

2021

**COVID-19 and Mental Health:
A Growing Crisis**

Executive Summary

From January to September 2020, 1,560,288 people took a screen and accessed immediate resources and supports through the MHA Online Screening Program.

From those screens, we have found:

- **The number of people looking for help with anxiety and depression has skyrocketed.** From January to September 2020, 315,220 people took the anxiety screen, a 93 percent increase over the 2019 total number of anxiety screens. 534,784 people took the depression screen, a 62 percent increase over the 2019 total number of depression screens.
- **The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19.** In September 2020, the rate of moderate to severe anxiety peaked, with over 8 in 10 people who took an anxiety screen scoring with moderate to severe symptoms. Over 8 in 10 people who took a depression screen have scored with symptoms of moderate to severe depression consistently since the beginning of the pandemic in March 2020.
- **More people are reporting frequent thoughts of suicide and self-harm than have ever been recorded in the MHA Screening program since its launch in 2014.** Since the COVID-19 pandemic began to spread rapidly in March 2020, over 178,000 people have reported frequent suicidal ideation. 37 percent of people reported having thoughts of suicide more than half or nearly every day in September 2020.
- **Young people are struggling most with their mental health.** The proportion of youth ages 11-17 who accessed screening was 9 percent higher than the average in 2019. Not only are the number of youth searching for help with their mental health increasing, but throughout the COVID-19 pandemic youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.
- **Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth.** In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks. From January to September 2020, 77,470 youth reported experiencing frequent suicidal ideation, including 27,980 LGBTQ+ youth.
- **People screening at risk for mental health conditions are struggling most with loneliness or isolation.** From April to September 2020, among people who screened with moderate to severe symptoms of anxiety or depression, 70 percent reported that one of the top three things contributing to their mental health concerns was loneliness or isolation.
- **People who identify as Asian or Pacific Islander are searching for mental health resources more in 2020 than ever before.** The proportion of screeners identifying as Asian or Pacific Islander increased 7 percent, from 9 percent of screeners in 2019 to 16 percent in 2020.
- **While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences in those changes over time.** Black or African American screeners have had the highest average percent change over time for anxiety and depression, while Native American or American Indian screeners have had the highest average percent change over time for suicidal ideation.

A Growing Crisis

The State of Mental Health in America report is designed to create a complete picture of mental health throughout the United States that can be used to track the successes and failures of federal and state policy initiatives aimed at affecting mental health outcomes over time. In 2015 when this initiative was created, we did not anticipate that there would be a population-level health crisis that would change the landscape of mental health in every community throughout the United States, with effects of for years to come.

As COVID-19 spread throughout the United States, it not only resulted in greater morbidity and mortality in terms of physical health but also had disastrous effects on the mental health of the nation. As opposed to previous disasters in the United States that affected certain specific regions or populations where aid and trauma response could be concentrated, the COVID-19 pandemic has affected the entire population of the country. While the risk of contracting the disease itself is a population-wide traumatizing event, our physical and social environments have changed as well, leading to greater rates of isolation and loneliness, financial hardship, housing and food insecurity, and interpersonal violence. Further, the COVID-19 pandemic has highlighted and exacerbated existing inequities and injustices faced primarily by black, indigenous, and people of color (BIPOC) in the United States. Any of these factors by themselves can negatively affect the mental health of individuals, but in combination they have created a nationwide mental health crisis.

The data presented throughout the State of Mental Health in America 2021 report was collected in 2017-2018 and are the most current data reported by states and available to the public. While they are useful in providing comparative baselines in the states for needs and prevalence rates prior to COVID-19, they do not reflect the state of the nation since the onset of the pandemic.

In 2014, Mental Health America created the Online Screening Program (www.mhascreening.org), a collection of ten free, anonymous, confidential and clinically-validated screens that are among the most commonly used mental health screening tools in clinical settings.¹ Through September 2020, over 6 million people have taken a screen, including over 1.5 million people from January-September 2020. This makes it the largest dataset ever collected from a help-seeking population experiencing mental health conditions. The screening results also comprise one of the largest datasets collecting national mental health information in real-time, allowing us to recognize and react to changes in the mental health of the nation as they occur, including the mounting mental health crisis throughout the COVID-19 pandemic.

Strengths and Limitations

The MHA Screening dataset collects information from a help-seeking population, meaning people searching for mental health resources and supports online. As a result, users are more likely to screen positive or moderate to severe for mental health conditions than the general population. The MHA Screening Program also exists entirely online, and therefore does not reflect the mental health needs of people who do not have access to Internet services, likely undercounting communities at higher risk of mental health challenges, such as people experiencing homelessness, poverty, and institutionalization, and communities that do not have broadband access.

MHA Screening however, by existing in an online space, can capture information about individual's mental health needs earlier than other datasets. From January-September 2020, 66 percent of people who screen positive or

¹ These screens include the Patient Health Questionnaire-9 item (PHQ-9) for depression and the Generalized Anxiety Disorder-7 item (GAD-7) for anxiety, the long forms of the same tools used by the CDC to measure depression and anxiety in the U.S. Household Pulse Survey.

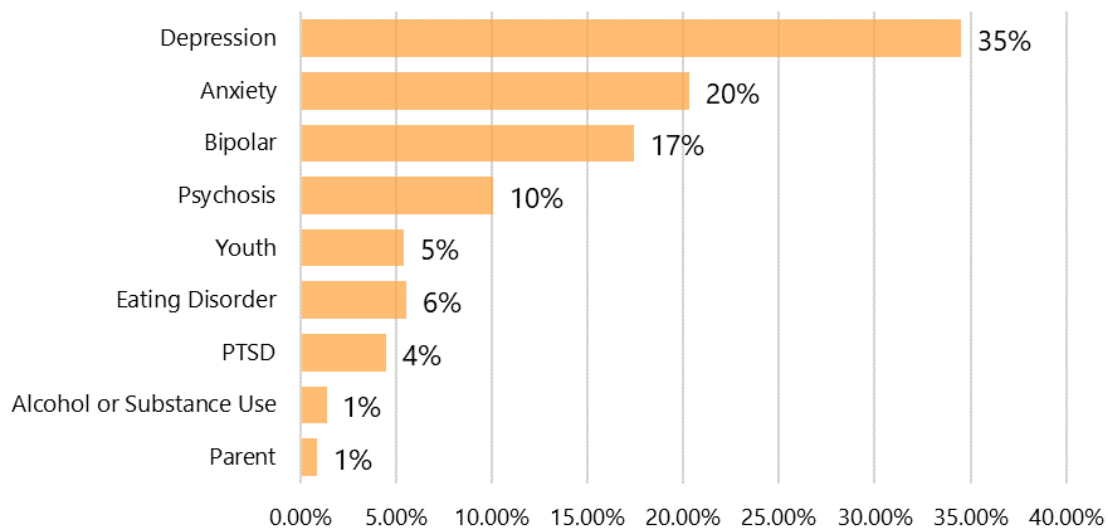
moderate to severe for a mental health condition have never received a mental health diagnosis before, and 61 percent have never received any form of mental health treatment or support. When people first begin experiencing symptoms of a mental health condition, they often look for answers, resources and supports online, long before speaking to a provider. The average time between onset of mental health symptoms and diagnosis and treatment of a mental health condition is 11 years.² The data from MHA Screening capture the mental health needs of people who either may not have access to care or have not engaged in care in healthcare settings, which allows for it to be used for earlier intervention and detection of mental health concerns before they become crises.

The following analysis is of the data collected from over 1.5 million screeners who sought help from MHA Screening from January-September 2020.

Basic Demographics

1,560,288 people took a screen through MHA Screening from January-September 2020. Of those the majority took a depression screen (34 percent), followed by the anxiety screen (20 percent) and the bipolar screen (17 percent).

Largest Proportion of Screeners Take Depression, Anxiety Screens in 2020

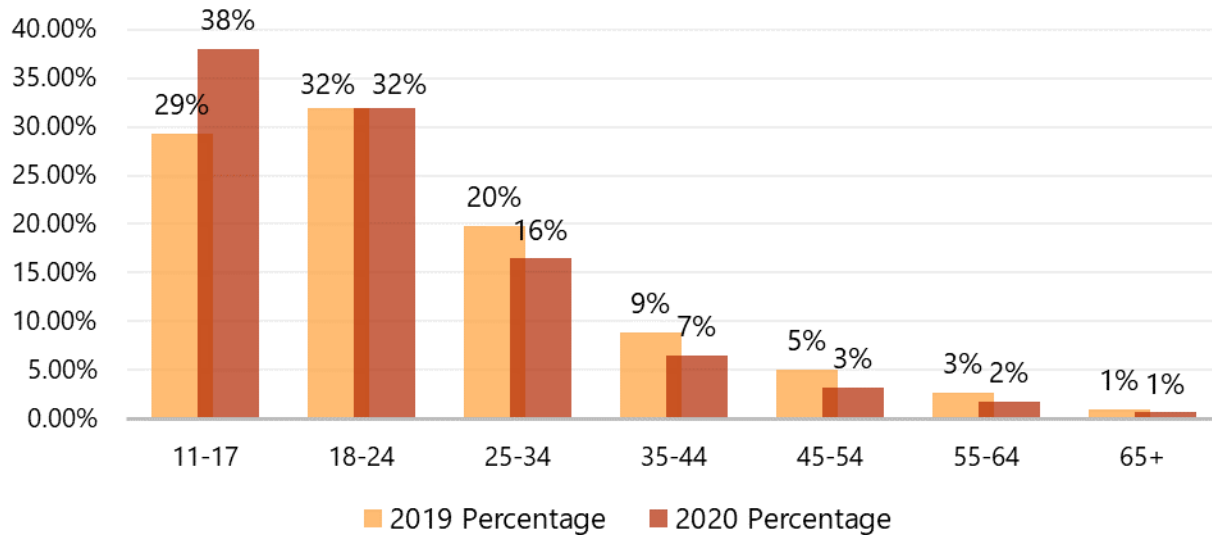


73 percent of screeners identified as female, 25 percent identified as male and 2 percent identified as another gender. In April 2020, we added a separate option to identify as transgender. 3 percent of screeners (N=38,090) from April to September 2020 identified as transgender.

² Wang, P.S. et al. (April 2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research*, 39(2): 393-416. Doi: [10.1111/j.1475-6773.2004.00234.x](https://doi.org/10.1111/j.1475-6773.2004.00234.x)

People who accessed screening in 2020 were younger than the 2019 average. 38 percent of screeners from January-September 2020 were youth ages 11-17, a 9 percent increase over 2019 (29 percent). While the MHA Screening population has always been young with over 60 percent of screeners under the age of 25, this indicates that youth under the age of 18 were even more likely to be searching for mental health resources and supports in 2020. The percentage of 18-24-year-olds remained the same from 2019 to 2020 (32 percent).

Greater Proportion of Youth Screeners in 2020



There have also been changes in the race/ethnicity of screeners in 2020, as compared to 2019. The proportion of screeners identifying as Asian or Pacific Islander increased 7 percent, from 9 percent of screeners in 2019 to 16 percent in 2020. Anti-Asian discrimination increased significantly in the U.S. during the COVID-19 pandemic, and the increase in Asian or Pacific Islander screeners is consistent with research predicting negative health effects among Asian Americans as a result of COVID-19.³ The percentage of screeners identifying their race as “Other” increased as well, from 3 percent to 5 percent. The proportion of White screeners decreased, from 60 percent to 53 percent.

| Race/Ethnicity | 2019 Count | 2019 Percentage | 2020 Count | 2020 Percentage |
|--|----------------|-----------------|------------------|-----------------|
| Asian or Pacific Islander | 35,021 | 9.13% | 170,295 | 15.50% |
| Black or African American (non-Hispanic) | 33,696 | 8.79% | 91,170 | 8.30% |
| Hispanic or Latino | 47,414 | 12.36% | 134,790 | 12.27% |
| More than one of the above | 20,883 | 5.45% | 55,277 | 5.03% |
| Native American or American Indian | 5,020 | 1.31% | 12,888 | 1.17% |
| Other | 12,893 | 3.36% | 51,611 | 4.70% |
| White (non-Hispanic) | 228,596 | 59.60% | 582,308 | 53.02% |
| Grand Total | 383,523 | 100.00% | 1,098,339 | 100.00% |

³ Chen, J.A., Zhang, E. & Liu, C.H. (June 2020). Potential impact of COVID-19-related racial discrimination on the health of Asian Americans. *American Journal of Public Health*, pp. e1-e4. Doi: <https://doi.org/10.2105/AJPH.2020.305858>

Screeners from January-September 2020 reported slightly higher household incomes than those in 2019 as well. Half (50 percent) of screeners reported a household income less than \$40,000 in 2020, compared to 52 percent in 2019. Over 24 percent reported a household income greater than \$80,000, compared to 22 percent in 2019.

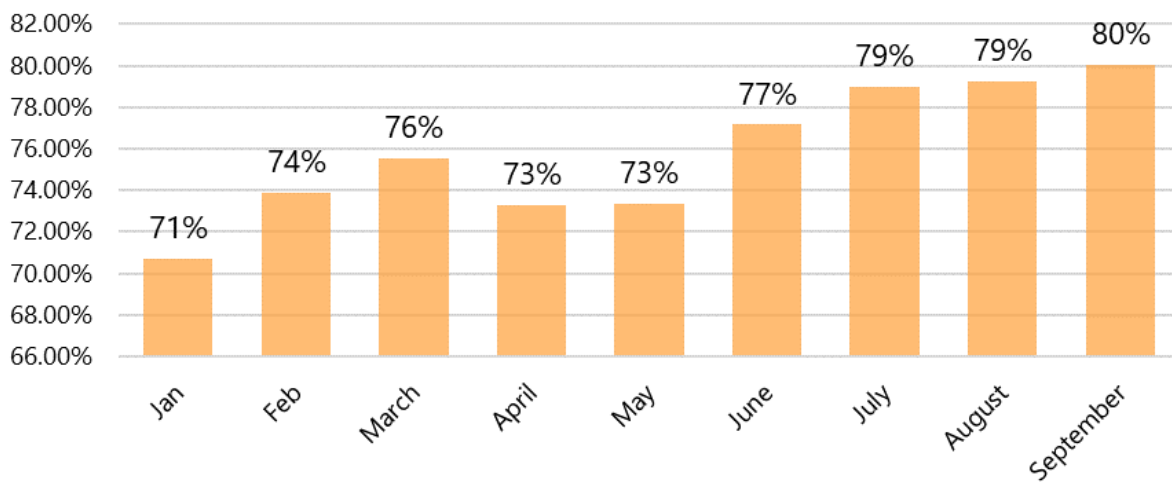
Across all screens, 74 percent (N=1,158,429) scored moderate to severe for the mental health condition for which they screened. This was consistent with the 2019 average. However, there were notable differences in rates of positive or moderate to severe screens among anxiety and depression screens over time.

Mounting Anxiety, Depression and Suicidal Ideation

MHA uses the Generalized Anxiety Disorder 7-item (GAD-7) tool to screen for anxiety. From January to September 2020, 315,220 people took the anxiety screen, a 93 percent increase over the 2019 total number of anxiety screens (N=162,958). In September 2020, an average of 2,262 anxiety screens were taken per day.

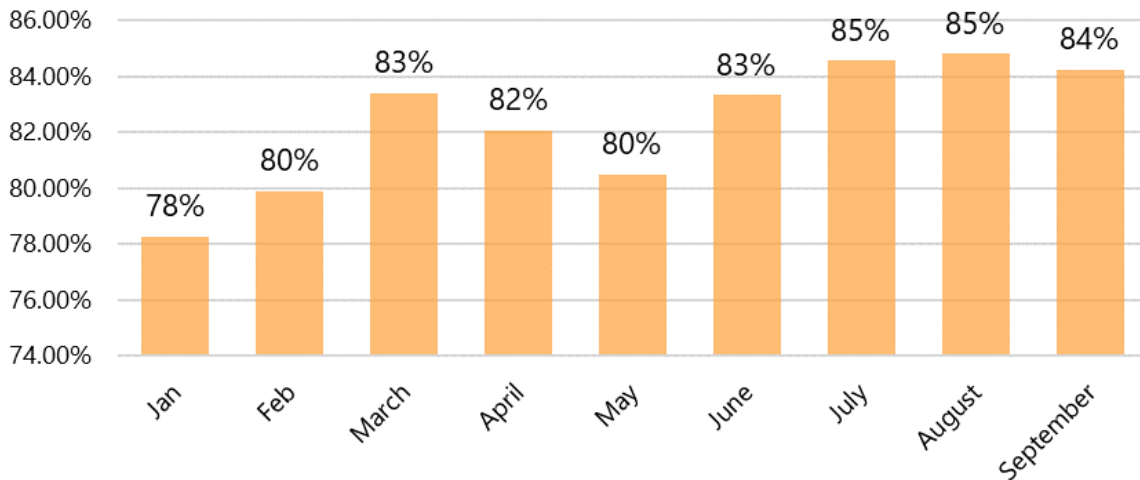
Despite the dramatic increase in the number of people taking anxiety screens in 2020, the rate of people screening with moderate to severe symptoms of anxiety remained higher than rates prior to the COVID-19 pandemic. In September 2020, 80 percent (N=54,315) of people who took an anxiety screen scored for moderate to severe anxiety, with 48 percent (N=32,870) scoring for symptoms of severe anxiety.

Percent Scoring Moderate to Severe Anxiety (GAD-7) Jan-Sep 2020



MHA uses the Patient Health Questionnaire 9-item (PHQ-9) tool to screen for depression. From January to September 2020, 534,784 people took the depression screen, a 62 percent increase over the 2019 total number of depression screens (N=331,089). In September 2020, an average of 4,321 depression screens were taken per day.

Percent Scoring Moderate to Severe Depression (PHQ-9) Jan-Sep 2020



Like the anxiety screen, the rate of people screening with moderate to severe symptoms of depression has remained higher than rates prior to the COVID-19 pandemic. In September 2020, 84 percent (N=109,232) of people who took a depression screen scored for moderate to severe depression, with 31 percent (N=40,139) scoring for symptoms of severe depression.

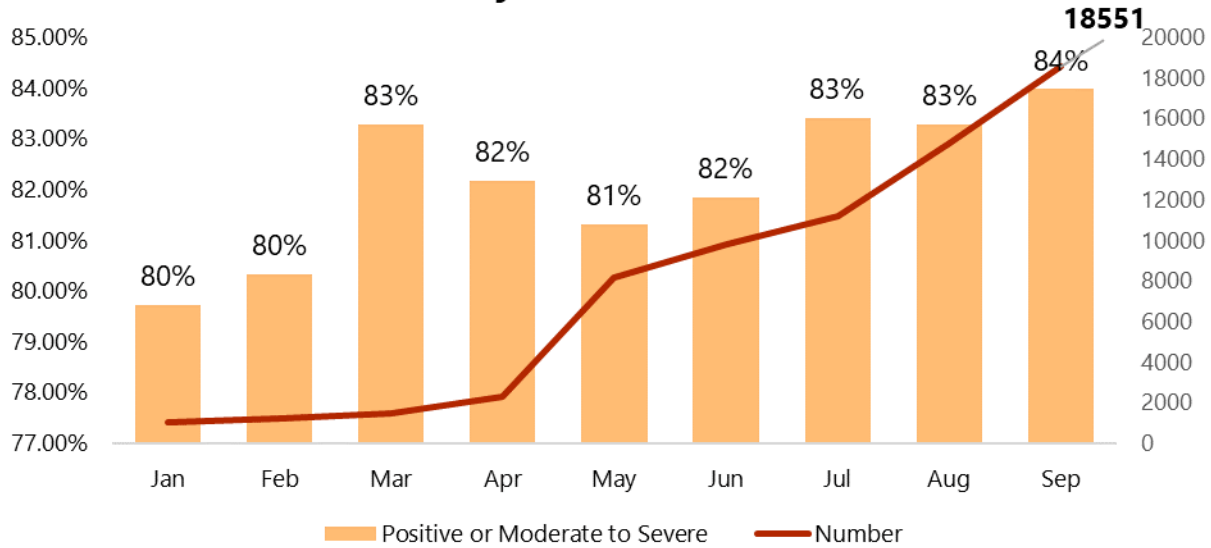
Anxiety and Depression Highest for Youth

Throughout the COVID-19 pandemic, youth ages 11-17 were more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.

| Age | Number Scoring Moderate to Severe Anxiety: January-September 2020 | Percent Scoring Moderate to Severe Anxiety: January-September 2020 | Number Scoring Moderate to Severe Depression: January-September 2020 | Percent Scoring Moderate to Severe Depression: January-September 2020 |
|-------|---|--|--|---|
| 11-17 | 68,584 | 82.88% | 140,988 | 90.20% |
| 18-24 | 62,657 | 79.72% | 122,253 | 86.39% |
| 25-34 | 32,284 | 75.86% | 58,991 | 79.17% |
| 35-44 | 12,841 | 72.45% | 21,808 | 74.18% |
| 45-54 | 6,381 | 68.72% | 10,740 | 70.72% |
| 55-64 | 3,257 | 61.70% | 5,953 | 65.53% |
| 65+ | 1,149 | 56.57% | 2,183 | 60.19% |

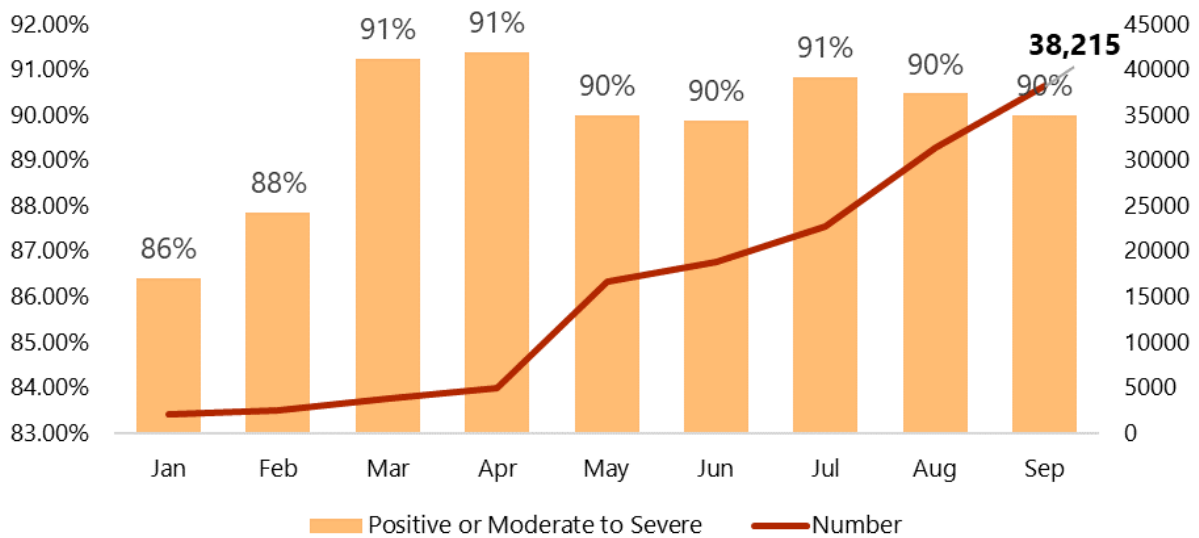
From March to September 2020, over 80 percent of 11-17-year-olds who took an anxiety screen scored for moderate to severe anxiety. In September 2020, 84 percent of 11-17-year-olds scored for moderate to severe anxiety, totaling 18,551 youth.

Over 8 in 10 Youth Screening Moderate to Severe Anxiety Since March 2020



From March to September 2020, at least 90 percent of 11-17-year-olds who took a depression screen scored for moderate to severe depression. In September 2020, 90 percent of 11-17-year-olds scored for moderate to severe depression, totaling 38,215 youth.

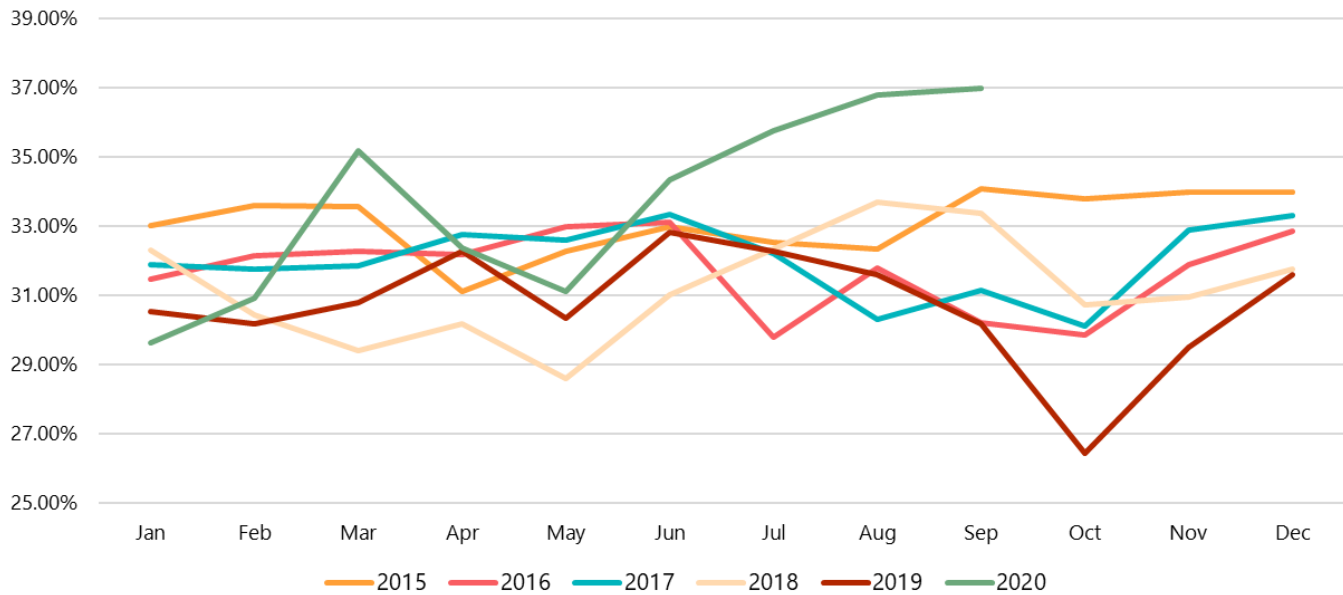
Over 9 in 10 Youth Screening Moderate to Severe Depression Since March 2020



Suicidal Ideation

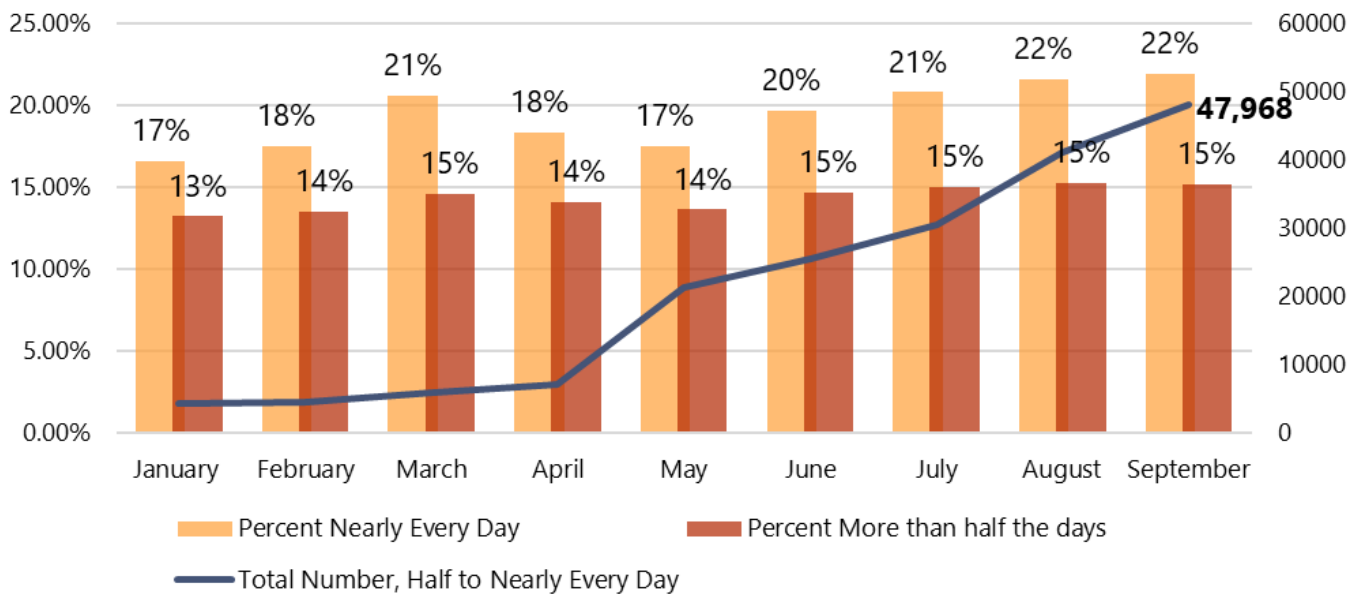
Question 9 of the PHQ-9 screen asks, "Over the last two weeks, how often have you been bothered thoughts that you would be better off dead, or of hurting yourself?" In 2020, the number and rate of people reporting frequent suicidal ideation has reached the highest level ever recorded in the MHA screening population.

Percentage Reporting Suicidal Ideation More Than Half or Nearly Every Day 2015-2020



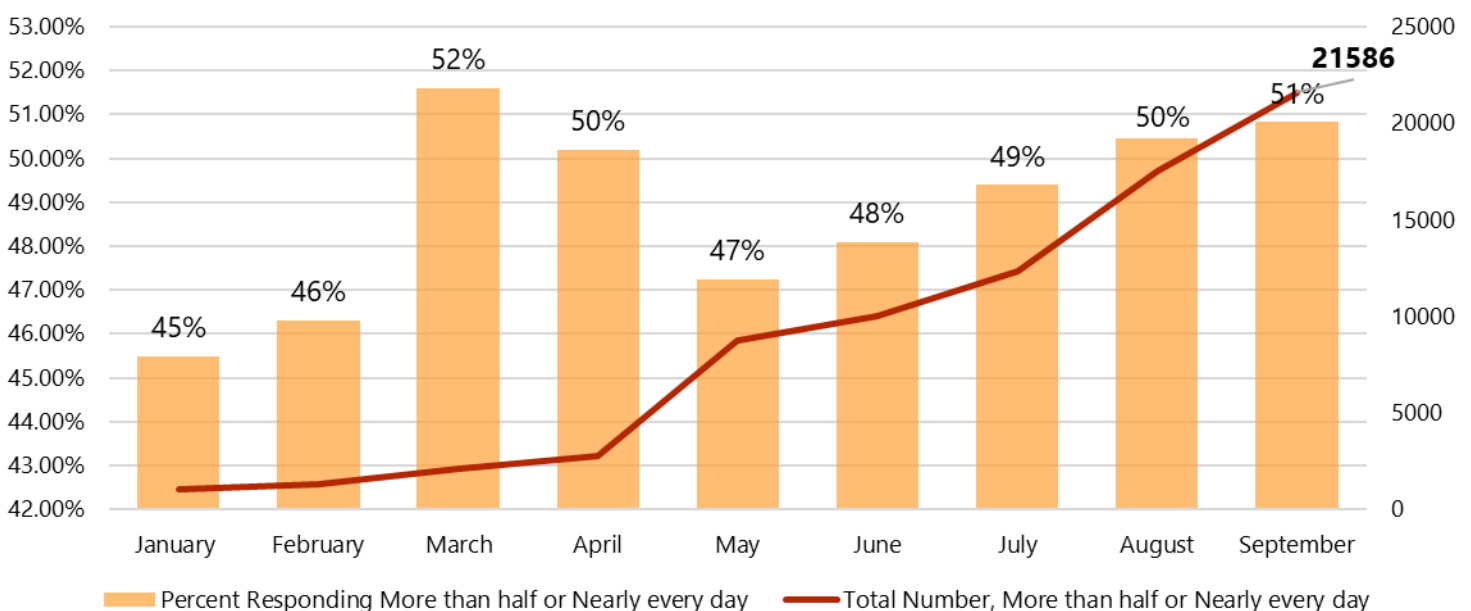
In September 2020, 37 percent (N=47,968) of people who screened for depression indicated that they experienced suicidal ideation more than half or nearly every day of the previous two weeks. 22 percent (N=28,356) indicated that they experienced thoughts of suicide or self-harm nearly every day. Since the COVID-19 pandemic began to spread rapidly in March 2020, over 178,000 people have reported frequent suicidal ideation on the PHQ-9.

Thoughts of Suicide or Self-Harm More than Half or Nearly Every Day, Jan-Sep 2020



As with rates of anxiety and depression, youth ages 11-17 report the highest rates of suicidal ideation of any age group. In September 2020, 51% (N=21,586) of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks. From January to September 2020, 77,470 youth reported experiencing frequent suicidal ideation, including 75,107 since the beginning of the pandemic in March.

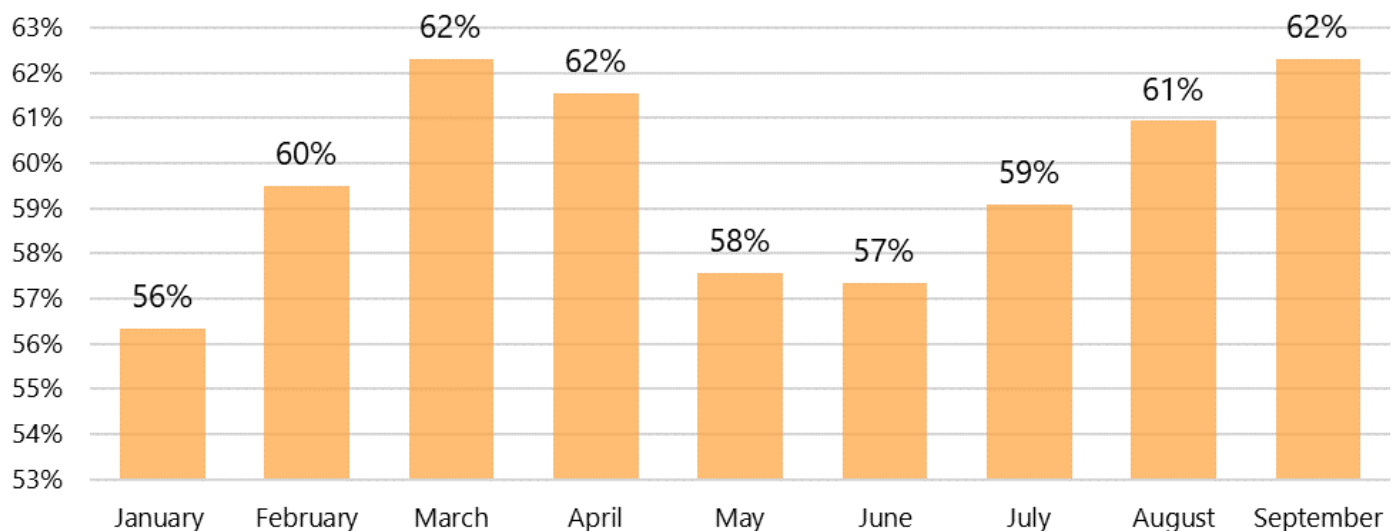
Thoughts of Suicide or Self-Harm More than Half or Nearly Every Day Among Youth Ages 11-17, Jan-Sep 2020



Suicidal ideation is also higher among people who identify as LGBTQ+, especially LGBTQ+ youth. In September 2020, 55 percent (N=11,865) of LGBTQ+ individuals reported frequent suicidal ideation, and 62 percent (N=7,988) of youth ages 11-17 who identified as LGBTQ+ reported suicidal ideation more than half the days or nearly every day. From January to September 2020, 27,980 LGBTQ+ youth reported experiencing frequent suicidal ideation.

| All LGBTQ+ Respondents | 2019 Average | Jan 2020 | Feb 2020 | Mar 2020 | Apr 2020 | May 2020 | June 2020 | Jul 2020 | Aug 2020 | Sep 2020 |
|--|----------------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Percent Reporting Frequent Suicidal Ideation | 49% (N=15,586) | 48% (781) | 51% (901) | 52% (1,218) | 52% (1,745) | 48% (4,822) | 48% (5,622) | 52% (7,058) | 53% (9,657) | 55% (11,865) |

Suicidal Ideation More than Half or Nearly Every Day Among LGBTQ+ Youth, Jan-Sep 2020



Main Concerns of People Screening Positive for Mental Health Conditions

In April 2020, MHA added the question, “Think about your mental health test. What are the main things contributing to your mental health problems right now? Choose up to three.”

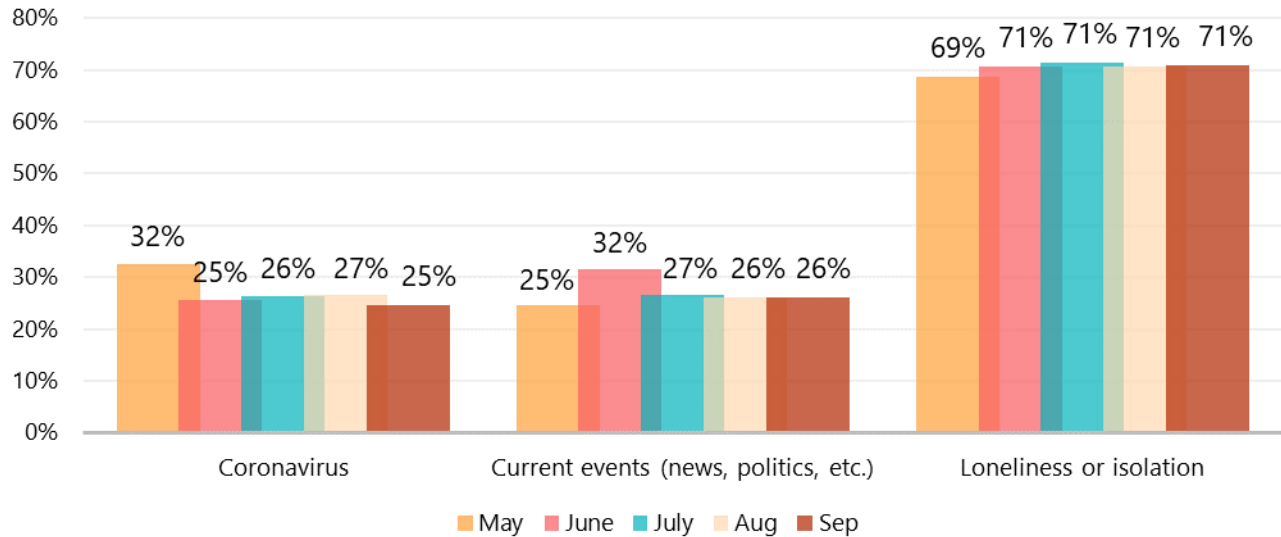
From April to September 2020, among people who screened with moderate to severe symptoms of anxiety or depression, 70 percent reported that one of the top three things contributing to their mental health concerns was loneliness or isolation. This was followed by 46 percent reporting past trauma and 43 percent reporting relationship problems. 27 percent of people who scored with moderate to severe symptoms of anxiety or depression reported coronavirus as one of the top three things affecting their mental health, and 27 percent reported current events, including news and politics.

| Think about your mental health test. What are the main things contributing to your mental health problems right now? Choose up to 3. | Count, Individuals with Moderate to Severe Anxiety or Depression, Apr-Sep 2020 | Percentage, Individuals with Moderate to Severe Anxiety or Depression, Apr-Sep 2020 |
|---|--|---|
| Coronavirus | 133259 | 26.97% |
| Current events (news, politics, etc.) | 132338 | 26.79% |
| Financial Problems | 118235 | 23.93% |
| Loneliness or isolation | 348190 | 70.47% |
| Grief or loss of someone or something | 130101 | 26.33% |
| Past trauma | 228184 | 46.18% |
| Relationship problems | 210251 | 42.56% |
| Racism | 31345 | 7.65%* |
| Grand Total | 494066 | |

*Racism was not added as an option until June 16, 2020. Percentage is reported from the total responses from June 16-September 2020 (N=409,678)

However, the main concerns among individuals who screened with moderate to severe symptoms of depression and anxiety have changed over time. The percentage of people reporting loneliness or isolation as one of the three things contributing to their mental health problems increased 2 percent from May to June 2020 and has remained at 71 percent through September (N=92,142). 32 percent of people selected coronavirus as one of their top three concerns in May 2020, but as increased media attention, awareness and protests began in response to racial injustice and police brutality in June, there was a 7 percent increase in people reporting current events as one of their three main concerns, mirrored by a 7 percent decrease in those reporting coronavirus. In September, 26 percent (N=34,109) reported current events, and 25 percent (N=31,979) reported coronavirus as one of their top three concerns.

Changes in Top Three Mental Health Concerns May-September 2020



| Think about your mental health test. What are the main things contributing to your mental health problems right now? Choose up to 3. | Percentage, Individuals with Moderate to Severe Anxiety or Depression, May | Percentage, Individuals with Moderate to Severe Anxiety or Depression, June | Percentage, Individuals with Moderate to Severe Anxiety or Depression, July | Percentage, Individuals with Moderate to Severe Anxiety or Depression, August | Percentage, Individuals with Moderate to Severe Anxiety or Depression, September |
|---|--|---|---|---|--|
| Coronavirus | 32.45% | 25.50% | 26.24% | 26.64% | 24.53% |
| Current events (news, politics, etc.) | 24.53% | 31.56% | 26.58% | 26.02% | 26.17% |
| Financial Problems | 23.19% | 23.64% | 24.27% | 24.79% | 23.46% |
| Loneliness or isolation | 68.81% | 70.70% | 71.35% | 70.77% | 70.69% |
| Grief or loss of someone or something | 26.63% | 25.88% | 26.22% | 26.64% | 26.27% |
| Past trauma | 46.70% | 45.55% | 46.65% | 46.56% | 45.58% |
| Relationship problems | 43.17% | 42.74% | 42.77% | 42.61% | 42.05% |

Disproportionate Impact of Mental Health Concerns Among BIPOC Communities

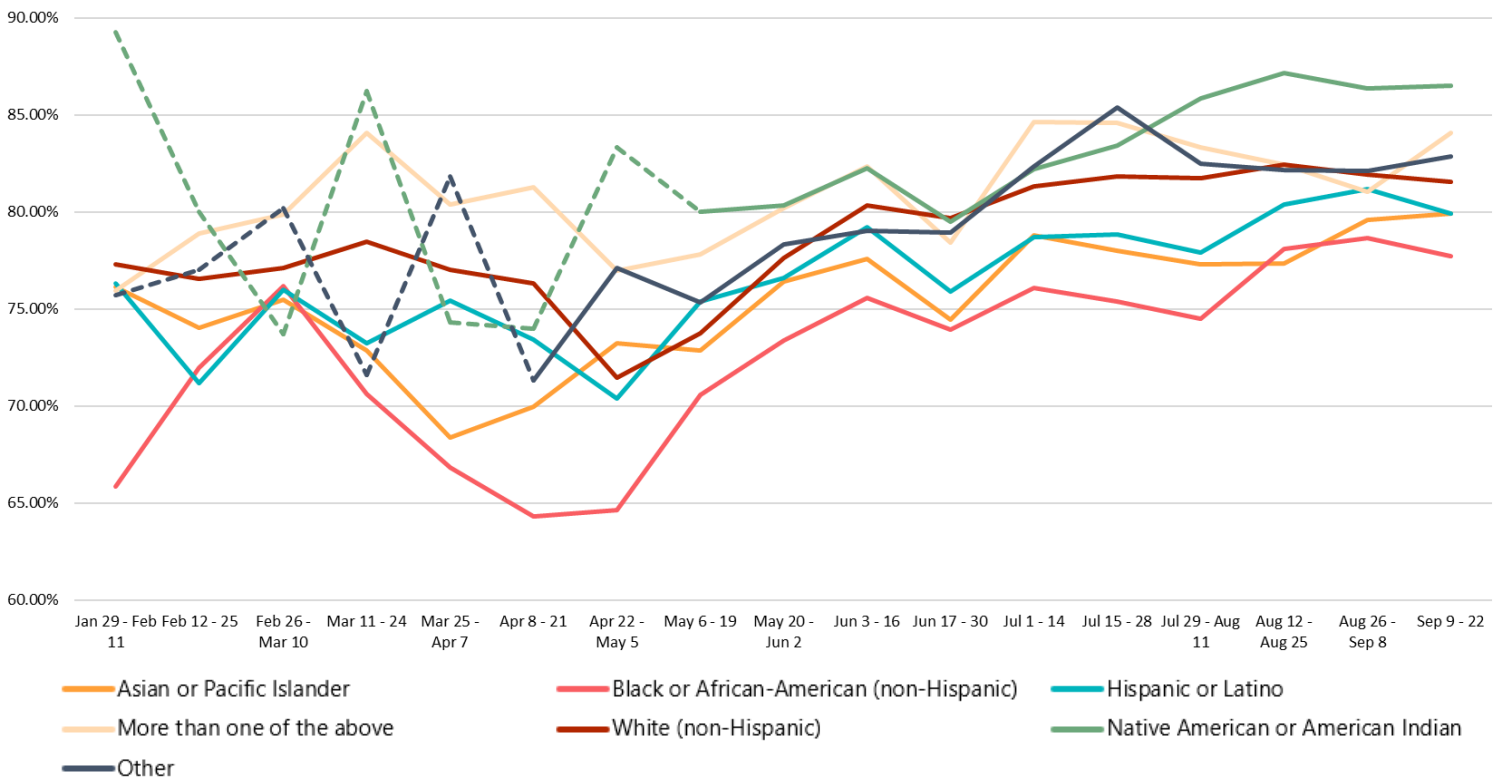
The COVID-19 pandemic and the secondary impacts of the pandemic such as effects on food, housing and economic security have had a disproportionate impact on black, indigenous, and other communities of color. These in turn can create larger impacts on the mental health of individuals within these communities. To better understand existing unmet needs, inequities in care, and the disproportionate impact of COVID-19 on the mental health of traditionally underserved populations, MHA conducted an analysis of the 579,793 screens for anxiety and depression where race/ethnicity was reported from January 1st to September 22, 2020. For more detailed data tables accompanying each chart, [click here](#).

Anxiety

For nearly all racial/ethnic groups, rates of moderate to severe anxiety increased during the last few days of February 2020 and into the beginning of March, as people became more aware of the pandemic and its spread into the United States. All racial/ethnic groups also experienced an increase in the rate of moderate to severe anxiety from the first weeks of May into the first weeks of June.

The September average for moderate to severe anxiety was higher than the monthly average for May-August for nearly every racial/ethnic group (excluding screeners who identified as more than one race and screeners who identified as another race, whose July averages were higher, and White screeners, whose August average was higher). Native American or American Indian screeners had the highest rate of anxiety in August and September, with 87% scoring with moderate to severe anxiety. However, Black or African American screeners had the highest average percent change over time for anxiety, at 0.74 percent, followed by screeners who identified with more than one race at 0.51 percent. From February to September, the average rate of moderate to severe anxiety among Black or African American screeners increased from 70 percent to 78 percent.

Percent Scoring Moderate to Severe Anxiety (GAD-7)

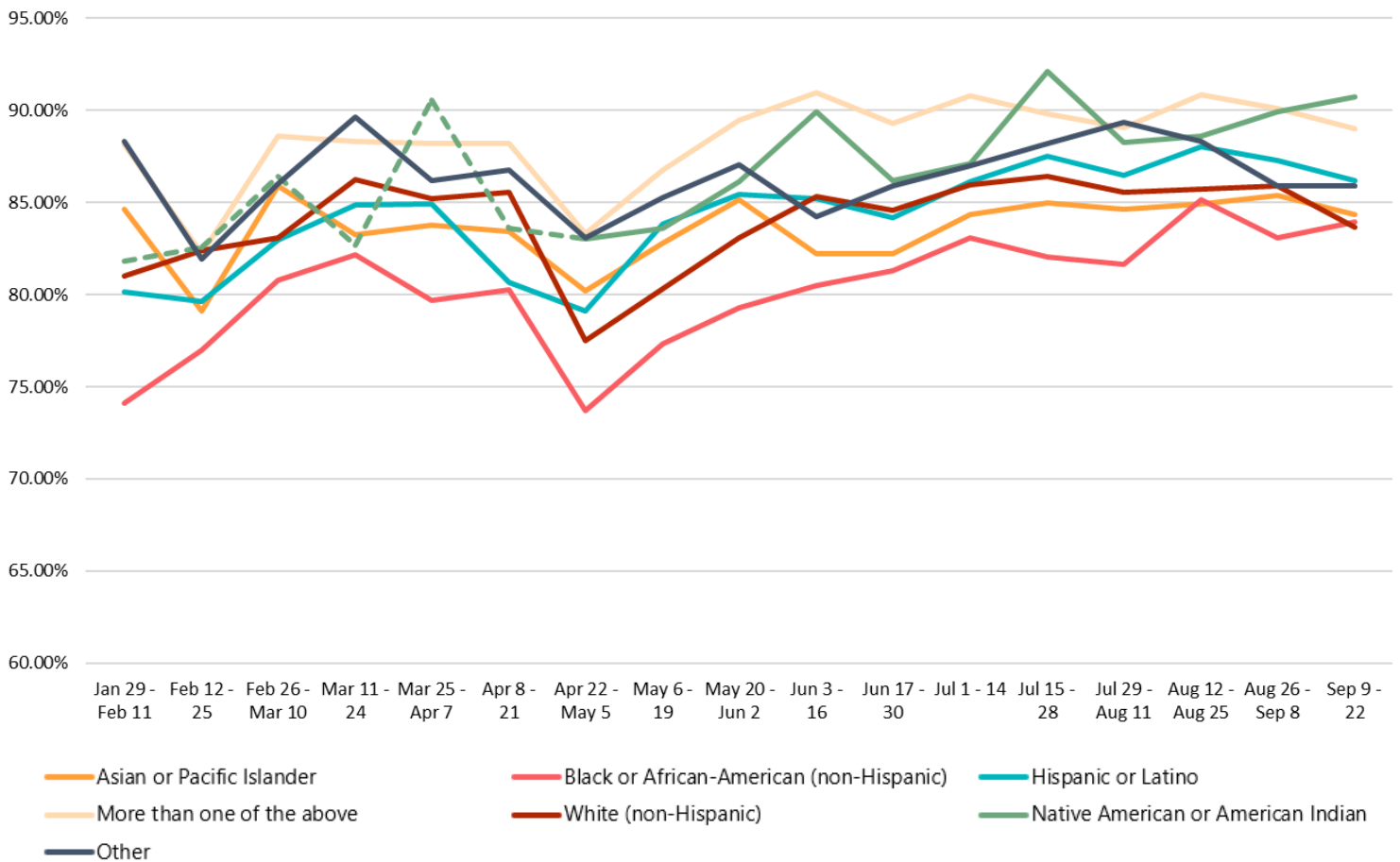


*Dotted line to represent where N < 100 people.

Depression

The September average for moderate to severe depression among Black or African American and Native American or American Indian screeners was higher than the monthly average for August 2020 (September averages were lower than August for every other race/ethnicity). Native American or American Indian screeners and screeners who identify with more than one race have the highest overall rates of depression, with 90 percent of screeners scoring with moderate to severe symptoms of depression in August and September. However, Black or African American screeners had the highest average percent change over time for depression at 0.62 percent, followed by Native American or American Indian screeners at 0.56 percent and Hispanic or Latino screeners at 0.38 percent. From February to September, the percentage of Black or African American screeners scoring with symptoms of moderate to severe depression increased from 77 percent to 84 percent.

Percent Scoring Moderate to Severe Depression (PHQ-9)



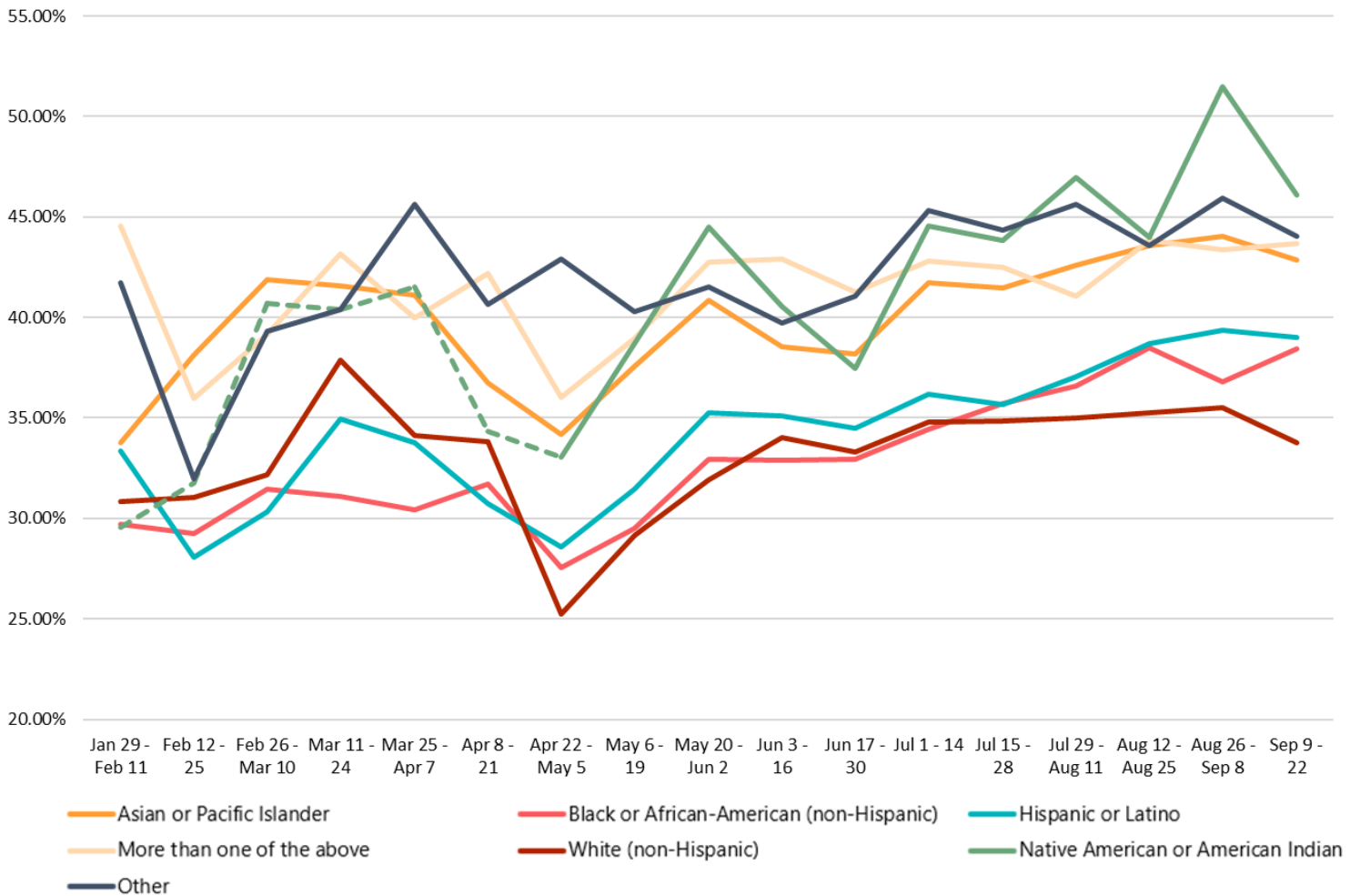
*Dotted line to represent where N < 100 people.

Suicidal Ideation

The September average for suicidal ideation was higher than the May-August averages, as well as the 2019 average for nearly every racial/ethnic group (excluding Asian or Pacific Islander and White screeners, whose August averages were higher). Since the end of May 2020, nearly every racial/ethnic group has been experiencing consistently higher rates of suicidal ideation than the 2019 average (excluding Native American or American Indian screeners and screeners who identified as another race/ethnicity, who experienced consistently higher rates of suicidal ideation than the 2019 average beginning in July).

Native American or American Indian screeners had the highest average percent change over time for suicidal ideation at 1.03 percent, followed by Asian or Pacific Islander screeners at 0.57 percent and Black or African American screeners at 0.55 percent. From February to September, rates of frequent suicidal ideation among Native American or American Indian screeners increased from 29 percent to 47 percent, although sample sizes of Native American or American Indian screeners were low until April. From February to September, the percentage of Asian or Pacific Islander screeners reporting suicidal ideation more than half or nearly every day increased from 36 percent to 43 percent, and among Black or African American screeners increased from 29 percent to 38 percent.

Percent Reporting "Thoughts that you would be better off dead, or of hurting yourself" More Than Half or Nearly Every Day (PHQ-9)



*Dotted line to represent where N < 100 people.

MHA will continue to report on real time analyses of data collected from MHA Screening on [our website](#).

For more detailed information on the above analyses, and for more resources related to COVID-19, visit:

- [Mental Health and COVID-19 Information and Resources](#): A compilation of resources and information to aid individuals and communities during the COVID-19 pandemic, including crisis resources, information for people with existing mental health conditions and resources for specific populations such as parents, caregivers, LGBTQ+ individuals, and older adults, among others.
- [Mental Health Information and Resources for Frontline Workers](#): A compilation of resources on mental health during COVID-19 specifically created for frontline workers.
- [MHA Center for Research and Innovation](#): to learn more about the MHA Screening Program and access other research and reports published using screening data, including rapid analyses of COVID-19 data.
- [MHA News](#): to access MHA Press Releases, including monthly analyses of screening data during COVID-19.
- [Screening 2 Supports](#): an interactive online space providing resources and supports for individuals to better their mental health in four domains: information and psychoeducation (“Learn”); information about treatment options and referrals to care (“Treatment”); do-it-yourself tools (“DIY”); and online engagement with peers (“Connect”).
- [MHA Screening Tools](#): a collection of ten clinically validated screening tools for individuals to check on their mental health. [Click here](#) to take a screen.