Mayor Adams this week sounded the alarm over the city’s mental health crisis and called for action — but over the past few years, the city has reduced a number of key services and, more recently, cut funding from a mental health emergency response program.

Adams has repeatedly blamed a rash of violent crimes in the subways on mental health issues. To address the crisis, he has saturated streets and subways with police officers, and on Tuesday, he issued a new directive to involuntarily place more people with severe, untreated mental illnesses into care.

But these changes come as the city has also chipped away at resources designed to address mental health needs. The budget to the Behavioral Health Emergency Assistance Response Division, or B-HEARD, has been slashed in the most recent round of city budget cuts, and mental health crisis respite centers and mobile mental health teams have dropped in numbers in the past few years.

“I was really surprised to hear about the budget cuts that were announced. It feels like a kind of discordant message to me,” Matt Kudish, Executive Director of NAMI NYC, said of the B-HEARD cuts. “... When you say we have a mental health crisis, and then you reduce the funding of a mental health program that I believe is at the heart of [Adams] response to the crisis — it just doesn't make sense.”

Kudish and other advocates worry that with next year’s projected budget shortfall in the billions, the city isn’t investing in treatment to address underlying issues in order to pinch pennies now — but may pay for it later.
“The need is incredibly high, and accessibility is low. I mean, there’s just a depletion of therapists in the city and mental health providers that can supply the growing need that exists,” Dr. Adi Loebl, the chief medical officer at NYC-based Ackerman Institute for the Family, said. “... Emergency rooms and particularly pediatric emergency rooms for mental health have been exploding. We end up seeing more and more people that are coming out of the services, coming out of the hospitals.”

Facing a near-three-billion-dollar shortfall next fiscal year, city agencies were ordered to slash budgets by permanently eliminating half of all unfilled city positions in the Program to Eliminate the Gap, or PEG, released earlier this month.

B-HEARD, which recently expanded to cover 15 precincts in total, was ordered to cut $12 million.

B-HEARD is a program aimed to de-escalate mental health emergencies by sending trained EMTs and social workers instead of cops. It has come under fire from advocates for losing momentum over its first year.

According to the Mayor’s Office of Community Mental Health, the program is part of the city’s “commitment to treat mental health crises as public health problems” instead of public safety issues.

The budget cuts to the new program, and the Mayor’s new directive, run directly against that statement, Jordyn Rosenthal, advocacy coordinator at Community Access, said.

“It’s not cohesive,” Rosenthal said. “What they’re doing doesn’t actually go in line with the values they’re purported to support, specifically that idea of treating mental health crises as public health problems and not public safety issues. By putting the emphasis of the response back onto police, it continues to purport it as a public safety and criminal justice issue, when in reality, this is a very personal issue that has to do with public health.”

Fifty-four vacant EMS positions were eliminated from the B-HEARD program, according to a spokesperson for the Independent Budget Office.

“Although the money wasn’t spent, that doesn’t mean there isn’t a need,” Rosenthal said. “So I really think of it as a detrimental step [instead of] strengthening a critical program that has a lot of potential if amended correctly.”

The city has also cut back on a number of mental health resources since the pandemic, including mobile mental health teams, respite centers and psychiatric beds that were converted for emergency use during the pandemic and never turned back.
“You need to have a broad array of services, because the type of situations that you’re going to encounter really run the gamut,” Rosenthal said. “And that it’s not a one size fits all solution, and that some people may be having more immediate needs versus more long-term needs. You really need to create a type of portfolio of response systems that can match the needs of the community.”

Adams and Gov. Kathy Hochul announced in October two new “transition to home” units for street and subway homeless with severe mental illnesses and two new 25-bed units at psychiatric centers, and in March, added $171 million to the budget plan to fund 1,400 beds and three new drop-in centers for homeless New Yorkers.

However, resources have been reduced elsewhere. There are half as many crisis respite centers in the city — treatment centers for people experiencing mental health emergencies — than in 2019. The number of mobile mental crisis response teams has also declined from 2019, falling from 24 to 19 teams across the five boroughs, as demand surged.

These reductions are of concern to advocates, who say to meet a crisis, the city needs both long- and short-term care.

“I think they need to be a key part because the systems that we’re relying on are overwhelmed and not able to provide the kind of stabilizing support that people need,” Kudish said of respite centers.

City Hall did not respond to inquiries for this story, but Adams defended his new directive to increase involuntarily removing severely mentally ill people from the streets during a virtual press briefing Thursday morning.

“You can’t be a spectator and sit on the sidelines knowing that people need help and you’re not coming in and participating,” Adams said. “We will meet the challenge, and we’re going to meet the challenge of giving people the needs that they deserve, that’s the humane thing to do.”