THE NEW SCHOOL Center For Global Mental Health

NYC Mayor's Office of Community Mental Health

DYCD | NYC The Department of Youth & Community Development

EASE in NYC Report

EXECUTIVE SUMMARY | MAY 2026

Overview

The New School Center for Global Mental Health (CGMH), in partnership with the NYC Mayor's Office of Community Mental Health (OCMH), the Department of Youth and Community Development (DYCD), and community-based organizations (CBOs), implemented and evaluated **the first U.S. adaptation of the World Health Organization's Early Adolescent Skills for Emotions (EASE) intervention across NYC communities**. EASE is a brief, group-based mental health intervention for adolescents ages 10–15 with a component for caregivers delivered by trained non-specialist staff within trusted community settings. EASE implementation in NYC occurred across multiple phases, beginning with a community-based adaptation and co-design process with youth, caregivers, and CBO partners in 2024, followed by pilot implementation and subsequent expansion in 2025 across additional NYC communities. Lessons from each phase informed iterative adaptations to training, supervision, implementation, and engagement strategies to better support delivery within community-based youth settings.

EASE Expansion & Reach

Following a Spring 2025 pilot across 7 CBOs in Central Brooklyn, EASE expanded in Fall 2025 to 11 sites across Brooklyn, Harlem, and Queens. Participating CBOs included: Grand Street Settlement, El Puente, BRO Experience, SCAN Harbor, Police Athletic League, NIA Community Services, and Commonpoint. Across Spring and Fall 2025:

PARTICIPATING CBOs 15 | **CBO STAFF TRAINED** 51 | **YOUTH REACHED** 175 | **CAREGIVERS REACHED** 33

Importantly, **all 11 Fall sites completed the full 7-session intervention cycle**, demonstrating strong feasibility for implementation within NYC afterschool and youth-serving systems.

Building Community Mental Health Capacity

A central goal of the project was to test whether trusted non-specialist CBO staff could successfully deliver structured mental health interventions with adequate training and supervision support. Training included:

- **30 hours across 10 sessions**
- **Hybrid virtual and in-person learning**
- **Facilitation roleplays**
- **Ongoing supervision**
- **Implementation coaching**



To further assess facilitator readiness and skill development, the CGMH team conducted structured pre- and post-training roleplay assessments using WHO EQUIP competency frameworks. CGMH staff facilitated simulated scenarios to assess helpers' competencies in areas such as communication, group facilitation, and emotional support. There was **measurable growth across 13 facilitation competencies following training** on the Working with Children - Assessment of Competencies Tool (WeACT), particularly in:

- **Ability to identify youth's daily life problems or needs ↑**
- **Promoting youth agency in a session ↑**
- **Organizing group work effectively ↑**
- **Reframing negative thoughts and feelings ↑**
- **Nonverbal and verbal communication skills ↑**

These findings suggest that NYC CBOs can play an important role in expanding access to preventative mental health supports through a task-sharing workforce model.

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Youth Attendance & Engagement

EASE demonstrated strong youth engagement across diverse community settings. EASE helpers consistently reported that adolescents became increasingly comfortable discussing emotions, participating in activities, and supporting peers over time. Trusted relationships between helpers and youth were identified as a major contributor to engagement and retention.

79% **Youth completed the recommended EASE session threshold** (≥4 sessions)

5 of 7 Sessions **Average Attendance across all 11 CBOs**

It is also important to note that attendance challenges were often linked to external structural factors (school events, Regents exams, graduation, summer transitions), rather than lack of interest in the intervention itself.

Mental Health and Well-Being Outcomes

Quantitative analyses using repeated-measures models examining baseline, post-intervention, and 3-month follow-up assessment data for 55 youth suggested **statistically significant improvements across several outcome measures**:

- ↓ **Emotional Distress** (Indexed by the PSC Scale)
- ↓ **Difficulty with daily functioning** (Indexed by the IDF Scale)
- ↑ **School Connectedness** (Indexed by the PSM Scale)
- ↑ **Mental Well-Being** (Indexed by the WEMWBS Scale)

Several indicators demonstrated the strongest improvements at the 3-month follow-up, suggesting potential sustained benefits beyond program completion. Qualitative findings from youth, caregivers, and helpers further supported these trends, with participants describing improvements in emotional awareness, coping skills, communication, peer connection, and comfort discussing emotions.

Implementation & Sustainability Insights

What Supported Implementation

- **Existing trusted relationships between CBO staff and youth** strengthened engagement, participation, and emotional openness
- **Integration within existing afterschool programming** supported feasibility and reduced stigma around participation
- **Ongoing supervision, co-facilitation, and coaching** helped build confidence among non-specialist facilitators
- **Interactive, movement-based activities** improved youth engagement and understanding of EASE concepts
- **Group-based discussions and peer interaction** supported connection, reflection, and emotional sharing among adolescents
- **Strong coordination between CBO partners, CGMH, OCMH, and DYCD** supported implementation across diverse community settings

Lessons for Future Scaling

- Earlier implementation during the school year may improve retention
- Developmental differences across ages 10–15 may require further activity tailoring
- Smaller groups may support stronger engagement and facilitation
- Flexible caregiver engagement strategies remain important
- Embedding EASE into existing site routines improved participation and coordination
- Continued supervision remained important for supporting non-specialist facilitators
- School-year transitions and competing activities affected attendance and follow-up participation

Key Takeaways

These findings suggest that trusted community settings can successfully deliver structured preventative mental health programming for youth through EASE while also strengthening local workforce capacity through training and supervision of non-specialist staff. Lessons from implementation are informing future adaptations to caregiver engagement, group structure, facilitator support, and long-term integration within NYC youth-serving systems.

Interested in learning more about EASE? Email Adam Brown at brownad@newschool.edu