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**The Council of the City of New York**

Briefing Paper of the Human Services Division

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**Oversight: The Mental Health Impact of COVID-19 on Women as Caregivers**

1. **Introduction**

 On October 8, 2021, the Committee on Women and Gender Equity, chaired by Council Member Darma Diaz, jointly with the Committee Mental Health, Disabilities, and Addiction, chaired by Council Member Farah Louis, will hold a hearing entitled “Oversight: The Mental Health Impact of COVID-19 on Women as Caregivers.” **[[1]](#footnote-1)** Among those invited to testify are representatives from the New York City Commission on Gender Equity (CGE), the Department of Health and Mental Hygiene (DOHMH), and other interested parties.

1. **Background**
	1. *Impact of COVID-19 on Women and Gender Equity*

While the COVID-19 pandemic and its economic fallout has had a global impact, gender- and racial-based disparities that existed before the pandemic have been magnified.[[2]](#footnote-2) Prior to the pandemic, women’s labor force participation had risen both absolutely and relative to that of men, and for the first time, women held the majority of nonfarm payroll jobs in December 2019.[[3]](#footnote-3) However, since the declaration of the COVID-19 national emergency in March 2020, women have borne the brunt of job loss.[[4]](#footnote-4) This is because (1) Women,[[5]](#footnote-5) particularly women of color,[[6]](#footnote-6) are more likely to be employed in jobs that require in-person work;[[7]](#footnote-7) (2) Women, especially women of color, disproportionately work in low-wage service occupations,[[8]](#footnote-8) which suffered the steepest decline in employment and experienced the most persistent losses during the pandemic;[[9]](#footnote-9) and (3) Caregiving responsibilities fall disproportionately to women.[[10]](#footnote-10)

Longstanding structural inequities, sustained by racism, sexism, and other forms of bias, have created barriers that make it difficult for many people of color to secure jobs with a living wage and opportunity for advancement; access quality, timely, and responsive healthcare; and reside in communities that promote and support healthy lives.[[11]](#footnote-11) Women of color face additional challenges: society often devalues their work and deprioritizes their needs, leaving them without helpful supports.[[12]](#footnote-12) Yet, women of color are critical to the economic stability of their families: a Center for American Progress analysis of 2018 data from the Current Population Survey found that 67.5 percent of Black mothers and 41.4 percent of Latina mothers were the primary or sole breadwinners for their families, compared with 37 percent of white mothers.[[13]](#footnote-13) Furthermore, mothers in lower-income families, who are disproportionately women of color,[[14]](#footnote-14) are much more likely to be breadwinners than mothers in higher-income families: in 2018, an estimated 70 percent of mothers in families in the lowest income quintile were primary or sole breadwinners, compared with 31 percent of mothers in families in the top income quintile.[[15]](#footnote-15)

Recent U.S. Bureau of Labor Statistics data show that while many women of color work in essential jobs, they also disproportionately work in several of the industries hardest hit by job losses due to the pandemic, including the accommodations and food services industry and the health care and social assistance industry.[[16]](#footnote-16) Women account for 53.8 percent of workers in the accommodations and food services industry and 80 percent of workers in the health and social assistance industry.[[17]](#footnote-17) Another U.S. Bureau of Labor Statistics survey found that women of color comprise a disproportionate share of workers in both industries, 24.3 percent and 30.3 percent, respectively.[[18]](#footnote-18) A Center for American Progress analysis of occupational data disaggregated by race and gender shows that women of color disproportionately work as maids and housekeeping cleaners, nursing assistants, personal care aides, and home health aides.[[19]](#footnote-19) An estimated 60.3 percent of maids and housekeepers, 50.3 percent of nursing assistants, and 45.7 percent of personal care aides are women of color.[[20]](#footnote-20)

According to data from the Kaiser Family Foundation (KFF) Women’s Health Survey, which was conducted November and December 2020, eight percent of women reported quitting their job for a reason related to COVID-19.[[21]](#footnote-21) Women who are younger, Black or Hispanic, uninsured, low-income, and have less than a Bachelor’s degree were more likely to quit their job for a reason related to COVID-19.[[22]](#footnote-22) Forty-six percent of women reported that they were working in a location outside their home during the pandemic, which was more common among women who are younger, have lower educational attainment, and report lower incomes.[[23]](#footnote-23) Forty-eight percent of women who have quit their job for a reason related to COVID-19 said they did so because they did not feel safe at their workplace due to COVID-19 risk.[[24]](#footnote-24)

Since caregiving responsibilities fall disproportionately to mothers, women are more likely to take time out of the workforce, scale back their hours, or postpone advancement opportunities.[[25]](#footnote-25) Per the KFF Women’s Health Survey, 30 percent of women quit their job due to COVID-19 because their child’s school or daycare was closed, while 23 percent quit because they live with someone at elevated risk for COVID-19 complications.[[26]](#footnote-26) A larger share of women with Medicaid compared to women with private insurance, and a larger share of low-income women compared to women with incomes ≥ 200 percent of the federal poverty level, said they had to quit their job because their child’s school or daycare was closed, leaving the most disadvantaged with a loss of income.[[27]](#footnote-27)

With schools closed for in-person instruction during the 2020-2021 school year, mothers took on many new responsibilities, including even more childcare, assisting with remote learning and, in some cases, shifting to homeschooling.[[28]](#footnote-28) The spread of the more contagious Delta variant, which has driven pediatric COVID-19 cases to record highs,[[29]](#footnote-29) once again threatens the closure of school buildings.[[30]](#footnote-30) Among single mothers, the share of women who report leaving a job was 17 percent, compared to 9 percent for those who are married or have partners.[[31]](#footnote-31) Here, it is important to note that in 2018, households headed by Black women constituted 41.2 percent of Black family households, and households headed by Hispanic women constituted 24.4 percent of Hispanic family households.[[32]](#footnote-32) In contrast, white women headed only 12.7 percent of white family households, and Asian women headed 11.7 percent of Asian family households.[[33]](#footnote-33)

Women have also reported that they are more likely than men to have to take time off work, due to quarantining or school closures: 35 percent say they took unpaid sick leave when they contracted COVID-19 or were quarantining, and 46 percent of women did so when their child’s school or daycare was closed due to COVID-19.[[34]](#footnote-34) Moreover, most working mothers who are low-income or have part-time jobs did not get paid when they took time off due to school closures last year.[[35]](#footnote-35)

Prior to the pandemic, 14 percent of women, compared to 9 percent of men, said they were caring for a family member who needed special assistance during the pandemic and, due to the pandemic, 12 percent of women, compared to 8 percent of men, reported new caregiving responsibilities.[[36]](#footnote-36) Further, 16 percent of women who have a child younger than 18 in their household, compared to 10 percent of women without children under 18, reported taking on new or additional responsibilities caring for family members because of the pandemic.[[37]](#footnote-37)

Family caregiving disproportionately affects women of color: 18 percent of Black women report caring for someone who needed special assistance prior to the pandemic, compared to 12 percent of white women.[[38]](#footnote-38) Meanwhile, 18 percent of Hispanic women said they have had to take on new caregiving responsibilities since the pandemic started, and nine percent of Hispanic women said they have had to take time off work because they were caring for a family member quarantining from or sick with COVID-19.[[39]](#footnote-39)

* 1. *The Mental Health Impact of COVID-19 on Women*

The above-mentioned impact on women has also created a significant mental health impact for women. A 2021 University of Chicago Medicine (UCM) study discovered that early in the COVID-19 pandemic, U.S. women experienced “increased incidence of health related socioeconomic risks (HRSRs) such as food and housing insecurity and interpersonal violence,” as well as “alarmingly high rates” of mental health problems including depression and anxiety.[[40]](#footnote-40) The UCM survey of 3,200 women found 40 percent of the participants reported experiencing at least one HRSR, which was a significant increase over the 22 percent who had reported experiencing one to two HRSR’s within the year before the pandemic.[[41]](#footnote-41) Additionally, researchers found the situation had dramatically worsened among the 29 percent of women who had not previously reported experiencing any pre-pandemic HRSRs.[[42]](#footnote-42) By the end of the survey researchers found it to be both “incredible and concerning that nearly half of women—including more than a quarter of those who had reported no health related socioeconomic risks—had experienced incidence of violence or worsening socioeconomic conditions.”[[43]](#footnote-43) Significantly, 29 percent of the women surveyed reported symptoms of depression and anxiety—nearly twice the pre-pandemic rate, and one in six women screened positive for post-traumatic stress.[[44]](#footnote-44)

Similarly, a KFF 2021 survey[[45]](#footnote-45) found younger adults and women, including mothers with children under 18 years old living in their households, most likely to report that stress and worry related to the COVID-19 pandemic have had a negative impact on their mental health.[[46]](#footnote-46) Despite an uptick in U.S. vaccinations, the ongoing impacts of COVID-19, including loss of loved ones, economic downturns, increased substance use disorders, and ongoing work and school closures, continue to negatively impact women’s mental health.[[47]](#footnote-47) More than half of the women surveyed (55 percent) reported COVID-19 had a negative impact on their mental health as compared to about 4 in 10 men (38 percent).[[48]](#footnote-48) Nearly 7 in 10 women between the ages of 18 and 29 (69 percent) report worry about COVID’s negative impact on their mental health, and 53 percent of women report being worried that a family member will get sick from coronavirus.[[49]](#footnote-49)

Compounding the mental health impact is that access to mental health care reportedly declined during the pandemic.[[50]](#footnote-50) According to KFF,[[51]](#footnote-51) many adults who reported worsened mental health due the pandemic also reported forgoing mental health treatment:

* About one third (32%) of those who reported a negative impact on their mental health (representing 15% of all adults) say there was a time in the past year where they thought they might need mental health services or medication but did not get them.
* Nearly half of mothers (46%) who report a negative mental health impact due to the pandemic (27% of all mothers) say they did not get mental health care that they needed.
* In addition, about one in five adults under age 50, Black adults, and women say they have experienced worsened mental health due to the pandemic and have not gotten mental health services or medication they thought they might need.”[[52]](#footnote-52)

Lack of access to providers and affordability appear to be among the biggest barriers for those who sought mental health care due to COVID-19 pandemic stressors. Of the one in four adults seeking treatment[[53]](#footnote-53):

* 24percent said they could not find a provider;
* 23 percent said they could not afford the cost;
* 18 percent said they were too busy or could not get time off work;
* 10 percent said their insurance did not cover it; and
* 5 percent were afraid or embarrassed to seek care.

Overall, about one in two Americans—51 percent of the public—reported their mental health has “deteriorated because of the pandemic,”;[[54]](#footnote-54) however, women, “who were already more vulnerable to conditions like depression and anxiety are far more likely to have suffered, with 57 percent of women reporting their mental health has been negatively affected compared to 44 percent of men.”[[55]](#footnote-55) According to a research scientist at Brigham and Women’s Hospital, the pandemic’s disproportionate economic toll, which “has punished women more than men,” has contributed to the mental health gender gap.[[56]](#footnote-56) Women are more likely to have lost work in the COVID recession,” and child care, elder care, and navigating remote schooling are “hitting women harder than men… [which is] a perfect storm for [women’s mental health].” [[57]](#footnote-57) Additionally, Black and Latina women show higher rates of COVID-related mental health problems than white women.[[58]](#footnote-58)

* 1. *City’s Efforts to Address Mental Health Impact on Women and Gender Equity*

New York City does offer some services and programs to address the mental health impact on women, but to date, no major structural changes to ensure widespread mental health access have been enacted.[[59]](#footnote-59)

1. **ThriveNYC[[60]](#footnote-60)**

In 2015, First Lady Chirlane McCray and Mayor Bill de Blasio launched ThriveNYC, which focuses on ensuring that every New Yorker has access to mental health support.[[61]](#footnote-61) In 2019, Mayor de Blasio officially established the Mayor’s Office of ThriveNYC to coordinate ThriveNYC programs, track progress, and support City agencies as they incorporate promoting mental health into their service to New Yorkers.[[62]](#footnote-62) In partnership with 12 city agencies and about 200 non-profits,[[63]](#footnote-63) ThriveNYC has implemented several initiatives to provide new services to vulnerable populations, strengthen crisis prevention and response, intervene early, and further develop the mental health workforce.[[64]](#footnote-64)

While ThriveNYC did not appear to offer programs specifically targeted at women or addressing gender equity, CGE notes two programs that can provide mental services to women.[[65]](#footnote-65) These programs include NYC Well, a free confidential hotline for “anyone seeking help for a variety of mental health or substance abuse issues.”[[66]](#footnote-66) NYC Well is staffed 24 hours a day, 7 days a week by trained mental health professionals who can provide treatment referrals and information about how and where to get medication (methadone and buprenorphine) to treat opioid dependence.[[67]](#footnote-67) Another program referenced by CGE is Mental Health First Aid, a training program that teaches skills relating to identifying, understanding, and responding to signs of mental health and substance abuse challenges and crises.[[68]](#footnote-68)

1. **Mayor’s Office of Community Mental Health**

On April 29, 2021, the Mayor and First Lady announced the opening of the Mayor’s Office of Community Mental Health (OCMH), to build on the foundation of ThriveNYC and to ensure that “mental health for all is a lasting part of City government and a mayoral priority into the future.”[[69]](#footnote-69) OCMH is headed by Susan Herman as the director, formerly the director of ThriveNYC.[[70]](#footnote-70) According to its website, the work of ThriveNYC is being absorbed by and shifted to OCMH emanating from a need for: “collaboration and coordination – with all the city agencies and community-based organizations that serve New Yorkers directly every day… [a] need [for] data and research to identify critical gaps in care, and innovative approaches to close them… [a] need [for] strategic policy guidance to maximize the potential of city government to promote mental health for all New Yorkers.”[[71]](#footnote-71) The stated goals of OCMH include:

* Promote mental health for the youngest New Yorkers;
* Reach people with the highest need;
* Strengthen crisis prevention and response; and
* Eliminate barriers to care.[[72]](#footnote-72)
1. **Programs Run Through Partnerships between OCMH and Other City Agencies**

At the moment, OCMH and other agencies including DOHMH, Health and Hospitals (H+H), Department of Homeless Services (DHS), Administration for Children’s Services (ACS), and the Department of Education (DOE) have several programs that potentially address mental health impacts on women, and families:

* Newborn Home Visiting Program:[[73]](#footnote-73) The Newborn Home Visiting Program is a program run through DOHMH, available for all mothers, regardless of age or immigration status, where a health worker visits a new mother at home to provide breastfeeding support, helps create a safe and nurturing home for the family, discusses any concerns and questions, shares information, and help mothers find services their family might need.[[74]](#footnote-74) Of note, in-person visits of this program have been canceled until further notice due to COVID, but the program is “continuing to support families through phone calls.”[[75]](#footnote-75)
* Newborn Home Visiting Program in Shelters:[[76]](#footnote-76) OCMH has expanded on DOHMH’s Newborn Home Visiting Program to serve families with newborns up to two months of age residing in DHS shelters.[[77]](#footnote-77) Families are offered three visits and one follow-up phone call over the course of eight weeks, during which a trained public health advisor provides health education, depression screenings, and resources to improve child development, secure attachment, bonding, breastfeeding, and safe sleep.[[78]](#footnote-78)
* Early Childhood Mental Health Network:[[79]](#footnote-79) This network aims to provide mental health support for young children and their families.[[80]](#footnote-80) It includes seven early childhood therapeutic centers, open to all New York residents, located throughout the city offer specialized mental health treatment for children from birth to age five and their families, as well as access to family peer advocates and connection to ongoing support.”[[81]](#footnote-81)
* School Mental Health Specialists:[[82]](#footnote-82) DOE mental health specialistswork with 46% of public schools to help school staff as well as parents and caregivers support the healthy social, emotional, and behavioral development of their students and build positive environments.[[83]](#footnote-83) In April, 2021, Mayor de Blasio announced an expansion of access to mental health supports for all school communities, as they “confront and heal the trauma caused by COVID-19.”[[84]](#footnote-84) This expansion will ensure all schools participate in social-emotional screening, and over 600 social workers, psychologists, and family support workers will be hired totaling over 6,000 mental health workers in schools across the city.[[85]](#footnote-85) Additionally, mental health resources and training will be made available to parents through DOE’s Parent University and to early childhood educators.[[86]](#footnote-86)
* Family Counseling:[[87]](#footnote-87) Run through H+H, Family Counseling works with families to improve communication, create better family dynamics, and build stronger relationships within families.[[88]](#footnote-88) H+H provides bilingual-bicultural expert counseling at clinics citywide.
* 3-2-1 Impact:[[89]](#footnote-89) Also run through H+H, the 3-2-1 IMPACT program combines mental health care, women’s health, and pediatrics to ensure new parents have the skills and resources necessary to provide a stable foundation for their children.[[90]](#footnote-90) Routine screenings between pregnant patients and their provider help identify when a family needs additional support with mental health and social needs like food or income.[[91]](#footnote-91) Screenings done with mothers during pregnancy carry into postpartum follow-up and pediatric visits.[[92]](#footnote-92)

In addition to the above mentioned resources, ACS also provides some mental health resources for families, mentioned in their “Coping with COVID” page,[[93]](#footnote-93) and providing resources to prepare families and caregivers for taking care of children if they or their children get sick.[[94]](#footnote-94) Finally, CGE released a report entitled, “Advancing Gender Equity During Crisis,” which highlights existing mental health resources available to women, includes recommendations for improving or expanding services, and reports on COVID’s impact on women, including the mental health impact.[[95]](#footnote-95)

1. **Conclusion**

At today’s hearing, the Committees look forward to hearing from the Administration, providers, community-based organizations, and advocates about the work and plans to address the mental health impacts and burdens that the COVID-19 pandemic has placed on women in New York City.

1. This Committee Report uses the term “women” to inclusively refer to all women, including individuals who are transgender, individuals who are gender non-binary, and anyone who identifies as a “woman” or “caregiver.” Most of the research, studies, and data that the Committees rely upon in this Report, however, use the term “women,” but do not consistently specify which individuals were encompassed by that terminology in their analysis. This Report thus reflects all research, studies, and data exactly as they are reported. [↑](#footnote-ref-1)
2. Arghavan Salles, “COVID has worsened gender disparities, especially for women of color. Here’s what we can do now to turn the tide” Stanford | The Clayman Institute for Gender Research (Jan. 21, 2021), *available at* <https://gender.stanford.edu/news-publications/gender-news/covid-has-worsened-gender-disparities-especially-women-color-heres>; Lily Roberts, “A Real Recovery for Women Cannot Happen Without the Build Back Better Agenda” Center for American Progress (Aug. 12, 2021), *available at* <https://www.americanprogress.org/issues/economy/news/2021/08/12/501680/real-recovery-women-cannot-happen-without-build-back-better-agenda/>. [↑](#footnote-ref-2)
3. Betsey Stevenson, The Initial Impact of COVID-19 on Labor Market Outcomes Across Groups and the Potential for Permanent Scarring, The Hamilton Project (Jul. 2020), *available at* <https://www.hamiltonproject.org/assets/files/Stevenson_LO_FINAL.pdf>. [↑](#footnote-ref-3)
4. *Id.* [↑](#footnote-ref-4)
5. *See* Table 1. Workers who could work at home, did work at home, and were paid for work at home, by selected characteristics, averages for the period 2017-2018, U.S. Bureau of Labor Statistics (last modified Sept. 24, 2019), *available at* <https://www.bls.gov/news.release/flex2.t01.htm>. [↑](#footnote-ref-5)
6. Elise Gould and Heidi Shierholz, “Not everybody can work from home” Economics Policy Institute (Mar. 19, 2020), *available at* <https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/>. [↑](#footnote-ref-6)
7. *Id.* [↑](#footnote-ref-7)
8. Jocelyn Frye, On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color, Center for American Progress (Apr. 23, 2020), *available at* <https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/>. [↑](#footnote-ref-8)
9. Michael Dalton, Jeffrey A. Groen, et al., The K-Shaped Recovery: Examining the Diverging Fortunes of Workers in the Recovery from the COVID-19 Pandemic using Business and Household Survey Microdata, U.S. Bureau of Labor Statistics (Jul. 2021), *available at* <https://www.bls.gov/osmr/research-papers/2021/pdf/ec210020.pdf>. [↑](#footnote-ref-9)
10. *See* “The Simple Truth About the Gender Pay Gap” American Association of University Women (2021 update), *available at* <https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/>. [↑](#footnote-ref-10)
11. Jocelyn Frye, On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color, Center for American Progress (Apr. 23, 2020), *available at* <https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/>. [↑](#footnote-ref-11)
12. *Id.* [↑](#footnote-ref-12)
13. Sarah Jane Glynn, Breadwinning Mothers Continue To Be the U.S. Norm, Center for American Progress (May 10, 2019), *available at* <https://www.americanprogress.org/issues/women/reports/2019/05/10/469739/breadwinning-mothers-continue-u-s-norm/>. [↑](#footnote-ref-13)
14. *See* “Half in Ten Report 2014 – Poverty and Opportunity Profile: Mothers” National Women’s Law Center (2014), *available at* <https://nwlc.org/sites/default/files/pdfs/mothers-poverty-opportunity-profile.pdf>. [↑](#footnote-ref-14)
15. Sarah Jane Glynn, Breadwinning Mothers Continue To Be the U.S. Norm, Center for American Progress (May 10, 2019), *available at* <https://www.americanprogress.org/issues/women/reports/2019/05/10/469739/breadwinning-mothers-continue-u-s-norm/>. [↑](#footnote-ref-15)
16. *See* “Current Employment Statistics – CES (National): Employment and Earnings Table B-5a” U.S. Bureau of Labor Statistics (last modified Sept. 3, 2021), *available at* <https://www.bls.gov/web/empsit/ceseeb5a.htm>. [↑](#footnote-ref-16)
17. *Id.* [↑](#footnote-ref-17)
18. *See* “News Release: Unemployment Insurance Weekly Claims” U.S. Bureau of Labor Statistics (Mar. 26, 2020), available at [https://www.dol.gov/sites/dolgov/ les/OPA/newsreleases/ui-claims/20200510.pdf](https://www.dol.gov/sites/dolgov/%1Fles/OPA/newsreleases/ui-claims/20200510.pdf). [↑](#footnote-ref-18)
19. Jocelyn Frye, On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color, Center for American Progress (Apr. 23, 2020), *available at* <https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/>. [↑](#footnote-ref-19)
20. *Id.* [↑](#footnote-ref-20)
21. Usha Ranji, Brittni Frederiksen, et al., Women, Work, and Family During COVID-19: Findings from the KFF Women’s Health Survey, Kaiser Family Foundation (Mar. 22, 2021), *available at* <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>. [↑](#footnote-ref-21)
22. *Id.* [↑](#footnote-ref-22)
23. *Id.* [↑](#footnote-ref-23)
24. *Id.* [↑](#footnote-ref-24)
25. *Id.* [↑](#footnote-ref-25)
26. *Id.* [↑](#footnote-ref-26)
27. *Id.* [↑](#footnote-ref-27)
28. *Id.* [↑](#footnote-ref-28)
29. Holly Yan, “Every day, hundreds of kids are getting hospitalized with Covid-19. That’s not the only reason to protect kids from Delta, doctors say” CNN (Sept. 15, 2021), *available at* <https://www.cnn.com/2021/09/08/health/delta-variant-in-kids/index.html>. [↑](#footnote-ref-29)
30. Eliza Shapiro, “N.Y.C. lays out safety measures for public schools as Delta variant rises.” New York Times (Aug. 26, 2021; updated Sept. 20, 2021), *available at* <https://www.nytimes.com/2021/08/26/nyregion/new-york-city-schools-reopening.html>. [↑](#footnote-ref-30)
31. Usha Ranji, Brittni Frederiksen, et al., Women, Work, and Family During COVID-19: Findings from the KFF Women’s Health Survey, Kaiser Family Foundation (Mar. 22, 2021), *available at* <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>. [↑](#footnote-ref-31)
32. *See* “POV-14: Primary Families by Householder’s Work Experience and Family Structure” U.S. Census Bureau (n.d.), *available at* <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-14.html>. [↑](#footnote-ref-32)
33. *Id.* [↑](#footnote-ref-33)
34. Usha Ranji, Brittni Frederiksen, et al., Women, Work, and Family During COVID-19: Findings from the KFF Women’s Health Survey, Kaiser Family Foundation (Mar. 22, 2021), *available at* <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>. [↑](#footnote-ref-34)
35. *Id.* [↑](#footnote-ref-35)
36. *Id.* [↑](#footnote-ref-36)
37. *Id.* [↑](#footnote-ref-37)
38. *Id.* [↑](#footnote-ref-38)
39. *Id.* [↑](#footnote-ref-39)
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42. *Id.* [↑](#footnote-ref-42)
43. *Id.* [↑](#footnote-ref-43)
44. *Id.* [↑](#footnote-ref-44)
45. Kaiser Family Foundation (KFF). Mental health Impact of the COVID-19 Pandemic: An Update. April 14, 2021, available at <https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/>. [↑](#footnote-ref-45)
46. *Id.* [↑](#footnote-ref-46)
47. *Id.* [↑](#footnote-ref-47)
48. *Id.* [↑](#footnote-ref-48)
49. *Id.* [↑](#footnote-ref-49)
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56. *Id.* [↑](#footnote-ref-56)
57. *Id.* [↑](#footnote-ref-57)
58. *Id.* [↑](#footnote-ref-58)
59. This will be outlined in the below section. [↑](#footnote-ref-59)
60. On April 29, 2021, Mayor de Blasio announced the opening of the Mayor’s Office of Community Mental Health, which will be discussed later in this paper. Upon the opening of the Office, ThriveNYC is no longer in operation, and many of Thrive’s programs and work have been absorbed and taken over by the Office. See, “A Recovery for All of Us: Mayor de Blasio, First Lady McCray Announce Mental Health for All,” Mayor’s Press Release, April 29, 2021, available at <https://www1.nyc.gov/office-of-the-mayor/news/324-21/recovery-all-us-mayor-de-blasio-first-lady-mccray-mental-health-all>. [↑](#footnote-ref-60)
61. Mayor’s Office of ThriveNYC, “ENHANCING ACCESS TO MENTAL HEALTH SUPPORT FOR EVERY NEW YORKER IN NEED”, last accessed March 30, 2021, Available at: <https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2019/thrivenyc.pdf>. [↑](#footnote-ref-61)
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64. Mayor’s Office of ThriveNYC. [↑](#footnote-ref-64)
65. “Resources,” NYC Commissioner on Gender Equity, available at <https://www1.nyc.gov/site/genderequity/resources/resources.page#mentalhealth>. [↑](#footnote-ref-65)
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67. *Id*. [↑](#footnote-ref-67)
68. *Id*. [↑](#footnote-ref-68)
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73. “Newborn Home Visiting Program,” DOHMH, available at <https://www1.nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page>. [↑](#footnote-ref-73)
74. “Newborn Home Visiting Program,” DOHMH, available at <https://www1.nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page>. [↑](#footnote-ref-74)
75. “Newborn Home Visiting Program,” DOHMH, available at <https://www1.nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page>. [↑](#footnote-ref-75)
76. “Programs,” Website of OCMH, available at <https://mentalhealth.cityofnewyork.us/programs>. [↑](#footnote-ref-76)
77. *Id*. [↑](#footnote-ref-77)
78. *Id*. [↑](#footnote-ref-78)
79. *Id*. [↑](#footnote-ref-79)
80. *Id*. [↑](#footnote-ref-80)
81. *Id*. [↑](#footnote-ref-81)
82. *Id*. [↑](#footnote-ref-82)
83. *Id*. [↑](#footnote-ref-83)
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91. *Id*. [↑](#footnote-ref-91)
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94. ##  “Plan for Your Child in Case You Get Sick,” ACS, available at <https://www1.nyc.gov/site/acs/about/planforyourchild.page>.

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