Committee on Mental Health, Disabilities and Addiction

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## THE COUNCIL

# Briefing paper OF THE HUMAN SERVICES Division

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**COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION**

*Hon. Diana Ayala, Chair*

#### December 14, 2021

**Proposed Int. No. 2005-A:** By Council Members Louis, Kallos and Ayala

**Title:** A Local Law in relation to reporting on the mental health of New Yorkers during the COVID-19 public health crisis

1. **Introduction**

On December 14, 2021, the Committee on Mental Health, Disabilities, and Addiction, chaired by Council Member Farah Louis, will consider Proposed Introduction Number 2005-A (Proposed Int. No. 2005-A), sponsored by Council Member Louis. The legislation was previously heard at a hearing of this Committee on September 22, 2020, at which the Committee received testimony from New York City Department of Health and Mental Hygiene (DOHMH), ThriveNYC, and other interested parties.

1. **Background**

*Effects of COVID-19 on Mental Health*

COVID-19 has brought many emotional anxiety and socioeconomic uncertainties. The fear of contracting coronavirus—a deadly disease that has killed hundreds of thousands of people—has been compounded by the ripple effects of the pandemic on daily life.[[1]](#footnote-1) For many, these concerns include exposure to infected sources, infected family members, loss of loved ones, school closures and the pressures of homeschooling children, the loss of childcare, job loss and economic insecurity, home confinement issues ranging from social and emotional isolation to domestic violence concerns, the inability to effectively manage preexisting physical or psychological conditions, inadequate access to supplies such as groceries and money for rent and utilities, loss of employer sponsored healthcare resulting in the lack of prescription medications, and an overall shortage of pandemic related resources such as timely testing and access to personal protective equipment (PPE) for essential workers.[[2]](#footnote-2) According to the New England Journal of Medicine, these daily pressures “undoubtedly contribute to widespread emotional distress and increased risk for psychiatric illnesses” associated with and attributable to COVID-19.[[3]](#footnote-3)

For many, the fundamental challenges associated with the pandemic are compounded by various state and local stay-at-home and quarantine orders that have resulted in a variety of psychosocial stressors including feelings of fear, frustration, confusion, and anger due in large part to the indefinite nature and unknown scope of the crisis.[[4]](#footnote-4) Absent a national plan to address COVID-19, “conflicting messages from government and public health authorities” have served to heighten already inherent uncertainties of the pandemic, thereby serving to increase emotional stress, rather than alleviate it.[[5]](#footnote-5)

Whereas after a conventional disaster, some people emerge more resilient having found a renewed sense of inner strength and resolve, the seemingly unending nature of this pandemic has served to provoke vulnerable communities.[[6]](#footnote-6) This is especially true for those living with substance use disorders and mental health diagnoses who, in the absence of access to regular care, may be more prone to emotional distress and relapse.[[7]](#footnote-7) Prior to COVID-19, nearly one in five American adults reported having a mental illness, serious mental illness or major depressive episode within the past year.[[8]](#footnote-8) For many, the COVID-19 pandemic has served to exacerbate pre-existing mental health and substance use disorders.[[9]](#footnote-9) According to a July 2020 Kaiser Family Foundation (KFF) Tracking Poll, 53 percent of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over COVID-19, which is a significantly higher number than the 32 percent previously reported in March (See Figure 1 below).[[10]](#footnote-10) Survey respondents attributed this increase to a direct result of experiencing isolation due to social distancing, job loss, or negative health consequences during the pandemic which had resulted in “increased depression, anxiety, distress and low self-esteem, which for some led to higher rates of substance use and suicide ideation.”[[11]](#footnote-11) Notably, barriers to accessing mental health and substance use disorder services during the pandemic compounded behavioral health problems and a recent study found that 13.3 percent of adults found new or increased substance use to be an effective coping tool for increased stress and anxiety.[[12]](#footnote-12)

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*Effects of COVID-19 on Substance Use Disorder and Overdose Rates*

While epidemics have been known to induce general stress across the population, it is likely that mental health challenges and substance use disorder rates will continue to increase among individuals with and without prior histories of behavioral health disorders.[[13]](#footnote-13) Data collected nationally from ambulance teams, hospitals and police departments indicates that suspected drug overdoses jumped 18 percent in March, 29 percent in April, and 42 percent in May.[[14]](#footnote-14) Suggested causes include the disrupted supply chains, prompting people to seek substances from less familiar suppliers, and social distancing, which has left some to “take drugs alone…making it less likely someone will be there to call 911 or administer Narcan.”[[15]](#footnote-15) Additionally, a White House drug policy office analysis showed an 11.4 percent increase in fatalities during the first four months of the year, while a New York Times analysis estimated the increase to be 13 percent.[[16]](#footnote-16) According to the American Medical Association (AMA), while drug overdose deaths in the US fell in 2018 for the first time in years, “as of July 20, 2020 more than 35 states have reported increases in drug-related deaths and other concerns with drug use and mental illnesses…with some municipalities reporting overdose death rates increasing by as much as 60 percent.”[[17]](#footnote-17) In response, the AMA urged governors and state legislatures to adopt new Substance Abuse and Mental Health Services Administration (SAMSHA) and Drug Enforcement Administration (DEA) guidelines which include the removal of barriers such as prior authorizations for medications used to treat opioid disorders.[[18]](#footnote-18)

In July, respondents to a Siena College Poll reported that 59 percent of New Yorkers have been affected by or “touched” by opioid abuse—up from 54 percent two years ago.[[19]](#footnote-19) According to preliminary New York City Police Department (NYPD) statistics, “while overdoses have fallen overall in the first half of 2020, overdose deaths appear to have significantly increased during this time…” However, DOHMH has stated that it is currently “too soon to tell” if there has been a spike in overdose deaths, due to the way data is tracked using anecdotal evidence rather than real time statistics.[[20]](#footnote-20) According to some preliminary statistics, Queens saw a 56 percent spike in overdose deaths during the first five months of the year; Staten Island saw 58 overdose fatalities so far this year, representing an increase from 49 at this time last year.[[21]](#footnote-21) Additionally, Emergency Medical Technicians in New York City administered opioid overdose-reversal narcotics 23 percent more often than last year.[[22]](#footnote-22)

*Mental Health and Substance Use Disorder Resources from the State and City*

There have been several efforts at both the state and city level to address the increasing mental health and substance use disorder needs of New Yorkers throughout the pandemic.[[23]](#footnote-23) Such efforts have included existing services that received renewed attention and other efforts have included newly created resources[[24]](#footnote-24). Those efforts include:

* NYC Well: A free, confidential mental health support system, where users can connect to a counselor via phone, text, or chat and receive access to mental health and substance use services, in more than 200 languages, 24/7/365, operating under Thrive NYC;[[25]](#footnote-25)
* DOHMH partnered with select CVS and Walgreens pharmacies to give out free naloxone kits to any individuals who requested one, operating under NYC Well;[[26]](#footnote-26)
* Resources to address the behavioral health needs of New York City veterans, including a partnership between Thrive NYC and the New York City Department of Veterans’ Services to create Mission: VetCheck, an initiative that allows volunteers from the veteran community to make check-in calls to veterans across NYC;[[27]](#footnote-27)
* The New York State Office of Mental Health (OMH) created an Emotional Support Helpline, which offers free and confidential support to those experiencing increased anxiety due to COVID-19;[[28]](#footnote-28)
* Additionally, OMH created a guide for managing Stress and Anxiety during the COVID-19 Outbreak;[[29]](#footnote-29)
* The New York State Office of Addiction Services and Supports compiled a list of addiction treatment centers offering remote addiction support services during the pandemic.[[30]](#footnote-30)

In addition to these services, many community-based organizations and service providers have successfully shifted their models to offer virtual or socially distanced services to New Yorkers, though many are struggling to transition with limited budgets and shifting health guidelines.

*Issues and Concerns*

While there are many concerns surrounding the increased mental health and substance abuse challenges experienced by New Yorkers due to the COVID-19 pandemic, perhaps none are more pressing than the continued need for access to quality behavioral health care.[[31]](#footnote-31) For many New Yorkers who were seeking treatment, accessing in-person mental health or addiction services treatment has been nearly impossible due to the many physical office closures of mental health providers.[[32]](#footnote-32) Additionally, a large number of psychiatric beds in hospitals were shut down to make room for COVID patients, and such departments have not yet returned to full services.[[33]](#footnote-33) While this difficulty accessing in-person services has necessitated an unprecedented effort to offer telehealth services[[34]](#footnote-34) – a solution that could be incredibly helpful in the long run – underlying issues surrounding pay rate parity and a dearth of culturally sensitive mental health providers serve as barriers to achieving full, adequate access to quality behavioral health care.[[35]](#footnote-35)

Many concerns also surround the lack of comprehensive data in New York City, where, unlike other states and jurisdictions, neither the State nor City health departments have collected and published public data about overdose deaths and mental illness rates in 2020.[[36]](#footnote-36)

Finally, as the City and State face massive budget cuts and cuts to public programming due to the economic downturn, without a guaranteed federal bailout behavioral health services face potential cuts in provision.

1. **Legislative Analysis**

**Proposed Int. No. 2005-A**

This bill would require the New York City Department of Health and Mental Hygiene (DOHMH) to track and issue a report on the mental health of New Yorkers during the COVID-19 public health emergency. The report would be published every six months and would include: the number of 311 calls relating to mental health; the number of 911 calls relating to mental health emergencies and substance misuse or overdoses; the number of calls received by any mental health hotline maintained by the department or by another agency; the number of hospital admissions for overdoses or that were substance use-related; and any other information regarding the mental health of New Yorkers during the COVID-19 public health emergency that the Commissioner of Health deems appropriate.

The information required in this report would be disaggregated by age, race, gender, zip code and any other demographic category that the department deems relevant, to the extent such demographic information is available. Additionally, on an annual basis, the report would include a description of any trends in adverse mental health of New Yorkers during the COVID-19 public health emergency and any steps taken by DOHMH to address such trends.If passed, this bill would take effect immediately.

Proposed Int. No. 2005-A

By Council Members Louis, Kallos and Ayala

..Title

A Local Law in relation to reporting on the mental health of New Yorkers during the COVID-19 public health crisis

..Body

Be it enacted by the Council as follows:

Section 1. Report on COVID-19 and mental health. a. Definitions. For the purposes of this section, the following terms have the following meanings:

Commissioner. The term “commissioner” means the commissioner of health and mental hygiene.

COVID-19. The term “COVID-19” means the disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

COVID-19 public health emergency. The term “COVID-19 public health emergency” means the period of time from March 12, 2020 until the conclusion of the state of emergency in the city of New York declared in emergency executive order 98 on March 12, 2020, as extended by subsequent emergency executive orders.

Department. The term “department” means the department of health and mental hygiene.

Mental health emergency. The term “mental health emergency” means (1) a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical or behavioral health attention to result in a significant risk of serious harm to oneself or others; or (2) where a person’s actions, feelings, and behaviors can reasonably be expected to put them at risk of being unable to care for themselves or function in the community in a healthy manner; or (3) any other situation or circumstance designated as a mental health emergency by the department.

b. No later than six months after the enactment of this local law, and every 6 months thereafter for the duration of the COVID-19 public health emergency, the department shall track and issue a report on the mental health of New Yorkers during the COVID-19 public health emergency. Such report shall be issued to the mayor and the speaker of the council and shall be published on the department’s website. The department may work with community-based organizations, federally qualified health centers, and other community providers to conduct surveys and obtain aggregate information, and may seek information from hospitals, the department of education, the department for the aging, the department of social services and any other entity as the commissioner deems appropriate.

c. The report required pursuant to subdivision b of this local law shall include the following information:

1. The number of (i) calls received by the 311 customer service center, including those referred to NYC Well or any successor service and (ii) reports received through the mobile application of the 311 customer service center relating to mental health, including, but not limited to, those seeking resources or referrals or reporting mental health emergencies, as reported to the department by the department of information technology and telecommunications;

2. The number of phone calls, text messages or online chat messages received by any mental health hotline maintained by the department or by another agency;

3. The number of 911 calls relating to (i) mental health emergencies and (ii) substance misuse or overdoses, as reported to the department by the police department;

4. The number of hospital admissions for overdoses or that were substance use-related, to the extent such information is available to the department; and

5. Any other information regarding the mental health of New Yorkers during the COVID-19 public health emergency that the commissioner deems appropriate.

d. The information required by subdivision c of this local law shall be disaggregated by age, race, gender, zip code and any other demographic category that the department deems relevant, to the extent such demographic information is available.

e. The report required pursuant to subdivision b of this section shall additionally include, on an annual basis beginning with the report due 12 months after the enactment of this local law, a description of any trends in adverse mental health of New Yorkers during the COVID-19 public health emergency and any steps taken by the department to address such trends.

f. No information that is otherwise required to be reported pursuant to this section shall be reported in a manner that would violate confidentiality or any applicable provision of federal, state or local privacy law, rule or regulation.

§ 2. This local law takes effect immediately.

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6. Ibid. [↑](#footnote-ref-6)
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23. *See* COVID-19 Resources, New York State Office of Mental Health; *see also*, Mental Health & Behavioral Health, DOHMH, https://omh.ny.gov/omhweb/covid-19-resources.html [↑](#footnote-ref-23)
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26. <https://nycwell.cityofnewyork.us/en/naloxone/> [↑](#footnote-ref-26)
27. <https://thrivenyc.cityofnewyork.us/mission-vetcheck> [↑](#footnote-ref-27)
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