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California Adults Who Experience Housing Insecurity Also Experience Psychological Distress, With Few Seeking Mental Health Care

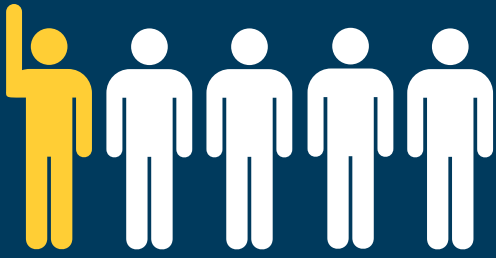
Joelle Wolstein, Nicole Pereira, Sean Tan, and Lucas Oh



KEY TAKEAWAYS

- > One in 5 (18%) California adults reported that their housing situation felt unstable, with the proportion higher among American Indian or Alaska Native (29%), African American (26%), and Latinx (24%) adults.
- > Two in 5 (41%) California adults frequently worried about struggling with their rent or mortgage payments, with proportions being significantly higher among Native Hawaiian or Pacific Islander (62%) and Latinx (51%) adults.
- > Nearly twice as many California adults who were noncitizens experienced housing instability compared with those who were U.S. citizens (30% vs. 16%). More than half (52%) of noncitizens in the state frequently worried about struggling with their rent or mortgage, compared with about 2 in 5 (39%) U.S. citizens.
- > Although California adults with unstable housing in the past year had a higher rate of moderate or serious psychological distress, only 22% saw a primary care or specialist doctor regarding their mental health care, compared with 18% of adults with stable housing. Similarly, only 23% of adults who frequently worried about struggling to keep up with their rent or mortgage payments utilized mental health care services, compared with 15% of their counterparts.

Summary: This policy brief uses data from the 2022 California Health Interview Survey (CHIS) to identify disparities in housing insecurity and mental health outcomes across a variety of sociodemographic characteristics, including socioeconomic status, age, race and ethnicity, and citizenship status. This brief also examines the connection between housing insecurity and mental health among the California adult population.



1 in 5

California adults has housing instability.

BACKGROUND

Access to affordable housing is a key social determinant of health.¹ Extensive research has shown that having trouble paying rent, overcrowding, or frequent moves can significantly impact a person's health.² These factors are associated with housing insecurity and can also contribute to mental distress, which can lead to adverse population-level health outcomes, including poor mental health.³⁻⁵

Systemic inequities in housing also affect housing insecurity as well as worsening adverse health outcomes and differences, especially for marginalized populations. Housing issues such as racial discrimination and segregation through "redlining" result in unequal access to housing opportunities and inequitable health outcomes, particularly for people of color.^{6,7}

In California, housing challenges are especially pronounced due to high costs of living, soaring housing prices, and limited affordable housing options.⁸ In 2020, the COVID-19 pandemic intensified these issues and also worsened health outcomes and inequities.^{9,10} Data from the 2022 CHIS show that about 1 in 10 adults (more than 2.8 million California residents) had difficulty paying their rent or mortgage due to the pandemic, with 3 in 4 adults burdened by housing costs being renters and adults with other housing arrangements in 2022. National data also show that housing affordability worsened: In 2022, 42 million U.S. households were housing cost-burdened (about half of them renters), up by about 5 million households from 2019.¹¹ Moreover, the proportion of California adults who had experienced serious psychological distress in the past year rose from 13% (or about 3.8 million) in 2019 to 16% (4.8 million) in 2022.



Understanding the role of housing as a determinant of mental health is crucial for developing new policies and strategies to address not only housing, but also the mental health challenges facing California's many and diverse populations. This policy brief uses data from the 2022 CHIS to identify disparities in housing insecurity and mental health outcomes across a variety of sociodemographic characteristics, including socioeconomic status, adult age, race and ethnicity, and citizenship status. This brief also examines the connection between housing insecurity and mental health among the California adult population. While there is no established definition of housing insecurity, this brief defines housing insecurity as either having unstable housing or frequently worrying about keeping up with rent or mortgage payments.

Housing Insecurity in California

The 2022 CHIS data show that nearly 1 in 5 (18%, or 5.2 million) California adults ages 18 and over felt that their housing situation was unstable, while 2 in 5 (41%, or 11.9 million) frequently worried about struggling to make their rent or mortgage payments. (For definitions, see the Data Sources and Methods section.)

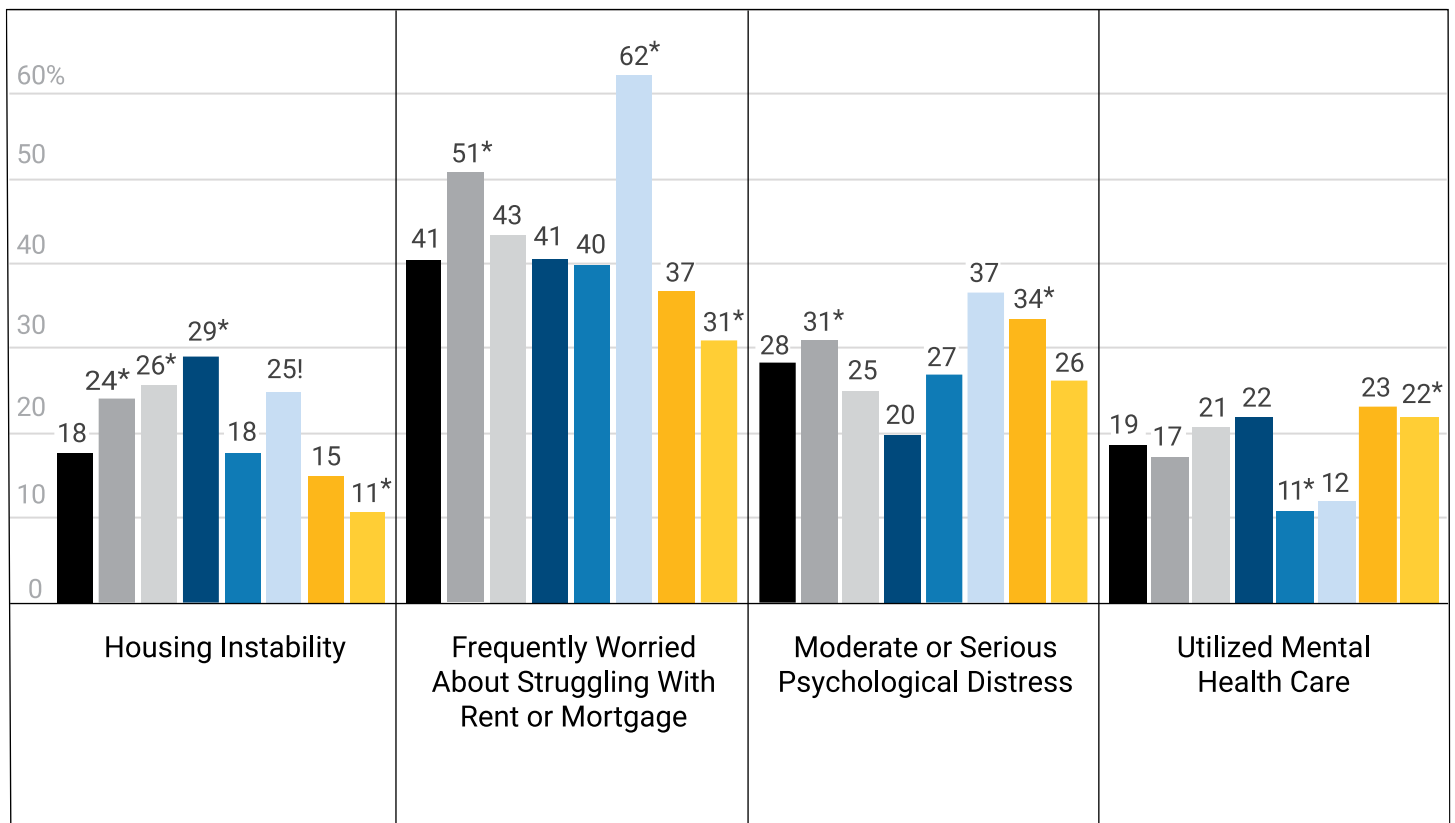
Reports of housing instability and frequent worry about housing were highest among young adults (ages 18 to 29) and low-income adults (i.e., with a household income less than 200% of the federal poverty level), and decreased across older age groups and higher-income groups. (See Appendix, Exhibit A1.)

Exhibit 1 shows that housing instability varied across racial and ethnic groups in California. Among the general California adult population, housing instability was 18%. The figure was significantly higher among American Indian or Alaska Native (29%), African American (26%), and Latinx (24%) adults, but it was less for white adults (11%). One in four (25%) Native Hawaiian or Pacific Islander (NHPI) adults

reported having unstable housing, but this estimate was statistically unstable.

Higher rates of NHPI (62%) and Latinx (51%) adults frequently worried about struggling to keep up with their rent or mortgage payments compared with the general California adult population (41%), while the rate among white adults was lower (31%).

Exhibit 1 /Housing Instability, Frequently Worried About Paying Rent or Mortgage, Moderate or Serious Psychological Distress (MSPD), and Utilization of Mental Health Care, by Race and Ethnicity, Adults (18+), California, 2022



NL = Non-Latinx

* Difference from general adult population is statistically significant at $p < 0.05$.

! = unstable estimate at coefficient of variation < 0.30

Source: 2022 California Health Interview Survey

Housing instability disproportionately affects non-U.S. citizen adults. Nearly twice the proportion of noncitizens experienced housing instability compared with U.S. citizens (30% vs. 16%) (Exhibit 2). More than half (52%) of noncitizens frequently worried about struggling to keep up with their rent or mortgage payment, compared with 2 in 5 (39%) U.S. citizen adults.

Mental Health Landscape in California: Moderate or Serious Psychological Distress and Use of Mental Health Care

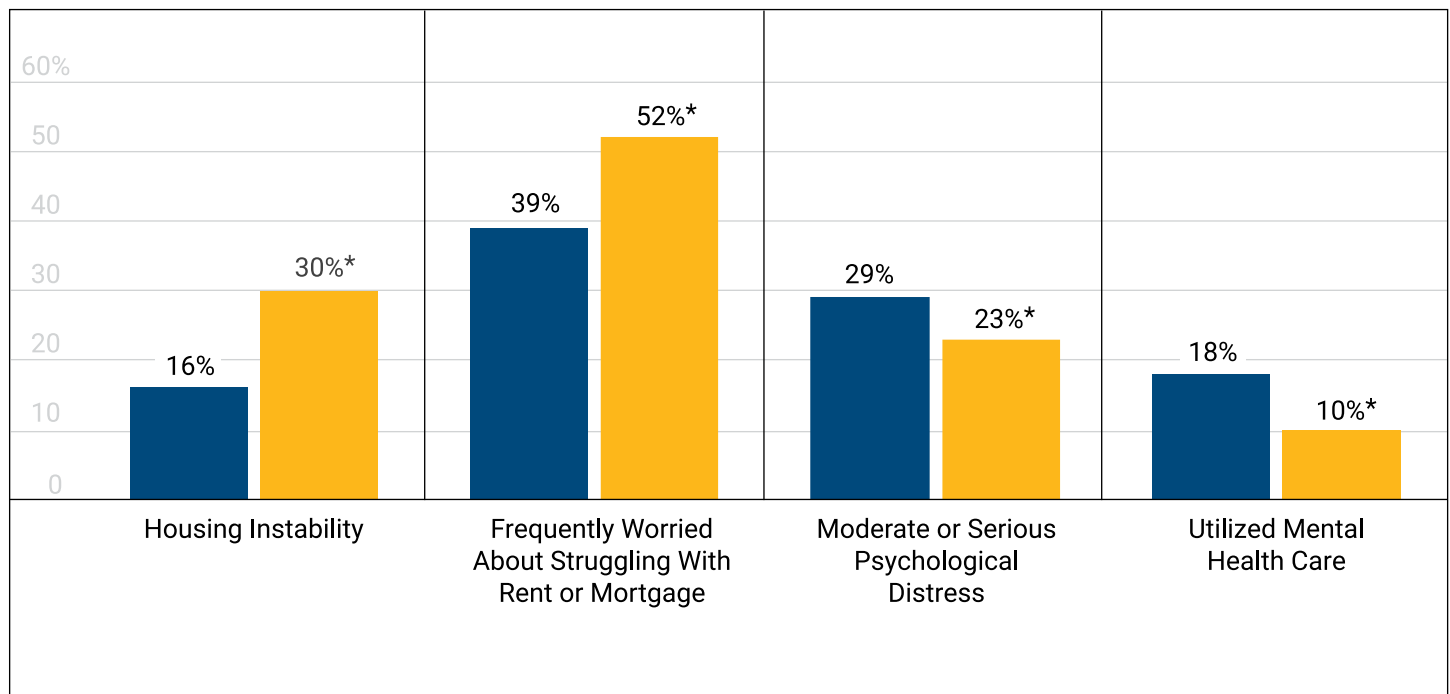
In 2022, nearly 3 in 10 (28%) California adults reported experiencing moderate or serious

psychological distress (MSPD) in the past year, but fewer than 1 in 5 adults (19%) saw a health care provider regarding their mental health. (Data not shown.)

Half (50%) of young adults reported experiencing MSPD in the past year, the highest prevalence across all adult age groups in 2022 (Exhibit 2). Low-income adults (income <200% FPL) had a higher prevalence of MSPD than adults with incomes above 400% FPL (35% vs. 25%). (See Appendix, Exhibit A2.)

Exhibit 2 / Housing Instability, Frequently Worried About Struggling With Rent or Mortgage, Moderate or Serious Psychological Distress (MSPD), and Unmet Need for Mental Health Services, by Citizenship Status, Adults (18+), California, 2022

■ Citizen ■ Noncitizen



* Differences between citizens and noncitizens are statistically significant at $p \leq 0.05$.

Source: 2022 California Health Interview Survey

The prevalence of moderate or serious psychological distress was highest among adults belonging to two or more racial or ethnic categories (34%) and Latinx (31%) adults, compared with 28% in the general adult population (Exhibit 1). There was also variation in utilization of mental health care by race and ethnicity. Asian adults were least likely (11%) and white adults most likely (22%) to see a health care provider regarding a mental health issue, compared with the general adult population (19%).

Noncitizen adults in California experienced MSPD at lower rates than U.S. citizen adults (23% vs. 29%). In addition, noncitizen adults utilized mental health care at lower rates than U.S. citizen adults (10% vs. 18%) (Exhibit 2).

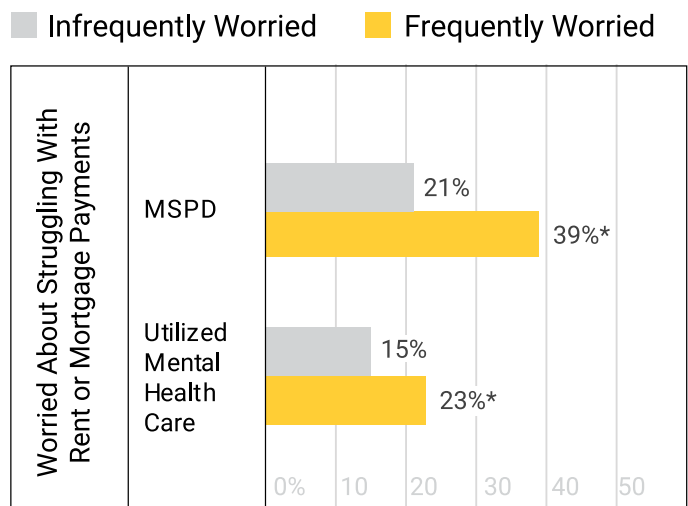
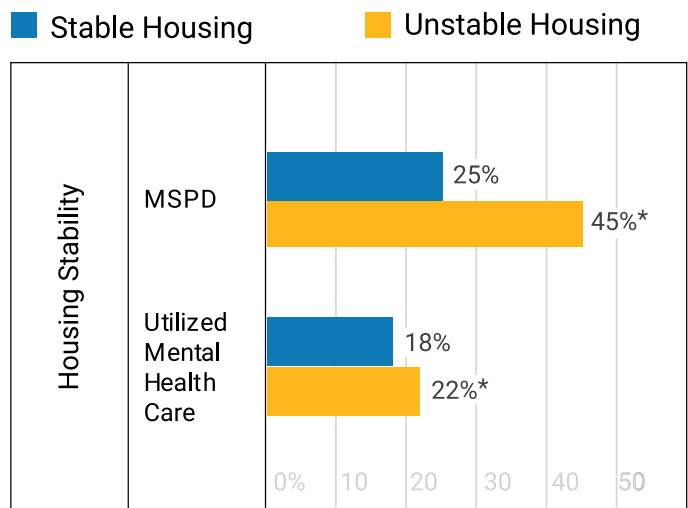
Housing Insecurity and Mental Health

CHIS data show that most adults who experienced housing instability frequently worried about keeping up with their rent or mortgage in the past year, with twice the proportion of those with housing instability as those with stable housing frequently struggling to keep up with their rent or mortgage payments (73% vs. 34%). (Data not shown.)

Experiencing housing instability and frequently worrying about housing payments were associated with higher rates of psychological distress (Exhibit 3).

Almost half (45%) of adults with unstable housing had experienced MSPD in the past year, compared with a quarter (25%) of adults with stable housing and with 28% of the general adult population (not shown).

Exhibit 3 / Moderate or Serious Psychological Distress (MSPD) by Housing Instability and Frequent Worrying About Housing, Adults (18+), California, 2022



* Differences between stable vs. unstable housing and infrequently worried vs. frequently worried are statistically significant at $p \leq 0.05$.

Source: 2022 California Health Interview Survey

Despite having twice the rate of MSPD, only 22% of adults with unstable housing utilized mental health care, compared with 18% of adults with stable housing in the past year and 19% of the general adult population (not shown).



Nearly twice the proportion of adults who frequently worried about struggling with housing payments had experienced MSPD in the past year compared with those who infrequently worried about housing (39% vs. 21%). However, only 23% of adults who frequently worried about struggling to keep up with their rent or mortgage sought mental health care, compared with 15% of adults who infrequently worried about paying their rent or mortgage.

CONCLUSION

This policy brief shows that millions of California adults experienced housing insecurity in 2022. Adults who experienced housing insecurity tended to be younger, people of color, low income, or non-U.S. citizens. This brief also highlights the high prevalence of moderate or serious psychological distress among adults in California, as well as the connection between housing insecurity and adverse mental health outcomes. California adults who experienced

housing insecurity were more likely to experience moderate or serious psychological distress, and they were proportionally less likely to seek mental health services compared with adults with housing security.

In this brief, noncitizen adults reported a higher prevalence of housing insecurity, but they had lower rates of moderate or serious psychological distress and less utilization of mental health services than U.S. citizen adults. These findings are consistent with other research indicating that noncitizens often have a lower prevalence of depression or serious psychological distress than U.S. citizens, but also that the risk for adverse mental health outcomes increases with the length of stay in the United States.¹²

Over the past decade, California has deployed “housing first” approaches (i.e., providing housing to individuals at risk or experiencing homelessness, along with wraparound health services) to address its ongoing housing, homelessness, and mental health crises.

California adults who experience housing insecurity are more likely to experience moderate or serious psychological distress and less likely to seek mental health services.

The state has also implemented “housing as health care” policies and programs to not only address housing issues, but also to improve the health and well-being of Californians who frequently experience housing insecurity. For example, California has leveraged federal funding through Medicaid demonstration waivers to provide housing and behavioral health treatments to population groups typically at risk of being housing insecure, including seniors, disabled adults, and those with complex health care needs.

More recently, the 2024 passage of Proposition 1 underscores that housing and mental health continue to be top priorities in California. By amending the Mental Health Services Act (2004), Proposition 1 aims to leverage existing and new state funding to build more mental health treatment facilities, while also providing housing for certain populations experiencing housing insecurity or homelessness.

POLICY RECOMMENDATIONS AND CONSIDERATIONS

Following are policies to consider when addressing issues of housing insecurity and mental health:

- **Invest in programs that create or preserve affordable housing opportunities.** Due to a projected state budget deficit in the 2024–2025 fiscal year, California faces many tough decisions, especially in addressing the ongoing housing, homelessness, and mental health crises. Certain state programs aimed at keeping housing affordable are at risk of being eliminated or having their budgets reduced due to the deficit.¹³ Findings from this brief and results from other studies demonstrate that stable and affordable housing is an important contributing factor to good mental health.¹⁴ California leaders may consider the potential adverse impacts on population mental health of reducing or eliminating funding for affordable housing programs.



- **Adopt integrated care models that connect mental health services with housing resources.** Care models such as Medicaid Health Homes, Whole Person Care, Patient-Centered Medical Home Models, and Community Behavioral Health Clinics have shown promise in integrating mental health services within primary care and community-based settings.¹⁵ These integrated care models offer opportunities to develop programs that provide not only mental health services but housing resources as well, especially for those experiencing housing insecurity.
- **Enact inclusive housing assistance policies.** Federal, state, and local governments could consider eliminating citizenship requirements in public housing and rental assistance programs. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) established citizenship restrictions for federal housing assistance programs that

made noncitizens almost ineligible to receive such benefits. PRWORA established policies that reduced housing assistance for mixed-status households (i.e., in which family members have different citizenship statuses) based on the proportion of ineligible noncitizens in the home.¹⁶

In recent years, California has expanded Medi-Cal (or state Medicaid) benefits to cover all income-qualified individuals, regardless of citizenship status. This has made it possible for previously ineligible individuals (such as certain noncitizen Californians) to access health care, including mental health care. By following a similar path and removing citizenship barriers in public housing and rental assistance programs, state policymakers could enable noncitizen Californians and their families to have greater access to stable and affordable housing. Doing so would potentially improve health outcomes, including mental health.

Data Sources and Methods

- **Housing stability:** Respondents were asked “How do you feel about your current housing situation?” The response categories were “very stable,” “fairly stable,” “somewhat stable,” “fairly unstable,” or “very unstable.” Respondents who answered “very stable” or “fairly stable” were categorized as having stable housing, and “somewhat stable,” “fairly unstable,” and those who answered “very unstable” were categorized as having unstable housing.
- **Frequently worrying about housing:** Respondents were asked “Please tell me how often you personally worry about struggling to keep up with your mortgage or rent payments.” The response categories were “very often,” “somewhat often,” “from time to time,” or “almost never.” Respondents who answered “very often,” “somewhat often,” or “from time to time” were categorized as worrying about housing, and those responding “almost never” were categorized as not worrying about housing.
- **Moderate or Serious Psychological Distress:** Using the Kessler-6 (K6) mental health assessment (Section F of the 2022 CHIS Questionnaire), moderate psychological distress is defined as having a K6 score between 9 and 12 and serious psychological distress as having a score of 13 or more.
- **Utilization of mental health care:** Respondents were asked whether they had seen a primary care doctor or a specialist

regarding their mental health, emotions, nerves, or use of alcohol or drugs in the past year.

- **U.S. citizens:** The category of U.S. citizens includes both U.S.-born and naturalized citizens.

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

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