# Impact of COVID-19 on Mental Health in New York City

September 2020

Given the widespread impact of the COVID-19 pandemic, New York City (NYC) can anticipate its effect on the mental health of New Yorkers. Experience with past disasters indicates these effects will continue as the public health emergency unfolds.[1] A disease outbreak is stressful, especially one in which everyone needs to closely monitor their physical health, stay home as much as possible and avoid all unnecessary social (physical) interactions with others.

Suicide Deaths, January – June 2020

Suicide deaths January 2015 through June 2020, by quarter
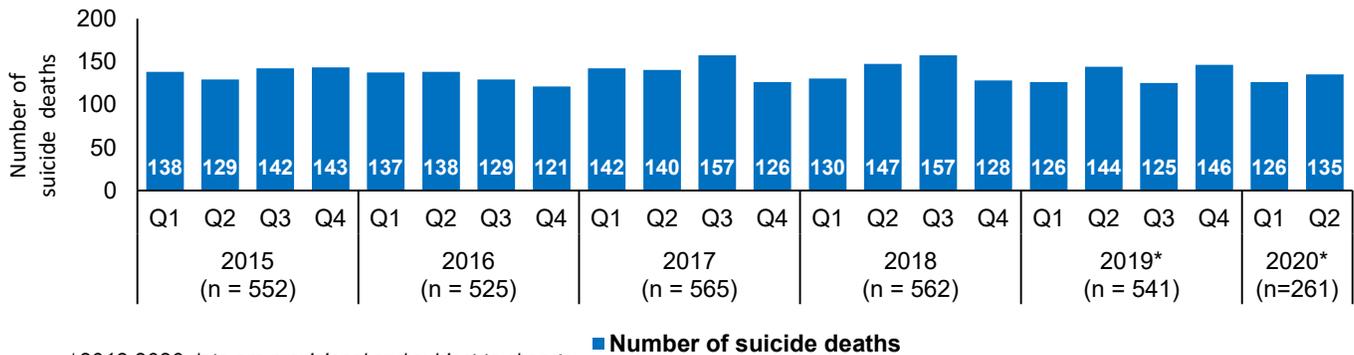
*2019-2020 data are provisional and subject to change.*
Source: NYC DOHMH Bureau of Vital Statistics, data extracted September 18, 2020.

- Based on provisional data, there were 261 suicide deaths in NYC in the first six months of 2020.
- Deaths in 2019 and 2020 are provisional pending final determinations by the Office of the Chief Medical Examiner.
- As complete data become available, including for Q1 and Q2 2020, the overall trend will become clearer.

COVID-19 Impact on Mental Health and Risk Factors

Anxiety, depression and children's behavioral health during COVID-19 pandemic
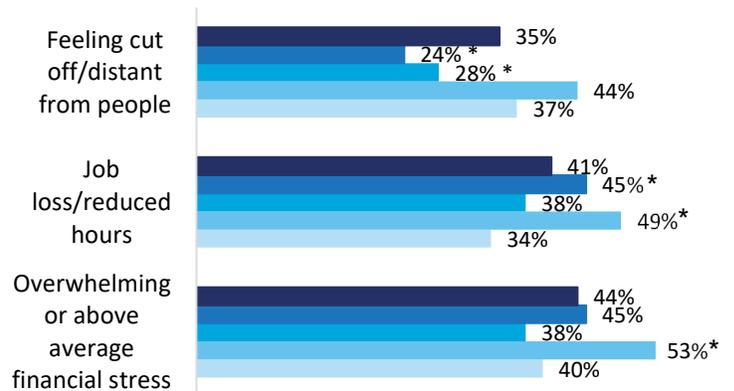(% adult New Yorkers experiencing anxiety and depression; % adults reporting negative impact of pandemic on behavioral health of child(ren) in household)
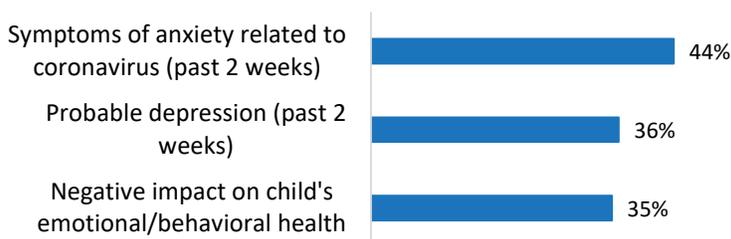
Source: New York City Health Opinion Poll, May 13-20, 2020.
New York City Health Opinion Poll, April 16 – 23, 2020

Risk factors for poor mental health outcomes
(% adult New Yorkers experiencing COVID-19 related stressors)

Source: New York City Health Opinion Poll, May 13- 20, 2020.
Significantly different than White adults, p<0.05

- In NYC Health Opinion Polls, NYC adults report symptoms of anxiety related to COVID-19; and many report symptoms of depression in the past two weeks.[2] Factors that place adults at risk for adverse mental health vary across race and ethnicity. Polls indicate Latino and Asian adults are more likely than White adults to report a job loss or reduced hours.[2] Polls also indicate Latino adults are more likely than White adults to report feelings of financial stress due to the impacts of the pandemic.[2]
- Healthcare workers, adults with children in the household, adults afraid of interpersonal violence due to actions or threats of a current or former partner, and adults who have a family member with a chronic health condition (such as high blood pressure, diabetes, heart disease, asthma, HIV or cancer) are more likely to report experiencing adverse mental health during the COVID-19 pandemic.[2]
- In addition, 35% of adults with children in their household report the emotional or behavioral health of at least one child has been negatively affected by the pandemic.[3] School closures, separation from friends, and disruption to routines may lead to adverse emotional and/or behavioral health among children.

COVID-19 Use of Mental Health Services

- 14% of adult New Yorkers report an unmet need for mental health services since the stay at home order was implemented.[2]
- 15% of adult New Yorkers report difficulty accessing mental health services for a child during this time period.[3]

Mental health emergency department visits
(January through June 2020, by week)
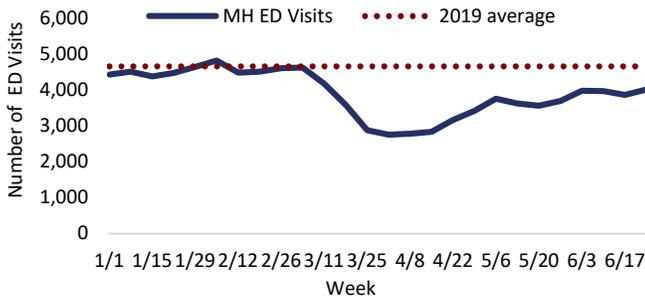
Source: NYC DOHMH Syndromic Surveillance Data, Bureau of Communicable Diseases, July 2020. Data is presented weekly.

- Hospitals across NYC had substantial drops in visits to the emergency department (ED), including visits related to mental health.

- New Yorkers reached out for support during the pandemic: contacts answered by NYC Well, a behavioral health support service, increased during March and have remained higher than the 2019 average.
- NYC Well contacts related to anxiety increased in March and April as compared to January and February 2020.

NYC Well answered contacts (calls, texts, chats)
(January through June 2020, by week)

Source: NYC Well Administrative data, July 2020. Data is presented weekly.

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Coping with Stress and Social Distancing
During the Coronavirus (COVID-19) Outbreak

Stress can affect the way you think, feel and act. Reacting to stress is normal, reactions are often temporary, and can appear or be experienced differently across different racial, ethnic, regional or cultural groups. Signs and symptoms of stress can include:

- Physical effects: fatigue, exhaustion, headaches, rapid heartbeat or, worsening of preexisting medical conditions
- Emotional effects: feelings of sadness, anxiety, anger, agitation or irritability
- Mental effects: confusion, forgetfulness, or difficulty concentrating or making decisions
- Behavioral effects: experiencing uncharacteristic behaviors such as becoming restless, argumentative or short-tempered, or changes in eating and sleeping patterns

Consideration of COVID-19 pandemic and racism

- The mental health impact of the COVID-19 pandemic will continue to be significant as the pandemic unfolds based on research from past disasters.
- Individuals experiencing additional stressors and traumas related to COVID-19 and structural racism may be more likely to experience adverse mental health impacts.
- Impacts may include: grief; exacerbation of preexisting behavioral health challenges; and new behavioral health challenges, including anxiety, depression, complicated grief, substance misuse, post-traumatic stress disorder, and less commonly, thoughts or attempts of suicide.

Know where to go for support & treatment

An infectious disease outbreak such as COVID-19 can be stressful for you, your loved ones and your friends. It is natural to feel overwhelmed, sad, anxious and afraid, or to experience other symptoms of distress, such as difficulties with sleep.

To lower your stress and manage the situation:

- Focus on areas over which you have some control
- Remind yourself of your strengths
- Stay connected with friends and loved ones
- Use healthy coping skills
- Connect with community, including faith communities and faith leaders
- Consider civic engagement, advocacy, and collective healing.

For more information on coping during the COVID-19 pandemic visit: on.nyc.gov/copingcovid19

Call NYC Well

If symptoms of stress become overwhelming for you, you can connect with trained counselors at NYC Well, a free and confidential behavioral health support service that can help New Yorkers cope. You can visit nyc.gov/nycwell and click on their App Library to find apps and online tools to help you manage your health and emotional well-being from home. NYC Well staff are available 24 hours a day, seven days a week, and can provide brief counseling and referrals to care in over 200 languages. For support, call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or chat online. If you or someone you know is at immediate risk of hurting themselves, or in immediate danger call 911.

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Data notes

Mortality Data
- This report includes only deaths where the medical examiner has determined the cause of death. Since it can take several weeks for the medical examiner to complete investigations of suspected suicide deaths, some cases for 2019 and 2020 are still pending final determinations. More recent quarters are subject to larger increases.

Mental Health Emergency Department Data
- Mental Health emergency department (ED) data is extracted from syndromic surveillance data from the New York City Department of Health and Mental Hygiene, Bureau of Communicable Diseases. Syndromic data consists of information from 97% of the ED visits made to New York City hospitals. The dataset contains patient-level ED visit data including date and time of visit, ICD diagnoses as well as the free text chief complaint (reason for visit).

NYC Well Data
- NYC Well data is collected by Vibrant Emotional Health and contains information on answered calls, texts, and chats.

Health Opinion Poll Data
- Health Opinion Poll (HOP) surveys were conducted April 16- April 23, 2020 (HOP 8) and May 13 – May 20, 2020 (HOP 9). These surveys focused on New Yorkers' knowledge, opinions, and experiences of the COVID-19 pandemic.
- Non-probability-based sample conducted online and weighted to match the NYC adult population on sex, age, race/ethnicity, and borough.
- Survey is available in English, Spanish, and Chinese. Final sample for each survey includes approximately 1,200 New Yorkers aged 18+.

Definitions

Suicide is defined as death caused by self-directed injurious behavior with an intent to die. Mortality data on cause of death are classified using ICD10 codes. Suicides are coded U03, X60-X84, and Y87.0.

Symptoms of anxiety related to coronavirus – Percent of respondents' scores indicating symptoms of anxiety related to COVID-19 (Based on scoring 3 or more points on a modified GAD-2). Question: "Over the last two weeks, how often have you been bothered by the following problems in relation to coronavirus a) Feeling nervous, anxious or on edge about coronavirus? b) Not being able to stop or control worrying about coronavirus?

Probable depression - Percent of respondents' scores indicating probable depression (Based on scoring 3 or more points on the PHQ-2). Question: "Over the last two weeks, how often have you been bothered by the following problems: a) Little interest or pleasure in doing things? b) Feeling down, depressed or hopeless?

Child's behavioral health—Percent of respondents indicating 'yes' to the question: "Has the emotional or behavioral health of the child/any of the children in your household been negatively affected by the COVID-19 pandemic?"

References:
1 Goldmann E, Galea S. Mental health consequences of disasters. Annu Rev Public Health. 2014;35:169-183.
2 New York City Health Opinion Poll, May 13 – 20, 2020.
3 New York City Health Opinion Poll, April 16 – 23, 2020.
4 NYC Well Administrative data, July 2020.
5 NYC Community Health Survey (CHS), 2018.

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