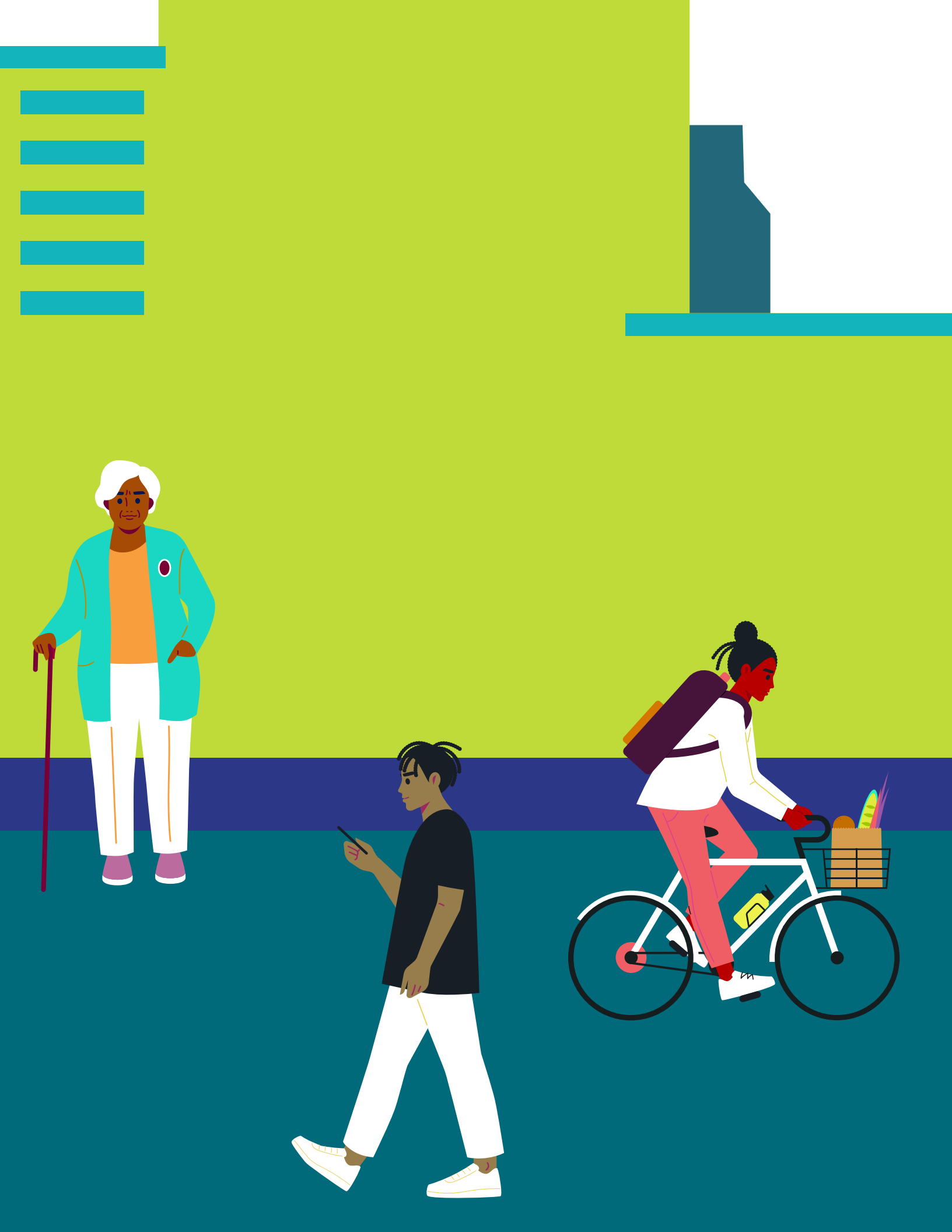


The State of Mental Health of New Yorkers





Letter From the Commissioner

Dear Fellow New Yorkers:

We are excited to present “The State of Mental Health of New Yorkers,” the New York City Department of Health and Mental Hygiene’s first comprehensive report on mental health in our city.

Mental health is one of the most pressing public health challenges of our time. The grief and trauma of the COVID-19 pandemic, on top of long-standing social and economic inequities, and an increasingly digitized and divided world where loneliness and isolation are on the rise, have created an urgency to address mental health for all New Yorkers.

At this critical time, we must confront the long-standing stigma and discrimination against mental health and substance use care, as well as address long-standing inequities in care, while investing in and designing new systems of support and connection centered in the community and focused on prevention.

This report provides an overview of key events that have contributed to our current mental health crisis; dives deep into the data around New Yorkers’ mental health and substance use, from childhood to adulthood; and concludes with recommendations to address the current crisis. We cannot strengthen mental health systems and services, policies and programs without a clear understanding of the current mental health experiences of New Yorkers.

This report provides foundational New York City data to help us identify new and evolving needs, as well as gaps in existing supports.



To address this urgent crisis, New York City has committed to protecting and promoting the mental health of all New Yorkers through “[Care, Community, Action: A Mental Health Plan for New York City](#),” released in March 2023. I’m proud of the advances the City has made to date in strengthening mental health, by focusing on those with the greatest needs: children, youth and their families; people with serious mental illness; and people at risk of drug overdose. At the same time, we have much work ahead of us, and this report is but one step forward in our citywide effort to address this crisis.

This crisis requires a compassionate, comprehensive and unified response from all of us – public health leaders, health care workers, policymakers, parents, caregivers, teachers, administrators, business leaders, clergy, friends, family and loved ones.

In publishing “The State of Mental Health of New Yorkers,” I hope we will all be better equipped to improve the mental health of our city, together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ashwin Vasan'.

Ashwin Vasan, MD, PhD
Commissioner

New York City Department of
Health and Mental Hygiene

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Introduction

This report provides a broad overview of the mental health of New Yorkers leading up to and following the height of the COVID-19 pandemic.

Everyone’s mental well-being matters. Mental health shapes the way we live, work and socialize as individuals, families and communities. Understanding the mental health needs of New Yorkers is an important step toward improving the overall health of New York City (NYC). The goal of our research, programs and policy efforts is to reduce mental suffering and strive for a positive state of well-being for all New Yorkers.

During the early years of the COVID-19 pandemic, our city experienced

uncertainty, isolation and loss. Many New Yorkers have reported struggling to recover from these challenges. The pain of grief during and after this time was widespread, with one in four New Yorkers (nearly 2 million residents) losing at least one person they were close to.¹ In addition to illness and isolation, the COVID-19 pandemic intensified feelings of anxiety and stress already experienced by many New Yorkers.² For many families, interruptions to work resulted in financial and housing instability and loss of health insurance.^{3,4} Many of the repercussions of the COVID-19 pandemic persist today, and acknowledging and understanding the impact of these experiences is essential to helping New Yorkers heal.

The pandemic also worsened existing inequalities in health outcomes by neighborhood, race and ethnicity, and poverty level.⁵ The physical, economic and social environment in which we live can significantly impact our mental health. Unequal access to the resources that support good health is one of the root causes of inequities in health outcomes between different groups. In NYC, homelessness, poverty and barriers to accessing education and quality health care are major factors that influence mental health⁶ and related harms associated with substance use. Historic and ongoing structural racism has concentrated many of these issues in Black and Latino communities, contributing to worse mental health and substance use outcomes for these New Yorkers. Pervasive discriminatory policies, practices and community disinvestment also lead to disproportionate contact with the criminal legal system, which presents unique challenges for affected New Yorkers, their loved ones and their communities. We need to understand mental health disparities at the social and institutional level if we hope to solve these problems.

Data presented in this report reflect New Yorkers' experiences from childhood through later adulthood. Pre- and post-pandemic data are presented. When data sources and methods allow, comparisons and trends are identified.

Data presented in this report come from the following sources (additional information on these data sources is available in the **Appendix**; visit nyc.gov/health and search for **mental health and substance use**):

- NYC KIDS Survey, 2019 and 2021
- Youth Risk Behavior Survey, 2011-2021
- NYC Teen Mental Health Survey, 2023
- Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018-2019
- NYC Neighborhood Wellness Survey, 2023
- Statewide Planning and Research Cooperative System (SPARCS), 2019-2021
- NYC Department of Health and Mental Hygiene Bureau of Vital Statistics, 2012-2021
- NYC Well Data, 2019-2023
- NYC Emotional Wellness Survey, 2021
- NYC Health Opinion Poll, December 2019, August 2022 and April 2023
- NYC Social Determinants of Health Survey, 2017 and 2022
- NYC Community Health Survey, 2011-2022
- NYC Office of Chief Medical Examiner and NYC Department of Health and Mental Hygiene Bureau of Vital Statistics, 2000-2022
- New York State Office of Addiction Services and Supports (OASAS) Data Warehouse 2021, Client Data System Data Mart as of April 27, 2023

Please note that throughout this report, the footnotes found at the bottom of each page correspond to the symbols found in the text on that particular page.

What Is Mental Health?

Mental health is a state of emotional, psychological, social and behavioral well-being. It is not simply the absence of mental illnesses or symptoms of mental illnesses. Mental health affects how we think, feel, act and relate to other people. It can be thought of as a spectrum ranging from mental health crisis to well-being, or from problems to flourishing.

Mental illnesses are treatable conditions that can be diagnosed by a health care professional. These conditions may change a person's ability to think clearly, manage their emotions and behavior, or interact with others. Some examples of mental illnesses are schizophrenia, bipolar disorder, major depressive disorder (MDD), post-traumatic stress disorder (PTSD) and anxiety. An important category of these diagnoses is **serious mental illnesses**, which are disorders likely to impact someone's life in significant and negative ways.

Simply considering the rate of mental illness among NYC residents does not fully capture the state of mental health in our city. We must also study negative mental states, such as hopelessness or feelings of worthlessness, which may be symptoms of a mental illness or a response to unpleasant experiences in the environment. Studying these mental states can tell us if someone is experiencing **serious psychological distress** (SPD). If someone has SPD, it means they have recently been dealing with thoughts and feelings that can cause emotional or behavioral issues for them.

Mental well-being includes the presence of positive emotions and moods; the absence of negative emotions; satisfaction with life; feelings of fulfillment; and positive functioning. It might include feelings of happiness; not feeling anxiety; believing oneself to have a sense of purpose; and

acting in ways that help overcome challenges. Just like mental illness, mental well-being can be influenced by social, economic and environmental factors. Having someone you feel you can talk to is a factor that boosts mental well-being.

Two important ways to build well-being are **coping** and **resilience**. Coping is the act of using actions, strategies and skills to manage stress, adversity or trauma. Coping might involve a conversation with a loved one, involvement in a communal activity or engaging in an interest one finds relaxing. Resilience is the ability to recover and grow from difficult situations. It allows one to bounce back from and adapt positively to adversity. Resilience may include being willing to adapt to changes, being confident in one's ability to address problems or remaining calm in stressful situations.

What Affects Mental Health?

Mental illnesses have complex causes. Biological, social, economic, cultural and experiential factors can all affect a person's mental health. The effects of environmental factors on someone's health are referred to as the **social determinants of health**. These are the conditions in places where people live, learn, work and play. The inequitable distribution of resources creates inequitable access to the social, economic and environmental conditions necessary for health and well-being.

Many factors that can worsen mental health cause stress, which is a state of worrying or tension. Stress is a normal response to challenges in life and is a healthy reaction. Experiencing long-term stress, however, can make someone vulnerable to mental illness. Because of this, we study and report on environmental factors likely to make people feel stress on a regular basis.

Living in an environment that feels unsafe, for example, is a **stressor** – a factor that causes stress – which might contribute to poor mental health. Stressors can be environmental but can also be social or economic. Examples might include having trouble paying for basic needs or experiencing abuse or discrimination.

Mental Health and Substance Use

People use substances such as alcohol and drugs for a variety of reasons. They may want to feel good, cope with stressors or relieve symptoms of health conditions. Most people who use substances do so without experiencing ill effects. For other people, alcohol or drug use can be harmful to their well-being. **Substance use disorder**, like mental illness, is a behavioral health issue. It is a diagnosed health condition that occurs when the use of alcohol or other substances impacts a person's ability to function in day-to-day life. Substance use disorder ranges in severity depending on symptoms but is treatable.

Stigma and Discrimination

Stigma is a pattern of negative and often unfair beliefs and thoughts about a person or group based on an identifiable characteristic, trait or affiliation. **Discrimination** includes actions that target people or groups or deny them access to resources. Both stigma and discrimination may be directed at people who show symptoms of mental illness, who are diagnosed with a mental illness or who use substances, and both can occur individually or at a societal level.

Mental Health in This Report

The specific challenges people overcome change over their lifespan. One's mental health can also be affected by choices we collectively make as a society or have made in the past. We start this report with a brief overview of mental health policy in America. Much of this history affects the resources and services available today.

In this report, we present data from across a person's lifespan, starting with children and youth and moving to adults, and the data are always representing groups of people. When available, the numbers are presented in this order on the spectrum of well-being:

1. Formal diagnosis and signs of crisis
2. Measures of symptoms or problems
3. Measures of well-being

After, we provide data on environmental factors that may affect these measures, including from questions about access to and use of mental health services. We discuss substance use separately for adolescents and adults and place it after discussions of environmental factors. Finally, we share an overview of services that NYC offers to meet mental health and substance use challenges and we provide important takeaway points.

At the end of the report, we present a list of policy recommendations based on our findings. The recommendations are meant to affect areas such as access, regulations and social determinants of health. These proposed policies are choices we recommend making collectively to promote mental health and well-being for all New Yorkers.

The U.S. Mental Health Care System

A Time Line

Many of the factors affecting the state of mental health in NYC are related to ways mental health policy has developed over time. This time line provides an overview of major changes in the way the city has approached mental health issues. It also reflects the ongoing challenges in providing equitable, effective mental health care and the urgent need to address the state of mental health in NYC.

Underfunding of mental health and substance use services, combined with punitive legal approaches, has caused many people to go untreated or to be treated by systems not designed for care. Over the years, some policies have been set up to protect people with mental illness, but mental health care remains hampered by political and economic forces. The COVID-19 pandemic amplified disparities in mental health care. It showed us the need for more accessible and diverse mental health services.

Year	Event
Pre-1800s	Families and communities often took care of people with mental illness. People without support ended up in jails or poorhouses.
1773	Eastern State Hospital in Williamsburg, Virginia, opened, becoming the first psychiatric hospital in the U.S.
1800s-1950s	Psychiatric hospitals (also known as asylums) became popular due in part to reformers' demand for alternatives to jails. Asylums provided therapy, medication, medical treatment, housing and work but confined and mistreated many patients. ⁷
1955	The number of patients in state psychiatric hospitals peaked at 560,000 in the U.S. ⁸
1950s-1960s	New psychiatric medications enabled some patients to live in the community for the first time, promoting recovery. ⁹
1955-1985	Deinstitutionalization. Many psychiatric hospitals closed. ¹⁰ Changes in federal social welfare policies and programs, including Medicaid and Medicare, contributed to deinstitutionalization but also continued to restrict access to care in many states, including New York, or maintained carve-outs for care for serious conditions, separate from other aspects of mental health care. Federal community mental health block grants to states prohibited the use of funding for inpatient services and encouraged treatment in the community.
1963	The federal Community Mental Health Act (CMHA) passed. The law was intended to replace psychiatric hospitals with community-centered care. Due to insufficient funding and political will, the necessary mental health services were never fully developed, leaving many people without support when they returned to their communities.

Year	Event
1970s-present	Criminalization of mental illness. Lacking support, many former psychiatric patients ended up in jails and prisons. Today, the criminal legal system inappropriately carries most of the mental health burden in the U.S., with about 40% of incarcerated people having a history of mental illness. ¹¹
1971-present	The war on drugs. Harsh drug policies affected and continue to affect Black, Latino and low-income communities disproportionately. Research has shown that incarceration does not deter substance use or reduce substance use disorders and that criminalization drives harm. ¹²
1970s	Advocacy and political organizing for the rights of people with mental illness grew.
1980s-1990s	Reagan-era funding cuts. In 1981, community mental health center funding was cut. Around half of the centers proposed under the CMHA were never built and others stopped operating. Changed definitions of mental illness caused many people to be disenrolled from programs that provided them benefits and homes.
Early 1980s-present	Harm reduction movement. Harm reduction is an approach developed by advocates that focuses on decreasing harms from substance use while respecting people's dignity and autonomy.
1990s-present	Mental health and substance use care privatization. Many providers decided not to participate in insurer networks due to low reimbursement rates, an effect that continues to this day.
1996	The Mental Health Parity Act mandated equal coverage for mental health and physical health benefits.
2006-present	Ongoing funding cuts. In 2006, mental health spending by states was less than 12% of the \$8 billion spent in 1955. ¹³ Many reductions occurred through cuts to Medicaid.
2008	The Mental Health Parity and Addiction Equity Act required insurance plans to assess mental health and substance use coverage similarly to medical treatment.
2010	The Affordable Care Act categorized mental health and substance use treatment as essential benefits that must be covered by health insurance. It also expanded Medicaid coverage of mental health and substance use services. ¹⁴
October 2015	NYS shifted to Medicaid Managed Care for mental health and substance use services.
2020-present	In response to the COVID-19 pandemic, the delivery of many mental health and substance use services shifted to telehealth. The stress of the pandemic may have exacerbated mental health issues in many people.
March 2021	Marijuana Regulation and Taxation Act: NYS legalizes recreational cannabis. Cannabis use and possession remains illegal federally.

Mental Health of Children in NYC

There are around 1.75 million children under age 18 in NYC, and addressing and understanding their mental health is of the utmost importance. Research shows that more than half of all mental disorders in adulthood start in childhood or adolescence. The mental well-being of our city's children shapes the essence of how they perceive, process and interact with the world around them. Establishing and maintaining good mental health during the formative years is pivotal. Mental well-being serves as the bedrock of healthy development, influencing children's capacity to develop and maintain positive social connections, effectively cope with stressors and navigate challenges throughout life.

For the youngest children – infants, toddlers and preschoolers – positive mental health is a foundational platform that underpins all other facets of growth and learning. During the early years, children are especially susceptible to the influences of their environment, experiences and caregiving relationships. A nurturing and supportive environment during this critical period can impact cognitive development, emotional regulation and the establishment of secure attachment bonds.

This section describes the current data available about young children, spanning from birth to 13 years old. These data serve as a valuable window into the thoughts and experiences of parents of younger children, shedding light on their concerns for their children.

First, we present findings on mental health and intellectual and developmental disabilities (IDD) diagnosis, then we discuss unique environmental factors that affect children's mental health. After, we provide information about the use of mental health services.



Prevalence of Mental Health and Developmental Diagnoses Among Children

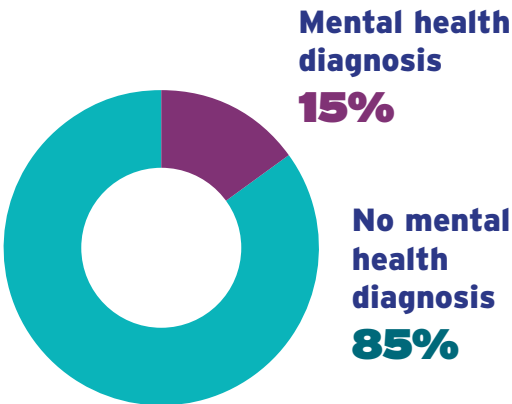
In both 2019 and 2021, 15% of children age 3 to 13 in NYC had a mental health diagnosis.* In 2021, the most common diagnosis was anxiety, at 8%, and 3% of children had a diagnosis of depression, 2% had an adjustment disorder diagnosis and 4% had other behavioral concern diagnoses, such as conduct disorder. Latino, Black and white children were more likely to have mental health diagnoses compared with Asian or Pacific Islander children.

Regarding diagnoses for IDD, 8% had an ADHD diagnosis, 5% had received an autism spectrum diagnosis and 3% had an intellectual disability.

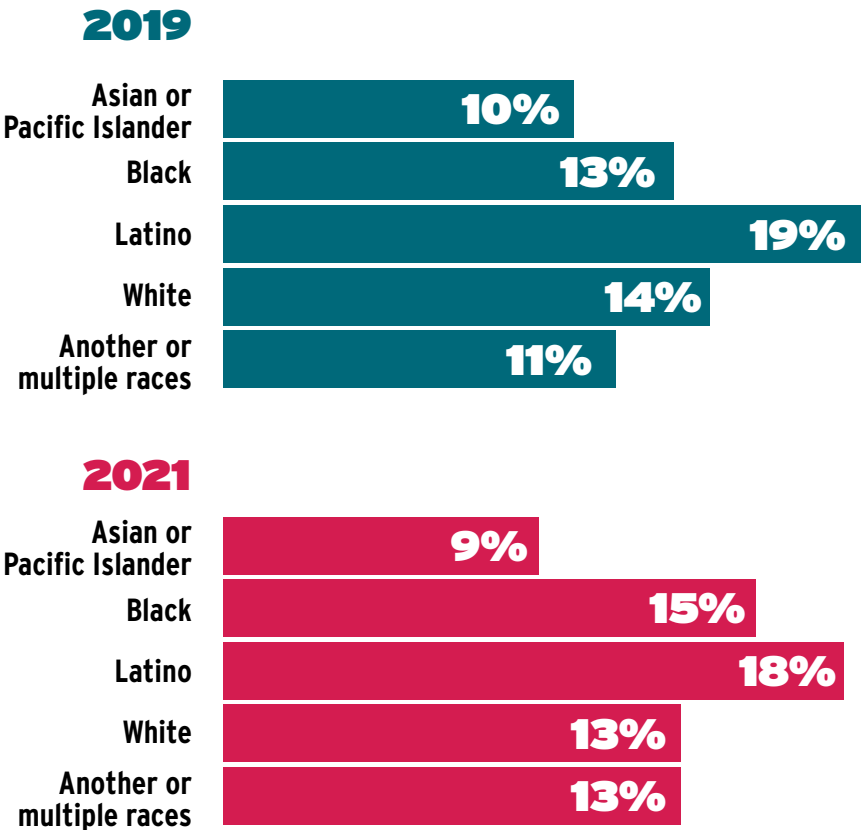
Mental Health Diagnoses[†] Among Children Age 3 to 13 Years Old by Race and Ethnicity

Source: NYC KIDS Survey, 2019 and 2021

Mental Health Diagnoses[†] Among Children Age 3 to 13 Years Old



Source: NYC KIDS Survey, 2019 and 2021



*Change over time should be interpreted with caution due to differences in survey sources and methodology.

[†]Children were classified as having a mental health diagnosis if a parent affirmed that a mental health professional ever told them that their child has depression, anxiety problems, attention deficit disorder with or without hyperactivity (ADD or ADHD), defiant disorder, conduct disorder, or any other behavioral or conduct problem.

For information on racial and ethnic categories in this report, see the Key Technical Notes on Page 75.

Adverse Childhood Experiences

Environmental factors can have a powerful effect on mental health. Researchers have found a class of experiences called **adverse childhood experiences**, or ACEs, that strongly affect lifelong mental health. Adverse childhood experiences are challenging experiences or hardships that some children may face. They include things like parental separation, substance misuse by members of the child’s household, domestic violence or the incarceration of a family member. Because adverse childhood experiences affect mental health and may predict mental health issues, avoiding them may be a powerful mental health intervention. For example, it is estimated that 21 million cases of depression among adult Americans could be prevented by addressing and preventing adverse childhood experiences.¹⁵

The more adverse experiences a child has, the greater the risk of experiencing negative outcomes. These outcomes include ones that affect cognitive and emotional development and can potentially lead to difficulties in coping with stress and adversity. In NYC, as of 2021, an estimated 291,000 children age 3 to 13 (23%) had experienced one to three adverse childhood experiences and an estimated 30,000 (2%) had experienced four or more adverse childhood experiences.

Children who experience one or more adverse childhood experiences are more likely to be diagnosed with certain mental health disorders. The data suggest that those with one to three adverse childhood experiences are also more likely to have an autism spectrum (6%) or intellectual disability (5%) diagnosis compared with those who experience no adverse childhood experiences.

Adverse Childhood Experiences and Diagnoses Among Children Age 3 to 13

Diagnosis	One or more adverse childhood experiences	No adverse childhood experiences
Anxiety	16%	5%
Depression	7%	< 1%
Adjustment disorder	6%	1%
Attention deficit disorder or attention deficit hyperactivity disorder	15%	6%
Other behavioral concerns including conduct disorder	8%	2%

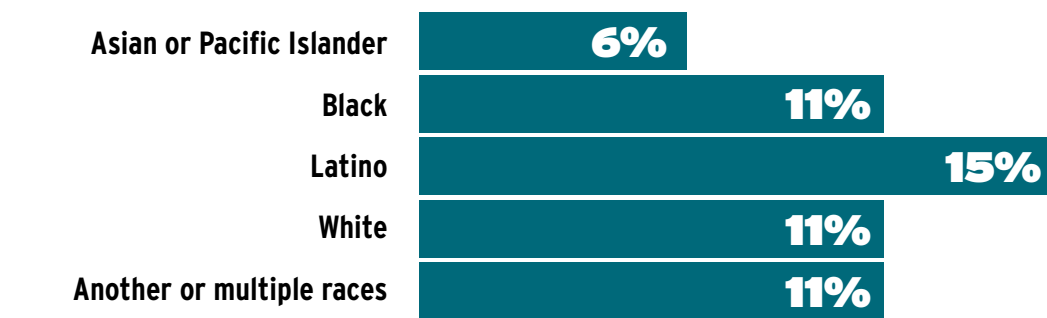
Source: NYC KIDS Survey, 2021

Mental Health Treatment and Services for Children

Counseling Services

Counseling services are treatments for children with emotional, concentration or behavioral issues. They include services such as talk therapy, play therapy or family therapy. In 2019 and in 2021, 12% of NYC parents stated that their child received counseling. In 2021, Latino children (15%) were more likely to get counseling than white children (11%), and Asian or Pacific Islander children (6%) were less likely to be reported as receiving counseling than white children (11%). These data are similar to those measured before the pandemic.*

Children Age 3 to 13 Who Received Any Mental Health-Related Counseling by Race and Ethnicity



Source: NYC KIDS Survey, 2021

School-Based Counseling Services

In 2019, parents reported that 16% of children age 5 to 13 received school-based counseling, and in 2021 this number was 10%.* This decline may be attributable to the COVID-19 pandemic beginning in 2020, reducing in-school opportunities for counseling services. In 2021, Latino children were more likely to get school counseling than white children, and Asian or Pacific Islander children were less likely to do so than white children. Parents indicated that girls received less school-based counseling compared with boys.

In both 2019 and 2021, **girls were less likely than boys to have received some form of counseling.**

*Change over time should be interpreted with caution due to differences in survey sources and methodology.

Mental Health of Teenagers in NYC

It is crucial to address mental health during a person's teenage years. These years are a time of great physical, mental and social change for people. Emotions and thoughts become powerfully influenced by hormones and brain development. Teens must figure out who they are and what they believe in. Friends, existing social institutions and online interactions add to the complexity of their social world. This section aims to offer a holistic understanding of the mental health experiences of NYC teens between the ages of 13 and 17 and provide critical insights that can inform targeted interventions, policies and support systems tailored to meet their needs.

We begin by describing symptoms of mental illness among adolescents as a way of estimating how common mental distress is for them. After, we explain measures of mental well-being and look at environmental factors that might affect the mental health of NYC's adolescents, especially factors unique to teens' experiences. Information about adolescents' use of mental health treatment helps us to see some of the issues NYC teens are facing. Finally, we provide information on teenage substance use and misuse.



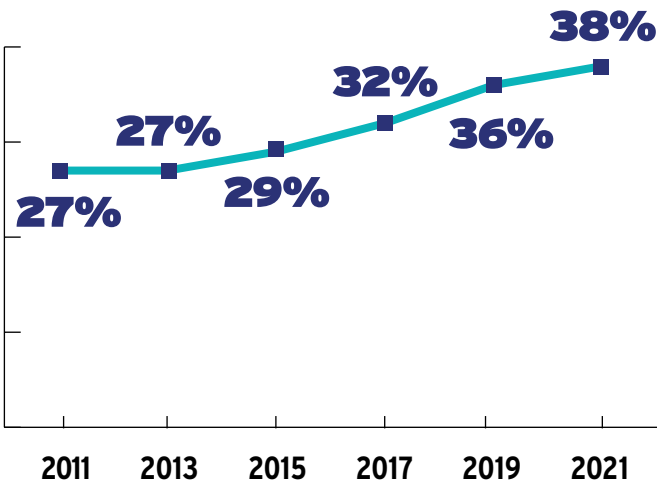
Mental Health Symptoms Among Youth

Feeling Persistently Sad or Hopeless

Feelings of sadness or hopelessness so persistent that they prevent a person from participating in their normal activities can be an indication of depression. Between 2011 and 2021, there was an increase from 27% to 38% of public high school students who reported feeling sad or hopeless.

Prevalence of Feeling Sad or Hopeless Among NYC Public High School Students: Ten-Year Trend

Public high school students who are girls in NYC are more likely to feel sad or hopeless than boys. Among public high school students, between 2019 and 2021, there was an increase in the percentage of girls who reported feeling sad or hopeless; during the same period, there was no change in the percentage of boys who reported feeling sad or hopeless.



Source: Youth Risk Behavior Survey, 2011-2021

Prevalence of Feeling Sad or Hopeless Among NYC Youth by Gender

Boys



Girls

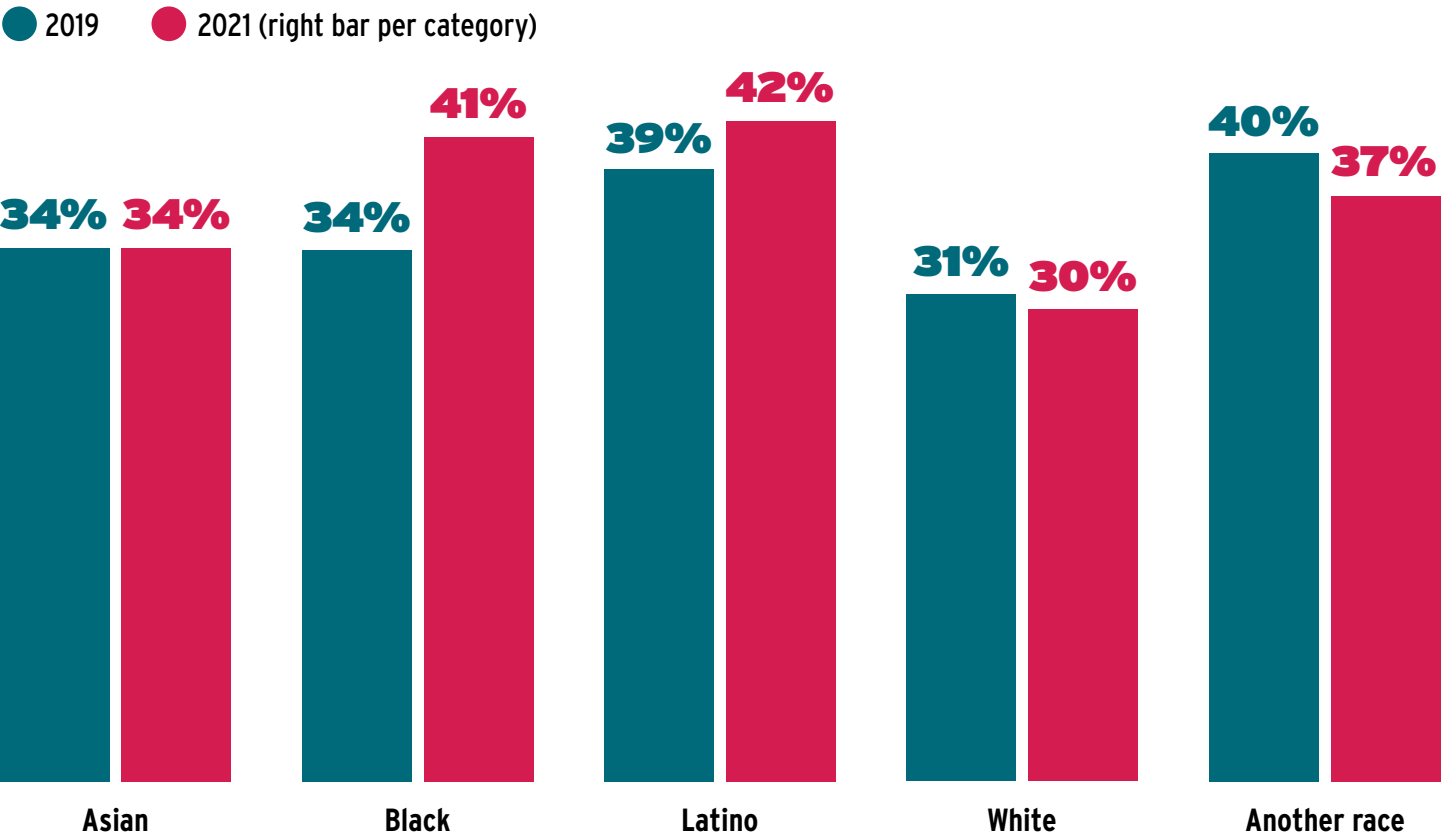


● 2019 ● 2021 (bottom bar of each category)

Source: Youth Risk Behavior Survey, 2019 and 2021

Between 2019 and 2021, among public high school students, there was an increase in the percentage of Black students who reported feeling sad or hopeless, while all other groups remained stable. In 2019, Latino students and students who identified as another or multiple races were more likely to report persistent sadness or hopelessness than white students. In 2021, Black and Latino students were more likely to report persistent sadness or hopelessness than white students.

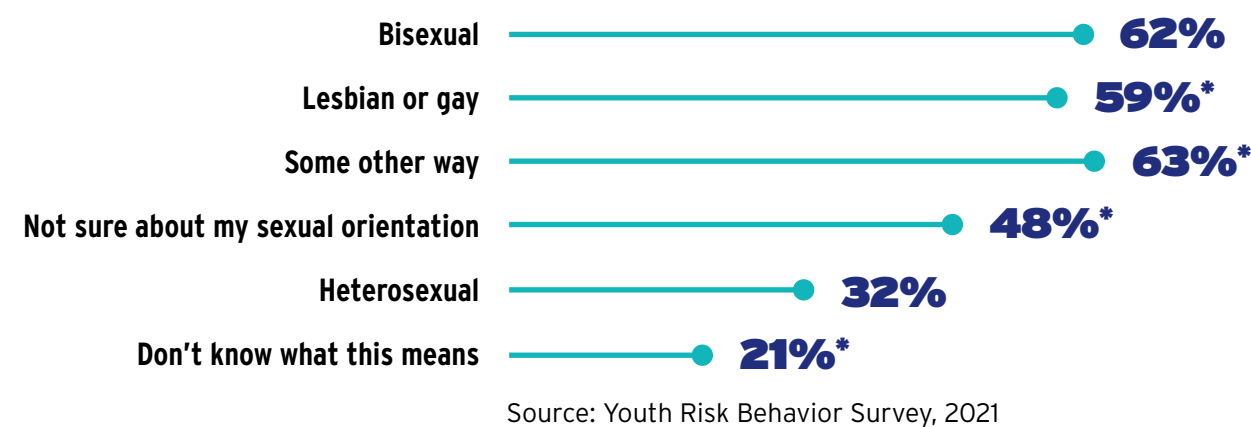
Prevalence of Feeling Sad or Hopeless
Among NYC Youth by Race and Ethnicity



Source: Youth Risk Behavior Survey, 2019 and 2021

In both 2019 and 2021, public high school students who identified their sexual orientation as lesbian, gay, bisexual or some other way were more likely to report feeling persistent sadness or hopelessness compared with heterosexual students. Similarly, public high school students who identified as transgender were more likely than those who did not to report feeling persistent sadness or hopelessness.

**Prevalence of Feeling Sad or Hopeless Among
NYC Public High School Students by Sexual Orientation, 2021**



**Prevalence of Feeling Sad or Hopeless Among
NYC Public High School Students by Gender Identity, 2021**



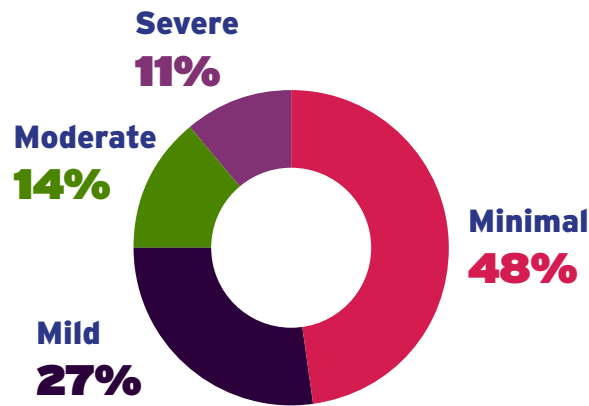
Depressive Symptoms

Mental health disorders often begin during adolescence. For example, many teenagers experience symptoms of depression ranging from mild to severe. However, early detection and treatment can greatly improve health outcomes.

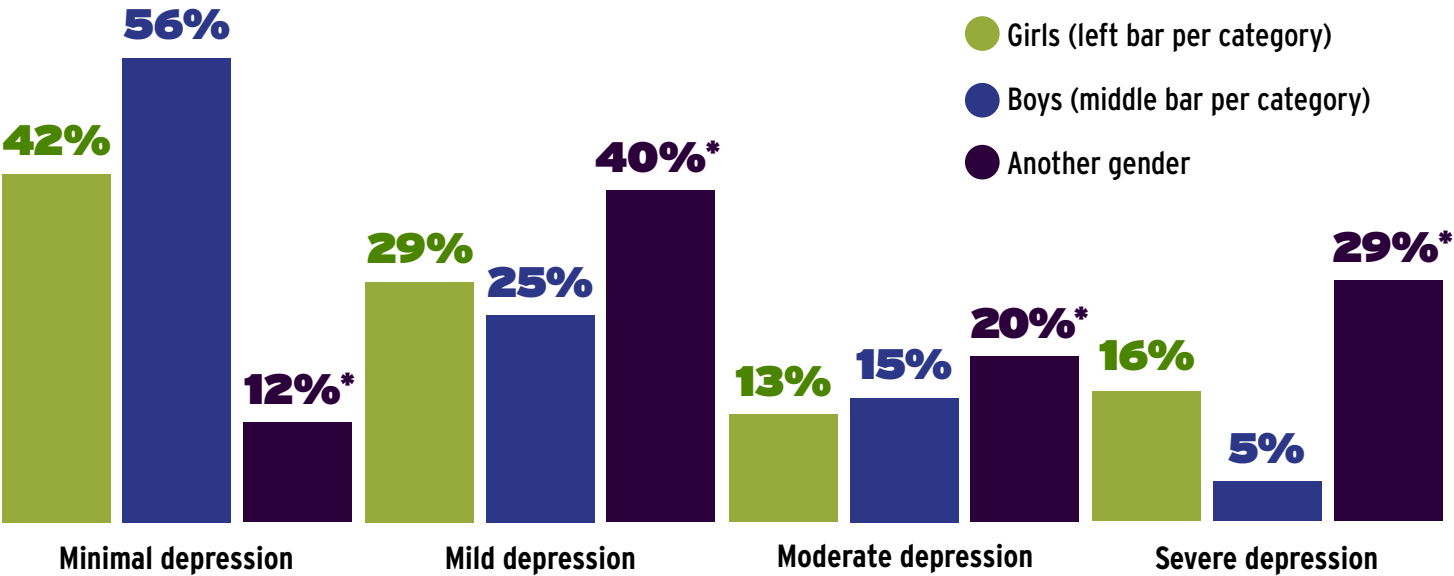
In a 2023 survey of NYC teens, 48% were identified as having minimal depressive symptoms, 27% as having mild symptoms, 14% as having moderate symptoms, and 11% as having severe symptoms. Boys were more likely to report minimal depressive symptoms (56%) compared with girls (42%). Similarly, teens who identified as heterosexual (55%) were more likely to report minimal depressive symptoms compared with teens who identified as another sexual orientation (20%). Girls reported experiencing severe depressive symptoms more frequently (16%) compared with boys (5%). Severe depressive symptoms were reported by 15% of Latino teens, 7%* of white teens, 7% of Black teens and 12% of Asian or Pacific Islander teens.

Depressive Symptoms Among Teens

Source: NYC Teen Mental Health Survey, 2023

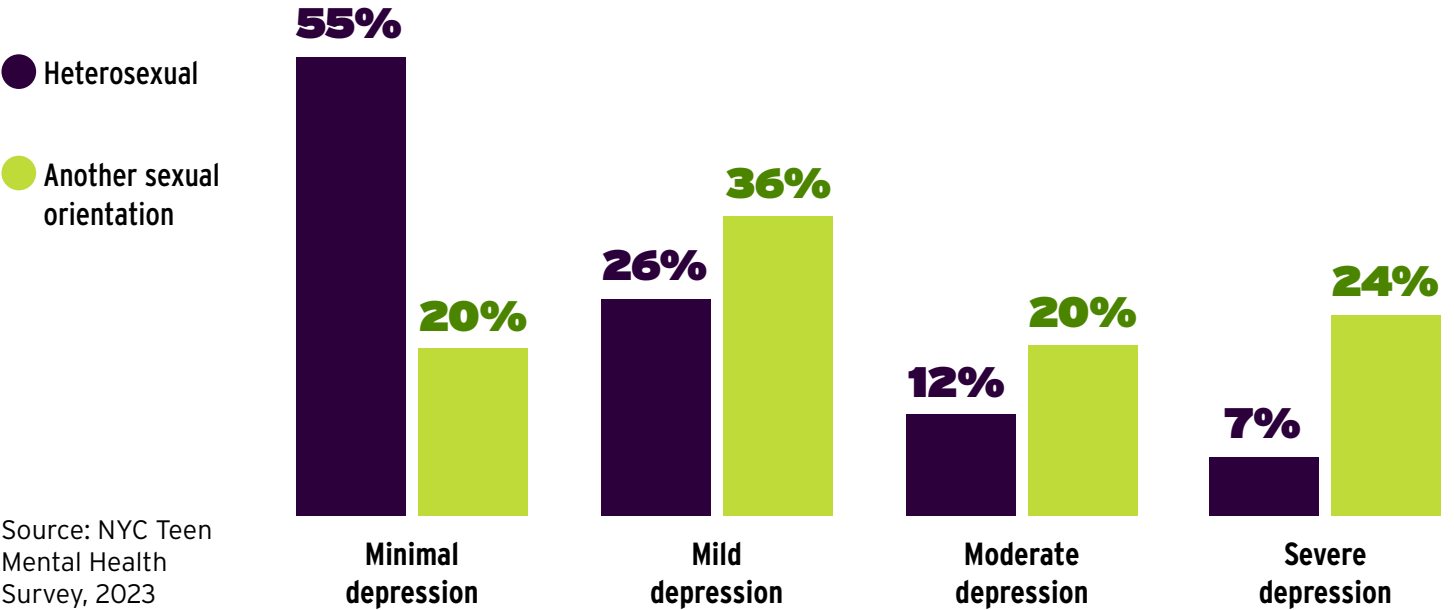


Depressive Symptoms Among Teens by Gender Identity



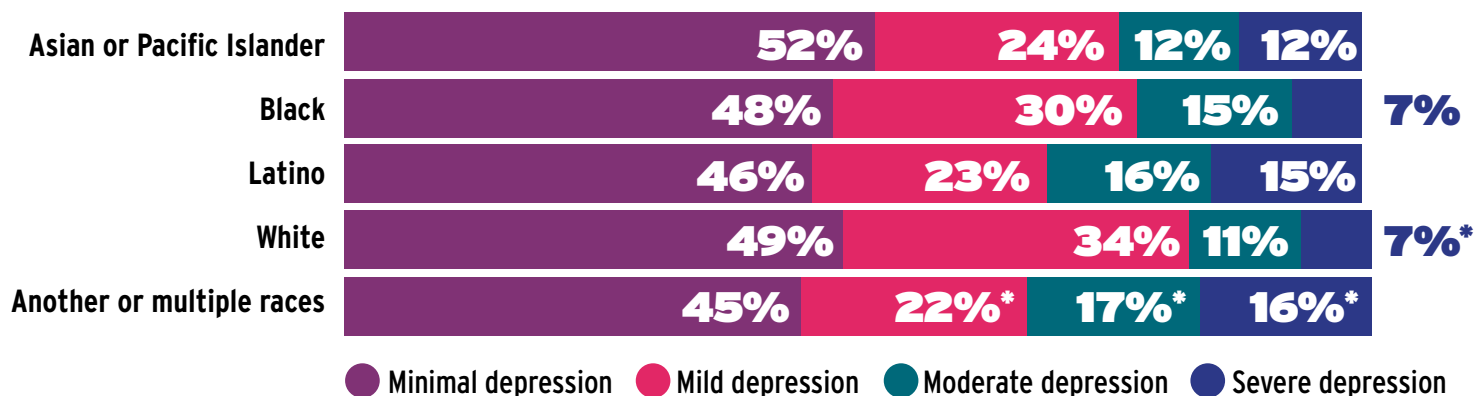
Source: NYC Teen Mental Health Survey, 2023

Depressive Symptoms Among NYC Teens by Sexual Orientation



Source: NYC Teen Mental Health Survey, 2023

Depressive Symptoms Among NYC Teens by Race and Ethnicity



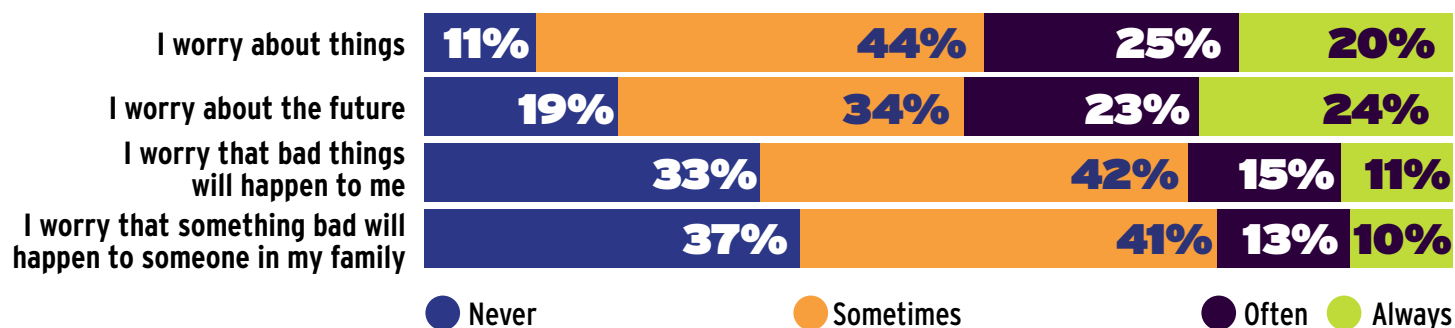
Source: NYC Teen Mental Health Survey, 2023

Anxiety Symptoms

Anxiety, a feeling of dread or fear, is a common and sometimes useful experience in peoples' lives, but experiencing chronic anxiety can be detrimental to mental health and impair daily functioning.

In a 2023 survey, NYC teens were asked how much they worry about things in general, how much they worry about things in the future, how often they worry that something bad will happen to them and how often they worry something bad will happen to someone in their family. For general worries, 11% of teens reported never worrying about things, whereas 44% sometimes worried, 25% often worried and 20% always worried. When thinking of the future, 19% of teens said they never worry, 34% reported sometimes worrying, 23% reported often worrying and 24% reported always worrying. About 33% of teens said they never worry about something bad happening to them, 42% said they sometimes worry, 15% said they often worry and 11% said they always worry. About 37% of teens reported never worrying something bad will happen to someone in their family, 41% reported sometimes worrying, 13% reported often worrying and 10% reported always worrying.

Feelings of Worry Among Teens



Source: NYC Teen Mental Health Survey, 2023

Positive Mental Health: Coping and Resilience Among Teens

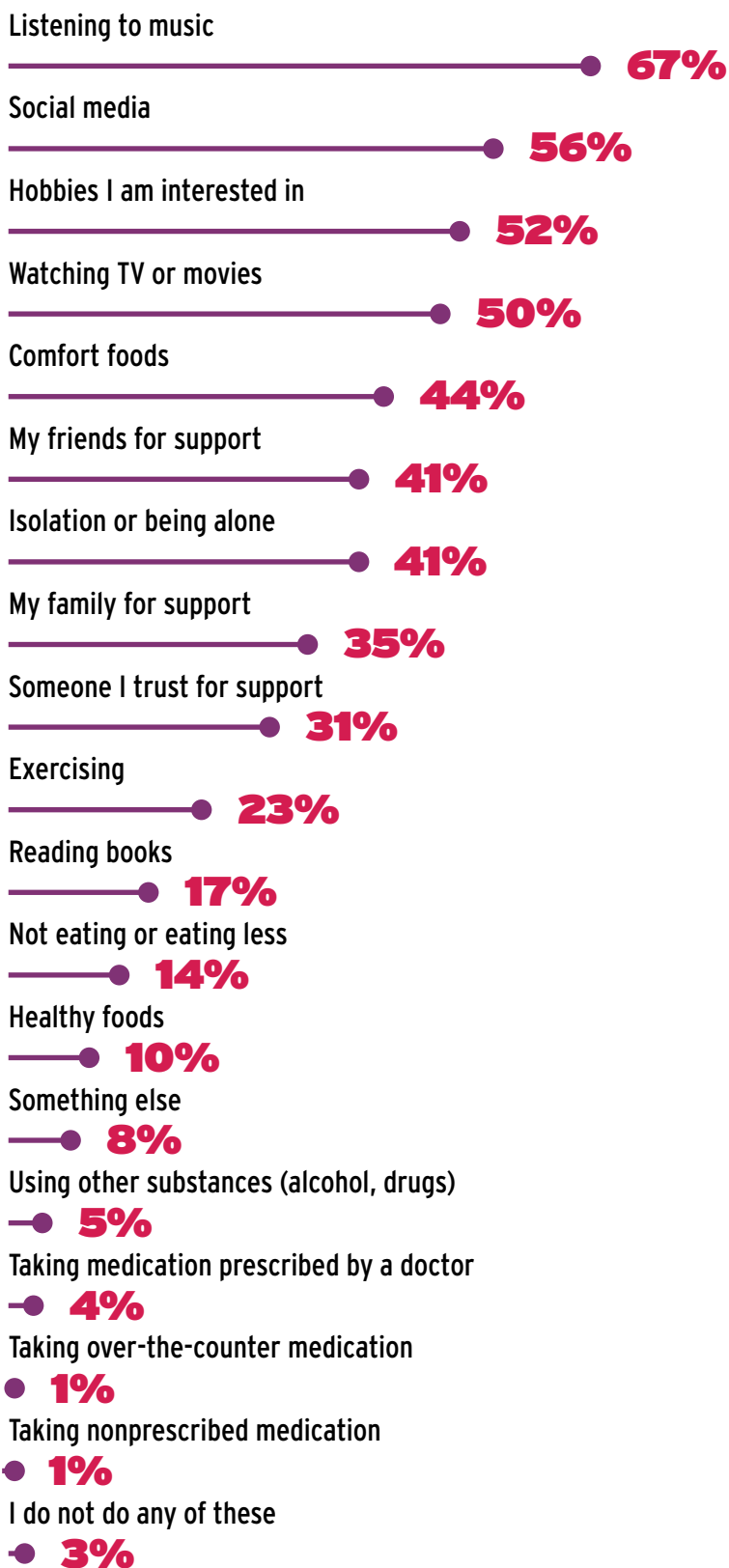
Coping and resilience are crucial to promoting mental well-being and enabling people to navigate life's challenges. Coping refers to strategies and skills people use to manage stress, and resilience means the ability to bounce back and adapt positively in the face of adversity. Coping and resilience become particularly important as adolescents undergo a period of intense emotional, social and cognitive development. Adolescents undergo unique challenges at this stage of life, such as navigating academic pressures, identity challenges and important peer relationships.

These challenges are best met by cultivating effective coping mechanisms and building resilience.

Teens may employ various coping mechanisms, both positive and negative, to deal with issues in their lives. The most frequently endorsed coping mechanisms used by teens in 2023 were listening to music (67%) and using social media (56%), followed by doing something to distract themselves a lot of the time (32%), making jokes about it a lot of the time (27%) and learning to live with it a lot of the time (24%).

Negative coping skills were also reported by teens, with 23% saying they criticized themselves a lot and 15% saying they blamed themselves a lot for things that happened. Teens were least likely to report that they gave up trying to deal with problems a lot of the time (11%), suggesting teens may be experiencing resilience and positive coping in the face of adversity.

Coping Mechanisms Teens Report Using



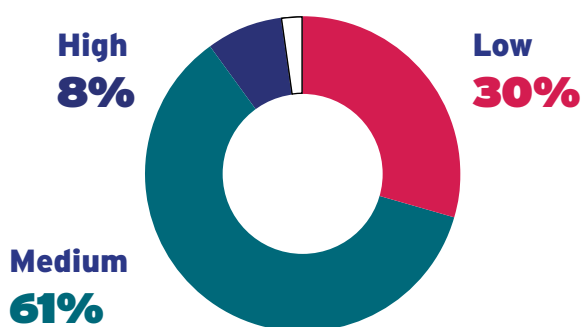
Coping	Not at all %	A lot %
Did something to distract myself	15%	32%
Made jokes about it	22%	27%
Learned to live with it	17%	24%
Criticized myself	26%	23%
Looked for something good in what was happening	15%	21%
Got help and advice from other people	16%	20%
Came up with a strategy about what to do	16%	19%
Got emotional support from others	20%	18%
Blamed myself for things that happened	36%	15%
Expressed my negative feelings	29%	15%
Gave up trying to deal with problems	36%	11%

Source: NYC Teen Mental Health Survey, 2023

Resilience in teens involves their ability to adapt, bounce back and thrive in the face of challenges or stressors they may experience. In general, teens who are resilient tend to be able to maintain a sense of optimism, perseverance and confidence that enables them to overcome setbacks in life and to learn and grow from experiences despite obstacles they may encounter. In a 2023 survey of NYC teens, 30% reported low resilience, 61% reported medium resilience and only 8% reported high resilience.

Girls were more likely to report low resilience (35%) compared with boys (24%). Boys were also more likely to report high resilience (10%) compared with girls (6%). Similarly, teens who identified as heterosexual were less likely to report low resilience (25%) and more likely to report high resilience (10%) compared with teens who identified as a sexual minority (48% and 2%, respectively). There were no differences in resilience reported by teens based on race and ethnicity.

Resilience Among Teens Overall*



Source: NYC Teen Mental Health Survey, 2023

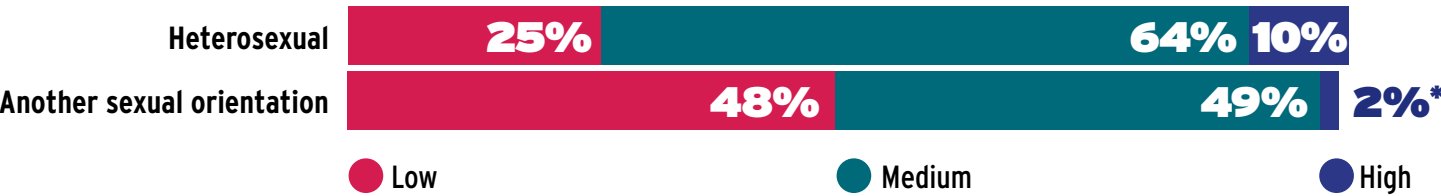
Resilience Among Teens by Gender

	Low	Medium	High
Overall	30%	61%	8%
Girls	35%	59%	6%
Boys	24%	64%	10%

Source: NYC Teen Mental Health Survey, 2023

*Percentages do not add up to 100 due to rounding.

Resilience Among Teens by Sexual Orientation



Source: NYC Teen Mental Health Survey, 2023

Stressors Among Teens

The teenage years can increase exposure to new or unique stressors. These can stem from peer relationships, home and family life, or academic contexts. Increased stress can cause teens to feel distracted, anxious or depressed, and may increase risk of suicidal ideation.

Social Media and Teen Mental Health

An increasing proportion of teens’ social lives is taking place online through social media. Social media can support teen growth by connecting them to new communities and teaching them new things, but it also has the potential to negatively impact mental health by increasing symptoms such as anxiety, isolation and body image issues. In 2023, NYC held an event to discuss [youth mental health and social media usage](#). At the event, the NYC Health Department Commissioner of Health, Dr. Ashwin Vasani, stated that “unregulated access to social media is a toxin, and a public health crisis, with risks of serious harm for the mental health and well-being of our youth.... Public health offers the solutions – through education and prevention, harm reduction, and regulation – that can keep our kids safe.” Research to build more knowledge and understanding about the impacts of social media on NYC teens is of the utmost urgency. In February 2024, NYC Mayor Eric Adams announced a social media and youth mental health [action plan](#), and Commissioner of Health Vasani issued an [advisory](#), important actions to protect the mental health of our children and youth.

In NYC, 93% of teens report using social media and engaging with a variety of platforms. Teens say they most frequently use YouTube (66%), followed by TikTok (66%) and Instagram (65%).

Among teens who report using social media daily, 90% report worrying in general, 84% report worrying about the future, 70% report worrying that something bad will happen to them and 66% report worrying that something bad will happen to someone in their family.

Among teens who report using social media weekly, 83%* report worrying in general, 62%* report worrying about the future, 56%* report worrying that something bad will happen to them and 59%* report worrying that something bad will happen to someone in their family.

Among teens who report using social media monthly, 80%* report worrying in general, 67%* report worrying about the future, 63%* report worrying that something bad will happen to them and 61%* report worrying that something bad will happen to someone in their family.

Frequency of Teen Social Media Use by Symptoms of Anxiety

	I do not use social media	Daily	Weekly	Monthly
General worry				
Never	17%	10%	17%*	21%*
Yes	83%	90%	83%*	80%*
Family worry				
Never	67%*	34%	41%*	39%*
Yes	33%*	66%	59%*	61%*
Self worry				
Never	56%*	30%	44%*	37%*
Yes	44%*	70%	56%*	63%*
Future worry				
Never	37%*	16%	38%*	33%*
Yes	63%*	84%	62%*	67%*

Source: NYC Teen Mental Health Survey, 2023

Among teens who report using social media daily, 44% report no depressive symptoms, 29% report mild symptoms, 16% report moderate symptoms and 12% report severe symptoms.

Among teens who report using social media weekly, 61%* report no depressive symptoms,

and 24%* report mild symptoms.

Among teens who report using social media monthly, 69% report no depressive symptoms, 21%* report mild symptoms and 3%* report moderate symptoms.

Frequency of Teen Social Media Use by Depressive Symptom Severity

	No depression	Mild	Moderate	Severe
Total	48%	27%	14%	11%
I do not use social media	79%	15%	2%	4%
Daily	44%	29%	16%	12%
Weekly	61%*	24%*	12%	4%*
Monthly	69%	21%*	3%*	^

Source: NYC Teen Mental Health Survey, 2023

*Interpret estimate with caution due to small sample size.

^Data are suppressed due to imprecise and unreliable estimates.

Teens suggest that social media often makes them feel more connected to the lives of friends (67%), gives them a place to show creativity (65%) and makes them feel they are part of a community they can't access otherwise (55%). Teens who identify as another gender most frequently report that social media makes them feel more accepted (87%) compared with teens who identify as a girl (54%) or boy (47%).

How Teens Say Social Media Makes Them Feel

Teens Say ...

12% social media has a positive impact on their mental health

4% social media has a negative impact on their mental health

58% social media has a positive and negative impact on their mental health

Source: NYC Teen Mental Health Survey, 2023

Does social media make you feel	%
More connected to friends' lives	67%
Like you have a place to show creativity	65%
Part of a community you cannot access otherwise	55%
More accepted or supported	52%
More exposed to violence	34%
Like friends are leaving you out	30%
Pressure to have a certain body type	29%
Like you cannot escape pressure to fit in	27%
Overwhelmed because of all the drama	26%
Worse about your own life	24%
Pressure to post content to get comments	22%
Like you want to dress or act in ways to appear sexy	21%
Like you want to take more risks or do things that might be more dangerous	20%
Suspicious of people who are different	18%

Perceived Impact of Social Media on Teen Mental Health by Race and Ethnicity

Asian or Pacific Islander teens (73%) are more likely to feel social media has both a positive and negative effect on their mental health compared with white teens (59%).

Do you feel social media has impacted your mental health (for example, the way you think, feel, act)?	No, not at all	Yes, a positive impact	Yes, a negative impact	Yes, both positive and negative
Asian or Pacific Islander	9%	17%	1%*	73%
Black	31%	11%	2%*	56%
Latino	28%	12%	5%*	56%
White	29%	8%	4%	59%
Another or multiple races	21%*	20%*	23%*	36%

Source: NYC Teen Mental Health Survey, 2023

Teens who use social media report a variety of reasons for how and why they use social media platforms. Most frequently, teens say they use

Why Teens Say They Use Social Media

To be entertained



It lets me learn new things



I am bored



It gives me information



It makes me feel connected



It answers my questions



Friends use it



For pursuing my hobbies



To escape



It helps me deal with life



social media to be entertained (98%), to learn new things (91%) and because they felt bored (90%).

It helps me figure out where I fit



It lets me help others



It helps me plan



It lets me share my story



For self-reflection



It lets me hide or be anonymous



It makes me feel loved



It makes me feel stronger



For access to LGBTQ+ information



*Interpret estimate with caution due to small sample size.

Electronic Bullying

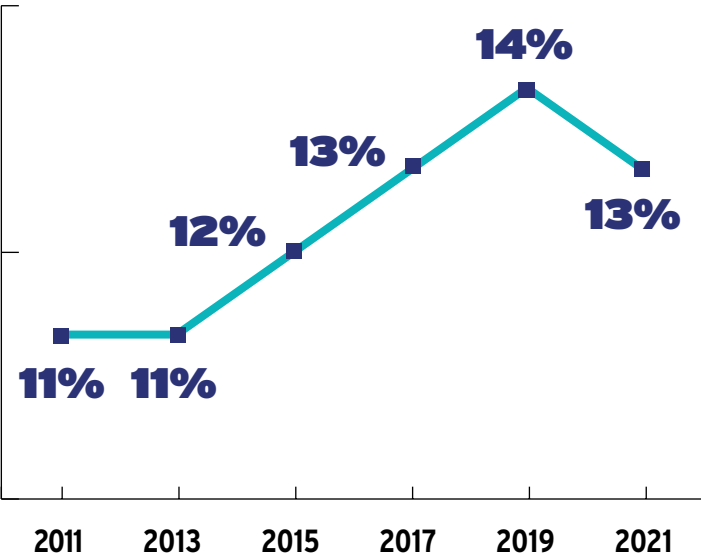
Electronic bullying includes bullying through texting and social media platforms such as Instagram and Facebook. Between 2011 and 2021, there was an increase in the percentage of NYC public high school students who reported being bullied electronically. However, from 2019 to 2021, NYC public high school students who reported being bullied electronically decreased from 14% to 13%.

Younger students (age 12 to 14) were more likely to report electronic bullying compared with older students (age 17 and older). Across years, females are more likely to report electronic bullying than males.

LGBTQ+ students, including those unsure about their sexual orientation, were more likely to report electronic bullying compared with heterosexual students. Transgender public high school students were more likely to report electronic bullying compared with students who are not transgender.

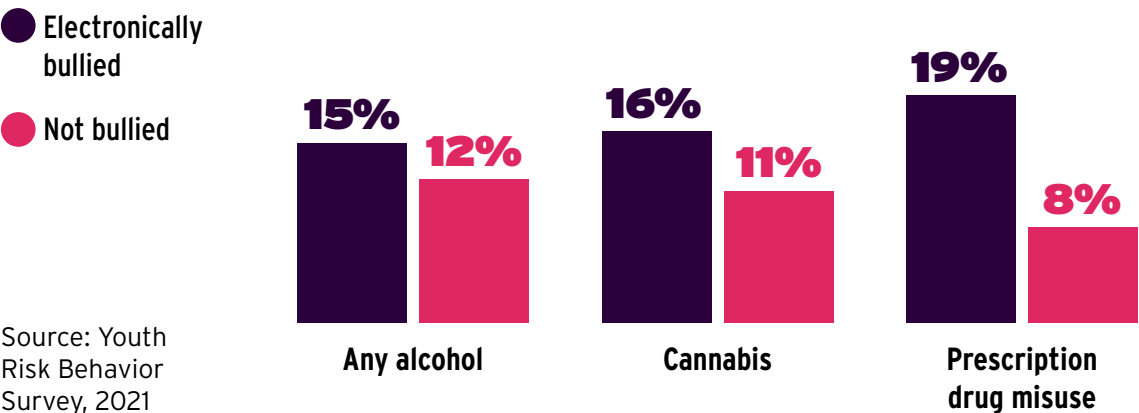
NYC public high school students who experienced electronic bullying were more likely to use cannabis, drink alcohol or misuse prescription drugs than those who did not experience electronic bullying.

Experiences With Cyberbullying Among Public High School Students: Ten-Year Trend



Source: Youth Risk Behavior Survey, 2011-2021

Substance Use Behaviors Among Public High School Students Who Experienced Cyberbullying



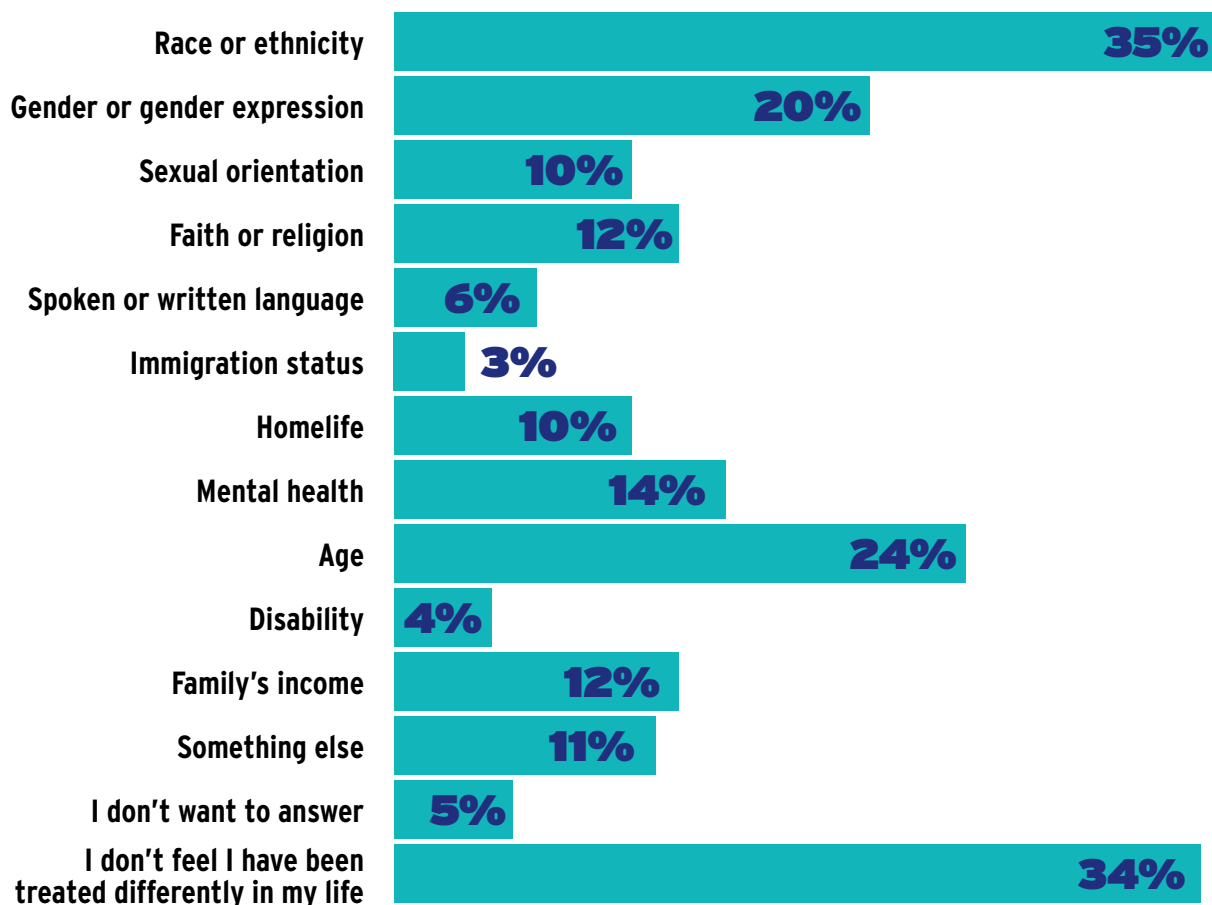
Source: Youth Risk Behavior Survey, 2021

Experiences of Discrimination

Teens can experience discrimination from their peers or other adults based on a variety of characteristics. Discrimination is a stressor that can negatively impact their mental health, especially when they experience more than one type of discrimination.

In a 2023 survey of NYC teens, 35% said they felt discriminated against based on their race or ethnicity and 24% said they felt discriminated against based on their age. 5% of teens did not want to answer the question, while 34% of teens felt that they had not been discriminated against. Asian or Pacific Islander teens (50%) and teens who identified as another or multiple races (50%) reported feeling discriminated against based on their race or ethnicity most often, followed by teens who identified as Black (43%). 3% of teens reported that they felt discriminated against based on their immigration status.

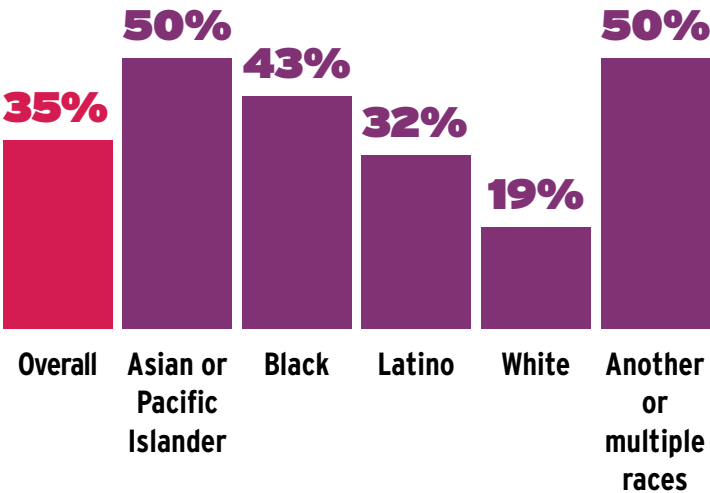
Reported Feelings of Discrimination Among Teens



Source: NYC Teen Mental Health Survey, 2023

Reported Feelings of Racial or Ethnic Discrimination Among Teens by Race and Ethnicity

Source: NYC Teen Mental Health Survey, 2023



Other Stressors

According to the NYC Teen Mental Health Survey, 2023, NYC teens were asked to describe how much stress they felt about common life experiences. Teens reported feeling very stressed about school (23%) and future goals (18%) within the past 12 months. Girls (10%) were more likely to report feeling very stressed about home life compared with boys (4%*), and Black teens (14%) were more likely to report feeling very stressed about family money issues compared with white teens (6%). Teens report feeling the least amount of stress about romantic relationships (61%) and relationships they have with their classmates (52%).

Teens Experiencing Stress About Family Money Issues by Race and Ethnicity

Race and Ethnicity	%
Asian or Pacific Islander	11%
Black	14%
Latino	11%
White	6%
Another or multiple races	12%*

Source: NYC Teen Mental Health Survey, 2023

Types of Stressors Teens Report Experiencing by Sexual Orientation

According to the NYC Teen Mental Health Survey, 2023, teens who identified as another sexual orientation (12%) were more likely to report feeling very stressed about relationships with their friends compared with heterosexual teens (5%).



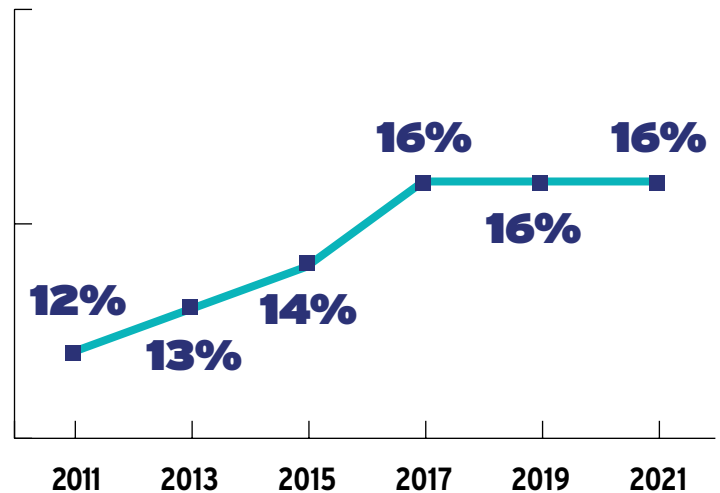
Youth Suicidality

Although the number of suicides among NYC teens is relatively low, it is important to recognize that even one loss is too many, and for every young person who dies by suicide, there are many more who seriously consider or attempt suicide. Suicide deaths and attempts have a profound impact on family, parents and caregivers, loved ones, friends, and communities. Identifying risk factors, such as previous suicide attempts, suicidal ideation, persistent sadness, depression symptoms or self-harm, is crucial for prevention.

Prevalence of Seriously Considered Suicide Among NYC Youth: Ten-Year Trend

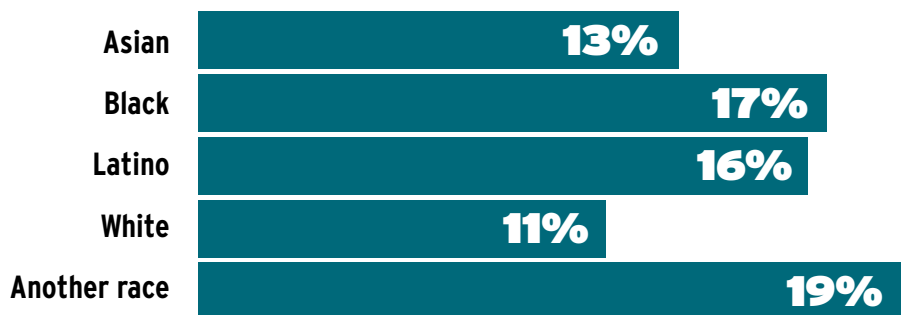
The percentage of NYC public high school students who reported seriously considering suicide in the past 12 months has increased over the last 10 years, from 12% in 2011 to 16% in 2021.

In 2021, NYC public high school students who reported seriously considering suicide in the past 12 months were more likely to be girls (21%) than boys (10%) and more likely to be Latino (16%) than white (11%).



Source: Youth Risk Behavior Survey, 2011-2021

Prevalence of Seriously Considered Suicide Among NYC Youth by Race and Ethnicity

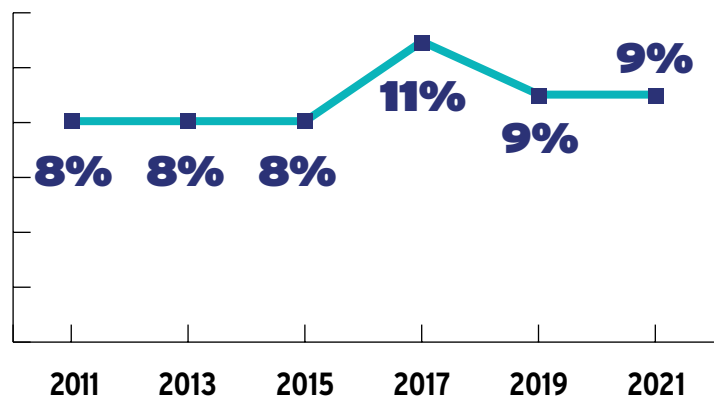


Source: Youth Risk Behavior Survey, 2021

Teens Who Have Attempted Suicide

The percentage of suicide attempts among NYC public high school teens has remained stable over the last 10 years, with no change since the start of the COVID-19 pandemic (8% in 2011 and 9% in 2021).

Prevalence of Reported Suicide Attempts Among NYC Youth: Ten-Year Trend



Source: Youth Risk Behavior Survey, 2011-2021

Mental Health Needs, Access Barriers and Support Structures

Every New Yorker should have access to mental health care for their needs. Sometimes teens and families experience challenges with mental health care access.

In a 2023 survey of NYC teens, 24% said they needed or wanted mental health care but did not get it over the past 12 months. Among these teens who needed or wanted but did not receive mental health care, the most common reasons were feeling that they could handle their own mental health without treatment (55%), not wanting to share with family that they needed

mental health care (53%) and worrying that if they received mental health care people would think badly of them (27%). Teens were least likely to report having problems with using telehealth services (2%) and being unable to find a provider who spoke their language or understood their culture (1%*).

When talking about whether teens, regardless of seeking mental health care in the past 12 months, felt they needed mental health treatment right now, 43% strongly felt that they did not need mental health treatment right now.

Teens’ Reported Reasons for Not Receiving Mental Health Care When They Said They Needed or Wanted It in the Past 12 Months

Wanted mental health in last 12 months but didn’t receive it	%
Thought I could handle my mental health without treatment	55%
Did not share with my family that I needed mental health care	53%
Worried that if I got mental health treatment people would think badly of me	27%
I or my parent(s) or caregiver(s) did not know who to contact or where to go	14%
My family could not afford it	14%
Hours or locations were not convenient	14%
Something else	13%
Parent or another adult did not think I needed treatment	10%
Problems using telehealth services (such as access, privacy concerns)	2%
Could not find a provider who spoke my language or understood my culture	1%*

Source: NYC Teen Mental Health Survey, 2023

The ability to access reliable and relevant information on mental health is vital for young people. Knowing who to talk to and where to go for this information can be a challenge. Teens most often say they go to a parent as a source of mental health information (13%), followed by going to friends (7%) and other family (5%). Discussing mental health helps to destigmatize this issue and is often a critical first step in getting needed support. Among teens in NYC, 69% agree that they would feel comfortable talking about their mental health with those closest to them. Having access to someone to talk to in general, but specifically about mental health, is a powerful predictor of positive mental health. According to NYC teens, 54% feel comfortable telling their parent or guardian that they are interested in mental health treatment.

Teens’ Feelings About Mental Health

	Agree
I don’t feel like I need mental health treatment right now	67%
I feel comfortable talking about my mental health with those closest to me	69%
I would feel comfortable telling my parent(s) or guardian(s) that I’d like to get mental health treatment	54%
If I needed it, I could fit mental health treatment into my school or after-school schedule	60%
I don’t feel like mental health treatment would help me	43%
I have looked for information on how to improve my mental health	42%
I’m worried that my family couldn’t afford mental health treatment for me	21%

Source: NYC Teen Mental Health Survey, 2023

Teen Substance Use Behaviors

People may use substances such as alcohol and drugs to feel good or as a coping mechanism. For some, substance use can result in negative consequences, be a symptom of poor mental health, exacerbate an existing mental health issue or lead to a substance use disorder.

Teen substance use is important to understand because of the potential impact on brain development. Most adults who have a substance use disorder started using substances during their youth.

Youth who experience discrimination related to their sexual orientation or gender identity are at increased risk for developing problems with substance use.

Alcohol

Alcohol is the substance most often used by adolescents nationally. Underage drinking increases the risk of developing an alcohol use disorder (AUD). People who start drinking before age 15 are at higher risk for developing AUD later in life. Underage drinking is also associated with risky behaviors such as unsafe sexual activity, drinking and driving, and experiencing or engaging in violent behavior.

In 2021, 13% of NYC public high school students reported drinking in the past 30 days. In the same

year, a higher proportion of girls (15%) reported drinking in the past 30 days compared with boys (11%). More white (16%) and Latino (15%) teens reported drinking in the past 30 days than teens who identified as Black (13%), another race* (12%) or Asian (5%). The proportion of public high school students who identified as lesbian, gay, bisexual or another sexual orientation and reported drinking in the past 30 days was greater (22%) than that of heterosexual students (12%).

Alcohol Use in the Past 30 Days Among Youth, by Sexual Orientation



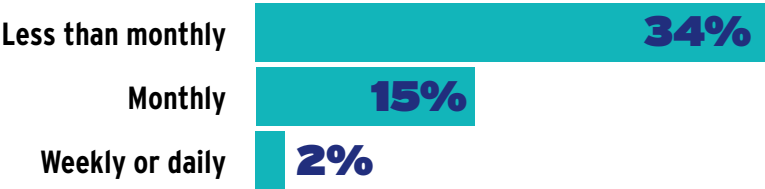
The sexual orientations of lesbian, gay, bisexual and another sexual orientation are grouped in the LGBO category.
Source: Youth Risk Behavior Survey, 2021

In 2023, 15% of NYC teens reported drinking any alcohol in the past 12 months. For teens who do consume alcohol, binge drinking is classified as four or more drinks within a couple of hours for female teens, or five or more drinks within a couple of hours for male teens. Among teens who use any alcohol, most (34%) reported binge drinking less than monthly in the past 12 months, while 2% engaged in binge drinking alcohol on a weekly or daily basis.

*Another race includes non-Latino students who selected American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or multiple race categories.

Frequency of Binge Drinking Among Teens in the Past 12 Months

Source: NYC Teen Mental Health Survey, 2023



Cannabis

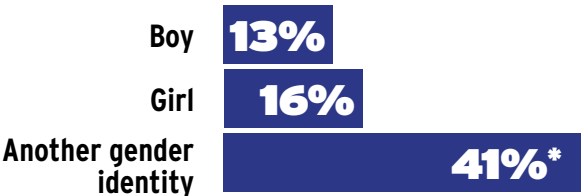
The proportion of NYC public high school students who reported using cannabis in the past 30 days decreased in 2021 (12%) compared with 2017 (16%) and 2019 (18%). Among the students in 2021, cannabis use was twice as common among those who identified as lesbian, gay, bisexual or another sexual orientation (20%) compared with their heterosexual peers (10%).

In a 2023 survey, 15% of NYC teens reported cannabis use in the past 12 months. Teens who identified their gender as boy (13%) or girl (16%) were less likely to report cannabis use in the past year compared with those who identified as another gender identity (41%*).^

Cannabis Use in the Past Year Among Teens by Gender Identity

Another gender identity includes transgender girl, transgender boy, nonbinary and some other gender identity.

Source: NYC Teen Mental Health Survey, 2023



Prescription Drug Misuse

Prescription drug misuse is the use of a prescription medication without a prescription or in a manner other than prescribed. It should be noted that there were differences in methodology in 2023 compared with previous years; estimates of prescription drug misuse in previous years are not directly comparable.

In 2023, 4.7% of NYC teens reported misusing at least one prescription drug in the past 12 months. In the same survey, 3.2% of teens reported misusing a prescription pain medication (for example, Vicodin) in the past 12 months. In prior surveys of NYC public high school students, 9% reported past-year misuse of a prescription pain medication in 2021 and 12% reported past-year misuse of a prescription pain medication in 2019.

In 2023, 1.2% of teens report misusing a benzodiazepine medication (for example, Xanax) in the past 12 months. In prior surveys of NYC public high school students, the proportion of youth who reported misusing a benzodiazepine medication in the past 12 months was 3% in 2021 and 6% in 2019.^

In 2023, 2.1% of teens reported misusing a stimulant medication intended to treat ADD or ADHD (for example, Adderall) within the past 12 months. In prior surveys of NYC public high school students, 4% reported misusing a prescription stimulant in the past year in 2021 and 6% reported misusing a prescription stimulant in 2019.^

*Interpret estimate with caution due to small sample size.
^Change over time should be interpreted with caution due to differences in survey sources and methodology.

Other Drugs

In 2021, the proportion of NYC teens attending public high schools who reported other drug use in their lifetime (7%) decreased compared with 2019 (14%). Some of these other drugs included cocaine, heroin, ecstasy, methamphetamine and synthetic cannabinoids. Black (9%) and Latino (7%) teens were more likely to report having

used other drugs in their lifetime compared with their white peers (5%). History of other drug use among youth who identified as lesbian, gay, bisexual or another sexual orientation was twice as high as among youth who identified as heterosexual (13% and 6%, respectively).

Programs That Support NYC Children and Teens

The NYC mental health system offers a wide array of services for children, teens and their families that accommodate different levels of need.

Supportive Services

Supportive services are available to youth experiencing or at risk of developing mental or behavioral health challenges, including family and peer support services, rehabilitative services, and programs to encourage skill building.

Outpatient Treatment Services

Outpatient clinics are places where mental health symptoms that children and youth experience are assessed, either in the community or in a school setting, to determine an appropriate diagnosis and therapeutic intervention.

Crisis Services

There are several services available for children and teens in crisis, such as [Mobile Crisis Teams](#) – a group of behavioral health professionals who can provide care and short-term management for people who are experiencing severe behavioral crisis – and [988](#) – the nation's hotline for mental health support and crisis-related needs, available 24/7 and in multiple languages. Visit nyc.gov/988 for more information.

Key Takeaways About the Mental Health of Children and Teenagers in NYC

Children

- A higher percentage of parents and caregivers of children age 3 to 13 reported having concerns about their child's development in 2021 (43%) than in 2019 (39%).*
- An estimated 291,000 (23%) of children age 3 to 13 have experienced one to three adverse childhood experiences, and 30,000 (2%) have experienced four or more. This is concerning, as exposure to adverse childhood experiences increases the risk of mental health diagnoses and more frequently occurs among youth with IDD diagnoses.
- In both 2019 and 2021, 15% of children age 3 to 13 were reported to have a mental health diagnosis.*

Teens

- Between 2011 and 2021, there was an increase from 27% to 38% of NYC public high school students reporting feeling sad or hopeless.
- Girls in NYC generally have poorer mental health outcomes compared with boys. Among public high school students, between 2019 and 2021, there was an increase in the percentage of girls who reported feeling sad or hopeless but no change for boys. In 2021, the percentage of girls who felt this way was also higher than the percentage of boys.
- Among teens identified as having depressive symptoms, 48% had minimal symptoms, 27% reported mild symptoms, 14% reported moderate symptoms and 11% reported severe symptoms.
- The most frequently endorsed coping mechanisms used by teens in 2023 were listening to music (67%) and using social media (56%). Negative coping skills were also reported, with 23% of teens saying they criticized themselves a lot and 15% saying they blamed themselves a lot for things that happened.
- Few teens (8%) report being highly resilient. In 2023, the majority of teens reported a medium amount of resilience, and still 30% reported low resilience. There are clear differences in the experience of resilience based on sexual orientation and gender, with girls and those who identify as a sexual minority being more likely to report low resilience, whereas boys and those who identify as heterosexual were more likely to report high resilience.
- Teens feel social media has **positive and negative** impacts on their mental health (58%).
- Between 2011 and 2021, there was an increase in the percentage of NYC public high school students who reported being electronically bullied.
 - Younger students, females and LGBTQ+ students were more likely to report electronic bullying.
 - Students experiencing bullying were more likely to use cannabis and misuse prescription drugs.
- Although around one in three NYC teens said they had not experienced discrimination (34%), another 35% said they had experienced discrimination on the basis of their race or ethnicity. Racial or ethnic discrimination was more frequently reported by Asian or Pacific Islander teens (50%) than other groups.
- In 2021, NYC public high school students who seriously considered suicide in the year before the survey was taken were more likely to be girls (21%) than boys (10%) and more likely to be Latino (16%) than white (11%).

- The percentage of suicide attempts among NYC public high school teens has remained stable over the last 10 years, with no change since the COVID-19 pandemic.
- Nearly one in four NYC teens (24%) said that sometime in the past 12 months they had needed or wanted mental health care but did not get it.
- In 2023, 4.7% of NYC teens reported misusing at least one prescription drug in the past 12 months. The most commonly cited source of such drugs was their own prescription.
- In 2021, the proportion of NYC teens who reported other drug use in their lifetime decreased to 7% from 14% in 2019. However, in 2021, this proportion was twice as high among youth who identified as lesbian, gay, bisexual or another sexual orientation as among those who identified as heterosexual.

Mental Health of Adults in NYC

More than six million adults live in NYC. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2018-2019, nearly one in four (23%) adult New Yorkers experiences a mental health disorder in a given year.¹⁶ Adult mental health builds on experiences in childhood and adolescence and is also shaped by the many stressors and responsibilities of adulthood. Managing financial obligations and dealing with unexpected expenses can be very stressful. Juggling demanding careers while trying to maintain a work-life balance can lead to burnout and constant pressure. Handling family responsibilities, such as caring for children or aging parents, can also add emotional and mental strain. As life unfolds and challenges arise, feelings of anxiety, depression and stress often emerge. The COVID-19 pandemic exacerbated many of these challenges for adult New Yorkers. However, in the face of all these challenges, many New Yorkers still heal as individuals and come together to build resilient communities and support each other.

This section explores mental health among New Yorkers age 18 and older. First, we describe formal diagnoses and signs of crisis: suicide, hospitalization for psychiatric issues and diagnosis with a mental illness. We then look at current measures of problematic psychological suffering to estimate the amount of people who are having trouble overcoming the challenges in their life. After, we report on factors that describe resilience, support and well-being.

This section also examines environmental and social factors that affect the mental health of adult New Yorkers. Many of these factors are measured by their impact on serious psychological distress (SPD). At the end, we provide information about treatment for mental health issues, the challenges that limit access to treatment for people who need services, and substance use and access to substance use treatment.



Adult New Yorkers With a Diagnosis of a Mental Illness

Mental health conditions such as schizophrenia, bipolar disorder, PTSD, major depressive disorder (MDD) or anxiety can be diagnosed by a health care professional. A person can have multiple mental health diagnoses. Symptoms vary widely and may change over time and with treatment.

The estimated number¹⁷ of adult New Yorkers who have been diagnosed by a health care professional, by condition, include:

- Schizophrenia, schizoaffective disorder or psychosis: 72,000 people (1%)
- Bipolar disorder, mania or manic depression: 181,000 people (3%)
- PTSD: 366,000 people (5%)
- MDD or severe depression: 732,000 people (11%)
- Anxiety: 1,243,000 people (18%)

Many people with these diagnoses may experience periods with little to no impairment and other periods when completing daily activities can be very difficult.

In addition, adults with intellectual and developmental disabilities (IDD), such as ADHD or autism, may be at high risk of a co-occurring mental health condition. Among NYC adults who have been diagnosed with an IDD, an estimated 185,000 (72%) also have one or more mental health diagnoses, including schizophrenia, bipolar disorder, PTSD, MDD or anxiety.¹⁹

71% of adults (or about seven out of 10) with a diagnosed mental illness* report that problems with emotions, nerves or mental health made it difficult to do daily tasks in the past 30 days.



Source: NYC Neighborhood Wellness Survey, 2023

70% of NYC adults with a diagnosed mental illness* have received mental health treatment (counseling or medication or both) in the past year.

Unmet need for mental health treatment includes people's perception of not receiving as much treatment as they would have wanted, not receiving it as soon as they wish they had or not easily accessing it at any point when they wanted it. **Among NYC adults with a diagnosed mental illness,* 34% have had an unmet need for mental health treatment in the past year.**¹⁸

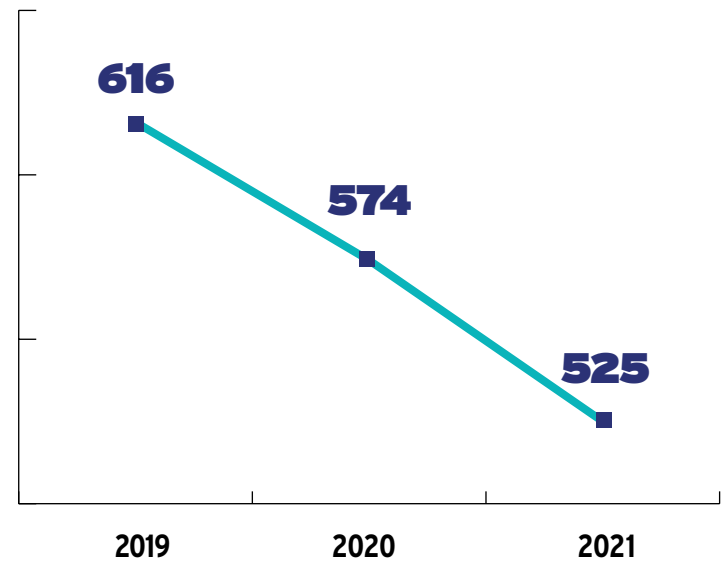
Psychiatric Hospitalizations Among NYC Adults

Many adults experiencing mental illness are not hospitalized, but hospitalization may help stabilize people experiencing worsening symptoms. While psychiatric hospitalizations can indicate need or burden of mental illness, they also reflect the adequacy of nonhospital, community-based care and access.

NYC psychiatric hospitalizations have declined since 2019. In 2021, the rate of hospitalizations for mental illness was 525 per 100,000 adults.

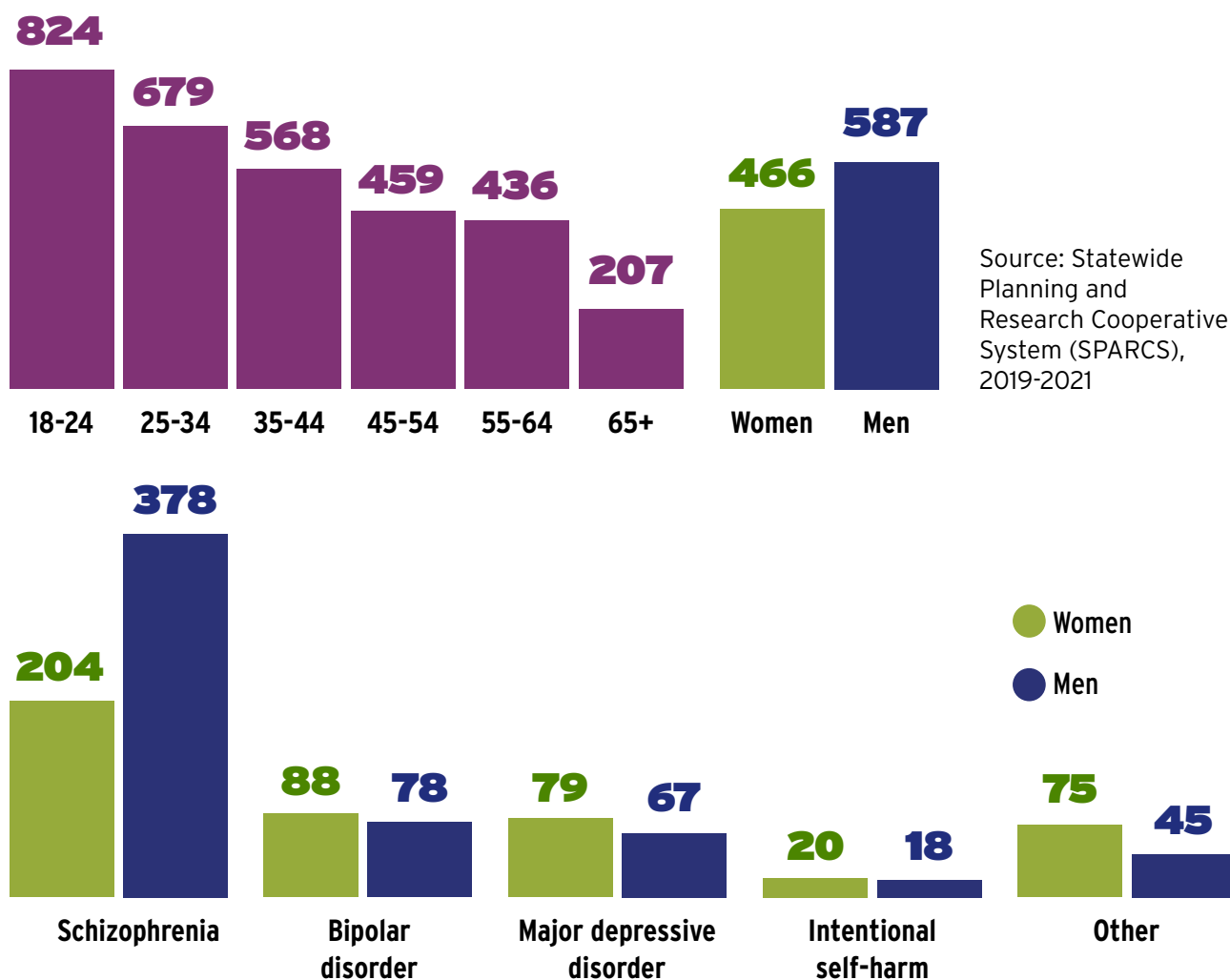
Substantial changes in mental health care services have occurred over the last several years that may have impacted psychiatric hospitalizations, such as integrating behavioral health services into Medicaid Managed Care and increasing outpatient capacity to support New Yorkers with complex mental health needs. Additionally, the reallocation of psychiatric hospital beds during the pandemic and the fear of exposure to COVID-19 may have resulted in fewer people presenting to the emergency department for psychiatric symptoms.

Psychiatric Hospitalizations, Rate per 100,000 Adults



Source: Statewide Planning and Research Cooperative System (SPARCS), 2019-2021

Psychiatric Hospitalizations by Age Group, Gender and Primary Diagnosis, 2021, Rate per 100,000 Adults



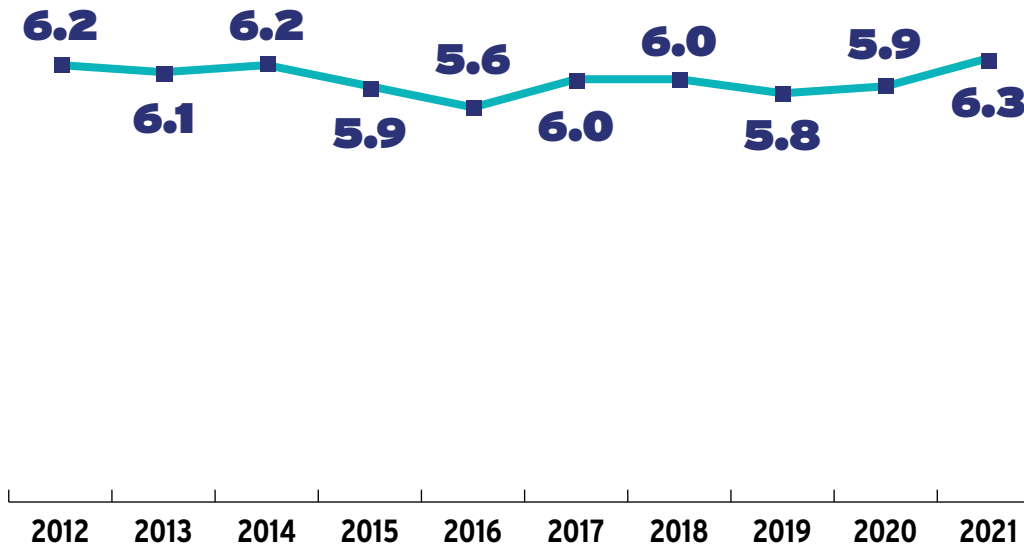
In 2021, younger adults had the highest rate of psychiatric hospitalizations, at one and a half times the overall citywide rate for adult New Yorkers.

Suicide

Suicides are deaths caused by self-injury with the intent to die as a result of the behavior.²⁰ When a person dies by suicide, the effects ripple throughout their surviving family, friends and community. In 2020, 2.4% of New Yorkers reported having thoughts of suicide in the past year.²¹ Suicide is a preventable cause of death, and understanding risk factors and differences in rates of suicides between different groups of New Yorkers can help us provide the appropriate resources and support.

In 2021, there were a total of 563 deaths by suicide in NYC. The age-adjusted rate of suicides in NYC in 2021 was 6.3 per 100,000 population. This was much lower than the national rate of 14.1 per 100,000 population from the same year.²² The age-adjusted rate of suicide in NYC has remained stable over the past decade – see the upcoming figure Suicides in NYC, Rate per 100,000 People.

Suicides in NYC, Rate per 100,000 People



The NYC Health Department collects surveillance data on all suicides that take place in NYC regardless of the person's primary place of residence. NYC residents who die by suicide outside NYC are not included in this analysis.

Source: NYC Department of Health and Mental Hygiene Bureau of Vital Statistics 2012-2021

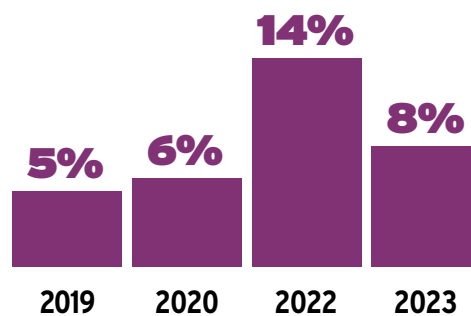
Serious Psychological Distress

Serious psychological distress (SPD) is a term to describe the feelings of people who have recently been having problems functioning due to negative emotional or mental experiences. SPD is not a diagnosis but is a good way to understand how large groups of people have been feeling within the past 30 days. It represents people who have been experiencing mental health symptoms, but it does not say whether they do or do not have a mental illness.

An estimated 541,000 adult New Yorkers (8%) had SPD in 2023. This percentage was 14% in 2022 but 6% in 2020 and 5% in 2019.* Since SPD rose among adults during the COVID-19 pandemic, it is possible that it shows the negative impact of the pandemic on mental health in NYC.

SPD by Year[†]

Source: NYC Neighborhood Wellness Survey, 2023; NYC Social Determinants of Health Survey, 2022; NYC Community Health Survey, 2019 and 2020



*Change over time should be interpreted with caution due to differences in survey sources and methodology.

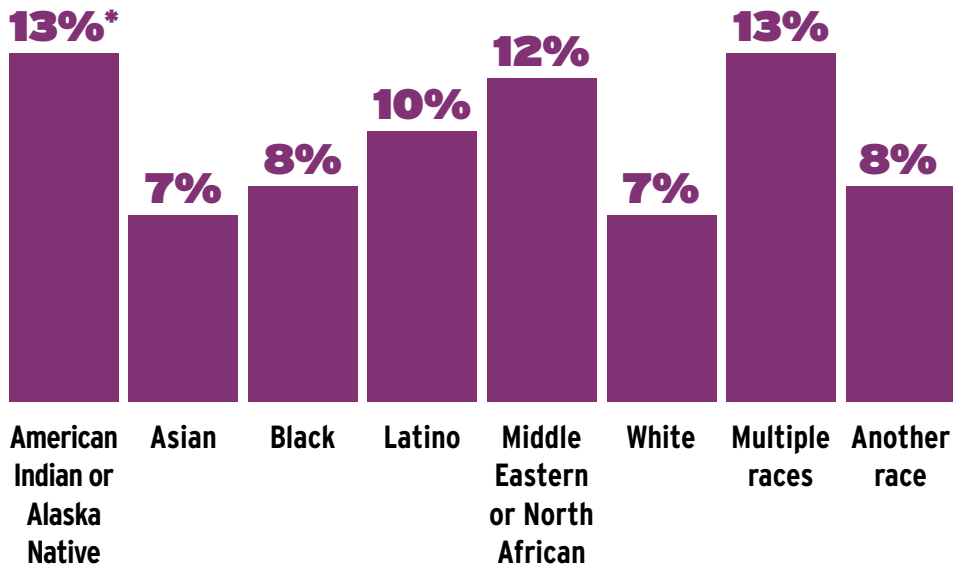
[†]Data for SPD was not collected in 2021.

Structural racism is racial bias across institutions and society. It is the system of structures, institutions and policies that work together to advantage white people and disadvantage people of color. Structural racism has a harmful effect on

mental health. In 2023, Black, Latino, and Middle Eastern or North African adults and adults who identify as multiple races were more likely to have SPD than white adults.

SPD by Race and Ethnicity

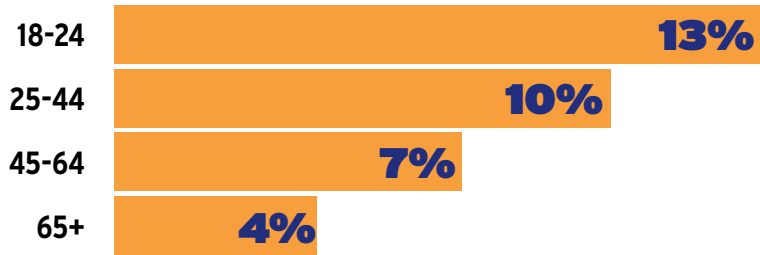
Native Hawaiian or other Pacific Islander data are suppressed due to imprecise and unreliable estimates.
Source: NYC Neighborhood Wellness Survey, 2023



SPD by Age Group

Adults age 18 to 24 are more likely to experience SPD than adults age 25 and older.

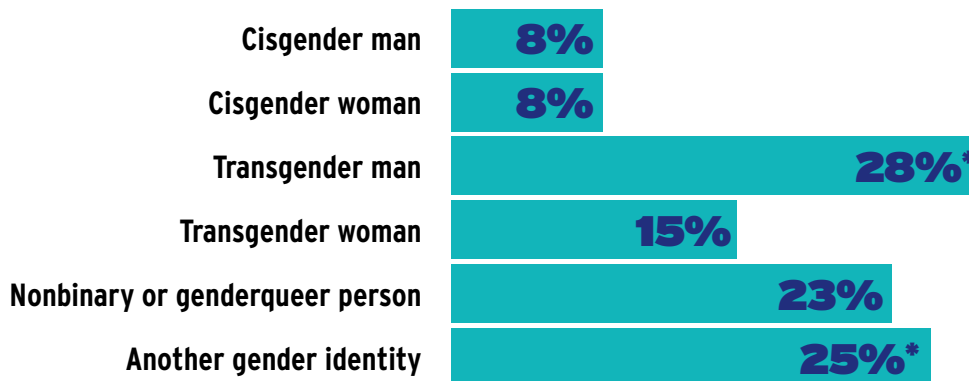
Source: NYC Neighborhood Wellness Survey, 2023



Gender identity affects the likelihood of having SPD. People who do not identify with the gender they were assigned at birth may experience discrimination and transphobia. These stressors increase the risk of poor mental health. Transgender men,* nonbinary or genderqueer people, and those with another gender identity* are more likely to have SPD than cisgender people (people who identify with the gender they were assigned at birth). See the upcoming figure SPD by Gender Identity.

SPD by Gender Identity

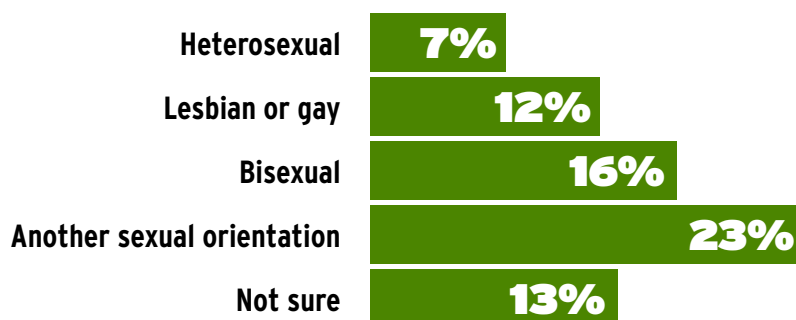
Source: NYC Neighborhood Wellness Survey, 2023



People who do not identify as heterosexual may face stigma and discrimination, which can harm their well-being. Those who do not identify as heterosexual are more likely to experience SPD.

SPD by Sexual Orientation

Source: NYC Neighborhood Wellness Survey, 2023



There are many immigration-related stressors that can impact mental health. Adults born in U.S. territories (such as Puerto Rico, Guam or the U.S. Virgin Islands) were almost twice as likely to have SPD as adults born in the rest of the U.S. A majority of New York adults born in U.S. territories identify as Latino, and may be more likely to experience structural racism-related factors that result in the higher estimate of SPD among Latino adults. However, those born

outside the U.S. were less likely to have SPD than those born in the U.S., excluding U.S. territories. This may be due to a variety of factors, including better health of those who are able to migrate, retained healthy cultural practices and different cultural perceptions of mental health.²³ These factors may be different for adults born in U.S. territories, who may have more previous exposure to U.S. culture and show different patterns of immigration.

SPD by Country of Birth

Source: NYC Neighborhood Wellness Survey, 2023



*Interpret estimate with caution due to small sample size.

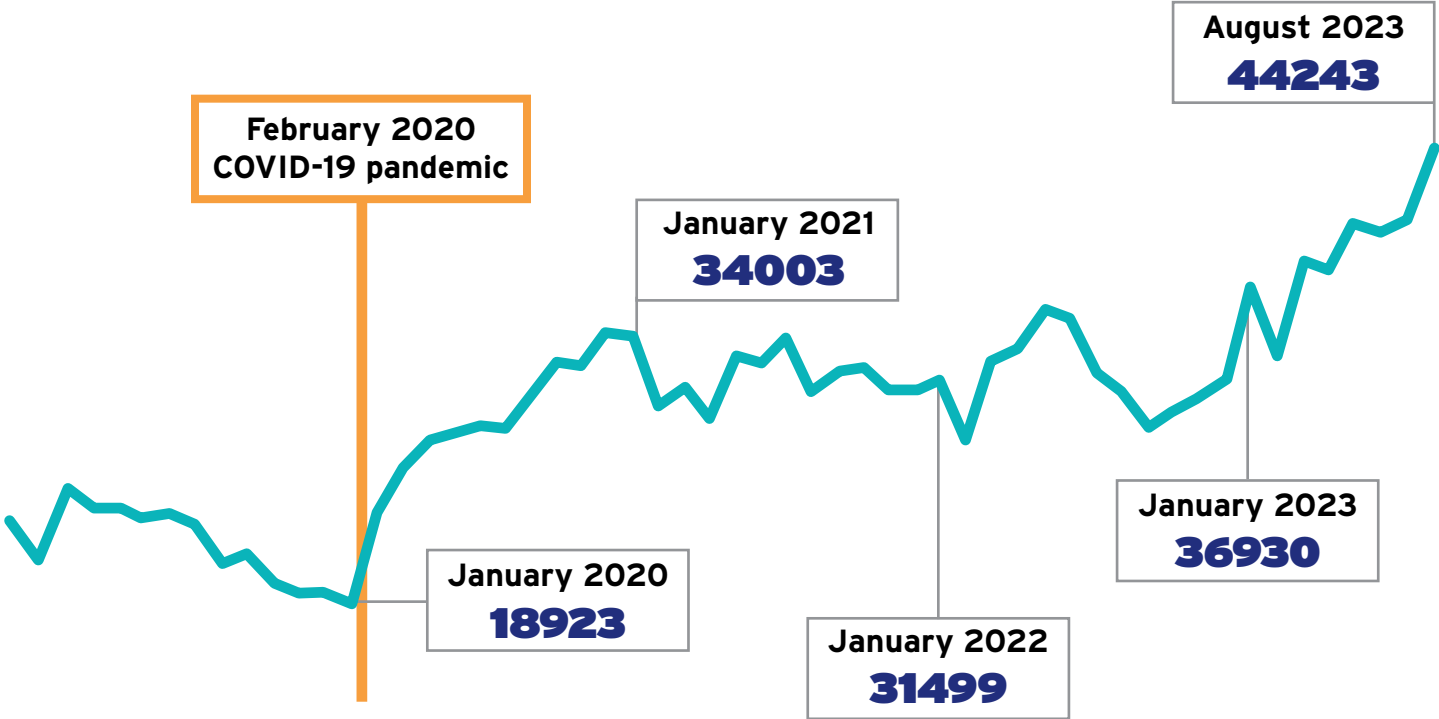
Support and Well-Being

Help Line Contacts

New Yorkers can seek mental health and substance use support through the nation's 988 help line. 988 connects people to free and confidential crisis counseling, mental health and substance use support, information, and referrals

and is available 24/7. Contacts to help lines have increased since the start of the COVID-19 pandemic. Before September 2023, contacts were received in NYC by NYC Well.

NYC Well Total Monthly Answered Contacts (Calls, Texts and Chats)



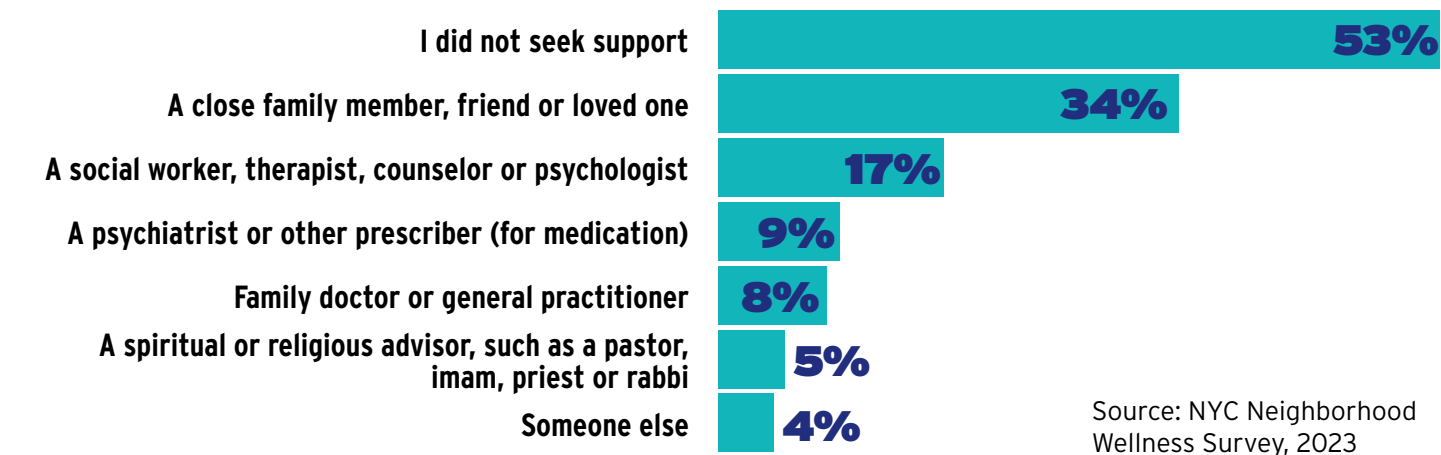
Source: NYC Well Data, 2019-2023; data are provisional and subject to change.

Sources of Support

In addition to city resources such as 988, New Yorkers seek support for their mental health from other sources. In 2023, the most reported source of support for mental health was a close family

member, friend or loved one (34%). Over half of New Yorkers (53%) reported not seeking support in the past 12 months.

Sources of Support for Mental Health in Past Year Among Adults



Emotional Support

Having someone to turn to in difficult times can help support good mental health. We measured if New Yorkers had someone they felt they could count on to provide them with emotional support most or all of the time. This might involve talking

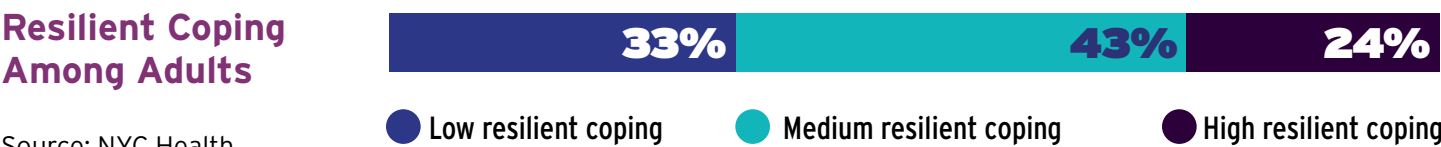
over problems or helping them make difficult decisions. In 2021, 53% of New Yorkers felt they could count on someone this way, and in 2023, 46% of New Yorkers felt they could count on someone this way.*²⁴

Resilience

Resilience is the capacity to recover and grow from difficult situations. Resilience can help a person handle stress and decrease their risk of mental or emotional distress. A resilient person might adapt well to changing circumstances, have confidence in their ability to address problems, or remain calm and in control of their emotions in stressful situations. Biological, psychological,

social, economic, cultural and experiential factors all affect a person's resilience. New Yorkers faced a true test of their resilience during the difficult years of the COVID-19 pandemic. In 2021, 38% of New Yorkers had low resilience, and in 2023, 33% had low resilience. In both 2021 and 2023, nearly one in four New Yorkers (23% and 24%, respectively) had high resilient coping skills.*²⁵

Resilient Coping Among Adults



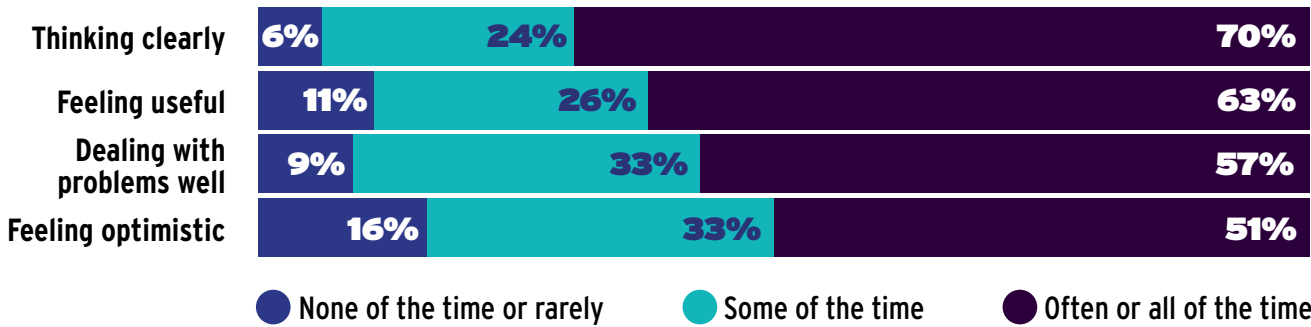
*Change over time should be interpreted with caution due to differences in survey sources and methodology.

Well-Being

Well-being includes the presence of positive emotions and moods, such as contentment or happiness, and the absence of negative emotions, such as depression or anxiety. It also represents satisfaction with life, feelings of fulfillment and positive functioning. As we emerge from the pandemic, many New Yorkers are feeling

optimistic about the future. In 2023 and 2019, many adult New Yorkers reported thinking clearly (70% and 66%, respectively), feeling useful (63% and 54%), dealing with problems well (57% and 49%) and feeling optimistic about the future (51% and 41%) often or all of the time in the past two weeks.*²⁶

Self-Reported Indicators of Well-Being Among Adults



Source: Neighborhood Wellness Survey, 2023

Environmental Factors

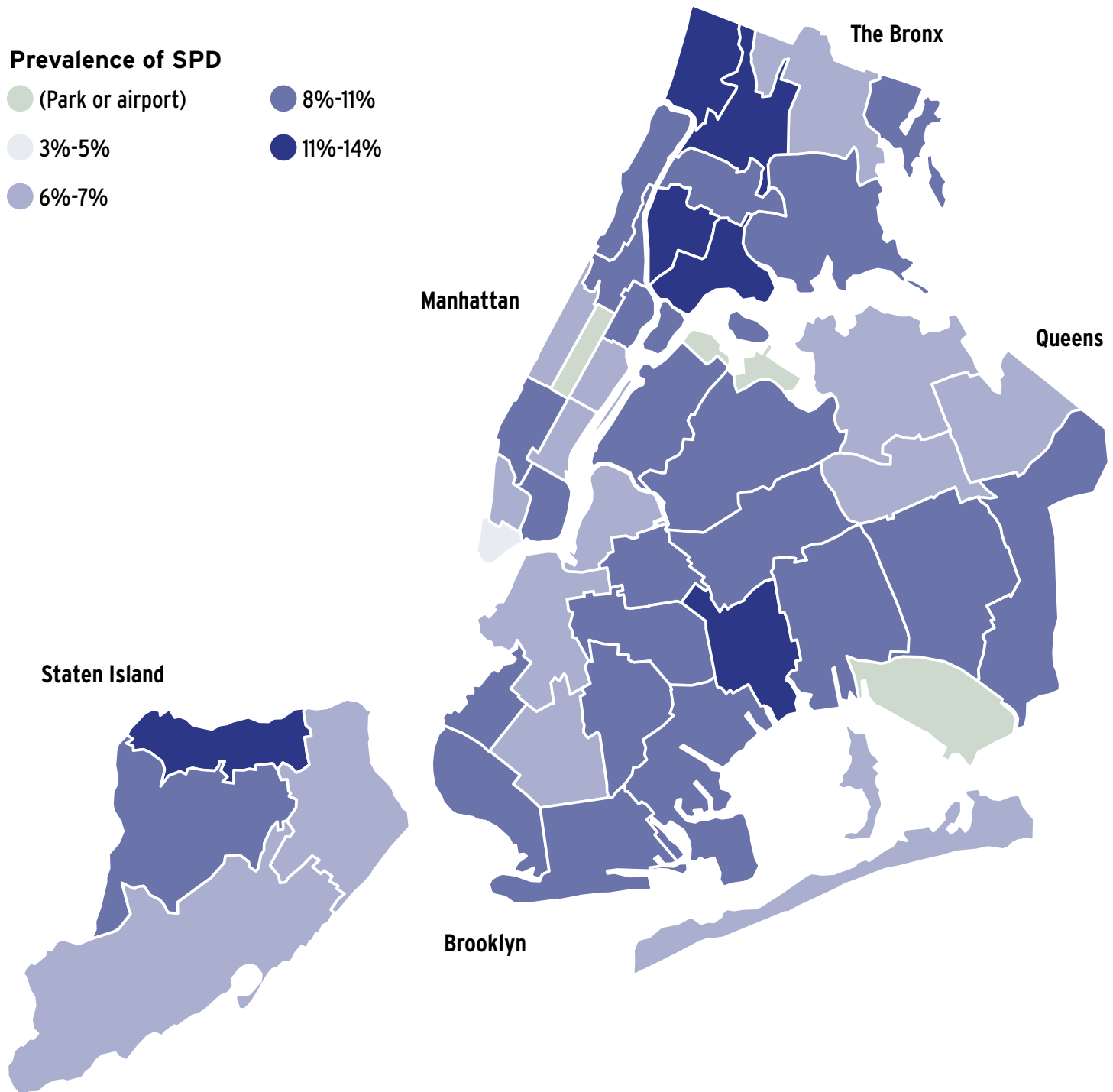
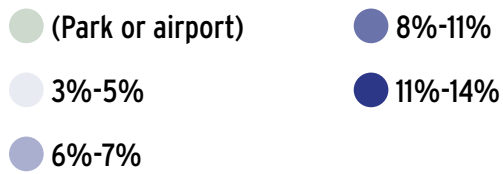
Environmental factors affect all aspects of mental health. They can act as stressors and negatively impact mental health, or they can act in support of well-being. An easy way to see this is geographically. The upcoming map shows the percentage of adults with SPD by neighborhood. Disparities in SPD in different neighborhoods overlap with differences in social and environmental factors.

Some of these factors may represent available economic resources and access to and quality of health care. Many of these differences are caused in part by historical disinvestment in neighborhoods where mostly Black and Latino

people live. Neighborhood disinvestment – a process by which resources are systematically taken away from neighborhoods – has created concentrations of poverty in the city that cause living conditions that are harmful for mental health. Disinvestment also includes the neglect of services, such as schools; garbage collection; transportation; and maintenance of buildings, streets and parks. Disinvestment also involves housing factors, such as absent landlords and redlining in mortgages. These processes negatively transform neighborhoods and uproot poor residents. This process has happened over decades in neighborhoods with primarily Black and Latino residents and is still happening.²⁷

SPD by Neighborhood

Prevalence of SPD



Neighborhoods are defined in this map by United Hospital Fund (UHF) areas: a neighborhood-level geography built from approximated ZIP code areas. For more information, visit nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf.
Source: NYC Neighborhood Wellness Survey, 2023

SPD by Neighborhood Poverty Level

Neighborhoods with higher concentrations of poverty have a greater prevalence of SPD than wealthier neighborhoods. This is because the wealth of a neighborhood affects environmental and social factors that can then affect mental health.

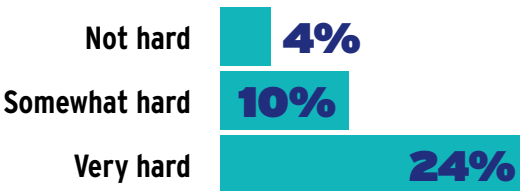


Neighborhood poverty level is based on 2017-2021 American Community Survey data on the proportion of ZIP code residents living below the federal poverty level.
Source: NYC Neighborhood Wellness Survey, 2023

Economic Stability

In our society, having money is necessary to access resources that provide health. Some people find it challenging and stressful to afford basic needs like food, housing and medical care. Discrimination such as racism and sexism has led to significant income disparities in NYC, making it harder for marginalized groups to find well-paying jobs and build wealth across generations. We have found that adults who have a very hard time paying for basic needs are more likely to experience SPD.

SPD by Difficulty Paying for Basic Needs

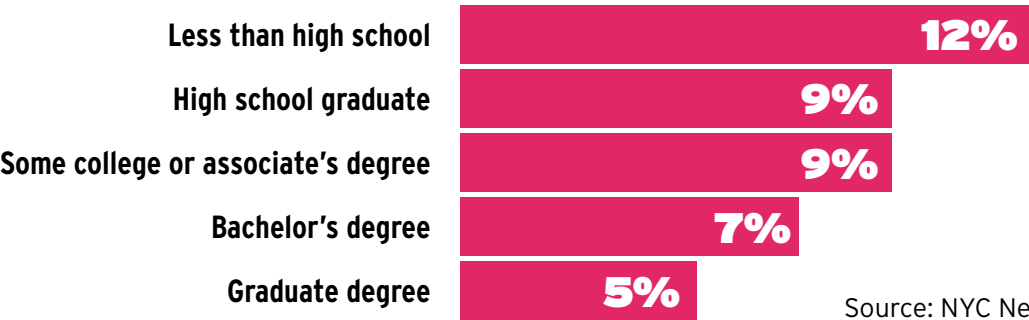


Source: NYC Neighborhood Wellness Survey, 2023

Education Access and Quality

Education is tied to economic stability and access to resources like quality health care. Education can also inform people about how to take care of their health. All New Yorkers have access to public education, although its quality varies across the city. Family responsibilities or lack of resources prevent many people from attending school at higher levels. Adults who have not completed high school are more likely to have SPD than those with higher degrees.

SPD by Education Level



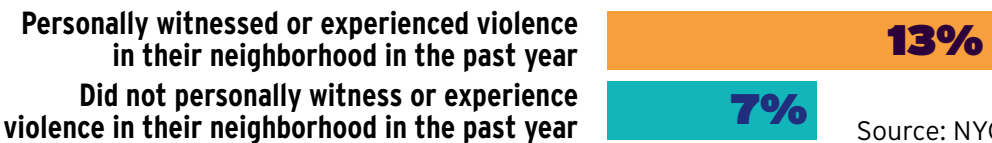
Source: NYC Neighborhood Wellness Survey, 2023

Neighborhood and Physical Environment

Living in unsafe, unclean or unstable conditions can lead to chronic stress and negatively affect mental health. Adults who personally witnessed or experienced violence in their neighborhood in the past 12 months were more likely to experience SPD

than those who did not. Adults who encountered rodents on their street, lacked heat in the most recent winter or recently saw mold in their home were more likely to experience SPD than adults without these housing-quality issues.²⁸

SPD by Experience of Neighborhood Violence



Source: NYC Neighborhood Wellness Survey, 2023

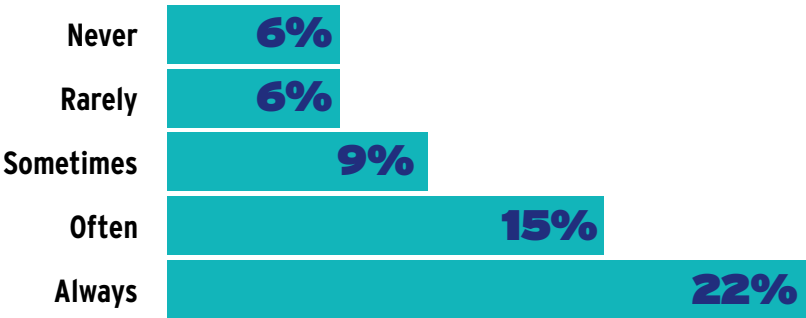
Discrimination and Abuse

Discrimination or abuse of any kind may be harmful to mental health. Adults who sometimes, always or often experience discrimination because of their race or ethnicity were more likely to have SPD than adults who never or rarely experience it.

The prevalence of SPD among those who have experienced intimate partner violence is three times higher than those who have not (18% versus 6%).²⁹

SPD by Discrimination Due to Race or Ethnicity

Source: NYC Neighborhood Wellness Survey, 2023



Social Isolation

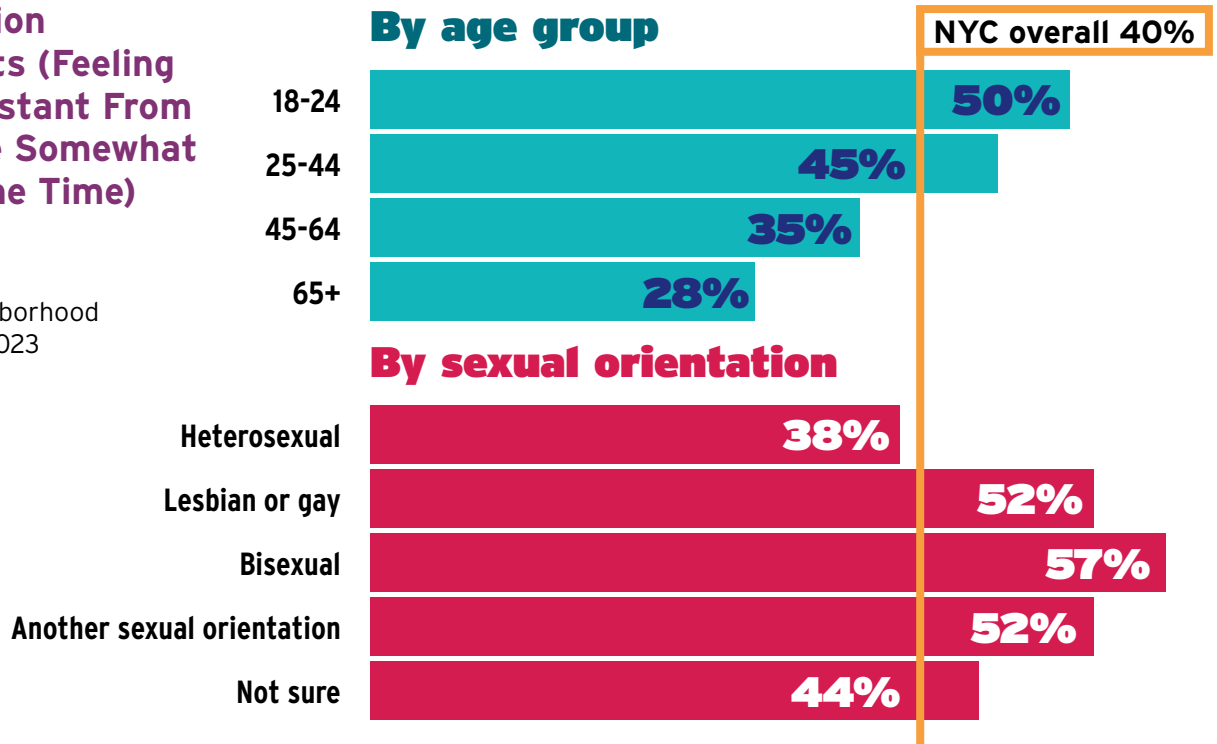
Loneliness and isolation can be harmful for mental health. Many New Yorkers have felt especially lonely and isolated during the COVID-19 pandemic. In a survey from 2023, 40% of adults reported feeling socially isolated, defined as feeling cut off or distant from other people, somewhat or a lot

in the past four weeks. This estimate was 67% in 2021.³⁰ Young adults and adults who do not identify as heterosexual were more likely to feel socially isolated. Young adults age 18 to 24 were more likely to report social isolation than other age groups.³¹

*Change over time should be interpreted with caution due to differences in survey sources and methodology.

Social Isolation Among Adults (Feeling Cut Off or Distant From Other People Somewhat or a Lot of the Time)

Source: NYC Neighborhood
Wellness Survey, 2023



Social isolation appears to greatly affect chances of experiencing SPD. NYC adults who report feeling socially isolated somewhat or a lot of the time are much more likely to have SPD than those who do not feel isolated. Almost half of adults (46%) who feel socially isolated a lot of the time have SPD. Only 1% of those who say they do not feel socially isolated at all have SPD.

SPD by Social Isolation Among Adults



Source: NYC Neighborhood Wellness Survey, 2023

Interactions With the Criminal Legal System

People with mental health needs are more likely to have contact with the criminal legal system than those without mental health needs. This is due to historic disinvestment in the mental health care system and discrimination based on social position, which includes race, ethnicity and class. Research suggests that contact with the criminal legal system can lead to poorer mental health and well-being.³²

NYC adults who report ever being incarcerated are more than twice as likely to have SPD (17%) compared with those who report never being incarcerated (8%).

SPD by History of Incarceration

Source: NYC Neighborhood
Wellness Survey, 2023

5%, or one in twenty,
of New Yorkers have ever
been incarcerated.

17% of New Yorkers have ever
been stopped, searched or
questioned by the police.³³



Health Care Access and Mental Health Treatment

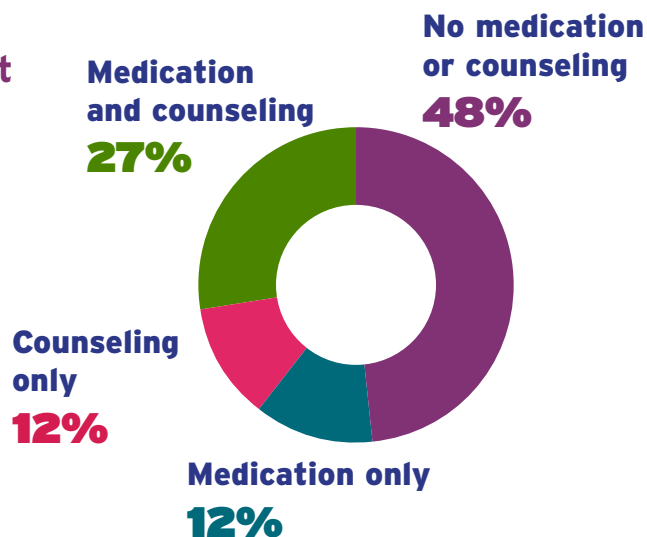
Overall, 25% of adult New Yorkers report receiving mental health treatment such as counseling, therapy or medication in the past 12 months. In the past 12 months, 20% of NYC adults received counseling or therapy, and 16% took a prescription medication for a mental health problem.³⁴

Mental Health Treatment Among NYC Adults With SPD

Counseling and other types of mental health treatment can be valuable for everyone but may be especially important for adults experiencing mental or emotional distress. In 2023, among NYC adults with SPD, more than half (52%) received mental health treatment in the past 12 months. A survey from 2020 reported this estimate at 55%, and one from 2019 reported it at 58%.^{*35}

Past-Year Mental Health Treatment Among Adults With SPD

Source: NYC Neighborhood Wellness Survey, 2023



There are several significant differences in which groups receive mental health treatment. In 2023, among adults with SPD, groups less likely to receive mental health treatment included:

- Adults who were Asian or Black or identified as another race,[†] compared with white adults
- Adults age 18 to 24, compared with adults age 25 and older
- Cisgender men, compared with cisgender and transgender women[†] and nonbinary or genderqueer adults[†]
- Adults born outside the U.S., compared with those born in the U.S. (excluding U.S. territories)
- Heterosexual adults, compared with adults who identified as lesbian, gay or bisexual
- Uninsured adults, compared with insured adults

^{*}Change over time should be interpreted with caution due to differences in survey sources and methodology.

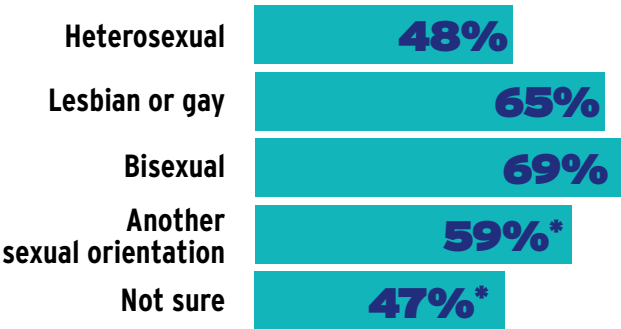
[†]Interpret estimate with caution due to small sample size.

Past-Year Mental Health Treatment by Demographic Among Adults With SPD

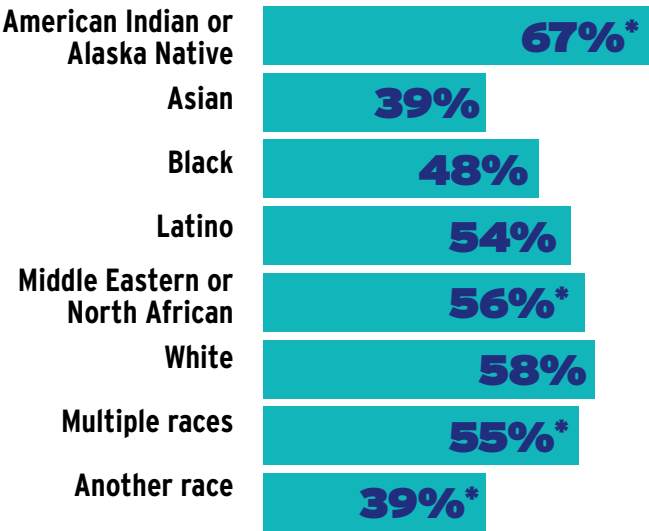
By insurance status



By sexual orientation



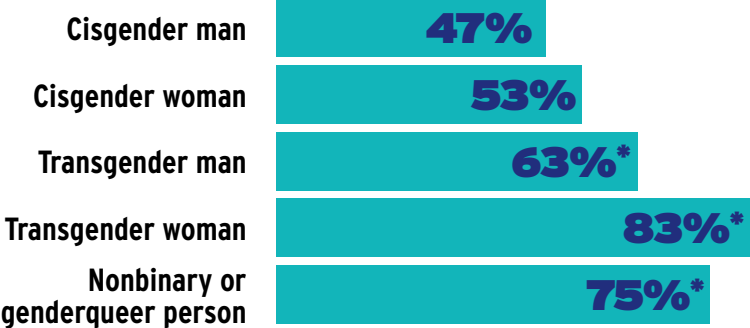
By race and ethnicity



By age group



By gender identity



By country of birth



Data for Native Hawaiian or other Pacific Islander and Another gender identity categories are suppressed due to imprecise and unreliable estimates.

Source: NYC Neighborhood Wellness Survey, 2023

Unmet Mental Health Treatment Needs

Unmet need for mental health treatment includes people's perception of not receiving as much treatment as they would have wanted, not receiving it as soon as they wish they had or not easily accessing it at any point when they wanted it. Because unmet need is self-reported it is tied to factors that influence which groups of people want to pursue mental health treatment. It is therefore possible that some groups report both higher levels of treatment and higher levels of unmet need.

Unmet need may be due to cost or stigma. Many barriers to receiving mental health treatment disproportionately affect adults with low incomes and communities facing structural discrimination.

In 2023, 14%, or about 945,000, of all adult New Yorkers reported an unmet need for mental health treatment in the past 12 months. This percentage was higher among NYC adults with SPD: In 2023, 46% of adults with SPD reported

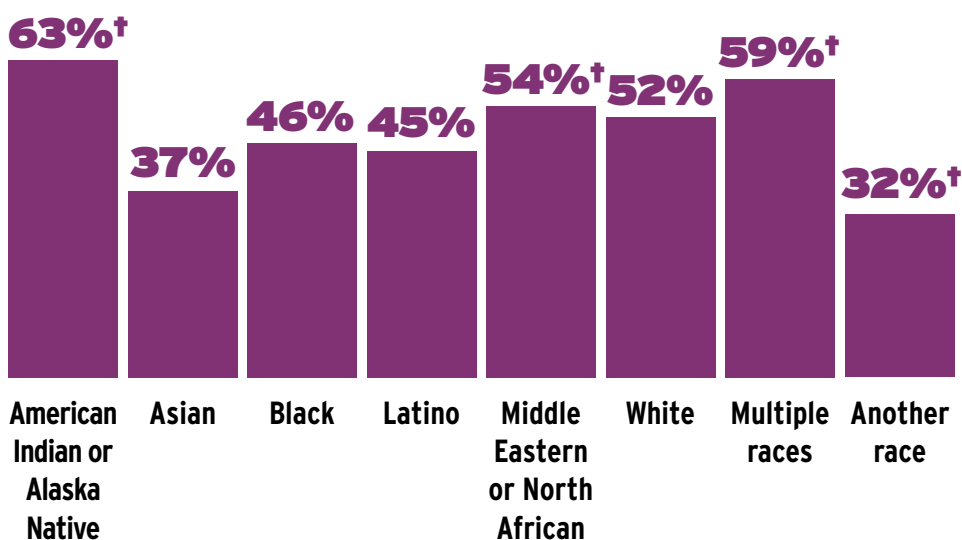
an unmet need for mental health treatment in the past 12 months. This percentage was 28% in 2020 and 24% in 2019.*³⁶

Some groups of adults with SPD have significantly higher self-reported unmet need for mental health treatment. These groups are:

- White adults, compared with Asian and Latino adults and adults of another race[†]
- Adults age 18 to 24, compared with adults age 45 and older
- Adults who do not identify as cisgender, compared with cisgender men
- Adults born in the U.S. (excluding U.S. territories), compared with those born outside the U.S.
- Adults with difficulties paying for basic needs, compared with those without difficulties
- Adults who have ever been incarcerated, compared with those who have not

Unmet Need for Mental Health Treatment Among Adults With SPD

By race and ethnicity



Data for Native Hawaiian or other Pacific Islander are suppressed due to imprecise and unreliable estimates.

Source: NYC Neighborhood Wellness Survey, 2023

*Change over time should be interpreted with caution due to differences in survey sources and methodology.

[†]Interpret estimate with caution due to small sample size.

Unmet Need for Mental Health Treatment
Among Adults With SPD (Continued)

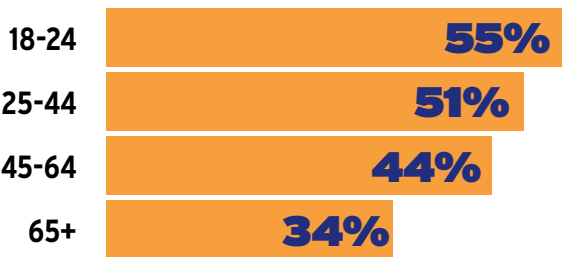
By gender identity



The gender identities of transgender men, transgender women, nonbinary or genderqueer people, and people of another gender identity are grouped in the Another gender identity category due to low prevalence estimates for some individual groups.

Source: NYC Neighborhood Wellness Survey, 2023

By age group



Source: NYC Neighborhood Wellness Survey, 2023

By country of birth



Source: NYC Neighborhood Wellness Survey, 2023

By difficulty paying for basic needs



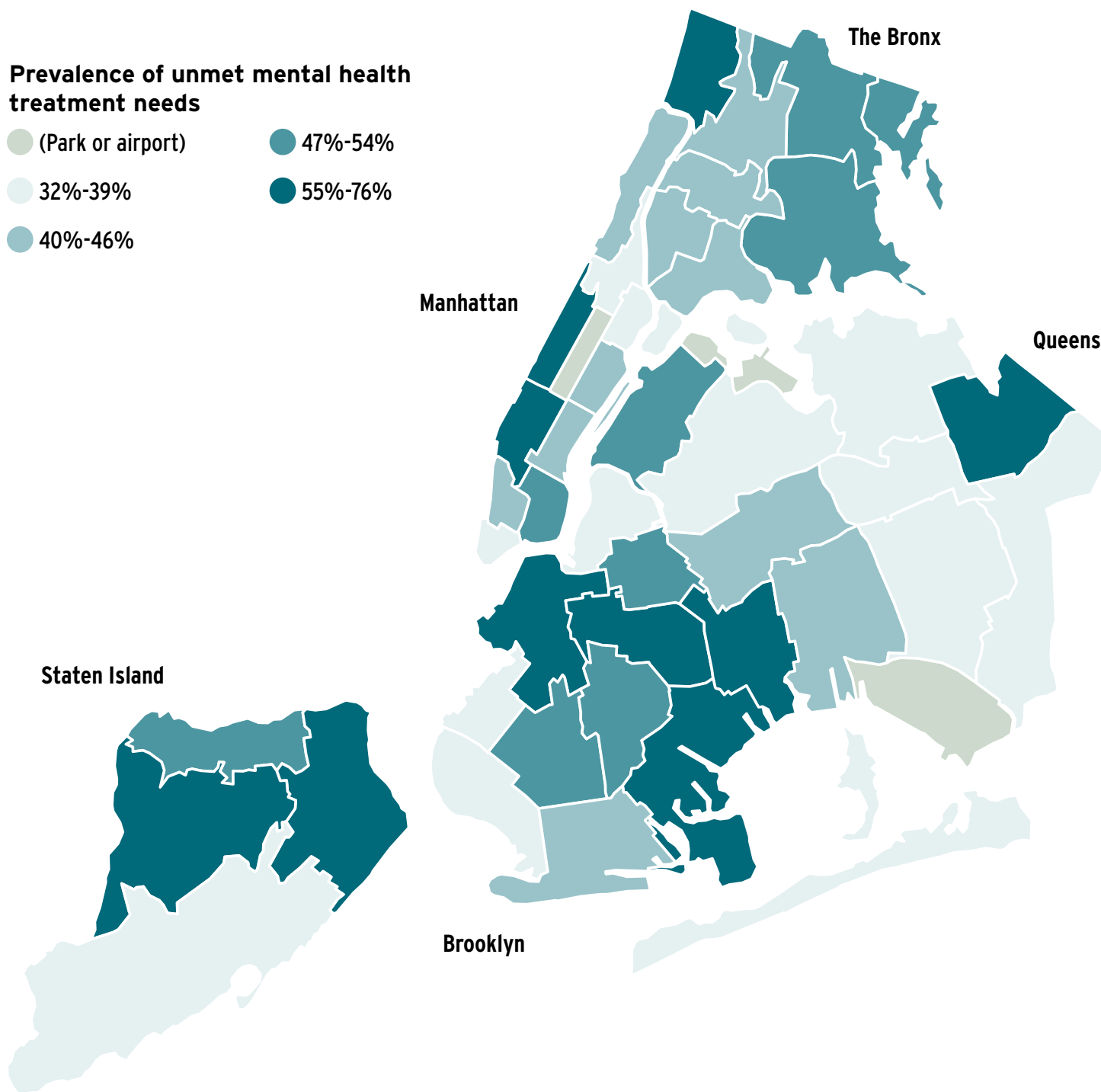
Source: NYC Neighborhood Wellness Survey, 2023

By incarceration history



Source: NYC Neighborhood Wellness Survey, 2023

Map of Past-Year Unmet Mental Health Treatment Needs Among Adults With SPD



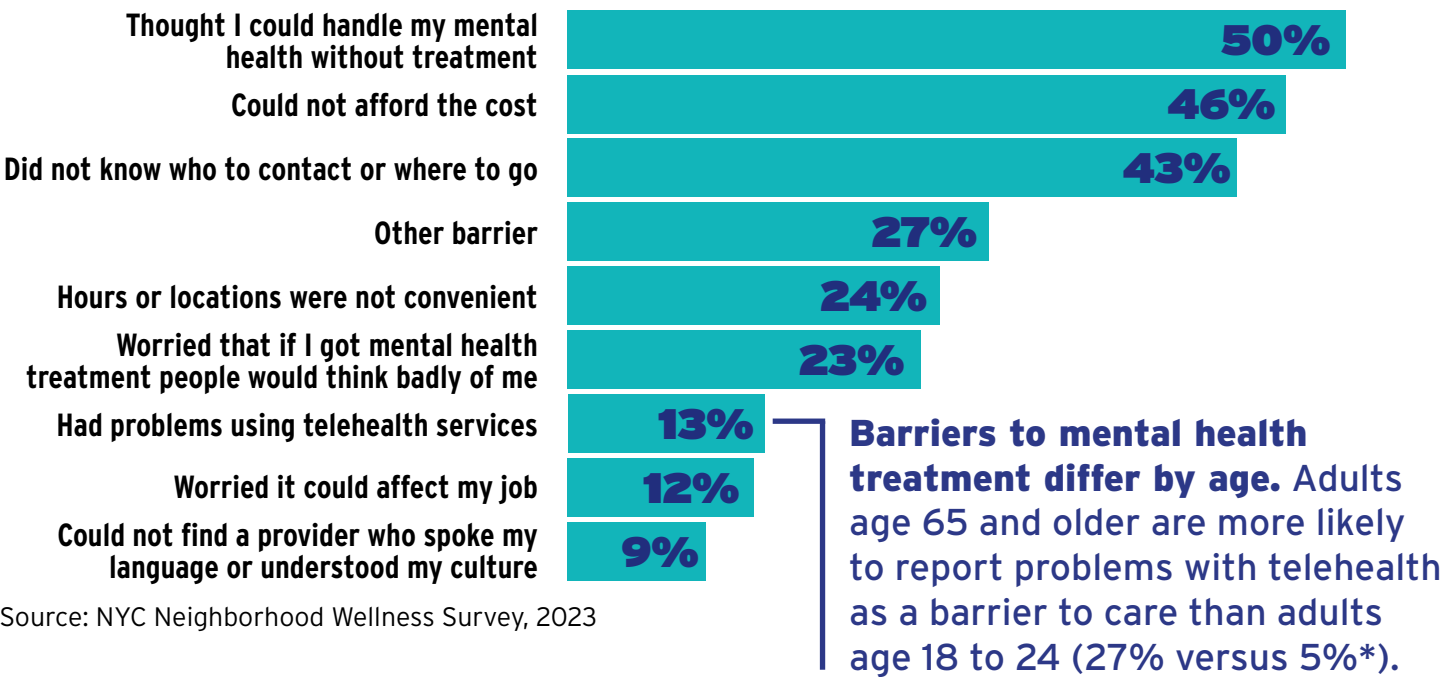
Neighborhoods are defined in this map by United Hospital Fund (UHF) areas: a neighborhood-level geography built from approximated ZIP code areas. For more information, visit nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf.

Source: NYC Neighborhood Wellness Survey, 2023

Barriers to Mental Health Treatment

The most common reasons adult New Yorkers with SPD had an unmet need for mental health treatment in the past year were because they thought they could handle their mental health without treatment, they could not afford the cost or they did not know where to go for treatment.

Barriers to Mental Health Treatment Among Adults With SPD Reporting an Unmet Treatment Need



Source: NYC Neighborhood Wellness Survey, 2023

Mental Health Workforce Shortages

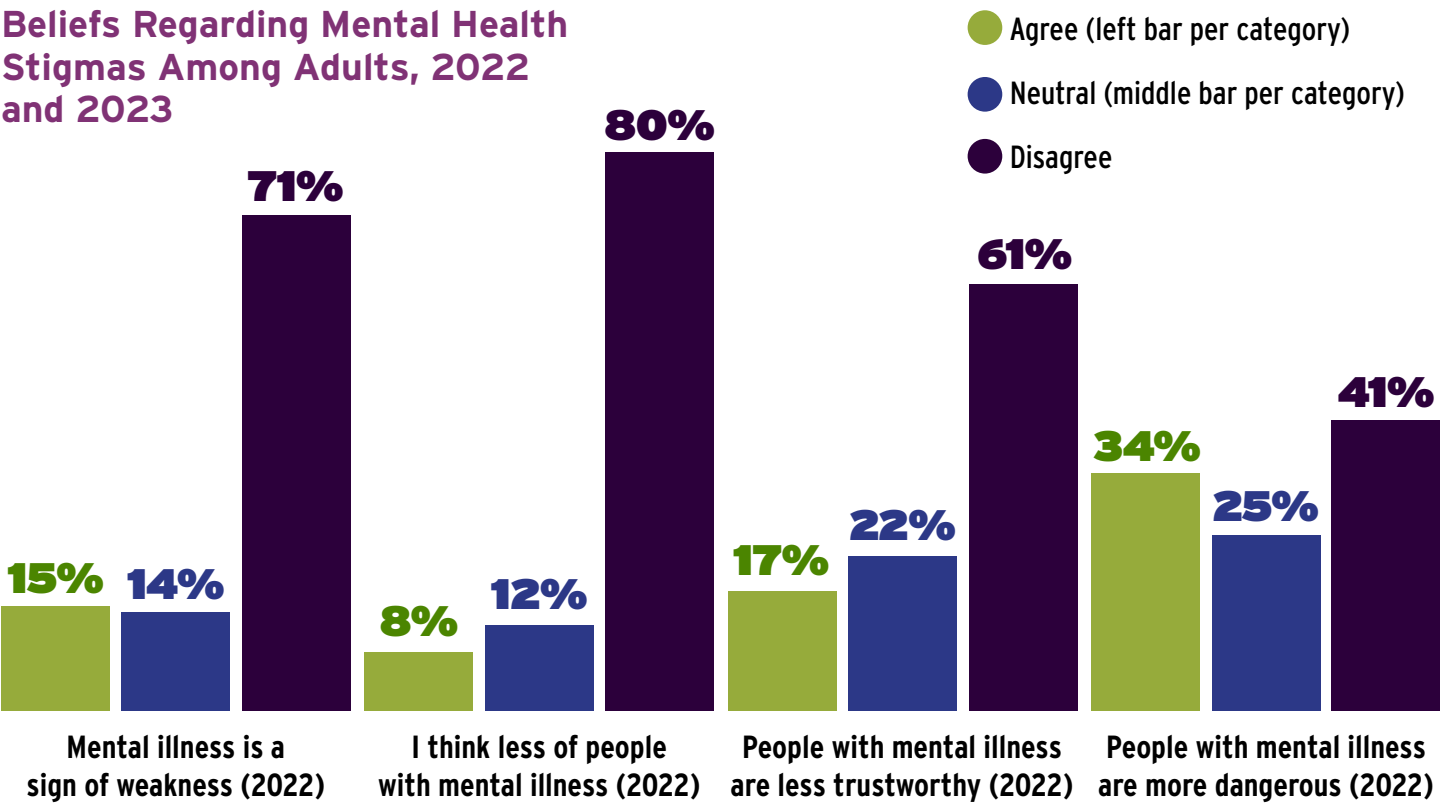
Another major challenge to accessing care is due to a lack of mental health workers. This shortage was made worse by the pandemic. Data from New York State (NYS) show that the number of clients served by mental health clinics statewide increased by more than half between 2009 and 2021 but overall staffing increased by only 37.7%. This resulted in staff-to-client ratios falling by 24.8%. In NYS, there were 10.5 full-time clinical staff members per 1,000 clients in 2009 but only 7.9 clinical staff per 1,000 clients in 2021.³⁷

Mental Health Stigma

One of the reasons people may not seek mental health treatment or support when they need it is due to stigma. Mental health stigma often involves incorrect stereotypes. People who believe these false stereotypes may view or treat others or themselves negatively when experiencing problems with their mental health. Most NYC adults disagree with many mental health stigmas. However, in 2022, nearly one

in three New Yorkers (34%) agreed with the statement “people with mental illness are more dangerous,” and this number increased to 51% in 2023.³⁸ Popular media often falsely connects mental illness and criminal behavior, spreading this belief. Research has proven that people with mental illness are actually more likely to be the victim of a violent crime than the perpetrator.³⁹

Beliefs Regarding Mental Health Stigmas Among Adults, 2022 and 2023



Source: NYC Health Opinion Poll, August 2022 and April 2023

Note that the “people with mental illness are more dangerous” question was the only question asked again in 2023.

In 2023, people answered this question as follows: **51% agree, 25% neutral and 24% disagree.**

Programs That Support Adults in NYC

The city's broad range of mental health care services includes community-based care. Treatment and care options depend on each person's experience. Many people can access treatment through outpatient clinics. For others, mobile treatment programs bring care into the community where they live. Assisted Outpatient Treatment helps people follow a civil court ordered care coordination or treatment plan. For people who are in an immediate mental health crisis, a range of services are offered over the phone, through Mobile Crisis Teams and at crisis centers to help stabilize them and connect them to longer-term care as needed.

NYC mental health services also support people in areas of housing, education, employment and socialization. Supportive housing programs provide housing with support services to chronically homeless New Yorkers with mental illness. Care coordination programs help people achieve goals related to physical and mental health. Rehabilitation programs aim to make sure people with mental illness are part of the wider community and are supported with education, employment and relationship-building opportunities. For example, clubhouses are one-stop facilities that can help members with mental health recovery and forming community.

For free, confidential mental health and substance use support for you and your loved ones, call or text 988 or chat online at nyc.gov/988, anytime. Trained counselors are available 24/7 by phone in over 200 languages, and text and chat services are available in English and Spanish.

Key Takeaways About the Mental Health of Adults in NYC

- Surveys before the pandemic found that about 5% of adult New Yorkers had SPD. During the height of the COVID-19 pandemic, a 2022 survey found that 14% of adult New Yorkers had SPD. A 2023 survey showed that 8% of adult New Yorkers had recently experienced SPD. Although some of these surveys used different methods, the data indicate that the mental health of adult New Yorkers seems to be improving post-pandemic.
- Older adults (age 65 and older) had better outcomes than all other age groups in several areas.
 - They were less likely to experience social isolation, SPD or unmet need for mental health treatment.
- Young adults (age 18 to 24) experienced poorer mental health outcomes compared with older adults.
 - They had higher levels of social isolation, SPD, unmet mental health need and psychiatric hospitalization.
- Other groups of concern with respect to mental health include adults who identify as transgender men, nonbinary, genderqueer or another gender identity, who are experiencing more SPD than cisgender people.
- Adults who do not identify as cisgender also report higher unmet mental health needs compared with cisgender men.
- Similarly, adults who identify as lesbian, gay or bisexual report higher rates of SPD compared with heterosexual adults. They also report higher treatment participation rates than heterosexual adults.
- While SPD ranged only from 7% to 13%* across different races and ethnicities, unmet mental health need among people with SPD was much more varied. It ranged from 32%* to 63%* across race and ethnicity.
 - This suggests that cultural norms around mental health needs and treatment and structural barriers to treatment access vary significantly across race and ethnicity.
- Suicide rates in NYC continue to be less than half the national rate. This has been attributed in part to reduced access to firearms in NYC, the most common means of suicide nationally.
- Because of the many correlations between many social and economic variables and mental health, policies that promote education and reduce poverty, social isolation, violence, firearms and racial discrimination could be some of the most impactful interventions to attain better mental health outcomes.

Adult Substance Use

Pervasive stigma around substance use has been shown to worsen harm and prevent people from accessing care. The criminalization of substance use increases the risk of criminal legal system involvement among New Yorkers who use substances and hinders access to substance use and health services. It is therefore vital to the health and well-being of New Yorkers that we understand patterns of substance use and provide necessary services and intervention.

Alcohol

Alcohol is consistently the most used substance among NYC residents. It is readily available across a range of outlets. People who drink alcohol frequently or excessively are at risk of experiencing negative health outcomes. Binge drinking – defined as drinking four or more drinks on one occasion for females or five or more drinks on one occasion for males – can increase the risk of acute and chronic health problems.

The estimates of New Yorkers who report alcohol use and who binge drink remained relatively stable between 2011 and 2020. Between these years, approximately 55% of New Yorkers indicated they drank alcohol in the past 30 days and around 18% of New Yorkers reported engaging in binge drinking within the past 30 days.⁴⁰

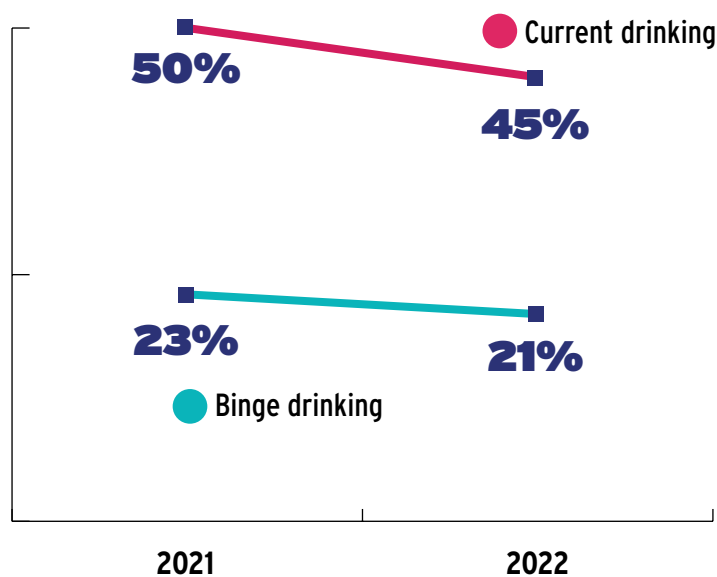
In 2022, 45% of NYC adults reported drinking at least one alcoholic drink in the past 30 days, a decrease from 50% in 2021. During the same period, the estimate of adults who reported binge drinking also decreased, from 23% in 2021 to 21% in 2022.

In 2022, among NYC residents, males were more likely to binge drink (24%) compared with females (19%), and white residents were more likely to binge drink compared with all other race and ethnicity groups. New Yorkers age 25 to 44 were more likely to binge drink (30%) compared with those age 18 to 24 (18%), 45 to 64 (17%) or 65 and older (9%). Residents of Manhattan are the most likely to binge drink (31%) compared with residents of the Bronx (17%), Brooklyn (20%), Queens (18%) and Staten Island (14%).

New Yorkers Reporting Current Drinking and Binge Drinking in the Past 30 Days, by Year

Source: NYC Community Health Survey, 2021 and 2022

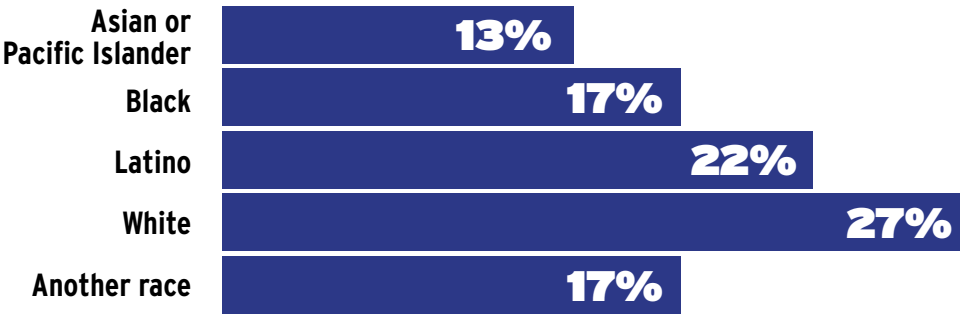
45% of NYC residents reported drinking alcohol in the past 30 days.



Binge Drinking in the Past 30 Days by Race and Ethnicity

The racial categories of American Indian or Alaska Native and the category of people who identify as multiple races are grouped in the Another race category due to low prevalence estimates for some individual groups. Middle Eastern or North African is grouped with White following U.S. Census guidelines.

Source: NYC Community Health Survey, 2022



Cannabis

Cannabis is the second most commonly used substance in NYC after alcohol. As of March 31, 2021, adults age 21 and older can legally possess up to 3 ounces of cannabis and up to 24 grams of concentrated cannabis (for example, oil) for personal use in NYC. In a national survey conducted during 2018 and 2019, approximately 18% of NYC residents reported using cannabis in the past year.⁴¹ In 2023, a different survey found that nearly one in four NYC residents (23%) used cannabis in the past year.

Cisgender people are less likely to report recent cannabis use than people with other gender identities. In 2023, 25% of cisgender men and 20% of cisgender women reported cannabis use in the past year, while 41% of people identifying as any other gender identity report using cannabis during the same period. New Yorkers identifying as lesbian, gay, bisexual or another sexual orientation are more likely to report past-year cannabis use than New Yorkers identifying as heterosexual and those not sure of their sexuality.

Past-year cannabis use is highest among New Yorkers age 25 to 44, followed by those age 18 to 24. New Yorkers identifying as multiple races (33%), white (29%) and American Indian or Alaska Native (29%) are the most likely to report using cannabis in the past year, compared with New Yorkers of other races or ethnicities. Despite this, Black and Latino New Yorkers are disproportionately arrested for cannabis-related charges compared with white New Yorkers.⁴² Although the number of cannabis-related arrests has decreased sharply in recent years, this harmful racial disparity remains.

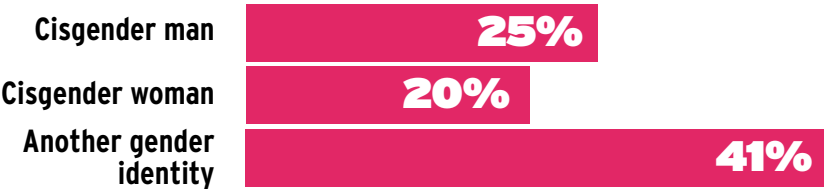
Manhattan residents are more likely to report using cannabis in the past year (31%) compared with residents of Brooklyn (25%), the Bronx (20%), Queens (17%) and Staten Island (14%).

23% of NYC residents reported using cannabis in the past year.

Cannabis Use in the Past Year by Gender Identity

Another gender identity includes transgender man, transgender woman, nonbinary, genderqueer and some other gender identity.

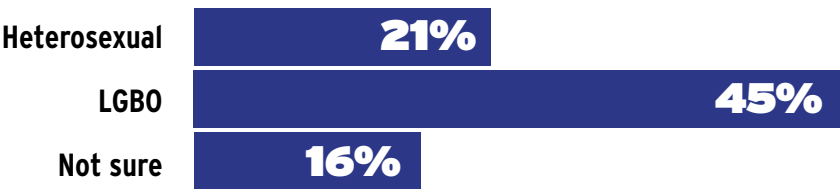
Source: NYC Neighborhood Wellness Survey, 2023



Cannabis Use in the Past Year by Sexual Orientation

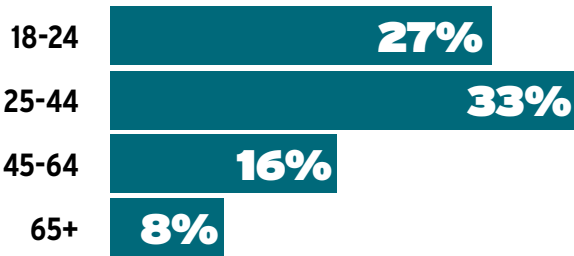
The sexual orientations of lesbian, gay, bisexual and another sexual orientation are grouped in the LGBO category.

Source: NYC Neighborhood Wellness Survey, 2023

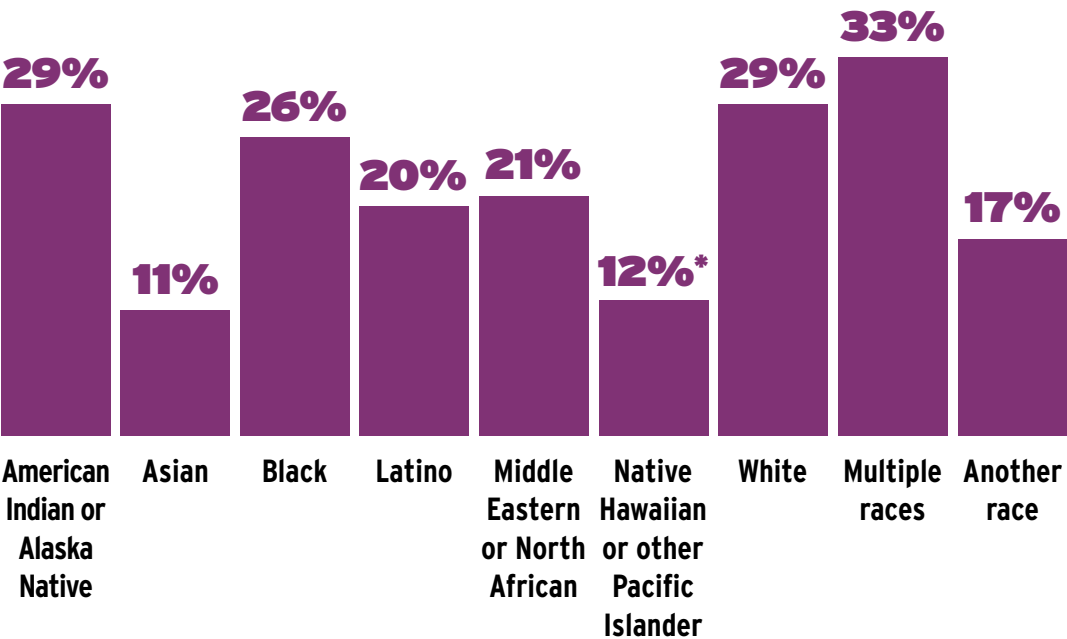


Cannabis Use in the Past Year by Age Group

Source: NYC Neighborhood Wellness Survey, 2023



Cannabis Use in the Past Year by Race and Ethnicity



Source: NYC Neighborhood Wellness Survey, 2023

Prescription Drug Misuse

Prescription drug misuse is the use of a prescription medication without a prescription or in a manner other than prescribed. Misuse of prescription benzodiazepines or opioids increases the risk of accidental overdose, particularly when combined with other depressant substances like alcohol. In 2022, 12% of accidental overdose deaths involved prescription opioids and 13% involved benzodiazepines.⁴³ Despite this risk, some people may see prescription drugs as safe and underestimate their potential risk because they are prescribed by a medical provider.

In a national survey conducted during 2018 and 2019, 2.9% of New Yorkers age 12 and older reported misuse of prescription opioids, and 3.1% reported misuse of benzodiazepines.⁴⁴ In 2023, 2.9% of New Yorkers reported misuse of at least one prescription medication in the past year. That survey found that 1.4% of New Yorkers misused an opioid and 2.0% misused a benzodiazepine.

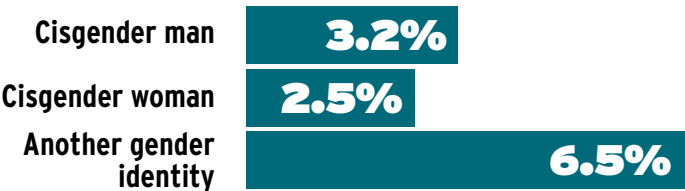
Misuse of prescription drugs in the past year was highest among New Yorkers identifying as another gender identity compared with cisgender women or men. Adults age 25 to 44 (3.5%) and age 45 to 64 (3.1%) were more likely to report prescription drug misuse than those age 18 to 24 or age 65 and older.

Misusing a prescription drug within the past year was higher among residents of Manhattan (3.5%) and Brooklyn (3.1%) than among residents of the Bronx (2.7%), Queens (2.3%) and Staten Island (2.3%). In 2023, NYC residents identifying as another race* (4.2%) or white (3.7%) were more likely to report prescription drug misuse than NYC residents identifying as Black (2.4%), Asian or Pacific Islander (1.4%), or Latino (3.0%).

2.9% of New Yorkers reported misuse of a prescription opioid or benzodiazepine in the past year.

Prescription Drug Misuse in the Past Year by Gender Identity

Another gender identity includes transgender man, transgender woman, nonbinary, genderqueer and some other gender identity.
Source: NYC Neighborhood Wellness Survey, 2023



*Another race includes American Indian or Alaska Native and people who identify as multiple races. Middle Eastern or North African is grouped with White following U.S. Census guidelines.

Other Drug Use

Use of other drugs, including cocaine, crack, heroin, fentanyl and methamphetamine, can pose significant health risks. A unique risk to these substances is their unpredictable and volatile unregulated supply. For example, the proliferation of fentanyl in recent years has been the largest contributing factor to the overdose crisis in NYC.

NYC residents who indicated their gender identity as something other than cisgender man or cisgender woman were more likely to report using drugs other than alcohol or cannabis in the past year. Other drug use is also higher among New Yorkers who identify as lesbian, gay, bisexual or another sexual orientation (8.7%) compared with New Yorkers who identify as heterosexual and those not sure of their sexuality (2.5% and 3.3%, respectively).

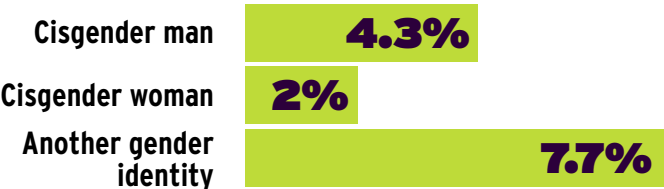
Other drug use also varied by age and borough of residence. NYC residents age 25 to 44 were more likely to report other drug use in the past year (5.0%) compared with both younger and older city residents. Manhattan residents were more likely to report other drug use in the past year (5.3%) compared with residents of the Bronx (2.6%), Brooklyn (3.8%), Queens (1.6%) and Staten Island (1.1%*).

NYC residents identifying their race and ethnicity as another race or white report using other substances in the past year at higher levels than those identifying as Black, Latino, and Asian or Pacific Islander.

3.2% of NYC residents reported using drugs other than alcohol or cannabis (and including cocaine, crack, heroin, fentanyl or methamphetamine) in the past year.

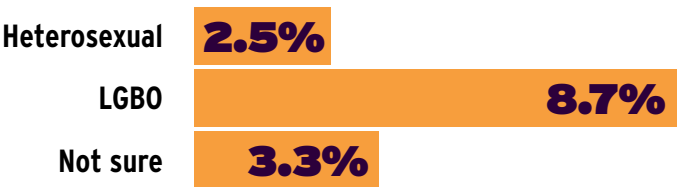
Other Drug Use in the Past Year by Gender Identity

Another gender identity includes transgender man, transgender woman, nonbinary, genderqueer and some other gender identity.
Source: NYC Neighborhood Wellness Survey, 2023



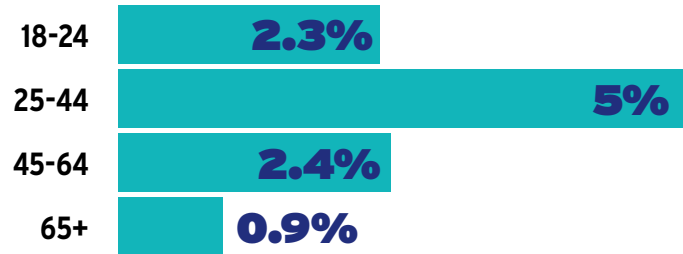
Other Drug Use in the Past Year by Sexual Orientation

The sexual orientations of lesbian, gay, bisexual and another sexual orientation are grouped in the LGBO category.
Source: NYC Neighborhood Wellness Survey, 2023



Other Drug Use in the Past Year by Age Group

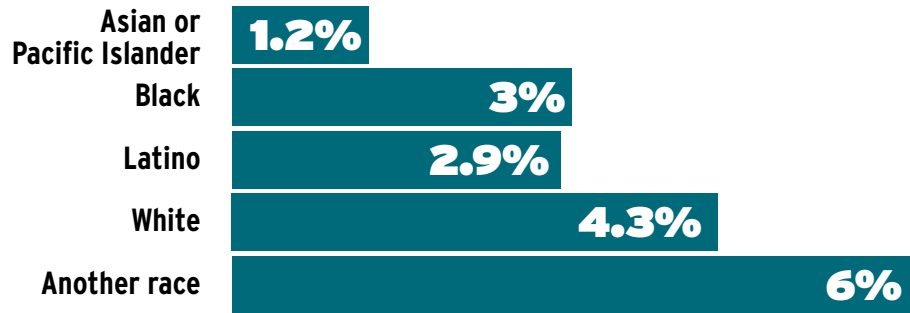
Source: NYC Neighborhood Wellness Survey, 2023



Other Drug Use in the Past Year by Race and Ethnicity

The racial categories of American Indian or Alaska Native and the category of people who identify as multiple races are grouped in the Another race category due to low prevalence estimates for some individual groups. Middle Eastern or North African is grouped with White following U.S. Census guidelines.

Source: NYC Neighborhood Wellness Survey, 2023



Substance Use Treatment

Sometimes substance use can be problematic enough that it becomes a diagnosable substance use disorder (SUD). SUDs are treatable chronic health conditions. For many people living with a SUD, the most effective treatment is a combination of psychosocial support counseling and medication. SUD treatment may include crisis (detox) services, inpatient treatment in a hospital, residential treatment or outpatient treatment. For opioid use disorder, the medications buprenorphine and methadone are the first-line treatment.

According to a national survey conducted during 2018 and 2019, approximately 122,000 New Yorkers (1.8% of New Yorkers age 12 and older)

received any substance use treatment during the past 12 months.⁴⁵ A survey in 2023 found that around 207,000 New Yorkers (3.2%) reported receiving substance use treatment during the past year. Reflecting similar differences in substance use by gender identity and sexual orientation, New Yorkers who indicated their gender identity as something other than cisgender woman or cisgender man were more likely to report receiving substance use treatment than cisgender women or cisgender men. Lesbian, gay and bisexual New Yorkers and those with another sexual orientation were also more likely to receive substance use treatment in the past year than New Yorkers who identified as heterosexual.

New Yorkers age 45 and older were more likely to receive substance use treatment in the past year than New Yorkers in other age groups. This is different from the age distribution of substance use in NYC, as younger individuals were more likely to report use of alcohol, cannabis and other drugs and to report misuse of prescription drugs.

Black and Latino New Yorkers and those who identified as another race were more likely to report receiving substance use treatment in the past year compared with white residents. This is notable as our findings show that white New Yorkers were more likely to report using

substances. One explanation suggested by research is that people identifying as Black, Latino or another race are more likely to be mandated to attend treatment as a result of criminal legal system involvement.⁴⁶

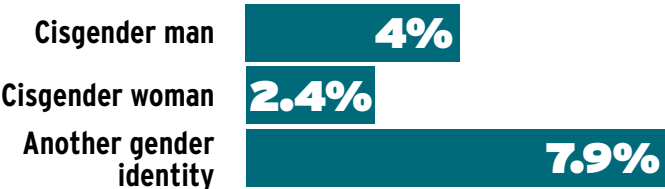
Residents of the Bronx (4.7%) were more likely than residents of other boroughs to report receiving substance use treatment in the past year. For the rest of the city, 3.6% of Brooklyn residents, 3.0% of Manhattan residents, 2.5% of Queens residents and 1.7% of Staten Island residents reported receiving substance use treatment in the past year.

3.2% of NYC residents, or approximately 207,000 New Yorkers, report receiving substance use treatment in the past year.

Past-Year Substance Use Treatment Received by Gender Identity

Another gender identity includes transgender man, transgender woman, nonbinary, genderqueer and some other gender identity.

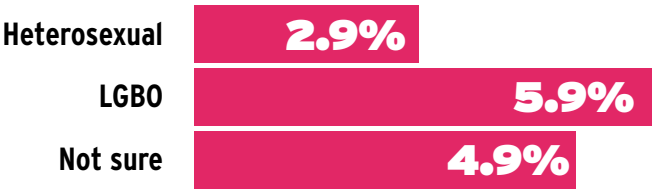
Source: NYC Neighborhood Wellness Survey, 2023



Past-Year Substance Use Treatment Received by Sexual Orientation

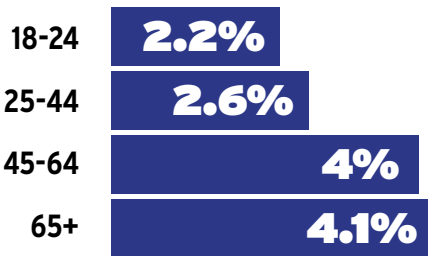
The sexual orientations of lesbian, gay, bisexual and another sexual orientation are grouped in the LGBO category.

Source: NYC Neighborhood Wellness Survey, 2023



Past-Year Substance Use Treatment Received by Age Group

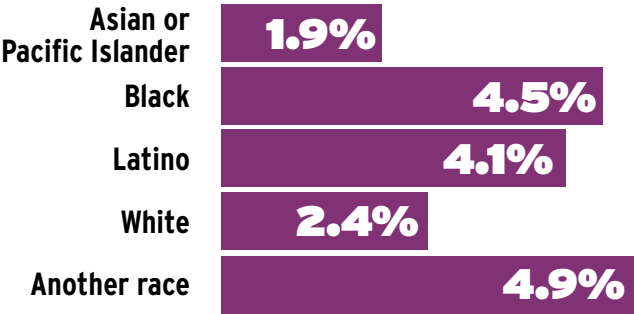
Source: NYC Neighborhood Wellness Survey, 2023



Past-Year Substance Use Treatment Received by Race and Ethnicity

The racial categories of American Indian or Alaska Native and the category of people who identify as multiple races are grouped in the Another race category due to low prevalence estimates for some individual groups. Middle Eastern or North African is grouped with White following U.S. Census guidelines.

Source: NYC Neighborhood Wellness Survey, 2023



Substance Use Treatment Program Admissions, New York State Office of Addiction Services and Supports, 2021

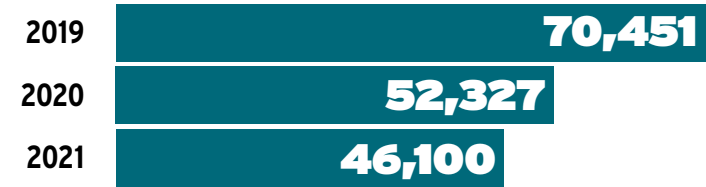
Substance use treatment programs in NYS, including those in NYC, are overseen by the state’s Office of Addiction Services and Supports (OASAS). OASAS divides treatment programs into crisis programs and noncrisis programs. Crisis programs provide immediate care for people who are intoxicated or incapacitated by their use of alcohol or other substances. They largely focus on managing medical and psychiatric problems that come from withdrawal. People may also receive treatment for SUDs through programs that are not overseen by OASAS, such as through self-help support groups or office-based health care.

Admissions to OASAS noncrisis substance use treatment programs have declined in recent years among NYC residents, from 70,451 in 2019 to 46,100 in 2021. Among all noncrisis substance use treatment program admissions among NYC residents in 2021, alcohol was the most commonly reported primary substance used, followed by heroin, cannabis and cocaine. Three out of four admissions to OASAS noncrisis substance use treatment programs occurred among residents who indicated their sex assigned at birth was male. Residents identifying as transgender accounted for less than 1% of admissions.

The largest proportion of admissions was among Black and Latino New Yorkers. Residents of the Bronx, Brooklyn and Manhattan each accounted for approximately one in four admissions. Residents of Queens made up almost 20% of admissions, and Staten Island residents made up 6% of admissions. By age, admissions were similar among people age 25 to 34, age 35 to 44, age 45 to 54, and age 55 and older. Only 6% of admissions were among people 24 or younger.

Of the 46,100 individuals admitted to SUD treatment programs in 2021, 21,840 (47%) had a co-occurring psychiatric disorder and 2,250 (5%) had experienced a psychiatric hospitalization within the six months prior to their admission.

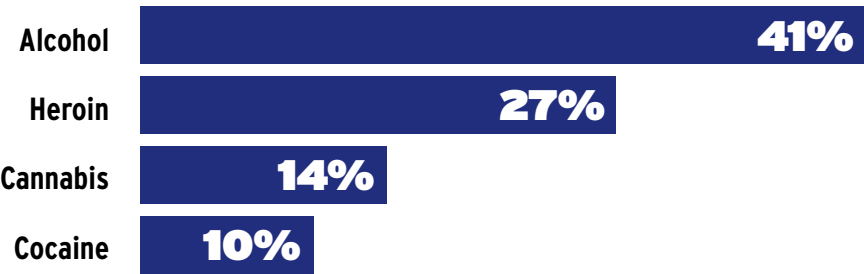
Number of Admissions to OASAS Noncrisis Licensed Substance Use Treatment Programs by Year



Source: NYS OASAS Data Warehouse 2021, Client Data System Data Mart as of April 27, 2023

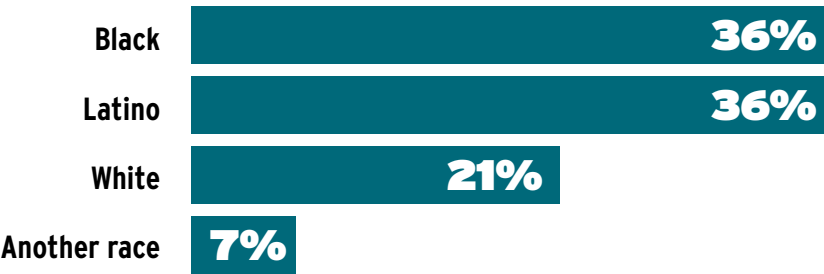
Admissions to OASAS
Noncrisis Substance Use
Treatment Programs by
Primary Substance of Use

Source: NYS OASAS Data Warehouse
2021, Client Data System Data Mart as
of April 27, 2023

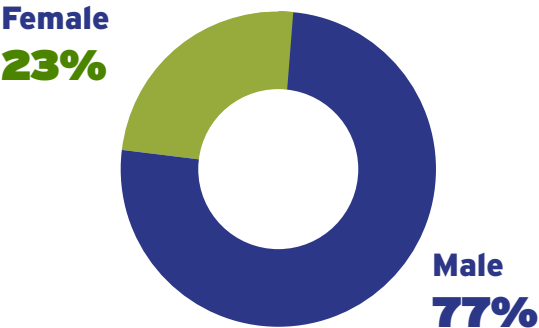


Admissions to OASAS
Noncrisis Substance
Use Treatment
Programs by Race
and Ethnicity

The racial categories of Asian, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander, as well as the category of people who identify as multiple races, are grouped in the Another race category.
Source: NYS OASAS Data Warehouse 2021, Client Data System Data Mart as of April 27, 2023

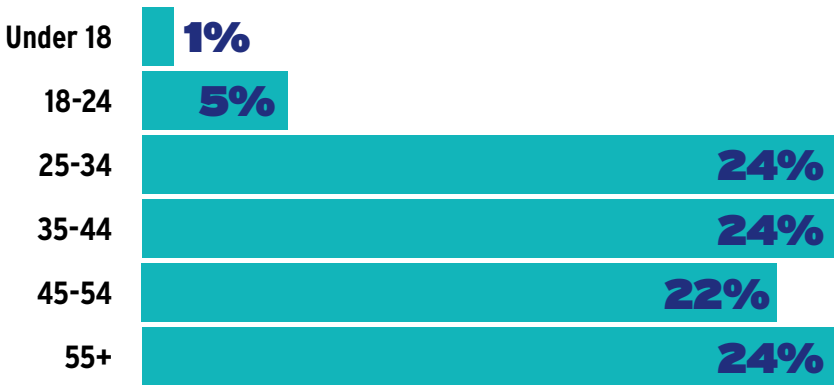


Admissions to OASAS
Noncrisis Substance Use
Treatment Programs by
Sex Assigned at Birth



Source: NYS OASAS Data Warehouse 2021,
Client Data System Data Mart as of April 27, 2023

Admissions to OASAS Noncrisis Substance
Use Treatment Programs by Age Group



Source: NYS OASAS Data Warehouse 2021, Client Data
System Data Mart as of April 27, 2023

Unmet Need for Substance Use Treatment

Not all New Yorkers who want or need substance use treatment receive it. In 2023, 1.3% of NYC residents reported that there was a time in the past 12 months when they needed substance use treatment but did not receive it. New Yorkers identifying as a gender identity other than cisgender man or cisgender woman were more likely to report an unmet need for substance use treatment, as were those identifying as lesbian, gay, bisexual or another sexual orientation compared with heterosexual individuals.

New Yorkers age 25 to 44 years were more likely to report unmet substance use treatment needs (1.6%) compared with those age 18 to 24 (1.4%), age 45 to 64 (1.4%), or age 65 and older (0.4%). Additionally, New Yorkers who identified as another race* experienced more unmet need (2.6%†) compared with those who identified

as white (1.3%), Black (1.6%), Latino (1.7%), or Asian or Pacific Islander (0.4%). Across the five boroughs, the rate of residents who reported unmet need was similar in Manhattan (1.6%), the Bronx (1.5%) and Brooklyn (1.4%), but there was less unmet need among residents of Queens (1.0%) and Staten Island (1.1%†).

NYC adults who reported being incarcerated at any point in their life were more likely to report unmet need for substance use treatment compared with those who reported never being incarcerated. Specifically, 5.6% of adult New Yorkers with histories of incarceration reported that there was a time when they needed treatment for alcohol or drug use in the past 12 months and did not get it, while only 0.9% of adult New Yorkers without incarceration histories said the same.

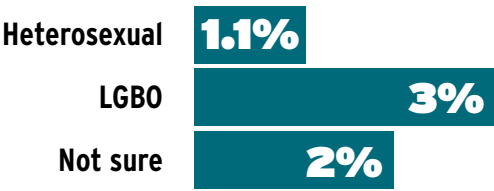
1.3% of New Yorkers, or approximately 88,000 residents, reported an unmet need for substance use treatment in the past year.

Unmet Need for Substance Use Treatment in the Past Year by Gender Identity



Another gender identity includes transgender man, transgender woman, nonbinary, genderqueer and some other gender identity.
Source: NYC Neighborhood Wellness Survey, 2023

Unmet Need for Substance Use Treatment in the Past Year by Sexual Orientation



The sexual orientations of lesbian, gay, bisexual and another sexual orientation are grouped in the LGBQ category.
Source: NYC Neighborhood Wellness Survey, 2023

*Another race includes American Indian or Alaska Native and people who identify as multiple races. Middle Eastern or North African is grouped with White following U.S. Census guidelines.
†Interpret estimate with caution due to small sample size.

Unintentional Drug Poisoning (Overdose) Deaths in NYC

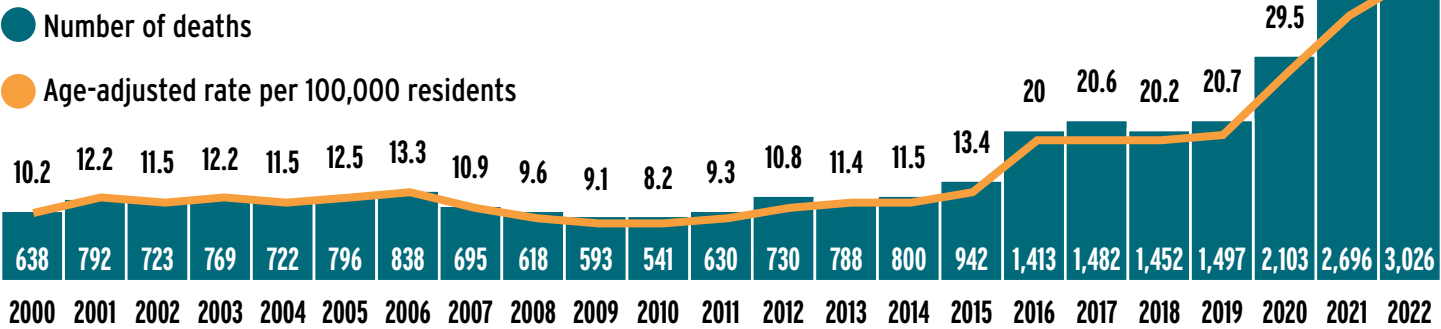
In 2022, 3,026 New Yorkers died of a drug overdose, a 12% increase from 2021 (2,696 deaths). This is the highest number of deaths since reporting began in 2000. During 2022, someone died of a drug overdose in NYC every three hours. Fentanyl continues to drive the increase in overdose deaths citywide: In 2022, fentanyl was the most common substance involved in overdose deaths, present in 81% of deaths.

Racial, ethnic and geographic disparities persist in overdose deaths in NYC. Older Black New Yorkers experienced the highest rate of overdose

death. People who live in the Bronx continued to experience the highest rate of overdose death in 2022, with 73.6 deaths per 100,000 residents. The top five neighborhoods with the highest rates of overdose death were Crotona-Tremont, Hunts Point-Mott Haven, Highbridge-Morrisania, East Harlem, and Fordham-Bronx Park.

For the first time, in 2023, the NYC Health Department released data describing the settings of fatal overdoses. Approximately six out of 10 overdoses during 2022 occurred in the decedent's or someone else's home.

Unintentional Drug Poisoning (Overdose) Deaths, Number and Age-Adjusted Rate per 100,000 Residents



Sources: NYC Office of Chief Medical Examiner and NYC Department of Health and Mental Hygiene Bureau of Vital Statistics, 2000-2022; 2022 data are provisional and subject to change

Overview of Substance Use Services in NYC

There are many prevention, harm reduction, treatment, and recovery services and programs available in NYC to reduce overdose death and improve the health and well-being of people who use drugs. Prevention programs include prevention resource centers and coalitions that work with youth to promote the development of protective factors against substance use.

Opioid overdose prevention programs have made naloxone – a medication that reverses the effects of an opioid overdose – freely and widely available citywide. In addition, there are numerous syringe services programs across NYC that offer

low-threshold services such as syringe exchange, HIV and hepatitis C testing, buprenorphine, and referrals to care. Some syringe service programs also offer drug-checking services and overdose prevention services.

There is a wide range of treatment and recovery programs available to people living with a SUD. Treatment is provided across outpatient, inpatient and residential settings. Recovery programs provide employment, social and other supports to promote health and well-being.

Key Takeaways About Adult Substance Use

- Alcohol and cannabis are the most used substances among New Yorkers age 18 and older. By comparison, fewer New Yorkers reported prescription drug misuse or other drug use.
- Substance use was highest among New Yorkers who identified as transgender, nonbinary, genderqueer or another gender, as well as among those who identified as lesbian, gay, bisexual or another sexual orientation.
- Substance use in the past year was also highest among white New Yorkers, New Yorkers younger than age 44 and Manhattan residents.
- In a 2023 survey, 3.2% of New Yorkers reported receiving substance use treatment in the past year.
 - Substance use treatment was highest among New Yorkers who identified as Another gender, those age 45 and older, Black New Yorkers and Latino New Yorkers.
- Admissions to licensed noncrisis substance use treatment programs among NYC residents declined in recent years. There were approximately 70,000 admissions in 2019, which dropped to around 46,000 in 2021.
 - In 2021, the most common primary substance for which people received noncrisis treatment was alcohol, followed by heroin.
 - Noncrisis substance use treatment admissions were highest among men and among Black and Latino New Yorkers.
 - The rate of noncrisis substance use treatment admissions was lower among Queens and Staten Island residents than among residents of the other boroughs.
- Nearly half of all New Yorkers who had a noncrisis substance use treatment admission in 2021 had a co-occurring psychiatric disorder.
- One in 20 New Yorkers who received noncrisis substance use treatment in 2021 experienced a psychiatric hospitalization the previous year.
- An estimated 1.3% of NYC residents reported an unmet need for substance use treatment in 2023.
 - Unmet substance use treatment need was highest for New Yorkers who identified as a gender other than cisgender man or cisgender woman, and among New Yorkers who identified as lesbian, gay, bisexual or another sexual orientation.
 - Unmet need for substance use treatment in 2023 was also higher for New Yorkers with histories of incarceration than for those without incarceration histories.
- In 2022, 3,026 New Yorkers died of a drug overdose. This is a 12% increase from 2021, and the highest number since reporting began in 2000.
 - Fentanyl is a major driver of overdose deaths.
 - Rates of overdose death differ by race, ethnicity and age. Black adults age 55 to 84 experienced the highest rate of overdose.
 - Residents of the Bronx experienced a higher rate of overdose deaths than residents of other boroughs.
 - Approximately six out of 10 overdose deaths occurred in a home setting.

Policy Recommendations

Significant gaps remain in meeting the mental health needs of New Yorkers. Despite advancements, there is still much work to do in order to promote mental health for all New Yorkers. To that end, the following policies are recommended.

Prevention

These policy recommendations are designed to proactively address mental health challenges among children and youth in NYC. Recommendations are geared toward improving care and nurturing a healthier, more supportive environment for the city's children and youth.

- 1. Establish standard screening for risk factors and symptoms of mental health and substance use disorders.** Screen for major depressive disorder in adolescents age 12 to 18 years⁴⁷ and anxiety in children age 8 to 18 years.⁴⁸ Adopt clear guidelines on how providers should address problems resulting from exposure to known risk factors such as violence and trauma.
- 2. Strengthen protective factors by strengthening resilience and coping skills, social and emotional competencies, and mindfulness-based skills and practices.** Increase the delivery of evidence-based parenting skills and support programs. These will build parent and caregiver confidence and foster positive interactions between parent or caregiver and child that support early childhood social and emotional development. Strengthening protective skills in children and youth will help mitigate potential mental health challenges.
- 3. Create online environments that equitably support good mental health for children and youth.** Address potential harms of social media as a toxic exposure, and make sure online spaces are safe for children and youth and do not harm their mental health. Mandate that social media applications and services used by youth adhere to safety standards.

Provide access to effective tools and resources that allow parents and caregivers to monitor and control the digital exposure of their children, ensuring a balance between safety and privacy.

- 4. Build upon recent NYS investments in school-based mental health clinics.** Increasing reimbursements and grant funding for these clinics are crucial steps to improve mental health care accessibility for children and youth. By providing timely, culturally responsive and affordable mental health services within schools, we can support young people facing mental health crises and address the inequities that lead to disparate outcomes.

Social Determinants of Health

Policy interventions are needed to address the conditions in which people are born, grow, work, live and age, also known as social determinants of health, which shape an individual's ability to lead a healthy life and their physical and mental health status.

- 1. Address structural stigma in organizations, policies and health systems.** Structural stigma occurs through policies and procedures that discriminate against people with mental illness or substance use disorder. An example might be ending punitive approaches such as mandatory drug checking for employment.
- 2. Prioritize policies that address social determinants of health to improve mental health and substance use outcomes for all New Yorkers.** These include policies that increase access to education, employment

and healthy food; increase access to safe, stable and affordable housing; and improve built and social environments to support mental health through, for example, the equitable distribution of green spaces.

Payment

The fragmentation of mental health and substance use services has created gaps and made it very difficult for people to access services they may need. The following recommendations aim to reduce financial barriers to treatment, expand telehealth services and modify existing Medicaid policies to ensure more comprehensive coverage. Each of these steps is crucial for making mental health care more affordable and accessible to all New Yorkers.

1. Reduce cost barriers. Rigorously enforce and monitor compliance with federal and state mental health and substance use disorder care parity laws. Ensure compliance with laws meant to reduce barriers to reimbursement and burdensome out-of-pocket costs for beneficiaries. This will make mental health and substance use disorder treatments more affordable and accessible. Ensuring more people can receive the care they need without financial strain will improve public mental health and enhance health overall.

2. Expand telehealth services. Ensure payment parity and remove technical barriers to accessing telehealth. This will increase mental health care access especially for those in remote or underserved areas. Removing technical barriers to accessing telehealth will make it easier for more people to receive timely and convenient mental health services.

Workforce

A skilled workforce is critical to delivering mental health and substance use services. The following strategies are aimed at enhancing the skill set, diversity and capacity of both specialized and general health care providers in mental health care.

1. Bolster the workforce. Require higher reimbursement by all types of insurance plans for mental health and substance use services. Incentivize training in specialties and practicing in underserved areas, and promoting equity, diversity and cultural safety in the workforce. Work to expand behavioral health scholarship programs and advocate for loan forgiveness for public sector behavioral health workers. Train nonspecialized health workforce in treating mental health and substance use disorder. By increasing reimbursement rates and offering incentives for specialized training, more health care providers will be encouraged to enter and remain in the mental health field.

2. Support the peer support workforce. Provide funds for hiring, standardized training programs, and expanded opportunities for career advancement and professional development for those in peer support roles. Allow peer support workers to participate in providing mental health and substance use integration services under the Medicare program. Data has shown that individuals receiving peer services have fewer hospitalizations per year, and providers who offer these services have reported reductions in Medicaid expenditures.

Service Delivery

Key service gaps exist for specific populations and contribute to worse outcomes for people who identify as LGBTQ+ and people with co-occurring conditions. Specific changes can help close these gaps and address these health disparities.

1. Develop tailored substance use services for LGBTQ+ New Yorkers. Data show higher rates of binge drinking, cannabis use, other drug use and unmet substance use treatment need among New Yorkers who identify as LGBTQ+. LGBTQ+ youth are at particularly high risk of using substances to cope with experiences of stigma, discrimination and isolation. Efforts to stop problem substance use among LGBTQ+ youth must therefore

focus on reducing discrimination and creating supportive and safe environments for youth with marginalized sexual orientation and gender identities. Finally, substance use services – including harm reduction, treatment and recovery services – must be reformed to ensure that they provide affirming, compassionate and high-quality care to LGBTQ+ New Yorkers.

2. Invest in integrated systems of care for co-occurring conditions, including mental health disorders, substance use disorder, and intellectual and developmental disabilities. To address the specific needs of people with co-occurring conditions, investment is needed to support implementation of integrated systems and services such as care coordination. Doing so would allow services to adapt billing processes, put into place appropriate performance measures, support staff to treat those with co-occurring conditions and ultimately ensure that there is “no wrong door” for services.⁴⁹ There are several models that incentivize care coordination, such as Certified Community Behavioral Health Clinics (CCBHCs), which ensure access to comprehensive behavioral health care.

3. Expand access to community-based rehabilitative supports. Work with NYS to ensure the expansion of CCBHCs in NYC includes evidence-based psychosocial rehabilitation programming and connections with clubhouses and other community supports.

Legislation and Regulation

Specific legislative and regulatory measures are needed to strengthen care within community settings, establish secure environments for substance use treatment, broaden the availability of essential medications and introduce innovative approaches to public safety. The following recommendations detail these steps.

1. Lift the IMD exclusion. Modify Medicaid policies to cover care provided in “institutions for mental disease” (IMDs), psychiatric

hospitals or other residential treatment facilities with more than 16 beds. The current exclusion results in unequal coverage of mental health care and unmet needs for individuals who require inpatient care. This is the only part of the Medicaid program that does not pay for medically necessary care because of the type of illness.

2. Authorize the NYS Department of Health and certain local health jurisdictions to establish and operate overdose prevention center programs – spaces where individuals can use drugs they previously obtained under supervision. Overdose deaths remain at epidemic levels in NYC, and 2022 was the worst year on record for overdose deaths. Overdose prevention centers (OPCs) are health care facilities that aim to improve individual and community health, increase public safety and reduce consequences of drug use, including overdose deaths, public drug use and syringe litter. The nation’s first publicly recognized OPC sites opened in NYC in November 2021, and early results have been very promising. State authorization of OPC services would ensure the sustainability of these lifesaving services by facilitating the development of regulations and removing potential legal obstacles to the provision of public funding.

3. Expand access to evidence-based substance use services for individuals and families impacted by incarceration. Data show far higher rates of unmet treatment need among people who have ever been incarcerated than among those who have not. Expanding access to medications for opioid use before, during and after incarceration is a promising policy intervention. It can increase treatment engagement, reduce opioid use and reduce the risk of fatal overdose post-incarceration. The risk of experiencing a fatal overdose in the two weeks after release from incarceration is particularly high, yet access to medications for opioid use disorder within and following release from correctional settings remains limited. Although NYS mandated the provision of medications for opioid use disorder within correctional

settings in 2021, implementation has been inconsistent. Access to these services can help correct this health inequity.

4. Reduce barriers to substance use disorder treatment access and retention. From 2019 to 2021, the number of people engaged in substance use treatment in NYC decreased drastically. At the same time, there was a significant increase in overdose deaths, showing the need for evidence-based and accessible treatment. Methadone is a first-line treatment for opioid use disorder and has been shown to reduce the risk of overdose death by 50%. However, methadone provision is limited to highly regulated specialty treatment programs. People who receive methadone treatment are also often required to visit programs every day to receive their medication. Such restrictions impose significant barriers to accessing

and continuing to engage in methadone treatment. Removing restrictions on where, how and when methadone can be prescribed to treat opioid use disorder is necessary to reduce opioid overdose deaths and the toll of opioid use disorder on NYC communities.

5. Take a public health approach to public safety. One example of this is the People's Response Act, which would create a new federal division focused on developing noncarceral, health-centered solutions to issues of public safety, particularly those involving mental health issues. This would be a shift toward a health-led approach to crisis response and public safety, including addressing how untreated mental health and substance use problems might affect public safety and ensuring that more people get appropriate care and treatment.

Key Technical Notes

Indicators were selected for this report based on feedback from the NYC Health Department and external content experts. The final list of indicators reflects those considered high priority and most relevant to mental health and substance use in NYC.

For most data, t-tests were conducted to determine if each estimate was statistically different from the reference group. Reference groups were selected using equity-driven guidance from Johfre and Freese (2021)⁵⁰ and maintained throughout report sections for consistency.

Most estimates were evaluated for statistical stability. Estimates with a relative standard error (RSE) > 30% or with a small sample size or small numbers of events (≤ 10) are flagged as follows: "Interpret estimate with caution due to small sample size." Most estimates from adult

populations in this report are adjusted for age. Estimates from survey data were also weighted to represent the NYC population and compensate for unequal probability of selection and nonresponse bias.

For this publication, Latino includes people of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino/a?" and regardless of reported race. All race categories, including those for Another or multiple races, exclude Latino ethnicity.

To view the data and other details of our studies, see the [Appendix](#) to this report: Visit nyc.gov/health and search for [mental health and substance use](#).

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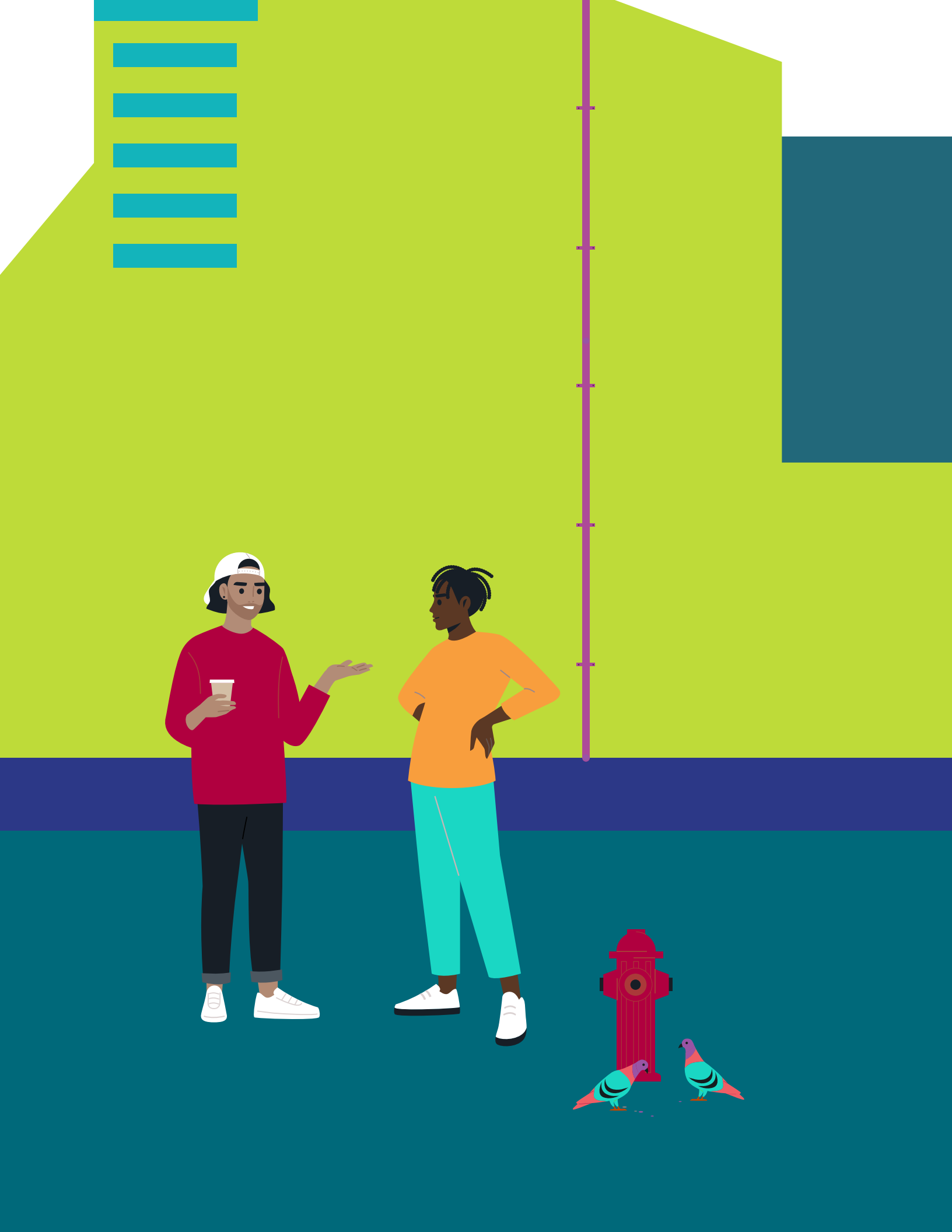
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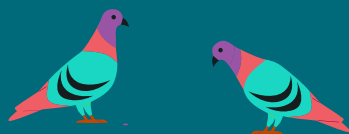
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