Testimony

of

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on

Addressing the Mental Health Needs of Immigrants in New York City

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Good afternoon, Chairs Ayala and Menchaca, and members of the committees. I am Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health at the Department of Health and Mental Hygiene. On behalf of Dr. Barbot, thank you for the opportunity to testify today.

In New York City, we find that while overall rates of serious mental illness are similar for foreign-born and US-born New Yorkers, fewer foreign-born individuals with serious mental illness receive mental health treatment than US-born individuals. In addition, while most age groups of US-born New Yorkers report higher rates of depression than foreign born New Yorkers, this is not the case for seniors. The prevalence of depression is twice as high among foreign-born adults 65 and older than US-born New Yorkers.

My colleagues at MOIA have shared with you some of the unique mental health challenges that immigrants face. And we know that the process of immigrating to a new country and making a new life can be accompanied by trauma and subsequent psychological distress, anxiety, and depression. The Health Department’s community mental health programs and services are open to all New Yorkers, regardless of immigration status or ability to pay. We also fund behavioral health providers and other community-based organizations that are mission-driven to serve immigrant communities. Let me tell you a little bit about our work.

The Connections to Care program (C2C), is a key initiative of the Mayor’s Office of ThriveNYC that integrates mental health supports into the work of community-based organizations who provide social services to low-income populations, including workforce development, education, early childhood, and immigrant legal services. C2C leverages the position of CBOs as valuable members of the community in two key ways. First, it empowers providers to tailor behavioral health education and screening protocols to the unique cultural context and native languages of their communities. Second, these organizations receive funding to partner with local mental health providers to offer onsite clinical care. These partnerships remove financial and logistical barriers that many people face accessing care. C2C funds 14 CBOs across New York City, many of whom serve immigrant populations. Two of these, Voces Latinas and the Arab American Association of New York, serve immigrant communities as part of their core mission.

NYC Well, another ThriveNYC initiative, often serves as a touchpoint for New Yorkers to enter the behavioral health system. This phone, text, and online chat service operates 24/7, 365 days a year and is staffed with English, Spanish, Cantonese, and Mandarin speakers, with additional interpretation services available in more than 200 languages. NYC Well can refer callers to service providers and other CBOs with the cultural and linguistic competence to meet their individual needs. The NYC Well database includes more than 88 organizations who specialize in servicing immigrant communities, including LGBT immigrants, those experiencing domestic violence, those requiring legal services, and victims of human trafficking. NYC Well is
a confidential service staffed with crisis counselors and peers with lived mental health experience. Callers are never asked to disclose their immigration status. We have promoted NYC Well in fourteen languages via newspaper ads, brochures and posters as well as television promotions in English, Spanish, Cantonese, and Mandarin. Additionally, NYC Well has run two public campaigns targeted to Spanish, Cantonese, and Mandarin speakers to elicit community feedback and input.

Through Mental Health First Aid, another ThriveNYC initiative, the Health Department is educating New Yorkers about the signs and symptoms of mental illness, and steps they can take to support the mental health of others. These trainings are reaching communities throughout New York City, including immigrant communities. Thus far, this initiative has facilitated 298 trainings in non-English languages, including Spanish, Mandarin, Korean, Haitian Creole, and Bengali. Nearly 30% of the more than 133,000 individuals who have been trained report that they interact with immigrant communities daily. Thirty-one of the Mental Health First Aid training staff are bilingual or trilingual.

The Department also works to ensure that immigrant youth and families have access to culturally competent mental health resources. In 2018, in response to the family separation crisis, the Department partnered with other city agencies to provide training in trauma-informed care and technical assistance to the centers that housed these children in New York City. The Health Department’s other youth- and family-oriented mental health services include the Family Resource Centers, which are free of charge, and the Early Childhood Mental Health Network of clinics, which work with families who may not have insurance. In particular, the Family Resource Center in Western Queens works with parents from a range of immigrant communities. In addition, the Early Childhood Mental Health Network includes University Settlement, which serves a large Mandarin and Cantonese speaking population.

Through ThriveNYC, the City has significantly enhanced school mental health services and support programs across the school system. As just one example, ThriveNYC announced that it will partner with the Department of Education (DOE) this school year to add 85 licensed social workers to provide direct clinical care and mental health services to students and schools at times of crisis. Thus far, fifty of these new social workers have been hired and some have been deployed. Beyond ThriveNYC, the Administration has worked to further expand mental health supports in schools. For the first time ever, the City now coordinates mental health supports centrally, ensuring that every student has access to mental health supports either on site at school or through referral to services in their surrounding community.

When crisis services are required, mobile crisis teams are available for all ages regardless of an individual’s immigration status or ability to pay. Our Mobile Crisis Teams frequently serve immigrant communities using a total of eleven different languages. The Health Department also has community-based mobile treatment services such as Assertive Community Treatment,
Forensic Assertive Community Treatment, and Intensive Mobile Treatment, for people with serious mental illness who may have significant histories of trauma. Immigration status and ability to pay are not barriers to receiving care from a mobile treatment team.

The Department funds seven organizations to implement the Program to Encourage Active, Rewarding Lives for Seniors, or PEARLS. PEARLS is an evidence-based program for treating late-life depression. It serves homebound seniors and includes a focus on neighborhoods with high numbers of seniors who do not speak English. Many program staff are bilingual, including Spanish, Mandarin, Haitian-Creole, Yiddish, Hindi and Arabic speakers.

Thanks to generous funding from the City Council, the Department also provides services tailored to the unique needs of New York City’s seniors through the City Council-funded Geriatric Mental Health Initiative. This Initiative provides screening to older adults for depression and substance use. Depending on the needs of the community, providers may also offer psychiatric evaluation, treatment, and case management. Several of the organizations funded through this Initiative define supporting immigrant communities as core to their mission, including the South Asian Council for Social Services, Grant Street Settlement, the Chinese American Planning Council, and the RAICES Spanish Speaking Elderly Council.

Also, thanks to generous funding from the City Council, the Department manages the Immigrant Health Initiative. This Initiative improves access to health insurance and care, addresses cultural and language barriers, and delivers resources and interventions to immigrant populations. Six of the funded organizations specialize in providing mental health support and services. Chinese Sunshine House and the South Asian Council for Social Services provide support for Asian communities. The Ackerman Institute for the Family’s Latino Youth and Immigration Project, Mixteca Organization, and Montefiore’s Terra Firma Clinic provide support to Latino communities.

The Health Department also contracts with CBOs to provide mental health support and recovery services in the communities where immigrants reside. For example, Hamilton Madison House provides mental health treatment and case management services for Asian adults. In addition to English, staff speak Cantonese, Mandarin, Korean, and Japanese. The H+H Elmhurst Hospital Lifelinks program provides structured socialization, supported employment, case management, and rehabilitation to build self-esteem and empowerment for recovery. Participants are primarily Spanish speaking immigrants.

As part of our work to better understand the needs of immigrant communities, we are in regular conversation with sister agencies and MOIA. We also consult external partners through our Community Services Board, which is made up of providers and stakeholders from the mental health community. This group provides feedback to the Department’s planning work for the mental health care system. Its members surface concerns and experiences from the communities in which they work, including immigrant communities.
We also rely on the feedback of our partners in the City Council and members of the community like those here to testify today. I want to thank for your partnership and support in this important work. I am happy to take your questions.