

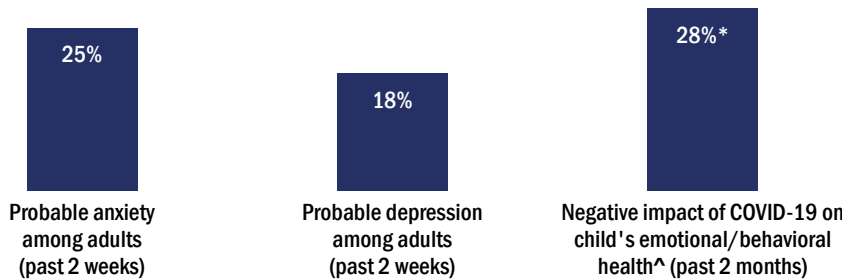
Impacts of COVID-19 on Mental Health in New York City, 2021

Given the widespread disruptions of the COVID-19 pandemic, New York City (NYC) residents continue to experience substantial mental health impacts. Many factors have contributed to these impacts, including the length of the pandemic, the economic downturn, and the stresses associated with maintaining vigilance and COVID-19 precautions (for example, staying home, physical distancing, limits of indoor gathering, and closure of non-essential business). Experience with past disasters indicates the effects on mental health will persist as the public health emergency continues to evolve.¹ People of color and low-income New

Yorkers have experienced longstanding inequities rooted in institutional and structural racism and have been disproportionately impacted by COVID-19, including the mental health impacts.² Additionally, individuals experiencing stressors and traumas related to COVID-19 are more likely to experience behavioral health problems. To support efforts to address mental health problems as the COVID-19 pandemic continues, we provide these data summarizing experiences of mental health symptoms, risks for poor mental health, and use of mental health-related services during the COVID-19 pandemic.

Both anxiety and depression continue to be prevalent among adults during the COVID-19 pandemic^A

Anxiety, depression, and children’s behavioral health 18 months after the start of the COVID-19 pandemic, August 2021, New York City



^APercentage of adults reporting negative impact on child(ren) in their household.

*Estimate should be interpreted with caution. Estimate’s Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

Source: NYC Health Opinion Poll, August 12-September 2, 2021.

- According to a NYC Health Opinion Poll, 25% of NYC adults reported symptoms of anxiety and 18% reported symptoms of depression in August 2021.
- Symptoms of both anxiety and depression continued to be elevated compared with pre-pandemic levels.^{3,4}
- In addition, 28% of adults with children in their household reported the emotional or behavioral health of at least one child had been negatively affected by the pandemic in the past two months.

Definitions:

Probable anxiety: Defined as adults scoring 3 or more points on the GAD-2. Using a scale from 0 (none of the time) to 3 (nearly every day), respondents were asked “Over the last two weeks, how often have you been bothered by the following problems: a) Feeling nervous, anxious or on edge? b) Not being able to stop or control worrying?”

Probable depression: Defined as adults scoring 3 or more points on the PHQ-2. Using a scale from 0 (none of the time) to 3 (nearly every day), respondents were asked “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?”

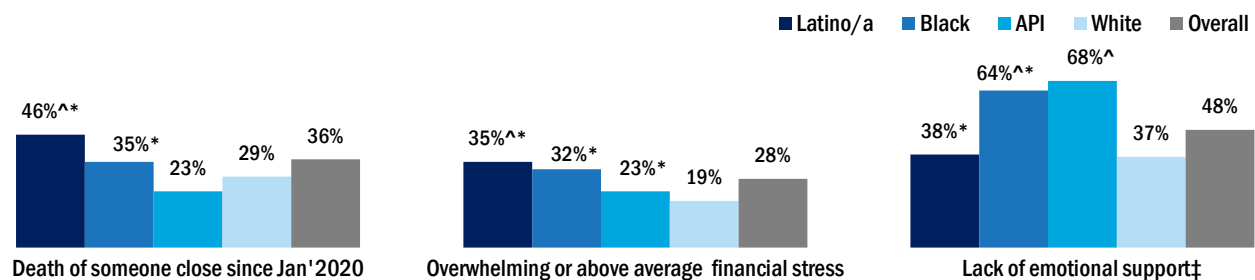
Child’s behavioral health: Adults indicating ‘yes’ to the question: “Has the emotional or behavioral health of any child in your household been negatively affected by the COVID-19 pandemic in the past two months?”

Risk factors for poor mental health outcomes^A

- Factors that may place adults at risk for adverse mental health include socioeconomic factors and experiencing stressful and traumatic events.⁵ New Yorkers who reported experiencing the death of someone close to them since January 2020 (36%) and those experiencing overwhelming or above average financial stress (28%) were more likely to report symptoms of anxiety or depression, compared with those who did not report those experiences.
- Respondents who reported feeling lonely (46%) and isolated (48%) sometimes or often were also more likely to report experiencing adverse mental health such as anxiety or depression, compared with those that hardly ever or never felt lonely and isolated.
- Similarly, respondents that reported they could count on someone for emotional support none, a little, or some of the time (48%) were more likely to report symptoms of anxiety and depression compared with those that could count on emotional support most or all of the time.

Risk factors for poor mental health outcomes vary by race and ethnicity, New York City, 2021

Percentage of adults experiencing selected stressors



White, Black, Asian/Pacific Islander (API) race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race.

[‡]Could count on someone for emotional support none, a little, or some of the time

[^]Significantly different (difference is unlikely to have occurred by random chance) than White adults at the $p < 0.05$ level.

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Source: NYC Health Opinion Poll, August 12- September 2, 2021.

- Risk factors for poor mental health outcomes can vary across racial and ethnic groups. Latino/a adults were more likely than White adults to report experiencing the death of someone close to them since January 2020 and being financially stressed due to the impacts of the pandemic.
- In addition, Asian/Pacific Islander and Black NYC adults were more likely to report experiencing lack of emotional support (could count on someone for emotional support none, a little, or some of the time) compared with White NYC adults.

Data sources:

^ANYC Health Opinion Poll (August 12-September 2, 2021): The NYC Health Opinion Poll focused on New Yorkers' knowledge, opinions, and experiences of the COVID-19 pandemic. The survey was completed by 1,117 adults ages 18 and older who are members of a probability-based panel. Earlier polls used non-probability online panels. Therefore, any measured change might reflect a change in methodology, rather than a true change over time. Data are weighted to match the NYC population on borough, race/ethnicity, age, sex, and educational attainment per the 2015-2019 American Community Survey (ACS). The survey was available in English, Spanish, Chinese, and Russian.

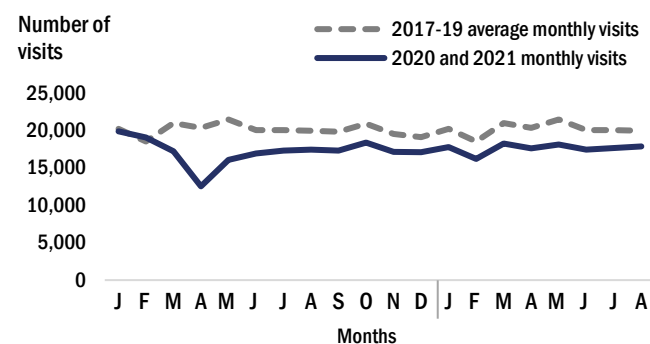
^BNYC DOHMH Syndromic Surveillance data (2017 –August 2021): Mental Health emergency department (ED) data are extracted from syndromic surveillance data from the NYC Department of Health and Mental Hygiene, Bureau of Communicable Diseases. All 53 EDs in NYC send syndromic data to the Health Department. The dataset contains patient-level ED visit data including date and time of visit, ICD diagnoses, and the free text chief complaint (reason for visit). Data were extracted September 2021.

^CNYC Well Data (2017 – August 2021): NYC Well data are collected by Vibrant Emotional Health and include information on answered calls, texts, and chats. Data were extracted September 2021.

COVID-19 use of mental health services

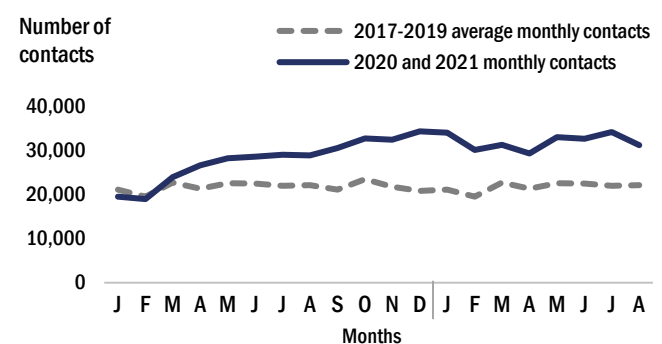
- One in eight adult New Yorkers (13%) reported they experienced an unmet need for mental health services in the last two months.^A
- Eighteen percent* of adults with children in their household reported one or more children received counseling for difficulties with emotions, concentration or behavior from a mental health service provider during the past 12 months.^A
- Compared with the 2017-2019 average, beginning in March 2020, hospitals across NYC recorded fewer visits to the emergency department, including visits related to mental health; that trend continued through 2021.^B
- New Yorkers are reaching out for support during the pandemic: contacts answered by NYC Well, a behavioral health support service, increased during March 2020 and remained higher through 2021, compared with the 2017-2019 monthly average.^C

Mental health emergency department visits before and during the COVID-19 pandemic, by month, New York City



Source: NYC DOHMH Syndromic Surveillance data, Bureau of Communicable Diseases. Extracted September 2021.

NYC Well contacts before and during the COVID-19 pandemic, by month, New York City



NYC Well support service contacts include answered calls, texts, and chats
Source: NYC Well Administrative data. Extracted September 2021.

Implications

These data show the substantial impacts of the COVID-19 pandemic on mental health for New Yorkers of all ages. The stressors and traumas of COVID-19 have been experienced especially by people of color due to the disparate impacts of the pandemic. Based on research from past disasters, it is anticipated that these impacts will continue for months to years to come. Individuals experiencing additional stressors and traumas related to COVID-19, such as loss of a loved one or financial stress, are more at risk to experience behavioral health problems. Behavioral health problems can include exacerbation of preexisting mental health and substance use challenges; new behavioral health challenges such as anxiety, depression, complicated grief, substance misuse, post-traumatic stress disorder; and less commonly, thoughts or attempts of suicide.

Living through the COVID-19 pandemic may have been and may continue to be stressful for New Yorkers. It is natural that people will feel overwhelmed, sad, anxious, and afraid, or will experience other symptoms of distress, such as difficulties with sleep. To reduce the impact of COVID-19 on mental health, NYC offers information and resources, including [NYC Well](#), a free and confidential behavioral health support service; the School Mental Health Program which provides resources to every public school in New York City so schools can meet the emotional health needs of their students; and, information on coping during the COVID-19 pandemic (visit nyc.gov and search: [COVID-19: Mental Health and Substance Use](#) and [Coping Through COVID-19](#)).

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To lower 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
- Connect with community, including faith communities and faith leaders
- Consider civic engagement, advocacy, and collective healing

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 the 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 at nyc.gov/nycwell. If you or someone you know is at immediate risk of hurting themselves, or in immediate danger call 911.

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Suggested citation: Magas I, Norman C. Impacts of COVID-19 on Mental Health in New York City, 2021. New York City Department of Health and Mental Hygiene: Epi Data Brief (130); December 2021.

Acknowledgements: Kinjia Hinterland

References:

- 1 Goldmann E, Galea S. Mental health consequences of disasters. *Annu Rev Public Health*. 2014;35:169-183.
- 2 Dobosh K, Tiberio J, Dongchung TY, et al. Inequities in New Yorkers' Experiences of the COVID-19 Pandemic. New York City Department of Health and Mental Hygiene: Epi Data Brief (123); May 2021. Accessed Nov 8, 2021 at <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief123.pdf>
- 3 Gwynn RC, McQuiston HL, McVeigh KH, Garg RK, Frieden TR, Thorpe LE. Prevalence, diagnosis, and treatment of depression and generalized anxiety disorder in a diverse urban community. *Psychiatr Serv*. 2008;59(6):641-7. doi: 10.1176/ps.2008.59.6.641.
- 4 New York City Department of Health and Mental Hygiene [Community Health Survey](#), 2018.
- 5 National Institute of Mental Health. https://www.nimh.nih.gov/health/topics/anxiety-disorders/#part_145335; https://www.nimh.nih.gov/health/topics/depression/#part_145396

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing efforts to address historical and contemporary injustices such as discrimination based on social position (e.g., class, immigration status) or social identities (e.g., race, gender, sexual orientation). For more information, visit the Centers for Disease Control and Prevention's [Health Equity](#) page.

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New York City Department of Health and Mental Hygiene





Epi Data Tables

December 2021, No. 130

Impacts of COVID-19 on Mental Health in New York City, 2021

Data Tables

Table 1. Prevalence of Anxiety among adults 18 years or older, New York City, August 12-September 2, 2021.

Table 2. Prevalence of Depression among adults 18 years or older, New York City, August 12-September 2, 2021.

Data Sources

Data Source: NYC Health Opinion Poll (August 12-September 2, 2021): The NYC Health Opinion Poll focused on New Yorkers' knowledge, opinions, and experiences of the COVID-19 pandemic. The survey was completed by 1,117 adults ages 18 and older who are members of a probability-based panel. Earlier polls used non-probability online panels. Therefore, any measured change might reflect a change in methodology, rather than a true change over time. Data are weighted to match the NYC population on borough, race/ethnicity, age, sex, and educational attainment per the 2015-2019 American Community Survey (ACS). The survey was available in English, Spanish, Chinese, and Russian.



Table 1. Prevalence of Anxiety among adults 18 years or older, New York City, August 12-September 2, 2021.

Source: New York City Health Opinion Poll (NYC HOP) wave 14

Data are weighted to match the NYC population on borough, race/ethnicity, age, sex, and educational attainment per the 2015-2019 American Community Survey (ACS).

NYC HOP wave 14 fielded from August 12-September 2, 2021.

Data are not age-adjusted.

	Prevalence	Probable Anxiety ¹		p-value
		Lower 95% Confidence Interval	Upper 95% Confidence Interval	
NYC				
Overall	24.9	20.7	29.6	-
Chronic Condition (self)				
Yes	29.3 *	20.1	40.6	REF
No	23.1	18.7	28.0	0.279
Level of financial Stress				
Overwhelming/Above average stress	48.1	38.5	57.8	<0.001
Average/Some stress	17.2	12.7	22.9	0.012
No stress	8.9	5.6	13.8	REF
Don't know/Not sure	^	-	-	-
Experienced death of someone close in the last 12months				
Yes	31.6	24.1	40.1	0.022
No	20.4	15.8	26.0	REF
Feeling lonely				
Sometimes/Often	39.1	32.2	46.5	<0.001
Hardly ever/Never	12.9	8.4	19.4	REF
Feeling isolated from others				
Sometimes/Often	41.1	34.0	49.0	<0.001
Hardly ever/Never	10.0	6.6	14.8	REF
Can count on someone for emotional support				
None/a little/some of the time	30.1	23.6	37.4	0.028
Most/all of the time	20.2	15.2	26.3	REF

¹Probable anxiety: Defined as adults scoring 3 or more points on a GAD-2. Using a scale from 0 (none of the time) to 3 (nearly every day), respondents were asked "Over the last two weeks, how often have you been bothered by the following problems: a) Feeling nervous, anxious or on edge? b) Not being able to stop or control worrying?"

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

^ Data are suppressed due to imprecise and unreliable estimates.

Confidence Intervals are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Significance test is based on the T-test run in SUDAAN. P values are significant at the 0.05 level and are indicated in bold text. Ref: Reference group.

Table 2. Prevalence of Depression among adults 18 years or older, New York City, August 12-September 2, 2021.

Source: New York City Health Opinion Poll (NYC HOP) wave 14

Data are weighted to match the NYC population on borough, race/ethnicity, age, sex, and educational attainment per the 2015-2019 American Community Survey (ACS).

NYC HOP wave 14 fielded from August 12-September 2, 2021.

Data are not age-adjusted.

	Probable Depression ¹			
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
NYC				
Overall	17.8	14.1	22.3	-
Chronic Condition (self)				
Yes	23.0	14.5	34.4	REF
No	16.0	12.2	20.6	0.207
Level of financial Stress				
Overwhelming/Above average stress	37.5 U	28.4	47.7	<0.001
Average/Some stress	12.2	8.3	17.7	0.007
No stress	4.4 *	2.1	8.9	REF
Don't know/Not sure	^	-	-	-
Experienced death of someone close in the last 12months				
Yes	23.3	16.6	31.6	0.057
No	14.6	10.5	20.1	REF
Feeling lonely				
Sometimes/Often	31.8	25.4	39.0	<0.001
Hardly ever/Never	7.0 *	3.5	13.5	REF
Feeling isolated from others				
Sometimes/Often	34.1	27.1	41.9	<0.001
Hardly ever/Never	4.1 *	1.8	8.7	REF
Can count on someone for emotional support				
None/a little/some of the time	24.4	18.4	31.6	0.003
Most/all of the time	12.1	8.0	17.7	REF

¹Probable depression: Defined as adults scoring 3 or more points on the PHQ-2. Using a scale from 0 (none of the time) to 3 (nearly every day), respondents were asked "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?"

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Ref: Reference group.

U When reporting to nearest whole percent, round up.