



THE CITY OF NEW YORK  
OFFICE OF THE MAYOR  
NEW YORK, NY 10007

**FOR IMMEDIATE RELEASE:** November 23, 2015  
**CONTACT:** [pressoffice@cityhall.nyc.gov](mailto:pressoffice@cityhall.nyc.gov), (212) 788-2958

**RUSH TRANSCRIPT: MAYOR DE BLASIO, FIRST LADY MCCRAY RELEASE THRIVENYC: A MENTAL HEALTH ROADMAP FOR ALL**

**First Lady Chirlane McCray:** Thank you so much, Rich. Thank you, Kathy, for that incredibly moving story, which is your life. Thank you, family, for being here with me today. I am never as happy as when my family is with me, and hope that what I have to say today brings hope to families all across our city.

Kathy, your story brings hope to everyone who believes that each of us has the power to make a real and lasting difference in the world.

Standing here with us today, elected officials, advocates, commissioners, medical experts, and community leaders – on behalf of all of you, and on behalf of the hundreds of other New Yorkers who contributed their energy and experience to this project, it is my great pleasure to announce the release of ThriveNYC, a Mental Health Roadmap for All.

[Applause]

ThriveNYC is a plan of action, a decisive turning point in the way our city approaches mental health and substance use disorders. The roadmap includes 54 initiatives, 23 of which are brand new. It includes an investment of \$850 million dollars over the next four years. And it includes previously-unpublished data, eye-opening maps, and user guides for common mental health conditions.

With this roadmap, New York is stepping up and taking on a crisis that has been eroding the foundation of our city and destroying our families for far too long.

Our work on the roadmap officially began 11 months ago, when we launched this effort. But for me, for Bill, and for so many of our partners, the journey to this moment started a long time ago.

In my case, the journey started with my parents, who both suffered from depression. It continued with members of my extended family, who struggled with substance misuse and bipolar disorder. It continued with a close childhood friend who took her own life. And it continued with our remarkable daughter Chiara, who is here with us today, along with her equally remarkable brother Dante.

[Applause]

Many of you know that a few years ago, Chiara revealed to Bill and me that she was suffering from addiction, anxiety, and depression. Well, today, she is well into recovery and shares her story to inspire other young people seeking help.

[Applause]

So mental illness has always been a part of my life, a part of my family – and my guess is that if you think about it, and if you know the signs and symptoms, and remember, it has been part of yours too.

For almost a year, I've been traveling across the city, talking about mental health. In every room, every neighborhood, every borough, I asked people to raise their hand if they have not been affected by mental illness.

No one has ever raised their hand.

And I'm sure that this room is no different.

Maybe you are the parent of a teenager whose anxiety is so overwhelming that every conversation is a struggle. Maybe you have a friend who has completely lost control over his drinking. Maybe you know an elderly relative or a neighbor who barely leaves her house anymore.

But for all of the maybe's, this much is certain – all of you know someone who has been touched by mental illness.

Just look at the statistics, at least one in five adult New Yorkers is dealing with a mental health condition. And it's not just the adults who are suffering.

Mental illness and substance use disorders can strike at any stage of life, from childhood on. Again, the statistics bear this out – 8 percent of public high school students in New York City report attempting suicide. 26 percent of CUNY undergrads who responded to a campus survey reported experiencing significant anxiety. More than 13 percent of senior citizens receiving home healthcare have major depression.

And I want you to know – when we talk about depression, we are not talking about having the blues for a couple of days. We're not talking about a little sadness for a couple of days. We're talking about serious, serious depression, which I think Chiara said it well when describing her own experience. And she said, "Every morning brings an existential struggle of epic proportions as I try to decide whether or not I have the strength to make it out of bed, or if it would even be worth it to go through the motions of another hopeless day."

So, let me be clear – depression is an illness, a disease, one that affects more than half-a-million New Yorkers. When you consider all the statistics, and when you think about all the suffering, dysfunction, and fear those statistics represent, it becomes impossible to avoid a painful truth – we are facing a public health crisis. Too many New Yorkers in every community are not getting the treatment they need – that's the bad news. The good news is that mental illness is treatable. We know what works. We have the tools – we just aren't using them. So, what we need is a public health solution – one that engages every sector of our city, one that meets the needs of every community and age group.

The roadmap's 54 initiatives reflect this reality. With this roadmap, we are sending a message that we will no longer ignore suffering that we know how to fix.

Right now, despite the best efforts of many smart and dedicated people, finding the right mental health resources you need is like being dropped into a foreign city with no map and only a vague knowledge of the language. We wander down streets that lead to nowhere. We are forced to rely on the advice of strangers that don't understand us, despite their best intentions. And after a while, we start wondering if we'd be better off just giving up. But giving up is never a good response. What New Yorkers need is more resources, better resources, resources that are easy to access. And that is exactly what we're creating with ThriveNYC. In launching 54 initiatives, we are massively expanding our city's capacity to treat mental illness and promote mental health.

Now, our work is [inaudible] and best practices, and shaped by six guiding principals based on hundreds of conversations with medical experts, community leaders, and individual New Yorkers who know firsthand the pain of mental illness. From them, we learn the importance of changing the culture. We need to make mental health everyone's business. And from them we came to appreciate the wisdom of acting early. If we give New Yorkers more tools to weather life's challenges, we can prevent mental illness from taking root. And for them, we are making a long-term commitment to close treatment gaps. We need to provide every New Yorker with access to the right care, in the right place, and the right time.

So, for example, for our youngest New Yorkers, we will expand social-emotional learning to all pre-k and early-learning sites, because every child needs the help – every child needs help developing skills – the skills they need to make sense of their emotions and adapt to new situations. And no child should be punished for untreated conduct disorders.

[Applause]

What kind of society are we if we do that, right? For our elementary-, middle-, and high-school students, we will bring new mental health resources to hundreds of high-need public schools, because our schools should be a place where students can get help for any issues that is threatening their intellectual or emotional development.

For thousands of CUNY students, we will launch web- and mobile-based ways for them to quickly and easily access help with assistance from CUNY School of Public Health, because if we want college students to graduate and excel, we need to provide them with mental health tools that are as dynamic and innovative as our young people themselves.

[Applause]

For New Yorkers who are battling an addiction to opioids, we will train and authorize at least 1,000 new providers to prescribe buprenorphine – try and say that three times quickly. This medication stops cravings and prevents withdrawal symptoms. And because we have a moral and medical obligation to make sure no one who needs it goes without life-saving medication – for all New Yorkers, we will create a mental health corps that will send hundreds of physicians and social workers out into the neighborhoods where they are needed most.

[Applause]

This corps will provide 400,000 hours of outpatient care every year. And that care will be aligned with the goals and principals in the roadmap in sharing the long-term sustainability of ThriveNYC, because when trained professionals are also passionate community members, services are easier to access and culturally competent.

And for all New Yorkers, we will launch NYC Support – a program finder to help people quickly and easily find resources that match their unique needs. If a New Yorker needs help, NYC Support will be there for them 24/7 – 365 days a year.

[Applause]

Why are we doing that? Because we can all use a guide when it comes to navigating the mental health system.

Speaking of guides, I have been blessed with many great ones, but I want to recognize three by name. As he proved with pre-k, no one is better at keeping big, ambitious projects on track than Deputy Mayor Rich Buery.

[Applause]

And his leadership will be even more valuable as we put the roadmap into action.

Dr. Mary Bassett, our health commissioner, has never wavered in her commitment to this work. This is a woman who lives and breathes community health; a woman who knows how to get services to where they are needed.

[Applause]

And I am especially proud to count Dr. Gary Belkin, Executive Deputy Commissioner of our Division of Mental Hygiene.

[Applause]

I am so proud to count him as a staunch friend and partner. Gary is a visionary. There's really no other way to say it. And he has poured a lifetime of his experience into this roadmap. Thank you so much, Dr. Belkin.

[Applause]

Of course, city government cannot do this alone. The work we are announcing here today is a first step. In order to achieve our goals we need everyone to do their part because we all have a role to play. That's why we will create opportunities for 250,000 New Yorkers to receive training and mental health first aid, which teaches people how to help friends, family members, and co-workers who may be suffering.

[Applause]

And that's why we will recruit peer specialists.

[Applause]

[Laughter]

You see, peer specialists, I heard you –

[Laughter]

– peer specialists in the house. We will recruit peer specialists to put their life experiences to work. And that's why we are encouraging all New Yorkers to listen closely the next time they hear someone mention that they are suffering.

Now, you will notice that all of these actions involve collaboration, and that's not a coincidence. This is a people problem, and it requires a people solution.

[Applause]

If we work together, we can change the mindset around the mind. If we work together, we can make it as easy to talk about anxiety as it is to talk about allergies. If we work together, we can create a city where every New Yorker can live their life to the fullest; a city where every New Yorker can thrive. And now for our Spanish-speaking neighbors –

[First Lady McCray speaks in Spanish]

[Applause]

It is now my pleasure to introduce a man whose commitment to creating a truly effective mental health system extends beyond his responsibilities as mayor. It is rooted in his experiences as a son, as a husband, and as a father – ladies and gentlemen, Mayor Bill de Blasio.

[Applause]

**Mayor Bill de Blasio:** I feel such gratitude at this moment for everything that Chirlane has devoted herself to, and what it's going to mean for the people of this city. But even more so, I feel such pride and for Chiara and Dante and I this is a moment for our family to celebrate someone who is the core of everything in our family, Chirlane McCray.

[Applause]

And Chirlane, I will tell you – in married life, she has often reminded me to listen.

[Laughter]

You know what I'm talking about, peer specialists.

[Laughter]

[Applause]

So she lived by her own values and she went out over this city over the last year – all around this city – and listened to people.

She listened to the experts and she listened to everyday New Yorkers.

She listened to parents who were searching for help. She listened to young people. She listened to seniors. And she listened to people from all different communities. And she would tell me each night what she experienced, and it was a passionate work for her – a labor of love.

And each time, she came back with even more desire to help and to make sure people were reached – they were reached in a language they could understand in a way that would actually make a difference in their lives.

So she literally channeled the people of this city into this work.

And it's important to understand, this, that she produced, ThriveNYC, this is a roadmap rooted in human reality. This is about actually responding to the lives of our people the way they really are lived, and helping them to live better.

Chirlane is always one to work in collaboration with others. She mentioned some of her great collaborators in this effort – Deputy Mayor Buery, Commissioner Bassett, Executive Deputy Commissioner Belkin, and so many others. Chirlane created a team environment, and that's why you see a work of such extraordinary scope.

And what is so clear in all that Chirlane said to us is that mental health challenges can frame the entire life of an individual or even a whole family – that's the reality. Something that happens in the trajectory of someone's life, something that happens to their mental health, can create an irreparable reality, or it could be something we recognize and treat, and in some cases, even a reality that turns around and leaves someone stronger.

I know from my own experiences both sides of that spectrum.

I certainly saw in my father – and I say this with real sorrow – I saw what happens when a problem is not addressed. I saw what happens when someone's suffering and doesn't know where to turn for help or can't be reached. And for my father, it was a very different time, obviously. It was a time where it was even harder to talk about these issues or understand them.

In the 1940s, he went off to war – he went off, he volunteered to serve his country, served in the Pacific in the Army, unfortunately, in some of the bloodiest battles of that war, including the Battle of Okinawa, lost half a leg, came back with what we thought was a permanent physical challenge. We thought – as children, we thought, I'm sure so many people around him – here's someone who was a hero and has a physical scar for what he did for his country. That was not even the half of it. Because the mental challenge was so much greater. We would call it PTSD today. We'd have many words for it. But we didn't have those words back then. We didn't have that idea. We didn't understand what it means for someone to have gone through that kind of agony and pain, to have seen so much suffering and what it does to them. And we didn't even know how to think about what it meant for a family.

I remember for years thinking my father has a problem, a challenge – it's a physical challenge – and oh, he's also an alcohol. I literally didn't put the two together for the longest time, and I think a lot of other people in our society didn't, especially with our returning veterans. We didn't want to say that the pain of their service, the pain they brought back from their service, was at the core of all these challenges. But it affected us all – every single member of our family. As someone said to me once, that war never ended for our family, because it was with us every single day.

And then, when his alcoholism became acute, except for trying to talk him into seeking help, there was no more sophisticated understanding of what to do, and my father brushed off every attempt to get him help. And that's essentially where it ended.

We didn't know how to do anything different. We were a family that had our strengths, but we didn't know how to do anything that would break through. It felt like the unmovable reality.

Two generations later, I could've felt myself on a similar road, and Chirlane could've felt herself on a similar road to the one she saw – a very different reality, but a very painful one she saw with her parents and other members of her family – but there was a real difference.

Chiara came forward with strength and honesty about her challenges, and we all got to the work of trying to figure it out.

And I will not lie to you – despite all that we are blessed to have, we didn't know what to do next. In many, many times there was an unclear path, but over time, largely due to Chirlane's extraordinary devotion and her constant research, and Chiara's extraordinary commitment to her recovery, we found a pathway.

And I want you to know that there are so many good things to learn when someone finds their way. Chiara taught us so much. She made Chirlane and Dante and I very proud in the process. She taught us a lot about strength and character. She taught us about things we didn't know about, like Alcoholics Anonymous, and how, in that program, there was a value put on helping the next person. And Chiara threw herself into that work and was able to help so many others.

[Applause]

But before I talk about what we're here to do going forward, I just have to put one more point on this. I never got to know everything about my father I would've liked to, because by the time I knew him, he was already really starting to decline.

But I do know he was a war hero. I do know he showed tremendous leadership during battle – there's plenty of evidence of that. I do know he was highly educated – he went to the same university Dante goes to now. He would be so proud of Dante. And he would be so proud of Chiara.

But the difference is – and he was about my size, only even stronger-built – much stronger-built from his wartime service – he was strong and he was smart, but he couldn't do what Chiara did. I often thought about that. He never got to meet his granddaughter, but he could not do what she was able to do.

And that says something about maybe the fact that we're learning something. Maybe we're getting a little better. Maybe there's a little more hope that we can stare down these challenges and not be afraid to talk about them or seek the help that people deserve.

[Applause]

What does this mean? What does this plan mean?

It means that when someone has a problem, they can call a number and get a human being who will navigate for them, who will find the help they need and get them to it.

[Applause]

It means if you're at a school and you're a principal or a teacher or a classroom aide and you see a child has a problem, we'll send a mental health professional to that school to figure out with you a plan to help that child get well.

[Applause]

It simply means there will be more mental health care available, and we will help people to reach the help that they deserve – it's as simple as that.

[Applause]

And it's so important to talk about this problem, because mental health problems, mental illness pervades every part of our city, every part of our society.

Mental illness does not discriminate. It does not discriminate. It has no regard –

[Applause]

– it has no regard for race or income or gender or neighborhood. It afflicts us all – early in life, late in life, in between.

But we know it is preventable. We know it is treatable. We know we can stop problems from getting worse. We know that with the right help people can turn their lives around. If you want some evidence, she's standing right here.

[Applause]

We know that we can see a problem early in life with the right help that never fully manifests.

And we also know that the status quo regarding mental health is absolutely unacceptable.

[Applause]

Because think about a status quo that doesn't even let us talk about the problem, let alone get people the help they need.

And today, we begin a process – and it will take years. This one's not easy.

We have taken on a lot of challenges. This may be one of the very toughest.

It will take years, but we will address this problem. We will go head first at it. And we know people can get well if we bring the pieces together, if we actually treat people as a whole. If we bring all the strands together, people can get well.

People have needed something like this for a long time. And even though it will take years, it must begin today. It must begin. It must begin aggressively with all we have, because the people of this city deserve nothing less.

Thank you.

[Applause]

[...]

**Deputy Mayor Richard Buery, Strategic Policy Initiatives:** We'd like to now open the floor for on-topic questions.

**Question:** Can we ask, because it was two years ago this Christmas Eve when we first heard from Chiara in the YouTube video right before you took office was posted – can we just ask how Chiara's doing, and see what you think of all this?

**First Lady McCray:** Chiara has not been briefed.

[Laughter]

But I want you to know – as I said she's well into recovery, and, of course, this is a journey that no one ever leaves. It's about living life in the most healthy and productive way, and we work at that every day like she does too. Do you want to add to that, Chiara, in any way?

Alright, come on up.

[Applause]

**Chiara de Blasio:** Hi, everybody.

**Audience:** [inaudible]

**Chiara de Blasio:** Thanks everybody for coming. It definitely means a lot to me personally that so many people are invested in the mental health of our community. I'm doing well, thank you. I would say that there's always challenges, and by no means is my – my mental health or my life perfect, but I think that the difference between a few years ago and now is that I have the tools to ensure that –

[Applause]



Now I have the tools to ensure that, you know, no matter how much I may be struggling with something, whether it's a problem in my life that my mental health amplifies or just, you know, another day where it's hard to get out of bed or anything, you know, I have that hope. The tool of hope really I think is something I developed that it will get better. And that's a gift that I could easily, you know, by circumstance not have been afforded. But today, I'm grateful to say that I am able to see through to the other side.

[Applause]

**Deputy Mayor Buery:** Any questions?

**Question:** For the Mayor, you spoke very emotionally about your relationship with your father and your family's efforts to try and get him help, which you said he sort of brushed off. I'm wondering if that were happening now with this roadmap – how could a family who had a loved one who was refusing efforts to get them help, somebody who's an adult not a child – does this address that? And how do you connect somebody who doesn't want help with the help they need?

**Mayor:** Yeah, I want to just frame the answer with, first, what that reality was, and then speak to how now I think it really would be different. My dad would, you know, deny that he had an alcohol problem after many, many drinks. Like, you would be sitting there and he'd be drinking drink after drink and he'd still say he didn't have a problem. My dad would say he could quit smoking anytime he wanted. And he had a thing he did more than once where he would take the pack of cigarettes he smoked – Marlboros – and he would take the pack of cigarettes and throw it out the window of the car, and say, "See? I can quit anytime I want" – except there was a whole carton in the glove compartment.

[Laughter]

So – and this was, again, the extraordinarily intelligent, once-upon-a-time very accomplished guy. What none of us understood was some of the things that could be done to help. And I first want to say, our family is blessed because Chiara, for example, through her path taught us about AA. I had – I had only the most stereotypical understanding of AA. I had seen, you know, it portrayed in a few movies – sometimes sympathetically, sometimes not. But Chiara showed us – and really educated all of us on what that type of program and many other good efforts could do that would change someone's life. And so I wished – I literally wished at times there was a time machine, and I could, like, learn what I learned from Chiara and go back and try and reach my father. But the difference today, with this plan – again, this is – this is going to be a long – a long road – and I thought Congressman Rangel spoke so powerfully about – and I thought it was beautiful, and I want to thank you, Charlie – that, you know, none of us is born with this. So somehow, as a society, we conspire to teach ourselves this stigma. And that's the – this giant barrier. But despite the stigma, what happens with this plan? If anybody knows of a person in their life, they can call NYC Support and find out how to help that person, and there will be a human being who will navigate that process for them. You of course want it to be, like in Chiara's case, the person themselves seeking help. But we know that's not always going to be the case. It could be your aunt, your uncle, your child, your friend. You can find a human being that's going to say, okay, here are the steps. We heard such extraordinary, powerful testimony from Kathy, and you – I mean, I can't thank you enough for explaining what it feels like when you don't know the next step. We had our own version of that. But now we are literally, starting next year, going to have the capacity to say here's what you do. And then I – the person on the other end of the line's going to follow up with you to make sure you got the appointment, to make sure it went well, to figure out what you need next, because, absent of that, a lot of people will simply stumble, and they'll stumble through the darkness finding – trying to find some way.

**Question:** Just a follow-up on that – Ms. McCray, can you just talk a little bit about NYC Support? Would you say that's sort of the key to this roadmap? Just listening to New Yorkers over the past 11 months, many of them talked about the fact that they didn't know how to navigate. Would you say that just making that support – that human support – is the key to this whole plan?

First Lady McCray: It is absolutely the key. So many people I spoke with said they want – they need – they need special care. We all need special care – where we live, where we work, where we study. We need care in our language, in our neighborhoods. It's – this is a complicated city, and all of us are, you know, very different individuals. And you just can't send – it's not one-stop shopping. So to have someone –

[Applause]

It's not one-stop shopping, right? Yes. Yes. So to have someone help you navigate – a real person, not – not a machine – a real person to talk to, say, well, I'm concerned about this or I'm concerned about that, or I'm – you know, I speak Cantonese or I speak Spanish – to have someone on the other end of the line help you get to that appointment, to check and make sure you got there, make sure there wasn't a six-month waiting list – that matters so much. And remember, too, that when people are – are depressed – say it's that person who's suffering – it is really hard to reach out. It makes it that much harder to connect to the surface. You wouldn't expect somebody with a broken leg to run down the street to get to the hospital. This is somebody who's depressed. Just making that phone call to make that appointment is – it's a lot. So having that support is key.

**Question:** Are they connecting people to someone who will continue to [inaudible] with them? Because not everyone, say, has Medicaid, which you have a managed care that comes along with that now.

**First Lady McCray:** Right. You're absolutely right.

Do you want to add to that?

**Deputy Mayor Buery:** Sure.

**First Lady McCray:** Okay.

**Deputy Mayor Buery:** Yeah, New York City Support is designed not only to connect people to care in the first instance, but to make sure that people follow through in their care. So if you can imagine, if you call for you or loved one, not only will New York City Support help you find that provider or make that appointment, they will make sure, if in the interim you need ongoing counseling by phone or otherwise, that you get it. After your appointment [inaudible], they will follow up with you to make sure that you followed through in your appointment, to make sure that you have a service plan moving forward, and to make sure that you are following up on that care. So, absolutely – this is about not just a one-point-in-time connection. It's about making sure you get connected to the care that you need.

Dr. Belkin, do you want to add anything?

**Executive Deputy Commissioner Dr. Gary Belkin, Department of Health and Mental Hygiene:** Yeah. I encourage you all to read ThriveNYC because there is – that is – NYC Support is key. There are tons of keys in this document. This is one of the most comprehensive, serious approaches by a city to take on a tremendous public health challenge. There are prevention keys. There are mental health promotion keys. There are easy-access keys. There are peer support keys. There are early childhood intervention keys. There are a ton of keys. And we're serious about them. And we need all of them. But connect – this – this idea that people should be so in a maze to reach care is obviously one of those key keys.

[Laughter]

[Applause]

**Deputy Mayor Buery:** So of course Dr. Belkin only said peer support so he would get applause.

[Laughter]

[Applause]

**Question:** [inaudible] clear looking at this map that one of the main issues on Staten Island is that there aren't a lot of actual places where you can get these types of services. I'm curious how the city can actually facilitate the creation of more services like this? And right now, in the meantime, Staten Island's also a transportation desert, so people who don't have a car, for instance, they can't get to the closest place – they might not be able to. So could you talk a little bit about that problem?

**Deputy Mayor Buery:** Sure, I'll speak briefly and then see if Dr. Belkin wants to add anything. A number of the initiatives, a number of the keys in ThriveNYC are about increasing capacity throughout the city. And that's capacity not online in traditional settings, like a mental health facility, by actually bringing capacity to the places where people go and spend their regular lives. So bringing capacity to schools – a lot of the initiatives here are about increasing the capacity of schools to provide mental health service and support to their students. The mental health corps, which the First Lady spoke about – not only are we placing mental health professionals in the field, but we're placing many of them – most of them, in fact, in primary care settings; pediatrician offices, places that people are normally regularly going to, and connecting to, which both increases access because it's closer, it's easier to get to, but also it starts to remove some of the barriers that we placed in our minds between the physical body and the mental self, so that you don't feel like mental health is not something extra – it is a part of your healthcare. It's one of the – one of the guiding principles of ThriveNYC. So, yes a lot of what's in the roadmap is about bringing capacity to other places – peer support. I'm not going to milk that too many times, but peer support –

[Applause]

– but seriously, like creating other alternatives that create other connections to care including through – including not only through mental health professionals; peer supporters who are trained to provide that kind of support. A lot of evidence that shows the power of that kind of treatment. The congressman talked about the clergy. One of the things that we found, that the First Lady heard going around the city, is that even when people were not comfortable talking to their doctor or finding a mental health professional, they might speak to their imam or their minister or their rabbi. And so part of the ThriveNYC is about giving those folks the tools to be better advocates and to better connect people to care. So we are absolutely committed to making sure that in every part of this great city anyone who needs care over time will be able to get it.

Dr. Belkin, anything you want to add?

**Mayor:** Pretty damn good.

[Laughter]

**Executive Deputy Commissioner Dr. Belkin:** That was pretty excellent. We really need to reimagine where mental health can happen, and you'll see a lot of both care and prevention can happen in lots of different places including lots more people, and a lot of the initiatives really reflect that. But also – I won't embarrass anyone – but we have people from health insurance plans in the room, and we are very aware that if we're going to put this kind of challenge out there, the city is going to engage new partners – peers other levels of government, other provider systems to get on the roadmap with us, and achieve these goals.

[Applause]

**Question:** I'm here with the National Association of Social Workers, and I'm here in this great school of social work we have –

**Deputy Mayor Buery:** I'm sorry, we're only taking press questions at this moment. Is that okay?

Alright, I'm sorry. I'm sorry.

I'm just trying to follow directions. I'm sorry, I apologize.

**Question:** How exactly – a lot of healthcare professionals say that there's a shortage of psychiatrists, psychologists as it is to treat mental health problems. How exactly does this increase that capacity? Are you [inaudible] in underserved neighborhoods you can't force somebody into Medicaid or Medicare and accepting it or you can't force someone into working with a insurance provider. How exactly are you doing that?

**Deputy Mayor Buery:** The First Lady is going to take that question.

**First Lady McCray:** I'm just going to start and say that that's actually one of the keys in the roadmap, is that we have to build capacity. It's not about – just about psychiatrists, psychologists, social workers. It's about peer specialists.

[Applause]

No, it's true. It's really true. And it's about building capacity by training people who already do this work. I mean –

[Applause]

You know, clergy is an excellent example, but there are also people in community-based organizations that do this work every day in other ways. And they can be trained to help people who are suffering or to be able to refer people to higher-level care if needed. And I want to add to that – that we're also training 250,000 New Yorkers in mental health first aid. That is going to add our capacity tremendously.

[Applause]

People will be able to identify symptoms and do, again, treatment for some very common disorders, but also be able to refer people to more care if they need it. Dr. Belkin do you want to add? Mary first, okay.

**Commissioner Mary Bassett, Department of Health and Mental Hygiene:** I just want to expand on the idea that the role of people in providing mental health care services doesn't belong solely to people you've mentioned – the psychiatrist, the social worker, the psychologist –

[Applause]

– or it also – in addition to our beloved peer specialists, it includes primary care providers, pediatricians, and internists. So when I was a medical student, it was endocrinologists who looked after people with diabetes. That's not super specialist. Now, it's a primary care issue just the same way we have, as part of the mental health corps, people who are trained psychiatrists and psychologists who will be working with practices to increase the skills of primary care providers – the pediatricians who talk to the moms, remember, not only the kids, as well as adult care providers, and help equip them with more comfort and skills to begin to tackle these issues in primary care settings. Additionally, we have a huge challenge to expand capacity, as the First Lady has said. And we're going to be having a summit in which we gather together members of the profession to talk about ways to bolster our capacity. You've all heard about the notion of task-sharing, task-shifting – ways that we can bring more resources to bear, and make sure that we can address these issues in the short term and in the long term.

[Applause]

**Deputy Mayor Buery:** Thank you very much. In addition to everything that Dr. Bassett said, and the First Lady, remember we're here at Hunter for a reason. Schools like Hunter generate hundreds of professionals every year – graduate every year. And right now, there aren't necessarily the placements in primary care, for facilities in the community for them to go to. By creating places like the mental health corps, by creating jobs in the community providing direct care, we are creating the places for that capacity to come forward.

Let's come back to the front.

**Question:** On my subway ride here, I was on a subway car with a man who was – seemed to be extremely mentally ill, and I know there are New Yorkers who everyday interact with somebody sometimes on their commute or their walk to work – who see somebody who is dealing with extreme mental illness. I'm wondering how this roadmap addresses people like that. And as a New Yorker, what should you do, if anything, when you encounter someone like that?

**Deputy Mayor Buery:** Dr. Belkin, you want to take the answer?

**Executive Deputy Commissioner Dr. Belkin:** So after this press conference I can sign you up for a mental health first aid course.

[Laughter]

[Applause]

But really – but really empowering ourselves with knowledge is one step to be a good citizen to people who are having trouble. So I'm going to take your question in two – because there were sort of two questions there. What about that – I think you used the phrase extreme mentally ill – this roadmap reprises a lot of things we've already announced – real commitments to meet on the street that population; new mobile treatment capabilities, new abilities to connect people back to care, and then follow up with their provider that they stay in care. Those are both under the NYC Safe program that is now up and running, and obviously, the commitment that was just shown in the past week in supportive housing, and a huge expansion of supportive housing.

[Applause]

So there is – so the short answer is there's a lot in ThriveNYC for the man you encountered on the subway, but that man didn't get that way on the subway overnight.

[Applause]

And so we need precisely the whole menu of things in this strategy that get to people – reach people sooner to make it easier for them to get care, but explode access in terms of many more options. We need to make sure that people don't spiral down into finding themselves in that condition on a subway, but we also – that's not the only reason why we are doing all of this in ThriveNYC is to prevent somebody ending up in that condition on a subway. It is because one in five New Yorkers have experienced mental illness in a given year. And while – we don't have to choose being concerned about one man over another – and we need to appreciate that while of attention – sensationalized attention, I think, goes to the extreme problems, there's a lot of cost to the larger problem. Depression kills, substance abuse robs people of their lives and both destroy families. And so, we are stepping up to that problem. And the fix for both is the similarly comprehensive menu that we're putting out today.

[Applause]

**Deputy Mayor Buery:** Thank you very much. I would also add that, of course, New Yorkers should always remember that if you see someone that you think needs help, call 3-1-1. That triggers our response from the Department of Homeless Services [inaudible] go get that person help. So, we should always remember that we can use the tools that we have available to us already. And the first lady reminded us we also have an app – you can do it from an app as well.

**Question:** [inaudible] you can't talk about mental illness without talking about the homeless crisis. This is a question for Mayor de Blasio – this is something that has only increased for the past few years now – 60,000 in homeless shelters – and there's been criticism over how the city has handled that – that it's only gotten worse. What is your response to that and how mental illness and this plan will help improve the lives [inaudible]

**Mayor:** I appreciate the question. I think we have to really look this in the face. We have what we used to know as the homelessness crisis, which was very largely the result of deinstitutionalization decades ago, and people who had very serious mental health issues and substance abuse issues did not have a place to go. They know when deinstitutionalization happened, there were supposed to be all sorts of alternative places created – halfway houses and other places created for people who are suffering. Guess what happened? They weren't created. People were just let go out on the streets, and that was so much of what we saw in homelessness over the last decades. What then started to happen more and more was economically-based homelessness. And there's always been some of that, especially as the cost of housing and the cost of living has increased in the city over the last 15 or 20 years. But it really jumped when the Great Recession hit, and then when a series of decisions were made by government to stop providing some of the rental subsidies that kept people out of shelter. So, you can look at, sort of, unfortunately, the phases of the growth of this problem. When I was general welfare committee chair in the City Council, in the last decade we thought 35,000 people in shelter was inordinate and unprecedented. And you can see how before that it had grown in waves, and then, again, both because of the recession – the horrible one-two punch of the recession undercutting people's wages and salaries, and people losing their jobs while the cost of housing kept going up. It makes no sense how those two things went together, but they did. So, more and more people just found that the bottom fell out for their families economically. And again, some of the city and state efforts that stood in the way of people being evicted, or in the way of people ending up in shelter were taken away. So, there's no question this problem has grown and has become a more difficult, especially because it's more about economics. I think the difference here is to recognize what more and more of our homeless families go through is, and you'll see this in the statistics. They're families, first of all, not individuals as much as it used to be. There are people who are working or were working recently. So there are people who are economically viable if they could just find enough income and a place that they could afford to live. For those folks, what we're talking about today has no bearing honestly. This is about addressing people with mental health and substance abuse problems, and that's actually fewer and fewer of the people coming through the doors of our shelters. But, of course, there are still a number of people in our shelters, and obviously a vast majority of people who are on the street 24 hours, which, at this moment, we believe is between 3,000 and 4,000 people who make the street their home permanently – for those folks, obviously substance abuse and mental health problems are predominant. And what I think the difference will be now is that the capacity we've been building up, you've certainly seen changes in how the department of homeless services goes out and reaches people and tries to get them into some kind of help. NYPD has done a lot more to train officers in how to be a part of that process. The additional safe havens we've added, which are going to be about 500 safe havens over time – they're going to allow us to get people in who haven't been willing to go to bigger shelters, but will go to a house of worship with a few beds and with people there they trust so that they can get to the substance abuse and the mental health services they need. And if that works – if you can get them to the services and keep them in those services, they will then go either to a shelter, or ideally to supportive housing, but not back to the streets. I think the biggest answer to your question is – this is an effort that starts in earnest in the coming months. You'll start to feel the effects as we go into next year. And the more – the more we reach people, the more we undercut the trends in terms of mental health and substance abuse that we've experienced for generations, and they've gone unanswered in the large part. So, what we want to do is go to the root, and if every year we can reduce the number of people whose mental illness and substance abuse

problems spiral out of control, we will inevitable reduce the amount of homelessness in this city in the coming years.

[Applause]

**Deputy Mayor Buery:** Time for just a couple more questions.

**Question:** Follow-up on her question – does that meant the mental health corps, maybe the mental health first aid won't – or will be available in homeless shelters or [inaudible] ?

**Deputy Mayor Buery:** Yeah, the mental health first aid – in fact, our goal is to train a quarter-million New Yorkers over the next five years. But many of the first wave of those trainings will be for city employees, including our staff at DHS shelters, school staff, etcetera.

**Question:** Yeah, the mayor – sorry – you spoke a lot about shattering the stigma and about how your daughter came forward and found recovery by coming forward. I was just curious – you – you have a lot of mental health history in your family, have you personally ever sought mental health services? Have you considered going to an Al-Anon meeting or anything of that nature?

**Mayor:** In the – on the Al-Anon meeting, we talked with Chiara over time. And you know, for a period of time, it looked like something that we should do, but I have to say, honestly – I don't mean to brag in front of you, and I know that recovery is an everyday thing – but Chiara's recovery has been extraordinary and fast and, as I said, she turned around and has put a lot of time into helping others. So I think once upon a time, we assumed that might be something we would be doing, but at this point, it feels like she's in a very good place. And if that ever is something that she thinks we should do or we think we should do, we would. For myself, back when I was in graduate school for a time, I was going through some challenges and I sought some counseling for like a few weeks. I found it helpful, but honestly at that point, thought, like, a few weeks was good and I felt I got a few things off my chest and felt better. And a lot of friends talked things through with me and it helped. And I think that is an example of the fact that – I think one of the most important message here today – that help comes in many forms. And it can be someone in your life. It can be someone with the first aid training. It could be a peer. It could be your family doctor. It could be a psychologist or a psychiatrist. It could be, you know, a rehab program. It takes many, many forms. For me, you know, that limited experience was successful, but I think the important thing is to be very comfortable with whatever it is. And I remember, you know, back – this was many years ago – but I remember thinking, you know, was this something somehow to be ashamed of? And I literally said to myself why am I even asking myself that question? And it was exactly what Charlie said – it's – it's in all of us. And we have to get it out of all of us. That is everybody's business. A stigma is, in effect – I think Charlie said it very, very powerfully – a stigma is almost a social contract. If we keep it going, if we keep building it, it will do just fine. If we refuse it, if we deny it, if we resist it, we can break it down.

[Applause]

**Deputy Mayor Buery:** Thank you all for being here today. Just for the press, the mayor's going to hold off-topic in Conference Room 155 behind us. Everyone else, thank you very much for being here.

[Applause]

###