impacted by the justice system, and youth and young adults.

2. Mental Health Crisis for Practitioners

Burnout is prevalent in healthcare and nonprofit sectors, exacerbated by secondary traumatic stress for many behavioral health professionals working with clients who have experienced trauma. Additionally, moral injury occurs when practitioners face ethical conflicts in their work and can be further compounded by factors including lack of cultural representation and microaggressions in the workplace. Addressing these issues is an essential component of cultivating a fully staffed, healthy, and effective workforce.

- **Burnout**
  A 2023 survey by the National Council of Nonprofits gathered responses from more than 1,600 nonprofit professionals across the US and found that more than 50% attributed workforce shortages to stress and burnout.[106] Burnout factors

identified for healthcare workers include high stress environments, limited flexibility and autonomy, burdensome administrative paperwork, structural racism and health inequities, and mental health stigma.[107] Additionally, mental health professionals frequently engage with clients and community members who have experienced trauma and in effect often experience the impacts of secondary traumatic stress.

- **Moral Injury**
  Beyond burnout, "moral injury" focuses more specifically on the negative impacts on employees when their ethical values are contradicted in the workplace. Factors leading to moral injury can include witnessing or being involved in acts that are harmful to clients or otherwise conflict with a practitioner's core values, failing to prevent harm to clients, experiencing a loss of trust in colleagues or supervisors, or otherwise feeling troubled by tensions between one's actions at work and one's own morals and values.[108] Moral injury can be further compounded by factors including lack of representation in departments and microaggressions in the workplace.

3. Crisis of Representation

There is a lack of racial and ethnic diversity in the behavioral health workforce and a need for greater cultural competency among care providers. These challenges are rooted in historical injustices and persist today, as evidenced by significant inequities and disparities. The workforce also lacks diversity across disciplines, with an over-reliance on social workers while other professions crucial to a multidisciplinary approach remain underrepresented. A comprehensive behavioral health workforce includes professionals with a wide range of both clinical and non-clinical titles.

- **Lack of Racial and Ethnic Diversity in the Behavioral Health Workforce**
  The behavioral health workforce in New York City is strongest when it is representative of the diversity among New Yorkers. People seeking mental health care often seek out providers who speak their language or share their racial background, gender identity, sexual orientation, religious, spiritual, and cultural experiences.[109] However, many structural barriers present challenges to building and sustaining a diverse workforce. These barriers include historical harms to marginalized groups by the mental health system, high cost of education to enter the sector, disparity in student loan repayment rates compared to salary earned, devaluation and stigma of the mental health field, and more.

- **Lack of Diverse Disciplines in the Sector**
  A healthy and robust ecosystem of care must be diversified not only across socio-cultural demographics but across disciplines as well. In New York City, commonly acknowledged professions include master's level social workers, as well as psychologists, and psychiatrists, but the behavioral health workforce also includes a range of additional titles, including Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), School Counselors, Addiction Counselors, Creative Arts Therapists, Psychiatric Mental Health Nurse Practitioners, Occupational Therapists (OTs), bachelor's level Social Workers (BSWs), and non-clinical staff including Peer Specialists and other Peer Support Workers (PSWs) and Community Health Workers (CHWs). While the number of professionals across many of these titles is growing, the growth does not keep pace with the need for services. A diversification of behavioral health professionals is important to developing an effective workforce. Professionals in each of these occupations bring unique skill sets that can contribute to a multidisciplinary team model by providing a wide range of services.

4. Investment Crisis

Adequate investment is essential for workforce expansion and sustainability through economic downturns. Incentivizing individuals to enter and remain in the behavioral health field requires both long term government investments and private sector partnerships, as well as innovative restructuring of systems to create cost neutral solutions.

- **Compounding Challenges of Billing and Reimbursement Limitations**
  Many mental healthcare positions are funded by City Tax Levy rather than being reimbursed through the insurance system or managed care plans. This limits the ability of organizations to offer competitive salaries to mental health professionals, and high turnover impedes continuity and quality of care for those receiving services. In addition to expanding the use of reimbursable services, the rate of reimbursement must also be addressed. Low insurance reimbursement rates for behavioral health services significantly impact the ability of providers to hire, adequately

compensate, and retain workers. In 2017, medical/surgical rates were generally 18.5% higher than behavioral health rates.[110]

- **Limits Related to Government Contracting**
  Most mental health practitioners in community-based settings are paid through government contracts. Underfunding and low salaries in these government contracts, compared with other public sector behavioral health positions, create financial hurdles for community-based providers seeking to hire and retain talent. In 2022, the purchasing power of mental health professionals in New York City was approximately one third less than the national median when adjusted for cost of living. This included 31% less for social workers, 35% less for psychologists, and 52% less for psychiatrists.[111]

The City's Response

Investing in the Non-Clinical Behavioral Health Workforce through Interagency Efforts to Support Community Health Workers and Peer Support Workers (OCMH)

- Amidst the behavioral health workforce crisis in New York City, OCMH published the 2024 Peer Support Workers (PSWs) and Community Health Workers (CHWs) Listening and Feedback Tour Report. OCMH convened an interagency working group over 18 months beginning January of 2023 to better understand the roles and needs of PSWs and CHWs in the behavioral health workforce. The Community Engagement Committee organized a listening and feedback tour with organizations that employ PSWs and CHWs engaging them on issues impacting their work including: the skills and support required to be effective in their current roles; opportunities for career advancement and continuous learning; and policy change needed to improve their work environment and job satisfaction. The committee collected qualitative data from more than 155 PSWs and CHWs, representing 27 organizations, across over 22 sessions.
- Based on the results from the Listening and Feedback tour, OCMH, in collaboration with an interagency working group of leaders from over 15 City and State agencies, has been working on ways to strengthen and support the non-clinical behavioral health workforce in New York City, particularly Peer Support Workers and Community Health Workers, who exemplify the community-based mental health model.

Peer Support Workers and Community Health Workers Recognition Event (OCMH)

- OCMH hosted NYC's first-ever Recognition Event for Community Health Workers and Peer Support Workers during Mental Health Awareness Month in June 2024.

Dual Credential for Youth Peer Advocates (YPAs) (OCMH)

- The Mental Health Empowerment Project, which oversees the New York Peer Specialist Certification Board, launched a groundbreaking dual credential career pathway initiative for YPAs. This initiative allows YPAs to obtain their Provisional Certification as New York Peer Specialists, providing a career advancement opportunity for them once they age out of their role at 30.

Workforce Whitepaper Addressing Challenges for the Behavioral Health Workforce and Presenting Promising Solutions (OCMH)

- Titled, Bridging the Gap: Challenges and Solutions for a Thriving Behavioral Health Workforce, the OCMH authored white paper presents a four-pronged analysis of the causes for the workforce shortage crisis and four avenues for solutions to resolve these challenges and build a resilient workforce. The white paper outlines a multi-sector approach that includes a focus on career pathways, educational access, talent development, and capacity building with involvement from city and state government, non-profit organizations, educational institutions, faith-based partners, the private sector, and funders. It was published in the first week of January 2025.
  - Career Pathways: Support for entry and advancement in the behavioral health career sector can occur at all life stages. Early exposure initiatives in schools and community programs can spark career interest and build foundational skills, while mid-career upskilling opportunities support professionals in entry-level positions as well as career changers. Finally, pathways for advanced credentialing ensure that those looking to deepen their expertise and leadership abilities can do so as well.
    - OCMH strategies include developing a suite of career exploration and navigation materials for the public, related to the behavioral health workforce. This includes a behavioral health career roadmap, sample character stories narrating career pathways, interviews with real New Yorkers in behavioral health, and more. The career roadmap

is the first of its kind and outlines job opportunities in behavioral health, along with required education and training at each level. It is designed to be used by students, job seekers, career changers, and those supporting them.

- Educational Access: Increasing access to behavioral health training and credentials is key to preparing a robust workforce. This includes expanding entry points into behavioral health education, pathways to and through college-connected, credit-bearing certification programs, and reducing barriers to graduate-level education and professional licensure.
  - OCMH is currently co-developing an apprenticeship with CUNY and the Healthcare Careers Advancement Program to train and certify behavioral health community health workers. Apprentices will complete continuing education classes with CUNY and engage in paid on-the-job training. This apprenticeship will engage non-profits as employer partners, creating career opportunities for more New Yorkers and strengthening the talent pipeline for organizations seeking to grow their behavioral health workforce.
- Talent Development and Capacity Building of Behavioral Health Providers: Expanding community-based care involves strengthening and supporting the organizations providing services, especially those that are BIPOC-led and located in underserved areas. This includes upskilling staff at community- and faith-based organizations, adapting evidence-based interventions for local contexts, and providing centralized training and learning opportunities. Investing in the existing workforce also involves enacting organizational changes that allow professionals to work at the top of their licensure and take part in ongoing training. To enhance capacity and improve employee experiences, providers can leverage the skills of staff who represent a diversity of professional knowledge and specialization. Additionally, employee retention can be strengthened by expanding professional development and employee benefit initiatives.
  - OCMH is collaborating with the New School to adapt brief psychological interventions developed by the World Health Organization for use with non-clinical staff in community-based organizations. Current initiatives for training and implementation include “EASE” to serve youth ages 10-15 and their caregivers, and “Problem Management +” to serve individuals ages 18+
  - Additionally, OCMH released the “Bridging the Gap” whitepaper with an accompanying Behavioral Health Workforce Symposium in early January. This convening gathered 60+ stakeholders from city government, nonprofit, faith-based communities, academia, and philanthropy to engage in cross-sector dialogue and action planning to further collaborative strategies for a thriving workforce.

Updating the Jobs NYC website to include a dedicated “Mental Health” category (OCMH)

- OCMH worked in partnership with the New York City Department of Citywide Administrative Services (DCAS) to develop a “Mental Health” category on the Jobs NYC website, through which job seekers can filter their search for city government job openings. This feature can be combined with additional search filters to enable job seekers to identify the most relevant job opportunities that align with their interests and skills, ultimately bolstering the talent pipeline for the behavioral health workforce within city government.

Out-of-School Workforce (OSW) programs (DYCD)

- The Out-of-School Workforce (OSW) programs support over 2,100 out-of-school and out-of-work (OSOW) young adults aged 16-24 providing academic support, internship placement, credential attainment, job placement and post placement follow up. Over the past year employers have shared concerns about young adults needing additional instruction around good decision-making, self-image, reactions to correction, etc. all areas highlighting the need for emotional intelligence and SEL skill development. Additionally, many programs have noted a rise in behavioral issues, some too difficult to handle without licensed professionals on site. To address this need, beginning in FY24, workforce programs include a Licensed Mental Health Professional (LMSW/LMHC) as a required role for the latest Workforce Innovation and Opportunity Act (WIOA) Request for Proposals, in addition to the previously required Case Management staff.

Training Modules (DYCD)

- DYCD’s programs already aim to promote mental well-being through the incorporation of social-emotional learning for participants in all program models, as well as foundational environmental supports for positive mental health such as a safe and welcoming environment and respectful and caring relationships with staff. While some programs provide

mental health supports through licensed mental health professionals on staff, not all programs can provide direct mental health services. In partnership with OCMH, DYCD has developed new mental health requirements for all programs. These requirements are focused on improving staff knowledge of the most common mental health conditions and improving access to external mental health services:

- Staff Training
  - All staff must complete the OCMH's Building Connections to Mental Health Support Training which covers Mental Health and Mental Illness, Engagement and de-escalation Strategies, Referral and Crisis Management Protocols and Mental Health Resources.
  - Each Program Director must complete OCMH's Building Bridges to Support which covers Mental Health Spectrum and Mental Health Crises, Importance of Implementing an Organizational Crisis Navigation Plan and Creating and Implementing a Customized Crisis Navigation Plan for your organization (with the OCMH Crisis Navigation Worksheet).
- Referral Plan
  - Contractors must also create a plan and process for mental health referrals that staff should follow when a need is identified through staff observations of participants and/or concerns expressed by participants. The plan must be updated and disseminated at least annually to all staff.

Prevent Violence and Increase Workforce Safety (NYC Health + Hospitals)

- NYC Health + Hospitals' interdisciplinary behavioral health workforce includes nearly 5,000 staff at 11 hospitals and over 30 community health care centers and provides approximately 60% of the behavioral health services in New York City. Improving workplace safety to prevent patient injuries and promote employee wellbeing in psychiatric settings is a systemwide priority. Nationally, a survey found that over 30% of hospital staff who treat psychiatric patients have been victims of assault, and the number of violent incidents is rising. Violence prevention programs have demonstrated the ability to increase both patient safety and employee satisfaction, while also having the added benefit of serving as a driver of staff retention.
- NYC Health + Hospitals' systemwide behavioral health workplace violence prevention strategy is focused on developing systemwide policy, building a culture of safety and training staff in key areas such as screening and assessment of high-risk patients, de-escalation techniques, trauma-informed approaches, implementing mock codes and simulation, and crisis situation management and prevention. NYC Health + Hospitals has trained a total of 1,300 staff members, system-wide, in violence prevention interventions.

Develop The Workforce (NYC Health + Hospitals)

- NYC Health + Hospitals service expansion relies on highly trained, mission driven teams of providers and staff who are willing to go above and beyond every day to serve the behavioral health needs of New Yorkers. NYC Health + Hospital's current behavioral health vacancy rate of approximately 30%, is consistent with the national average, which hovers between 30-35%. Turnover in behavioral health settings make it difficult to maintain adequate staffing and can be disruptive to patient care. Hiring challenges are further compounded by other factors, such as local shortages of behavioral health professionals; limited numbers of providers who are trained and interested in serving marginalized patients with complex needs; and competition from the private sector and telehealth, which offer higher pay and greater flexibility. NYC Health + Hospitals welcomed 61 psychiatric nurse practitioner students to NYC Health + Hospitals to complete clinical placements in psychiatry while attending a biweekly didactic program to strengthen their knowledge of the field and support their recruitment to the system.

IV. Strengthening Mental Health Crisis Response

Overview & Gaps

A mental health crisis is a situation in which a person's mental or emotional state has reached a level of distress or instability that significantly impairs their ability to function or cope with daily life. This may involve intense feelings of anxiety, depression, panic, or hopelessness. Some examples of ways mental health crises may manifest include suicidal thoughts or actions, self-harm, panic attacks, psychotic episodes such as hallucinations or delusions, extreme emotional outbursts or loss of control, or an inability to perform basic self-care or make rational decisions. A mental health crisis often requires immediate support, which can include professional intervention including emergency services.

A mental health crisis can be debilitating and often requires professional intervention with an "urgent" or "emergency" response. An "urgent crisis" is a situation that needs prompt attention but is not immediately life-threatening. In contrast, an "emergency" involves life-threatening or potentially dangerous circumstances that demand immediate medical or safety support, often by calling 911.

High Demand for Services

New York City offers a broad range of crisis response services, but the large population, combined with the high volume of daily calls to various services and ongoing workforce shortages, strains the City's capacity to address urgent mental health needs effectively. In 2023, the NYPD received nearly 175,000 mental health-related calls, according to administrative data. Shortages in both the mental health and emergency response workforce can lead to longer response times in both mental health crisis and emergency situations. (For more on workforce gaps, see Building Mental Health Workforce Capacity.)

Limitations of the Crisis System

According to national guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA) an effective crisis response system must include "someone to contact, someone to respond, and a safe place for help."[112] In New York City, these three critical components are present within our behavioral health system, however accessing and navigating these services can be fragmented, with availability depending on factors like time of day, location, and program capacity.

NYC 988 is the City's largest mental health crisis service. During FY24, NYC 988 provided crisis counseling over 311,000 times via call, text or chat. If a person is unable or unwilling to seek mental health services to get through their crisis, NYC 988 can dispatch a Mobile Crisis Team (MCT) to visit the person wherever they live within a few hours, 8 am – 8 pm, 7 days a week, citywide. While this is a tremendous resource, the City still lacks a 24/7 mobile response option in every community, forcing emergency response teams—often involving law enforcement—to fill the gap. When mental health crises occur, the NYPD and Fire Department of New York Emergency Medical Services (FDNY EMS) typically transport individuals to the hospital, even when they might be better served by local community-based care. Despite the proven success of many community-based crisis stabilization services, such as Support and Connection Centers and Crisis Stabilization Centers, these resources are not available in every borough.

Need for Public Education about When to Use What Service

In the fall of 2024, the New York State Office of Mental Health launched a state-wide, multimedia campaign to raise awareness of 988. Ads are featured on multiple platforms, including social media; billboards, signage on college campuses and at events; during sporting events; on traditional television and radio; and on other digital platforms, such as streaming music and video services. Several ads focus on distinct populations that have lower recognition of 988, including first-responders and health care professionals; school-aged youth and college students; and Black, Latina, and LGBTQ+ individuals.

Youth in Crisis

The prevalence of reported suicide attempts among New York City's youth has remained stable at about 9% in the last 10 years, but that represents almost one in ten teens - a staggering number.[113] The picture is even starker for certain subgroups: nationally - lesbian, gay, and bisexual teens account for over one-third of all youth suicide attempts and Black adolescents have also seen rising in suicidality in the last decade.[114]

Need for a Highly Coordinated Multisystem Person-Centered Approach

Coordinating crisis mental health services in New York City is hindered by understaffing, burnout, privacy laws limiting information sharing, fragmented communication between responders, insufficient community-based alternatives, and a lack of standardized training. Collaboration between mental health professionals, first responders, law enforcement, and crisis counselors is crucial to providing holistic, person-centered care that addresses the specific needs of individuals experiencing mental health issues. To elevate New York City's crisis care to best practice standards, it is essential to implement a culturally responsive, transparent model that prioritizes humane approaches, incorporates peer support, and maximizes collaboration between law enforcement and the mental health system.

The City's Response

NYC 988

- In FY24, there were 311,181 calls, texts, and chats to NYC 988 from New York City. Starting on October 1, 2023, NYC DOHMH transitioned to the federal 988 number to make it as simple as possible for people in crisis to reach immediate support and connection to local services. New Yorkers experiencing mental health crisis, seeking emotional support, information or referral to mental health services can call or text 988, chat online through the 988lifeline, or speak with a certified peer specialist. Providers can also make referrals to Mobile Crisis Teams for children and adults.

State-wide 988 Awareness Campaign (OMH)

- A $5 million statewide multimedia campaign was launched in the fall of 2024 to raise awareness of the 988 Suicide and Crisis Lifeline, coinciding with National Suicide Prevention Month. The campaign will promote the lifeline across social media, streaming services, TV, and college campuses. Additionally, the Student Lifeline Act requires colleges to print 988 information on student ID cards by 2025 to ensure students know where to turn in a crisis.

B-HEARD — the Behavioral Health Emergency Assistance Response Division (an interagency collaboration between the New York City Fire Department (FDNY) and NYC Health + Hospitals with oversight from the Mayor's Office of Community Mental Health (OCMH)

- NYC/B-HEARD is responding to a national demand for alternative crisis response. We see similar initiatives in cities across the country, including Eugene, OR (CAHOOTS), Denver, CO (STAR), Chicago, IL (CARE), Oakland, CA (MACRO), and Albuquerque, NM (Albuquerque Community Safety). According to the Marshall Project, over 100 such programs have spread across the country.[115] "A 2020 review of 911 calls in eight major cities estimates that up to 68% of calls "could be handled without sending an armed officer," according to a report by the Center for American Progress and the Law Enforcement Action Partnership."
- B-HEARD began in three precincts in East Harlem and currently operates in 31 precincts and surrounding areas across Upper Manhattan (Harlem, Washington Heights, Inwood), high needs neighborhoods in Brooklyn (including East New York, East Flatbush, Remsen Village, Marine Park, Canarsie, Crown Heights, Wingate, and Prospect Lefferts), Western Queens, and all of the Bronx. Teams operate seven days a week, 16 hours a day within the pilot area. From launch in June 2021 through June 30, 2024, B-HEARD responded to over 24,000 911 mental health calls. Now, within the pilot area Emergency Medical Technicians/Paramedics from FDNY and mental health professionals from NYC Health + Hospitals respond together to mental health 911 calls, helping people with emergency mental health needs get appropriate help and health-centered assessments from trained mental health professionals.
- The goals of the B-Heard program are to:
  - Route 911 mental health calls to a health-centered B-HEARD response whenever it is appropriate to do so
  - Increase connection to community-based care
  - Reduce unnecessary transports to hospitals
  - Reduce unnecessary use of police resources
- Over FY24, B-HEARD teams responded to 14,900 calls, which accounts for 73% of all eligible mental health calls in the pilot area during the program's operation hours. The FY24 figure is more than double the previous fiscal year's responses when teams responded to almost 7,200 calls, which comprised approximately 55% of eligible calls.
- About 40% of the patients were treated and served in their community with options for behavioral healthcare that was not previously part of emergency response. By connecting individuals to care beyond a hospital emergency department, New York City has helped more New Yorkers in crisis get support wherever they are located. This ensures that those

transported to a hospital genuinely need further evaluation or a level of care not available in the community.
- NYC Health + Hospitals conducts patient experience surveys for those who accepted services from the B-HEARD Mental Health Clinician. Of note, not every patient who accepted services from the B-HEARD Mental Health Clinician responded to the survey, and not every individual surveyed answered all of the survey questions.
- In FY24, the patients surveyed by NYC Health + Hospitals, 96% felt B-HEARD helped them, 98% felt B-HEARD treated them with courtesy and respect, and 94% of those who had received an EMS response in the past felt that the B-HEARD response was more appropriate for their needs

Mobile Crisis Teams (DOHMH, NYC Health + Hospitals, OMH)
- Mobile Crisis Teams are multidisciplinary teams of behavioral health professionals such as social workers, peer specialists, and family peer advocates, which use face-to-face interventions with the identified individual in crisis, as well as their family or other support systems, to engage, assess, deescalate and connect individuals to the most appropriate services.
- There are 24 Mobile Crisis Teams, operated by hospitals and community-based providers in contract with DOHMH and licensed or designated by NYS OMH. There are 19 adult Mobile Crisis Teams and 5 children Mobile Crisis Teams across the 5 boroughs.
- Mobile Crisis Teams receive referrals from 988 or from within the hospital system and respond in 2-3 hours citywide, 7 days a week, 8 am to 8 pm, to fixed addresses, including shelters, but excluding street or subway.

Co-Response Teams (DOHMH, NYPD)
- The Co-Response Team program (CRT) offers time-limited pre- and post-crisis intervention and support for individuals presenting with behavioral health (mental health and/or substance use) challenges and an elevated risk of harm to themselves or others. A collaboration between the New York Police Department (NYPD) and the Department of Health and Mental Hygiene (DOHMH), the program partners two NYPD officers with a DOHMH Behavioral Health professional to create a Co-Response Team. The objective of CRT is to help individuals remain connected in the community and reduce community members' interactions with the criminal legal system. Due to staffing shortages, CRT temporarily operates Monday-Friday, 10am-6pm.

9.58 Clinician Training (DOHMH)
- DOHMH provides monthly Community Behavioral Health Crisis Intervention Training, which includes 9.58 removal policy and practice, to educate and designate certain clinicians working in outreach to unhoused individuals. The training covers basic skills for community-based mental health outreach, engagement, and safety in various settings; understanding and applying an anti-bias and anti-racist lens when engaging and assessing individuals; acknowledging the potential influence of alcohol/drug consumption when assessing individuals; identifying predictors of violence when assessing individuals; and executing 9.58 removals. In FY23, 224 providers were trained and 124 were designated.

Crisis Stabilization Centers (OMH, OASAS)
- The State Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) and working collaboratively to establish crisis stabilization centers in New York City.
- Crisis Stabilization Centers (CSCs) are open 24 hours a day, 7 days a week to deliver voluntary crisis services to people of any age. CSCs provide rapid, short-term stabilization (the longest someone can stay is 24 hours) in a welcoming environment and can make referrals to community resources. CSCs are open-access and accessible to all who may be experiencing a mental health and/or substance use crisis.
- NYC's first crisis stabilization center, located in Brooklyn, is projected to be operational in 2025.

Crisis Response and Support Services (HRA)
- HRA/WeCARE's wellness care management includes crisis intervention for individuals with acute mental health needs. The teams coordinate DOHMH and external providers to ensure swift response and access to care.

Supporting Youth and Children in Crisis
- The child, youth, and family mental health section of the City's Mental Health Plan, sets out a broad framework for addressing youth mental health, focusing on promoting positive mental health, prevention and targeted care, and outlining key initiatives for children in crisis:

- To prevent youth suicide attempts and deaths, the NYC Health Department partnered with NYC Health + Hospitals to launch Caring Transitions, a program for youth ages 5-17 in Queens and the Bronx who have been hospitalized or seen at an Emergency Department for a suicide attempt or serious suicidal behavior. The Caring Transitions team, that includes clinical staff as well as family and youth peer advocates provide 90 days of follow-up to the youth and their family after the youth has been discharged from the hospital.
- Expand youth suicide prevention data resources: The NYC Health Department, with support from the MOERJ, is expanding its capacity to recognize, monitor and respond to youth suicide attempts, deaths, and other mental health trends, as well as address inequities, by investing in suicide prevention research and data collection.
- Increase access to the NYC Health Department's children's Mobile Crisis Teams by increasing awareness and promotion of this resource among youth, families and the providers who work with them.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Conclusion

The City continues to face a mental health crisis, with New Yorkers encountering significant challenges related to access to mental healthcare, stigma, economic insecurity, behavioral health workforce shortages, and more. These barriers are particularly acute for vulnerable populations, including individuals with serious mental illness, unhoused individuals, children, youth and families, those with substance use disorders, older adults, veterans, and justice-involved individuals. By integrating the Public Health model with a robust Community Mental Health framework, the City can address these systemic barriers, improve access to culturally relevant and person-centered care, and respond to the unique needs of its diverse communities.

The report emphasizes the importance of prevention, promotion, and resilience as key components of a proactive strategy, ensuring that mental health challenges are not only treated but also mitigated at their roots. By fostering collaboration across city agencies and leveraging community partnerships, New York City is poised to create a more inclusive and effective mental health system that benefits all its residents.

Looking forward, the efforts outlined in this report provide a roadmap for strengthening mental health services across the city. Addressing workforce challenges, expanding crisis response initiatives, and fostering cross-agency collaboration are essential steps to bridge existing gaps and deliver comprehensive care. The dedication and leadership of city officials, agencies, and community partners inspire confidence in the collective ability to overcome present and future challenges.

Together, these efforts reflect a shared commitment to advancing mental health equity and ensuring that every New Yorker has the resources and support they need to thrive.

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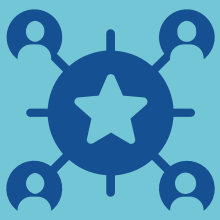

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