



Testimony

of

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before the

New York City Council Committee on Immigration

on

Addressing the Mental Health Needs of Immigrants in New York City

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Good morning, Chair Avilés, and members of the committee. I am Nisha Agarwal, Executive Director of Policy and Communications for the Division of Mental Hygiene at the Department of Health and Mental Hygiene (the Health Department). I am honored to testify with Erin Byrne, Chief of Staff, and Ken Lo, Senior Advisor for Language Access in the Mayor's Office of Immigrant Affairs (MOIA), and I am a proud alumna as the former Commissioner of MOIA. I have a short black hair and beige skin color. I'm wearing multi-colored dress and black leggings, and I have a handy cane at my side. On behalf of Acting Commissioner Morse, thank you for the opportunity to testify today.

I'm honored to be here to discuss this important topic. New York City's over 3 million immigrants — more than one-third of the city's population — represent a broad spectrum of global communities, cultures and languages and have a variety of health needs. I'm also grateful for our partnership with Council, MOIA, and many community partners to ensure that the City is doing everything it can to address the mental health needs of the diverse immigrant communities throughout NYC.

The Health Department does not ask about immigration status in providing services or conducting surveys as a matter of policy and inclusion, including for mental and behavioral health programming. All of our mental health services and supports are available to ALL New Yorkers, regardless of immigration status. Earlier this year, the Health Department, along with our partners at MOIA and NYC Health + Hospitals (H+H), published an open letter to immigrant New Yorkers reiterating that in New York City, you have the right to health care regardless of immigration status or ability to pay.

Promoting mental health is a critical part of this responsibility. We seek to ensure all New Yorkers have access to responsive care that includes health and social supports that are affordable, accessible, effective, and free of stigma. For example, NYC 988 is a critical resource for all New Yorkers who need mental health support, and it is the Health Department's largest mental health crisis service. 988 provides 24/7/365 crisis counseling, emotional support, referrals to crisis intervention and ongoing mental health services. Anyone can reach out to 988 at any time of day or night, any day of the year, to speak with a trained crisis counselor or peer support specialist. Callers are never asked to disclose their immigration status. Phone, text, and online chat service are staffed with English and Spanish with additional interpretation services available in more than 200 languages. NYC 988 can refer callers to services that meet their individual needs and preferences, including language, insurance and location.

Sometimes, a person may need more support in moments of mental health crisis. In these situations, NYC 988 will dispatch a Mobile Crisis Team (MCT) to visit the person wherever they live within a few hours, 8 am – 8 pm, 7 days a week, citywide. Mobile Crisis Teams are our cornerstone short term intervention for non-life-threatening mental health crises. Mobile Crisis Teams represent a significant portion of the mental health crisis response infrastructure in the

city. This service is available for all New Yorkers regardless of immigration status or ability to pay.

Long-term treatment and recovery programs are available regardless of immigration status as well. This includes programs designed to serve people with the most complex behavioral health needs, such as Assertive Community Treatment and Intensive Mobile Treatment.

Regarding children and youth mental health programs, all of our programs serve everyone, regardless of immigration status. We also have providers in our Family and Youth Peer Support Alliance that have expertise working with immigrant communities, particularly in the context of ICE and deportation: Masa in the Bronx, and Together We Can Resource Center in Queens.

Additionally, in April, the Health Department released a report, [*Health of Immigrants in New York City*](#), to provide an updated, broad picture of immigrant health. The report highlighted the significant contributions of immigrant New Yorkers to the city's health and prosperity, while emphasizing the critical need to address unique health challenges that immigrants face. The report found that immigrants in NYC contribute greatly to the longevity of our city – they have higher average life expectancy, lower death rates from heart disease and cancer, and are less likely to smoke than US-born New Yorkers. However, these communities face significant barriers to accessing health care, particularly mental health care. Immigrant adults are nearly twice as likely as U.S.-born adults to lack access to health insurance. Additionally, immigrants with depression are less likely to receive mental health treatment compared to U.S.-born residents with depression.

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. Systemic issues such as bias against immigrants, racism, unfair access to employment, and variable access to translation and interpretation services create significant obstacles to mental health for immigrants.

In response, we are organizing the Immigrant Mental Health Convening in collaboration with the Mayor's Office of Immigrant Affairs, on September 23. We've been planning this event for months with community organizations, with expertise in immigration and mental health. The convening is designed to be highly interactive and depends on the active participation of attendees, who will have ample time to share their thoughts, ideas and suggestions.

Our goal is to identify gaps in mental health services and supports for immigrant New Yorkers, in light of heightened anxieties and fears, and begin discussions of interventions and partnership. The reality is that mental and behavioral health are taboo topics to many New Yorkers. We aim to change this so New Yorkers will be comfortable and knowledgeable, and therefore, empowering them to seek help and support and not remain in silence. Also, the Health Department works with over 200 community mental health providers that deliver more than 800

programs, but we are looking to expand this network and further tap into community expertise to inform our short-term and long-term strategy for supporting the mental health of immigrant communities. We hope that Chairs Avilés, Lee, and Schulman and Deputy Speaker Ayala will be able to attend so we can continue this important conversation.

Finally, a personal note: 8 years ago, while I was in the operating room for my surgery for brain cancer, a stroke occurred. I could not speak, walk, or move independently. For the first time, I felt vulnerable. It was through my family, friends, doctors, therapists, co-workers, and an immense community that I can now walk and talk and argue and dance. Like immigrants like my parents and all New Yorkers like me, we all want to move from vulnerability to power and freedom. I am honored that I work in the Health Department. If you are in need, we can help.

We 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 you for your partnership and support in this important work. I look forward to answering your questions.