



COVID-19, Economic Pressure and Americans' Mental Health

The combined health and economic shocks of the coronavirus (SARS-CoV-2) pandemic have led to an unprecedented mental health crisis. A recent poll finds that two-thirds of Americans fear that they or their loved ones will be exposed to the virus. More than 12 million Americans are unemployed and since February, over 5 million more have given up looking for work. Almost one-third of adult Americans that they are having trouble paying for usual household expenses. This economic reality may worsen when emergency unemployment benefits expire at the end of the year.¹

As a result of these pressures, a recent online survey of 99,000 households by the U.S. Census Bureau found that more than one-third of American adults report symptoms of depressive and/or anxiety disorder — triple the rate reported in 2019.² In June, another well-regarded survey found that more than 1 in 10 U.S. adults had considered suicide in the past 30 days, more than double what was reported in 2019.³ Tragically, confirmed COVID-19 cases and deaths in the United States continue to grow, with no clear end to the pandemic in sight. The nation's failure to contain the coronavirus and stabilize the economy likely will have a deep and lasting impact on Americans' mental health.

More than 90 million American adults likely suffer from symptoms of depressive and/or anxiety disorder

Last year, a survey conducted by the National Institutes of Health found that about 1 in 9 adult Americans (11%) reported symptoms of depressive and/or anxiety disorder.⁴ A survey conducted in late September 2020 by the U.S. Census Bureau in collaboration with multiple federal agencies found that the share of adult Americans reporting such symptoms had more than tripled to 37%. If the survey accurately reflects the share of adults with these symptoms in the total population, it would mean that over 90 million American adults may be suffering from anxiety and/or depression.⁵

The Census Household Pulse survey is designed to track the social and economic impacts of the coronavirus pandemic. Respondents answer questions about their employment, food security, housing security and health. The Household Pulse survey is conducted biweekly; therefore it provides evolving snapshots of how Americans experience the coronavirus pandemic.

The most recent Household Pulse survey finds that approximately 1 in 4 (25%) adults in the United States reported symptoms of depressive disorder, while about 1 in 3 (33%) reported symptoms of anxiety disorder. These symptoms are associated with a diagnosis of generalized anxiety disorder or major depressive disorder and generally occur more than half the days or nearly every day. The rate of adults reporting symptoms of anxiety and/or depressive disorder has been consistent since the survey first launched in late April, except for a spike in July that

peaked at 40%. Other surveys, such as the Kaiser Family Foundation (KFF) Tracking Poll, have found similarly high rates of worsening mental health among respondents.⁶

There is evidence that growing levels of anxiety and depression could result in higher suicide rates. Even before the coronavirus pandemic, the suicide rate in the United States was at its highest level since World War II.⁷ While official data on suicides in 2020 will not be available until next year, a survey conducted in June by the CDC found that more than 1 in 10 U.S. adults (11%) had considered suicide in the past 30 days, more than double the share in 2019 (5%).⁸ These rates are even higher among certain populations; more than 1 in 5 essential workers and almost 1 in 3 unpaid caregivers had seriously considered suicide in the past 30 days.⁹

Fear of the coronavirus and isolation strains Americans' mental health

Since March, the coronavirus has kept millions of Americans isolated and in their homes, away from friends and family who — for many — are a critical emotional support network.¹⁰ By early October, over 210,000 Americans had died from COVID-19 — many of them alone in intensive care units (ICU) — leaving behind loved ones who have been deprived of essential grieving rituals at profound emotional costs, and more than 7.5 million people had a confirmed case of COVID-19 and more than 400,000 had been hospitalized.¹¹

When President Donald Trump left Walter Reed National Military Medical Center on October 5, he told Americans “not to be afraid” of the virus. However, a poll conducted in early October found that 65% of Americans fear that they or their loved ones will be exposed to the virus.¹² Moreover, 70% say that they are somewhat or very worried that the coronavirus outbreak will have a negative economic effect on their own household's finances.¹³

Millions of Americans suffer from acute economic stress

A long history of research dating back to the Great Depression demonstrates that during times of economic crises, psychological and social stress rise. Loss of employment can lower standards of living and increase income insecurity, negatively affecting the mental health of unemployed workers and their families.¹⁴ Further, one's self-purpose is often attached to their work, and its loss can profoundly affect morale and self-esteem. As one expert notes, “people want to work [and] do meaningful things.”¹⁵ Even among people whose economic reality remains largely the same, increased job insecurity often leads to more stress.

In the spring, as coronavirus cases spread rapidly in the United States, millions of Americans were hard hit by a sudden and unprecedented economic shock. The unemployment rate, which had been at an all-time low of 3.5% in February, soared to 14.7% in April.¹⁶ The Bureau of Labor Statistics noted in an explanation of its methodology that there been problems correctly classifying workers and that the actual unemployment may have been up to 5 percentage points higher, approaching 20% (not seasonally adjusted).¹⁷

In May, as states attempted to restart their economies by loosening public health guidelines that had been implemented to control the spread of the coronavirus, the unemployment rate predictably began to decline. In September, it had dropped to 7.9% with 12.6 million

unemployed American workers. Additionally, over 5 million Americans have stopped looking for a job and left the labor force since February.¹⁸

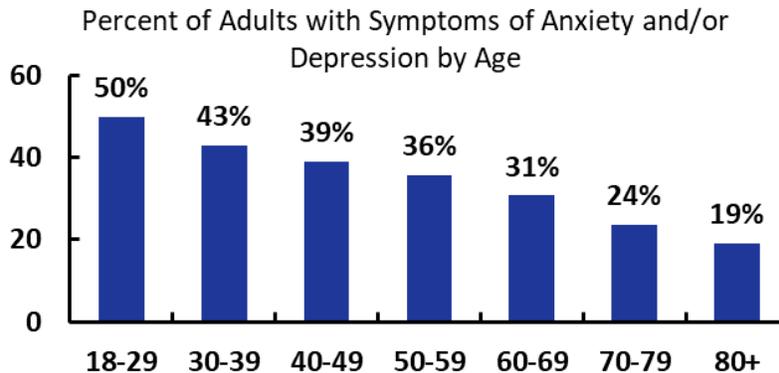
Unemployment in some occupations remained extremely high in September. In the transportation and utilities industry it was almost 10%, and in the leisure and hospitality industry it was 19%.¹⁹ In August, 10 states, including California, Pennsylvania, New York, and Nevada had unemployment rates above 10%.²⁰

As a result of the coronavirus recession, in late September, almost 77 million adults — 31% of adults in the country — had difficulty paying for usual household expenses.²¹ Almost 9% of adults — over 22 million people — did not have enough food to eat.²² Over 10 million homeowners with a mortgage (11%) and almost 15 million renters (27%) had little to no confidence in their ability to make mortgage or rent, respectively, the following month.²³ Nearly 1 in 4 adults said that they or their family has received assistance from the government in the form of unemployment insurance or the Supplemental Nutrition Assistance Program, or from charitable organizations.²⁴

Nearly half of young adults report having symptoms of mental illness

According to the Household Pulse Survey, the younger people are, the more likely they are to report having symptoms of depressive and/or generalized anxiety disorder.²⁵ Young adults aged 18 to 29 report the highest rate of mental illness of any age group: almost half (50%) report having symptoms of depressive and/or generalized anxiety disorder.²⁶ Young adults are over twice as likely to report symptoms as people over 70. A survey by the Centers for Disease Control and Prevention conducted in June found that 1 in 4 young adults aged 18-24 had seriously considered suicide in the 30 days prior, compared to only 2% of people over the age of 65.²⁷

More Younger Adults than Older Adults are Reporting Symptoms of Mental Illness



Source: Census Household Pulse Survey, Phase 2, Week 15

A separate poll conducted by the National Opinion Research Center at the University of Chicago also found high prevalence of mental stress among young adults aged 18 to 34; 56% reported

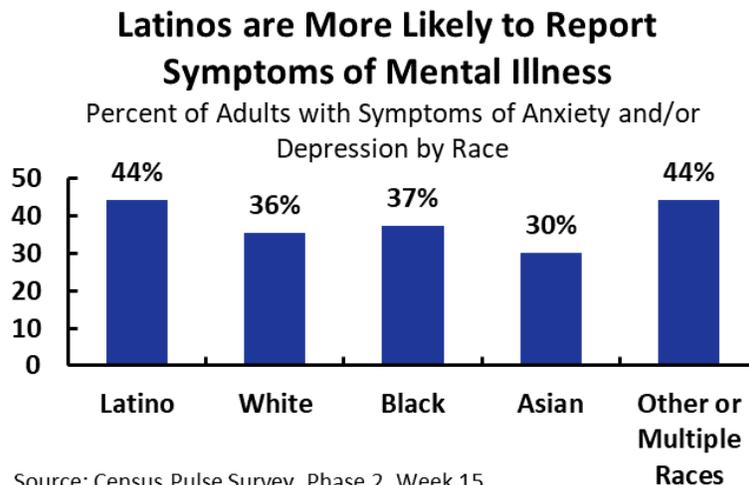
feeling isolated. The survey found that “frequently watching, reading or talking about the virus,” which is more common among young adults, “is...linked with higher rates of negative mental health symptoms.”²⁸

The fact that younger adults report much higher rates of anxiety and depression is somewhat surprising because they are far less likely to be hospitalized or die from COVID-19. The hospitalization rate for people between 65 and 74 years old is five times higher than for people between 18 and 29 years old, while the death is 90 times higher. For people 75 and 84 years old, the hospitalization rate is eight times higher, while the death rate is 220 times higher.²⁹

On the other hand, younger adults have ample reason to be anxious or depressed about their economic prospects. In September, those aged 20 to 24 suffered an unemployment rate of 12.5% — almost twice the rate for adults over age 55.³⁰ Furthermore, early in the pandemic, half of adults in Generation Z (aged 18-23) reported that they or someone in their household had lost their job or taken a pay cut because of the pandemic, compared to 25% of Baby Boomers.³¹ Younger generations are also more racially and ethnically diverse than any other age group — 48% of the members of Generation Z are people of color, compared to 18% of Early Baby Boomers and 30% of Generation X. As has been extensively reported, people of color are bearing a disproportionate share of the pandemic’s health and economic effects. People of color, and Black Americans in particular, are also daily affected by systemic racism which is a determinant of mental health.³² All of these factors may be contributing to the higher incidence of mental health among young adults.

Latinos — who, along with Black Americans, have borne the brunt of the pandemic’s health and economic effects — report the highest rates of symptoms of mental illness

Latinos³³ are more likely to report having symptoms of mental illness than Whites. According to the Household Pulse Survey, in late September, 44% of Latinos and 37% of Black Americans reported having symptoms of depressive and/or anxiety disorder, compared to 36% of Whites.³⁴ A CDC survey conducted in June found that Black Americans and Latinos were about twice as likely as Whites to have seriously considered suicide in the past 30 days.³⁵



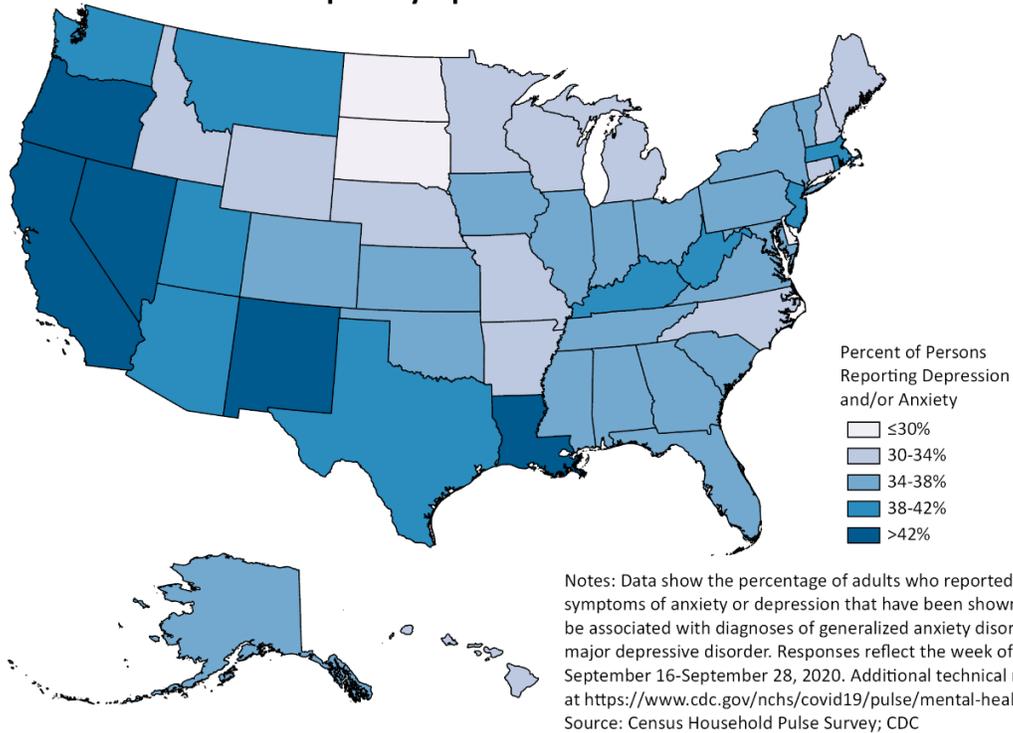
People of color are more likely to experience mental illness during the pandemic partly because they are bearing the brunt of the pandemic's health and economic effects. For example, Blacks, Latinos and Native Americans are nearly three times as likely as Whites to test positive for COVID-19 and approximately five times as likely to be hospitalized for it. Black Americans are twice as likely to die from COVID-19 as Whites.³⁶ Studies indicate that these disparities are worsening. In May, the rate of Latinos dying from COVID-19 was higher than their share of the state population in only seven states.³⁷ Today that is the case in 19 states and the District of Columbia.

Blacks and Latinos historically have disproportionately experienced profound economic distress. This pattern has continued during the coronavirus recession. In late September, 46% of Black Americans and 43% of Latinos reported that they had difficulty paying for usual expenses during the pandemic, compared to 25% of Whites.³⁸ Latinos (14%) and Blacks (15%) were twice as likely as Whites (7%) to not have enough food to eat.³⁹ About 20% and 19% of Latino and Black homeowners, respectively, had little to no confidence in their ability to make their mortgage, compared to 8% of Whites.⁴⁰ Thirty-nine percent of Black renters and 36% of Latino renters had little to no confidence in their ability to make their rent, compared to 19% of Whites.⁴¹ Black and Latino workers also face higher unemployment rates at 12.1% and 10.3%, respectively, compared to 7% for Whites and an overall unemployment rate of 7.9%.⁴²

States in the South and the West have the highest rates of people reporting symptoms of mental illness

According to the Pulse Household Survey, the rates of adults reporting having symptoms of anxiety and or depression vary considerably by state (Figure 3, Table 1 in Appendix). The states with the highest shares of adults reporting symptoms of anxiety and depression are Oregon (48%), District of Columbia (46%), Louisiana, (45%), New Mexico (43%), and Nevada (43%). Those with the lowest are South Dakota (27%), North Dakota (28%), Delaware (28%), Minnesota (31%), and Wisconsin (31%).⁴³

Adults in Southern and Western States are More Likely to Report Symptoms of Mental Illness



The states with the highest rates of mental illness are concentrated in the South and West. These are also the regions with the highest rates of economic insecurity (Table 1). All 10 states with the highest rate of people having difficulty paying for usual expenses are in the South or the West; six are in the South (Mississippi, Louisiana, Texas, Oklahoma, Georgia, South Carolina) while four are in the West (New Mexico, Nevada, Hawaii, Arizona). Of the 10 states with the highest rate of food scarcity, seven are in the South (West Virginia, Mississippi, Louisiana, Alabama, Texas, Georgia, Oklahoma) and two are in the West (Nevada, New Mexico). And of the 10 states with the highest rates of housing insecurity, seven are in the South (Louisiana, West Virginia, Mississippi, Oklahoma, Texas, Tennessee, Maryland), and two are in the West (New Mexico, Hawaii).⁴⁴

States with High Rates of Mental Illness and Economic Insecurity are Concentrated in the West and the South						
Rank	Symptoms of Anxiety or Depression (%)	Unemployment (%)	Food Scarcity (%)	Housing Insecurity (%)	Difficulty Paying for Usual Household Expenses (%)	Access to Mental Health Care (Rank)
1	Oregon	Nevada	Nevada	Louisiana	Mississippi	Texas
2	District of Columbia	Rhode Island	West Virginia	West Virginia	New Mexico	Georgia
3	Louisiana	New York	Mississippi	New Jersey	Louisiana	Nevada
4	New Mexico	Hawaii	Louisiana	New Mexico	Nevada	Mississippi
5	Nevada	California	Alabama	Hawaii	Texas	South Carolina
6	California	New Mexico	New Mexico	Mississippi	Hawaii	Alabama
7	Washington	Massachusetts	Texas	Oklahoma	Oklahoma	Wyoming
8	Kentucky	Illinois	Georgia	Texas	Georgia	North Carolina
9	Texas	New Jersey	Oklahoma	Tennessee	Arizona	Kansas
10	Arizona	Pennsylvania	Rhode Island	Maryland	West Virginia	Tennessee

Note: Western states are shown as light blue. Southern states are shown as light green. Regions are determined according to Census Bureau Regions (Northeast, Midwest, West and South).
 Source: U.S. Census Bureau Household Pulse Survey, Phase 2, Week 15; Center for Disease Control (CDC); Mental Health America.

Americans living in those regions, the South in particular, also tend to have less access to mental health care. Of the 10 states with the worst access to mental health care resources, seven are in the South (Texas, Georgia, Mississippi, South Carolina, Alabama, North Carolina, Tennessee), and two are in the West (Nevada, Wyoming).⁴⁵

The coronavirus pandemic will have a lasting impact on Americans' mental health

Economic shocks and natural disasters can have long-term effects on mental health. The Great Recession, for example, was associated with “long-lasting... declines in mental health” for those most affected.⁴⁶ In the year following Hurricane Katrina, the incidence of mental illness, post-traumatic stress disorder (PTSD), and suicidal ideation went up.⁴⁷ This suggests that the anxiety and depression caused and exacerbated by the COVID-19 pandemic may have a long-lasting impact on our society, “interfer[ing] with community members’ roles within the family, community, workplace or school.”⁴⁸

The mental health effects of the pandemic are also likely to have long-term consequences for children. A report by the Harvard University Center on the Developing Child asserts: “The science of child development shows that the foundation for sound mental health is built early in life, as early experiences — which include children’s relationships with parents, caregivers, relatives, teachers and peers — shape the architecture of the developing brain.”⁴⁹ Poor mental health disrupts this process, and can have a lifelong impact. Children with mental health conditions are more likely to perform poorly in school, initiate substance use and other risky behaviors, and have poor health when they are older.⁵⁰ They are also more likely to have poor economic outcomes. A 2010 study found that children with mental illness earn \$300,000 less throughout their lifetimes.⁵¹

The congressional response to the pandemic has included little funding for the prevention and treatment of mental illness

To date, Congress has passed trillions of dollars in pandemic relief, including direct assistance to Americans and enhanced unemployment benefits, and assistance for small businesses through the Paycheck Protection Program.⁵² Only \$425 million has been targeted toward mental health, which includes funding for the Certified Community Behavioral Health Clinics, suicide prevention programs and emergency response.⁵³ In Early October, the Department of Health and Human Services announced that as part of Phase 3 of the Provider Relief Fund \$20 billion will be made available to providers on the front lines of the pandemic, including providers who treat mental and substance use disorders.⁵⁴ An alliance of more than a dozen prominent mental health organizations state in a letter released this spring that \$48.5 billion is necessary to save mental health providers and support those they serve.⁵⁵

To tackle this unprecedented mental health crisis, the federal government's additional pandemic relief efforts must invest significant resources toward mental health care, especially in the communities that need them the most. This can include dedicated relief funds to mental health providers to ensure they have the resources they need to keep their doors open. Efforts should also include expanding access to mental health care, such as mental health screenings, crisis/grief counseling, and evidence-based crisis responses services. Given the elevated rates of reported mental illness among people of color and young adults, resources should target these communities. Special focus should also be given to essential workers and caregivers, both of whom surveys indicate are experiencing higher rates of mental illness. The House of Representatives recently passed a suite of bills that would go a long way toward helping address this crisis. This includes bills to improve suicide prevention — such as the Suicide Prevention Lifeline Improvement Act which increases funding for the National Suicide Prevention Lifeline program — and bills to improve access to and the quality of mental health care — such as the Pursuing Equity in Mental Health Act which aims to tackle mental health inequities among communities of color.⁵⁶

There is yet no clear end in sight for the coronavirus pandemic, which will continue to have devastating effects on public health and on the economy. The Institute of Health Metrics and Evaluation projects more than 360,000 deaths by the end of 2020 under current circumstances, and upward of 430,000 if mandates continue to be eased.⁵⁷ The Federal Reserve expects the unemployment rate to remain above pre-pandemic levels until at least the end of 2021.⁵⁸ These intense stresses likely will have a growing and lasting impact on Americans' mental health.

Table 2. State-Level Economic and Health Indicators

State Level Data of Symptoms of Anxiety and Depression and Household Vulnerability						
State	Symptoms of Anxiety or Depression (%)	Unemployment (%)	Food Scarcity (%)	Housing Insecurity (%)	Difficulty Paying for Usual Household Expenses (%)	Access to Mental Health Care (Rank)
Alabama	37.2%	5.6%	13.5%	7.9%	33.1%	46
Alaska	35.5%	7.4%	7.4%	7.6%	30.3%	23
Arizona	39.3%	5.9%	8.1%	4.9%	34.3%	36
Arkansas	31.6%	7.4%	11.3%	6.9%	33.0%	35
California	42.3%	11.4%	9.6%	6.2%	33.4%	27
Colorado	37.7%	6.7%	9.8%	4.6%	31.8%	17
Connecticut	33.5%	8.1%	8.5%	6.6%	30.6%	8
Delaware	28.0%	8.9%	8.4%	2.5%	30.2%	14
District of Columbia	46.4%	8.5%	9.9%	4.3%	31.2%	9
Florida	36.4%	7.4%	10.1%	7.1%	32.7%	40
Georgia	35.3%	5.6%	12.8%	7.5%	35.1%	50
Hawaii	33.3%	12.5%	9.1%	9.6%	37.3%	19
Idaho	33.2%	4.2%	11.1%	5.0%	30.7%	32
Illinois	36.3%	11.0%	9.4%	7.9%	33.2%	20
Indiana	36.6%	6.4%	9.5%	7.4%	27.9%	22
Iowa	34.2%	6.0%	10.2%	4.8%	27.1%	4
Kansas	35.2%	6.9%	10.5%	6.2%	28.9%	43
Kentucky	39.8%	7.6%	10.4%	7.5%	31.7%	31
Louisiana	44.5%	7.6%	13.5%	12.0%	39.6%	41
Maine	33.5%	6.9%	6.3%	3.8%	25.6%	5
Maryland	35.3%	6.9%	10.6%	8.0%	33.6%	12
Massachusetts	38.4%	11.3%	7.8%	5.8%	28.3%	2
Michigan	33.2%	8.7%	9.7%	5.1%	28.1%	15
Minnesota	30.5%	7.4%	6.9%	3.6%	23.5%	7
Mississippi	38.0%	7.9%	13.6%	9.4%	40.2%	48
Missouri	33.8%	7.0%	9.1%	6.3%	27.5%	26
Montana	38.2%	5.6%	7.2%	5.5%	28.7%	28
Nebraska	30.8%	4.0%	8.1%	4.3%	25.5%	34
Nevada	42.8%	13.2%	14.2%	5.8%	38.5%	49
New Hampshire	32.2%	6.5%	5.1%	2.8%	22.8%	10
New Jersey	38.3%	10.9%	9.5%	9.8%	33.0%	33
New Mexico	43.2%	11.3%	13.3%	9.6%	39.7%	21
New York	36.2%	12.5%	9.8%	7.7%	31.3%	16
North Carolina	32.6%	6.5%	9.7%	5.7%	30.6%	44
North Dakota	27.7%	5.0%	5.8%	6.2%	24.8%	18
Ohio	36.5%	8.9%	11.1%	7.4%	31.9%	11
Oklahoma	34.5%	5.7%	11.9%	9.4%	35.9%	39
Oregon	47.6%	7.7%	10.9%	6.7%	30.2%	24
Pennsylvania	34.6%	10.3%	9.5%	6.5%	26.8%	13
Rhode Island	38.3%	12.8%	11.6%	6.4%	32.1%	3
South Carolina	35.3%	6.3%	9.2%	7.4%	33.9%	47
South Dakota	27.3%	4.8%	5.6%	4.7%	26.4%	30
Tennessee	35.6%	8.5%	11.0%	8.7%	32.8%	42
Texas	39.5%	6.8%	12.8%	8.8%	38.2%	51
Utah	38.5%	4.1%	6.5%	4.0%	25.7%	38
Vermont	36.6%	4.8%	7.1%	2.9%	23.2%	1
Virginia	36.5%	6.1%	9.4%	7.0%	29.4%	37
Washington	39.9%	8.5%	7.6%	4.3%	26.1%	25
West Virginia	39.2%	8.9%	13.7%	10.9%	33.9%	29
Wisconsin	30.8%	6.2%	7.3%	2.7%	22.5%	6
Wyoming	33.2%	6.6%	9.0%	7.9%	25.4%	45

Source: U.S. Census Bureau Household Pulse Survey, Phase 2, Week 15; Center for Disease Control (CDC); Mental Health America.

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³³ In this report, Hispanic is used interchangeably with the Spanish-language term, Latino and the gender-neutral term, Latinx. In historical data series from official statistical agencies, sources often use the term Hispanic. Other and more recent sources may use Latino, Latinx or other terms for Americans of Latin American or Spanish descent.

Per the Office of Management and Budget (OMB), “Hispanic or Latino” refers to “a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.”³³ Some others use the term “Latino” to include both Spanish and non-Spanish speaking countries of Latin America, while some use “Hispanic” only to refer to those of Spanish origin or descent. Since 2000, the U.S. decennial census has asked all Americans if they are of Hispanic, Latino or Spanish origin.³³ In most federal data sources, both “Hispanic” and “Latino” are inclusive of Americans that self-report as “Hispanic,” “Latino” or “Spanish origin.” “Latino” is a universal or masculine identifier; “Latina” is a feminine identifier.

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