



Testimony Submitted to the New York City Council Committee on Mental Health, Disabilities, and Addiction

**Oversight Hearing: Increased Drug Overdose, Depression and Anxiety During COVID-19
Int. 2005-2020: Reporting on the mental health of New Yorkers during the COVID-19 public health crisis**

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Thank you for this opportunity to provide testimony today. My name is Alice Bufkin, and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York. CCC is a 75-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. CCC does not accept or receive public resources, provide direct services, or represent a sector or workforce. We document the facts, engage and mobilize New Yorkers, and advocate for solutions.

I would like to thank Chair Ayala and all the members of the Committee for holding this important hearing on increased drug overdose, depression, and anxiety during COVID-19.

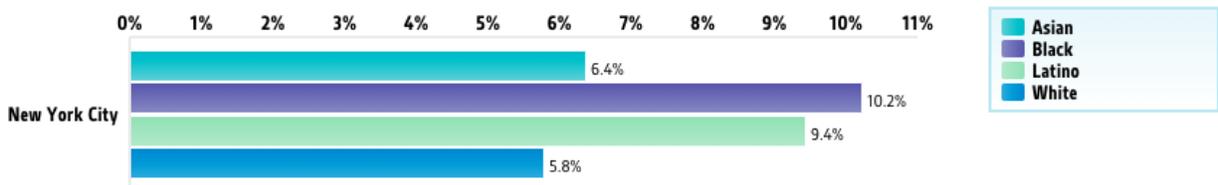
Even Prior to COVID-19, Children Lacked Access to Adequate Behavioral Health Services

As our city, state, and country continue to grapple with how to help families recover from this crisis, we must not overlook the impact of COVID-19 on children's behavioral health. Without adequate support for children struggling with mental health concerns and substance use disorders, too many children will face the long-term impacts of unmet behavioral health needs.

Even prior to COVID-19, New York had a children's behavioral health crisis. In 2016, suicide was the second leading cause of death for New York children age 15-19, and the third leading cause of death for children age 5-14.ⁱ Between 2007 and 2018, New York has seen a 44% increase in the suicide rate of young people age 10 to 24.ⁱⁱ

In New York City in 2019, 36% of high school students reported feeling sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities.ⁱⁱⁱ 9.2% of high school students report that they attempted suicide one or more times in the past year. These rates are significantly higher for black and Latino students.^{iv} NYC data also indicates that lesbian, gay, bisexual, transgender, and questioning youth (LGBTQ) are more likely to report depressive symptoms, suicidal ideation, suicide attempts, and non-suicidal self-injury than non-LGBTQ youth.^v

**Percentage of High School Students Who Reported Attempting Suicide One or More Times in the Past 12 months
(2019)**



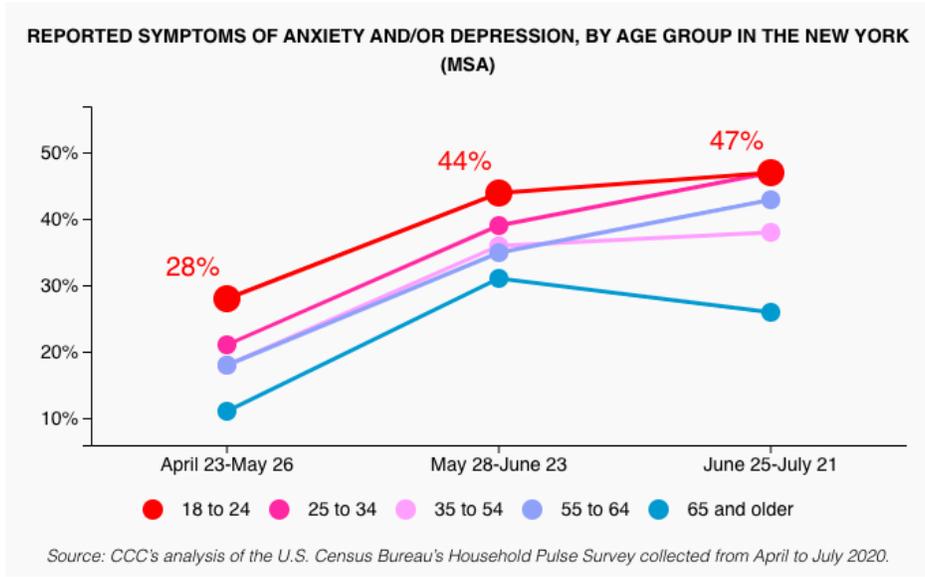
The causes of suicide are complex, and addressing suicide and suicidal behavior requires a multi-faceted, multi-system approach that recognizes not just the need for better mental health and substance use supports, but also the social and economic factors and systems that disparately impact marginalized communities.

Often, the behavioral health challenges children face are exacerbated when the institutions that are intended to protect them instead reinforce racism and other inequities in their responses to children’s needs. For instance, in the previous school year, there were 3,438 instances in schools where students “displaying signs of emotional distress” were removed from the classroom and taken to the hospital for a psychological evaluation. Nearly 9% of these incidents involved the use of handcuffs. Black and Latinx students accounted for 87% of child-in-crisis incidents, and 91% of child-in-crisis incidents where handcuffs were used.^{vi}

Access to care challenges are also driven by inadequate provider capacity. For example, in New York, there are only two child psychiatrists for every 10,000 children.^{vii} This helps explain why 54.5% of children ages 3 through 17 with a diagnosed mental/behavioral condition in New York did not get the treatment they need,^{viii} including 55% of young people with major depression.^{ix} Families face barriers accessing care regardless of whether they need outpatient care, intensive inpatient services, or community support services.

COVID-19 Has Exacerbated Existing Behavioral Health Needs

With the arrival of COVID-19, the need for behavioral health services has skyrocketed. The National Alliance on Mental Illness of NYC has reported a 60% increase in calls to their hotline since mid-March.^x Census survey data from July 2020 found that 62% of New York residents reported feeling anxious or worried and 55% reported little interest in doing things or feeling down and hopeless at least several days a week.^{xi} New York’s youth are seeing a spike in reported symptoms of anxiety and/or depression that are consistently higher than other age groups. From June to July, almost half of all youth aged 18 to 24 living in the New York Metropolitan Statistical Area (MSA) reported symptoms of anxiety and/or depression.^{xii} A CDC survey from June 24-30 found that one in four young adults between the ages of 18 and 24 reported having seriously considered suicide in the last 30 days.^{xiii}



The effects of this pandemic can be particularly pronounced for children and adolescents. Extensive research on adverse childhood experiences tells us that the kinds of trauma caused by COVID-19 – including economic and housing insecurity, disruptions in mental health care, and loss of loved ones – have long-lasting repercussions across the health and wellbeing of children as they become adults. Though hospitals saw a temporary decline in psychiatric patients during the height of COVID, doctors are seeing a growing number of young people come to hospitals with dangerous psychiatric emergencies, and fear that conditions will only worsen without an adequate response.^{xiv}

Furthermore, with the transition to distance learning, many children have lost a source of stability and routine, and may experience feelings of social isolation and anxiety. Many LGBTQ students may face heightened challenges if they live in unsupportive families and have lost their in-person connection to a more affirming school community. Additionally, the shuttering of schools has impaired the ability to identify and connect or maintain continuity of student’s access to clinical services. The importance of schools as a setting through which to receive clinical services is clear; a national study from the National Survey of Drug Use and Health (NSDUH) found that more than 13% of adolescents received some form of mental health services in a school setting in the previous 12 months.^{xv} Additionally, 35% of adolescents who receive any mental health services receive them exclusively from school settings.^{xvi}

Like all other aspects of this pandemic, the mental toll of COVID-19 has fallen disproportionately on those already most marginalized. The health and economic impacts of COVID-19 have been felt most strongly in working-class immigrant neighborhoods, and among Black and brown communities that have faced historic and institutional inequities. National surveys have shown that the greatest clusters of suicidal thoughts during COVID-19 are among Black and Latino people, essential workers, and unpaid caregivers for adults.^{xvii} Studies have also shown the important link between parent and child mental wellbeing, with parents with children much more likely to report multiple hardships and heightened stress.^{xviii} Extensive research indicates that household economic hardships can contribute to decreased mental wellbeing and increased rates of certain mental

disorders and suicidal behaviors.^{xix} With the added strains of job loss, loss of loved ones, housing instability, food insecurity, and a host of other instabilities, more and more children have been placed at risk of poor mental health.

Compounding the impact of COVID-19 are the harms of institutional anti-Blackness and police violence that children are coping with in the wake of the killing of George Floyd and the police's violent reaction to protests. Even prior to this crisis, we were beginning to see a rise in suicide among Black youth.^{xx} The factors driving this spike – including job loss and economic insecurity, lack of access to mental health resources, and the toxic stress of racism – have all been heightened during this crisis. NYC Well saw a nearly 10% surge in calls during the week following George Floyd's death, on top of increase in calls from pandemic.^{xxi} The systemic racism and anti-Blackness students experience in their communities, schools, and daily lives is a second pandemic that must be addressed.

Funding Cuts Have Threatened Access to Care

Americans stand at a precipice, with many of the federal COVID-19 relief benefits – such as unemployment insurance and direct cash payments – having expired at the end of July. Non-citizens have been almost universally excluded from federal benefits. Yet Congress remains gridlocked, with Senate Republicans resisting the passage of a comprehensive COVID relief package that mirrors the HEROES Act proposed by the House. Without additional financial support, even more families and their children will suffer the psychological and emotional harms of economic distress, on top of anxieties related to isolation, loss of loved ones, and widespread uncertainty.

Citizens' Committee for Children joins city and state leaders in calling for the federal government to provide critically-needed COVID relief to states and localities. We also join many city leaders in calling on the State to grant borrowing authority to New York City. However, we are also witnessing the cumulative harm that budget cuts at the city and state level are having on New York's children. Though they may appear as discrete cuts, reductions to education, health, and other local funding in fact have a cumulative impact, affecting the same communities over and over and over again. Those communities most impacted are disproportionately low-income communities of color, and they are the very same communities who have experienced COVID-19 infections, job and income loss, housing instability, and the harms of racist policing at higher rates.

With the financial strain of COVID-19, children's behavioral health is facing new threats from multiple fronts. Recent city and state cuts to education funding, for instance, have already led some schools to sever their contracts with on-site school-based behavioral health services and CBOs. Given that 35% of adolescents who receive any mental health services receive them exclusively from school settings, these cuts will have an outsized impact on access to care. All of these budget challenges are compounded by the stressors of this pandemic which will continue to increase need in the future.

Importance of Data collection

Int. 2005-2020 – Reporting on the mental health of New Yorkers during the COVID-19 public health crisis

CCC strongly supports efforts to collect additional data on the behavioral health needs of New Yorkers, and thanks Council Member Louis for her attention to this issue in *Int. 2005-2020*. This bill would require additional reporting on the mental health of New Yorkers during the COVID-19 public health crisis. Though we strongly support the intent of this bill, we would like to offer the following considerations and recommendations regarding the bill.

We are concerned that the responsibility of additional data collection could inadvertently overburden providers who are already struggling to meet behavioral health needs in the face of COVID-19 and budget cuts. We also want to acknowledge that not all mental health and substance use needs are identified through formal diagnosis. Unfortunately, too many young people still struggle with unidentified or undiagnosed behavioral health needs, and not all behavioral health needs manifest through a diagnosis. We are concerned that a focus on formal diagnosis could leave some young people behind.

Given the burden data collection like this could have on providers and DOHMH, we feel resources would be better invested in enhancing public education on what behavioral health resources are available, helping families navigate and connect to services, and identifying where there may be provider shortages in key areas. Understanding the scope of the need is only one side of the coin; we must also understand the city's capacity to serve those with mental health or substance use needs. Without this information, it will remain challenging to understand who is being left behind. Strengthening service connections would have a long-term positive impact for young people, given that the behavioral health needs of children were significant prior to this pandemic and will continue to be urgent after the official emergency period of this pandemic is over.

Oversight Recommendations

As the City Council and the Mayor consider how to address the challenges of COVID-19, we offer the following recommendations:

- 1. Enable recovery by protecting children and families from harmful cuts, including cuts to behavioral health services.** New York will never recover from COVID-19 if the same families that have faced job loss, economic devastation, illness, and loss of loved ones are also harmed by reductions to their schools, healthcare systems, housing, and behavioral health services. CCC joins many city leaders in calling on the state to identify revenue raisers and grant the city borrowing authority.

However, even without these measures from the state, New York City cannot afford to be short-sighted by scaling back on existing services. This includes budget cuts to schools and school-

based behavioral health resources. Cuts to community schools – coupled with the threat of state education withholdings and other funding threats – have already risked NYC schools scaling back on their behavioral health offerings.^{xxii} The Mayor recently released his Bridge to School plan, which includes important guidance for equipping school staff with trauma-informed training and resources. However, the goals of this plan cannot be achieved if the city continues to cut back on the very services and supports that are necessary to ensure the mental health and wellbeing of the youngest New Yorkers and their families.

To strengthen behavioral supports for students, NYC must start by reversing cuts to community schools and funding contracts that provide mental health services. Targeted investments are also needed in children’s behavioral health services, as well as in the foundations of recovery and promotion of wellbeing – housing, nutrition, financial assistance, unemployment insurance – that support family and household stability and protect children from the stressors that can drive poor mental health.

- 2. Support the behavioral health needs of students.** Great uncertainty remains over how children’s next school year will look, but schools will remain an important site – whether physical or virtual – for connecting children to emotional and behavioral supports.

Many students may have new behavioral health needs that are not easy to identify. It is therefore essential that educators have the training they need on trauma-responsive care. Students suffer when schools lack the tools to respond to trauma and instead respond with punishment, emergency medical services, and police involvement. The newly proposed Bridge to School plan provides valuable resources to help equip school staff with trauma-informed training and resources and a framework of trauma-informed care for schools to follow. However, with over one million students in NYC, New York schools will require more detailed guidance and much greater investments to truly meet the growing needs of students.

Fortunately, models exist for how to engage students, families, and educators in whole school approaches that center healing and help support all students, including those who have experienced trauma. Though each school or school district has unique needs, some models worth considering include the Bronx Healing-Centered Schools Community Roadmap and the proposed Mental Health Continuum in New York City.^{xxiii}

At the same time, New York must also strengthen schools’ access to clinical and community-based services. Though no longer providing all services on site during the pandemic, many Article 31 School Based Mental Health clinics have found ways to identify and connect with students who have increased need. Community-based behavioral health providers are also critically important when schools have limited access to on-site mental health resources or staff. New Child and Family Treatment and Support Services (CFTSS) provide family-focused, community-based services designed to prevent the need for more intensive services later in life. These services can reach more children if they are integrated into education settings.

3. **Reject punitive approaches like suspensions that cause harm by pushing students out of school and into the school-to-prison pipeline.** Many students returning to school will have experienced trauma and are entering an uncertain academic environment with new rules and anxieties. Many students are facing new traumas, and will continue struggling to adapt to both in-person and remote learning in this new landscape. Schools cannot respond with unnecessarily punitive responses such as suspensions, expulsion, and involvement of emergency services or the police that disproportionately impact students with disabilities, LGBTQ students, students from low-income households, and students of color. Schools and staff must be given the training and resources they need to respond with developmentally appropriate interventions, such as healing circles and restorative practices. We also join many state partners in calling on New York City and New York State to issue a moratorium on suspensions for the 2020-2021 school year to ensure children are not losing out on even more learning, and have the support they need to heal.

4. **Ensure equitable access to telehealth services and close the digital divide.** Given that telehealth services will remain a critical component of behavioral health care delivery going forward, it is more important than ever to ensure that all families have the ability to connect to needed services. Just under one in six households across the city reported no means of accessing the internet in 2018 – that is, no dial-up, broadband, satellite, or cellular data plans.^{xxiv} DOE has made important strides in supplying students with devices, but we are still aware of students who lack internet connectivity or an appropriate device, and who struggle to connect to services remotely.

We must also acknowledge the potential role of telehealth in exacerbating inequities in healthcare access. For those that have experienced a racially discriminatory healthcare system, teleservices may not feel like a safe alternative to in-person care. Telehealth can also pose challenges for very young children, children with disabilities, families who lack privacy, and families who speak languages other than English.

The DOE and DOHMH must work together to ensure that every family is able to connect remotely to the educational, healthcare, and social services they need, and both the city and the state must invest in securing high quality internet access for all families. At the same time, our city's healthcare system must continue to prioritize the needs of children and families and above all respect their choices regarding how they want services delivered.

Thank you for your consideration, and for your commitment to the wellbeing of children and families in New York.

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