

**“Public Mental Health and Economic Difficulties”  
with Catherine Ettman**

**Transcript of Communicating Brain Science Podcast**



**Guest: Catherine Ettman** is Director of Strategic Initiatives in the Office of the Dean at the Boston University School of Public Health. As a public health specialist, Ettman’s focus is on mental health—particularly anxiety and depression. Appearing as first author on a recently published study in JAMA, Ettman et al. measured the public mental health toll of COVID-19. The study found evidence of significantly elevated levels of depression in the population—higher than other traumatic events such as Hurricane Katrina and 9/11— and a correlation between financial resources and the likelihood of depression. In a follow-up study released after this interview, Ettman et al. found that 40% of Americans reported experiencing financial difficulties. Further, the authors found that people who experienced financial stressors and had low assets had 4 times the probability of depression as people who experience no Covid financial stressors and possess high assets.

**Host: Brandon Barrera** is a New York City journalist, born and raised in Queens and living in Manhattan. A public affairs assistant at the Dana Foundation, he writes about books for *Cerebrum* magazine. Before coming to Dana, he provided content to Bronx Net and The Bronx Journal. When not enthralled by all things sci-fi, Barrera is fond of cycling, film, and arguing the finer points of tabletop gaming.

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[Intro] Catherine Ettman: What we found is that having assets, having wealth, appears to create a protective effect against depression. So having more in family savings, owning a home, and having physical assets, these assets do appear to protect against poor mental health. And we found this across all racial groups as well.

**Brandon Barrera:** You just heard the voice of Catherine Ettman, Director of Strategic Initiatives in the Office of the Dean at the Boston University School of Public Health. As a population mental health specialist, Catherine visits the show to contextualize the pervasiveness of anxiety and depression during the COVID-19 era, a period sullied by crises across multiple fronts.

You’re listening to Communicating Brain Science, the podcast bringing you access to communication experts in the brain science and brain adjacent worlds. I’m your host, Brandon Barrera, and in this episode, we investigate the breadth of the pandemic’s collective mental health

trauma and attempt to tease out who might be facing the worst of the mental strain--if such a thing can be known--as the numbers appear to be quite shocking.

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October figures from the U.S. Census Bureau's Household Pulse survey, a collaborative data-collecting effort, show that 37% of adults nationwide reported anxiety or depression symptoms associated with diagnoses of generalized anxiety disorder or major depressive disorder. For adults aged 18 to 39, this figure approached 45%, nearly half. And it's with this sobering reality in mind—that sizeable chunks of the American population are tussling with feelings of yuck, day in and day out—that I'm joined by my guest, Catherine Ettman. Thank you for joining us, Catherine.

Catherine Ettman: Thank you for having me.

Brandon Barrera: Catherine, you were part of a team that recently published a study on depression symptoms in U.S. adults. Could you tell our audience a little bit about what you were investigating and what you found?

Catherine Ettman: So our team studies population mental health, and we were interested in understanding the effects of COVID-19 and this moment on mental health across the country. So in early April, we conducted a study where we asked a nationally representative group of adults over the age of 18 a series of questions about their mental health, about exposure to stressors due to COVID, and some demographic questions. And through that study, we were able to compare results to the most recently available nationally representative data on mental health, which had been collected in 2017 to 2018, in a government funded study called NHANES. So using these two samples, we were able to look at prevalence of depression at the population level during COVID, and compare it to prevalence of depression before COVID.

Brandon Barrera: What did your team find?

Catherine Ettman: We had three main findings. First, we found that 28.7 percent of Americans reported depression, over one quarter of Americans reported depression. Second, this represented a threefold increased over what it was before COVID. Now this was higher than what we have seen after other traumatic events, such as Hurricane Katrina, September 11th, and the Hong Kong unrest, and we'll talk about that more later. And third, we found that people with fewer resources were the ones who were more likely to have depression. So for example, people with lower income are

twice as likely to have depression and people who had less than \$5,000 in family savings were one-and-a-half times more likely to have depression.

Brandon Barrera: Wow. As somebody who studies population mental health and depression, can you tell us anything about the prior level of depression prevalence in the American population before COVID? I mean, do those numbers, should they mean something to us or is it a normal baseline?

Catherine Ettman: So what we found was the prevalence of depression before COVID was around eight-and-a-half percent. Depression is highly prevalent in the U.S. population; this was true before COVID occurred. Before COVID, over 17 million Americans experienced any mental illness in a given year. So mental health and mental illness is prevalent. It's common. And that is in part why our team was interested in understanding how this moment would affect mental health. And mental health, in particular, is really sensitive to context, and depression, in particular, is very sensitive to social and economic context. So changes in those contexts would show up much sooner in mental health than, say, changes in physical health. And we knew from studying other traumatic events that exposure to traumatic stressors and traumatic experiences does lead to poor mental health.

Catherine Ettman: We found after other studies that depression did increase after other events. And we simply didn't know the magnitude of the scope of the issue during COVID, which is in part what motivated us to do our study.

Brandon Barrera: So essentially the number, the prevalence, jumped to nearly a quarter of those surveyed of the American population.

Catherine Ettman: Right.

Brandon Barrera: I'm curious to know what were some of the stressors identified and used in the study?

Catherine Ettman: We asked participants if they had experienced stressors due to COVID to select all that might apply, and stressors included family problems, having challenges finding childcare, losing a job, having difficulty paying rent, death of someone close to you, or a loved one due to COVID, seeing family less, and having a member of the household lose a job.

Brandon Barrera: Right, this was back in April. So part of the reason I asked is because since then, we've had mass, I guess I would call them civil unrest, or protests, beginning in June when people took to the streets in response to the killing of George Floyd in Minneapolis. And then there's also climate

concerns. Climate change is on everybody's mind now. It's hard to avoid the New York times reports that California's biggest wildfire season ever recorded is still ongoing. Those would be considered additional stressors.

Catherine Ettman: Yeah. As we noted in our study, we found a threefold increase in depression, and we conducted our study at the beginning of April. And at that point COVID was peaking at different parts of the country, in different times. And as you mentioned, we hadn't yet experienced the stressors that have emerged in that time, such as the social unrest. And the threefold increase to start was much higher than what we've seen after other events. And in part we think it's because it's more than one event. It's not just COVID, it's COVID and the fear and anxiety around COVID. And that's also the economic consequences that have followed from that, which was shown by our evidence that people with fewer resources were bearing the brunt of the mental health impact of this moment.

So while we conducted the study in April, what we might expect is that as stressor exposure increases, so too would the poor mental health that follows. So we know that things like losing a job, having difficulty paying rent, having financial difficulties generally, we know that those are associated with poor mental health. And so as stressors persist or as stressors increase, you are right to think that poor mental health would follow as well. And on the flip side, if we are able to address those stressors, and if those stressors are mitigated or go away, then our hope is that mental health would improve following reduction in those stressors.

Brandon Barrera: Was your team able to quantify the degree to which those experiencing the worst of the stressors, the effects of the stressors, compared to those who had more economic means and weren't as affected? Is that quantifiable? Do we have an idea of what range that is?

Catherine Ettman: Yeah. In our first study, looking at mental health during COVID we found that people with lower income had 2.4 times the prevalence of depression. So those were people making less than \$20,000 a year in household income. And then for people with less than \$5,000 in family savings, they had 1.52 times the odds of depression, which suggests that having fewer resources is associated with poor mental health. And we also looked across social assets such as having education or being married, and sure enough, having more assets was associated with protective health. So the fewer assets you have, the more economically or socially disadvantaged a group might be, the more likely they are not only to experience stressors, but also to experience depression. And

more work is forthcoming on this. We have a study that has not yet been published that looks exactly at that question.

And what we found was, as you note, that people with fewer resources going into COVID were more likely to be affected by COVID stressors such as losing a job. And that in turn leads to an even greater disparity in who has depression.

Brandon Barrera: That line of investigation you're discussing now, would that be different than considering what role wealth plays as an indicator of depression?

Catherine Ettman: This is something that our team has been studying, and we were looking at this before COVID, and what we found is that having assets, having wealth, appears to create a protective effect against depression. So having more in family savings, owning a home, and having physical assets, these assets do appear to protect against poor mental health. And we found this across all racial groups as well, where having more assets led to improved mental health and having fewer assets led to more depression, which might explain why we see different rates of depression, because the differential distribution of assets across society, where some groups have historically been allowed to accrue assets more easily than other groups.

Brandon Barrera: It seems almost like a snowball effect where one thing leads to another. Your socioeconomic status doesn't help you deal with the reality of COVID now and other mass traumatic events. The desire to understand and investigate mental health, what makes it a useful metric when assessing public health?

Catherine Ettman: Mental health is public health. The mind and the body are connected, and addressing mental health is, I think, critical to being as healthy a population as possible. Our team often says that health is the means not the end. We want to be healthy so that we can live full lives. And addressing mental health is just as critical as addressing physical health.

I often use the metaphor of a cast. So imagine you're riding your bike and you fall and you break your arm. If you broke your arm, you would go to the doctor, and you would get a cast, and a cast would help you heal. And there would be no question, no stigma around it. In fact, people would ask questions if you didn't get help for your broken arm. So if you think about mental health the same way as we think about physical health, we could see that there are supports that allow us to heal, protect ourselves, and recover, so that we can move on and lead full, healthy, and happy lives.

Brandon Barrera: In your study on assets and probable depression, your group writes, “Future research should consider the role of assets in protecting against mental illness.” Can you expand on this and its significance?

Catherine Ettman: Health is the product of our environment. People live in a context and our health is a product of that context. And we have context at different levels, individuals, families, relationships, within employers, and larger social and political contexts. And having assets can serve as a protection. It can serve as a buffer against the challenges that come up in day-to-day living or that come from traumatic events. So say a person loses the job. If they have a cushion, if they have some savings, or they have some wealth that they can fall back on, that experience is less difficult because they know that they’re able to get through it. They’ll be able to keep paying their rent. They’ll be able to keep eating food. They’ll be able to continue getting health care.

And so having assets does allow people to have that cushion, to have that flexibility, for when either life’s inevitable stressors emerge or when unexpected large-scale events or traumatic experiences occur. What our group has found is that having assets can help protect against those moments. And it is possible that helping people to ensure that they have assets--such as a livable wage, enough money to have not only essential goods, but also enough to save, having safe housing--all of these create the context where we can be healthiest.

So there was a commentary that came out in response to our JAMA piece and the author, she wonderfully said that to effectively, and I’m quoting her, this is Dr. Ruth Shin, “To effectively prepare to face this public health crisis, healthcare practitioners and policymakers must commit to addressing the social determinants of health and mental health.” And she said there are convincing data to support investing in public health and social welfare benefits, food, housing, unemployment benefits. So these are the policies that can help protect people to give them that cushion against these stressors that can help improve mental health over time.

Brandon Barrera: Does research show us that we can put a price tag on or quantify a certain number that’s a baseline amount that’ll lend itself to promoting optimal health or better mental health? Or is it not that quite simple?

Catherine Ettman: I don’t think it’s so simple. I think at a baseline we need to ensure that people have their resources available to live a healthy life. And that means investing in a context where they can do so. Like I said, that means having healthy housing, healthy food options, meaningful employment,

anti-discrimination laws to protect them against that, and livable wages so that they can make enough money to have what they need and save.

Brandon Barrera: What are some of the dangers of letting these stressors go unaddressed? What should we keep in mind or be vigilant about?

Catherine Ettman: We should be aware that mental health is a priority right now. And that depression is highly prevalent, as well as other mental health conditions. And if left unaddressed, it's possible that not only will these stressors accumulate, and will depression severity increase, so you might see higher levels of depression, but we may see inequality widen. We might see gaps between people who have a lot and people who have a little get even bigger. If left unaddressed mental health and poor mental health may exacerbate and we may see gaps widen in society.

Brandon Barrera: I want to take this opportunity to share a resource with our audience before I ask my next question. If you're in crisis or experiencing thoughts of suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK. You can also text the crisis text line. Text hello, to 741741.

I'd like to ask you about a study your group did and recently published about suicidal ideation and how COVID has affected that expression in our population. Can you tell us a little bit about that?

Catherine Ettman: Our group looked at suicidal ideation in April and we compared it to rates before COVID, and we also looked at exposure to stressors. And what we found was that exposure to stressors was associated with an increase in suicidal ideation. So be that through bereavement, losing a family member or a loved one to COVID, or through challenges like losing a job or having difficulties paying rent.

Brandon Barrera: Is it too early to tell how this ideation is moving through the population?

Catherine Ettman: Yes. At this point in the year, what we have are just early signs based on these studies, and other studies, it does appear that there may be higher rates of suicidal ideation and that exposure to stressors is associated with higher rates of suicidal ideation. So research from before COVID has looked at this. A group at Duke led by Professor Elbogen and others found that having exposure to financial stressors was associated with increased suicidal ideation. And they found that number one, exposure to stressors was associated with this, and number two, that the stressors were cumulative. So the more stressors that people experienced, the more likely they were to experience these poor mental health effects.

Brandon Barrera: I mean, we're all experiencing some degree of stress. And I think our conversation today reveals that unfortunately for a significant portion of the population, they're facing more than one stressor. For the listeners out there, are there things that we can keep in mind through these times?

Catherine Ettman: Absolutely. So given the disproportionate burden on people with fewer resources, social efforts to support people with fewer resources will be essential to mitigating the mental health burden of this pandemic. And this calls for a doubling down in our social investment and supporting people through difficult economic times. So policymakers and medical professionals should be aware of this increase in poor mental health, and that people more at risk are more likely to experience the effects of this time on their health. And they can support people through policies like eviction moratoria, providing health insurance that is not tied to employment, and helping people make a living wage and have enough money to save.

Brandon Barrera: So we're having a conversation about how having the means can assist you in bearing the worst of the brunt of widespread trauma. And unfortunately those that have the least seem to be unable to respond with the means and with the options that are available to others. We're seeing some inaction in Congress, but we kind of know what we need to do.

Catherine Ettman: We do. We do.

Brandon Barrera: Well, look, we're recording this on Election Day, and we're not going to sit here and divine what's going to happen or what the outcome is going to be for our audience. But you kind of went over already what policy makers should take away from this research, and from what science tells us about mental health. Come what may after this election, what should decision makers keep in mind?

Catherine Ettman: Decisions makers make a difference. They set the social and economic policies that we all live in and that shape the context that we exist in, and the policies that they create can help to protect people against the ill effect of this moment. And they can create policies that provide resources for people who are most at risk, and opportunities for people to not only survive, but thrive.

Brandon Barrera: Catherine, thank you so much for spending time with us and for doing this research. It's very timely and important. I'd like to ask you something I ask all my guests during these times because it helps to connect. Is there

anything that you found--any kind of pop culture, media, art, music--that you've been turning to, to help you during these times?

Catherine Ettman: That is such a great question. As I mentioned before, health is the means not the end. And I think finding beauty in this time is critical. And if people are able to do so from great tragedy and from great sadness, beauty can emerge, and art can emerge. I hope that others find spaces that bring them joy and calm and respite and remind us all that we are in this together and that we can make this a better world.

Brandon Barrera: Yeah. Sign me up for it. Last question for you, well, for our audience. Where can they, should they like to learn more about your work, where can they turn to?

Catherine Ettman: Thank you. Well, if listeners are interested in learning about mental health, which we hope you are, at the Boston University School of Public Health, behavioral and mental health is one of our strategic research areas of excellence. So if you'd like to learn more, we invite you to come to our website at the [Boston University School of Public Health](#). And we'd love to share more with you there.

Brandon Barrera: Fantastic. Catherine, thank you so much for joining us.

Catherine Ettman: Thank you for having me.

Brandon Barrera: As always, thank you, dear listeners, for connecting with us on this episode of Communicating Brain Science. You can find more neuroscience resources by visiting [dana.org](#). I'm your host, Brandon, signing off. Stay safe, stay well, stay here, till next time.