

MONITORING POVERTY AND WELL-BEING IN NYC

SPOTLIGHT ON

Mental Health:

Disparities in psychological distress
among parents of young children in
New York City.

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Introduction

COVID-19 led to widespread hardship and financial stress among families who lost employment due to the pandemic and brought new attention to the mental health challenges associated with social and economic disruption.¹ Yet even before the pandemic, New Yorkers living in poverty faced elevated rates of psychological distress. These challenges are a marker of the costs of poverty and inadequate social supports, and can also be a barrier to economic mobility.²

This brief examines the mental health of New York City parents using Early Childhood Poverty Tracker (ECPT) survey data collected before the pandemic began. It considers how poverty, material hardship, and stress are related to psychological distress, and describes which New Yorkers are especially vulnerable to these challenges.

We consider these questions:

- How widespread is psychological distress among parents of young children in New York City?
- How are poverty, material hardship, and stress related to parents' mental health?
- To what extent do parents facing psychological distress have access to health insurance coverage?

¹Karpman, M. and S. Zuckerman (2021). Panchal, M., Kamal, R., Cox, C., and Garfield, R. (2021).

²Ridley, M., Rao, Gautum, Schilbach, F., and Patel, V. (2020).

About the Early Childhood Poverty Tracker

The ECPT study uses repeated surveys with the same parents to understand how families change as their children grow and develop. The baseline survey included 1,528 parents, each of whom selected a “focal child” who was 0-35 months old in June 2017 or was born in the subsequent year. Most of the parents surveyed are the child’s mother (89%) and the remainder are the child’s father (11%) or someone else such as a grandparent (1%). Since the baseline survey, parents have been surveyed several times per year about the focal child’s health and development, enrollment in school or child care, and family circumstances including economic conditions, health, and wellbeing. The figures presented in this report exclude families who have moved out of New York City, and are weighted statistically to be representative of children born in and living in New York City. For more detail about the methods used in the ECPT study and for a profile of our sample, see our baseline report.³

About this report

This report draws on data from the ECPT baseline and the 12-month and 24-month follow-up surveys. Mental health is measured using the Kessler-6 (K6), which captures “nonspecific psychological distress.” Respondents are asked how often they experienced each of six symptoms — nervousness, hopelessness, restlessness, depression, worthlessness, or that everything was an effort. We compared K6 measures to data on poverty and material hardship from the same surveys.

This report uses the Supplemental Poverty Measure (SPM) to measure income poverty. While Census data provide annual statistics on poverty in the city using the Official Poverty Measure (OPM), the SPM defines income more broadly than the official measure, capturing resources that come to families through the tax system or in the form of near-cash benefits like food stamps or housing assistance. The SPM for New York City also uses a higher poverty line than other official statistics, recognizing that New Yorkers face higher costs of living than people do in other places across the country. Lastly, the SPM captures important expenses faced by many families, such as medical and child care costs, which official statistics ignore.

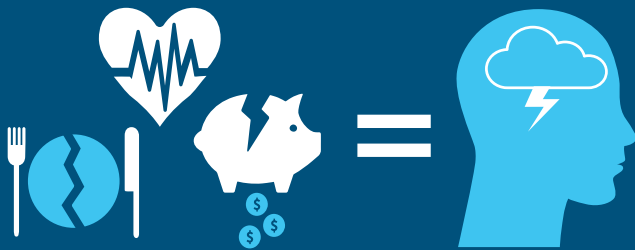
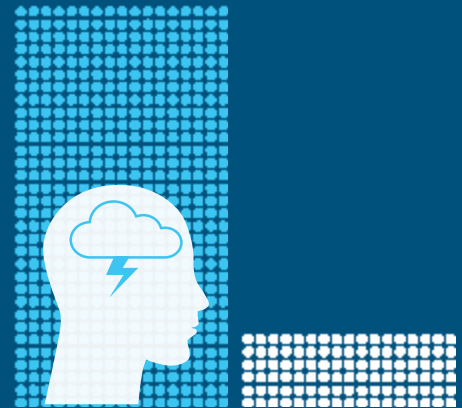
³Neckerman, Brooks-Gunn, Doran, Kennedy, Maury, Waldfogel, and Wimer (2019).

KEY FINDINGS



During our initial Early Childhood Poverty Tracker (ECPT) survey, about **A THIRD** of New York City parents reported either moderate or severe psychological distress, as measured by the Kessler-6 (K6) scale, which captures symptoms of depression and anxiety.

NEARLY HALF of New York City parents living in poverty experienced psychological distress compared to one in five higher-income parents. One reason for this elevated risk of psychological distress may be the connection between material hardship, poverty, and stress. People who experienced hardship or often worried about money were more likely to report psychological distress.



CERTAIN TYPES OF HARDSHIP IMPACTED MENTAL HEALTH MORE THAN OTHERS. People who experienced financial hardship (running out of money), food hardship, or medical hardship were more likely to report psychological distress than parents who did not experience these hardships.

Access to health insurance is critical for those needing mental health care. However, among parents experiencing psychological distress and living in poverty, **45% DID NOT HAVE STABLE HEALTH INSURANCE IN THE PREVIOUS 12 MONTHS.**



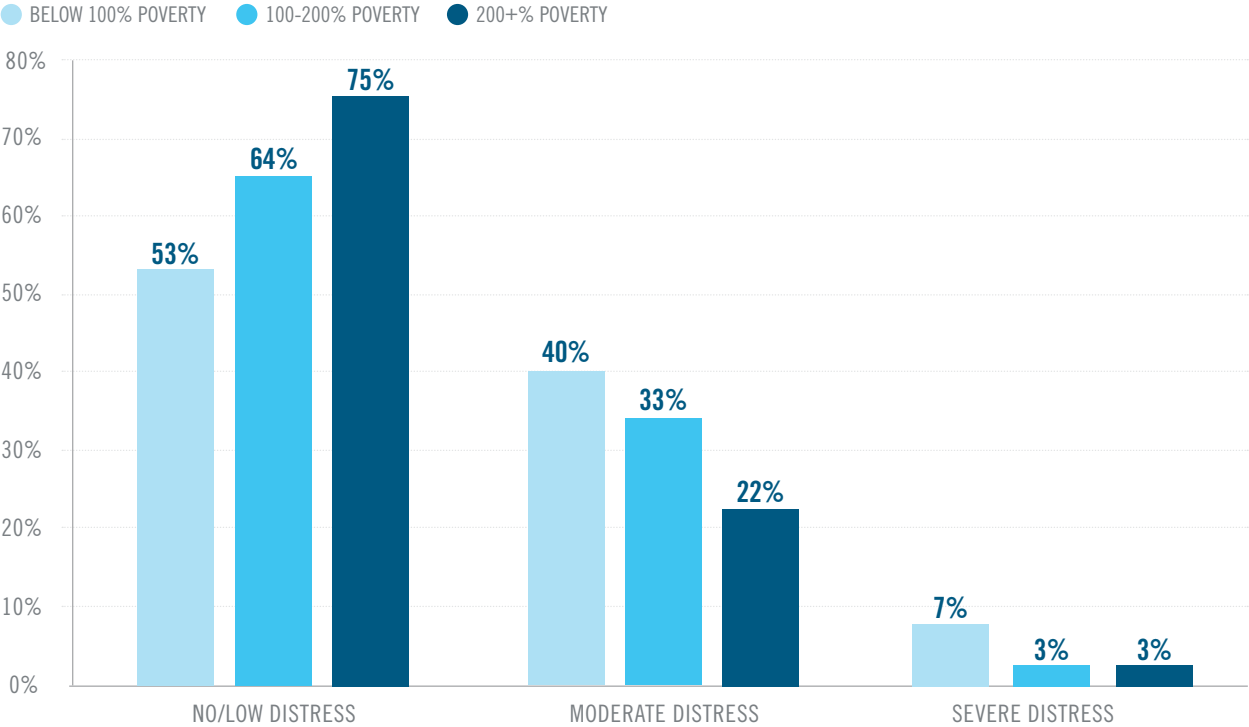
Poverty and psychological distress

Each year, ECPT participants respond to the Kessler-6 (K6) scale, a simple and widely used measure of psychological distress.⁴ Respondents tell us how often, in the past 30 days, they have felt nervous, hopeless, restless, depressed, worthless, or that everything was an effort. The K6 screens for symptoms associated with depression or anxiety, but it is not a clinical diagnostic tool. In addition, it only captures symptoms that have not been alleviated by mental health treatment.

At baseline, almost a third (32%) of New York City parents had a K6 score between 5 and 12, in the range considered to represent “moderate” psychological distress.⁵ Over 3% had a score of 13 or above, indicating “severe” distress. The remainder had a score between 0 and 4, indicating no or low distress.

Respondents living in poverty tended to have higher K6 scores (Figure 1). Only 53% of parents living in poverty (below 100% poverty) had no/low psychological distress, compared with 64% of low-income parents (100 to 200% poverty) and 75% of higher-income parents (at or above 200% poverty). While severe distress was uncommon in all income groups, 40% of parents living in poverty reported moderate psychological distress, compared with 33% of low-income parents and 22% of higher-income parents.

Figure 1
Psychological distress (K6 scale) by poverty level, 2017



Source: Tabulations from ECPT three-month follow-up survey. N=1,311.

⁴Kessler, R. C., G. Andrews, L. J. Colpe, E. Hiripi, D. K. Mroczek, S.-L. T. Normand, E. E. Walters, and A. M. Zaslavsky (2002).

⁵Prochaska, J. J., H.-Y. Sung, W. Max, Y. Shi, and M. Ong (2012).

Poverty, hardship, and stress

Even more than poverty itself, research suggests what leads to psychological distress is the daily hardships and stresses that often accompany poverty.⁶ Sometimes those hardships involve physical discomfort, pain, or risk to health: doing without food or medical care, for instance, or living in a shelter. But poverty also exacts a psychological toll.⁷ Even the routine task of paying household bills — often stressful for many people — can be even more logistically demanding for lower-income families, particularly for those who are unbanked or lack access to credit.⁸

The ECPT surveys provide a detailed portrait of the challenges often associated with poverty. Table 1 compares the situations of New York City parents living below the poverty line with parents between 100 and 200% of the poverty line and parents at or above 200% of the poverty line. The first part of the table displays the ECPT material hardship indicators. Respondents are categorized as living in hardship if they have had at least one of these experiences over the past 12 months. More than half of families living in poverty faced at least one of these hardships. The second part of the table displays other indicators of financial insecurity. Among families living in poverty, about one in three said they could not pay an unexpected \$400 expense at all, even by borrowing money or selling something they owned. About half said they could not afford to pay a housing, utility, or phone bill in full over the past year. Almost a third did not have a bank account, and over half lacked a credit card. Two in five were often worried about money in a typical week. Higher-income families faced these difficulties too, but far less often.

Table 1
Prevalence of hardship and indicators of financial insecurity over past 12 months by poverty level

	BELOW 100% POVERTY	100-200% POVERTY	AT OR ABOVE 200% OF POVERTY
<i>ECPT material hardship indicators</i>			
Often worried whether food would run out, or ran out of food before there was money to buy more (food hardship)	20%	7%	4%
Often ran out of money (financial hardship)	22%	17%	7%
Phone, gas, or electricity was cut off (bill hardship)	23%	15%	5%
Did not get needed medical care because of the cost (medical hardship)	22%	20%	12%
Stayed in a shelter or doubled up with another family (housing hardship)	13%	5%	1%
At least one of the hardships above	52%	43%	19%
<i>Other indicators of financial insecurity</i>			
Couldn't pay an unexpected \$400 expense at all	33%	18%	7%
Did not pay full amount of rent/mortgage, utility, or phone bill because of the cost	50%	40%	20%
Do not have a bank account	33%	10%	3%
Do not have a credit card	56%	28%	21%
In a typical week, often worry about money	42%	37%	23%

Source: *Tabulations of ECPT baseline survey, N=1,490, and third follow-up survey, N=1,104*

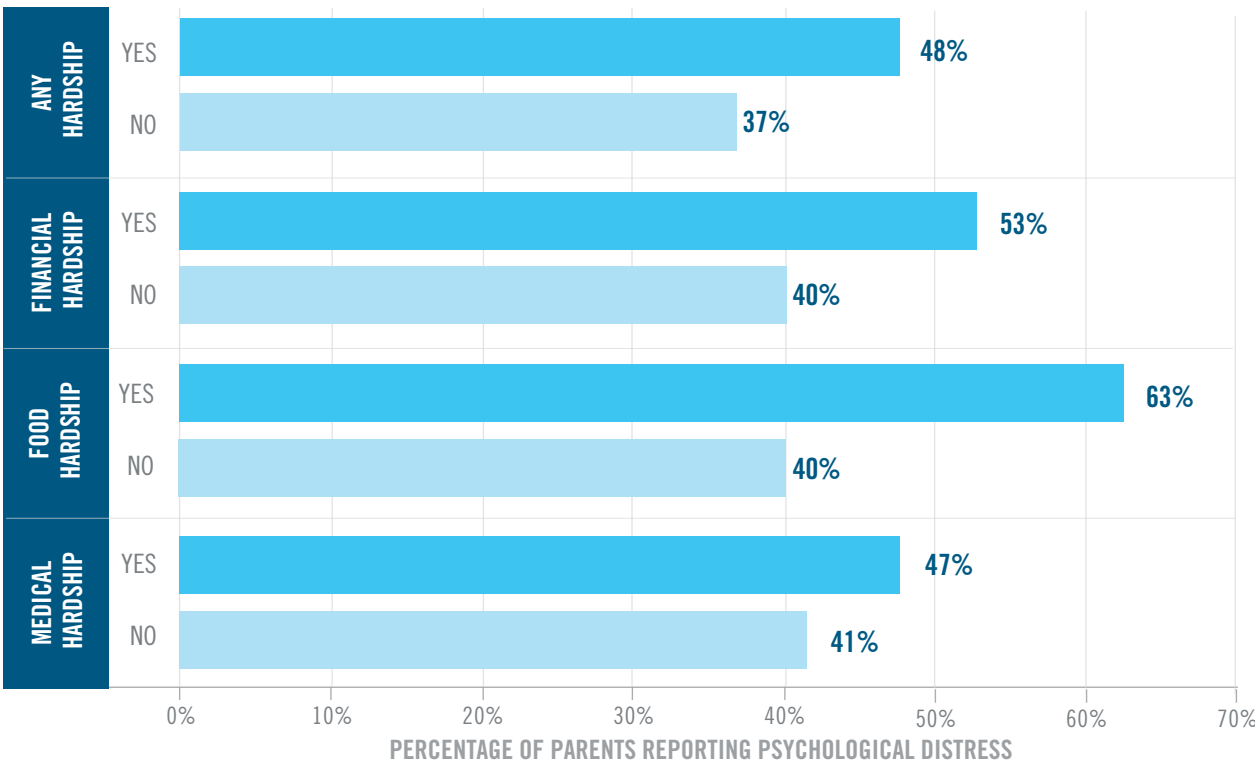
⁶ Huang, Y., C. M. Heflin, and A. Validova (2020). Heflin, C. M. and J. Iceland (2009). Manuel, J. I., M. L. Martinson, S. E. Bledsoe-Mansori, J. L. Bellamy (2012).
⁷Santiago, C. D., Wadsworth, M. E., and Stump, J. (2011).
⁸ Mullainathan, S. and E. Shafir (2013). Gennetian, L. A. and E. Shafir (2015). Barr, M. S. (2012).

Hardship, stress, and psychological distress

Using data from the ECPT, we can understand how parents’ experiences of these poverty-related hardships and stresses are related to their reports of psychological distress.

Parents who reported at least one of the five material hardships between their initial survey and subsequent surveys two years later were significantly more likely to report psychological distress than parents who did not experience hardship, adjusting for poverty, their first reported K6 score, and other characteristics (Figure 2). We also examined each of the five hardships individually. Parents who faced food hardship, financial hardship, or medical hardship were more likely to report psychological distress than parents who did not experience these particular hardships.⁹

Figure 2
New York City parents reporting psychological distress in 24-month follow-up survey, by type of hardship



Source: Tabulations from ECPT baseline, 12-month follow-up and 24-month follow-up surveys, N=908

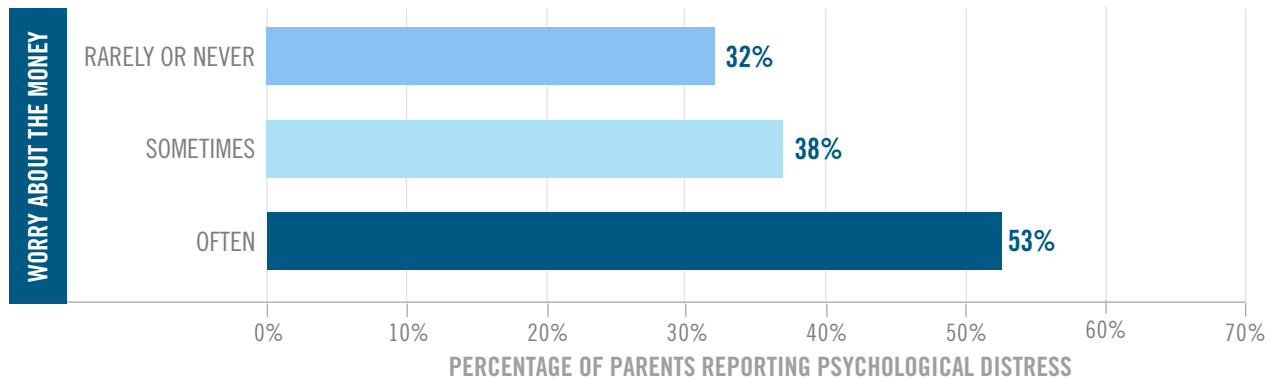
Note: Predicted rates of psychological distress were adjusted for race and ethnicity, nativity, gender, presence of spouse or partner, employment, physical health problems, and poverty between the initial survey and the follow-up survey. Estimates were also adjusted for the K6 value at the time of the initial survey.

Frequently worrying about money was also associated with psychological distress. Parents who worried about money more often were significantly more likely to report distress compared to other parents in our most recent survey (Figure 3).

⁹ We also used an alternative analysis strategy — fixed effects models — and found significant effects for overall hardship, food hardship, and financial hardship. Fixed effects models have the advantage that they adjust for differences across people by comparing people to themselves at different points in time.

Figure 3

Parents reporting psychological distress, by frequency of worrying about money



Source: Tabulations from ECPT 24-month follow-up survey

Note: Predicted rates of psychological distress were adjusted for race and ethnicity, nativity, and gender, presence of spouse or partner, and employment, as well as physical health problems and poverty between baseline and the 24-month survey. Estimates were also adjusted for K6 value at the initial survey.

Insurance status and mental health care

Health insurance is a critical resource for those seeking mental health care.¹⁰ However, many parents experiencing psychological distress lack stable coverage. At baseline, among respondents who were living in poverty and experiencing psychological distress, 45% did not have stable health insurance over the previous 12 months: either they lacked health insurance entirely or they had an interruption in coverage during the year (Table 2). Among parents between 100 and 200% of the poverty line, over a third did not have stable health insurance.

Table 2

Health insurance status in past 12 months among parents reporting psychological distress, by poverty level

	STABLE HEALTH INSURANCE	WITHOUT STABLE HEALTH INSURANCE		
		TOTAL	AT LEAST ONE INSURANCE GAP	NO HEALTH INSURANCE
Below 100% poverty	55%	45%	31%	13%
100% to 200% of poverty	64%	36%	29%	8%
At or above 200% of poverty	73%	27%	22%	4%

Source: Tabulations of ECPT baseline survey, N=527

¹⁰Walker, E. R., Cummings, J. R., Hockenberry, J. M., and Druss, B. G (2015).

Conclusion

Psychological distress is widespread among New York City parents of young children. More than a third reported experiencing either moderate or severe psychological distress according to the K6 scale, which measures symptoms associated with depression and anxiety. Parents were at higher risk of psychological distress if they lived in poverty, and especially if they experienced material hardship or often worried about money.

Psychological distress among families with low incomes is an indication of the psychological toll of poverty, and can also impede parents' efforts to improve economic well-being for their families and promote healthy development for their children. In other words, psychological distress is one reason that economic disadvantage persists over time and across generations.

Ensuring access to mental health care is essential, and it is concerning that so many parents who face psychological distress also have unstable access to health insurance. For families living in poverty or with low incomes, ensuring more stable access to health insurance, as well as alleviating material hardship and financial uncertainty, could be beneficial for parents' mental health and for longer-term economic and social wellbeing.

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