



Formerly The Coalition of Behavioral Health Agencies, Inc.

**REMARKS OF CHRISTY PARQUE, MSW  
CEO & PRESIDENT**

-and-

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**THE COALITION FOR BEHAVIORAL HEALTH**

**OVERSIGHT - EXAMINING THRIVE NYC'S MENTAL HEALTH FIRST AID TRAINING**

**September 22, 2016**

Good Morning, Chairman Cohen and members of the NYC Council Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services. I am Christy Parque, CEO & President of The Coalition for Behavioral Health ("The Coalition"). I am joined by Melissa Thomas, Senior Program Associate of The Coalition's Center for Rehabilitation and Recovery.

The Coalition is the umbrella advocacy organization of New York's behavioral health community, representing over 140 non-profit community-based behavioral health and substance abuse agencies that serve more than 450,000 clients/consumers throughout NYC and surrounding counties. Our members serve the entire continuum of behavioral health care in every neighborhood in New York City, Westchester, and beyond. Coalition members provide access to the whole range of outpatient mental health and substance abuse services, including supportive housing, crisis, peer, employment, Personalized Recovery Oriented Services (PROS), Club Houses, education and food nutritional services, as well as many other supports that promote recovery. Our members have been providing these types of services in the community since the dawn of the deinstitutionalization movement.

Thank you for the opportunity to provide our thoughts on ThriveNYC's Mental Health First Aid (MHFA) training.

MHFA is an 8-hour course that teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

It is the first step that will ideally lead to referral or even a “warm handoff” to a community-based provider that will have the expertise to identify and propose a course of treatment that will lead to recovery.

More than 680,000 people across the United States have been trained in MHFA by a dedicated base of more than 10,000 instructors.<sup>i</sup>

The administration will appreciably increase these numbers with its ambitious plan to train 250,000 individuals in MHFA over four years. The funding for this plan is supported by a portion of the \$111million in new spending allocated through 2019 that is dedicated to expanding and training of the behavioral healthcare workforce.<sup>ii</sup> This funding will stabilize communities and help individuals in need of behavioral health services. It also prioritizes the person-to-person connection that MHFA embraces that we know is the most effective approach to recovery.

I want to thank Council Member Cohen for organizing MHFA training for Council Members and staff. It will be invaluable in serving your constituents and the community as a whole. And, again, the more individual’s who have their consciences raised about behavioral health, the more we will begin to fight stigmatization of individuals living with these issues.

Although The Coalition does not receive any direct funds to offer this training, we have embraced the spirit and goals of MHFA and have trained two staff as trainers on the curriculum, one of whom, Melissa Thomas, is here with me today and will share a brief statement following me. Since April 2015 we began offering this training free of charge to our members and the community at large because we believe the skills obtained through MHFA compliment the strong professional backgrounds of our member agencies and their staff. We have two more MHFA trainings scheduled later this year.

I have personally gone through the two-day MHFA training with my staff and Coalition members. Although, I am trained as a social worker, I found the experience extremely educational and rewarding. It is also a transformational experience for those getting trained to speak openly, maybe for the first time, in a safe setting, about their own experiences with mental illness and substance abuse, either personally or with a loved one.

With one in five individuals living with a behavioral health issue<sup>iii</sup>, the increase in the suicide rate in NYC (particularly among white males, seniors and young latin@s)<sup>iv</sup> and the ongoing opioid epidemic, together all strongly illustrate the need for MHFA training.

Of course, last week’s bombings are a poignant reminder of how crucial this training can be. Having first responders trained in MHFA will allow for faster identification of symptoms of trauma or shock and speed access to both physical and behavioral health care. Building resiliency in individuals builds healthy and resilient communities.

MHFA will also ultimately reduce the stigma for those living with mental illness and substance use disorder issues. That is because as more and more people are trained, the understanding that behavioral health issues are a naturally occurring part of human existence will achieve far greater acceptance.

## **CONCLUSION**

On behalf of our over 140 members in the metro region, we want you to know that we appreciate the Council’s, the Mayor and First Lady Chirlane McCray’s focus on behavioral

health services for individuals in need. We look forward to working with you on the implementation of this and other ThriveNYC programs in the future.

Again, thank you again for the allowing us to testify before you today. Following Melissa's statement, we would be happy to answer any questions you may have.

**Statement of Melissa Thomas, The Coalition for Behavioral Health  
Senior Program Associate  
Center for Rehabilitation and Recovery**

My name is Melissa Thomas. I am a Senior Program Associate with The Coalition for Behavioral Health's Center for Rehabilitation and Recovery. I have been a licensed social worker for sixteen years.

Since becoming a certified Mental Health First Aid USA instructor in March 2016, I have taught approximately 100 New Yorkers to recognize the signs and symptoms of depression, anxiety, psychosis, and substance use disorders. Mental Health First Aid (MHFA) does not teach individuals to diagnose others but rather equip them with the knowledge and skills to identify and help friends, loved ones, colleagues, and/or a stranger in distress through encouragement and support.

We know the more we talk about the hidden issues of mental illness and substance the easier it is for our loved ones, friends and neighbors to ask for help and goes a long way to end stigma and saves lives. Mental Health First Aid not only gives New Yorkers the tools to handle a crisis but creates a language and forum of support for "First Aiders" who will take this out into the world.

Each class I have taught has brought eye opening information and discoveries to the attendees including signs of symptoms of depression and anxiety disorders in a parent or child. What I have found to be the most crucial is helping individuals assess for signs and confidently respond to risk of suicide.

A few months after completing the MHFA training course, a close friend experienced a loss in her life due to suicide. Although I am a LCSW, MHFA specifically helped me to better explain to her risk factors and signs of suicide using the information I learned. I also used MHFA with her to assess for her own reaction to the loss and how she could support her other friends and loved ones during that time. Regardless of one's professional background, MHFA provides vital skills to help further the goal of helping others understand, listen, and encourage individuals to seek appropriate professional support without stigma, fear, or further harm.

Thank you for the oppportunity to testify today.

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<sup>i</sup> <http://www.mentalhealthfirstaid.org/cs/about/>

<sup>ii</sup> NYC Independent Budget Office, "Focus on the Preliminary Budget." March 2016.

<sup>iii</sup> <https://www.mentalhealth.gov/basics/myths-facts/>

<sup>iv</sup> <https://www1.nyc.gov/site/doh/about/press/pr2016/pr075-16.page>