



NATIONAL
WOMEN'S
LAW CENTER

A MENTAL HEALTH EPIDEMIC:

The COVID-19 Pandemic's Effect on Anxiety and Depression Among Women and LGBT Adults

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EXECUTIVE SUMMARY

The COVID-19 pandemic resulted in great disruptions to people's regular routines and created general uncertainty about the future, worsening anxiety and depression. Compared to 2019, anxiety and depression symptoms nearly tripled in adults after the pandemic.¹ The pandemic had a disproportionately negative impact on women of color, disabled women, and LGBT (lesbian, gay, bisexual, and transgender) adults, particularly those with intersecting identities. Prior to the pandemic these groups were disadvantaged by discrimination based on racism, ableism, sexism, and anti-LGBTQI+ bias leaving them with fewer resources, making it harder for them to weather the economic impacts of the pandemic. In the pandemic, these populations faced greater economic insecurity

such as job loss, inability to pay for food or rent, or not having child care, which can all worsen anxiety and depression symptoms. Entering the third year of the pandemic, women of color, disabled women, and LGBT adults still struggle to pay for things they need and still experience heightened anxiety and depression symptoms. At the same time, many who said they needed mental health services had difficulty accessing them. This report focuses on women of color, disabled women, LGBT adults, and disabled LGBT adults because they have experienced some of the highest rates of depression and anxiety during the pandemic.

ACKNOWLEDGEMENTS

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This report analyzes data from weeks 34–45 (July 21, 2021 – May 9, 2022) of the U.S. Census Bureau Household Pulse Survey. This survey measures the social and economic impact of the COVID-19 pandemic on households.²

This report shows:

- ▶ Over one in three women (34.3%) had anxiety or depression symptoms, including 37.7% of Latinas, 35.3% of Black, non-Hispanic women, and 27.0% of Asian, non-Hispanic women. In comparison, 27.3% of men had anxiety or depression symptoms. Rates were even higher for disabled and LGBT people.
 - ◆ 80.3% of disabled LGBT adults, 63.8% of disabled women, and 53.4% of LGBT adults overall had anxiety or depression symptoms.
- ▶ Many people who had anxiety or depression symptoms experienced barriers to care and were not able to access needed mental health services.
 - ◆ 48.7% of disabled LGBT adults, 39.5% of LGBT adults overall, 37.6% of disabled women, and 29.7% of women overall who had anxiety or depression symptoms said they did not get the mental health services they needed.
- ▶ People who experienced economic insecurity in the form of insufficient food, inability to pay rent, or lost income were more likely to report having anxiety or depression symptoms.
 - ◆ Among those who did not have enough food, 90.8% of disabled LGBT adults, 83.5% of disabled women, 80.0% of LGBT adults overall, and 66.5% of women overall had anxiety or depression symptoms. They were all more likely to have anxiety or depression symptoms compared to those within the same groups who had enough food to eat.
 - ◆ Among those who were behind on their rent, 88.6% of disabled LGBT adults, 81.5% of disabled women, 70.9% of LGBT adults, and 60.8% of women overall had anxiety or depression symptoms. Disabled women,

LGBT adults, and women overall were all more likely than those within the same groups who were not behind on their rent to have anxiety or depression symptoms.

- ◆ 89.2% of disabled LGBT adults, 77.5% of disabled women, 72.3% of LGBT adults, and 54.2% of women overall who lost employment income had anxiety or depression symptoms. They were all more likely to have anxiety or depression symptoms than those within the same groups who did not lose employment income.
- ▶ Of those who did not have child care, 86.7% of disabled LGBT adults, 78.6% of disabled women, 71.6% of LGBT adults, and 56.7% of women overall had anxiety or depression symptoms. Disabled women, LGBT adults, and women overall were more likely to have anxiety or depression symptoms than those within the same groups who had child care.

80.3% of disabled LGBT adults, **63.8%** of disabled women, and **53.4%** of LGBT adults overall had anxiety or depression symptoms.



WHAT IS ANXIETY AND DEPRESSION?



Feeling anxious can mean that a person is really worried, scared, or having a hard time sitting still, focusing on things, or sleeping well; feeling anxious can also give people headaches or stomachaches.³ Feeling depressed can mean that a person is sad or hopeless, that they get angry easily, that they have trouble sleeping, or that they do not like the activities they used to before they felt depressed, and that they may even think about death.⁴

Throughout this report, if someone is said to have anxiety or depression symptoms, it means they are anxious, depressed, or both, and it means that a person has felt this way for more than half the days in the past two weeks.

Anxiety and depression can make it harder to do daily tasks, get or keep a job, keep good relationships, and have high self-confidence.⁵ When someone has anxiety or depression for a long time, it can make their physical health worse too.⁶ It can also make people more likely to have other mental health concerns such as substance use disorder (commonly known as addiction).⁷ Mental health services, like counseling or therapy, can help people feel less anxious and depressed and help to keep them physically healthy.⁸



Fear, unadulterated fear because we'd never lived through anything like that...We went to the supermarket...there was nothing on the shelves. I stood and cried next to my husband... It was really, really scary.

– White woman, Pennsylvania,
works part-time in an afterschool program

METHODOLOGY

Data Estimates

Unless otherwise stated, all data in this report is from the U.S. Census Bureau Household Pulse Survey. Estimates of the number and percent of people who had anxiety or depression symptoms are averaged over all datasets of the Household Pulse Survey from July 21, 2021, to May 9, 2022. Each dataset consists of a 13-day period. There are often gaps between the collection of each dataset. In this report, we use “in an average two-week period” to describe this data.

Anxiety and Depression

The Census Household Pulse Survey measures social and economic impacts of the COVID-19 pandemic. The Census Household Pulse Survey asks two questions to find out if someone has anxiety symptoms: “Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?” and “Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?” Both questions have the response options: “not at all,” “several days,” “more than half the days,” and “nearly every day.” A person must answer both anxiety questions to be counted in the anxiety data. If a person answers “more than half the days” or “nearly every day” to both questions, then they are said in this report to have anxiety symptoms.

The survey asks two questions to find out if someone has depression symptoms: “Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?” and “Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?” Both questions have the response options: “not at all,” “several days,” “more than half the days,” and “nearly every day.” A person must answer both depression questions to be counted in the depression data.

If a person answers “more than half the days” or “nearly every day” to both questions, then they are said in this report to have depression symptoms.

IF A PERSON HAS EITHER ANXIETY AND/OR DEPRESSION SYMPTOMS, THEY ARE SAID TO HAVE ANXIETY OR DEPRESSION SYMPTOMS.

This follows methodology created by the Centers for Disease Control. For more information, see: <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

Gender Identity and Sexual Orientation

The Census Household Pulse Survey asks questions about a person's sex assigned at birth, current gender identity, and sexual orientation. People whose sex at birth is the same as their current gender identity and who select "Straight" on the sexual orientation question are counted as "non-LGBT."

People whose sex assigned at birth is not the same as their current identity, who indicate they are transgender, and/or who indicate they are gay, lesbian, or bisexual are counted as "LGBT."

Survey respondents self-identified their gender as "male," "female," "transgender," or "none of the above." This report considers women to be any person whose current gender identity is "female." This includes cisgender women, and it may also include some transgender women (since some transgender women may have selected "female" rather than "transgender" to best describe their gender identity).

This follows methodology created by the Census Bureau. For more information, see: <https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html>

Disability

The Census Household Pulse Survey asks the four following questions: "Do you have difficulty seeing, even when wearing glasses?"; "Do you have difficulty hearing, even when using a hearing aid?"; "Do you have difficulty remembering or concentrating?"; and "Do you have difficulty walking or climbing stairs?" People that say they have a "lot of difficulty" seeing, hearing, remembering, or with mobility or that "cannot do [it] at all" are counted as disabled. People who do have "no difficulty" or "some difficulty" in seeing, hearing, remembering, and with mobility are counted as nondisabled people or people without disabilities.

This follows methodology created by the Center for Disease Control.

For more information, see: <https://www.cdc.gov/nchs/covid19/pulse/functioning-and-disability.htm>

Quotes and Polling Data

To understand how the pandemic has affected women and their families, NWLC partnered with Sprout Insight to do in-depth interviews and focus groups with women around the country in December 2021. NWLC partnered with the polling firm GQR to do a nationally representative mixed model survey of 3,800 adults from February 7–25, 2022. Quotes in this report are from the people in the focus groups and in-depth interviews done by Sprout Insight.

A NOTE ON LANGUAGE



We acknowledge that the term "LGBT" does not include all of those who identify as a part of the LGBTQI+ community. However, this report uses the term LGBT instead of LGBTQI+ when reporting on data because the available data is only from adults who identify as lesbian, gay, bisexual, or transgender.





“

Although you can grow within your home as a professional, with studies, work, etc., you are also required to be a good mother, to be a good housewife, to be a good wife. So far from feeling more liberated, **they put more weight on you.**

-Latina, Virginia, works salaried job remotely as a graphic designer and started freelancing independently during the pandemic

BLACK WOMEN, LATINAS, DISABLED WOMEN, AND LGBT ADULTS HAD HIGHER RATES OF ANXIETY AND DEPRESSION SYMPTOMS.

During the COVID-19 pandemic, many people experienced life changes that disrupted their regular routines, employment, and families. These changes made many feel unsure about the future, increasing their anxiety and depression. In 2019, 11% of adults had anxiety or depression symptoms,⁹ a number that was rising even before the pandemic started.¹⁰ Just two years later, nearly three times as many adults (30.9%) had anxiety or depression symptoms.¹¹

Women were more likely to experience these life disruptions. A greater share of women, and an even greater share of Black women and Latinas, lost their jobs compared to men and white men.¹² Experiencing job loss or being unable to afford necessary items often worsens anxiety and depression.¹³ Even more, schools closed, and people were told to stay home to stop the spread of COVID-19, which left people isolated, unable to see family and friends, and overwhelmed by increased

caregiving responsibilities. Both experiences can worsen anxiety and depression.¹⁴ Many also grieved the loss of their families, friends, and community members to the coronavirus, with potentially long-lasting impacts on people's mental health.¹⁵

Women of color, disabled women, LGBT adults of all genders, and disabled LGBT adults experienced disproportionately negative impacts from the COVID-19 pandemic. Before the pandemic ever started, these groups suffered from discrimination based on racism, ableism, sexism, and anti-LGBTQI+ bias in the workplace, in health care settings, and in other aspects of their lives. This led to greater economic insecurity and higher poverty rates prior to the COVID-19 pandemic for women of color, disabled women, LGBT adults, and disabled LGBT adults. Many of the people in these groups are affected by discrimination based on more than one of those identities. For example, a disabled Black woman may experience the compounding impacts of racism, sexism, and ableism. This report focuses on women of color, disabled women, LGBT adults, and disabled LGBT adults because they have experienced some of the highest rates of depression and anxiety during the pandemic. Policy solutions must center them.



A NOTE ON LANGUAGE



Throughout this report we use Black women, Asian women, and white women to signify Black, non-Hispanic women, Asian, non-Hispanic women, and white, non-Hispanic women.

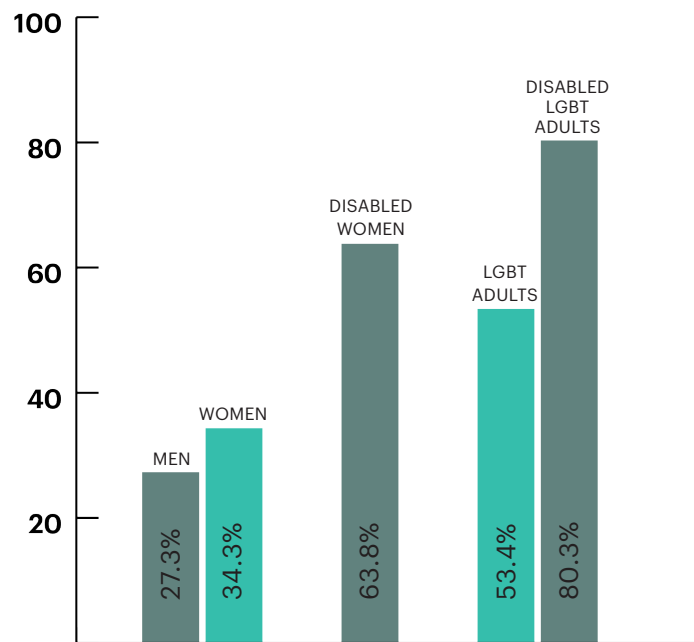
This report also uses the term LGBT instead of LGBTQI+ because the available data is only from adults who identify as lesbian, gay, bisexual, or transgender. The term Latinx is used as a gender-neutral term for adults of Hispanic, Latino, or Spanish origin.

In an average two-week period during the pandemic, over 36 million women had anxiety or depression symptoms. Over one in three women (34.3%) had anxiety or depression symptoms and they were more likely than men (27.3%) to have anxiety or depression symptoms.

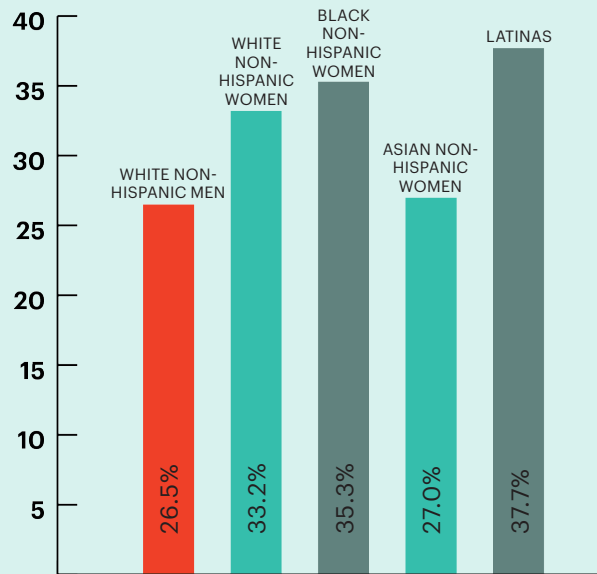
- ▶ Latinas (37.7%), Black women (35.3%), and white women (33.2%) had very high rates of anxiety or depression symptoms during the pandemic and were more likely than white men (26.5%) to have symptoms.
- ▶ Disabled women of color were even more likely to experience anxiety or depression. 63.8% of disabled women had anxiety or depression symptoms, over 2.5 times more likely than nondisabled men (23.4%). 66.9% of disabled Latinas, 63.1% of disabled white women, 62.0% of disabled Black women, and 57.1% of disabled Asian women had anxiety or depression symptoms compared to 55.8% of disabled white men
- ▶ Over half of LGBT adults (53.4%) had anxiety or depression symptoms. LGBT adults were nearly two times more likely than non-LGBT adults (28.7%) to have anxiety or depression symptoms.

- ▶ Among LGBT people of color, Latinx people (55.2%) faced the highest rates of having anxiety or depression symptoms and were two times more likely than white non-LGBT people (27.5%) to have these symptoms. Black LGBT adults (48.5%) were over 1.5 times more likely and Asian LGBT adults (40.8%) were nearly 1.5 times more likely than white non-LGBT adults to have anxiety or depression symptoms.
- ▶ 80.3% of disabled LGBT adults had anxiety or depression symptoms, nearly 3.5 times more likely than nondisabled non-LGBT adults (24.1%).
- ▶ Among disabled LGBT adults, 83.1% of Latinx, 80.3% of white, 79.6% of Black, and 72.5% of Asian adults had anxiety or depression symptoms. These groups were all over three times more likely than white nondisabled non-LGBT adults (23.1%) to have anxiety or depression symptoms.

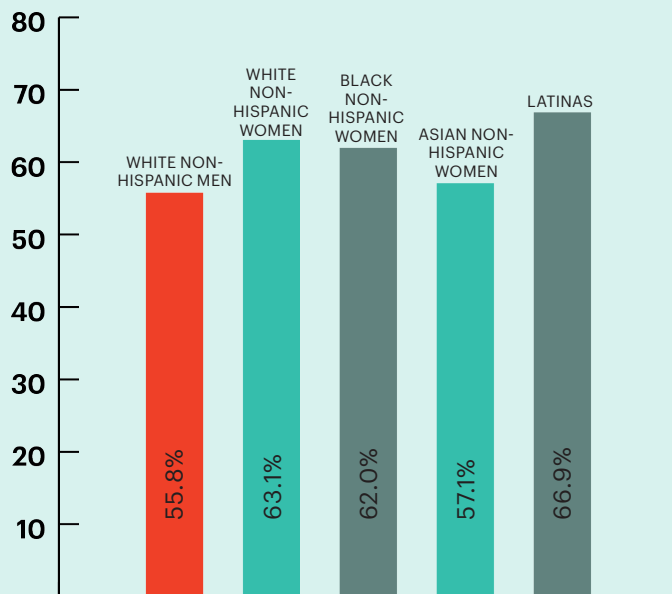
Anxiety or depression symptoms by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms by selected demographics (July 21, 2021 – May 9, 2022)

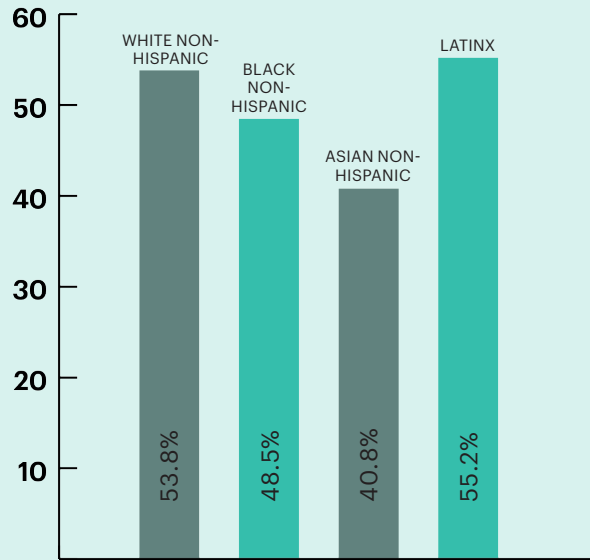


Anxiety or depression symptoms among disabled adults by selected demographics (July 21, 2021 – May 9, 2022)

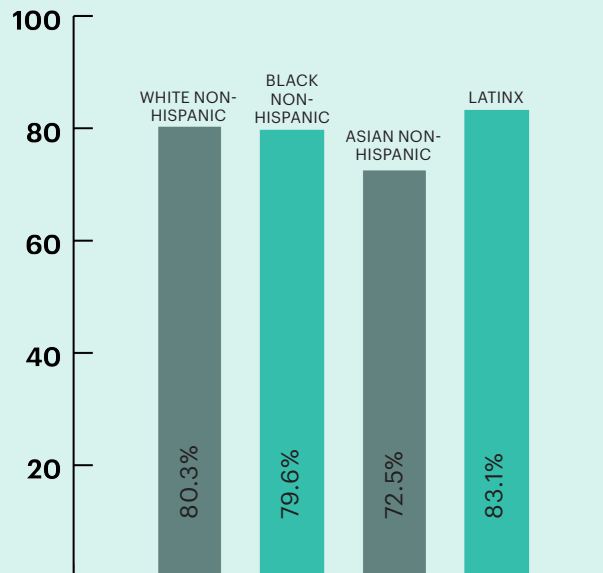


Source: NWLC calculations are based on U.S. Census Bureau, 2020–2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 – May 9, 2022). Survey respondents self-identified their gender (male, female, transgender, or none of the above), their race, and whether they were of Hispanic, Latino, or Spanish origin.

Anxiety or depression symptoms among LGBT adults by race/ethnicity (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among disabled LGBT adults by race/ethnicity (July 21, 2021 – May 9, 2022)



Source: NWLC calculations are based on U.S. Census Bureau, 2020–2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 – May 9, 2022). Survey respondents self-identified their gender (male, female, transgender, or none of the above), their race, and whether they were of Hispanic, Latino, or Spanish origin.

The Census Household Pulse Survey asks people questions to understand their use of mental health services:

“At any time in the last 4 weeks, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?” and

“At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but DID NOT GET IT for any reason?”

This section primarily reports on those who needed but did not get services from a mental health professional.



MANY WOMEN WERE NOT ABLE TO GET THE MENTAL HEALTH SERVICES THEY NEEDED.

Mental health professionals warned of a crisis of poor mental health due to the COVID-19 pandemic.¹⁶ Now in the third year of the pandemic, many women who need mental health care still cannot get this care. Cost, lack of paid time off, barriers to using telehealth, health care discrimination, and stigma are common barriers to care. For example, many providers changed from in-office visits to telehealth video calls or phone calls with their patients. Telehealth visits make it easier for some to talk to their doctors but harder for others who lack reliable internet,¹⁷ more often Black, Latinx, disabled, and LGBTQI+ people.¹⁸ For example, a patient with mobility or physical disabilities may find it difficult to position themselves for the doctor, people who are blind or have low vision may not be able to access the website, or some people with intellectual or developmental disabilities may have a hard time navigating websites or describing concerns to the

doctor over telehealth visits.¹⁹ Telehealth visits do not work for all people and actually reduced access to care for some during the pandemic.²⁰ Due to these telehealth-related barriers, together with many other previously existing and new barriers during the pandemic, many people did not get the mental health care they needed.

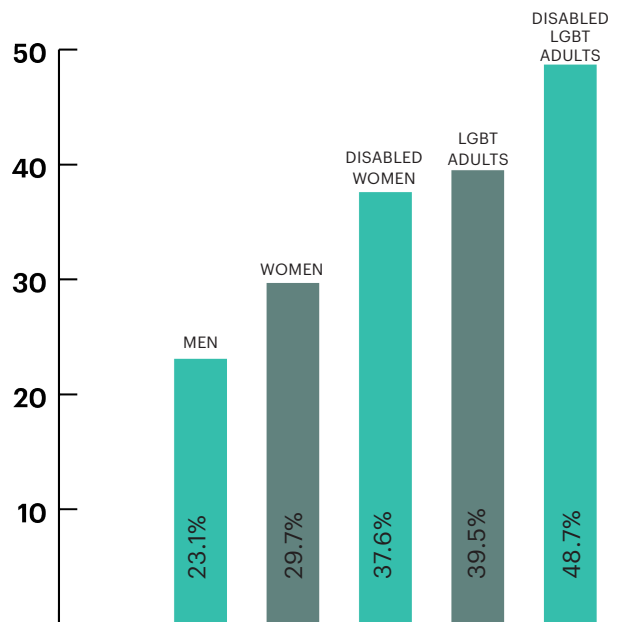
On average over a two-week period, nearly 10.6 million women (29.7% of women with anxiety or depression symptoms) said they were not able to get mental health services (like counseling or therapy) that they needed in the past four weeks. Women were more likely than men (23.1%) to not get the mental health services they reported needing. Only 21.7% of women with anxiety or depression symptoms report getting mental health services during the same period, meaning 78.3% did not get any mental health services. Latinas and Black women were most likely to report needing mental health services but not getting them.

- ▶ Among those with anxiety or depression symptoms, 29.1% of Black women, 28.9% of Latinas, and 24.0% of Asian women did not get mental health services they needed. Black women, Latinas, and Asian women were more likely than white women (17.1%) and white men (10.0%) to say they needed but did not get mental health services.
- ▶ 37.6% of disabled women with anxiety or depression symptoms said that they did not get mental health services they needed. 38.5% of disabled Latinas, 38.1% of disabled Black women, and 33.6% of disabled Asian women said they needed but did not get mental health services.
- ▶ Of those with anxiety or depression symptoms, 39.5% of LGBT adults did not get the services they needed compared to 24.5% of non-LGBT adults. 37.2% of LGBT Latinas, 36.7% of LGBT Black, and 34.5% of LGBT Asian adults did not get needed mental health services.
- ▶ 48.7% of disabled LGBT adults with anxiety or depression symptoms did not get needed mental health services.

Of those who have anxiety or depression symptoms, many did not receive services. These respondents may have felt that they did not need mental health services for their anxiety or depression symptoms, as suggested by a recent poll conducted by the National Women’s Law Center. Like the Pulse survey, the poll found that the pandemic had a negative impact on the mental health of many women, but that many women also did not get mental health services. Of those women who did not get any mental health treatment, 52.9% said they did not get treatment because they could handle their mental health themselves or that they did not need treatment. A greater share of Latinas (58.1%) and Black women (53.9%) reported this than white women (50.4%).

I thought about [seeking formal help], but it’s so expensive. How am I going to afford that?... I didn’t even look into it, because I was like ‘ugh, another thing to pay for.’

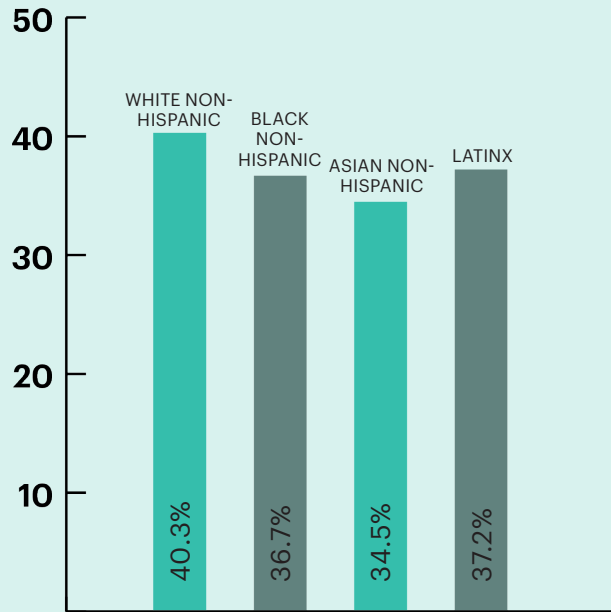
Asian woman, Georgia works hourly and remotely as a project manager



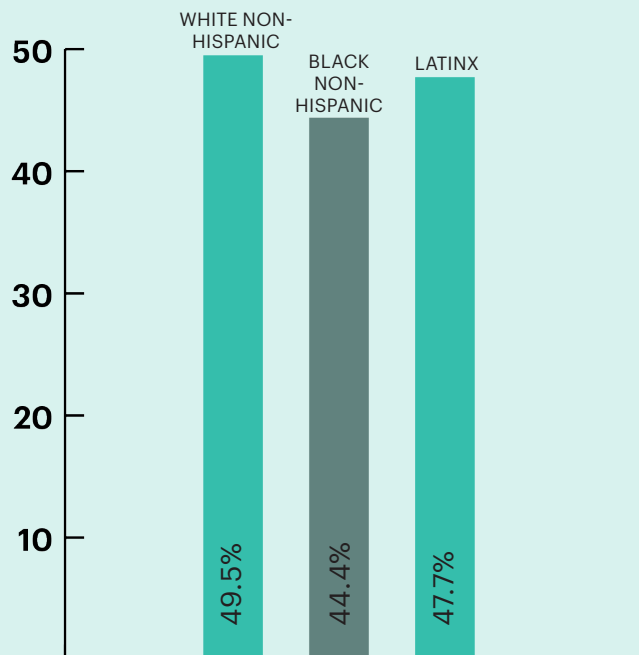
Share with anxiety or depression symptoms who needed but did not get mental health services by selected demographics (July 21, 2021 – May 9, 2022)



LGBT adults with anxiety or depression symptoms who needed but did not get mental health services by race/ethnicity (July 21, 2021 – May 9, 2022)

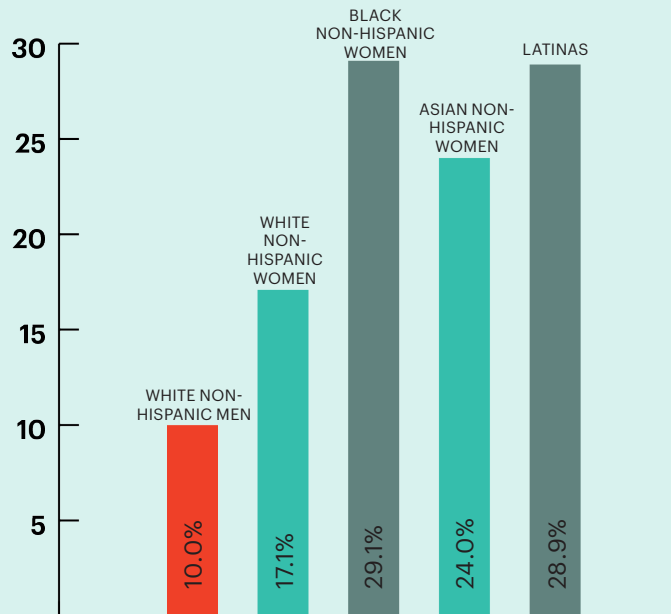


Disabled LGBT adults with anxiety or depression symptoms who needed but did not get mental health services by race/ethnicity (July 21, 2021 – May 9, 2022)

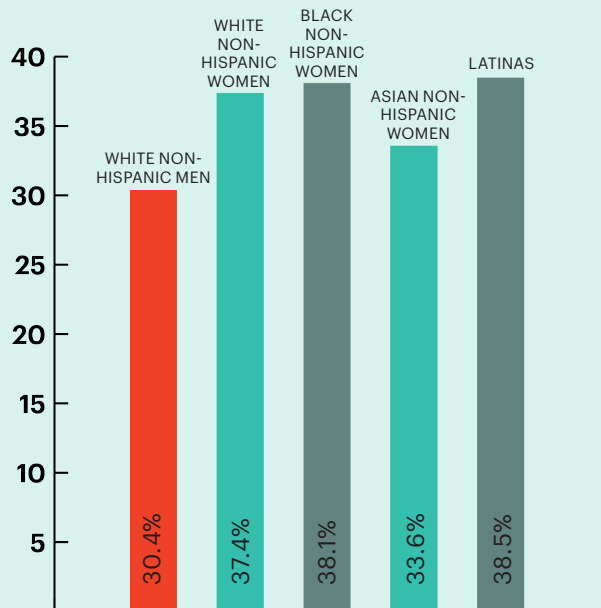


Source: NWLC calculations are based on U.S. Census Bureau, 2020–2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 – May 9, 2022). Survey respondents self-identified as male, female, transgender, or none of the above and self-identified their race and whether they were of Hispanic, Latino, or Spanish origin.

Share with anxiety or depression symptoms who needed but did not get mental health services by selected demographics (July 21, 2021 – May 9, 2022)



Disabled adults with anxiety or depression symptoms who needed but did not get mental health services by selected demographics (July 21, 2021 – May 9, 2022)



Source: NWLC calculations are based on U.S. Census Bureau, 2020–2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 – May 9, 2022). Survey respondents self-identified as male, female, transgender, or none of the above and self-identified their race and whether they were of Hispanic, Latino, or Spanish origin.

NOT HAVING ENOUGH FOOD TO EAT IS A KEY DRIVER OF MENTAL HEALTH SYMPTOMS.

Those who are food insufficient are more likely to have depression and anxiety. They are also more likely to have chronic health conditions such as diabetes and hypertension.²¹ Each of these health conditions can be lifelong and have high health costs, including daily prescription medication and more frequent health care provider visits. Those experiencing food insufficiency often cannot afford these health costs, driving them further into financial difficulty and putting their health at risk. As a result of the pandemic, food insufficiency rose and remains high for many women. While job loss was substantial during the pandemic, not having enough food to eat had a greater impact on anxiety and depression than job loss.²²

About one in 10 women (9.8%) experienced food insufficiency during the pandemic. Black women (18.6%) and Latinas (15.4%) were more likely than white women (6.8%) and white men (6.2%) to be food insufficient.²³ Disabled women (22.0%), LGBT adults (14.0%), and disabled LGBT adults (27.8%) also experienced high rates of food insufficiency.

- ▶ Among women who were food insufficient, 66.5% had anxiety or depression symptoms. These women were over two times more likely than women who did have enough food to eat (30.9%) to have anxiety or depression symptoms.
- ▶ Among women of color who were food insufficient, 64.7% of Asian women, 60.9% of Latinas, and 58.4% of Black women had anxiety or depression symptoms. In comparison, 70.7%

of white men who were food insufficient had anxiety or depression symptoms.

- ▶ Asian women who did not have enough food to eat had the greatest increase in anxiety or depression symptoms. They were over 2.5 times more likely than Asian women who were not food insufficient to have anxiety or depression symptoms. Food insufficient Black women and Latinas were each about two times more likely to experience anxiety or depression symptoms compared to women of the same race and ethnicity who were not food insufficient.
- ▶ 83.5% of disabled women who were food insufficient had anxiety or depression symptoms.
- ▶ 80.0% of LGBT adults who were food insufficient had anxiety or depression symptoms. Among those who were food insufficient, LGBT adults were more likely than non-LGBT adults (64.2%) to have anxiety or depression symptoms.
- ▶ 90.8% of disabled LGBT adults who were food insufficient had anxiety or depression symptoms.

The Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) provides money to buy food for people who do not have enough food to eat. Black women and Latinas are more likely to not have enough food to eat but are less likely to get money from SNAP due to factors like structural barriers and racism.²⁴ There are also structural barriers for many immigrant families, formerly incarcerated individuals, older adults, college students, and low-paid workers.²⁵ Those who do access SNAP may contend with judgment from others. This can trigger shame²⁶ and that shame can worsen their depression and anxiety.²⁷

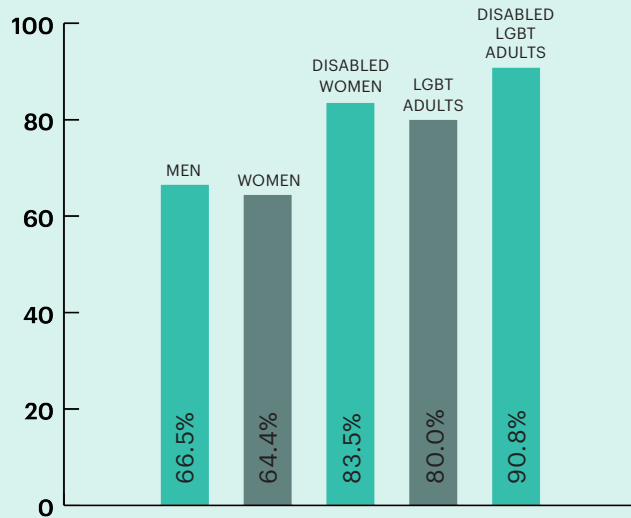
WHAT IS FOOD INSUFFICIENCY?



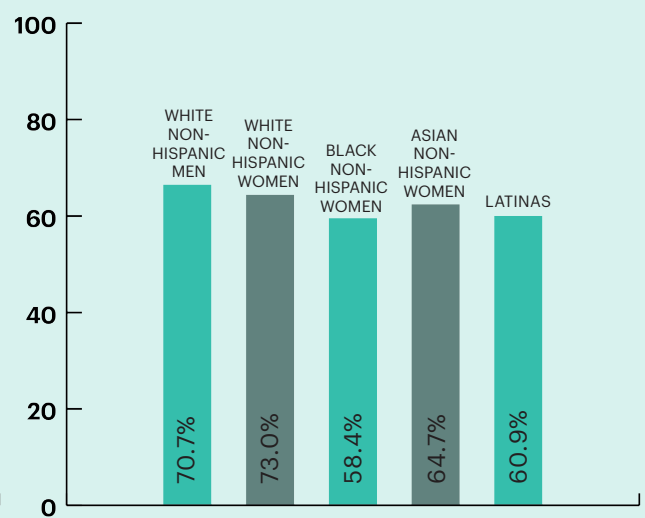
In this report, when someone is food insufficient, they report sometimes or often not having enough food to eat.



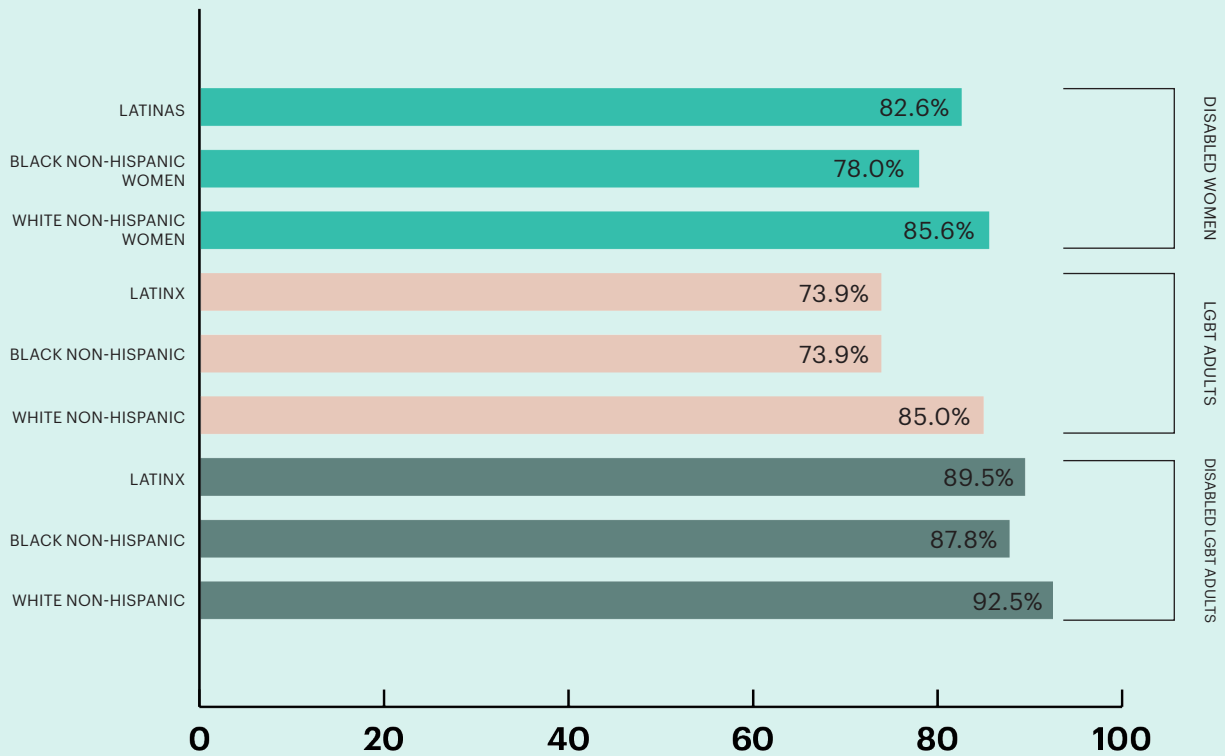
Anxiety or depression symptoms among those who were food insufficient by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among those who were food insufficient by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among disabled women, LGBT adults and disabled LGBT adults who were food insufficient by race/ethnicity (July 21, 2021 – May 9, 2022)



Source: NWLC calculations are based on U.S. Census Bureau, 2020–2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 – May 9, 2022). Survey respondents self-identified as male, female, transgender, or none of the above and self-identified their race and whether they were of Hispanic, Latino, or Spanish origin.

WORRYING OVER HOUSING PAYMENTS CAN MAKE MENTAL HEALTH WORSE.

The inability to pay for housing increased dramatically during the pandemic, particularly among Black and Latinx people.²⁸ Being behind on rent payments can increase anxiety and depression. It can also create long periods of stress, which can negatively impact physical health.²⁹

Of women who rented their homes, 16.3% were behind on their rent payments. Black women (26.5%) and Latinas (18.6%) were more likely to be behind on their rent payments than white women (11.2%) and white men (9.1%). Disabled women (22.6%), LGBT adults (14.0%), and disabled LGBT adults (18.6%) were also especially likely to be behind on their rent.

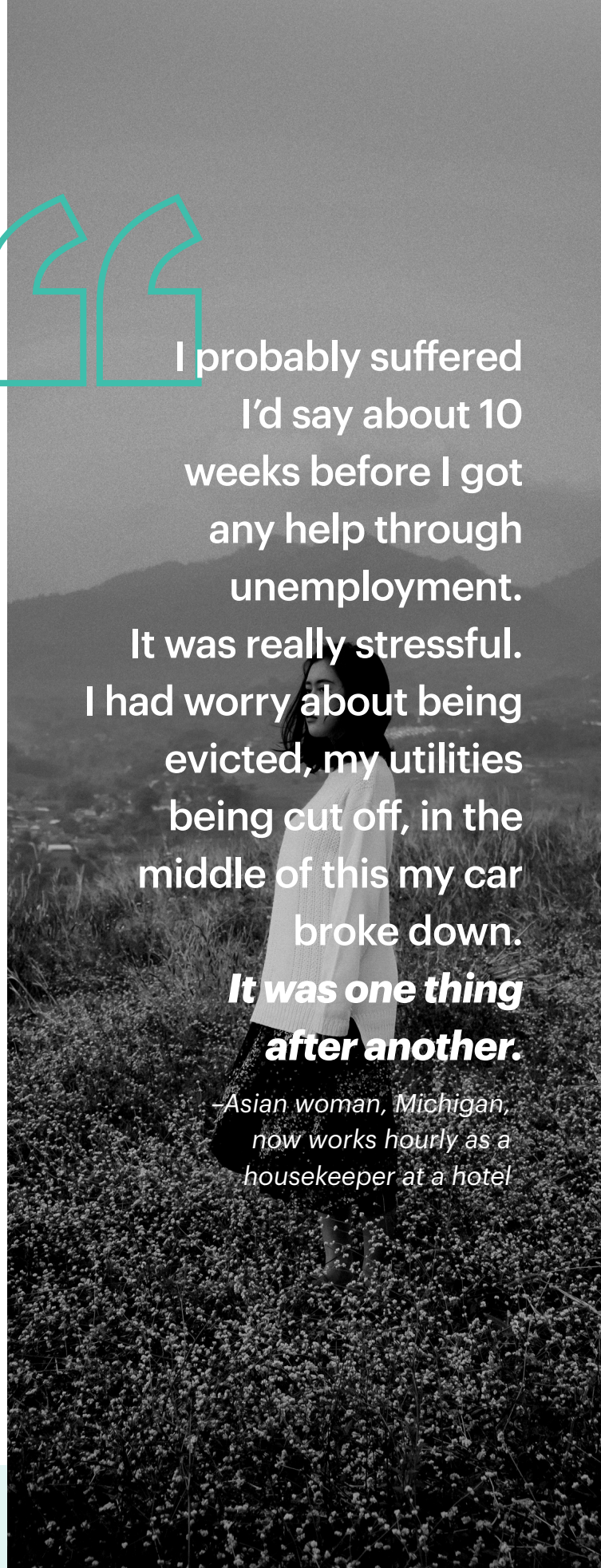
Among women who were behind on their rent payments, 60.8% had anxiety or depression symptoms. Women behind on their rent were more likely than women who were not behind on their rent (42.8%) to have anxiety or depression symptoms.

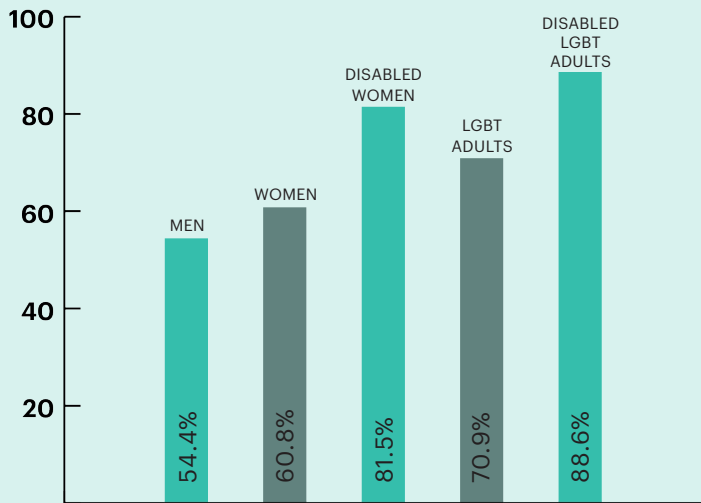
- ▶ 57.0% of Black women and 56.3% of Latinas who were behind on their rent had anxiety or depression symptoms. Black women and Latinas behind on their rent were more likely than Latinas (40.7%) and Black women (35.7%) not behind on their rent to have anxiety or depression symptoms.
- ▶ 81.5% of disabled women who were behind on their rent had anxiety or depression symptoms.
- ▶ 70.9% of LGBT adults who were behind on their rent had anxiety or depression symptoms and were more likely than non-LGBT adults (57.5%) who were behind on their rent to have symptoms.
- ▶ Among those who were behind on their rent, 88.6% of disabled LGBT adults had anxiety or depression symptoms.



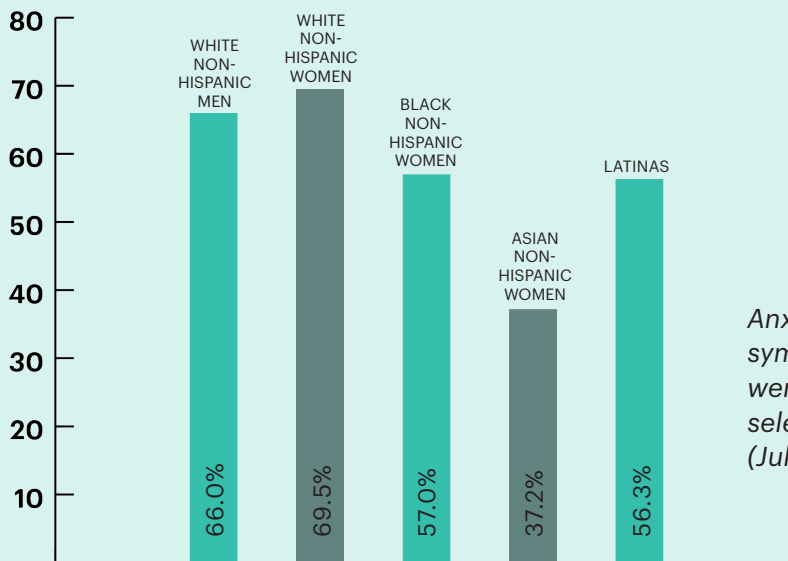
I probably suffered
I'd say about 10
weeks before I got
any help through
unemployment.
It was really stressful.
I had worry about being
evicted, my utilities
being cut off, in the
middle of this my car
broke down.
***It was one thing
after another.***

*—Asian woman, Michigan,
now works hourly as a
housekeeper at a hotel*

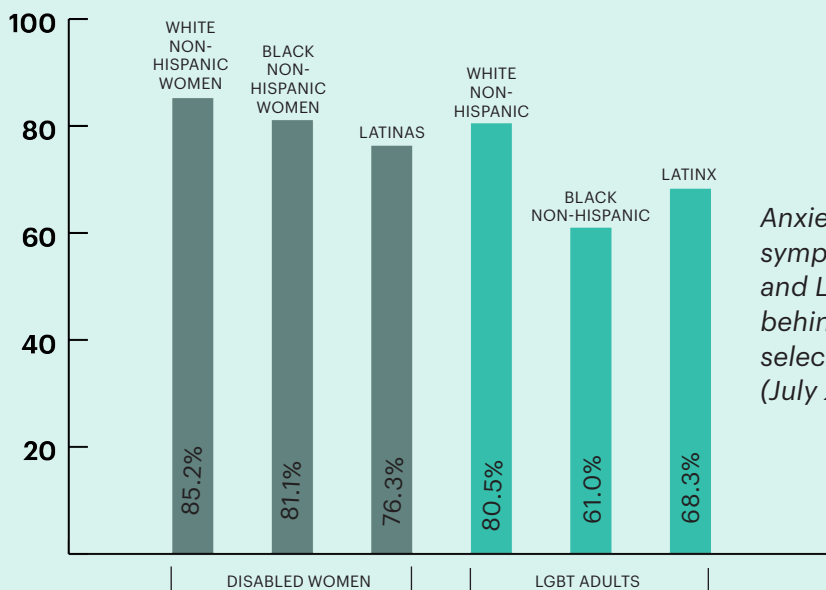




Anxiety or depression symptoms among those who were behind on their rent by selected demographics (July 21, 2021 - May 9, 2022)



Anxiety or depression symptoms among those who were behind on their rent by selected demographics (July 21, 2021 - May 9, 2022)



Anxiety or depression symptoms among disabled and LGBT adults who were behind on their rent by selected demographics (July 21, 2021 - May 9, 2022)

Source: NWLC calculations are based on U.S. Census Bureau, 2020 - 2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 - May 9, 2022). Survey respondents self-identified as male, female, transgender, or none of the above and self-identified their race and whether they were of Hispanic, Latino, or Spanish origin.

WOMEN WHO LOST EMPLOYMENT INCOME HAD HIGHER ANXIETY OR DEPRESSION SYMPTOMS.

More than one in seven women (15.4%) were in households that lost employment income in the previous four weeks.³⁰ An even greater proportion of Latinas (24.6%), Black women (22.2%), and disabled women (23.0%) were in households that lost employment income. LGBT adults (19.7%), and disabled LGBT adults (28.6%) also disproportionately were in households that lost employment income.

Over half of the women (54.2%) in households that lost employment income had anxiety or depression symptoms and they were more likely than men (49.3%) in households that lost employment income to have symptoms. These women were nearly two times more likely than women (30.7%) in households that did not lose employment income to have anxiety or depression symptoms.

- ▶ 52.1% of Black women, 50.3% of Latinas, and 43.2% of Asian women in households that lost employment income had anxiety or depression symptoms. They were all more likely to have anxiety or depression symptoms than women of the same race and ethnicity who were in households that did not lose income.
- ▶ 77.5% of disabled women in households that lost employment income had anxiety or depression symptoms. 77.3% of Black disabled women, 76.2% of disabled Latinas, and 65.8% of Asian disabled women in households that lost employment income had anxiety or depression symptoms.
- ▶ Of LGBT adults in households that lost employment income, 72.3% had anxiety or depression symptoms. They were more likely than non-LGBT adults (49.7%) to have these symptoms.
- ▶ Among LGBT adults of color in households that lost employment income, 70.3% of Black adults, 68.9% of Latinx adults, and 54.8% of Asian adults had anxiety or depression symptoms.

- ▶ 89.2% of disabled LGBT adults in households that lost employment income had anxiety or depression symptoms.

Anxiety and depression caused by job insecurity (loss of a job, pay cuts, or reduced hours) remains for years. And likelihood of anxiety or depression increases in periods of widespread economic uncertainty, like during the COVID-19 pandemic.³¹ When people lost employment income, anxiety or depression symptoms were partially mitigated if they got unemployment benefits.³² However, many did not get unemployment benefits or did not get enough during the pandemic.³³

89.2% of disabled LGBT adults in households that lost employment income had anxiety or depression symptoms.





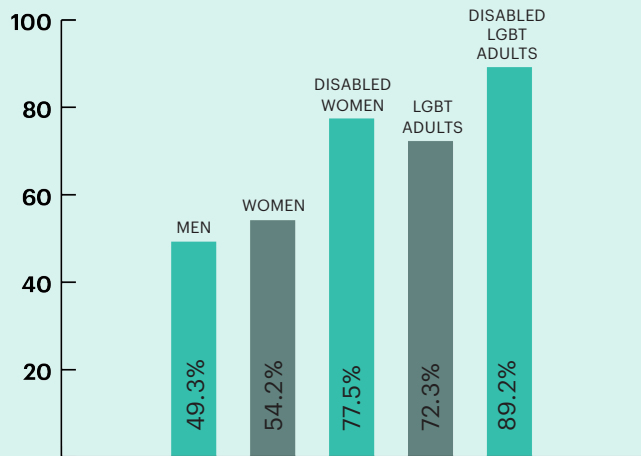
Every cent [of the stimulus check] went to bills, because it was never enough.

-White woman, Virginia, works hourly as a gas station attendant and has her own house cleaning business

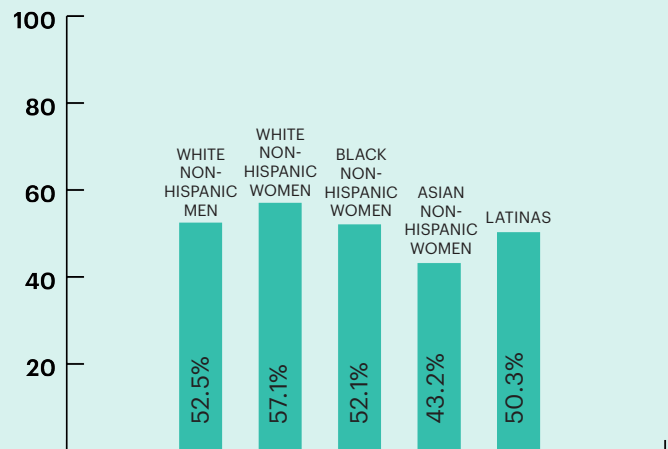
I went from having extra money and not worrying about things to not even knowing if I was going to have fare for transportation to work, because everything I was making was just enough to pay my rent and barely my utilities.

-Asian woman, Michigan, laid off from job as hotel housekeeper early in the pandemic

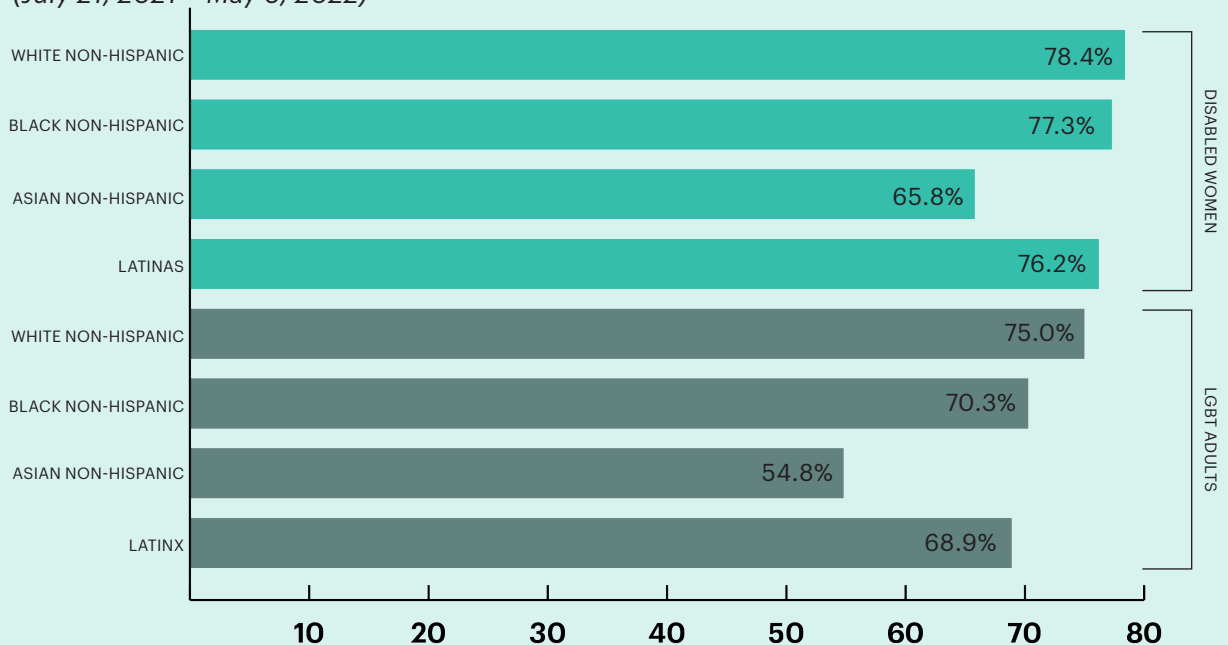
Anxiety or depression symptoms among those in households that lost employment income by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among those in households that lost employment income by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among disabled women and LGBT adults in households that lost employment income by race/ethnicity (July 21, 2021 – May 9, 2022)



Source: NWLC calculations are based on U.S. Census Bureau, 2020–2022 Household Pulse Survey, using data from week 34 to week 45 (July 21, 2021 – May 9, 2022). Survey respondents self-identified as male, female, transgender, or none of the above and self-identified their race and whether they were of Hispanic, Latino, or Spanish origin.



Even me looking for other jobs was not very conducive because...I can't go in [to a workplace] now I have these kids at home... I was like, 'what do I do with the kids?'

—Asian woman, Georgia, works hourly and remotely as a project manager

WOMEN WITHOUT CHILD CARE HAVE WORSE MENTAL HEALTH.

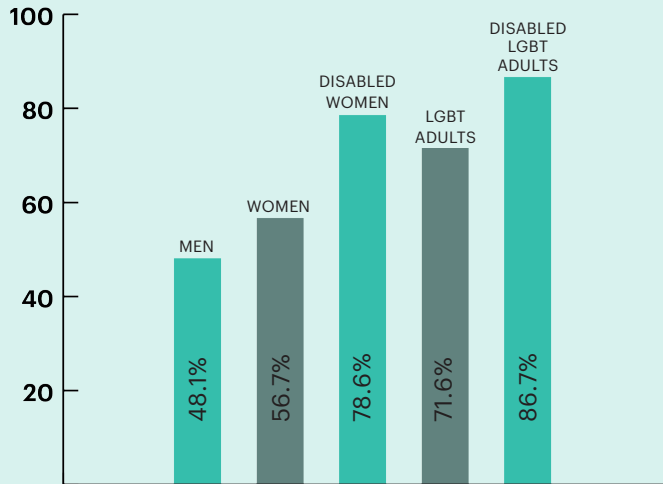
In families that did not have child care, women were often the ones to take care of the children even if they had jobs outside the home. Women who had to take on caregiving duties often had to work fewer hours during the week and many of them left their jobs entirely.³⁴ Safety precautions like stay-at-home orders, school closings, and child care closures that were intended to mitigate the spread of COVID-19 also resulted in high stress among mothers of young children.³⁵ Some people's families or friends took care of their children when they had to work, but the pandemic made it hard to be in person with loved ones.³⁶ This meant that many people whose families normally help to take care of children had to take care of their children by themselves.

Among those who had children under the age of 12, over one in four women (25.6%) did not have child care due to the pandemic.³⁷ Compared to white women (23.8%), Black women (31.2%) were more likely to not have child care. Disabled women (36.0%), LGBT adults (32.4%), and disabled LGBT adults (41.4%) were the most likely to not have child care.

Over half of women (56.7%) who did not have child care had anxiety or depression symptoms. These women were more likely than men (48.1%) who did not have child care to have anxiety and depression symptoms. They were also more likely than women who had child care (33.3%) to have anxiety or depression symptoms.

- ▶ 57.8% of Latinas, 52.8% of Black women, and 46.1% of Asian women who did not have child care had anxiety or depression symptoms. They were all more likely than women of the same race and ethnicity who had child care to have anxiety or depression symptoms.
- ▶ 78.6% of disabled women who did not have child care had anxiety or depression symptoms.
- ▶ 71.6% of LGBT adults who did not have child care had anxiety or depression symptoms and were more likely than non-LGBT adults (51.2%) who did not have child care to have anxiety or depression symptoms.
- ▶ 86.7% of disabled LGBT adults who did not have child care had anxiety or depression symptoms.

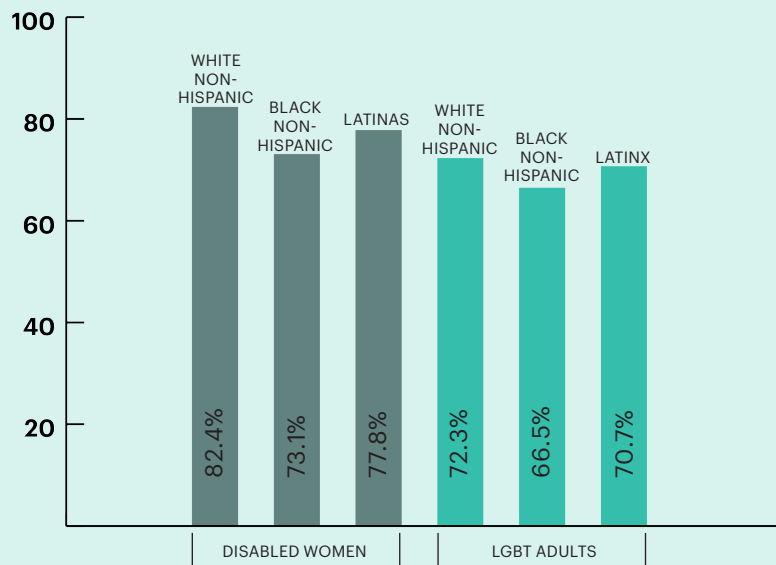




Anxiety or depression symptoms among those who did not have child care by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among those who did not have child care by selected demographics (July 21, 2021 – May 9, 2022)



Anxiety or depression symptoms among disabled women and LGBT adults who did not have child care by race/ethnicity (July 21, 2021 – May 9, 2022)

Data shows that women and LGBT adults need better access to mental health services.

The COVID-19 pandemic destabilized our nation's health, our economy, and people's individual lives.

For women and LGBT people, the pandemic increased caregiving responsibilities, reduced employment income, and created greater difficulty in affording necessities, worsening their mental health. This was particularly true for women of color, disabled women, and LGBT individuals, who already had fewer resources before the pandemic due to structural racism, sexism, ableism, and anti-LGBTQI+ bias. The data analyzed in this report demonstrate that reducing anxiety and depression will require both increasing access to mental health services and improving the economic security of women of color, disabled women, and LGBT people. Interventions should center those with intersecting identities, who experienced disproportionate impacts during the pandemic.

This report makes clear there is still much work to be done to improve mental health for women and LGBT adults. This mental health crisis will continue far past the COVID-19 pandemic and its fallout. Without intervention, it may impact women's health and economic security for years to come. To learn more about policy solutions to the current mental health epidemic [see](#).



ENDNOTES

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