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Increased Risk of Poor Mental Health and Severe Mental Health–Related Impairment Among California Adults Impacted by COVID-19

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KEY TAKEAWAYS

- > COVID-19's economic effects in 2020 disrupted the livelihoods of many California adults, affecting mental health and ability to function in daily life.
- > Difficulty paying for housing/other basic necessities and problems finding/paying for child care increased the risk of severe life impairment among adults with serious or moderate psychological distress.

Stressors experienced during the COVID-19 pandemic can exacerbate existing mental health conditions and intensify disability or impairment related to poor mental health. This policy brief presents data from the 2020 California Health Interview Survey, which included questions specific to COVID-19 collected at the height of the pandemic. With businesses, child care centers, and schools forced to close, millions of Californians lost critical sources of income, child care, and education.

Data show how the pandemic disrupted the livelihoods of many California adults and their ability to make ends meet, and how severely these impacts affected the mental health of many and their ability to function in daily life. Specifically, the authors found that having difficulty paying for housing and other basic necessities and in finding or paying for child care increased the risk of severe life impairment among adults with serious or moderate psychological distress.

This study underscores the need to reduce the additional risks of psychological distress and severe impairment left in the pandemic's economic wake. Policy recommendations include continuing housing assistance programs and food benefits, addressing inequities in housing-cost burdens, expanding health care coverage and child care provisions, ensuring equitable access to financial supports, and using better tools to measure and ensure economic security.

“The pandemic left an **increased risk of psychological distress** and severe impairment in its economic wake.”



INTRODUCTION

Even before the COVID-19 pandemic, millions of families in California were economically insecure and lacked enough money to cover housing and other basic living expenses. The inequities in economic insecurity, housing-cost burden (i.e., having to spend more than 30% of one’s household income on housing), and lack of access to child care that existed prior to the pandemic were exacerbated during the height of the pandemic in 2020, particularly among marginalized racial and ethnic groups.^{1,2,3}

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic; eight days later, Governor Gavin Newsom announced a statewide shelter-in-place order for California, restricting all nonessential travel and activities outside the home. Schools and child care centers closed and businesses shuttered, disrupting the lives

of 40 million people. In particular, the stay-at-home orders eliminated income to cover basic living expenses for many of the nearly 3 million adults in California who lost their jobs in 2020 due to the pandemic, as well as many of the 5 million who had their work hours or income reduced.⁴ In addition to child care centers closing, school closures in 2020 eliminated a crucial source of child care and of children’s education. Children had to attend school remotely from home, meaning many parents took on the additional roles of teachers and child care providers while working from home or at a job site as essential workers.

Research to date shows that the COVID-19 pandemic has had a detrimental effect on the mental health of many people.⁵ However, less is known about how the pandemic has affected the level of impairment or disability among

adults with poor mental health. Data from the World Mental Health Surveys show that common mental disorders are more disabling than common chronic physical conditions and are among the leading causes of disability worldwide.⁶ Mental health conditions are also the leading cause of work absence and long-term work disability for working-age adults.⁷ Having a mental health disorder can impair a person's ability to carry out daily activities and diminish their ability to care for themselves, hurting their relationships with family and friends and limiting their ability to perform at work or school.

In this policy brief, we use 2020 data from the California Health Interview Survey (CHIS) to first examine selected COVID-19 questions added to CHIS shortly after the statewide shelter-in-place order went into effect. Questions about pandemic-related job loss, reduction in work hours or income, difficulty paying for housing and other basic necessities (bills, tuition, groceries, etc.), and difficulty finding or paying for child care were examined by race, ethnicity, and income. Next, we examine the extent to which these COVID-related issues increased the risk of poor mental health and related impairment or disability. Poor mental health outcomes include serious psychological distress (SPD) and moderate psychological distress (MPD). We examine impairment or disability due to symptoms of SPD or MPD in four important life domains: work or school performance, household chores, social life, and personal relationships. (For impairment definitions, see sidebar. For measurements, see Data Sources and Methods on page 11.)

DEFINITIONS

POOR MENTAL HEALTH-RELATED IMPAIRMENT OR DISABILITY

Symptoms of serious or moderate psychological distress (SPD or MPD) has limited, interfered with, or otherwise adversely affected a person's ability to function in day-to-day life.

SEVERE WORK OR SCHOOL PERFORMANCE IMPAIRMENT

Symptoms of SPD or MPD interfered "a lot" with performance in work or school in the past year.

SEVERE HOUSEHOLD CHORE IMPAIRMENT

Symptoms of SPD or MPD interfered "a lot" with doing household chores in the past year.

SEVERE SOCIAL LIFE IMPAIRMENT

Symptoms of SPD or MPD interfered "a lot" with social life in the past year.

SEVERE PERSONAL RELATIONSHIP IMPAIRMENT

Symptoms of SPD or MPD interfered "a lot" with friend and family relationships in the past year.

Marginalized racial, ethnic, and economic groups were disproportionately unable to pay for housing and other basic necessities due to the COVID-19 pandemic.

In 2020, Latinx adults were more likely than their White counterparts to have lost a job (15% vs. 11%) or to have had income or work hours reduced (26% vs. 22%) due to the COVID-19 pandemic. Black or African American and Asian adults were equally likely to have experienced job loss (12% for both groups) or a reduction in income or work hours (21% and 22%, respectively).⁴ However, marginalized racial and ethnic groups were more likely to have been impacted financially. Compared to White adults, Black or African American adults were three times more likely to have had difficulty paying their rent or mortgage (16% vs. 5%), Latinx adults were twice as likely (11%), and Asian adults were 1.5 times as likely (9%).⁴

Similarly, Black or African American adults were more than twice as likely as their White counterparts to have had difficulty paying for other basic necessities due to the pandemic (15% vs. 6%), Latinx adults were nearly twice as likely (12%), and Asian adults were nearly 1.5 times as likely (8%).⁴

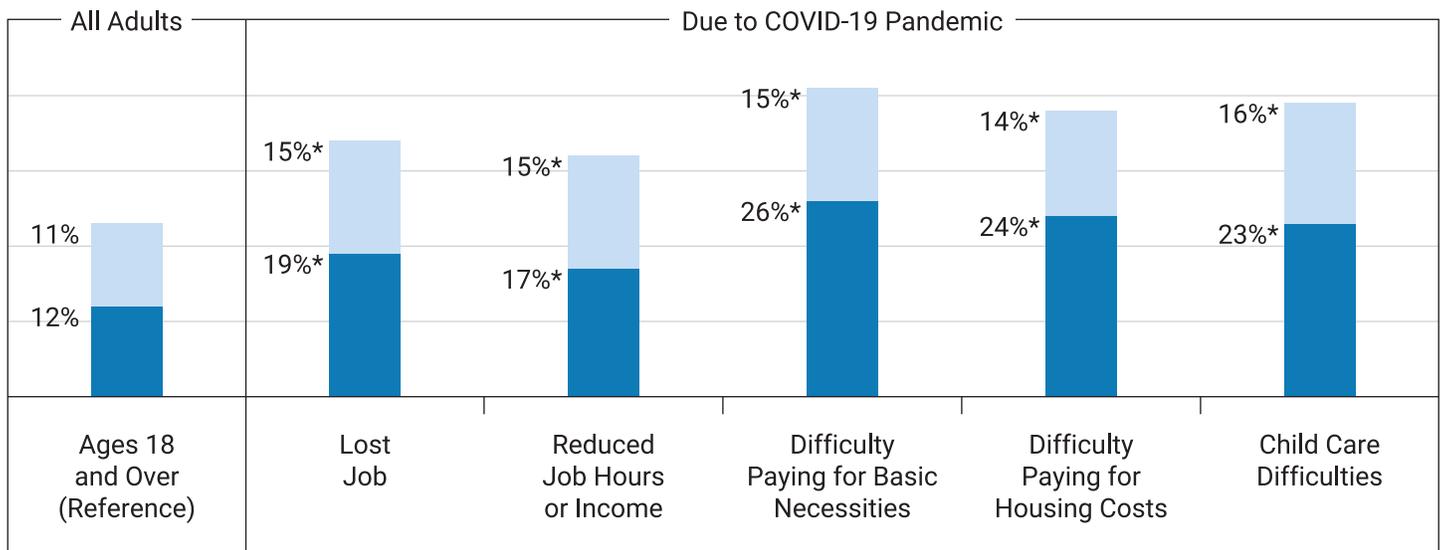
Adults with lower incomes were also disproportionately impacted, despite their having the same rate of job loss or reduction in hours or income as adults with higher incomes. Adults with incomes less than 100% of the federal poverty level (FPL)⁴ were four times more likely than adults earning 300% FPL or above to be unable to pay for their rent or mortgage (17% vs. 5%); adults with incomes of 100%–199% FPL were about three times (14%) more likely; and adults with incomes of 200%–299% FPL were more than twice as likely (10%).⁴ Finally, compared to adults with incomes of 300% FPL or higher, adults with incomes of less than 100% FPL were nearly four times more likely to be unable to pay for other basic necessities (18% vs. 5%); those with incomes of 100%–199% FPL were nearly three times more likely (15%); and those with incomes of 200%–299% FPL were about twice as likely (11%).⁴

Pandemic shutdown strongly impacted mental health of adults with COVID-19–related employment, financial, and child care struggles.

During the height of the COVID-19 pandemic in 2020, 12% of all adults (i.e., ages 18 and older) had serious psychological distress (SPD), and 11% had moderate psychological distress (MPD). However, adults who had difficulties with employment, finances, or child care due to the pandemic were up to twice as likely to have SPD or MPD (Exhibit 1).

Exhibit 1 / Percentage of Adults With Serious or Moderate Psychological Distress by Type of COVID-Related Impact, California, 2020

■ Serious Psychological Distress (SPD) ■ Moderate Psychological Distress (MPD)



*Differences from "All Adults, Ages 18 and Over" by level of psychological distress are statistically significant at minimum $p < .05$.

Employment impacts asked only of adults in the workforce.

Source: 2020 California Health Interview Survey

COVID-related impacts on income and child care severely interfered with personal relationships and social life for many adults with SPD or MPD, with many left struggling.

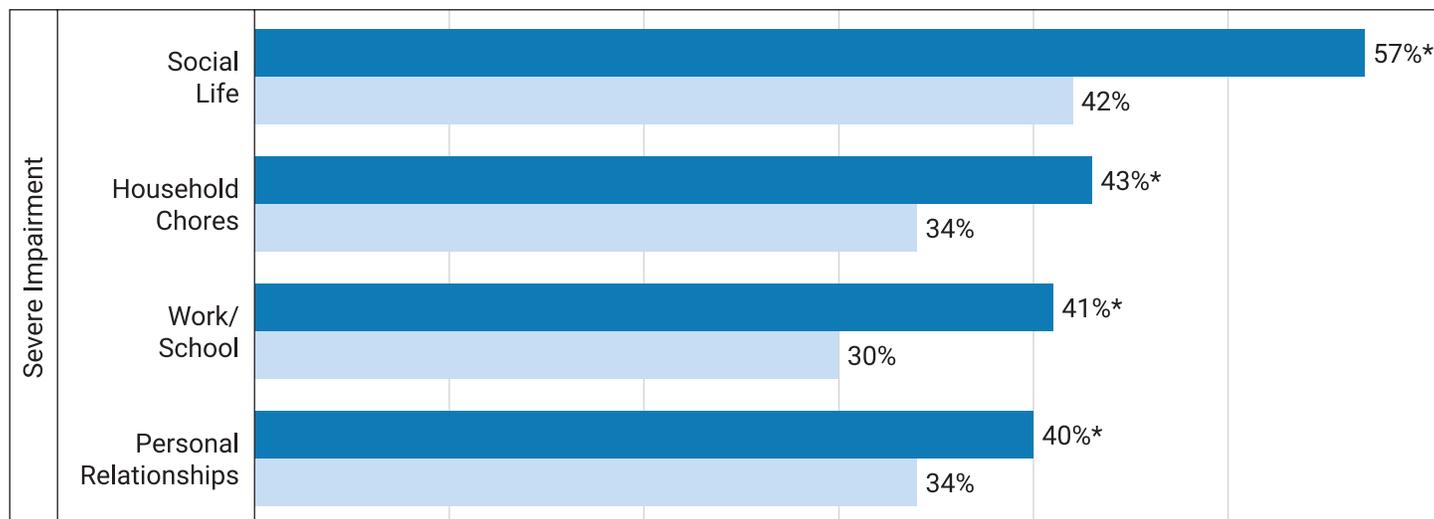
If left untreated or undertreated, mental health problems can often interfere with or limit a person's ability to function in their day-to-day life. In the following section (and accompanying exhibits), we combine adults with SPD or MPD into one group to examine severe impairment in four important life domains. Three of the five COVID-related impacts examined – difficulty obtaining or paying for child care, difficulty paying for housing, and difficulty paying for other basic necessities – were associated with a higher risk of severe impairment.

Inability to pay for basic necessities increased the risk of severe impairment in all four life domains.

Additional risk of severe impairment was highest in the domains of social life and work/school performance, both of which had rates 1.33 times higher for adults with SPD or MPD who had difficulty paying for basic necessities compared to all adults with SPD or MPD (Exhibit 2).

Exhibit 2 / Percentage of Adults With SPD or MPD With Severe Impairment, Additional Risk Due to Difficulties Paying for Basic Necessities During COVID-19 by Life Domains, California, 2020

- Adults With SPD or MPD, With COVID-Related Difficulties Paying for Basic Necessities
- Adults With SPD or MPD, All (Reference)



*Differences between groups in each domain are statistically significant at minimum $p < .05$.

SPD = Serious Psychological Distress; MPD = Moderate Psychological Distress

Source: 2020 California Health Interview Survey

Inability to pay rent or mortgage increased the risk of severe impairment in three of the four life domains.

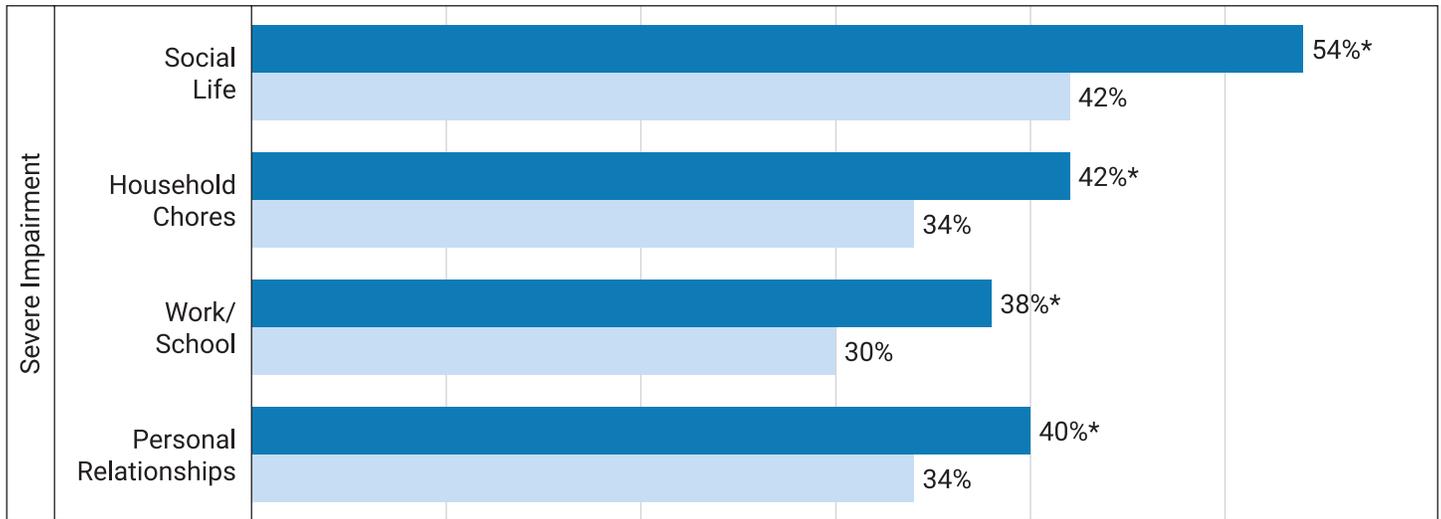
The risk of severe impairment in social life, household chores, and work/school performance was 1.25 times higher among adults with SPD or MPD who had difficulty paying for housing compared to all adults with SPD or MPD (Exhibit 3).

Child care difficulties increased the risk of severe impairment in all four life domains.

Increased risk of impairment was particularly high in the domains of personal relationships, household chores, and work/school performance, where rates were all 1.5 times higher among adults with SPD or MPD who had child care difficulties compared to all adults with SPD or MPD (Exhibit 4).

Exhibit 3 / Percentage of Adults With SPD or MPD and With Severe Impairment, Additional Risk Due to Difficulty Paying for Rent or Mortgage During COVID-19 by Life Domains, California, 2020

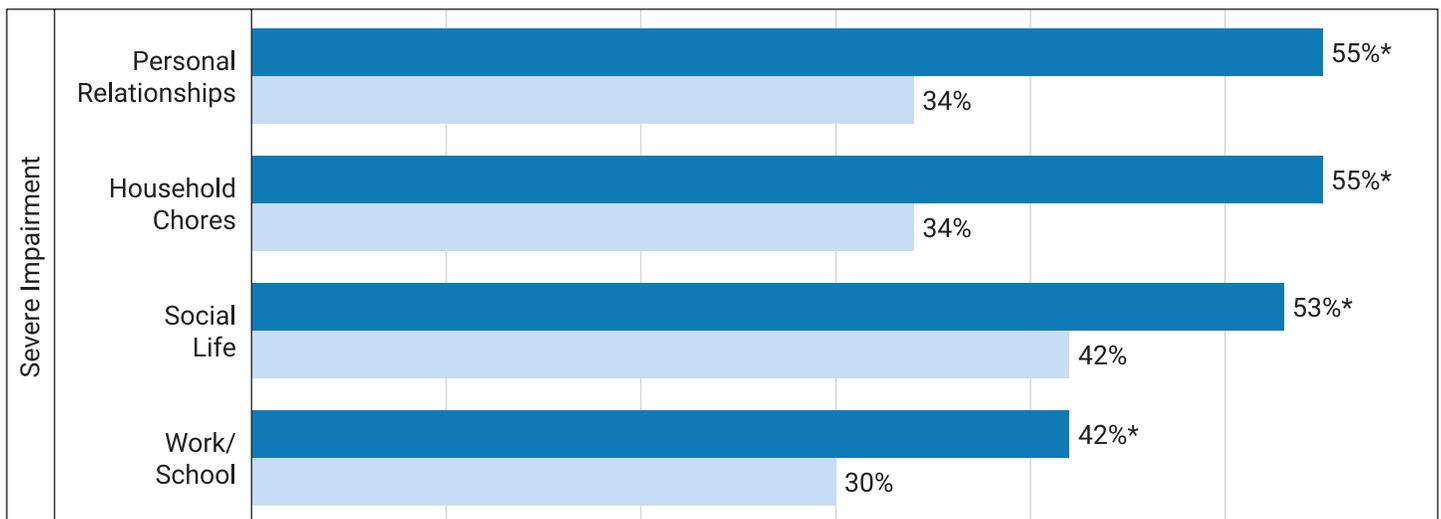
- Adults With SPD or MPD, With COVID-Related Difficulties Paying for Rent or Mortgage
- Adults With SPD or MPD, All (Reference)



*Differences between groups in each domain are statistically significant at minimum $p < .05$.
 SPD = Serious Psychological Distress; MPD = Moderate Psychological Distress
 Source: 2020 California Health Interview Survey

Exhibit 4 / Percentage of Adults With SPD or MPD and With Severe Impairment, Additional Risk Due to Child Care Difficulties During COVID-19 by Life Domain, California, 2020

- Adults With SPD or MPD, With COVID-Related Child Care Difficulties
- Adults With SPD or MPD, All (Reference)



*Differences between groups in each domain are statistically significant at minimum $p < .05$.
 SPD = Serious Psychological Distress; MPD = Moderate Psychological Distress
 Source: 2020 California Health Interview Survey

More than

1 in 4

adults who had problems paying for basic necessities had SPD, compared to less than 1 in 8 among all adults.



SUMMARY AND POLICY RECOMMENDATIONS

The pandemic's impacts in 2020 have highlighted some key social and economic determinants of poor mental health and associated impairment. Pandemic-related disruptions to employment, income, and child care increased the risk of SPD and MPD for adults in California. Most notably, child care difficulties and not having enough income to pay for housing and other basic necessities increased the risk of severe work and life impairment among adults with SPD or MPD. The following policy recommendations are guided by the housing, health care, food, child care, and tax costs used in the Real Cost Measure (RCM) and the [California Elder Index](#) (CEI). The RCM and CEI are tools that document the actual income families need in order to cover these basic living expenses.^{1,8}

To reduce the additional risk of psychological distress and severe impairment from housing insecurity, policymakers need to consider the following recommendations:

Reopen and expand moratorium on evictions, reopen rental assistance applications, expedite appeals, and ensure equitable access for vulnerable populations impacted by COVID-19. Many who were eligible to receive assistance with the eviction moratorium and emergency housing assistance did not apply, many of those who did apply were either denied or are still waiting to receive assistance, and many have reapplied for additional support.⁹

Continue moratorium on foreclosures, extend forbearance period, and ensure equitable access to mortgage assistance and property tax relief for homeowners and small landlords impacted by COVID-19. As of August 8, 2022, only 12% of the \$1 billion in federal funds allocated to assist homeowners in December of 2021 had been used.¹⁰ More information and data are needed to better understand why these funds are not being utilized.

Prioritize policies to address inequities in housing-cost burden and increase the supply of affordable housing. Policymakers must prioritize policies that identify and help families who are paying 30% or more of their household income for housing. Policymakers need to increase the supply of affordable housing and find innovative ways to help more renters, especially those who are Black/African American or Latinx, to become homeowners.¹¹

To reduce the mental health impact of not being able to pay for such basic necessities as health care and food, policymakers can consider the following recommendations:

Expand eligibility and benefits for health care coverage and support efforts for universal coverage. Policymakers in other states can follow California's lead by expanding Medicaid eligibility and including low-income residents, regardless of immigration status, in Medicaid expansion efforts.¹² Policymakers can support passing the Build Back Better Act, which may provide some reprieve to individuals by extending marketplace subsidies and reducing the cost of coverage for low-income families.

Extend food benefits. Policymakers can continue to enact plans that will provide food for families who continue to experience food insecurity due to ongoing economic challenges from job loss, reduction in work hours, or inability to work due to mental health-related impairment or disability associated with COVID-19.

To reduce the impact of child care difficulties on parents' mental health and their ability to function at work and in life, policymakers can consider the following recommendations:

Increase funding for early education and child care provisions. Policymakers can support and expand equitable access to early education with efforts like the expansion of the transitional kindergarten program in California.¹³ Policymakers can help offset the high cost of child care by expanding the child tax credit to provide needed financial support to families and by supporting efforts proposed in the American Families Plan, such as making the earned income tax credit expansion for childless workers permanent, extending child tax credits for another five years, and making the child and dependent tax credit payment permanent.

Prioritize policies to keep schools open and safe for in-person learning. Policymakers must continue providing funding and resources, such as the American Rescue Act of 2021, to support state and local school districts in implementing COVID-19 mitigation and safety measures. Such efforts are critical to keeping schools open and to maintaining the health and safety of students so they can attend school in person.¹⁴



To reduce the additional risk of psychological distress and severe impairment from the overall economic insecurity left in the wake of COVID-19, policymakers need to consider the following recommendations:

Prioritize policies and ensure equitable access to financial supports such as stimulus payments and unemployment insurance benefits. As impacted families continue to recover economically, policymakers need to prioritize financial support policies, especially for those in marginalized racial and ethnic groups who did not get stimulus checks, were unable to receive unemployment benefits, or had benefits cut off too soon.^{15,16}

Use better tools to measure economic security and inform policies and programs. In high-cost states like California, the average cost of basic living expenses can be up to three times higher than the amount in the federal poverty level (FPL) guidelines, depending on housing type

and family size.^{1,8} Data in this policy brief show that California adults with incomes up to three times higher than the FPL (0%-299% FPL) were more likely to be financially impacted by the pandemic than adults with incomes of 300% FPL or higher, and that many were unable to pay for housing and other basic necessities.

As families continue to recover economically from the impact of the COVID-19 pandemic, policymakers need to prioritize policies that address the structural issues that have perpetuated long-standing racial and ethnic inequities in economic security. Prevalent long before the pandemic, such issues include access to quality K-12 education and to affordable higher education, employment, a living wage, entrepreneurial opportunities, home ownership, tax breaks, retirement savings, and intergenerational wealth.

Data Sources and Methods

This policy brief presents data from the 2020 California Health Interview Survey (CHIS), conducted by the UCLA Center for Health Policy Research. For analyses in this brief, questions related to COVID-19 included asking respondents if, due to the pandemic, they had ever experienced job loss, reduction in hours or income, financial difficulties with paying rent or mortgage, financial difficulties with basic necessities (e.g., paying bills, tuition, affording groceries, etc.), and difficulty in obtaining child care or having an increase in child care expenses. Serious psychological distress (SPD) in the past year was measured by using a cut-off score of 13 to 24 on the Kessler-6 (K6), a validated measure designed to estimate the prevalence of diagnosable mental disorders within a population.¹⁷ Due to predetermined skip patterns in CHIS for the Sheehan Disability Scale (SDS), moderate psychological distress (MPD) in the past year was measured by using a K6 score of 9 through 12.¹⁸ Mental health-related impairment was measured using the SDS, which is a validated measure designed to estimate the level of impairment in four life domains due to mental health issues.¹⁹ Respondents with SPD or MPD were asked to think about the month in the past 12 months when they were at their worst emotionally, and then were asked to respond to four questions: “Did your emotions interfere a lot, some, or not at all with your”:

- 1) “Performance at work/school?”
- 2) “Household chores?”
- 3) “Social life?”
- 4) “Relationship with friends and family?”

Those who responded “a lot” were scored as having severe impairment; “some” were scored as having moderate impairment; “not at all” were scored as having no impairment.

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The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For funders and other information on CHIS, visit chis.ucla.edu.

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