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Literature Review

1. Introduction

As COVID-related eviction moratoriums are lifted, the threat of displacement is more present than ever for many Americans. Meanwhile, many cities are struggling to manage large houseless populations living on the street or cycling in and out of emergency rooms and shelters. This “housing crisis” is not new: the cost of housing has been rising steadily over the past 60 years, whereas wages have remained stagnant.1 Many fear that the intensified burden of housing instability, combined with the social fragmentation and isolation created by the pandemic, will coalesce to create a mental health crisis for those struggling to make ends meet.2–4

This study aims to elucidate the relationship between housing precarity and mental health in the Bay Area, California, a metropolitan region with one of the largest populations of unhoused people. In general, the concept of “precarity” refers to the ability to withstand economic and environmental shocks.5 In sociological terms, precarity also refers to the simultaneous contraction of the social safety net and rise of insecure wage labor that leave more people economically vulnerable to such shocks.6 The trend toward precarity over the last half century is a result of the increasing dominance of neoliberal economic policies in the US.7,8 These changes to public policy and the marketplace have vast implications for public health, including mental health, especially that of Black and Indigenous people and people of color who have historically suffered social and economic marginalization and disinvestment at the hands of federal and state governments.8–13 As such, this study will also analyze the effect of anti-displacement policies such as rent control and just-cause evictions on the relationship between housing precarity and mental health. Our hope is that the findings of this study will inform public policy in the effort to mitigate the mental health toll caused by the interlocking crises of a global pandemic related housing precarity.

1. Main themes in the literature

Several studies have quantitatively characterized the relationship between housing insecurity and mental health via an exposure/outcome paradigm. In 2020, Baker et al found an association between both prolonged and intermittent exposure to housing affordability stress and lower mental health, regardless of baseline mental health, in a large sample of observations over a five-year period.14 In another study, Baker et al found that cumulative exposure to unaffordable housing over time differentially impacts mental health, especially for those with lower baseline mental health.15 Another study measured the association between poor housing conditions and housing instability, as represented by moving more than twice in the past two years, and maternal mental health, finding housing instability positively associated with depression and anxiety.16 For people living in low- to moderate-income households in Australia, entering unaffordable housing was associated with a small decrease in mental health scores compared to controls.17 One review of evidence on the longitudinal impact of housing disadvantage on poor mental health confirmed a positive association between the two.18 Though methodologies vary, the general consensus in existing literature is that exposure to housing insecurity is associated with poorer mental health.

Other studies have used the framework of neighborhood effects on health to analyze the relationship between housing and mental health.19 Many of these studies focus not on precarity per se but on the influence of characteristics like housing quality, social support, and safety on diagnosis of mental health disorder, with one study finding that children living in neighborhoods with 3 poor physical characteristics or with low social support had greater odds of anxiety or depression and ADHD.20 A review from 2006 found associations between mental health and at least one measure of neighborhood characteristics in all but two of 29 studies analyzed, including sociodemographic characteristics and physical characteristics, though conclusions were limited by methodological variation across studies.21 Another study of Shenzhen, China found that housing deprivation, measured via an index combining internal facilities, living space, physical form and structure, attached facilities, affiliated natural amenities, and affordability, was significantly associated with a number of health outcomes. Mental health hospitalizations were associated jointly with housing deprivation and socioeconomic disadvantage.22 Though recent research is scarce, these studies provide some evidence that neighborhood housing characteristics are related to mental health, and provide a theoretical scaffolding from which we begin to conceptualize the role of housing precarity.

Our study also seeks to characterize the role of anti-displacement housing policies in mental health. Housing policies can fall into one of a few categories as outlined by Chapple and Loukaitou-Sideris: housing production, housing preservation, and neighborhood stabilization.23 Housing production strategies aim to increase the quantity of affordable housing, including generating resources for development, incentives and public investments to encourage construction of affordable housing. Housing preservation strategies aim to preserve affordable rental units through government subsidies, community land trusts, and other measures, in essence keeping these units off more expensive private markets. Last, neighborhood stabilization strategies prevent displacement by stabilizing housing costs via rent regulation, “Just Case” evictions, tenant right to counsel, rental and foreclosure assistance, and others.23

Unfortunately, there are several gaps in our knowledge about how well these policies work. There is very little data regarding the relative efficacy of many of these policies, even at the level of whether they prevent displacement. Much of the literature that does exist fails to disaggregate the effects of these policies by race, thus precluding any conclusions about whether they prevent displacement of communities of color that have historically been the targets of discriminatory housing policies.23

1. Lessons from the literature

The relationship between housing and mental health is increasingly an area of research interest. However, existing qualitative studies tend to measure the association of an individual’s exposure to housing-related variables, and the concomitant outcome. This approach tends to flatten the social, historical, economic, and even geographical landscape of who is exposed to housing precarity and where. An attention to neighborhood-level effects acknowledges that neighborhoods can differ from one another in terms of housing quality, safety, and emotional and social environment, and that this may have an impact on mental health. However, neighborhood-level studies on housing and mental health to date tend to focus on the physical quality of neighborhoods and housing as independent variables, or study participant-rated subjective measures of neighborhood physical quality, social support, or safety. While all important measures, none quite capture the totality of housing precarity as a state of both psychological insecurity and instability, and very concrete economic stresses, and which is engendered in large part by the actions of public policymakers rather than by some natural force. The same policies that produce precarity of the kind defined above, that of an emaciated safety net and unstable wage labor, arguably give rise to other characteristics such as poor physical condition, increased violence, and weakened social ties through decades of deliberate disinvestment in and dispossession of BIPOC communities.

1. Implications for planned project

The novelty of this planned project is in its use of the Housing Precarity Risk Model (HPRM), an index of housing precarity developed by Urban Displacement Project based on the hypothesis that employment is the primary resource for maintaining housing. The HPRM combines 4 variables (gentrification typology, evictions, unemployment, and COVID-19 infections) to rank census tracts on a scale of 1 to 9, with 1 being the least precarious and 9 being the most. The advantage of using this model to estimate housing precarity is that it takes into consideration four variables which are key to maintaining employment and thus housing, thereby more completely encompassing the factors which produce a state of precarity. The scores are estimated at the census tract level which, though not equivalent to a neighborhood in the real world, serves to approximate residential areas which comprise a unit of people experiencing similar housing conditions. The variables incorporated into the HPRM also consider the disproportionate effects of housing precarity on Black Americans due to the US legacy of segregation and housing discrimination.

Due to the gap in evidence on the efficacy of anti-displacement housing policies, it is hard to draw conclusions about which policies are most effectively protecting tenants. However, our study will aim to elucidate which anti-displacement policies are best able to mitigate the detrimental impact of housing precarity on mental health. Though this will not directly provide information about whether the policies effectively curb displacement itself, we hope that our study will still prove useful to policymakers by providing information about the relative impact of different anti-displacement policies on mental health, and what contextual socioeconomic, demographic, and geographical factors may influence this relationship. We hope to observe whether policies are effective for communities of color, especially Black communities, in the interest of undoing the legacy of structurally racist housing policy.

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