

Mental Health VS Covid-19

Final Project Presentation

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INTRODUCTION

During the COVID-19 pandemic, mental health became a pressing public health issue. Many individuals across different age groups and demographics struggled with isolation, anxiety, grief, and economic uncertainty. Government agencies and researchers began collecting data on mental health care access in an attempt to understand who was receiving care, who was being left behind, and how that access changed over time. This project leverages U.S. Census Household Pulse Survey data to explore mental health care access patterns during the pandemic using a custom-built Streamlit dashboard.

MOTIVATION

- I was inspired to pursue this topic because of how mentally draining the pandemic was for everyone and continues to be even years later. In 2025, people are still dealing with the mental aftershocks of COVID-19, and I was curious to see how many people were actually able to access mental health care during the peak of the crisis. I wanted to explore whether age or race influenced who got help and whether any specific groups were disproportionately underserved. This dashboard provides an interactive way to visualize and analyze these patterns over time.

Questions 1

Which age group consistently reported the highest and lowest mental health care access during the pandemic?

Questions 2

Which racial/ethnic group had the lowest average mental health care access?

VISUALIZATION 1

- Young adults (18–29) consistently had highest care access
- Access increased over time across all age groups

Filter Data

Select Grouping

By Age

Select Subgroup(s)

18 - 29 years x

30 - 39 years x

40 - 49 years x

50 - 59 years x

Select Time Period(s)

Apr 14 - Apr 26, 2021 x

Aug 19 - Aug 31, 2020 x

Dec 29, 2021 - Jan 10, 2022 x



Mental Health Care Access During COVID-19

This dashboard explores how mental health care access in the past 4 weeks varied by **state**, **gender**, and **time period** using data from the U.S. Census Household Pulse Survey.




Mental Health Care Access Over Time

Adults Receiving Mental Health Care (Past 4 Weeks)




VISUALIZATION 1


- Older adults (70+) had lowest rates of reported care


 **Filter Data**



Select Grouping


By Age 

Select Subgroup(s)


18 - 29 years 



30 - 39 years 


40 - 49 years  

50 - 59 years 

Select Time Period(s)

Apr 14 - Apr ... 

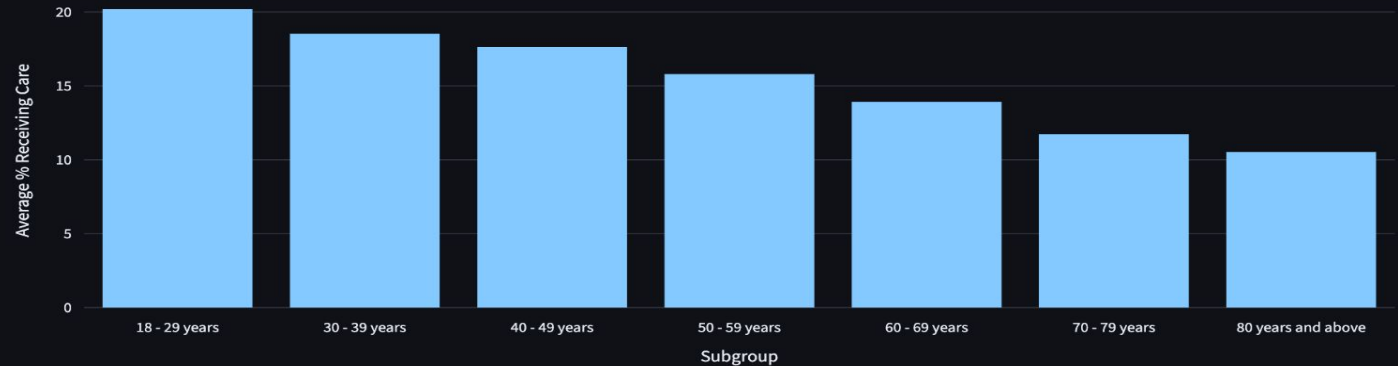
Aug 19 - Aug ...  

Dec 29, 2021... 



Average Mental Health Care Access by Subgroup

Average Mental Health Care Access by Subgroup



Filter Data

Select Grouping

By Race/Hispanic eth... ▾

Select Subgroup(s)

Hispanic or ... ✕

Non-Hispani... ✕

Non-Hispani... ✕

Non-Hispani... ✕

Select Time Period(s)

Nov 11 - Nov... ✕

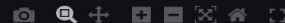
Nov 25 - Dec... ✕

Oct 12 - Nov ... ✕

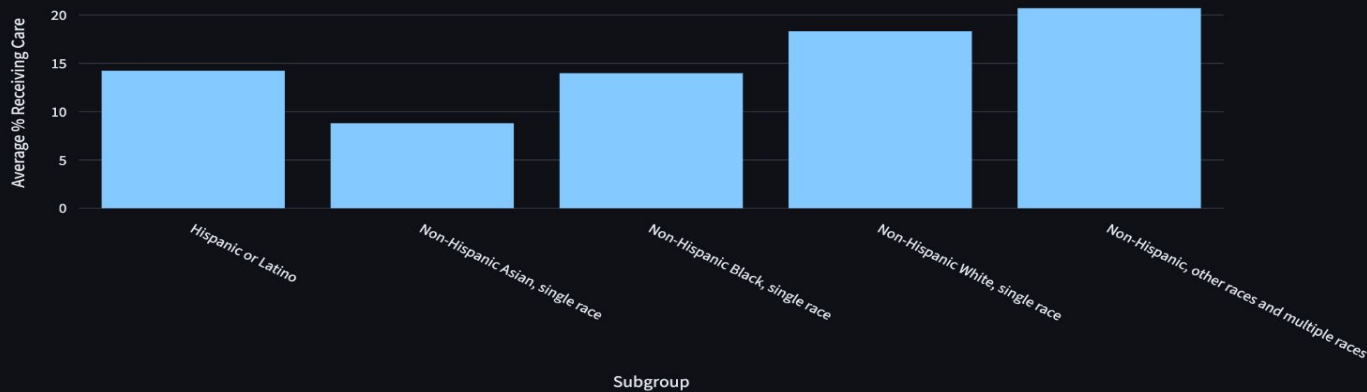
Oct 14 - Oct ... ✕



Average Mental Health Care Access by Subgroup



Average Mental Health Care Access by Subgroup



Data Source: U.S. Census Bureau Household Pulse Survey via data.gov

- Non-Hispanic White & Multiracial groups had highest access
- Non-Hispanic Black & Asian groups had the lowest access
- Highlights ongoing equity and accessibility gaps

VISUALIZATION 2

Conclusion

In conclusion, this project helped uncover clear patterns in mental health care access during the COVID-19 pandemic.

Younger adults were more likely to seek care, while older adults lagged behind. Additionally, there were notable racial disparities, with Non-Hispanic Black and Asian communities experiencing the lowest average access.

These findings suggest the need for more inclusive mental health resources and targeted interventions, especially for older populations and racial minorities.

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Future Work

In the future, this dashboard could be expanded by incorporating geographic data, insurance coverage variables, or post-2022 survey waves.

There's also potential for integrating predictive modeling to help identify future underserved populations based on emerging trends.

This project demonstrates how data visualization can inform public health discussions and highlight where mental health equity efforts should be focused next.

THANK YOU