

Annual Report

Critical Gaps In Mental Healthcare Services in New York City

January 2026

NYC Mayor's Office of Community Mental Health

NYC Mayor's Office of Community Mental Health

Preface

Focus on Community Mental Health and Public Health

This report is guided by a community mental health and public health framework, which recognizes that a truly safe city is built upon a foundation of care, connection, and support. Under this framework, mental health promotion, prevention, early intervention, and health-centered crisis response are the essential components of a healthy and thriving community.

By prioritizing health-centered responses to distress and mental health crises, we address needs at their source and provide appropriate supports that foster stability. This approach reflects Mayor Zohran Mamdani's vision for a public health approach to safety—one that addresses the mental health crisis through care, allowing our city's emergency systems to focus on their primary missions.

Mayor's Office of Community Mental Health

Annual Report

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Letter from the Executive Director



Eva Wong, Executive Director

At the Mayor's Office of Community Mental Health (OCMH), our primary mission is to improve mental health outcomes for all New Yorkers and strengthen access to the support they need to live healthy, fulfilling lives. This report fulfills our legislative mandate to identify systemic gaps, but its true purpose is to outline our shared commitment to a more connected system of care.

To that end, this report calls attention to persistent, interconnected gaps—from fragmented crisis response and workforce shortages to the barriers that hinder access to care. Rather than providing an exhaustive catalog of every City-operated program, these pages focus on identifying specific critical gaps or deficiencies in the mental health system, while highlighting the collective efforts, plans, and programs currently in the pipeline to address them. More importantly, this report reflects the City's robust response and a shared commitment to the health, well-being, and safety of all our neighbors.

To develop this report, OCMH collaborated with key partners to identify both the challenges in care and the active responses being led across City and State agencies. This collaborative process ensures that the report is grounded in the lived experiences of New Yorkers and the providers supporting our communities every day.

OCMH advances the City's commitment to Community Mental Health by expanding support beyond clinical settings into the everyday environments where New Yorkers live, learn, work, and connect. We recognize that mental health exists along a dynamic continuum—from struggling to in crisis, coping to thriving —and our work emphasizes connectedness, belonging, and culturally rooted resources as essential for recovery, healing, well-being, resilience, and long-term stability.

This approach complements the City's broader public health framework by anchoring recovery and healing in the connections and sense of belonging found only within community. The report highlights the City's work to advance equity for New Yorkers who face the greatest systemic barriers to care, including children and families, individuals with serious mental illness, older adults, people with disabilities, those experiencing homelessness, immigrant populations and other communities where we are bridging remaining gaps in our evolving system of care. OCMH also continues to tackle strategic priorities, such as improving coordination within the crisis response system and building a stronger behavioral health workforce —working toward a New York where every resident has someone to call, someone to respond, and a safe place to go.

Looking ahead, we remain dedicated to strengthening the City's mental health infrastructure by bridging the gap between community-based prevention and acute care. By breaking silos and deepening our commitment to proactive supports, such as peer-led models and workforce diversification and retention—we will continue to work with key internal and external partners to bolster a system that meets New Yorkers where they are and supports well-being throughout their mental health journey and their lives.

We extend our sincere thanks to our colleagues across City and State government, our dedicated external partners, and the OCMH team for their invaluable contributions to this report. Our work is driven by the Mamdani Administration's commitment to strengthening the City's social infrastructure, which allows us to pursue this mission with a clear vision and shared determination.

Eva Wong, Executive Director

NYC Mayor's Office of Community Mental Health

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The Mayor's Office of Community Mental Health

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The NYC Mayor's Office of Community Mental Health (OCMH) provides citywide leadership and multi-agency coordination to uphold mental health as a foundational priority for New York City.

Mayor Mamdani has articulated a vision that defines safety as the presence of care, stability, opportunity, and connection. OCMH advances this vision through a Community Mental Health approach, serving as the City's central hub for multi-disciplinary collaboration and bridging historically siloed sectors to innovate cross-agency, scalable mental health interventions. By aligning policy, funding and implementation, OCMH champions the integration of mental health support into the City's housing, education, and social services strategies. We lead collaborative efforts to strengthen prevention, early intervention, and community-based support – fostering a continuum of care that promotes long-term well-being while advancing a model that treats mental health crises through a health-centered lens, ensuring that during their most vulnerable moments, New Yorkers are met with a health-centered response and the most appropriate form of care.

Our work focuses on building a mental health infrastructure that is proactive and person-centered. Guided by Community Mental Health principles, we lead a range of initiatives, including strengthening community capacity through non-specialist training and coordinating innovative crisis-response initiatives. These efforts elevate mental health as an essential pillar of equity, creating a coordinated citywide response to ensure every New Yorker can access care in the communities where they live, learn, work, and connect.

OCMH co-designs and scales community-based interventions alongside both community and agency partners to be embedded into the City's broader systems of care. By publishing data on these cross-agency initiatives and providing community-focused resources, the Office promotes transparency and works with partners to identify ongoing gaps and challenges. These efforts allow the City to continuously improve and evolve the current landscape of care, ensuring we remain responsive and accountable to the communities we serve. Read about OCMH's 2025 Accomplishments here.

OCMH 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
- Building and Supporting the Behavioral Health Workforce in New York City
- Developing a Coordinated Mental Health Crisis Response System

Mayor's Office of Community Mental Health Strategic Partners

Under the New York City Office of Community Safety (OCS), the Mayor's Office of Community Mental Health is deeply grateful to the diverse network of partners whose work is vital to the well-being of New Yorkers. While many organizations across the public, non-profit, academic, and private sectors support this effort daily, the following entities specifically provided the essential data and insights for this report:

- ✓ NYC Health + Hospitals (H+H)
- ✓ NYC Department of Health and Mental Hygiene (NYC Health)
- ✓ NYC Administration for Children's Services (ACS)
- ✓ NYC Department of Social Services / Department of Homeless Services (DSS/DHS)
- ✓ NYC Department of Youth and Community Development (DYCD)
- ✓ NYC Housing Authority (NYCHA)
- ✓ NYC Department for the Aging (NYC Aging)
- ✓ NYC Department of Veterans' Services (DVS)
- ✓ NYC Office of Chief Medical Examiner (OCME)
- ✓ City University of New York (CUNY)
- ✓ Mayor's Office of Criminal Justice (MOCJ)
- ✓ George Washington University (RECOUP-NY)
- ✓ NYC Public Schools (NYCPS)
- ✓ Mayor's Office of Immigrant Affairs (MOIA)
- ✓ Mayor's Office to End Domestic and Gender Based Violence (ENDGBV)
- ✓ Mayor's Office of Equity and Racial Justice (MOERJ)
- ✓ Young Men's Initiative (YMI)
- ✓ Mayor's Office for People with Disabilities (MOPD)
- ✓ NYC Office for the Prevention of Hate Crimes (OPHC)
- ✓ New York City Police Department (NYPD)
- ✓ Fire Department of the City of New York (FDNY)
- ✓ NYS Office of Mental Health (OMH)
- ✓ Academy for Community Behavioral Health (The Academy)
- ✓ The New School Center for Global Mental Health
- ✓ Hostos Community College - CUNY

Mayor's Office of Community Mental Health

Part 1: Introduction

Part 1: Introduction: The State of Mental Healthcare Access

New York City is working toward a future where every New Yorker can access the resources they need to support their mental well-being at every point of their mental health journey. This vision acknowledges that mental health does not exist in a vacuum; it is shaped by the Social Determinants of Health—the conditions in which we live, work, and age. While timely and quality support should be a foundational right, systemic inequities and economic pressures remain significant barriers to stability for too many of our neighbors.

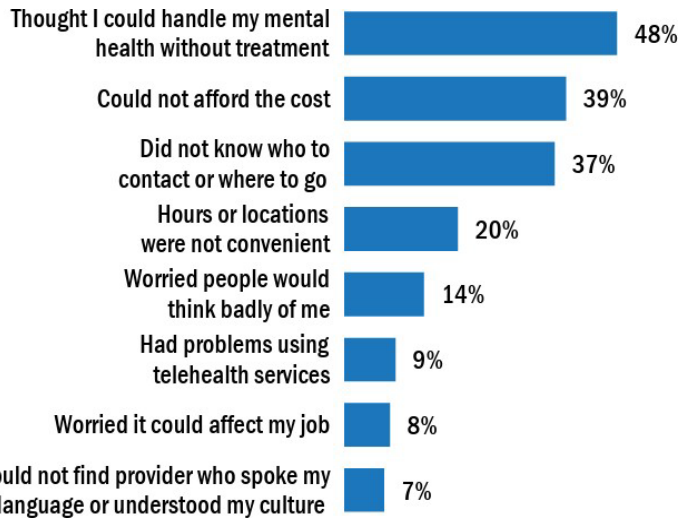
The demand for services in New York City consistently outpaces the system's capacity. This challenge has intensified over the last decade, marked by a 23% increase in the number of individuals seeking help from the public mental health system since 2013.[1] This surge has resulted in prolonged wait times and limited treatment options, creating a landscape where access to care is too often determined by a person's race, neighborhood, or insurance status rather than their actual need.

Unmet Needs and Persistent Disparities

Recent data shows that while citywide rates of anxiety and depression symptoms have leveled off from pandemic-era peaks, the recovery is not felt equally. While Asian and Hispanic New Yorkers saw significant improvements between 2023 and 2024, deep disparities persist: one in four Hispanic New Yorkers (25.3%) continues to report poor mental health, compared to 17.2% of White and 15.3% of Black New Yorkers.[2]

These disparities contribute to a larger systemic challenge: in 2023, approximately 945,000 New Yorkers (14%) reported an unmet need for mental health treatment.[3] Unmet need for mental health treatment refers to individuals' perceptions that they did not receive as much care as they desired, were unable to obtain services as promptly as they would have liked or could not access care at times when they sought it. Because unmet need is self-reported, it is influenced by the factors that shape whether and how different groups perceive a desire or willingness to pursue mental health treatment.

Figure 1: Reasons for Unmet Need for Mental Health Treatment Among New York City Adults, 2023[3]



This disconnect is driven by four primary, compounding barriers that reflect the impact of economic and social strain on mental well-being:

- **Affordability & The Cost of Living**: Financial instability is a primary driver of distress. In 2023, 39% of New Yorkers with unmet needs cited cost as the leading barrier to care.[3] New Yorkers who experienced food insecurity or struggled to pay rent were three times more likely to experience serious psychological distress than those with stable basic needs.

- **Systemic Navigation & "Ghost Networks"**: New Yorkers frequently struggle to locate available care. This is exacerbated by inaccurate insurance directories; a 2023 investigation found that 86% of listed providers were "ghosts"—unreachable or not accepting new patients.[4]

- **Cultural & Linguistic Inadequacy**: There is a critical shortage of a diverse clinical workforce. Hispanic and Asian New Yorkers often face a lack of providers who speak their language or understand their cultural context—a structural capacity issue that disproportionately affects immigrant communities.

- **Geographic & Capacity Barriers**: Access to care in New York City remains heavily influenced by geography and neighborhood-level resources. According to the most recent city health data, connection rates to mental health services vary sharply across the five boroughs—ranging from 70% in well-resourced areas to just 20% in underserved neighborhoods.[5] In these "care deserts," the demand for services consistently outpaces available infrastructure. This gap between supply and demand places significant pressure on public sector providers, who serve as a vital safety net for New Yorkers navigating systemic hurdles. Recent findings underscore these challenges, noting that over 57% of New Yorkers with unmet needs face multiple, compounding barriers to care.[6] These include a critical lack of local provider availability and significant navigation difficulties, which disproportionately impact those requiring in-person or linguistically specialized services.

Strategic Framework for Systemic Change

This annual report is organized around four critical gaps in New York City's mental health care system and the City's strategies in response:

- Access to Mental Healthcare
- Prevention, Promoting Mental Wellness and Building Community Resilience
- Behavioral Health Workforce
- Mental Health Crisis Response

This report emphasizes efforts to address these gaps specifically for marginalized populations and communities disproportionately impacted by unmet needs.

New Yorkers Most impacted by Systemic Gaps

Public health data consistently shows that mental health needs are not evenly distributed across our city. Certain populations carry a disproportionate burden of psychological distress, often compounded by systemic inequities. Understanding these intersections is essential to identifying gaps and designing responses that are equitable and responsive to lived experience.

Children, Youth, and Families

Supporting the mental health of children, youth and families is a foundational priority for the City. In New York City in 2021,[7] approximately 20% of children ages 3 to 13 were reported to have one or more mental, emotional, developmental, or behavioral conditions.[8] During the same year, 8% of children in this age group had a caregiver who reported that their child had been diagnosed with anxiety, reflecting patterns consistent with national trends.[9] Mental health challenges often take root during critical developmental windows, with 50% of lifetime conditions emerging by age 14. Because a child's well-being is deeply tied to their environment and quality of life at home, our focus extends to the entire family unit – addressing the intergenerational impacts of trauma, economic stress, risk of exposure to violence, and food and housing insecurity.

More recent data further underscore these concerns: according to the 2023 NYC Youth Risk Behavior Survey, among students who reported feeling sad or hopeless almost every day, Hispanic/Latine students represented the highest proportion, indicating a disproportionate burden of mental health challenges within this population.[10]

While young adults ages 18 to 24 show the highest reported rates of anxiety and loneliness, these figures often reflect years of unmet needs during childhood. By prioritizing early identification and expanding access to school- and community-based care, the City is working to close the 11-year average gap between the onset of symptoms and the start of treatment, ensuring that every young New Yorker has access to support and treatment needed to reach their full potential.[11]

Unhoused Individuals

Housing insecurity is a major contributing factor to mental health vulnerability in the city. Individuals experiencing homelessness, including those living in shelters or on the street, have disproportionately higher rates of serious mental illness and co-occurring substance use conditions compared with housed populations – a reality that both contributes to and is exacerbated by housing instability.[12]

Recent estimates indicate more than 350,000 New Yorkers were without stable housing in 2025, and during the 2024-2025 school year, over 156,000 public school students experienced homelessness.[13] The chronic stress of frequent disruptions in living settings, mistrust of the shelter and public safety systems, poor physical health, and exposure to persistent trauma undermines engagement, trust building and the continuity of care. These conditions make it challenging to establish rapport with unhoused individuals and maintain

engagement in the sustained support and treatment necessary to effectively manage their recovery and lives, reduce the likelihood of acute and repeated ED visits, hospitalization, and justice involvement.

Expectant and New Parents

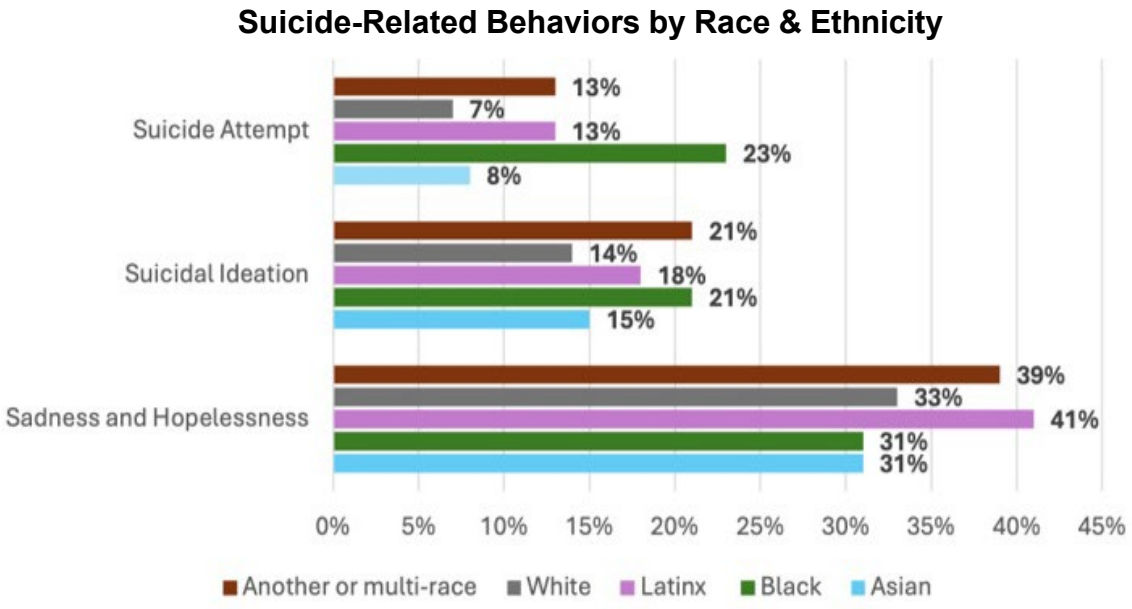
The period during and after pregnancy is one of the most significant health windows in a person's life, yet mental health challenges remain a critical concern that often go unaddressed for New York City's new parents. In NYC, perinatal mental health conditions are a leading underlying cause of pregnancy-associated deaths, a reality deeply tied to systemic inequities.[14]

Perinatal Mood and Anxiety Disorders (PMADs) affect at least one in five mothers and birthing parents.[15] This burden is disproportionately higher for Black and Brown New Yorkers, 40% of whom experience symptoms of PMADs due to the compounding effects of structural racism and barriers to care. Despite these figures, an estimated 75% of those struggling remain undiagnosed and untreated; the combination of shame, stigma, and a lack of accessible support leaves many to face these challenges in isolation, impacting the long-term well-being of both parent and infant.[16]

Black, Latine and Other Communities of Color

Racial and ethnic disparities remain a defining feature of mental health inequities in New York City. According to the 2023 NYC Youth Risk Behavior Survey, Latine students were more likely than their White peers to experience persistent feelings of sadness and hopelessness, and Black and Latine students were more likely to report suicide attempts.[17] These disparities reflect broader systemic stressors, including discrimination, limited access to culturally responsive services, and historical mistrust in institutions, as well as stigma that may deter help-seeking.

Immigrant and asylum-seeking New Yorkers face additional challenges, such as language barriers, fear related to immigration status, and limited familiarity with the mental health system, all of which can delay help-seeking and worsen outcomes.



Older Adults

Older New Yorkers face a unique intersection of social, physical, and structural factors that intensify the risk for mental health challenges. City and national data indicate that adults aged 60 and older experience elevated rates of depression and anxiety, and suicide remains a significant public health concern among older populations. Nationally, suicide rates are highest among males aged 75 and older, reaching approximately 407 deaths per 100,000 residents.

Findings from NYC's Aging's The State of Older New Yorkers 2025 indicate that nearly 18% of older adults have possible anxiety or depression, 22% are not socializing as often as they would like, and 17% report high levels of loneliness.[18] These conditions are linked to poorer mental health outcomes and increased difficulty navigating care systems. Additional barriers such as limited transportation, a shortage of geriatric mental health providers, and the digital divide restrict access to services. As a result, many older adults experience significant unmet mental health needs, despite frequent contact with primary health and social service systems.

Public Systems-Involved individuals

Many New Yorkers interact with public systems that were not originally designed to prioritize mental well-being. For those involved in the child welfare and justice systems, the lack of integrated, trauma-informed care often creates a "cycle of involvement" that is difficult to break.

Justice-Involved Individuals

New Yorkers in the justice system face a dual burden of high clinical needs and systemic barriers. In NYC jails, approximately 22% of the population is diagnosed with a serious mental illness (SMI). These individuals are often held for significantly longer periods—averaging 281 days—than those without mental health flags.[19] True and long-term stability requires shifting away from punitive measures toward public health-led responses that prioritize healing and community-based support.

Child Welfare & Foster Care

Children and families involved in the child welfare system, including those in foster care, often navigate complex trauma and systemic challenges that impact emotional and behavioral health. Without early, specialized intervention, these unmet needs can compound over time, affecting long-term well-being and stability.

With integrated mental health supports embedded throughout the child welfare continuum, these challenges can be addressed earlier and more effectively, helping young people heal, build resilience, and move toward healthy, stable futures.

Challenges and Progress - Addressing the Gaps

Although there remain gaps in services, many improvements have been made to address them. This report highlights challenges and progress, documenting dozens of initiatives that expand access, strengthen prevention, build workforce capacity, and shift crisis response toward coordinated, community and behaviorally supportive models rooted in care and de-escalation. It documents progress made through cross-agency collaboration and partnerships with community-based organizations, essential to the success of these efforts.

These initiatives and pilot programs provide a roadmap for action, demonstrating the impact of existing efforts as well as programs that are currently being planned and piloted. Through the description of programs and collaborations that work, the report provides a foundation for moving forward and expanding community-centered mental health services and supports.

Mental health is not a niche concern limited to those actively seeking services; it is a public good that shapes the social fabric of New York City. Investments in mental health and wellness benefit the entire city by promoting stability, preventative interventions, and resilience among its citizens, long before a person develops symptoms and reaches the point of crisis. Community-based supports, early intervention, and accessible care help reduce avoidable emergencies, improve public safety, and support more compassionate responses to people experiencing distress in public settings.
These efforts also contribute to a healthier workforce, stronger families, and a more vibrant cultural and commercial life.

By prioritizing mental well-being, New York City reinforces its commitment to being a place where people can thrive, connect, and feel supported, regardless of their role, background, or length of stay.

Mayor's Office of Community Mental Health

Part 2: Gaps in NYC's Mental Health System and the City's Efforts to Address Them

Part 2: Gaps in NYC's Mental Health System and the City's Efforts to Address Them

Despite meaningful investments and notable progress in multiple areas, challenges persist, limiting timely, effective, and equitable mental health support. Longstanding structural barriers, compounded by rising need following the COVID-19 pandemic, have placed sustained pressure on the City's mental health system. These challenges are not felt evenly across neighborhoods and populations; with communities facing economic insecurity, structural racism, housing instability, and limited access to care bearing a disproportionate burden.

This section examines some of the most significant challenges facing New York City's mental health system and the efforts underway to address them. Organized around four core areas—access to care, prevention and resilience, the mental health workforce, and crisis response—this section outlines why these challenges persist and why overcoming them is critical for individuals, families, and communities. Together, these challenges determine whether New Yorkers can access help when they need it, whether care is culturally responsive and community-based, and whether the system can respond effectively to everyday mental health needs as well as moments of crisis.

The corresponding section for each challenge highlights initiatives implemented through partnerships with City agencies, community-based organizations, healthcare providers, academic institutions, and other collaborators. These efforts reflect a shared commitment to strengthening the mental health system through targeted investments, cross-agency coordination, and approaches that center on lived experience and community voices. Rather than relying on a single solution, the City's response recognizes that sustainable progress requires coordinated action across systems that influence health, including housing, education, public safety, and social services.

It is important to note that these gaps and associated initiatives are deeply interconnected. Challenges related to access to care are directly shaped by workforce shortages, while gaps in prevention and resilience can increase reliance on crisis response systems. For this reason, many initiatives described under one gap, also contribute to progress across others. Taken together, these efforts illustrate how New York City is working toward a more integrated, equitable, and community-centered mental health system.



Gap 1: Access to Timely, Affordable and Culturally Responsive Mental Healthcare

The Challenge: Accessing Mental Health Care

Access to timely, affordable, and culturally responsive mental health care remains a persistent challenge for many New Yorkers. In a 2025 published report, nearly one in seven NYC adults reported an unmet need for mental health treatment. Among those experiencing unmet needs, the majority faced multiple, overlapping barriers, underscoring the systemic nature of access challenges across the city. (NYC Health Department, 2025)

Access Challenges

- Long wait times for care due to shortages of mental health providers
- Language barriers
- Geographic inequities
- Affordability and limited insurance acceptance
- Lack of culturally aware and responsive care
- System navigation challenges
- Stigma

These barriers are driven by a combination of workforce shortages, financial constraints, and a mismatch between available services and community needs. Despite New York City's large concentration of mental health professionals, there are not enough providers or service slots to meet the level of demand, particularly in the Bronx, central Brooklyn, eastern Queens, and Staten Island. In Manhattan, for example, there is approximately 1 clinician for every 130 residents, but in Queens, that ratio is 1 clinician for every 680 residents. As a result, New Yorkers, especially in some boroughs, face long wait times, often waiting weeks or even months for an initial therapy or psychiatric appointment.

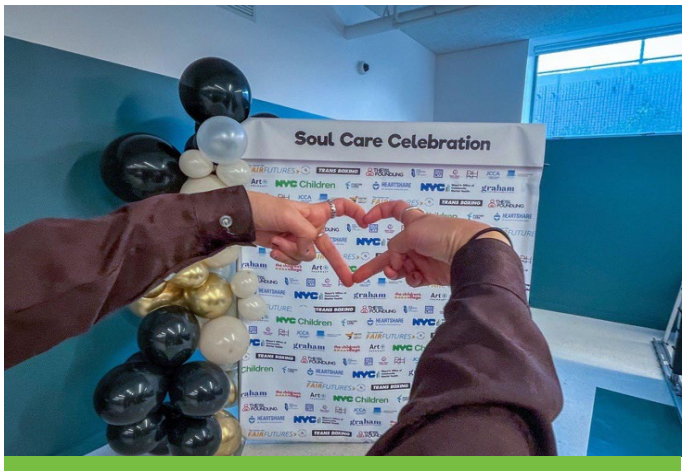
For individuals experiencing acute anxiety, depression, or trauma, these delays can worsen symptoms and increase the likelihood of preventable crises.

Affordability further compounds access challenges. Many private practitioners do not accept insurance or severely limit the number of insured clients they serve due to low reimbursement rates. People with Medicaid or lower-cost insurance plans frequently struggle to find providers who will see them, while high out-of-pocket costs place care out of reach for low-income families, older adults on fixed incomes, and undocumented New Yorkers. A parent, for example, may recognize serious behavioral changes in their child but be unable to secure an appointment with a child therapist who accepts their insurance within a reasonable timeframe or within their borough.

The Response: Improving Access to Care

The following initiatives and programs enhance accessibility to mental health services and supports for New Yorkers. Managed through city agencies, mayoral offices, and collaborative partnerships, these programs use targeted strategies to reach and support communities and populations facing cultural and systemic barriers to care.

Mayoral Offices



Soul Care

Soul Care is a collaborative initiative led by the Mayor's Office of Community Mental Health in partnership with the Administration for Children's Services, Public Policy Lab, Center for Fair Futures, and Foster Youth Impact. The program was co-designed by young people ages 13–26 who have lived experience in New York City's foster care system.[20]

Soul Care plays a critical role in improving access to mental health care for youth in the foster care system, serving as a bridge to formal behavioral health services. The program responds to a significant need, where foster youth experience disproportionately high rates of trauma exposure, mental health challenges, and disruptions in care, along with substantial barriers to timely and culturally responsive services. Traditional clinical approaches alone often fall short in meeting the developmental, relational, and practical needs of this population, particularly during critical transitions to adulthood. Soul Care addresses these gaps by embedding non-clinical, prevention-focused supports within the foster care system and partnering with trusted community-based organizations, helping to increase access, reduce stigma, increase engagement, and provide earlier support before challenges escalate into crisis.

The program seeks not only to expand access to supports, but also to improve resilience and well-being by increasing mental health awareness, and centering youth choice and voice in how care is delivered. Piloted across five NYC foster care agencies and serving approximately 200 youth, Soul Care integrates well-being practices, offers individualized coaching, and connects participants to resources and activities that support emotional health, stability, and long-term resilience.

Through its partnership with Ring of Hope, participants engage in kickboxing and mentorship activities that promote confidence, emotional regulation, and perseverance. In collaboration with Art Pharmacy, the program uses a social prescribing approach to connect youth to creative, cultural, and community-based based activities that reduce isolation and support emotional well-being.

Family Justice Centers

The Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) operates the City's five Family Justice Centers (FJCs). The centers provide holistic, supportive wrap-around services to survivors of domestic and gender-based violence. Through the Family Justice Centers, ENDGBV partners with NYC Health + Hospitals to provide trauma-informed mental health services including therapy, support groups, and psychiatric services. In fiscal year 2025, the FJC Mental Health program served 518 clients through 3,346 visits.

Immigrant Mental Healthcare Access

Through resource fairs, presentations, canvassing, email and hotlines, the Mayor's Office of Immigrant Affairs (MOIA) External Affairs and Outreach team has made thousands of direct touchpoints with immigrant New Yorkers.

MOIA providers offer information to immigrants on a variety of resources, including how to access mental health services and support. Providers have the most frequent and direct contact with immigrant communities and are an important access point to getting resources out to immigrant community members through trusted messengers.

Further, in November 2025, OCMH, MOIA, and the NYC Health Department hosted an ethnic and community media roundtable discussing city resources available to all immigrant New Yorkers seeking access to mental health resources. During the event, MOIA highlighted its Know Your Rights resources and city services available regardless of immigration status, while OCMH underscored its initiatives to connect immigrant New Yorkers with culturally responsive mental health programs, community-based partnerships, and multilingual resource tools. The New York City Department of Health outlined options for New Yorkers to access mental health resources through both the agency and local partners, and the ways City agencies continue to collaborate and improve service delivery for all New Yorkers.

NYC Health + Hospitals

Virtual ExpressCare

Through NYC Health + Hospitals, Virtual ExpressCare provides New York City residents with on-demand fast, convenient access to virtual health care for a range of needs, including behavioral health. Patients connect with clinicians by video or audio using a computer, tablet, or phone. When appropriate, patients can be directed to in-person care at NYC Health + Hospitals facilities for follow-up or higher-level services. The NYC Health + Hospitals Virtual ExpressCare service is available in over 200 languages and can be accessed at expresscare.nyc or by calling 631-EXP-Care (631-397-2273).

School-Based Mental Health Clinics

In collaboration with NYS Office of Mental Health, NYC Health + Hospitals, NYC Schools, and the NYC Health Department, School-Based Mental Health Clinics (SBMHC) provide access to mental healthcare services for students and their families in a familiar and supportive setting. Placement of these clinics within schools not only facilitates access but may also help reduce or remove stigma that some individuals may associate with seeking mental healthcare.

NYC Health + Hospitals added 16 new school-based mental health clinics in the Bronx and in Central Brooklyn to the existing five school-based clinics in Queens and Brooklyn as of 2025. The Mental Health Continuum Program also established an expedited referral pathway to child outpatient clinics at three acute care hospitals, and at Gotham's East New York facility. This initiative connects students from 50 New York City public schools to timely mental healthcare.

Post-Release Correctional Health Services Mental Health Supports

As part of NYC Health + Hospitals, Correctional Health Services (CHS) is able to leverage the resources of the nation's largest municipal health care system to improve the care provided to New Yorkers while they are in jail and to help them successfully return to their communities. To meet the needs of the 60% of individuals incarcerated on Rikers who require mental health services, CHS provides a spectrum of care that ranges from individual counseling to medication treatment to specialized mental health therapeutic housing units.

CHS also makes core reentry services available to all patients, starting at jail admission, and provides individualized discharge plans to patients with particular clinical needs, including all patients receiving mental health treatment. Core services are focused on ensuring access to clinical care post-release and include: assisting with Medicaid, facilitating access to medications on release, and connecting patients to treatment in the community.

CHS' Community Re-entry Assistance Network (CRAN) provides all former patients with support and referrals to community-based services, as well as transitional case management services for individuals with severe mental illness. Individuals who have serious mental illness and are discharged to the community from Rikers are also eligible for a free cellphone and year-long service plan through CHS' cellphone access program. The phones are pre-programmed with applications and phone numbers to help users navigate community resources and to remain connected to social and family connections.

NYC Aging

Geriatric Mental Health (DGMH)

The NYC Department for the Aging - Geriatric Mental Health (DGMH) program improves access to mental health care for older New Yorkers by embedding comprehensive, culturally responsive services directly within Older Adult Centers. Using a “one-stop shopping” model, the program co- locates mental health care in trusted community settings where older adults already gather, reducing common barriers such as stigma, transportation challenges, and unfamiliar clinical environments. Licensed clinicians—including bilingual and bicultural staff—are on site at least two days per week and provide services in person or via telehealth, with language access in English, Spanish, Mandarin, Cantonese, Polish, Russian, and Ukrainian.

The program offers a full continuum of services, including outreach and engagement to build trust, comprehensive mental health assessments, short- and long-term individual, family, and group therapy, and psychiatric medication management. Both in-person and virtual options are available based on client preference, and services are open to all adults age 60 and over.

Program outcomes demonstrate the effectiveness of this access-oriented approach. Over the life of the program, more than 19,000 older adults have participated, with nearly two-thirds identified as having a mental health need. Participants have shown clinically significant improvements in depression and anxiety, alongside substantial reductions in loneliness and social isolation.

Together, these results highlight how co-located, culturally responsive care can meaningfully expand access and improve mental health outcomes for older adults in New York City.

Cabinet for Older New Yorkers

The Cabinet for Older New Yorkers (Cabinet), which is chaired by NYC Aging and has 30-member city agencies, including OCMH and the NYC Department of Parks and Recreation (NYC Parks), has an initiative focused on geriatric mental health. To increase access and decrease stigma around mental health services among older adults, a collaboration between NYC Parks and NYC Aging DGMH sites connects older adult participants at NYC Parks recreation facilities to geriatric mental health services in the community. While NYC Parks is the principal provider of recreational and athletic facilities for the City since 1910, this partnership through the Cabinet promotes comprehensive wellness to older adults who may not be connected to the NYC Aging service network. This pilot began with DGMH engagement at a NYC Parks recreation center in Brooklyn and is now being implemented at a recreation center on Staten Island.

Department of Social Services / Department of Homeless Services (DSS/DHS)

Mental Health Services for Clients in Shelters

The Department of Social Services/ Department of Homeless Services (DSS/DHS) is implementing a variety of initiatives to increase access and support with behavioral healthcare needs of children, families and other adults in shelters. Initiatives include information sharing, telehealth, training, mentoring, referrals, care coordination and direct services. A sample of DSS/DHS programs for those in shelters follow.

The DSS/DHS Child Mental Health Program works to increase access to culturally responsive and trauma-informed health and mental health services. In addition to universal health education, the program identifies and provides outreach to children and families who experience behavioral health incidents, exhibit increased vulnerabilities, or have risk factors for behavioral health needs and who would benefit from mental health services.

The DHS Child Mental Health interventions and Family Health Initiative builds the capacity of shelter staff to address the mental and behavioral health needs of clients. Staff are provided with training and technical assistance, resource guides, and toolkits and enhanced data monitoring and feedback. In addition to strengthening partnerships with agencies like NYC Health Department, NYC Health + Hospitals, and ACS, and raising provider awareness of services, they promote the use of virtual behavioral health resources such as NYC Health + Hospitals Virtual ExpressCare, NYC 988, and NYC TeenSpace. DHS further focuses on supporting the recruitment and retention of licensed social workers in shelters.

New Family Complex Care Program was launched to address the complex behavioral health, medical and disability conditions among families with children in shelters. Multi-disciplinary care teams assess client needs and develop and implement care plans; provide counseling and safety planning and coordinate referrals and linkage to comprehensive services. The Program also provides training and technical assistance for shelter staff to build skills in health care navigation and care coordination for clients with complex health needs.

The Child Health and Safety Campaign was launched in January 2025, to increase knowledge and awareness of important child health and safety areas. Delivered directly to all families in shelter, nearly 10,000 to date, the campaign curates and consolidates resources on various health and mental health topics from many City agencies into one dedicated website for families and shelter providers. Available at: https://www.nyc.gov/site/dhs/about/child-health-and-safety.page

Assisted Discharge Planning for Homeless Psychiatric Inpatient Clients

DSS/DHS receives over 5,000 new client referrals from health care facilities, jails and prisons for discharge to shelter each year. Approximately half are referred from in-patient psychiatric hospitals.

Prior to discharge, DSS/DHS routinely collaborates with health care facilities to support safe discharge to shelter with adequate support in place to address medical, substance use, and mental health needs. Coordination is done with health care facilities to expedite enrollment into specialized health care programs for people experiencing homelessness, such as the Shelter Partnered Assertive Community Treatment (SPACT), Intensive Mobile Treatment (IMT), Safe Options Support (SOS), Assisted Outpatient Treatment (AOT), and community health worker programs. Placement is made in locations most accessible to follow-up care for the highest needs patients. This access enables services and the coordination of care on the day of discharge.

Administration for Children's Services (ACS)

Pregnant and Parenting Mental Health

Over the past year, the Administration for Children's Services (ACS) has continued to facilitate 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 included a referral pilot with a social services provider with experience in supporting people and families with Perinatal Mood and Anxiety Disorders (PMADs) to develop and test an effective and efficient referral process. The pilot resulted in a partnership between ACS and Public Health Solutions' Family Connect program. The partnership helps address maternal mental health—including PMADs—as well as health-related social needs and access to perinatal supports like home visiting and doula care.

Why Improving Access to Mental Health Services Matters

- **Mental health needs are widespread:**
  Nearly 1 in 7 NYC adults report needing mental health care but not receiving it.
- **Delays worsen symptoms and outcomes:**
  Long wait times and limited availability allow mental health challenges to escalate into crises.
- **Affordability remains a major barrier:**
  Cost and insurance limitations prevent many New Yorkers from accessing timely care.
- **Access reduces reliance on emergency and crisis care:**
  Timely outpatient and community-based services lower reliance on emergency rooms and hospitalization.
- **Culturally responsive care improves engagement:**
  Services that reflect language, culture, and lived experience increase trust and continuity of care.
- **Clear pathways help people seek help sooner:**
  Navigation support and clear points of entry reduce confusion about where to go for care.
- **Improved access strengthens equity:**
  Expanding access addresses disparities faced by low-income communities and communities of color.
- **Stronger access supports system stability:**
  Connecting people to care earlier eases pressure on crisis response systems and the mental health workforce.

(NYC Health Department, 2025), (NYC Health Department 2024), (NYC Health + Hospitals [NYC H+H], 2024)

Gap 2: Prevention, Promoting Wellness, and Building Resilience

The Challenge: Finding ways to build resilience and promote mental wellness

In a city as vast and diverse as New York, meeting the full continuum of mental health needs extends far beyond what clinical treatment alone can address. Many stressors that contribute to poor mental health, such as housing instability, community violence, social isolation, economic hardship, and discrimination, occur long before someone encounters a mental health professional.

Without strong community-based prevention and promotion efforts, these stressors accumulate, increasing the risk of anxiety, depression, substance use, and crises that strain individuals, families, and neighborhoods. Prevention and resilience-building initiatives are essential because they reach people where they live, work, study, and gather, strengthening protective factors before mental health symptoms escalate into emergencies.

Examples of The Critical Need for Community-based Resilience and Prevention Efforts

- Children living in a neighborhood experiencing repeated incidents of violence may develop trauma symptoms even if they were not directly harmed, yet local schools or community centers may lack trauma-informed support.
- Immigrant families struggling with language barriers and discrimination may choose to avoid formal mental health care but are more willing to participate in trusted community-based programs that offer support strategies, stress management, and culturally-rooted healing practices.
- Residents living in public housing may face chronic stress due to unsafe conditions or aging infrastructure, but coordinated community activities such as peer groups, youth mentorship, and on-site wellness programming can significantly reduce the emotional toll.

These examples illustrate why proactive, community-driven mental health supports are not optional but fundamental to promoting well-being and reducing mental health crises across NYC.

Despite NYC's rich network of services, many residents still lack access to everyday supports that foster well-being, connection, and coping. Children and youth may attend schools without significant social-emotional programming. Adults in high-stress environments such as low-income housing, shelters, or neighborhoods with high rates of violence, often have limited opportunities to participate in wellness activities, receive peer support, or utilize community spaces that promote healing. Older adults may experience isolation, limited mobility, or loss, yet live in communities without structured programming that builds connection and emotional resilience.

When these gaps exist, people are more likely to reach crisis points, leading to increased emergency room visits, 911 or 988 calls, and avoidable hospitalization or incarceration.

Efforts that equip individuals and communities with tools to understand emotions, manage stress, and build coping skills, play a critical role in addressing the broader mental wellness gap. When people have access to practical strategies for regulating emotions, navigating challenges, and responding to adversity, they are better positioned to maintain well-being and seek support early, before distress escalates into more serious mental health concerns. Education-focused approaches help normalize emotional experiences, reduce stigma, and increase confidence in managing everyday stressors that are a part of modern urban life.

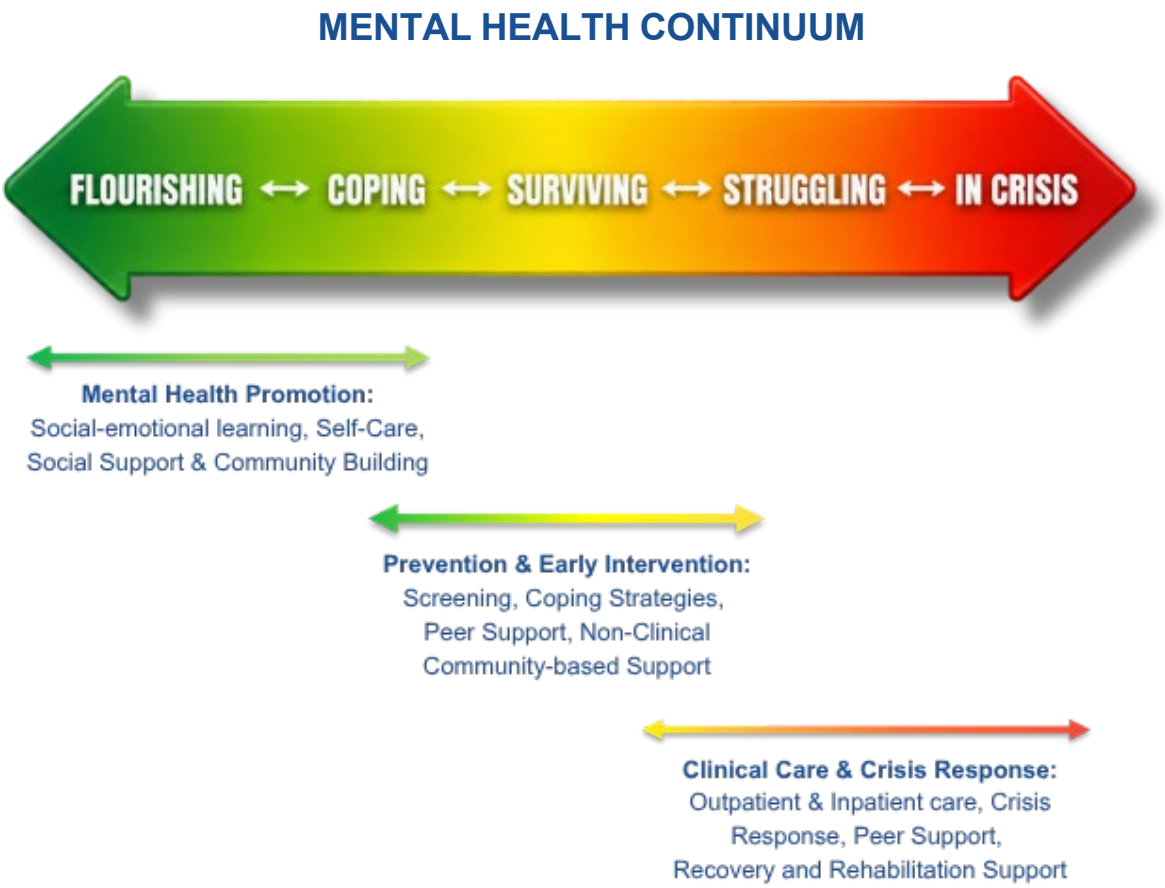
Building emotional literacy and resilience also strengthens protective factors at the community level. When caregivers, educators, frontline workers, and peers share a common understanding of mental health and supportive response strategies, everyday environments such as schools, workplaces, shelters, and community organizations become more emotionally supportive. This collective capacity reduces isolation, fosters connection, and creates multiple opportunities for early support, particularly in communities facing high levels of stress due to economic insecurity, housing instability, or exposure to trauma.

Importantly, prevention and resilience-building efforts help reduce downstream strain on clinical and crisis systems. This graphic presents a continuum of mental health and well-being, with a deliberate emphasis on the left side of the spectrum, where prevention and mental health promotion play a critical role. The continuum shows a progression from Flourishing to In Crisis, underscoring that mental health exists along a range and that individuals may shift along this spectrum over time.

The Mental Health Continuum

The Mental Health Continuum illustrates that well-being is a dynamic experience, with New Yorkers finding themselves at different points along a spectrum—from struggling and crisis to flourishing. A person's position on this continuum is not fixed; it can shift based on a complex interplay of biological factors, health conditions, life stressors, and the social environment.

The graphic highlights broad, foundational supports—such as self-care, social-emotional learning, and community building—that strengthen individual well-being and collective resilience. By investing in these proactive strategies, we help New Yorkers navigate toward flourishing. Because needs vary over time, the continuum demonstrates that while specialized clinical care remains a vital resource for those managing mental health conditions or experiencing acute distress, prevention and early intervention are equally critical in addressing emerging concerns to reduce the likelihood that challenges escalate into crisis. Ultimately, this visual reinforces a community-centered approach, underscoring that when we invest in a full spectrum of care – from proactive mental health promotion and community-based support to clinical intervention and long-term recovery – we create a city where every New Yorker has the opportunity to flourish.



NYC's Response

Implementing Programs to Increase Resilience, Prevent Mental Health Issues from Escalating, and Promote Mental Wellness

A number of programs and initiatives are being implemented in New York City to increase resilience, prevent mental health issues from escalating and promote mental wellness among City residents. A number of those programs follow.

Building Resilience in Youth

Building Resilience in Youth (BRY) is an initiative that strengthens the capacity of community-based organizations to support the mental health and well-being of young people ages 13–21, particularly in communities facing long-standing inequities and heightened stressors. Led by the NYC Department of Health and Mental Hygiene with community and academic partners, BRY addresses rising youth mental health needs by focusing on prevention, early identification, and resilience-building in trusted, non-clinical settings where young people already spend time.

BRY uses a task-sharing approach, training youth-serving staff to recognize signs of distress, provide supportive conversations, promote coping skills, and make connections to mental health services when additional care is needed. By embedding mental health promotion into everyday community spaces, BRY reduces stigma, expands access to support, and helps prevent mental health challenges from escalating into crises.



Early Adolescent Skills for Emotions (EASE)

In 2025, The New School Center for Global Mental Health partnered with the Mayor's Office of Community Mental Health and the Department of Youth and Community Development (DYCD) to pilot a scalable mental health program for youth and caregivers, called Early Adolescent Skills for Emotions (EASE).

EASE was developed by The World Health Organization and used effectively abroad, with participants demonstrating reduced stress and improved well-being. This was the first time the EASE program was implemented in the USA, in an adapted form to fit the needs of New York City youth.

EASE trains staff who work with youth and with their caregivers to better manage adversity and internalize symptoms of anxiety, depression, and stress. EASE groups promote mental health skill-building and social emotional learning for youth ages 10-16, a key developmental stage for building resilience and emotional regulation. EASE provides brief, systematic, psychological intervention through the development of social and emotional skills to increase resilience and well-being. Staff are also trained to lead separate skill- building groups to support parents and caregivers.

The New School Center for Global Mental Health, The Mayor's Office of Office of Community Mental Health, and the Department of Youth and Community Development (DYCD) partnered with community-based organizations in Brooklyn, to integrate EASE into their after-school programming.

Harlem Strong

Harlem Strong is a neighborhood-based mental health and wellness initiative that supports adults ages 18–65 who live in or receive services in Harlem, with a core focus on building resilience while improving access to care. Designed as a multisector collaboration among housing providers, primary care, faith-based organizations, social service agencies, and community groups, the program embeds mental health supports within trusted community settings to reach residents who may face stigma, access barriers, or difficulty navigating formal systems. By meeting people where they are, Harlem Strong increases engagement and strengthens community capacity to respond to mental health needs early and effectively.

Primarily a prevention and early-intervention program, Harlem Strong emphasizes stress management, coping skills, emotional support, and wellness education delivered by trained non-clinical staff. Navigators provide early, non-clinical support that helps individuals manage stress and emotional challenges before they escalate into more serious mental health concerns. The program also incorporates task-sharing approaches by training staff within partner organizations to integrate mental health promotion and prevention into everyday interactions, extending the reach of mental health support across the neighborhood and reinforcing resilience at the community level.

At the same time, Harlem Strong plays an important access-to-care role by serving as a bridge to more intensive services when needed. The program offers free, confidential wellness screenings, psychosocial assessments, short-term counseling, and referrals to a broad network of mental health and social service providers. Rather than functioning as a clinical treatment program, Harlem Strong helps residents navigate systems, reduce barriers, and connect to appropriate care, preventing escalation while improving pathways to support. Since its launch, the program has completed more than 1,300 wellness screenings and enrolled over 500 participants, demonstrating its effectiveness in providing timely, culturally responsive mental health support to Harlem residents

Psychological First Aid (PFA)

Psychological First Aid (PFA) is a prevention- and resilience-building approach that strengthens the capacity of communities to actively respond to stress, trauma, and emotional distress before mental health challenges escalate. Adapted from a World Health Organization program with partners at the Mayor's Office of Community Mental Health (OCMH), The New School Center for Global Mental Health and the Academy for Community Behavioral Health (the Academy), PFA is grounded in evidence- based principles that promote safety, connection, and empowerment. Rather than functioning as a clinical intervention, PFA equips adults who are not in the mental health sector (including educators, caregivers, frontline staff, and community leaders) with the practical skills to recognize signs of distress and respond in supportive, trauma-informed ways.

By embedding emotional support skills in everyday settings, PFA helps normalize conversations about mental health and reduces stigma associated with seeking help. Participants are trained to offer immediate, compassionate support, help individuals identify active coping strategies, and connect them to additional resources when needed. This approach strengthens protective factors at the individual and community levels, particularly in communities facing high levels of stress due to economic insecurity, displacement, or exposure to trauma.

PFA plays a critical role in the City's broader prevention and resilience strategy by shifting the mental health system upstream through direct community-led support.

By building emotional literacy and supportive environments across schools, community organizations, and public-facing services, PFA helps reduce reliance on crisis response and creates conditions that support long-term well-being and stability.

In 2025, The New School, in partnership with OCMH and the Academy, trained 845 New Yorkers in PFA, with a strong emphasis on staff who work closely with the City's most vulnerable residents. This included training approximately 500 staff members working at City-run Humanitarian Emergency Response and Relief Centers and affiliated legal clinics, equipping frontline personnel with essential tools to support asylum-seeking families during periods of acute crisis. 54 community- based organizations were represented among those trained. The training was offered in multiple languages, including English, Spanish, and Chinese (Cantonese and Mandarin)

NYCHA (New York City Housing Authority) Mental Health Task Force

Mental health efforts by the New York City Housing Authority (NYCHA) have increasingly centered on resident leadership, community-based solutions, and alignment with citywide prevention and access priorities. The NYCHA Mental Health Task Force (MHTF) is a key example of this approach. Established as a resident-led group, the MHTF elevates the voices, experiences, and expertise of NYCHA residents in shaping mental health strategies that respond directly to conditions in public housing communities.

Through the Mental Health Task Force, NYCHA residents work alongside community-based organizations, academic partners, and City agencies to identify priority mental health needs, reduce stigma, and strengthen pathways to support within housing developments.
The Task Force focuses on expanding non-clinical, proactive supports such as peer connection, community education, and trauma-informed programming, recognizing that trusted, place-based interventions are often the first and most effective entry points to care. This work is directly aligned with the NYC Health Department and the Office of Community Mental Health's emphasis on prevention, early intervention, and culturally responsive services.

In addition, the Mental Health Task Force supports coordination between NYCHA-based initiatives and broader City investments, helping ensure that residents can access mental health promotion programs, crisis response alternatives, and referral pathways that extend beyond traditional clinical settings. By grounding mental health efforts in resident leadership and community partnership, NYCHA's recent work advances a model of community- centered mental health that builds resilience, strengthens social support, and improves access to care where people live—before needs escalate to crisis.

RECOUP-NY (Restoring Mental Health Through Community-Based Psychological Services in NYC)

RECOUP-NY is a New York City-based, 5-year research and evaluation initiative examining the effectiveness of Problem Management Plus (PM+), an evidence-based mental health intervention developed by the World Health Organization. PM+ uses “task- sharing” - an intervention that trains staff from local community-based organizations, who do not have a professional background or formal education in mental healthcare, to provide non-clinical support (based on cognitive behavioral therapy) to members of their communities experiencing emotional distress. Implemented in partnership with The New School Trauma and Global Mental Health Lab and George Washington University, the initiative addresses the critical gap in prevention/resilience services in NYC’s mental health system by testing the use of a scalable, non-clinical approach based on behavioral therapy, that can reach individuals early, before symptoms escalate or require intensive clinical care.



At The New School, the RECOUP-NY program is delivered to adults through a structured, skills-based model led by trained non-clinical facilitators. The sessions focus on practical strategies such as stress management, problem-solving, behavioral activation, and strengthening social support, offering accessible support that complements existing counseling services. By situating the intervention in familiar community organizations, RECOUP-NY reduces stigma and barriers to engagement while expanding access to prevention-oriented mental health support. Findings from the study are intended to inform NYC’s broader efforts to strengthen community-based mental health promotion, advance task-sharing models, and invest in evidence-based interventions that build resilience and emotional well-being among adults.

Relationship Abuse Prevention Program (RAPP)

The Relationship Abuse Prevention Program (RAPP) places counselors or coordinators in middle and high schools to teach students, staff and caregivers about teen dating violence and healthy relationships. The program supports students who may be experiencing abuse in their own relationships, or who may be witnessing abuse at home or communities and facilitates programming for prevention and education. In fiscal year 2025, the RAPP program provided workshops to 4,878 students and provided individual and group counseling to 5,500 students.

Project ReStore

With the support of The Mayor's Office of Criminal Justice, Columbia University's Center for Justice launched Project ReStore to address the issue of gun violence among youth in gangs (or those at risk of gang involvement) as well as to help young individuals returning to their communities after release from incarceration. This project is truly a "prevention" program, in that it works with likely future offenders and helps them develop skills to effectively cope with the negative influences in their environment while simultaneously offering them a better path forward.

Key elements of Project ReStore are the provision of support for past trauma and the promotion of healthier coping strategies. Since many gang-involved youth have experienced serious violence, loss, and a number of other major life stressors and traumatic events, this support allows individuals to manage their emotions in healthier ways and break the cycle of violence.

Through Project ReStore, The Mayor's Office of Criminal Justice supports community- based providers to not only deliver counseling, peer support, and case management, but also connections to housing, education, health care, and employment, including paid internships. A number of Project ReStore participants subsequently completed their GEDs, continued to college, and/or retained regular employment. In the parts of the City where Project ReStore was implemented, there were significant reductions in violent crimes.

Project ReStore represents a shift away from punitive approaches and toward healing-centered strategies that address the root causes that lead to violence and subsequent justice involvement. It aligns closely with broader City efforts to integrate mental health support into public safety strategies, recognizing that strengthening access to behavioral health care, social supports, and economic opportunity is essential to reducing harm and promoting safer, healthier communities.

Why Mental Wellness, Prevention & Resilience Efforts Matter

- **Mental health challenges often begin early:**
  50% of lifetime mental health conditions start by age 14.
- **Prevention reduces crises and hospital use:**
  Wellness and resilience programs lower reliance on emergency rooms, inpatient care, and crisis response.
- **Early skills reduce long-term severity:**
  Coping, emotional regulation, and stress-management skills prevent symptoms from worsening over time.
- **Resilience improves daily functioning:**
  Social-emotional learning supports school success, workplace stability, and healthy relationships.
- **Community-based supports increase equity:**
  Prevention programs reach New Yorkers who face cultural, financial, or system barriers to clinical care.
- **Youth and families benefit most:**
  School- and community-based efforts create protective factors during critical developmental periods.
- Stronger prevention eases workforce strain:
  Reducing avoidable crises helps relieve pressure on an already overstretched mental health workforce.

(NYC Health Department, 2024), (World Health Organization [WHO], 2004)

Gap 3: Behavioral Healthcare Workforce

The Challenge: Providing Culturally Relevant and Sufficient Numbers of Mental Healthcare Workers Throughout the City

For many New Yorkers seeking mental health care, the process begins with a long and frustrating search. A resident may call multiple providers listed on an insurance directory, only to find that phone numbers are disconnected, appointments are booked months out, or clinicians are no longer accepting new patients—or insurance at all. Others encounter providers who do not speak their language or lack familiarity with their cultural background, making it difficult to build trust or feel understood. Too often, the search ends not with care, but with resignation. It reflects the reality of a mental health system, with the exception of the public health care system, that is stretched beyond its capacity.

New York City's ability to meet the mental health needs of its residents is constrained by a workforce that is both insufficient in size and not evenly distributed across neighborhoods. The City has experienced persistent shortages of mental health care workers at all levels, especially in public and community-based systems of care. These shortages are most severe in low-income neighborhoods and communities of color, where demand is high and structural pressures—like low insurance reimbursement rates, workforce burnout, the high cost of living, and limited access to culturally responsive care—make it especially difficult to recruit and retain mental healthcare providers.[21, 22, 23] The result is long wait times, fragmented care, and unmet needs among New York residents. For organizations motivated to improve their workforce capacity, NYC Health + Hospitals behavioral health workforce development efforts offer a model for strengthening public service careers more broadly.

The workforce challenge, however, is not only about the number of providers available, but also about how well the system aligns with the lived realities of New Yorkers. Traditional clinical models alone cannot address the full spectrum of mental health needs in a city as large and diverse as New York. Many residents seek support that is preventive, relationship-based, and grounded in shared lived experience. Such supports build trust, reduce stigma, and often occur outside formal clinical settings.

These challenges are compounded by a workforce that does not reflect the racial, ethnic, linguistic, and cultural diversity of the city itself. Mental healthcare providers of color and multilingual clinicians remain underrepresented, and services are often concentrated in higher-income neighborhoods. In many high-need communities, residents struggle to find providers who speak their language or understand their cultural context. For New Yorkers already facing structural barriers to care—particularly Black, Hispanic, and immigrant residents—this mismatch can discourage seeking help at all, contributing to lower utilization despite elevated levels of mental distress. [23]

Financial barriers further deepen these inequities. Even when licensed providers are available, many do not accept Medicaid or other insurance, leaving low-income and uninsured New Yorkers with few options. Low reimbursement rates and underinvestment in community-based care have led to persistent vacancies, high turnover, and burnout across public and nonprofit providers. This instability undermines continuity of care and places the greatest strain on communities with the highest unmet needs.

The behavioral health system in New York City has the opportunity to more fully leverage the potential of non-clinical, community-rooted workers, to expand access and strengthen engagement. Certified Peer Specialists, Community Health Workers, and Youth Advocates can and do play a critical role in prevention, early intervention, and connection to care, often serving as trusted bridges between communities and formal systems. Yet limited funding, inconsistent credentialing, and unclear career pathways continue to constrain their integration and advancement.

Investing in the behavioral health workforce by expanding training opportunities, ensuring sustainable funding and competitive wages, and creating clear pathways for advancement—particularly for individuals from historically underserved neighborhoods— are essential components of building a mental health workforce that is not only larger, but more equitable, culturally responsive, and rooted in the communities it serves.



While challenges with recruiting and retaining expert behavioral health professionals persist across NYC, there are parts of the system who have made significant progress

For example, in 2025, NYC Health + Hospitals announced [24] its lowest behavioral health staff turnover and vacancy rates in recent history following a suite of programs focused on recruitment, retention, training, and expanded career pathways. The health care system's behavioral health staff turnover rate is now at 8%, a significant drop from nearly 18% in 2022 and far below the national average of 31%. Additionally, vacancies across all behavioral health disciplines declined to 6%, below the national average of 14%. Since January 2024, the health care system has hired about 1,000 new behavioral health staff, including about 100 new psychiatrists, nearly 20 new psychiatric nurse practitioners, and more than 400 social workers. Vacancies for social workers fell from 12% in 2024 to 5% today. In addition, vacancies for psychiatric nurse practitioners, psychologists, and behavioral health associates each fell by over 50%.

These new behavioral health hires and low turnover and vacancy rates will have a profound impact on the system and patient care. NYC Health + Hospitals has filled long- standing vacancies and advanced strategic growth, while ensuring continuity of care for patients, and reducing gaps in access to behavioral health services systemwide. These systemwide gains are a result of a suite of programs focused on recruitment, retention, training, and expanded career pathways. NYC Health + Hospitals is reshaping how care is delivered and how public service careers are perceived. Since launching its three-year workforce development strategic plan in 2024, the public health care system has made significant progress in strengthening and stabilizing its behavioral health workforce of 5,700 employees. However, this report focuses on examining the critical gaps in the mental health care workforce outside of NYC Health + Hospitals.

NYC's Response

Building and Strengthening the NYC Behavioral Health Workforce

Building and strengthening the mental health workforce is a core priority of the Mayor's Office of Community Mental Health. In response to persistent shortages, uneven distribution of providers, and longstanding inequities in access to care, the Office works in close partnership with City agencies including the New York City Department of Health, the Department of Youth and Community Development, and numerous other agencies and community-based organizations. This coordinated, cross agency approach, aligns public investments, and advances shared strategies to ensure that mental health support is available across settings and communities.

The initiatives outlined in this section reflect a deliberate shift toward a more inclusive, community rooted, and sustainable workforce model. In addition to strengthening the pipeline of licensed clinicians, these efforts prioritize the training and support of non-clinical, community-based individuals who play a critical role in prevention, early identification of need, and connection to care. By equipping community members with foundational mental health skills, trauma informed practices, and culturally responsive approaches, these initiatives help extend the reach of the mental health system while complementing, rather than replacing, licensed clinical care.

Addressing workforce shortages also requires creating the conditions for workers to enter, remain, and advance within the behavioral health profession. Expanding access to training and credentialing, ensuring sustainable funding and competitive wages, and establishing clear and attainable pathways for career advancement are essential to building a workforce that is both stable and reflective of the communities it serves. Prioritizing these investments for individuals from historically underserved neighborhoods strengthens local capacity, supports economic mobility, and helps close persistent gaps in culturally and linguistically responsive care.

What is a Community Health Worker (CHW)?

Community Health Workers are trained public health professionals who are trusted members of the communities they serve. They possess a deep understanding of local cultures, needs, and strengths. CHWs act as a critical bridge between community members and health and social service systems, helping individuals access care, navigate complex systems, and overcome barriers to support. Research consistently shows that Community Health Workers are associated with improved health and behavioral health outcomes, particularly for historically underserved populations. [Ref]

Together, these initiatives are designed to build mental health workforce capacity in the places where New Yorkers live, work, learn, and worship. By embedding support within trusted community settings and strengthening connections between community-based workers and formal systems of care, they aim to make mental health support more accessible, trusted, and responsive to the lived realities of New Yorkers across all five boroughs.

Mental Health Task-Sharing Certificate Program

The Mental Health Task-Sharing Certificate offered through City University of New York is an innovative workforce development initiative designed to expand the mental health system by equipping non-clinical and paraprofessional workers with foundational mental health skills. The program is rooted in the concept of task-sharing, an evidence-based approach that redistributes certain mental health support functions from highly specialized clinicians to trained community-based workers, allowing systems to extend care more broadly and efficiently.

The certificate program prepares participants to recognize signs of emotional distress, provide basic supportive interventions, and connect individuals to appropriate services when needed, all within clearly defined scopes of practice. Coursework emphasizes trauma-informed care, cultural responsiveness, ethical boundaries, and practical engagement skills that are especially relevant in community settings such as schools, shelters, social service organizations, and primary care environments.

By focusing on real-world application, the program strengthens participants' ability to support mental health needs in everyday interactions without replacing clinical care.

Through creating structured, high-quality training pathways for workers who already serve high-need communities, the program expands the reach of mental health supports, enhances early identification of need, and reduces pressure on overstretched clinical systems. At the same time, it supports career advancement and professionalization for community-based workers, contributing to a more sustainable, diverse, and responsive mental health workforce citywide.

Academy for Community Behavioral Health

The Academy for Community Behavioral Health equips nonprofit care providers, public sector staff, and community-rooted organizations with practical behavioral health skills that strengthen prevention, early intervention, and ongoing support in settings where New Yorkers already seek help.

Through free learning programs, the Academy builds workforce resilience and sustainability by helping care providers manage the emotional demands of their work,

reduce burnout, and integrate trauma-informed and compassion-centered practices into daily service delivery. Its initiatives further address workforce gaps by using participatory, community-driven methods to co-design care approaches, elevate community healing knowledge, and identify scalable models that complement licensed clinical care.

In 2025, the Academy delivered more than 30 courses and reached over 2,800 learners from 275+ organizations across all five boroughs. By strengthening the skills, confidence, and retention of community-based workers serving New Yorkers facing poverty, housing instability, violence, discrimination, involvement with criminal justice, and other challenges, the Academy expands the behavioral health workforce in practice—reducing pressure on overstretched clinical systems and increasing access to timely, dignified mental health support in high-need communities.

The Academy's Youth Mental Health Advocate (YMHA) Pilot Program equips young adults ages 18-24 who are not currently enrolled in college with applied mental health skills, paid part time roles in community- based organizations, college credits, and structured pathways to education and employment.

The YMHA Pilot Program prioritizes co-design with Youth Advocates and NYC community- based organizations. Starting in July 2025, with support from NYC Opportunity, the Academy is completing a design year to assess lessons from the first two pilot years, including over 100 qualitative reflections recorded by YMHAs, and are refining the program model in partnership with former and potential future YMHAs and youth-serving CBOs.

In collaboration with youth and community-based orgs, this program demonstrates strong outcomes including high completion rates, earned college credits, re-enrollment in education, and job placement.

In an effort to increase resilience and effectiveness of the broader non-profit care workforce, the Academy’s Compassion-Based Resilience Training (CBRT) provides a free, evidence-based, 9-week program to help care providers manage stress and trauma exposure while strengthening their capacity for compassionate care. In addition, the NYC Land-Based Healing Project explores how farms and gardens can promote well-being among Black youth, youth of Color, and mentors of Color through an intergenerational community–university partnership.

Men Heal

Men of Color are significantly underrepresented in the social work and mental health counseling workforce, despite a growing demand for culturally responsive care. Existing workforce initiatives often fall short of addressing the dual challenge of diversifying the behavioral health career pipeline while expanding access to culturally responsive care for young men and boys of color that is grounded in lived experiences. Many men of color interested in behavioral health careers face barriers that limit both entry and advancement, including financial constraints, academic challenges, limited mentorship, and difficulty securing quality practicum and employment opportunities.

To address these barriers, the Young Men's Initiative (YMI) in the Mayor's Office of Equity and Racial Justice, in partnership with the Office of Community Mental Health (OCMH), the Human Resources Administration (HRA), and the Mayor's Office for Economic Opportunity (NYC Opportunity), launched the NYC Men Heal program in the spring of 2025. NYC Men Heal is a citywide cross-sector initiative designed to build a representative behavioral health workforce by recruiting, training, and supporting Men of Color through education and into long-term employment opportunities as social workers and mental health counselors. Through financial and academic support, professional skill-building, licensure preparation, and culturally grounded offerings, the program aims to strengthen NYC's behavioral health system and improve outcomes for historically underserved communities by expanding access to culturally responsive care.

The design of the Men Heal program model was informed by mixed-methods research conducted by the Service Design Studio (The Studio) within the Mayor's Office for Economic Opportunity, including surveys, one-on-one interviews, and a design workshop. This process involved engaging more than 75 community members including men of color at various stages of their behavioral health education and career journeys, subject matter experts, and experienced service providers.

Program Model:

Men Heal is currently in its pilot phase and the first year of cohort-based programming will begin in the fall of 2026 and continue through the 2026-2027 academic year. In this pilot phase, the program will offer the following wraparound supports to participants:

- Financial assistance to reduce participants' immediate economic pressure
- Mentorship to support career navigation and a culturally affirming participant experience,
- Knowledge and skill-building workshops to meet participants' ongoing learning needs and interests beyond classroom instruction
- Workforce connections to reduce barriers to licensure and provide job placement pathways
- Cohort-based peer support to reduce isolation and increase persistence in graduate programs
- Annual events to build relationships and grow professional networks

For the pilot cohort, Men Heal is partnering with the Career Pathways Training (CPT) program administered through 1199SEIU Training and Employment Funds. CPT provides students with tuition scholarships, academic support, and licensure preparation, complementing the wraparound supports offered through Men Heal. Through this partnership, the pilot will test the impact of providing an ecosystem of culturally grounded support, financial assistance, wrap around services to help men of color currently in graduate school pursue licensure, connect with peers and mentors, and establish a strong foundation for a sustainable career in behavioral health. The pilot is the first step toward testing, refining, and expanding the program over time, with the goal of adding new offerings and opportunities that continue to build and diversify the behavioral health workforce.

Building and Supporting the Behavioral Health Workforce through User-Friendly Navigation Tools

In response to persistent workforce shortages and the complexity of navigating careers in behavioral health, the Mayor's Office of Community Mental Health developed a series of user- friendly career navigation materials designed to clarify equitable and accessible pathways into the industry.

The initiative recognizes that many prospective workers, particularly students, career changers, and individuals from communities most impacted by unmet mental health needs, face barriers such as fragmented information, unclear credentialing requirements, and limited guidance on how to enter and advance within the behavioral health workforce.

At the center of this effort is a publicly available career roadmap that visually maps multiple entry points and career pathways across clinical and non-clinical roles. The roadmap highlights a wide range of jobs, including peers, community health workers, care coordinators, social workers, and licensed clinicians, and shows how individuals can move between roles through education, certification, and experience.

By presenting this information in a clear and intuitive format, the roadmap helps users understand how skills, training, and credentials connect over time, rather than viewing behavioral health careers as a single, linear path.

To support the roadmap, the Office of Community Mental Health also developed a set of career journey visual guides, a series of blogposts highlighting the career stories of real New Yorkers, and a list of behavioral health training and certification programs. These tools are designed not only for job seekers and students, but also for educators, workforce developers, guidance in behavioral health careers. Together, these navigation resources help demystify the workforce landscape, reduce barriers to entry, and support the development of a more diverse, stable, and well-prepared behavioral health workforce to meet the needs of all New Yorkers.

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

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.

The Listening and Feedback Tour: Supporting Peer Support Workers (PSWs) and Community Health Workers (CHWs) was a 16-month, transformative initiative led by the Office of Community Mental Health (OCMH), beginning in January 2023.



Conducted amid New York City's ongoing behavioral health workforce crisis, the Tour elevated the voices of PSWs and CHWs—non-clinical professionals who play a critical yet often underrecognized role in supporting individuals from marginalized and culturally diverse communities who rely on community- based care.

Through more than 22 listening sessions, OCMH's Community Engagement Committee gathered qualitative insights from over 155 PSWs and CHWs representing 27 organizations. Participants shared perspectives on the skills and supports needed to be effective in their roles, opportunities for career advancement and professional growth, and policy and workplace changes necessary to improve job satisfaction, integration, and sustainability within the behavioral health system.

The findings reinforced that when organizations meaningfully integrate PSW and CHW feedback into workplace practices, these professionals are better equipped to connect with clients, engage communities, and actively support treatment and recovery across all levels of care—leading to improved outcomes for individuals, families, and communities.

In response, OCMH convened an interagency working group of leaders from more than 15 City and State agencies and, in collaboration with partners including NY Foundling, Families on the Move, Mount Sinai, and NYC Health, translated the Tour's findings into a coordinated, action-oriented strategy. This work culminated in the publication of the 2024 Peer Support Workers and Community Health Workers Listening and Feedback Tour Report, marking a significant shift toward a more responsive, community-driven behavioral health system. Read full report here: 2024 Listening and Feedback Tour Report - Mayor's Office of Community Mental Health

Guided by the feedback, OCMH and its partners launched a set of strategic initiatives described in detail below. These include the Behavioral Health Community Health Worker Apprenticeship, Dual Credential Pathway for Youth Peer Advocates, Trauma Informed Supervisory Practice training for Peer Support Workers and Community Health Workers, and Credentialed Mental Health Support Specialist that focused on professional development, supervision, wellness, and workforce integration. Together, these efforts advance recognition, strengthen career pathways, enhance training and mentorship, and promote the wellbeing of PSWs and CHWs—reinforcing their essential role in New York City's behavioral health workforce and supporting the long-term sustainability of community-based mental health care.

Behavioral Health Community Health Worker Apprenticeship

In 2025, The Office of Community Mental Health and a network of partners established and launched the first nationally registered Community Health Worker apprenticeship with a behavioral health specialization. The Behavioral Health Community Health Worker (BH-CHW) apprenticeship increases capacity for community-based healthcare and social services and creates vital living-wage career paths for Community Health Workers.

Positive Feedback from the Community

"[Our apprentice] had a tremendous positive impact on the population we serve. Her ability to communicate fluently in both English and Spanish allowed us to reach and support a broader segment of our community, many of whom had previously faced language barriers in accessing services."

The BH-CHW model combines:

- Paid, on-the-job training with health and human service employer partners
- Fully-funded continuing education that may be eligible for college credit
- Mastery of core competencies resulting in a nationally recognized certification

Over 6-months, BH-CHW apprentices "earn while they learn," accruing up to 2,000 work hours and up to 148 hours of continuing education (inclusive of credit for prior relevant experience). Upon completion, they are equipped to advance in the workforce with practical experience and strong qualifications.

The 2025 cohort was comprised of 14 apprentices, 12 of whom completed the program. They completed virtual continuing education courses as a cohort with Hostos Community College and worked at 2 CUNY-campus based initiatives (BCC CARES and CUNY CARES) and 7 community-based organizations across the 5 boroughs: Center for Hope Services, Hamilton Madison House, Kingsbridge Heights Community Center, Project Renewal, Riseboro Community Partnership, Strong Children Wellness, and Voces Latinas. The apprenticeship was nationally registered by the Healthcare Career Advancement Program (H-CAP). The outcomes from the first cohort of the program demonstrate significant success for both participants and employers, highlighting the model's effectiveness in developing a community-rooted workforce. Apprentices were evaluated according to the registered apprenticeship's 8 skill domains, including skills and knowledge related to ethics, conducting assessments, understanding barriers to care, knowledge of mental health and substance abuse disorders, and ability to recognize a need for behavioral health support and make connections to care. Data shows that 100% of apprentices achieved mastery in 7 of these skill domains, with the most notable growth occurring in their knowledge of mental health conditions and their ability to connect clients to essential social services.

These skills translated directly into professional success, as 80% of participants were selected for ongoing employment by their employer partners post-graduation. Furthermore, 70% of graduates expressed a desire to pursue additional training, signaling that the program serves as a viable long-term career pathway. Employer satisfaction was equally high; 100% of site supervisors reported that apprentices met organizational expectations, worked effectively with colleagues, and possessed needed skills.

The second cycle of the apprenticeship launched in January of 2026 through partnership with Hostos, 1199SEIU TEF, and DOHMH. This cohort was expanded to serve 21 apprentices, pilot a community mentor component for wrap around support with an additional 6 community members enrolled as mentors, and engage new CBO providers who were able to leverage Medicaid billing to offset the cost of CHW wages.

Dual Credential Pathway for Youth Peer Advocates

The Mental Health Empowerment Project, which oversees the New York Peer Specialist Certification Board, launched a groundbreaking dual-credential career pathway initiative for Youth Peer Advocates (YPAs). YPAs are young adult peer workers with lived experience who provide support specifically to other young people. This new career pathway allows YPAs to transition into broader peer support roles once they age out of their YPA role at age 30. The pathway enables YPAs to earn the New York City Peer Specialist–Provisional (NYCPS-P) certification by aligning existing skills and experiences with new required competencies, training, and supervised experience.

In this approach, the required time to achieve certification is reduced by minimizing duplication, and administrative and financial barriers are lowered, which have historically limited career advancement for peer workers.

Trauma Informed Supervisory Practice for Peer Support Workers and Community Health Workers (Academy for Community Behavioral Health)

The Academy for Community Behavioral Health refined and adapted two courses, Foundations of Care and Trauma Informed Supervisory Practice, specifically for Peer Support Workers (PSWs) and Community Health Workers (CHWs) and their supervisors.

These courses were revised to strengthen the understanding of PSWs, CHWs and their supervisors of the correlation between their own wellbeing and their compassion for others. The course will equip staff to protect themselves from stress and trauma impacts in their work. Through 2025, 60 participants have participated in the pilot cohorts.

Credentialed Mental Health Support Specialist

The NY State Office of Mental Health (OMH) is designing a Mental Health Support Specialist credential for paraprofessionals in New York's mental health system.

The vision for the Mental Health Support Specialist credential is to:

- Allow licensed professionals to work at the top of their scope
- Provide multiple pathways to the credential
- Provide multiple levels that create a career ladder
- Provide uniform training
- Establish functions that are consistent with existing paraprofessionals in the sector

The intention is to develop partnerships with SUNY/CUNY and other colleges and universities to offer the credential as part of their programs.

To create this credential program, input and feedback from stakeholders was gathered in multiple sessions. Current mental health paraprofessionals, county leadership, mental healthcare providers, advocates and other individuals were involved, and helped inform the core competencies, training curriculum, and other key aspects of the program. Paraprofessionals were identified to participate in work groups to identify different career levels, and which tasks, knowledge, and skills should be included at each level.

NYC Health + Hospitals Peer Academy

The NYC Health + Hospitals Peer Academy helps recruit and train community members with lived experience of mental health or substance use issues to become State-certified peer counselors, who can support behavioral health patients in hospitals and other healthcare settings. The 12-week program includes classroom and on-the-job training at NYC Health + Hospitals, and tuition is free. Peers are uniquely positioned to serve patients with complex and co-morbid mental health and substance use disorder needs, and they can connect to traditionally hard-to-reach patients by sharing their lived experience to support recovery. NYC Health + Hospitals currently employs over 100 peers across the system and is one of the largest employers of peers in New York City. Nearly 40% of the peer counselors who are employed at NYC Health + Hospitals are graduates from the Peer Academy.

Why Increasing the Mental Health Workforce Matters

- **Demand far exceeds capacity:**
  Rising mental health needs in NYC outpace the availability of clinicians, peers, and support staff.
- **Workforce shortages delay care:**
  Insufficient staffing leads to long wait times and limits access to timely treatment.
- **Burnout drives turnover:**
  High caseloads and emotional strain contribute to burnout, worsening retention challenges.
- **A stronger workforce improves access:**
  Expanding the workforce increases service availability across outpatient, community, and school- based settings.
- **Non-clinical roles expand reach:**
  Peer Support Workers and Community Health Workers extend care beyond traditional clinical settings.
- **Diverse staff improve quality and equity:**
  A workforce that reflects community language, culture, and lived experience improves engagement and outcomes.
- **Training and career pathways support retention:**
  Clear advancement opportunities strengthen job satisfaction and workforce stability.
- **Workforce growth reduces crisis reliance:**
  Adequate staffing enables prevention and early support, easing pressure on emergency and crisis systems.

Gap 4:

Mental Health Crisis Response

The Challenge: Creating a Coordinated, Mental Health-Centered Crisis Response

Mental health crisis response is the immediate, coordinated action and support system designed to help someone experiencing severe emotional distress, impaired functioning, or risk of harm (to self or others).

New York City has made progress towards building an effective crisis system, however, pathways to and through these services can be fragmented and vary in availability based on factors such as time of day, neighborhood, and program capacity. Furthermore, a critical gap exists in the continuum of care: the lack of immediate, community-based "landing spots" such as stabilization centers that offer an alternative to hospital settings. Without sufficient mid-tier, walk-in supports for those who require immediate stabilization but do not need emergency clinical intervention, the system often has no same-day resources available for ongoing support. The absence of these robust alternatives forces the system to default back to the most expensive and restrictive care settings: hospital emergency rooms and the criminal justice system, where approximately 1,400 people with serious mental illness are detained in NYC jails on any given day (Office of the New York City Comptroller, 2025).

NYC's Response

Coordinated, Health-Centered Care: Alternatives to Law Enforcement and Emergency Department Responses to Mental Health Crises

NYC is increasingly aligning crisis response with best-practice, health-centered, community-based care that is coordinated among public and private agencies and community organizations, rather than defaulting to police or emergency departments.

The strategic initiatives that follow, demonstrate the shift from a public safety-led response to a public health-led continuum of care.



B-HEARD

B-HEARD responds to a demand for alternative crisis response options [Ref]. Similar initiatives are being implemented in cities across the country, including Eugene, OR (CAHOOTS), Denver, CO (STAR), Chicago, IL (CARE), Oakland, CA (MACRO), and Albuquerque, NM (Albuquerque Community Safety).

Launched in 2021, B-HEARD was created as an interagency collaboration between the FDNY and NYC Health + Hospitals with oversight from the Mayor's Office of Community Mental Health (OCMH). B-HEARD sends teams of EMTs paired with social workers to 911 mental health calls when there is not an indication of violence or weapons.

Over the life of the program between its launch in 2021 through June 2025, B-HEARD teams have responded to nearly 35,000 mental health 911 calls, and since 2022 B-HEARD has handled 65 percent of all eligible mental health calls in the pilot area during operational hours. Of the patients who received a mental health assessment by a NYC Health + Hospitals clinician, 43 percent were served in the community instead of being transported to a hospital emergency department. B-HEARD teams work to understand each individual's needs, de-escalate situations, and, whenever possible, connect with family members and the individual's existing clinicians to determine the best path forward. *(Mayor's Office of Community Mental Health, November 2025).*

The program achieved an overwhelming patient-satisfaction rate with 96% of survey respondents reporting B-HEARD helped them and 91% agreed that the B-HEARD response was more appropriate for their needs than the traditional emergency response they had previously received.

More information on the program can be found on the B-HEARD Website.

Each B-HEARD response reflects New York City's commitment to responding to a mental health crisis with the most appropriate care and reducing unnecessary use of the emergency department and police resources.

988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline is New York City's front door for mental health support and crisis help, offering a direct alternative to calling 911 when someone is in emotional distress. By dialing or texting 988, New Yorkers can access immediate, confidential assistance that prioritizes appropriate care.

988 operates 24/7, connecting callers and texters with trained crisis counselors who provide de-escalation, brief counseling, suicide prevention, peer support, and referrals. Counselors assess each situation in real time and determine the most appropriate next step, which may include self-help strategies, connection to outpatient or community services, or escalation to in-person support.

A central feature of 988 is its role as a health-centered crisis response system. When urgent, in-person care is needed, 988 can directly connect individuals to Mobile Crisis Teams for community-based support. Together, these components help ensure New Yorkers receive timely, appropriate mental healthcare.

Mobile Crisis Teams

New York City has significantly expanded its use of Mobile Crisis Teams (MCTs) as a core component of a health-centered response to mental and behavioral health crises. MCTs provide onsite, face-to-face, non-life-threatening crisis intervention for children and adults experiencing acute distress. Multidisciplinary teams assess risk, de-escalate crises, provide brief clinical support and provide guidance and referrals about additional support. Their goal is to respond to crises in the community, rather than defaulting to emergency rooms or law enforcement, and to support people in the least restrictive setting possible.

MCTs are intentionally multidisciplinary, typically pairing licensed clinicians such as social workers with certified peer or family peer advocates to provide both clinical assessment and trusted, relational support. This model recognizes the value of lived experience alongside clinical expertise in stabilizing crises and supporting recovery. OCMH and The New York City Department of Health have worked together to strengthen system capacity and responsiveness, resulting in significant improvements in timeliness. As of recent expansions, Mobile Crisis Teams operate seven days a week from 8:00 a.m. to 8:00 p.m. and are able to arrive on site within two hours—an improvement from an average response time of approximately 17 hours several years ago. The City's Mobile Crisis Teams now provide coverage citywide, ensuring that New Yorkers in all boroughs have access to rapid, community-based crisis support.

Mobile Crisis Teams in Action

A family calls 988 because their 19-year-old is having a panic episode and expressing paranoid fears. Although frightening for all involved, there's no indication of immediate violence or a medical emergency. In that situation, a mobile crisis team can be dispatched to the home, de-escalate the situation, assess risk, provide supportive counseling, and connect the family to next-step services that are often a better fit than involving police or relying on an emergency department as the first response – both higher-cost and often less appropriate emergency pathways.

Mobile Crisis Teams are a critical component of New York City's broader crisis response continuum and are closely integrated with the NYC 988 Suicide & Crisis Lifeline. When someone calls or texts 988 and is assessed as needing in-person support, a Mobile Crisis Team is dispatched. This allows the individual in distress to receive timely, face-to-face care from mental health professionals and trained peers rather than a police response, aligning with the city's commitment to health-centered crisis intervention.

Post Crisis Support: Expanding Community-Based Alternatives

To fully move beyond hospital-centric responses, New York City is investing in community-based options for stabilization and post-crisis support that provide safe, appropriate alternatives to inpatient care. These investments are strengthening a citywide "safe place for help" continuum that offers individuals support in settings designed for recovery, dignity, and connection rather than institutionalization.

- **Crisis Stabilization and Crisis Respite Centers**

Key components of this continuum include Crisis Stabilization and Crisis Respite Centers, which provide short-term, voluntary, home-like environments for individuals experiencing mental health crises. As of 2025, the number of Crisis Respite Centers has grown to 11 citywide, three more than a year ago, reflecting expanded access to peer- and clinician-staffed settings where people can stabilize for up to a week while avoiding unnecessary psychiatric hospitalization. These centers serve as a critical intermediary step between emergency response and ongoing care.

- **Support and Connection Centers (SCCs)**

The City continues to support the East Harlem Support and Connection Center (SCC), which offers urgent support and treatment in a dedicated, non-emergency-room setting.

In parallel, New York City has opened over 1,300 new Safe Haven and Stabilization beds since 2022, bringing the overall capacity to over 4,000 low-barrier beds as of today. For individuals experiencing homelessness and severe mental illness, these beds play a vital role in connecting them to longer-term housing and supportive services, helping to prevent recurrent crises.

Bridge to Home

The Bridge to Home program[25] is a transitional housing and supportive care model launched in New York City in 2025 to address a longstanding gap between hospital discharge and permanent housing for people with serious mental illness who are homeless or unstably housed. Operated by NYC Health + Hospitals, the program provides short-term, residential stabilization in a home-like setting with onsite clinical services and behavioral health care for individuals who no longer require inpatient care but are not yet ready to return to shelters or independent living. The first Bridge to Home site, located in Midtown West, offers guests private rooms, meals, 24/7 on-site clinical support, psychiatric care, case management, and housing navigation services. The model is designed to interrupt cycles of repeated hospitalizations, emergency department use, and shelter stays by ensuring people have a safe and supportive place to stabilize after discharge.

Since the program's launch in in 2025, city officials report strong utilization of available beds and note that Bridge to Home is serving individuals who historically experienced frequent hospital readmissions and prolonged shelter stays due to the absence of appropriate step-down options. By providing continuous clinical oversight alongside intensive housing placement support, the program is expected to reduce avoidable emergency room visits and inpatient admissions, improve continuity of care, and shorten the time it takes for participants to transition into permanent supportive housing or other stable placements. Although long-term outcome data are still emerging, Bridge to Home is widely viewed as a critical system innovation that addresses one of the most vulnerable transition points in the mental health and homelessness continuum.

More broadly, Bridge to Home represents a shift toward a more humane and effective approach to care for New Yorkers with complex behavioral health needs. Rather than discharging individuals back to the street or shelter system, the program recognizes housing stability as a core component of recovery and crisis prevention. In doing so, Bridge to Home strengthens the City’s mental health infrastructure by reducing strain on hospitals, shelters, and emergency services while improving outcomes for individuals who have historically fallen through the cracks between systems.

Involuntary Transports Dashboard

New York City’s involuntary transports policy seeks to ensure that individuals who exhibit symptoms of mental illness and present a risk of serious harm to self or others receive appropriate care. The New York State Mental Hygiene Law allows for both officer-initiated and clinician-initiated involuntary transports to a hospital for individuals who appear to be mentally ill and are conducting themselves in a manner which is likely to result in serious harm to themselves or others. Involuntary transports are an additional tool for crisis response in certain encounters that meet the legal threshold.

Why Crisis Intervention Alternatives Matter

- **Many crises are behavioral health–related:**
  A significant share of 911 calls involve mental health or substance use concerns, not criminal activity.
- **Health-centered responses improve outcomes:**
  Clinical and peer-led crisis teams are better equipped to de-escalate behavioral health crises safely.
- **Alternatives reduce unnecessary hospital use:**
  Community-based crisis responses divert people from emergency rooms and inpatient hospitalization.
- **Non-police responses increase trust:**
  Health- and peer-led models reduce fear and stigma, especially in communities historically over- policed.
- **Right response improves safety:**
  Matching the response to the need lowers the risk of injury for individuals in crisis and responders.
- **Crisis alternatives connect people to care:**
  Mobile teams and crisis centers create pathways to ongoing treatment and support.
- **Diversion reduces system strain:**
  Alternatives ease pressure on 911, emergency departments, and law enforcement resources.
- **Crisis care supports equity:**
  Non-law enforcement models help address racial and disability-related disparities in crisis response.

(OCMH, 2025)

Mayor's Office of Community Mental Health

Part 3: Looking Ahead

Part 3: Looking Ahead

Next Steps to Strengthening New York City's Mental and Behavioral Healthcare System



Continuing to close the gaps in New York City's mental and behavioral healthcare system will require sustained, coordinated action across sectors. Meaningful progress depends on ongoing collaboration among City and State agencies, educational institutions, healthcare providers, community-based organizations, and residents themselves. No single initiative or agency can address these challenges alone; long-term solutions must be built through shared responsibility, aligned investments, collaboration, and collective accountability.

This section outlines priority next steps for closing the gaps and strengthening New York City's mental health system over the coming years. Building on the gaps identified earlier in this report, it presents forward-looking strategies across the four interconnected areas: access to care, prevention and resilience, building the mental health workforce, and crisis response. Together, these strategies reflect a system-wide approach that balances immediate needs with longer-term transformation.

For each gap, the section describes concrete actions needed to sustain and scale effective initiatives, deepen community-centered approaches, and improve coordination across systems that shape mental health and well-being. It also identifies measurable goals and indicators to support transparency, track progress, and ensure accountability over time. Taken together, these next steps provide a roadmap for continued investment in a more equitable, responsive, and integrated mental health system—one that meets New Yorkers where they are and supports well-being throughout life.

Access to Mental Health Care

Over the coming years, New York City should continue to expand access to timely, affordable, and culturally responsive mental health care by strengthening community-based entry points and reducing structural barriers across the system. This includes scaling co-located and non-clinical models in trusted settings such as schools, NYCHA developments, older adult centers, libraries, and community-based organizations.

Improving coordination across referral pathways and simplifying points of entry will be essential to ensuring that New Yorkers can move seamlessly from outreach and engagement to ongoing care.

Future efforts should also prioritize reducing wait times and addressing geographic inequities by expanding services in under-resourced neighborhoods, particularly in the Bronx, central Brooklyn, eastern Queens, and Staten Island. Continued investment in language access, culturally responsive care models, and care navigation supports will be critical to improving engagement and retention, especially for communities with high unmet need.

Measurable goals and indicators may include reductions in average wait times for initial appointments; increases in the number of community-based sites offering on-site or co-located mental health services; growth in the proportion of providers offering services in languages other than English and accepting Medicaid; and decreases in the percentage of adults reporting unmet mental health needs citywide and by borough.



Prevention and Resilience

The City will continue to deepen its commitment to prevention and mental health promotion by expanding upstream, non-clinical supports that strengthen well-being before challenges escalate. This includes supporting programs that build coping skills, social connection, and resilience across the lifespan, particularly for youth, older adults, and communities disproportionately impacted by trauma, poverty, and systemic inequities. Embedding mental health promotion into everyday settings—such as schools, housing, workforce programs, and faith- and community-based spaces—will help normalize support and reduce stigma.

OCMH is committed to peer-led, community-designed, and culturally grounded approaches that reflect the lived experiences of New Yorkers. Strengthening partnerships across agencies and sectors will allow prevention strategies to reach more residents while reinforcing protective factors such as social support, stability, and community cohesion.

Measurable goals and indicators may include increases in participation in mental health promotion and prevention programs; improvements in self-reported well-being, resilience, and social connection; reductions in reported loneliness and social isolation; and longer-term decreases in demand for emergency and crisis services, among populations engaged in prevention initiatives.



Mental Health Workforce

Addressing workforce shortages in the private health care system will require a sustained, multi-year strategy to grow, diversify, and retain both clinical and non-clinical mental health workers. The City has continued to expand accessible career pathways, including apprenticeships, dual credential programs, and peer and community health worker roles that create entry points for residents from the communities most affected by unmet mental health needs. These pathways are often paired with strong supervision, mentorship, and professional development opportunities.

Retention will remain a critical priority. Improving compensation, working conditions, stress reduction initiatives, and career advancement opportunities—particularly in community-based and safety-net settings—will be essential to stabilizing the workforce. Continued focus on recruiting and supporting bilingual, bicultural, and peer workers will strengthen trust, cultural responsiveness, and engagement across the system. Measurable goals and indicators may include increases in the total number of mental health workers citywide; growth in bilingual and culturally responsive staff; reductions in vacancy and turnover rates; expansion of non-clinical and peer roles; and improved workforce satisfaction and retention metrics.



Crisis Response

Next steps in crisis response should focus on continuing the City's shift toward health-centered, community-based alternatives to law enforcement while strengthening coordination across the full crisis continuum. This includes expanding programs like B- HEARD and mobile crisis teams, peer-led crisis supports, crisis stabilization and respite services, and follow-up care that connects individuals to ongoing treatment, housing, and social supports after a crisis. Ensuring that crisis services are available citywide and responsive to diverse community needs will remain essential.

Future efforts should also emphasize prevention of repeat crises by strengthening post- crisis engagement, care transitions, and continuity of support. Integrating data and coordination across emergency services, healthcare providers, and community-based organizations will improve outcomes and reduce unnecessary emergency department use and hospitalizations.

Measurable goals and indicators should include increases in the use of non-police crisis responses; reductions in emergency department visits and psychiatric hospitalizations for repeat crises; expanded availability of crisis stabilization and respite beds; improved follow-up engagement after crisis encounters; and positive client-reported experiences with crisis services.

Final Thoughts

Together, these next steps underscore New York City's commitment to evolving a mental healthcare system that is proactive, equitable, and centered on the needs of communities. By advancing coordinated solutions across access, prevention and resilience, workforce development, and crisis response, the City can continue its positive movement from one that was fragmented and crisis-driven toward a system grounded in the community, one that prioritizes early support, cultural awareness and responsiveness, and continuity of care. Sustained investment, cross-sector collaboration, and clear measures of progress will be essential to ensuring that these efforts translate into lasting improvements in mental health outcomes for all New Yorkers.

Mayor's Office of Community Mental Health

Appendices

Appendix I

Endnotes

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Appendix II

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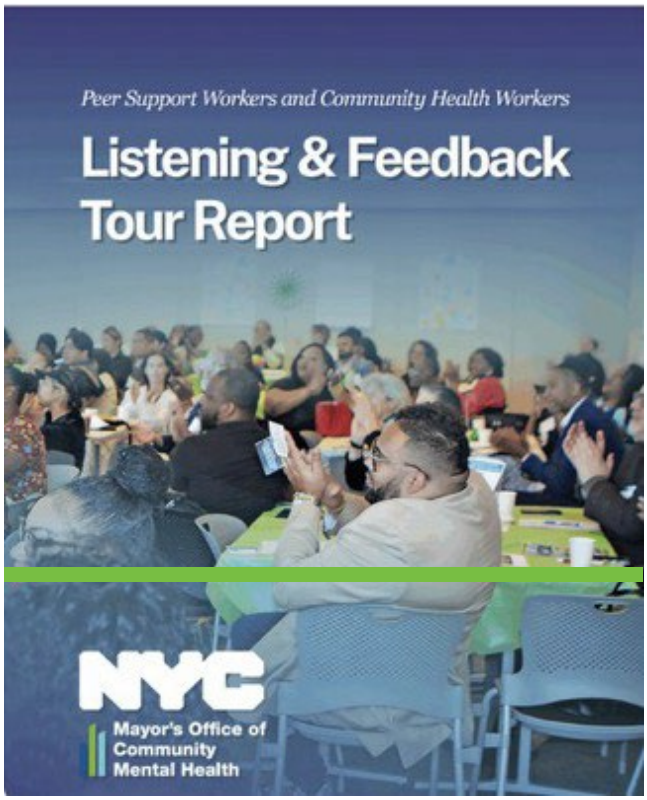
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Appendix III

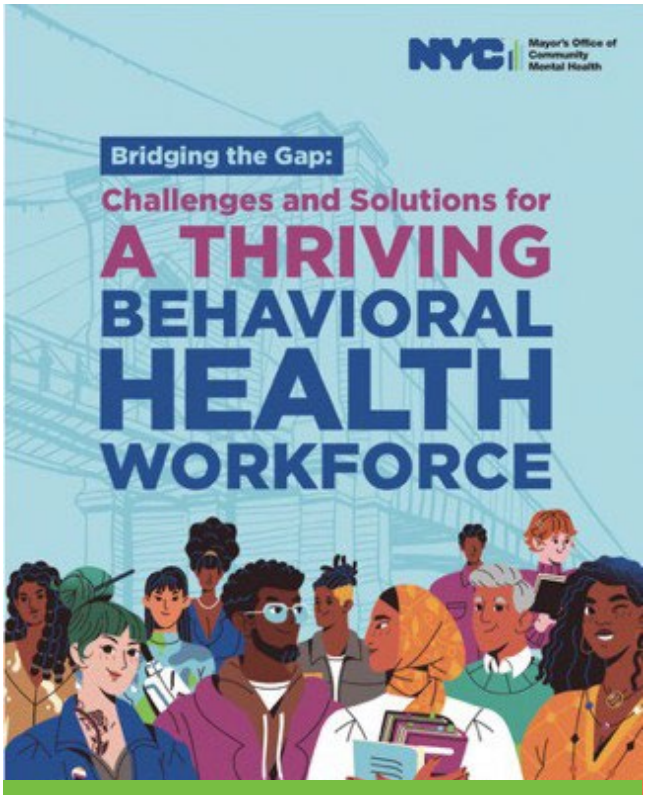
OCMH Publications



2024 Peer Support Workers and Community Health Workers Listening and Speaking Tour Report

The 2024 Peer Support Workers and Community Health Workers Listening and Speaking Tour Report documents findings from a citywide "Listening and Feedback Tour" convened by the Mayor's Office of Community Mental Health to better understand the experiences, challenges, and needs of Peer Support Workers (PSWs) and Community Health Workers (CHWs) within New York City's behavioral health workforce. Drawing on qualitative input from more than 155 PSWs and CHWs across 27 organizations, the report describes how these frontline workers contribute essential, non-clinical supports that expand access to care, strengthen trust with communities, and help address gaps created by long-standing workforce shortages. Through structured listening sessions and participatory exercises, the report surfaces recurring themes related to day-to-day job demands, supervision, training, compensation, career pathways, and policy barriers that shape workers' effectiveness and job satisfaction.

The report concludes that PSWs and CHWs are critical to redefining and strengthening New York City's behavioral health ecosystem, but that their impact is constrained by insufficient training opportunities, limited career advancement pathways, inconsistent supervision, and low compensation that fuels high turnover. To stabilize and grow this workforce, the report calls for coordinated investments in skill-building, continuous learning, clearer career ladders, stronger supervisory supports, and policy reforms that elevate and formalize these roles across city systems. Overall, the findings emphasize that addressing these structural issues is essential not only for workforce retention and recruitment, but also for improving access to culturally responsive, community-based behavioral healthcare for New Yorkers.



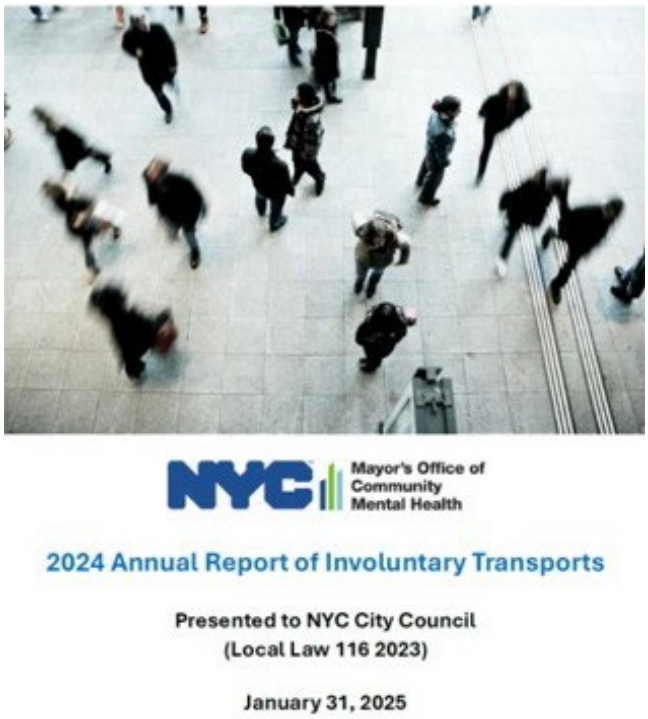
Bridging the Gap: Challenges and Solutions for a Thriving Behavioral Health Workforce

Bridging the Gap: Challenges and Solutions for a Thriving Behavioral Health Workforce examines the growing mismatch between the demand for mental and behavioral health services in New York City and the capacity of the workforce needed to deliver that care. The report documents persistent challenges, including workforce shortages across clinical and non-clinical roles, high turnover driven by burnout and low compensation, and barriers to entering and advancing in behavioral health careers.

These challenges are shown to disproportionately affect community-based providers and high-need neighborhoods, exacerbating inequities in access to care.

The report emphasizes that workforce challenges are not limited to the number of clinicians but also reflect structural issues within the system. These include insufficient training pipelines, limited career ladders, underinvestment in supervision and support, and reimbursement models that do not reflect the true cost of delivering high-quality, culturally responsive care. The report highlights the critical role of non-clinical and paraprofessional workers, such as peers, community health workers, and care coordinators, whose contributions are essential but often undervalued and under-supported.

To address these issues, Bridging the Gap outlines a set of solutions focused on strengthening and stabilizing the workforce over time. These include expanding training and credentialing pathways, improving compensation and working conditions, investing in supervision and well-being supports, and advancing task-sharing and team-based models of care. The report calls for coordinated action across City agencies, educational institutions, and community partners to build a more resilient, diverse, and sustainable behavioral health workforce capable of meeting New York City's current and future mental health needs.

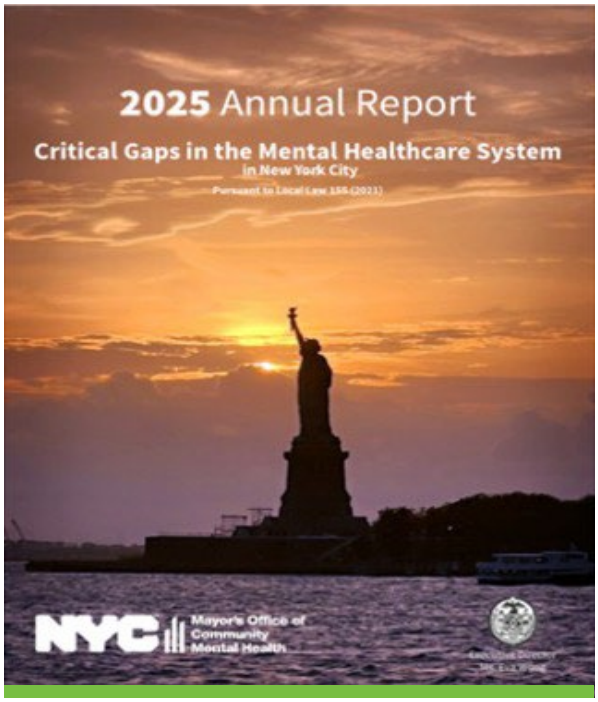


2024 Involuntary Transports Annual Report (January 2025)

The 2024 Involuntary Transports Annual Report Update provides an overview of trends, policy changes, and system impacts related to involuntary mental health transports in New York City. The report examines how involuntary transport is used as a last-resort intervention when individuals are assessed to be at risk of serious harm to themselves or others due to mental illness, and it situates these actions within the broader context of the City's mental health and public safety systems. The update reflects the City's ongoing efforts to balance individual rights, clinical judgment, and public safety while increasing transparency around the use of involuntary interventions.

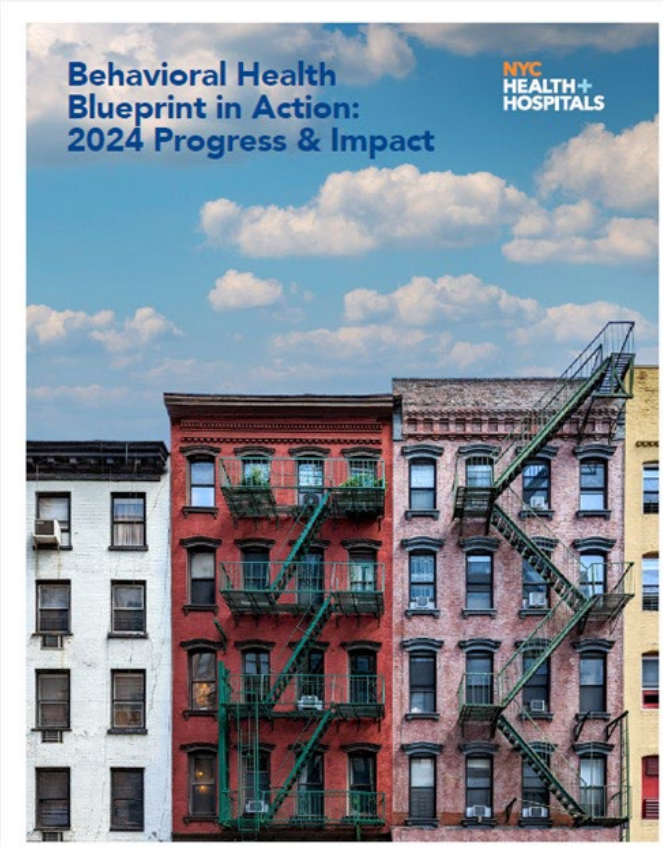
The report highlights recent data on involuntary transports, including patterns by geography, referral source, and point of contact, and notes the role of first responders and clinicians in making transport decisions. It underscores the complexity of these encounters, which often involve people experiencing acute crisis alongside housing instability, substance use, or repeated system involvement. The update also discusses steps taken to improve oversight, data quality, and interagency coordination, particularly between health, mental health, and public safety partners.

Importantly, the report situates involuntary transport within a larger strategy to reduce reliance on emergency and coercive responses over time. It emphasizes the City's continued investment in upstream and alternative approaches, including mobile crisis teams, peer-led supports, and community-based services aimed at preventing crisis escalation. The update reinforces that strengthening access to voluntary, timely, and culturally responsive mental healthcare is essential to reducing the need for involuntary interventions and advancing a more humane, health-centered mental health system



2025 Annual Report: Critical Gaps in the Mental Healthcare System in New York City

The 2025 Annual Report from the Mayor's Office of Community Mental Health presents a comprehensive assessment of persistent and interrelated gaps in New York City's mental health system. Grounded in data, community input, and cross-agency analysis, the report underscores that while New York City has a broad network of services, many New Yorkers continue to face unmet mental health needs due to structural barriers, inequities, and system capacity constraints. The report is issued pursuant to Local Law 155 and reflects the City's commitment to transparency and continuous improvement.



NYC Health + Hospitals' 2024 Behavioral Health Annual Progress Report

As the largest provider of behavioral health care in New York City with a behavioral health workforce of about 5,700 employees, NYC Health + Hospitals delivers over 60% of all mental health and substance use services in New York City. This translates to caring for over 80,000 patients each year across its 11 hospitals and nearly 30 community health care centers.

Its continuum of behavioral health care spans crisis response, psychiatric emergency rooms and Comprehensive Psychiatric Emergency Programs (CPEPs), inpatient care, and outpatient programs across the city.

This includes community mental health clinics and innovative mental health programs in schools. NYC Health + Hospitals' mission is to serve all New Yorkers – without exception.

Announced in 2024, NYC Health + Hospitals' Behavioral Health Blueprint: Turning Crisis into Opportunity outlines the system's three-year plan announced to strengthen and expand its behavioral health services six core strategies: restoring and maximizing inpatient capacity; expanding access to outpatient services; increasing services to special populations; enhancing social work, care management, and peer services; preventing violence and increasing safety; and building the behavioral health workforce. In 2025, NYC Health + Hospitals published its 2024 Behavioral Health Annual Progress Report, which tracks progress across the blueprint's six core strategies.


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