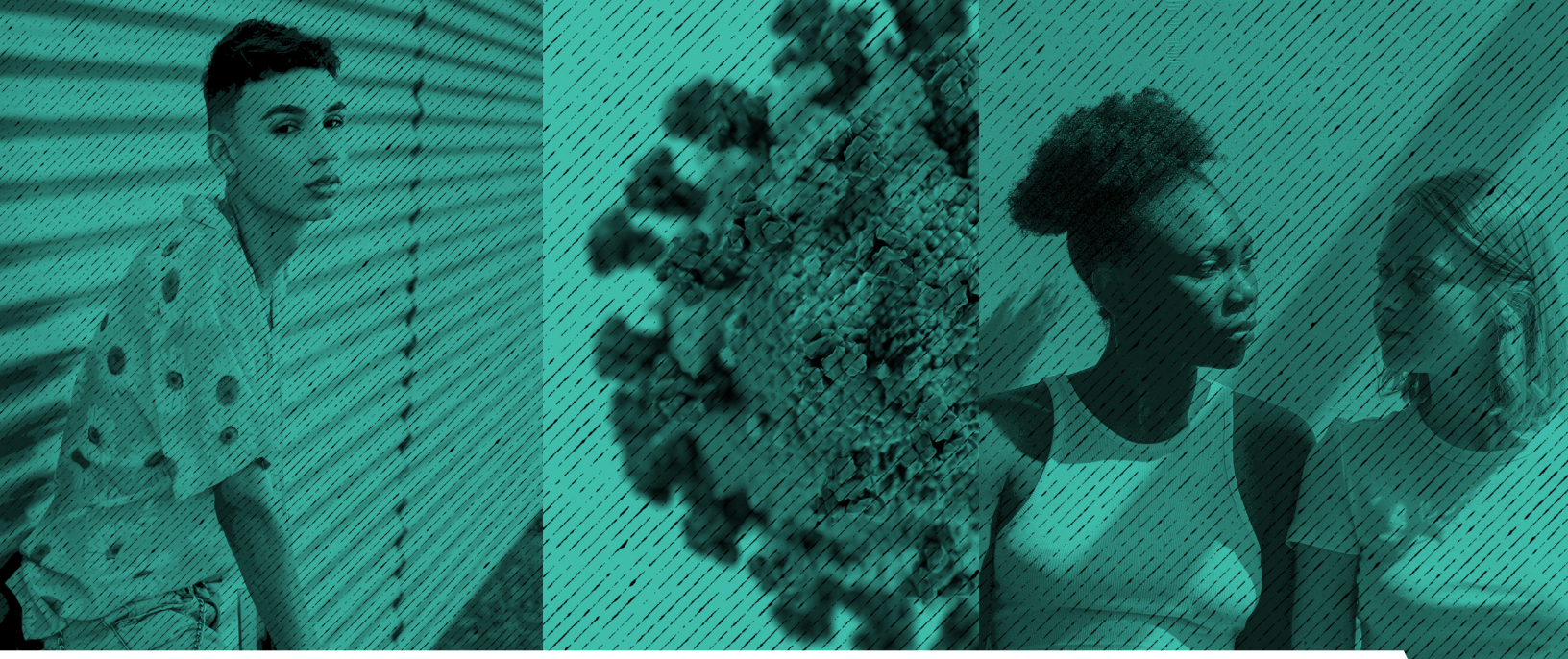


FORCED TO THE FOREFRONT: THE CONNECTIONS BETWEEN ECONOMIC INSECURITY, -ISMS, AND MENTAL HEALTH

EXECUTIVE SUMMARY

The COVID-19 pandemic exposed what impacted communities already know—our nation's economic and social infrastructure systematically fails many women of color, LGBT (lesbian, gay, bisexual, and transgender) people and disabled women. Prior to the pandemic, women of color, LGBT people, and disabled people already had fewer resources because systemic and structural racism, sexism, and ableism pushed them out of labor force, excluded them from safe, accessible, and affordable housing, denied them access to comprehensive health care, and prevented them, in many other ways, from having the full support they needed to thrive.

The pandemic only widened the resource and opportunity gap. Women were more likely than men to have lost their jobs or be pushed out of the labor force due to caregiving responsibilities and a lack of affordable child care, which reduced their incomes and increased their mental loads. Decreases in income and resources, alongside the increases in prices of household goods and housing, have left many women of color, LGBT people, and their families without enough food to eat, unable to afford their housing payments, and unable to afford health care.

Three years into the pandemic, women of color, LGBT people, and disabled women continue to face hardship. As detailed in *A MENTAL HEALTH EPIDEMIC: The COVID-19 Pandemic's Effect on Anxiety and Depression Among Women and LGBT Adults*, the lack of adequate resources is correlated with persistent feelings of anxiety, depression, or both, which can have lifelong impacts on their health and well-being.

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.
- 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.
- 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.

Policymakers must address both the drivers of economic instability and barriers to mental health care.

To truly address our nation's mental health crisis, policymakers must address economic instability. Mental health policy discourse often calls for comprehensive mental health coverage and an increase in mental health providers. While those are important priorities, policymakers must take a broader view of what constitutes a comprehensive mental health response. This is particularly important for the mental health and well-being of women of color, LGBT people, disabled women, and those living at the intersection of these identities.

To address the existing mental health crisis, women of color, disabled women, and LGBT people need investments in accessible, affordable, and safe housing, child care, quality employment, and nutritious foods. Instability in these areas deeply impacts mental health and well-being. Constant and prolonged worry about housing, food, income, child care, and transportation can create chronic stressors, trigger mental and physical health impacts, and deteriorate health.

Policymakers must prioritize:

- Increasing the supply of accessible and affordable housing and expanding rental assistance and down payment assistance.
- Removing barriers to applying for food assistance like the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) and school meals.
- Increasing the supply of accessible and affordable child care.
- Increasing workplace protections, including pay transparency, fair work schedules, and increased minimum wage laws.

These policies must be considered part of the solution to improving mental health and responding to the mental health crisis.

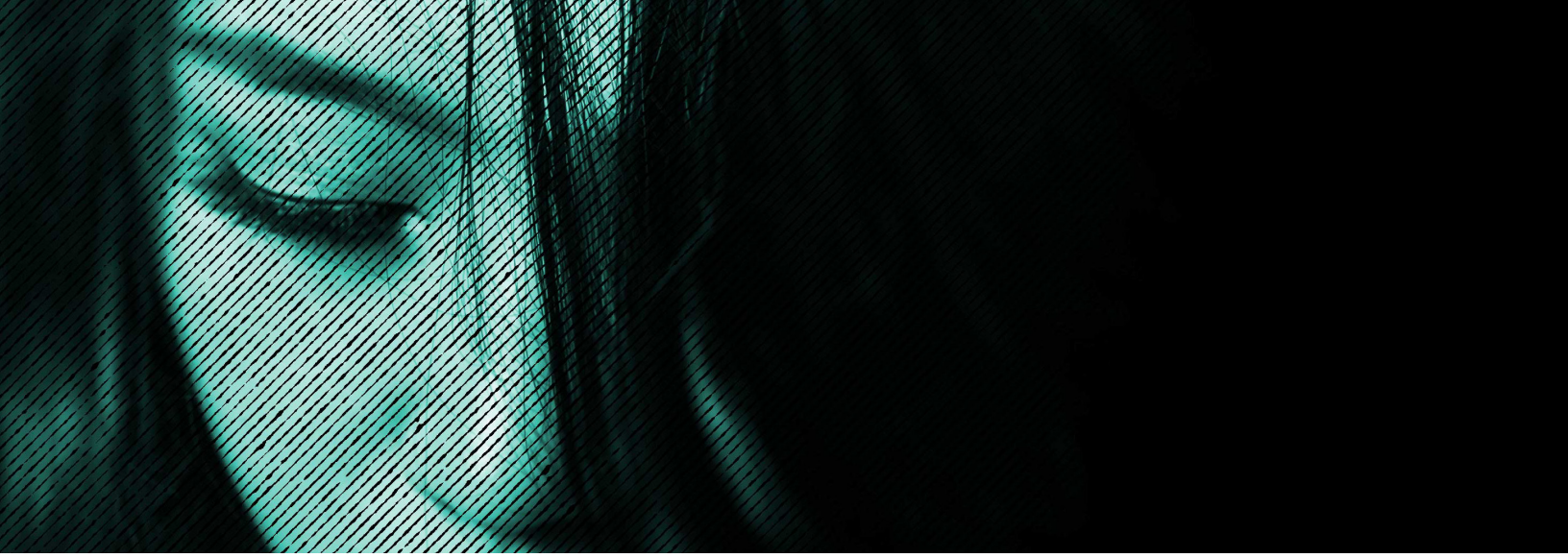
Policymakers must improve access to comprehensive, culturally responsive, low-cost mental health care.

As highlighted in *A MENTAL HEALTH EPIDEMIC: The COVID-19 Pandemic's Effect on Anxiety and Depression Among Women and LGBT Adults*, affordability remains a barrier to mental health care. Any health care costs, such as co-payments, co-insurance, or other costs, may present an insurmountable barrier to mental health care. Women[1] of color, LGBT people and disabled people are particularly impacted by cost-sharing, as a greater proportion of these populations have low wages and fewer financial resources. Women[i], LGBT people with lower incomes,[2] and disabled women[3] are each more likely to delay needed care due to cost.

To address the mental health crisis, women of color, disabled women, and LGBT people need targeted investments to remedy longstanding cost barriers to health care.

Policymakers must prioritize:

- Guaranteed comprehensive, high-quality, universal healthcare, across a person's lifespan.
- Wraparound benefits that eliminate out-of-pocket costs for those under 400% of the federal poverty level.
- Compliance with existing federal laws, including the Mental Health Parity and Addiction Equity Act and state mental health parity laws.



Discrimination may also serve as a barrier to mental health care. Past experiences with discrimination in a health care setting or fear of experiencing discrimination may contribute to care avoidance. When seeking care, women of color, disabled women, and LGBT people are less likely to feel listened to, included as part of the process, and trusted as an expert on their bodies and how they feel. This may contribute to the finding that many women with anxiety or depression symptoms did not receive services.

A Mothering Justice and National Women's Law Center's online poll of 525 Michigan Black women, conducted in February 2020, affirmed this experience. In the poll, over eight in 10 women reported having at least one adverse interaction with a medical professional, including medical professionals ignoring reports of pain, dismissing patients' input, misdiagnosis and delayed diagnosis, and being talked down to and/or disrespected.[4] A 2017 study also found that 22% of Black women and 29% of Native women reported that they experienced discrimination when seeking care from a doctor or clinic.[5] This is markedly higher than the 18% of women broadly who reported experiencing discrimination when seeking care from a doctor or health clinic.[6]

Access to quality mental health care is further compromised for women and others who also identify as LGBT. In a 2014 report, 56% of LGB patients described being refused needed care, including providers who refused to touch these patients, and those who used excessive precautions, harsh or abusive language, were physically rough or abusive, or blamed these patients for their health status.[7] In a 2015 study, 50% of Indigenous transgender people reported negative experiences with a health care provider, ranging from unnecessary and invasive questions to physical attacks.[8]

Disabled women also face discrimination when seeking mental health care. Many doctors' offices are not made to be easy for disabled women to navigate or get to and lack accessible equipment and transportation facilities.[9] Doctors may also make assumptions, have negative attitudes, or focus on physical concerns instead of anxiety or depression.[10]

To address the mental health crisis, women of color, disabled women, and LGBT people need targeted strategies to remedy longstanding discrimination in health care.

- Compliance with federal and state non-discrimination laws, including Section 1557 of the Affordable Care Act and the Americans with Disabilities Act.
- Increasing provider networks and Medicaid reimbursement rates for mental health care.
- Pipelines for underrepresented populations to become mental health care professionals.

Women of color, disabled people, LGBT individuals, and those living at the intersection of these identities need policies that not only address the disproportionate impact of the COVID-19 pandemic, but that dismantle the systems that fueled generations-long inequities. Housing, child care, quality jobs, nutritious foods, lifelong access to low-cost, discrimination-free health care—these are the building blocks of mental and physical health and well-being. Policymakers must approach each of these issues as mental health issues and meaningfully incorporate them into a comprehensive mental health response.

1. MUNIRA Z. GUNJA ET AL., HOW THE AFFORDABLE CARE ACT HAS HELPED WOMEN GAIN INSURANCE AND IMPROVED THEIR ABILITY TO GET HEALTH CARE, COMMONWEALTH FUND (2017), https://www.commonwealthfund.org/publications/issue-briefs/2017/aug/how-affordable-care-act-has-helped-women-gain-insurance-and (noting that even though health insurance coverage gains through the Affordable Care Act have reduced the share of women skipping or delaying care because of costs, in 2016, 38% of women age 19 through 64 still reported not getting the health care they needed because of costs).
2. Jen Kates, Usha Ranji, Adara Beamesderfer, Alina Salganicoff, and Lindsey Dawson, "Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S." (Kaiser Family Foundation, May 2018), https://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US.
3. Matin, B.K., Williamson, H.J., Karyani, A.K. et al., "Barriers in Access to Healthcare for Women with Disabilities: A Systematic Review in Qualitative Studies." BMC Health Services Research 21 no. 44 (January 30, 2021), https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01189-5.
4. Nat'l Women's Law Ctr., Our Vote Matters: Addressing the Issues Important to Black Women in Michigan (Mar. 2020), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/03/MJ-NWLC-Top-Lines-1.pdf.
5. NPR, Robert Wood Johnson Found. & Harv. T.H. Chan. Sch. Pub. Health, Discrimination in America: Experiences and Views of American Women 7, at 15, 17, 21 (Dec. 2017), https://bit.ly/3ivlFxm.
6. *See*- NPR, Robert Wood Johnson Found. & Harv. T.H. Chan. Sch. Pub. Health, Discrimination in America: Experiences and Views of American Women 7 (Dec. 2017), https://bit.ly/3ivlFxm.
7. *See* Lambda Legal, When Health Care Isn't Caring 10 (July 31, 2014), https://bit.ly/2D297xf.
8. *See* Sandy E. James et al., Nat'l Ctr. for Transgender Equality, The Report of the 2015 U.S. Transgender Survey 10, at 97 (Dec. 2016)("Transgender Survey"), https://bit.ly/3ir2gha.
9. Matin, B.K., Williamson, H.J., Karyani, A.K. et al., "Barriers in Access to Healthcare for Women with Disabilities: A Systematic Review in Qualitative Studies." BMC Health Services Research 21 no. 44 (January 30, 2021), https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01189-5
10. Id.