A Public Health Approach to New York City’s Mental Health Crisis

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New York City (NYC), like much of the US, faces a mental health crisis exacerbated by the COVID-19 pandemic. In response, NYC launched a mental health plan that takes a public health approach, targeting strategies based on need, balancing prevention and care, engaging the whole government, and building on existing infrastructure and recent policy reforms.1 This Viewpoint shares NYC’s rationale, process, and challenges, focusing on overdose—1 of 3 pillars of the plan—as a case study for other governments across the nation.

Why NYC Took a Public Health Approach

New York City started with the data, finding striking needs among children, youth, and families; people with serious mental illness; and people at risk of drug overdose. The NYC government focused on these 3 populations, with an emphasis on racial and ethnic equity. For example, in 2021 during the COVID-19 pandemic, NYC experienced its highest rates of overdose deaths on record, with disproportionate impacts among Black and Latino populations, owing to disparities in access to care and the cumulative effects of decades of racism in policy and practice.1

To address these needs, NYC revitalized its mental health strategy with a public health approach grounded in 3 major learning experiences from past mental health initiatives and from population health science.2,3 First, the plan focused on those experiencing the greatest need and deepest inequities as a way to achieve population-level impact, including setting-specific—often numeric—goals for improvement. Second, the plan sought to balance investment in prevention and treatment with attention to social determinants of health. Third, the plan sought to engage a wide array of sectors that influence mental health and its social determinants, including diverse city agencies, state and federal partners, and nonprofit and private sectors, through advocacy, policy, and strategic stakeholder engagement.

Process for Developing the Plan

The NYC Department of Health and Mental Hygiene led the plan’s development, serving in its role as the city’s health strategist. For overdose, the health department analyzed NYC’s vital statistics data, past overdose plans, evidence on effective interventions, and input from community partners and those with lived experience. The health department then proposed an initial goal and strategic framework and obtained feedback from other city agencies, community-based organizations, health care and social service providers (including professionals, community health workers, and peer support specialists), health insurers, philanthropic foundations, and federal and state agencies. The city set a goal of reducing overdose deaths by 15% by 2025 with a framework of preventing overdoses and reducing risk of death from overdose, increasing access to evidence-based treatment and social supports, supporting those impacted by the overdose crisis, such as children and families, and reducing the incidence of problematic substance use.

The Department of Health and Mental Hygiene worked with the Office of Management and Budget to understand city resources available, federal and state agencies to determine upcoming policy opportunities, and philanthropic foundations to identify areas of interest. Then, the health department went through a structured exercise to prioritize strategies and initiatives to pursue...
among different evidence-based options, based on the overall impact, effect on equity, and operational feasibility. During this time, other city agencies, spanning child welfare and housing to parks and transportation, similarly considered their priority initiatives and selected areas of cross-agency collaboration. Similar processes guided the youth mental health and serious mental illness pillars of the plan.

The city made several key commitments. For example, it is enhancing its existing syringe-service programs to build a network of Harm Reduction Hubs in neighborhoods facing the highest rates of overdose deaths. These hubs provide coordinated low-threshold health care and social services, while offering a place to rest and meet basic needs. The city is also advocating for legal operation under federal and state law of overdose prevention centers within these hubs, which currently allow for supervised consumption in 2 pilot locations. This work also builds on other city plans to address key social determinants of mental health, including employment, housing, childcare, gun violence, and racial and ethnic equity, all of which enrich the supports offered by the Harm Reduction Hubs. Examples of other key initiatives in the plan include expanding nonfatal overdose response programming, enhancing the network of drug-checking sites in communities, significantly expanding naloxone distribution, and improving supportive housing options for people who use drugs.

To ensure that NYC delivers on its commitments, the plan feeds into city planning and accountability processes. A cross-agency tracking system, which quarterly assesses the progress of activities and key performance indicators. This includes progress toward enhancing the Harm Reduction Hubs against a set timeline, with indicators related to services offered and connections made. New York City is also constructing a citywide opioid dashboard, bringing together data from the health department, medical examiner, emergency medical services, health care professionals, and other sources to map overdoses geographically and according to risk profiles, allowing the city to assess overall progress and better target resources.

**Challenges and Opportunities**

New York City's mental health plan faces several challenges in implementation. To achieve its goals, the mental health plan must represent a sustained commitment backed by resources. City Hall and the Office of Management and Budget are prioritizing the plan's initiatives during each budget cycle, building on almost $400 million invested into the plan so far since Mayor Eric Adams took office. The plan also builds on millions of dollars in new grants and Medicaid funding opportunities from federal and state governments. Through the tracking system, City Hall will hold member agencies accountable for progress in the long run, even as other issues create delays, and health department data will continue to be used in convening, organizing, and tracking progress against population mental health outcomes.

The plan's emphasis on policy change and social determinants of health means that progress depends on factors outside the city's control. For example, access to housing is critical for addressing overdoses and the plan aligns with NYC's housing blueprint, but policies related to housing affordability and supportive housing are mostly state and federally controlled. New York City can advocate and build coalitions, but the year-to-year progress will be dictated by other levels of government, which presents an ongoing challenge. This is also true of many aspects of the mental health system itself, which is largely funded either through federal block grants and passed onto the city, and/or reimbursement for mental health care from federal, state, and commercial payers.

Many of the strategies also require sustained interagency engagement. Previous efforts to mobilize whole-of-government initiatives to improve health demonstrate the challenges of embedding work deeply into multiple agencies. Specifying each agency's role for each strategy and initiative in the tracking system is intended to promote accountability and ownership. In addition, recent large-scale plans from the city, such as those on gun violence, climate, and housing, required interagency collaboration in planning and implementation. This collaborative leadership from City...
Hall better positions the city with the mental health plan, although challenges with sustaining collaboration remain.

Opportunity for Federal Leadership

New York City’s mental health plan sets a trajectory locally but would be bolstered by public mental health leadership nationally, given the impact of federal policy on local services and programs. Federal leaders have already provided critical investments in treatment, such as expanded funding for community mental health services, including Certified Community Behavioral Health Clinics under the Bipartisan Safer Communities Act of 2022, federal support for the national 988 crisis response hotline, and new coverage for crisis services in health insurance programs under the Consolidated Appropriations Act of 2023. The US Congress and the federal administration should build on this recent momentum to advance a coherent public health strategy for addressing mental health, targeting persistent inequities; encompassing prevention, intervention, and social determinants of health; and engaging the whole of government. Such a public health approach would mobilize the country’s resources toward one of the most pressing public health challenges of our lifetimes.


