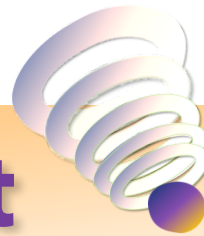


The Point



ABOUT THIS NEWSLETTER

The Point, a tri-annual Newsletter, will share insights from the research conducted at The Psychological Center with the broader CCNY community. We hope to stimulate future collaborations and community feedback. The Point is a work in progress. We welcome your input.

SPECIAL ISSUE

COVID-19: Highlighting Social Inequity

This issue of The Point summarizes data collected by the INTERSECT Lab in the context of COVID-19 across six CUNY campuses from April 8 to May 2, 2020. The findings document levels of psychological distress as well as the interactions between social factors, pandemic-related stressors, and the psychological experiences of CUNY students. This work was only possible because of the support received from senior administrators across these six campuses. Summary data reports have been provided to the participating campuses with the hope that these findings inform College-wide response efforts to support vulnerable students.

When novel coronavirus 2019 began spreading in the United States, various news outlets deemed it the “great equalizer.” On a scientific level the virus itself does not discriminate, however, COVID-19’s rapid spread throughout large swaths of society has highlighted the social inequities entrenched within American life and institutions. A history of discriminatory policies has left entire urban populations with inadequate resources, low access to healthcare, and greater economic insecurity. These realities, and many others, have contributed to disproportionate rates of COVID-19 infection, mortality, and related psychological distress among marginalized persons.

The current pandemic is another example of the functions of privilege. Research conducted in the aftermath of previous national disasters has shown that those with the fewest resources are hit hardest with the largest stressors and in addition, recover the slowest. This leads to higher

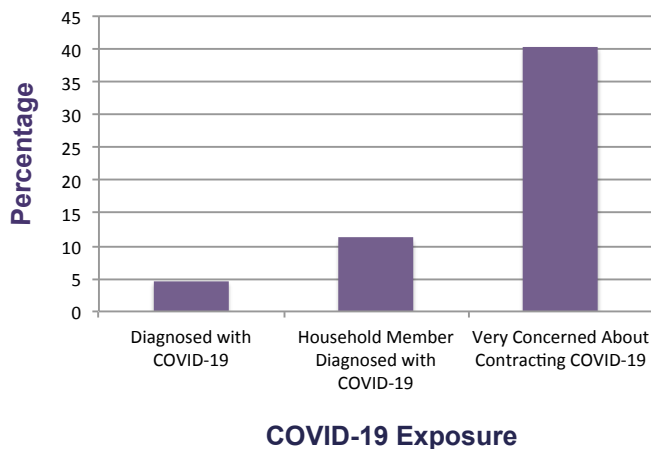
rates of depression, anxiety, and post-traumatic stress symptoms.

As faculty, students, and clinicians affiliated with the largest public university system in the country, we seek to examine the current state of our community. The City University of New York (CUNY) system serves as an important site to understand the ways in which the stress of the pandemic interacts with societal factors. Forty-two percent of the CUNY undergraduate population reports household incomes of <\$20,000, and our data highlights the importance of education and income levels on the psychological impact of COVID-19 (Chellman & Truelsch, 2020). This issue will focus on research conducted across CUNY with the aim of understanding the nuanced psychological experiences of CUNY students living in the viral epicenter of New York City.

Chellman, C. & Truelsch, S. (2017) The State of CUNY 2017: Where We Have Been, Where We Are At, Where We Are Going. Presentation. City University of New York Office of Institutional Research and Assessment.

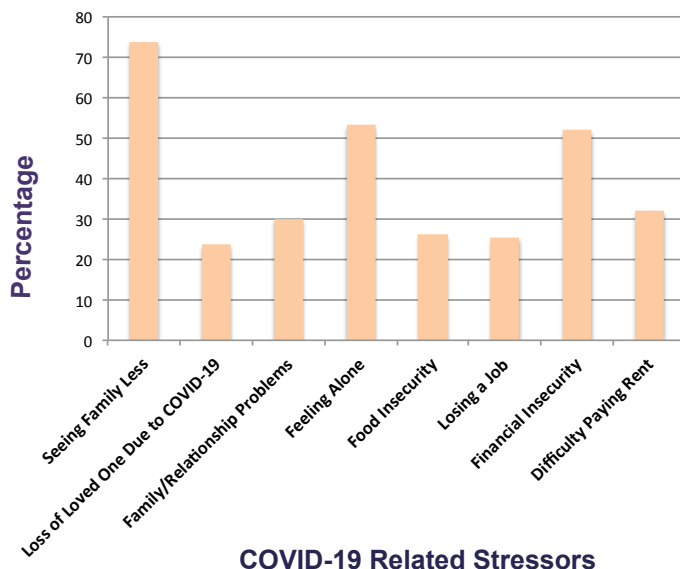


Exposure to COVID-19 in the CUNY Community



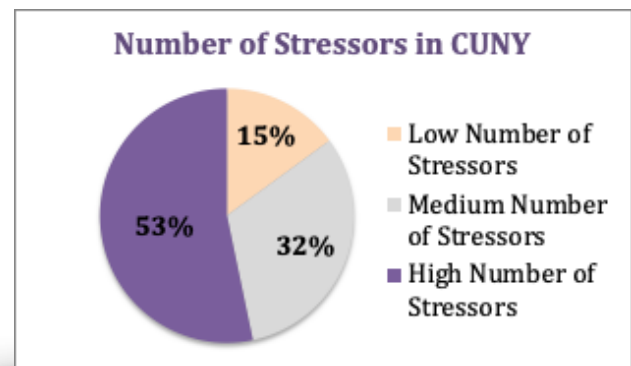
As of May 2020, 11.2% of respondents reported having a household member who was diagnosed with COVID-19. 40.3% of respondents were very concerned about contracting the virus. These findings very likely underestimate the current rates of COVID-19 exposure among CUNY students.

COVID-19 Stressors



New pandemic-related stressors affect everything from interpersonal relationships, such as the pain of seeing one's family less often, to the physical necessities of food availability. Nearly twenty-six percent of respondents reported losing their jobs, and 51.9% endorsed experiencing financial problems. For many, the stress of COVID-19 has exaggerated the experience of resource insecurity, which combined with personal and familial factors affects psychological well-being.

Thirty percent of US adults surveyed in a nationally representative study in March 2020 reported experiencing at least 5 COVID-19 related stressors (Ettman et al., 2020). Among CUNY students surveyed, 52.7% reported exposure to 5 or more of these stressors. Addressing the differential exposure to these stressors will reduce the unique psychological burden of COVID-19 among under-resourced individuals.



Ettman C.K., Abdalla S.H.M., Cohen G.H., Sampson L., Vivier P.M., & Galea S. Depression in U.S. adults before and during COVID-19. Under Review.

Understanding Distress: Depression and Anxiety in New York City



Disasters and prolonged crises upend all of our worlds; however, they affect the lives of some more than others, and in ways that serve to exacerbate previous disparities within the population. In

a recent study, we found that the prevalence of clinically significant levels of depression and anxiety (as measured by reliable screening tools) among a sample of students who attend City University of New York was higher than what was found in a nationally representative sample, also assessed during COVID-19. In addition, the rates of moderate and severe levels of anxiety and depression symptoms were increasingly higher in the CUNY community, as compared to the wider country. Why is this occurring and what factors are contributing to such a stark disparity? Not surprisingly, we found a clear relationship between exposure to COVID-19 related

stressors and severity of depression and anxiety symptoms.

While stressors were found to be a determinant of anxiety, reporting less than \$5,000 in household savings also increased the odds of endorsing anxiety symptoms. Given the financial toll of COVID-19 on many, such as sudden unemployment, the importance of savings makes sense. Household savings are both financially and psychologically protective, and as our findings suggest, they mitigate the risk of anxiety symptoms in the context of unknown financial hardship.

These findings highlight some of the obstacles CUNY students are facing. It is likely that psychological distress, financial uncertainty, and competing priorities (i.e. childcare) will alter academic trajectories and achievement. If true, some students' life trajectories will be permanently altered, and such changes may further affect subsequent financial security. Interventions should address current adversity with the aim of supporting long-term achievements and well-being.

Traumatic Symptoms and Our Current Crisis

The current pandemic and its ongoing nature have created an important context in which to understand post-traumatic stress symptoms. Common discourse surrounding PTSD-related symptoms often focuses on the aftermath of potentially traumatic experiences. However, continuous and ever-changing events bring newfound stressors, which may serve to also elicit these symptoms in unique ways.

Seventy-five percent of our participants endorsed at least one post-traumatic stress symptom (PTSS), and 34% of participants endorsed at least 3 symptoms, therefore meeting the clinical cutoff score for post-traumatic stress on a well-established PTS screening tool. Of those who endorsed symptoms, 53.2% endorsed avoidance symptoms. The nature of the COVID-19 crisis and specifically the guidance to avoid public and crowded spaces with the overall goal of avoiding viral exposure may be interacting with potential psychological avoidance. In addition, media coverage about the pandemic is readily available and almost impossible to ignore. It is possible that avoidance symptoms are serving an important adaptive function, where in order to gain any psychological relief, it is necessary to shut out both widely disseminated public information as well as our own constant internal thoughts about the

state of the pandemic. At the same time, there is a wealth of data to suggest continued exposure to media coverage serves as its own form of potential trauma exposure and is associated with greater PTSS. Such findings point to the ways in which the pandemic is contributing to complex psychological experiences, where both exposure and avoidance may be working in tandem to elicit symptoms.

Assets, Resources, and Impact of COVID-19

Wealth and resources are protective against psychological suffering. Many of our analyses have focused on specific manifestations of distress, and how a lack of resources and increased stressors may interact with them. However, we also examined the ways in which *additional* resources may in turn be protecting against these various manifestations of distress. Participants in our sample with household savings of greater than \$5,000, and incomes of \$65,000 (the New York City median income) or above, all reported significantly lower levels of anxiety, depression, and post-traumatic stress symptoms.

Education, too, proved to be specifically important to the manifestation of depression in the context of COVID-19. Participants who reported higher levels of education, no matter their level of reported stress, had overall fewer symptoms of depression. We did not find education to be equally protective against anxiety or post-traumatic stress symptoms. Further exploration is needed to understand why education is protective against symptoms of depression, irrespective of one's exposure

to stressors. One explanation is that education is associated with a myriad psychological coping skills that can mitigate stressors' harmful effects, such as confidence in one's capabilities, increased interests due to educational exposure, and greater potential knowledge about one's own mind.

Many universities and school systems are currently reckoning with how best to move forward. Yet the importance of educational accessibility and achievement emphasizes consequences for both current and future psychological well-being. For example, remote learning has been shown to present unique difficulties to students from under-resourced families and communities. By focusing adequate time and resources to address the ways in which remote learning can be made more accessible, or the ways in which under-resourced students may be prioritized to ensure they feel comfortable with the progression of curricula, such inequities could be potentially addressed and mitigated.



COVID-19 and The Psychological Center: Clinic Data

In addition to our assessments of the wider CUNY community, we also wanted to understand how the individuals who are receiving tele-therapy at The Psychological Center are coping in the context of COVID-19. Briefly, The Psychological Center began offering tele-therapy within weeks of in-person services being terminated by the closure of City College of New York. Patients and therapists who maintained residence in New York State were permitted to begin tele-therapy. The findings summarized below are responses from those patients who have received and/or continue to receive tele-therapy services.

When examining the emotional experiences of our patients, we found that 43.9% reported overall poor/fair emotional health, as opposed to good/very good. Twenty-three percent of patients met the cutoff for moderately severe/severe depression. Fifty-three percent of patients endorsed feeling anxious several days or most days. Twelve percent of our patients endorsed having a chronic illness, such as diabetes, which may further increase the stress and worry regarding contracting coronavirus.

Interestingly, while 19% and 12% of respondents reported an increase in alcohol and marijuana use, respectively, most of the clinic population reported using substances less often than they had before the pandemic started. Increased financial losses and difficulty in being able to afford substances, could be contributing to such outcomes. Additionally, a lack of access could potentially explain such findings.

An important part of understanding our patients' current experiences involves examining their reports on remote therapy. As The Psychological Center's therapists abruptly transitioned to digital clinical work, we were curious how patients have perceived this change. Sixty-five percent reported having consistent sessions twice weekly and 96.5% reported having adequate privacy in their homes for these sessions. Importantly, these data do not capture those patients who were unable to maintain treatment due to regulations pertaining to training clinics that require the patient and therapist physically be in NYS at the time of the session.

As the path forward looks uncertain, and lives have been changed in myriad ways, we applaud the sustained clinical work that our therapists at The Psychological Center have continued to conduct as mental health resources are sparse and the need is high.

The Realities of Our Findings: Who is Most Affected by COVID-19?

The work summarized in this issue demonstrates the significance of resources and wealth in defining current experiences of the pandemic. The everyday realities of urban living for lower income communities in our current context are an important part of the narrative about how and why COVID-19 related stressors and exposure have more greatly affected marginalized populations compared to those who are more affluent.

Unemployment rates are disproportionately high among urban marginalized populations and have increased at a higher rate than other communities. At the same time, many individuals from these

marginalized communities are being forced to work in higher risk conditions, whether as healthcare workers, grocery store clerks, public transportation employees, or a variety of services deemed essential. The option to work remotely, made available to many affluent individuals, has been far less common in lower-income communities.

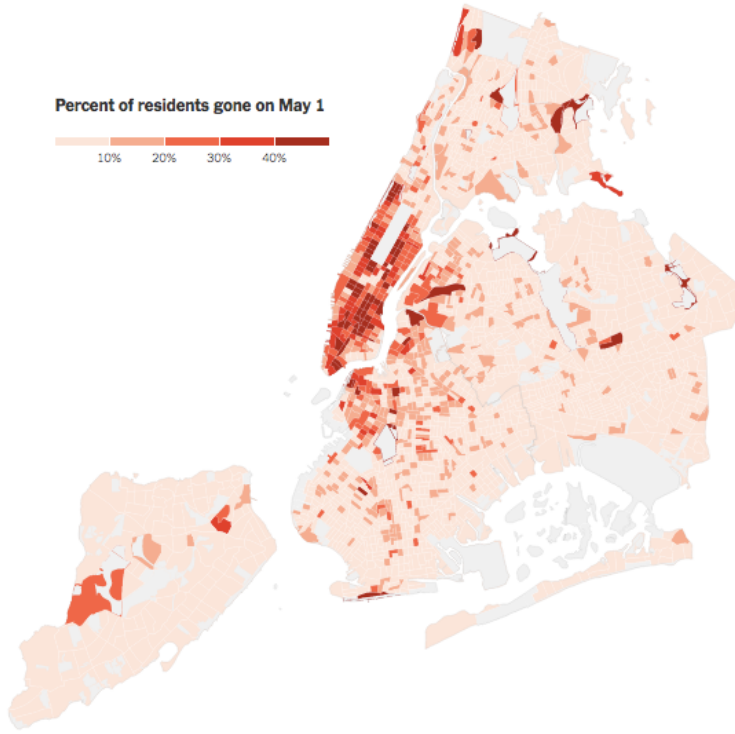


Image by Descartes Lab, May 2020

Similar inequities are apparent when we consider physical and geographical factors. Within public housing structures, there have been reports of long lines waiting to enter a single working elevator that is used by hundreds of people daily. In many more affluent neighborhoods of New York City, however, at least 40% of residents have left their homes, leaving these neighborhoods significantly emptier (Quealy, 2020). The choice to leave the city and gain greater physical space has become closely aligned with the option to flee the effects of the virus itself.

When the disparate rates of infection and mortality between low-income populations and wealthier populations were initially made public, many looked to higher rates of pre-existing conditions and chronic illness in certain communities as explanations for this disparity. Arguments made in response, however, emphasized how this explanation ignored historical root causes, including the abandonment of

and lack of medical care for many urban under-resourced populations. The confines of unemployment, workplace exposure, and density, have proven to be exceedingly catastrophic when combined with the absence of healthcare and treatment, both preventative and responsive. These socio-political realities are at the core of understanding our current health crisis. Population health requires that response and recovery efforts account for them.

Quealy, K. (2020). The Richest Neighborhoods Emptied Out Most as Coronavirus Hit New York City. Retrieved 1 July 2020, from <https://www.nytimes.com/interactive/2020/05/15/upshot/who-left-new-york-coronavirus.html>

Collaborate with us

Please send thoughts, ideas, and contributions to mrudenstine@ccny.cuny.edu
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