

What Protected the Wellbeing of Mothers during the Pandemic?¹

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INTRODUCTION

The COVID-19 pandemic wrought acute harm to mental wellbeing across the globe; not least through its impact on morbidity and mortality, but also from health anxieties, lockdowns and their economic fallout, the closure of key services, as well as the disruption of social networks. However, while the pandemic's onset was global, not everyone experienced the same harm to their mental health. This study draws on information on the mothers of 12-year-olds from the Growing Up in Ireland (GUI) study to look at what helped cushion the negative impact of the pandemic on their mental health.

DATA AND METHODS

The study draws on GUI data on Cohort '08, a nationally representative sample of children born 2007-2008 along with their caregivers. In December 2020, the GUI team conducted a survey of primary caregivers (98 per cent of whom are mothers) during the COVID-19 pandemic. Mothers' mental health is captured using the Short-form Center for Epidemiological Studies Depression Scale (CES-D), with higher scores indicating a greater risk of depression. The longitudinal nature of GUI means we can compare measures of mothers' mental health during the COVID-19 pandemic (December 2020) with two previous timepoints before the pandemic - wave 3 (2013/2014) and wave 5 (2017/2018) - to see whether trends in depression changed significantly over the pandemic.

The study looks at four sets of factors: (1) mothers' social resources, such as the level of social cohesion in their neighbourhood (e.g., trust and reciprocity among neighbours) or the support they receive from friends/family; (2) their economic resources, such as the share of income received from welfare, or how difficult they feel it is to 'make ends meet'; (3) the quality of mothers' local environment, such as the degree of traffic problems; and (4) their religiosity, such as how often they

¹ This Bulletin summarizes the findings from: Laurence, J., Russell, H., and Smyth, E., "What buffered the impact of the COVID-19 pandemic on depression? A longitudinal study of caregivers of school aged children in Ireland", *European Sociological Review*, Available online: <https://doi.org/10.1093/esr/jcad017>

attend church. All of these factors are measured *prior to* the onset of the pandemic to reflect the resources mothers had at their disposal going into the crisis.

To understand *how* these buffering factors may have cushioned mothers' mental health, the study uses a set of measures on what experiences mothers had during the pandemic. These include whether they found supervising their child's schoolwork stressful, whether they experienced a loss of income/employment, or whether they had COVID or were anxious about friends/family contracting it.

RESULTS

What factors cushioned the impact of the pandemic on mothers' mental health?

In the years prior to the pandemic (2013/2014 to 2017/2018), levels of depression among mothers remained relatively low and stable. However, depression scores among mothers rose steeply with the onset of the pandemic (compared to 2017/18), nearly doubling. Yet, not all mothers experienced an equal increase in depression scores.

Stronger economic resources, and better household conditions, played a protective role: depression scores rose less among mothers who reported being able to 'financially make ends meet' easily (compared to those who found it difficult) and among mothers who lived in less overcrowded housing. The local environments in which mothers were living also helped cushion their mental health. Mothers who lived in neighbourhoods where heavy traffic was not a problem, and those who lived in rural areas, saw their depression scores increase less over the pandemic, compared to mothers in more urban areas or where traffic was a major problem.

The strongest protective factors were mothers' social resources and their religiosity. Mothers who, just before the pandemic, had a partner in the household and who felt they got the help they needed from friends and family saw their depression scores increase less over the pandemic. Those who reported living in more socially cohesive neighbourhoods (where neighbours trust each other, exchange favours, or feel more attached) – what are termed in the research literature as high social capital areas - were more strongly protected against depression during the pandemic. Symptoms of depression also increased much more steeply among mothers who never attended church before the pandemic compared to mothers who used to attend daily or weekly (even though in-person services had not resumed at the time of the survey).

How did these buffering factors protect mothers' mental health?

Social resources cushioned mothers' mental health because, during the pandemic, these mothers experienced better family relations and struggled less with care work, home schooling, and their children's return to school. Economic resources supported mental wellbeing by reducing financial stresses, enabling better home/outdoor environments, and likely allowing families to purchase the tablets, laptops, and high-speed internet needed to engage in home schooling and working more easily. A better-quality local environment allowed mothers to spend more time outside and improved family relations. It was harder to explain the protective role of religiosity, but it may relate to greater optimism or a stronger sense of meaning in life that help protect people from the stress of adversity.

CONCLUSION AND POLICY IMPLICATIONS

This study finds strong evidence that the social, economic, religious, and environmental characteristics in people's lives protect their mental health when experiencing adverse life events. While some of these characteristics are personal, others can be influenced by policy. Investment in local infrastructure to enhance access to green spaces and reduce neighbourhood disorder will pay dividends in supporting the mental wellbeing of women and their families. Furthermore, community development initiatives to foster a sense of local belonging and trust will enhance families' capacity to weather crises. Integrating such perspectives into crisis management could help protect societies, particularly more vulnerable groups, and potentially weaken the well-documented long-term scarring effects that adverse life events have on people's lives.