POLICY BRIEF

UCLA CENTER FOR HEALTH POLICY RESEARCH
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January 2023

California Adults With Increased Household Conflict During the COVID-19 Stay-at-Home Order Had Higher Likelihood of Poor Mental Health and Severe Impairment

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CHIS california health interview survey

SUMMARY

KEY TAKEAWAYS

- There was a disproportionate increase in household conflict during COVID-19 pandemic shelter-in-place orders among adults who had to work from home or who had financial or child care difficulties.
- Adults with serious or moderate psychological distress who experienced an increase in interpersonal conflict were more likely to have severe impairment than those who did not have increased conflict.

With businesses, child care centers, and schools forced to close during the pandemic stay-at-home order, millions of Californians lost critical sources of income, child care, and education in 2020. This policy brief examines the association between economic hardship, household conflict, and mental health outcomes during the pandemic using the 2020 California Health Interview Survey, which included questions specific to COVID-19 collected at the height of the pandemic.

Data show there was a disproportionate increase in household conflict during the pandemic among adults who had financial or child care difficulties related to the COVID-19 shutdown. Increases in household conflict during the pandemic raised the risk of poor mental health and severe life impairment among adults with serious or moderate psychological distress. This study underscores the need to reduce the additional risks of household conflict, psychological distress, and severe impairment associated with financial stress and child care difficulties due to the pandemic.

For all adults impacted economically by the pandemic — especially for marginalized populations who were financially stressed before the pandemic — **equitable social, political, and economic change is needed now.**

INTRODUCTION

The economic environments that families find themselves in are often influenced by political forces or national disasters, such as the Great Recession of 2008 and the COVID-19 pandemic that began in 2020. For many families, such events can create economic hardships and exacerbate financial stress, inevitably putting undue strain on family members and causing tension in their relationships. This type of family strain and tension from financial stressors can increase the risk of abuse and violence for some families.[1] All of these factors, either individually or combined, are associated with poor mental health outcomes.[2]

In March 2020, the lives of 40 million people in California were disrupted as many businesses and schools shuttered due to the COVID-19 pandemic shelter-in-place order. In particular, business closures created economic hardships and increased financial stressors for many of the nearly 3 million adults in California who lost their jobs due to the pandemic, as well as many of the 5 million who had their work hours or income reduced.[3] School and child care center closures in 2020 eliminated a crucial source of child care and children's education. Children had to attend school remotely from home, which meant that many parents had to take on the additional roles of teachers and child care providers during the pandemic. Juggling multiple roles may have been another potential stressor in California households for many of the 1.5 million married parents and 400,000 single parents who switched to working from home during the pandemic, as well as many of the 1.3 million married parents and nearly 600,000 single parents who continued to work as essential workers.[3]

In this policy brief, we use 2020 data from the California Health Interview Survey (CHIS) to examine the association between economic hardship, household conflict, and mental health

outcomes during the pandemic. We examined selected COVID-19 questions added to CHIS shortly after the statewide shelter-in-place order went into effect.

First, we examined questions about pandemic-related increases in the following: interpersonal conflict between family and loved ones, including increases in snapping or yelling and physical punishment; employment disruptions and financial stressors such as working from home, job loss, reduction in work hours or income, and difficulties paying for housing and other basic necessities (bills, tuition, groceries, etc.); and difficulty finding or paying for child care.

Next, to identify vulnerable populations, we examined increases in COVID-related conflict by select sociodemographic factors that included race and ethnicity, citizenship status, age group, gender, sexual orientation, and family type (See infographic). Finally, to better understand how COVID-related conflict is associated with poor mental health and associated impairment or disability, we examined increases in COVID-related conflict by serious psychological distress (SPD), moderate psychological distress (MPD), and 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, including SPD and MPD, see Data Sources and Methods, pages 9 and 10.)

DEFINITIONS

POOR MENTAL HEALTH–RELATED IMPAIRMENT OR DISABILITY

Based on reports that symptoms of serious or moderate psychological distress (SPD or MPD) have limited, interfered with, or impaired a person's ability to function in day-to-day life.

SEVERE WORK OR SCHOOL PERFORMANCE IMPAIRMENT

Based on reports that symptoms of SPD or MPD interfered "a lot" with performance at work or school in the past year.

SEVERE HOUSEHOLD CHORE IMPAIRMENT

Based on reports that symptoms of SPD or MPD interfered "a lot" with doing household chores in the past year.

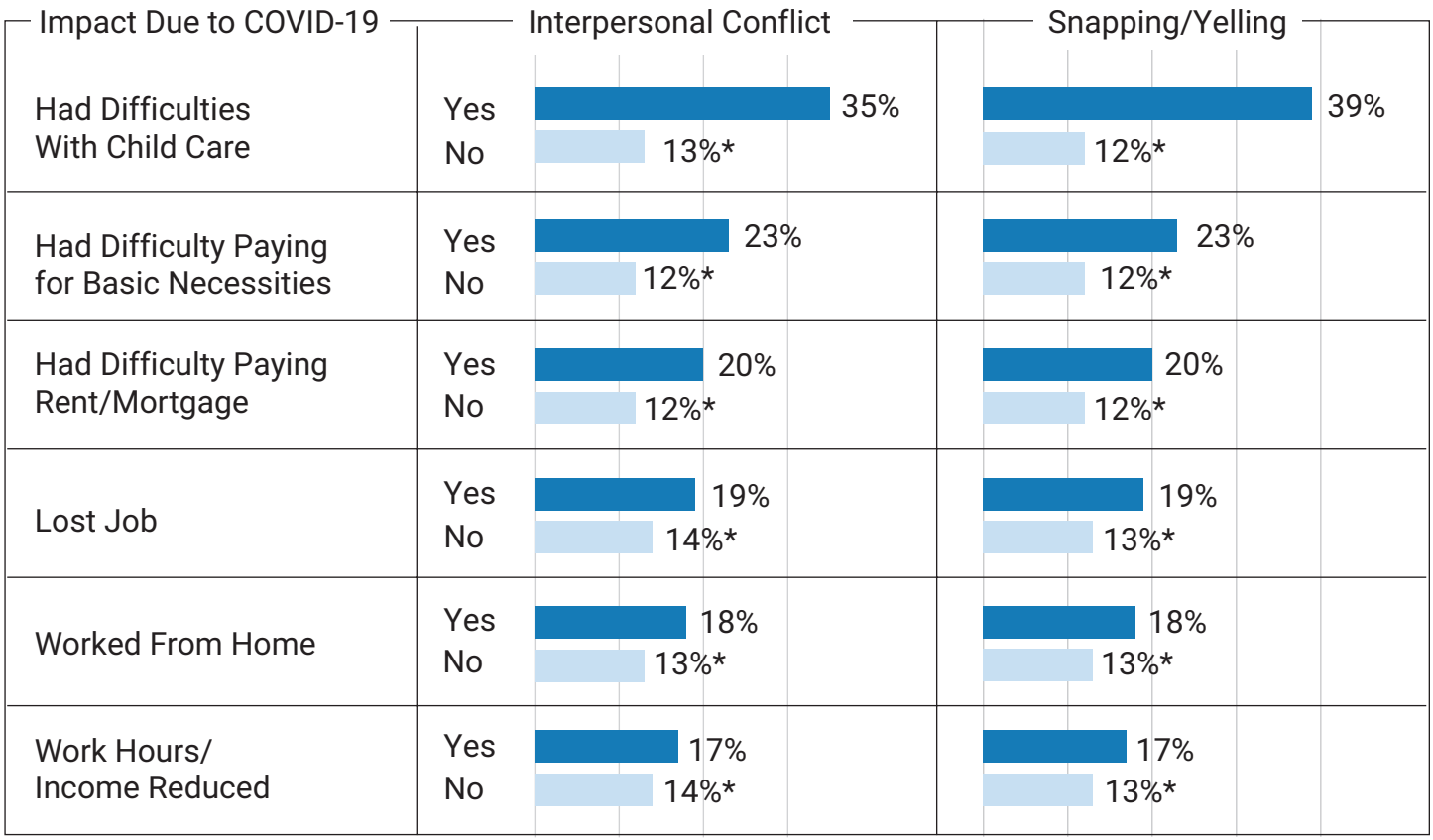
SEVERE SOCIAL LIFE IMPAIRMENT

Based on reports that symptoms of SPD or MPD interfered "a lot" with social life in the past year.

SEVERE PERSONAL RELATIONSHIP IMPAIRMENT

Based on reports that symptoms of SPD or MPD interfered "a lot" with friend and family relationships in the past year.

Exhibit 1 / Percentage of Adults With Increase in Interpersonal Conflict and Snapping or Yelling in Household During COVID Stay-at-Home Order by COVID-19 Impact, California, 2020



*Using chi-square test, difference from reference group is statistically significant at minimum *p* value < .05.
Estimates for increase in physical punishment were unstable in these analyses.
Source: 2020 California Health Interview Survey

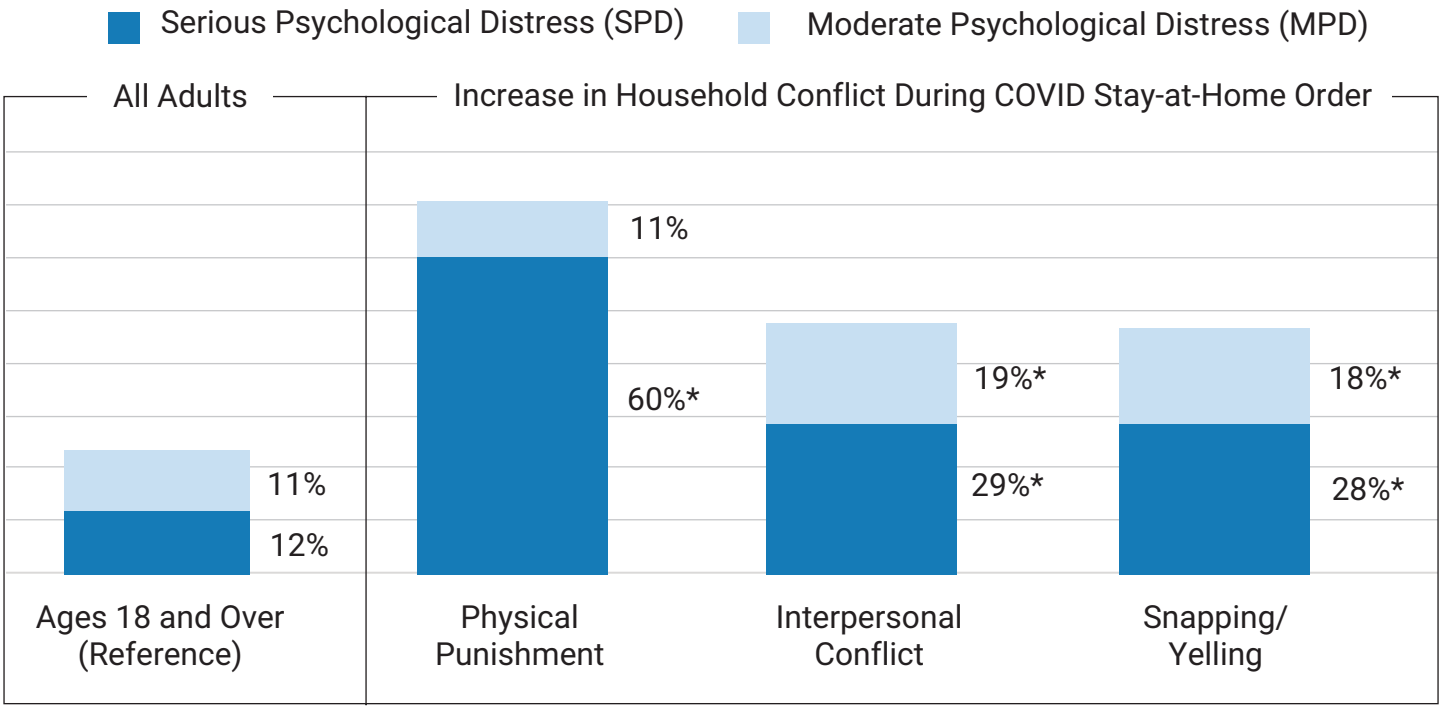
Disproportionate increases in interpersonal conflict at home were found among adults who had COVID-related difficulties with child care, finances, and employment.

Adults who had difficulties finding or affording child care during the height of the pandemic were up to three times as likely to have an increase in interpersonal conflict and snapping or yelling compared with adults who did not have this difficulty (35% vs. 13% and 39% vs. 12%, respectively) (Exhibit 1).

Adults who could not pay for basic necessities due to the pandemic were nearly twice as likely to have an increase in interpersonal conflict and snapping or yelling compared with adults who did not have this financial difficulty (23% vs. 12%).

Adults who had difficulty paying their rent or mortgage due to the pandemic were more than 1.5 times more likely to have an increase in interpersonal conflict and snapping or yelling compared with adults who did not have this financial difficulty (20% vs. 12%).

Exhibit 2 / Percentage of Adults With Serious or Moderate Psychological Distress by Type of COVID-Related Conflict During Stay-at-Home Order, California, 2020



*Using chi-square test, difference from reference group is statistically significant at minimum *p* value < .05.
Source: 2020 California Health Interview Survey

Adults who had to work from home, had a reduction in work hours or income, or lost their job due to the pandemic were approximately 1.5 times more likely to have an increase in interpersonal conflict and snapping or yelling in the household compared with those who did not have these types of disruptions in their employment.

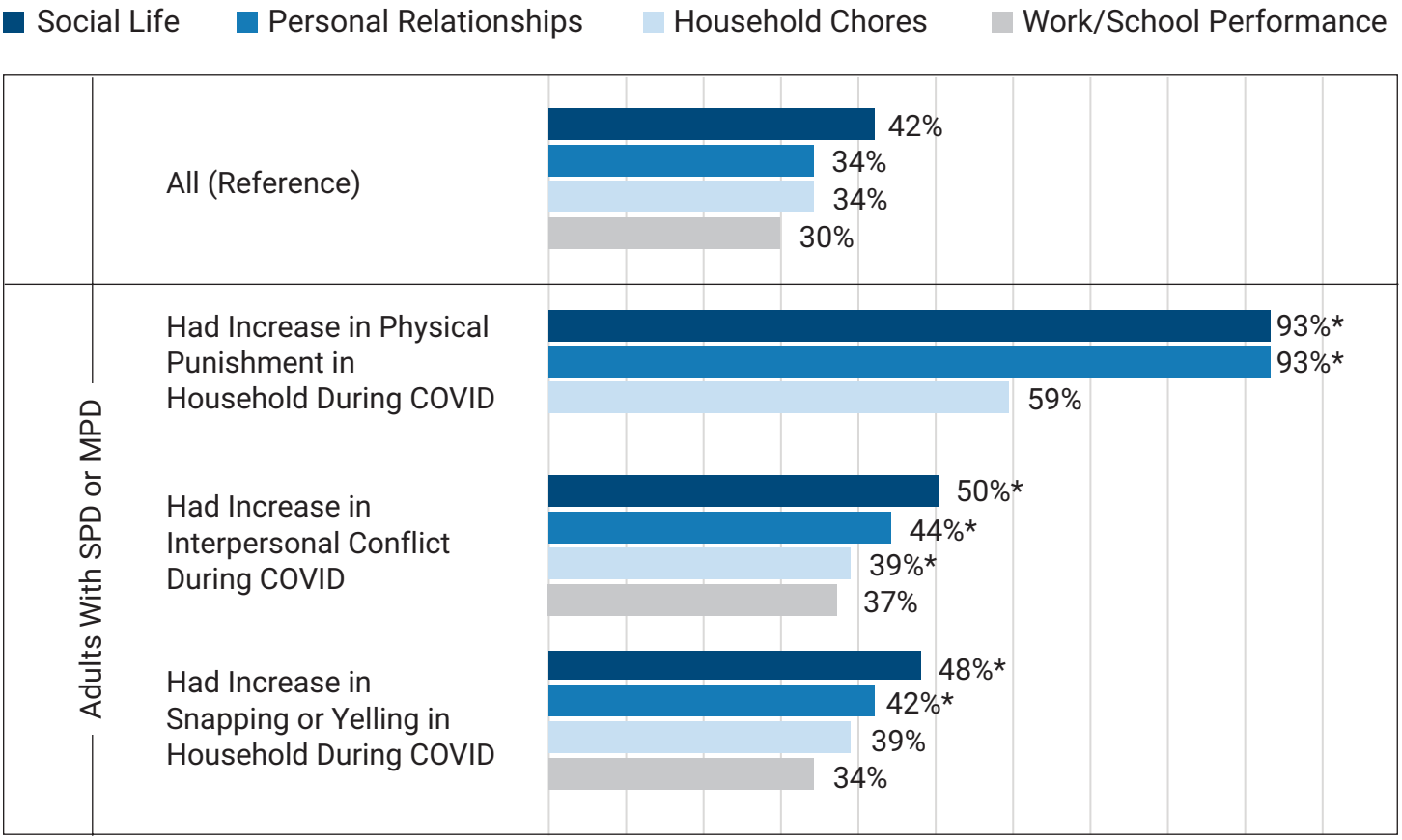
Psychological distress was more prevalent in homes that had an increase in physical punishment, interpersonal conflict, or snapping or yelling during the COVID-19 stay-at-home order.

During 2020, when the COVID-19 pandemic began, 12% of all adults (18 years and over) had SPD, and 11% had MPD. However, adults who had an increase in physical punishment in the household during the pandemic were nearly six times more likely to have SPD. Adults who had an increase in interpersonal conflict or an increase in snapping or yelling were approximately twice as likely to have SPD or MPD (Exhibit 2).

Severe impairment in daily life was much higher in households that had increases in conflict during the COVID-19 stay-at-home order.

If untreated or undertreated, ongoing mental health issues can often interfere with or limit a person's ability to function in their day-to-day

Exhibit 3 / Percentage of Adults With SPD or MPD With Severe Impairment in Four Life Domains by Increase in Physical Punishment, Interpersonal Conflict, and Snapping or Yelling in Household During COVID-19 Stay-at-Home Order, California, 2020



*Using chi-square test, difference from reference group for each life domain is statistically significant at minimum *p* value < .05. Estimates for severe impairment for work/school performance by increase in physical punishment were unstable.
Source: 2020 California Health Interview Survey

life. In the following section (and accompanying exhibits), we combined adults with SPD or MPD into one group to examine severe impairment in four important life domains.

Among adults with SPD or MPD who had an increase in physical punishment in the household during the COVID-19 stay-at-home order, the rate of severe impairment in the domains of social life and personal relationships was up to three times that of all adults with SPD or MPD (93% vs. 42% and 93% vs. 34%) (Exhibit 3). Among adults with SPD or MPD who had an increase in interpersonal conflict, a higher risk of severe impairment was observed across the domains of social life, personal relationships, and household chores, with rates almost 1.25 times that of all adults with SPD and MPD. Among adults with SPD and MPD who had an increase in snapping or yelling, the risk of severe impairment in the domains of social life and personal life was nearly 1.25 times that of all adults with SPD and MPD.

Adults who had an increase in physical punishment in the household during the pandemic were nearly

6 times

as likely to have serious psychological distress (**60%** vs. **12%**).

SUMMARY AND POLICY RECOMMENDATIONS

Data show that adults who had difficulty with child care or who had financial stressors due to the pandemic were more likely to have an increase in household conflict during the COVID-19 stay-at-home order compared to adults who did not have these stressors. The adults who had an increase in household conflict were more likely to have poor mental health and to be severely impaired in their ability to function in daily life. The following recommendations are made with the recognition that for many adults with existing mental health conditions and adults facing negative household conflict, the stay-at-home order most likely exacerbated their symptoms or the difficulties in their living situation, and their need for timely and appropriate care and services is of paramount importance. Policymakers must continue to address barriers to care. At the same time, for all adults impacted economically by the pandemic — especially for marginalized populations who were financially stressed before the pandemic — equitable social, political, and economic change is needed now.

> "A crisis that *affects* mental health is not the same thing as a crisis *of* mental health. To be sure, symptoms of crisis abound. But in order to come up with effective solutions, we first have to ask: a crisis of what?"[4]
> **— Danielle Carr, New York Times guest essay, 2022**

To reduce the increase in household conflict associated with the economic hardship left in the wake of COVID-19, policymakers can consider the following recommendations:

- Prioritize policies and ensure equitable access to financial and social supports such as stimulus payments, unemployment insurance benefits, child care provisions, and benefits for food, health care, transportation, and other basic living needs.[5]
- Use better tools to measure economic security and inform policies and programs, such as United Way's Real Cost Measure and the California Elder Economic Security Standard™ Index.[5]
- Prioritize policies to address racial, ethnic, and income inequities in housing cost burden, foreclosures, and rental evictions, and increase the supply of affordable housing.[5]

To address the psychological distress and related severe impairment associated with financial stressors[5] and household conflict, policymakers can consider the following recommendations:

- Increase screening and referrals for economic and social needs in hospitals and outpatient physician practices, such as assessing for housing and/or food insecurity and the need for assistance with transportation, utilities, child care, employment, education, finances, and interpersonal violence.
- Expand clinical training of trauma-informed care among health care providers and staff in health care settings and ensure sufficient resources to develop the infrastructure for trauma-informed networks.[6]
- Evaluate and collect data on health outcomes from health care centers that screen for adverse childhood experiences (ACEs).[7]
- Ensure that community-based organizations have the funds, resources, and capacity they need to receive referrals from clinical settings.[8]
- Ensure funding and infrastructure for the successful implementation of California Advancing and Innovating Medi-Cal (CalAIM), specifically health-related services that address the social drivers of health.

To better understand the connections between negative household conflict and violence, policymakers can consider the following recommendations:

- Support research to better define interpersonal conflict and to understand its relationship to intimate partner violence and child abuse.
- Address gaps in research to better characterize subgroups at greater risk for interpersonal conflict and violence.
- Develop tools to help vulnerable populations overcome barriers in reporting interpersonal conflict and violence, as well as in participating in related research.[9,10]

The mental health impact and the disruptions to social lives and personal relationships due to the pandemic will be felt for years to come. In addition to ensuring access to care and addressing the social and economic crises left in the wake of the pandemic, strengthening relationships and a sense of solidarity among all community members can be an important buffer during times of crisis as well as during times of healing and recovery. Healthy People 2030 recently underscored the importance of relationships by recognizing social cohesion as a social determinant of health.[11] Greater advocacy and support are needed to develop an inclusive policy approach that will build a culture and narrative of belonging to strengthen social cohesion within and across communities. For example, policies in support of this effort could include a slate of "health for all" initiatives promoting health care coverage, housing, justice, schools, voting, and equity for all. Such policies would expand provisions and benefits to all Californians, irrespective of race, ethnicity, immigration status, sexual orientation, and other sociodemographic characteristics.[12] To achieve optimal success, policymakers must include marginalized and impacted community members, as it is these individuals who are best equipped to define and measure social cohesion, identify the problems in their own communities, and develop the solutions and best practices for allocating resources and scaling interventions across neighborhoods to help build community capacity, social capital, social networks, and social supports.[13]

Data Sources and Methods

This policy brief presents data from the 2020 CHIS, conducted by the UCLA Center for Health Policy Research (CHPR). For analyses in this brief, questions about COVID-related household conflict included asking respondents if, during the pandemic stay-at-home order, there was an increase in interpersonal conflict with, snapping or yelling at, or physical punishment of family members or loved ones in the household. (Please note: Perceptions of the

terms “interpersonal conflict” and “snapping or yelling” can vary from person to person. The extent to which positive reports on these are considered abusive cannot be determined.) Questions about COVID-related stressors included asking respondents if, due to the pandemic, they had ever worked from home, experienced job loss, had a reduction in hours or income, had financial difficulties with paying rent or mortgage, had financial difficulties with basic necessities (paying bills or tuition, affording groceries, etc.), had difficulty in obtaining child care, or had an increase in child care expenses.

SPD in the past year was measured by using a cutoff score of 13 through 24 on the Kessler-6 (K6), a validated measure designed to estimate the prevalence of diagnosable mental disorders within a population.[14] Due to predetermined skip patterns in CHIS for the Sheehan Disability Scale (SDS) discussed below, MPD in the past year was measured by using a K6 score of 9 through 12.[15] 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.[16] 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 were then asked to respond to four questions: “Did your emotions interfere a lot, some, or not at all with your: 1) Performance at work or school? 2) Household chores? 3) Social life? and 4) Relationship with friends and family?” Those who responded “a lot” were scored as having severe impairment; “some” were scored as having moderate impairment; and “not at all” were scored as having no impairment.

Author Information

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Funder Information

This policy brief was funded by the California Department of Health Care Services – Community Services Division. This content is solely the responsibility of the authors and does not necessarily represent the official views of the funder.

Acknowledgments

The authors truly appreciate the UCLA CHPR communications team for all their support in copy editing, designing, and disseminating this policy brief, and the UCLA CHIS Data Access Center and Statistical Unit teams for data access and statistical support. The authors are grateful to the following individuals for their thoughtful and thorough reviews: Todd Hughes of the UCLA CHPR, Daniel Eisenberg of the Department of Health Policy and Management at the UCLA Fielding School of Public Health, Dr. Ann Crawford-Day of San Ysidro Health, and Kali Patterson of the Mental Health Services Oversight and Accountability Commission.

Suggested Citation

Padilla-Frausto DI, Pereira N, Wright HM. 2023. *California Adults With Increased Household Conflict During the COVID-19 Stay-At-Home Order Had Higher Likelihood of Poor Mental Health and Severe Impairment*. Los Angeles, CA: UCLA Center for Health Policy Research.

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.

Endnotes

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ISSN 2691-7475

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PB2023-1

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