



2021

MENTAL HEALTH

DURING COVID-19

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INTRODUCTION

The mental health of New Yorkers has been significantly affected by the widespread impact of the Covid-19 pandemic. People commonly experience fear, anxiety, and stress during and after a disaster, and research has shown that the coronavirus pandemic is taking a toll on mental health.¹ In addition to anxiety about the coronavirus itself, many New Yorkers are struggling with societal changes resulting from the pandemic, such as isolation from community, uncertainty about the future, or new childcare responsibilities. The financial strain caused by widespread job loss decreases New Yorkers' ability to

afford mental health care and increases other risk factors associated with poor mental health outcomes. As part of the UJA Covid-19 Impact Study, we asked questions about this critical topic area and analyzed patterns of mental health by geography and key demographics. On a topic like mental health, it is likely that surveys underestimate this problem because of the stigma associated with all forms of mental illnesses. Thus, the percentages in this report should be viewed as possibly lower than they are in reality.

The report focuses on three main areas:

1 | Overall Mental Health

2 | Change in Mental Health During Pandemic

3 | Help-Seeking Behavior

Study Methodology and Defining Jewish Households

The UJA Covid-19 Impact Study collected information from a **representative sample of 4,400 New York area adults** who are Jewish or living in a household with one or more Jewish adults to learn more about the ways the coronavirus pandemic has affected the lives and livelihoods of the Jewish community. The broad coverage area included the **five New York City boroughs, as well as Nassau, Suffolk, and Westchester counties**. To learn more about the methodology, you can read our [brief](#) or [detailed methodology report](#).

This study aims to understand the impact of Covid-19 on **all members of the Jewish community**, across all — and regardless of — levels of observance, religious belief, and belonging to Jewish communal organizations.

This study relies on an **expansive definition of who is a Jew** by considering anyone who identifies as a Jew or lives with a self-identified Jew as a member of the Jewish community. For the purposes of this study, a Jewish adult is defined as someone aged 18 and over who self-identifies as Jewish or partially Jewish, either religiously, ethnically, culturally, or because of family background. This study counts those respondents who identify religiously with both Judaism and another religion, such as Christianity or Buddhism, as Jewish respondents. A household is defined as a Jewish household if it includes one or more Jewish adults ages 18 and over. To learn more about this, please visit our report ["Who counts as Jewish in the survey."](#)

KEY FINDINGS

1 One in five adults in Jewish households reports symptoms of anxiety and/or depression

2 The extent of one's social network helps to shape mental health outcomes

Adults in Jewish households who have no friends, family, or neighbors to depend on for help are five times more likely to report mental health conditions than those with larger social networks.

3 LGBTQ adults report a high rate of mental health problems

Almost half of LGBTQ adults in Jewish households report symptoms of anxiety and/or depression compared to 20% of the overall population.

4 The pandemic exacerbated mental health problems

One in five adults in Jewish households reports feeling more down, depressed, or hopeless since the start of the pandemic.

5 Many adults are not seeking help for their anxiety and/or depression

Half of adults in Jewish households who report symptoms of mental health problems did not seek, and are not planning to seek, professional help.

How We Measured Mental Health

To assess mental health, this study utilizes the **two-item Patient Health Questionnaire (PHQ-2)** and the **two-item Generalized Anxiety Disorder (GAD-2)** scale. These are short screening questions derived from longer anxiety and depression scales (PHQ-9 and GAD-7) that have been shown to be valid and highly predictive of mental health problems.² The PHQ-2 and GAD-2 scales were modified to ask about symptoms over the last 7 days rather than 14 days to allow for comparison with the U.S. Census Household Pulse Survey. The PHQ-2 screens for the degree to which an individual has experienced depressed mood and lack of pleasure. The GAD-2 screens for the degree to which an individual experiences an anxiety disorder. Neither the PHQ-2 nor the GAD-2 establishes medical diagnoses; rather, they are used as screens for depressive and anxiety disorders respectively.

Adapted PHQ-2 questions:

Over the last 7 days, how often have you been bothered by...

- ...having little interest or pleasure in doing things?
- ...feeling down, depressed, or hopeless?

Adapted GAD-2 questions:

Over the last 7 days, how often have you been bothered by the following problems...

- ...Feeling nervous, anxious, or on edge?
- ...Not being able to stop or control worrying?

Creating a Mental Health Scale

For all four questions, the answers are assigned a numerical value: not at all = 0, several days = 1, more than half the days = 2, and nearly every day = 3. The two responses for each scale are added together. A sum equal to three or greater on the PHQ-2 is considered a positive screen for a depressive disorder. A sum equal to three or greater on the GAD-2 is considered a positive screen for an anxiety disorder.

OVERALL MENTAL HEALTH

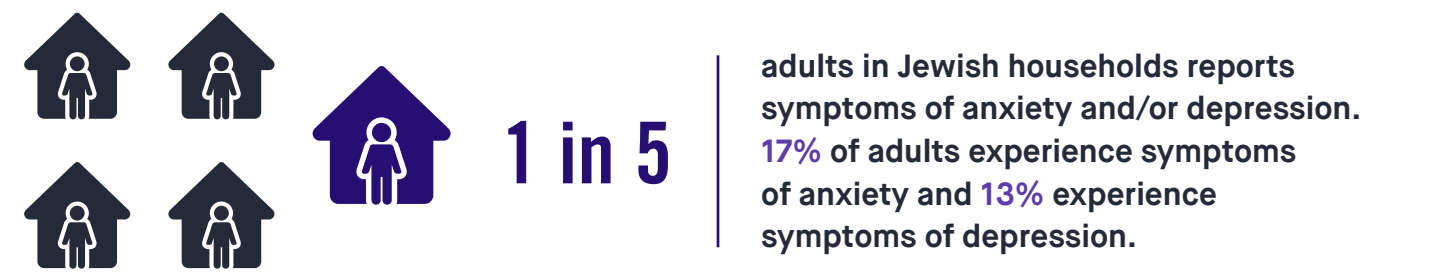


FIGURE 1. Anxiety and/or Depression Rates

Experience anxiety and/or depression	Anxiety	Depression
21%	17%	13%

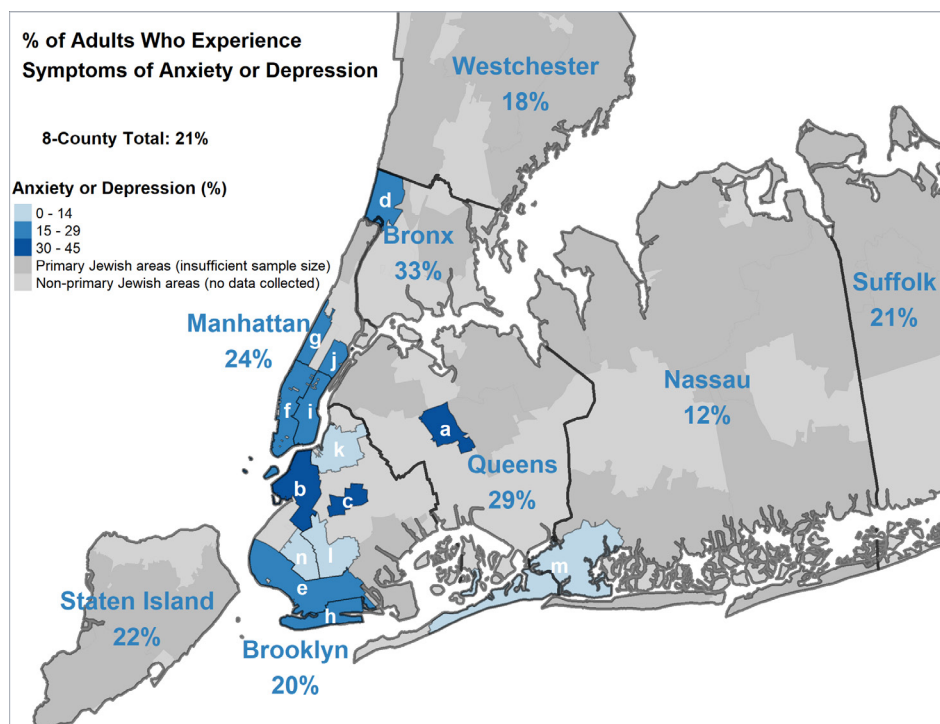
Regional Differences

On average, New York City counties have a higher rate of adults experiencing symptoms of depression and/or anxiety (23%) when compared to suburban counties (16%).

The Bronx (33%), Queens (29%), and Manhattan (24%) have particularly high rates of respondents with symptoms of anxiety and/or depression. Nassau (12%) has lower rates of mental health problems.

At the neighborhood level, Forest Hills/Rego Park/Kew Gardens (38%) and Brownstone Brooklyn (35%) have much higher rates of mental health problems, with more than one-third of respondents in both neighborhoods reporting mental health problems.

SECTION 1: OVERALL MENTAL HEALTH



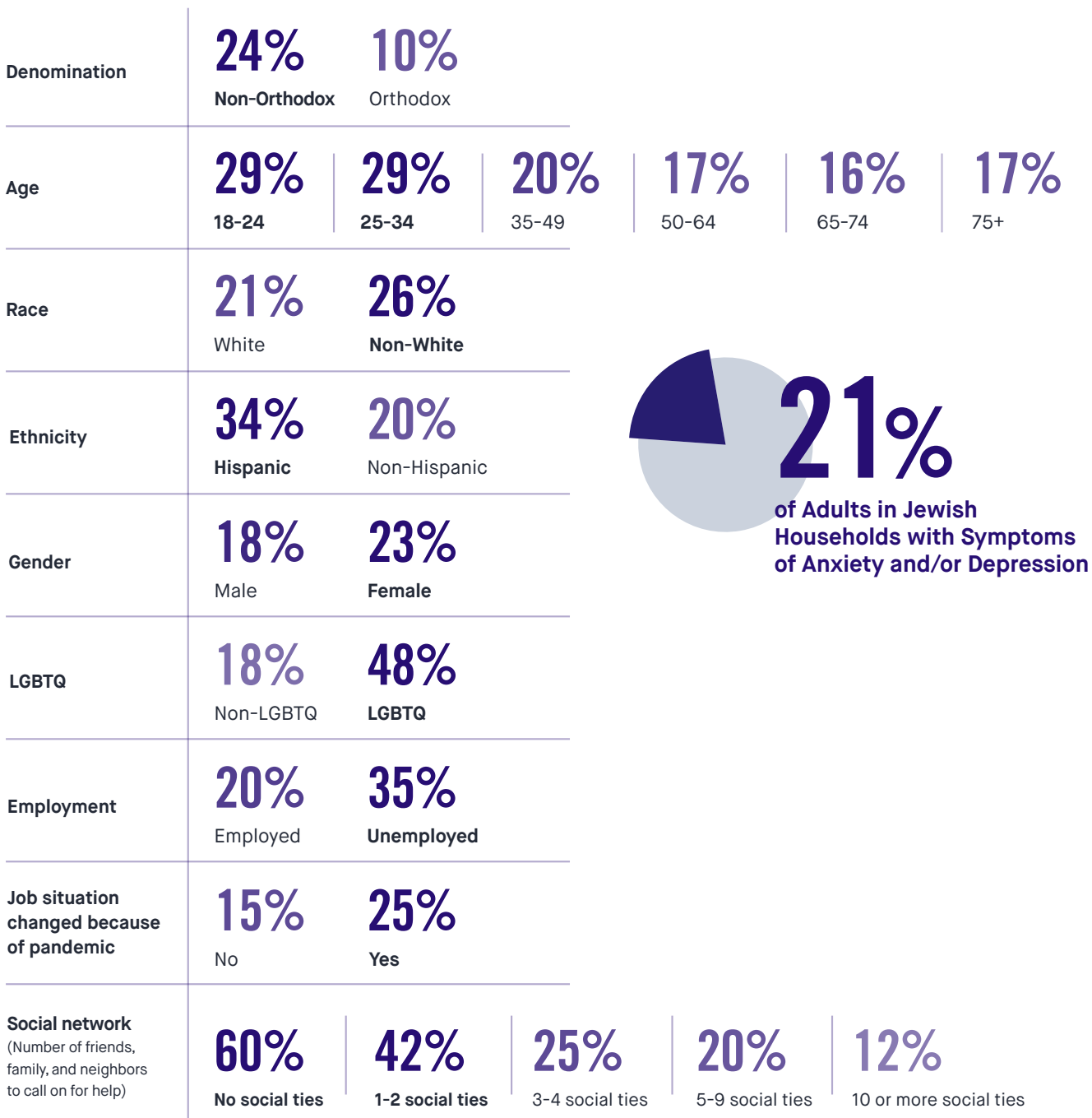
Neighborhood identifier	Neighborhood name	Percent
a	Forest Hills/Rego Park/Kew Gardens Area	38%
b	Brownstone Brooklyn	35%
c	Crown Heights	30%
d	Riverdale/Kingsbridge	28%
e	Bensonhurst/Gravesend/Bay Ridge/Kings Bay/Madison	27%
f	Lower Manhattan West	24%
g	Upper West Side	24%
h	Coney Island/Brighton Beach/Sheepshead Bay	19%
i	Upper East Side	18%
j	Lower Manhattan East	18%
k	Williamsburg	13%
l	Flatbush/Midwood/Kensington	11%
m	The Rockaways/Five Towns	10%
n	Borough Park	9%

SECTION 1: OVERALL MENTAL HEALTH

Social and Demographic Patterns

Two groups of adults in Jewish households are particularly at risk for mental health problems: adults with **smaller social networks** and adults who identify as **LGBTQ**.

FIGURE 2. % of Adults in Jewish Households with Symptoms of Anxiety and/or Depression



SECTION 1: OVERALL MENTAL HEALTH

Having a social network of friends, family, and neighbors to depend on for help is an important factor affecting mental health. Respondents with **no social network to depend on for help** report mental health problems at a rate **five times higher** than those with a **large social network of 10 or more persons**. This survey demonstrates that having a large social network has a beneficial role in the psychological well-being of adults in the Jewish community.

Adults in Jewish households **who identify as LGBTQ also report symptoms consistent with higher levels of depression and/or anxiety**. LGBTQ adults (**48%**) report symptoms of precarious mental health, compared to the non-LGBTQ population (**18%**). The lack of social support for this community, stigma, discrimination, and homophobia might all contribute to the high rates of symptoms of depression and anxiety within the LGBTQ community.

Younger age is also associated with increased symptoms of anxiety and/or depression. **Adults aged 18-34 (29%)** are more likely to report these symptoms than adults aged 35-49 (**20%**) or 50 and over (**17%**).

This survey also finds that mental health outcomes are patterned by the **race of the respondent, with 21% of white** respondents showing symptoms of depression and/or anxiety versus **26% for non-whites**. In addition, Hispanic ethnicity is also an important factor affecting respondents' mental health. More than **one-third of Hispanic adults in Jewish households (34%)** experience symptoms of anxiety and/or depression, compared to just **20%** of non-Hispanic adults.

Respondents' job situation also plays an important role in shaping mental health outcomes. **Unemployed adults (35%)** more frequently report symptoms of depression and/or anxiety than **employed adults (20%)**. Adults who experienced **changes in their job situation** (for instance, being furloughed or temporarily laid off, permanently losing a job, leaving a job because of personal or family reasons, reduced hours or income, etc.) are more likely to report symptoms of anxiety and/or depression when compared to those with no changes (**25%** versus **15%**).

This survey indicates a few other important population groups reporting increased levels of depression and/or anxiety. **Women (23%)** report feeling anxious and/or depressed **at a higher rate than men (18%)**. **Finally, Orthodox adults (10%)** report symptoms of anxiety and/or depression at a **much lower rate** than the non-Orthodox population (**24%**). The stigma associated with mental illness in the Orthodox community and among men could potentially contribute to respondents' reporting lower levels of mental health problems. It is also likely that the higher household sizes in the Orthodox community mean that support systems are built into each household, leading to fewer mental health problems.

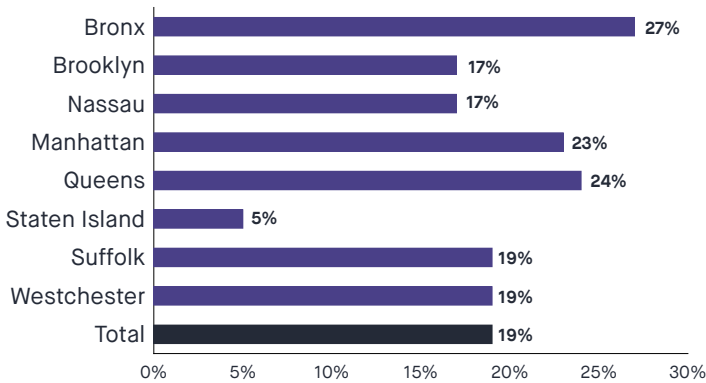
In sum, the groups more likely to experience mental health problems include the young, non-whites, Hispanics, women, LGBTQ adults, the unemployed, those who have undergone a recent change in their job situation, and those with a small social network.

CHANGE IN MENTAL HEALTH DURING THE PANDEMIC

About 1 in 5 adults in Jewish households reports feeling more down, depressed, or hopeless since the start of the pandemic.

Feelings of being down, depressed, or hopeless have increased most dramatically in the Bronx, Queens, and Manhattan. In these counties, about one in four people reports deteriorating mental health since the start of the pandemic. However, only 5% in Staten Island report increases in such symptoms.

FIGURE 3. Respondents Who Report Worsening Mental Health during Pandemic by Region



Mental health problems in the Jewish community increased during the pandemic dramatically for two groups: adults in Jewish households who have smaller social networks and those who experienced a change in their job situation due to the pandemic.

Adults in Jewish households who have no social network (support from friends, relatives, or neighbors) not only have the highest rate of mental health problems overall, but also have the highest increase in feelings of depression during the pandemic (44%). Almost one-quarter of adults who experienced a change in their job situation³ report a decline in their mental health. The most important change is job loss (43%).

FIGURE 4. Respondents Who Report Worsening Mental Health during the Pandemic by Demographic Subgroups

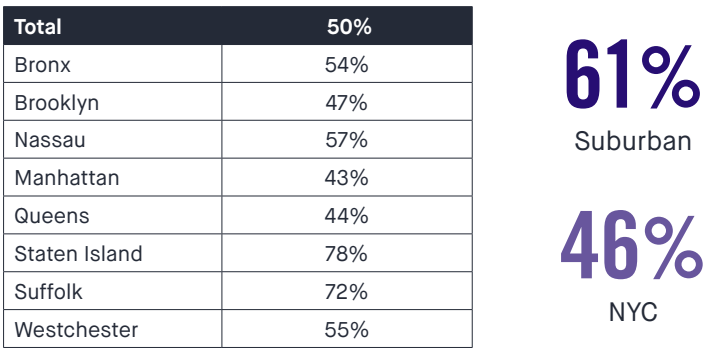
Orthodox	Non-Orthodox	21%
	Orthodox	11%
LGBTQ	Non-LGBTQ	18%
	LGBTQ	27%
Social network (Number of friends, family, and neighbors to call on for help)	No friends	44%
	1-2 friends	35%
	3-4 friends	20%
	5-9 friends	17%
	10 or more	15%
Job Situation changed because of pandemic	No	14%
	Yes	24%

HELP-SEEKING BEHAVIOR

Half of adults in Jewish households who report symptoms of depression and/or anxiety did not seek, and are not planning to seek, professional help.

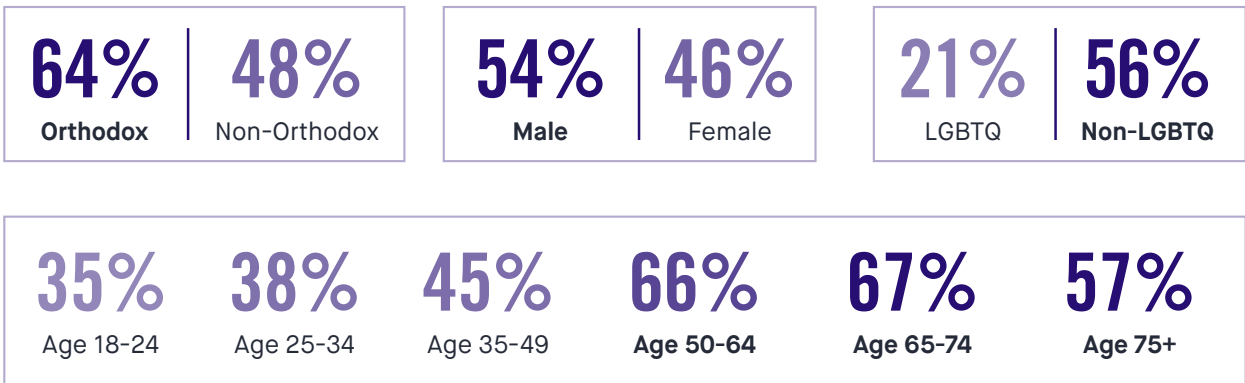
Overall, a higher percentage of adults in suburban counties (61%) did not seek help and are not planning to seek help for mental health problems compared to 46% of adults in New York City. The rate of people not seeking help was particularly high in Staten Island and Suffolk, with approximately three-quarters of adults not seeking the help they need.

FIGURE 4. Not Seeking Help or Planning to Seek Help by Region



Rates of seeking help for depression and/or anxiety vary by demographic characteristics. Older respondents, men, and Orthodox Jews are less likely to seek help for their mental health problems.

FIGURE 5. Not Seeking Help or Planning to Seek Help by Demographic Subgroups



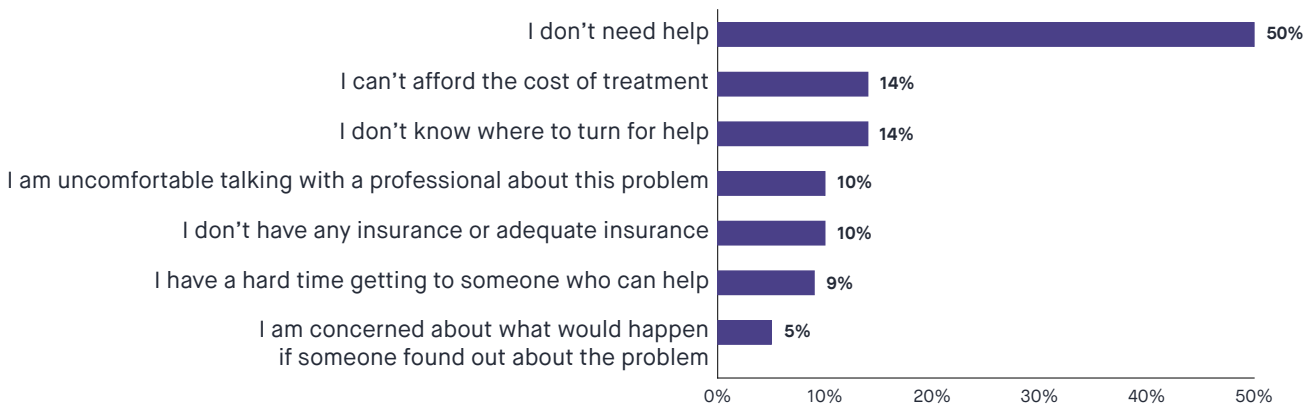
SECTION 3: HELP-SEEKING BEHAVIOR

Conversely, certain groups are more likely to seek mental health support. **79% of LGBTQ respondents** have sought or are planning to seek professional help for symptoms of depression/anxiety. **Younger adults** are also more likely to seek help than older adults.

Commonly cited reasons for not seeking help include not perceiving a need for help, inability to afford treatment, and not knowing where to turn for help.

Half of respondents are not seeking help despite reporting symptoms of depression and/or anxiety because they feel they do not need help. **14%** of respondents who need help but are not seeking it are concerned about the cost of professional help. Another **14%** report not knowing where to turn for help.

FIGURE 6. Reasons Respondents Did Not Seek and Are Not Planning to Seek Help for Depression and/or Anxiety



Half of adults who report symptoms associated with depression and/or anxiety **did seek help** or are planning to seek help.

Of the respondents who report seeking help or planning to seek help for their mental health, **the vast majority (94%) have seen or plan to see a private counselor or therapist.**

NOTES

1. Galea, Sandro, Raina M. Merchant, and Nicole Lurie. "The Mental Health Consequences of Covid-19 and Physical Distancing." JAMA Internal Medicine. JAMA Network, June 1, 2020. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404>.
2. <https://pubmed.ncbi.nlm.nih.gov/30508772/>
3. Changes in job situation include being furloughed or temporarily laid off, permanently losing a job, leaving a job because of personal or family reasons, reduced hours or income, working remotely, working additional jobs or increased hours, or retiring because of the pandemic.