“I’m Not Back to Where I Was”: COVID-19 and Gendered Mental Health Outcomes among Working Parents in the U.S.

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Abstract: This study examines how dual-earner parents in the U.S. experienced mental health in relation to their caregiving and work obligations during the COVID-19 pandemic. Current research shows that parents experienced heightened negative mental health outcomes during the pandemic yet does not analyze how parents understood their mental health while balancing multiple ongoing priorities. Research on parental mental health during COVID-19 largely remains quantitative. I analyze 48 semi-structured interviews with dual-earner parents in the U.S. between January 2021 and August 2022 to understand how parents interpreted their mental health during the pandemic, and how their work and caregiving obligations directly affected their mental health outcomes. Findings indicate that during the COVID-19 pandemic: (1) parents experienced an increase in negative mental health outcomes; (2) mothers attributed negative mental health outcomes to both work and childcare obligations, while fathers attributed negative mental health outcomes only to work obligations; and (3) parents, but more frequently mothers, stressed the need for a more flexible work environment in a post-COVID-19 world.

Keywords: caregiving; COVID-19; flex work; gender; mental health

1. Introduction

This study examines how dual-earner parents in the U.S. experienced and interpreted their mental health in relation to caregiving and work obligations during the COVID-19 pandemic. Many states and territories issued stay-at-home orders in March of 2020 to mitigate the spread of COVID-19 in communities (Moreland et al. 2020). As a result, schools and workplaces often shifted to online instruction or work, requiring working parents to assist their children with remote schooling, while also fulfilling their own work obligations.

Prior to COVID-19, research demonstrated that mothers complete more household work and childcare than fathers in heterosexual relationships, regardless of breadwinner status and employment distribution (Brines 1994; Craig and Mullan 2011; Greenstein 2000; Hook 2010; Hoschild and Machung 2012; Sayer 2010). Preliminary research on caregiving during the COVID-19 pandemic indicates that the amount of time dual-earner parents spent on childcare increased (Sevilla and Smith 2020). Mothers completed a disproportionate amount of caregiving in comparison to fathers and justified unequal parenting arrangements based on traditional gendered beliefs (Calarco et al. 2021; Sevilla and Smith 2020). On average, mothers completed more childcare than fathers, even while working full-time (Zamarro and Prados 2021). However, research on the gendered distribution of caregiving during COVID-19 does not yet examine how work obligations and caregiving activities resulted in mental health outcomes.

There is little sociological research examining the mental health outcomes of working parents during the COVID-19 pandemic. Studies focusing on mental health have largely been performed outside of the U.S. and have mainly used quantitative methods. Zamarro and Prados (2021) found that women with school-age children experienced heightened levels of psychological stress during COVID-19 in comparison to women without school-age children. The deterioration of mental health was strongly related to financial insecurity...
and an increase in caregiving activities (Cheng et al. 2021). Negative mental health outcomes were worse for working parents than people without children, and women from low-income households experienced negative mental health outcomes most frequently (Cheng et al. 2021). While both men and women experienced heightened levels of stress and anxiety during the pandemic, women more frequently associated this anxiety with childcare obligations (Umamaheswar and Tan 2020).

Although these studies show that parental mental health was impacted by COVID-19 and childcare obligations, they do not address the question of how work and childcare duties intersected to affect mental health. That is, how did parents experience and interpret their mental health in relation to work and caregiving obligations? It is important to examine the mental health outcomes of dual-earner parents to better understand how organizational policies might support, or create a lack of support, for working parents. Current research does not yet investigate the intersection of work and family during the pandemic, both of which may intersect to create unique, but long-lasting mental health outcomes. Qualitative research is also needed to address how parents dealt with negative mental health outcomes, and what policies parents believe they would need to effectively support them.

I aim to fill these empirical and methodological gaps in the literature with an analysis of 48 semi-structured interviews with working parents in the U.S. between January 2021 and August 2022. The results reveal three key patterns: (1) parents experienced an increase in negative mental health outcomes during COVID-19; (2) mothers attributed their negative mental health outcomes to both work and childcare obligations, while fathers attributed their negative mental health only to work obligations; and (3) parents, but more frequently mothers, wanted workplaces to adopt more flexible work policies in a post-COVID-19 work environment to better support working parents. These findings provide important implications not only for empirical sociological research, but also for workplace managers aiming to make their organizations more supportive of working parents.

2. Materials and Methods

A pilot of this research was completed during January–July 2021. A total of 15 semi-structured interviews were coded for initial analysis. An additional 33 semi-structured interviews were collected during wave two of data collection. Participants were recruited using an online survey, where they were able to provide their email information if they were interested in completing an interview. This survey was distributed via email and social media pages to Parent Teacher Associations, Boys & Girls Clubs, school districts, and parent pages across all 50 states and Washington D.C. by trained research assistants. Recruitment materials were posted on social media pages, including Facebook, LinkedIn, and NextDoor.

Semi-structured interviews were conducted on Zoom and lasted an average of 45 min. Participants were assigned pseudonyms to ensure confidentiality. Participants were asked questions about demographics, childcare, their paid work, and mental health before and during the pandemic. Participants had the option to receive a USD 20 digital gift card of their choice for compensation upon interview completion.

Data were cleaned to ensure only participants residing in the U.S. and those above the age of 18 were included in the results. Participants were also required to have at least one child under the age of 18 to be included in the results. Additionally, I only analyzed data for dual-earner parents, meaning they were working for pay at the beginning of the pandemic, and their domestic partner or spouse was also working for pay at the beginning of the pandemic. I oversampled African Americans (56% of participants). As such, the sample is diverse, though it is not representative of the U.S. population.

Thematic analysis was used to analyze the data (Deterding and Waters 2021). I read transcripts and identifying codes related to gender, caregiving/housework, paid work, and mental health. For example, participants were coded as “father” or “mother” based on their gender identity. They were coded as “employed” if working full-or-part-time at
the beginning of the pandemic, and “unemployed” if they were not working for pay at the beginning of the pandemic. Participant mental health was coded as “negative” if they reported experiencing an increase in anxiety, stress, depression, isolation, or loneliness, or “positive” if they reported their mental health being unchanged or improved during the pandemic. I further investigated when parents began experiencing negative mental health outcomes, and whether they believed these outcomes were due to childcare, paid work, or a combination of these obligations. I applied the codes created for all the interviews in the study. I also distributed a survey to quantitatively analyze childcare and work experiences of dual-earner parents. The results of the survey are not described in this study, but analyze flex work policies within the work organizations of dual-earner parents in the U.S.

3. Results

The results indicate three initial findings: (1) parents experienced an increase in negative mental health outcomes during COVID-19; (2) mothers attributed their negative mental health outcomes to both work and childcare obligations, while fathers attributed their negative mental health only to work obligations; and (3) parents, but more frequently mothers, wanted workplaces to adopt more flexible work policies in a post-COVID-19 work environment to better support working parents.

3.1. Gendered Negative Mental Health Outcomes

The majority of parents interviewed reported experiencing some negative mental health outcomes during the pandemic. Results revealed that mothers experienced an increase in negative mental health outcomes more often than fathers, and that the reasons for their negative mental health outcomes were directly related to both childcare and work obligations. Mothers frequently reported experiencing depression and anxiety for the first time in their lives.

Amy, a mother of one child, described struggling to keep up with her work and childcare obligations while working through her mental health. She reported that she never experienced any negative mental health outcomes before the pandemic, besides occasional stress, but found herself experiencing depression during COVID-19.

“I think that I was definitely experiencing some more intense apathy during the pandemic. Then I would have these kinds of little moments of grief, and I think that it wasn’t necessarily brought on by the pandemic, but it was exacerbated by it. My husband was undergoing more intense mental health issues. I think, unfortunately, in some ways I kind of shut down or withdrew and I tried to kind of like perfunctorily do the things you’re supposed to do.”—Amy, mother of one child

Mothers frequently worried not only about their own mental health, but about the mental and physical well-being of their families. They carried this weight, and it began to take a toll on their own mental health. Emma, a mother of two children, also experienced depression for the first time in her life during COVID-19. She found it incredibly hard to balance her full-time job and helping her children with remote schooling. She found herself more worried about the mental and physical well-being of her children and family.

“I regretted having children. I didn’t regret having children like I would undo it, but gosh, if I were 20 something, I wouldn’t bring kids into this world. I was so deeply, constantly worried about my children, about [child name] in particular, and how his mental health is. I was just so consumed with anxiety for [child name] and his life and his well-being and his future.”—Emma, mother of two children

Mothers disclosed that they were mentally struggling because of the increased load of childcare on top of their work schedules. To fulfill their work obligations and assist children with remote schooling, mothers often reported staying up throughout the night. Mothers often said they needed to balance work and childcare obligations to keep their families on track, no matter the cost to their mental health.
“I was doing a lot more at night, after I was like getting the kids in bed, we were staying up late and like working at night.”—Emma, mother of two children

Olivia, a mother of four children, found herself working remotely at night and helping her children with remote schooling during the day. She reported feeling an increase in negative mental health outcomes due to this schedule, along with feeling immense pressure to help her family and support her husband.

“I worked from 5 a.m. to 2 a.m. or whatever it took to get what was needed to get done, done.”—Olivia, mother of four children

While fathers frequently reported experiencing negative mental health outcomes, these outcomes were more often related to their work obligations or stressors, as opposed to the need to balance work and childcare. Fathers often found it more stressful to be seen as the providers for the family, and believed it was more important for them to focus on their career and secure income than to assist with childcare.

Brian, a father of two children, had trouble finding a full-time job prior to COVID-19. Although his wife was working full-time, he stated that before he found a job, he felt anxiety surrounding how he would serve his family without a job. He did not consider performing childcare a way to support his family. He felt his wife had a duty to focus on their children’s schooling and childcare, while his familial obligation was to work for pay. Once Brian found a job, he no longer experienced any negative mental health outcome during COVID-19.

“I believe she [my wife] was spending more time [with the children] than me. She was always with the kids. She knew that she had the responsibility of taking care of the kids. With the help of my wife, everything was smooth.”—Brian, father of two children

Numerous fathers saw their role in their families during COVID-19 as the main provider, even if their wife was working full-time. Fathers set aside some time to play with their children or “teach them life lessons,” but did not see their role as needing to assist children with schoolwork or their wives with childcare. Fathers experienced negative mental health outcomes because of the pressures from their paid work, but not as a result of childcare obligations.

Michael, a father of two children, and his wife were both working remotely during COVID-19. He discussed how he would work separately from his wife and children, as his wife was balancing work and remote schooling simultaneously during her day. He reported not experiencing many negative mental health outcomes, as his employment was secure.

“She [my wife] became a teaching in the house for the kids. She was working remote alongside the kids.”—Michael, father of two children

Other fathers also reported not experiencing any negative mental health outcomes during COVID-19, citing secure employment and income, even if they reported their wives working throughout the night to complete work and childcare.

James, a father of two children, did not experience an increase in negative mental health outcomes during COVID-19. Instead, he stated that since he has a secure, remote job with benefits, he felt happier and less stressed during the pandemic, despite his partner having to fulfill childcare obligations for his children and stepchildren.

“Literally nothing in my life changed outside of the fact that I didn’t have to commute to work anymore, which made my life better.”—James, father of two children

3.2. Policy Recommendations for Workplaces by Working Parents

Respondents frequently reported needing workplaces to continue offering hybrid or remote scheduling options in a post-COVID-19 world. This sentiment was most frequently echoed by working mothers.

Emma started working remotely during COVID-19, and found that, although her mental health deteriorated because of work and childcare, remote work was a large benefit
of working for her firm. She found that she was better able to manage balancing her obligations with flexibility on the part of her workplace.

“Something that I get out of working remotely is a sense of empowerment [and] entitlement to pick up my kid at three o’clock if I need to. I’m away from my computer for 30 min, or maybe I’m like taking a call for a while and I’m in the car for 30 min. I don’t have to feel worried or guilty about the fact that I stood up from my desk and left the building. One of my worries about going back into the office is that I will lose that sense of empowerment and entitlement to do things on my terms like that.”—Emma, mother of two children

While mothers were encouraging their workplaces to maintain hybrid or remote schedules, especially as a post pandemic work environment neared, they often stated that their workplace was anticipating a return to “business as usual” after the pandemic. Mothers frequently stated that although their mental health had deteriorated during the pandemic and they suffered fatigue, their workplace was encouraging employees to continue their pre-pandemic workloads.

Olivia felt as though she needed a small buffer between her children going back to in-person schooling and returning to her pre-COVID-19 workload. She felt her mental health needed to improve before she felt she could return to normal.

“It [childcare] took a big toll on my mental health, but in some ways, I think I’m having more trouble adjusting to the return to normal. It seems like things are not quite normal, but the expectations of what you’re supposed to get done, what your output is supposed to be, what your kids are supposed to accomplish, is back to where it was. But I’m not back to where I was.”—Olivia, mother of four children

4. Discussion

This study contributes to the growing literature on caregiving, paid work, and mental health during the COVID-19 pandemic. Consistent with previous work (Calarco et al. 2021; Cheng et al. 2021; Umamaheswar and Tan 2020), I found that most parents experienced an increase in their negative mental health outcomes during COVID-19. Many parents, but especially mothers, reported experiencing negative mental health outcomes, including anxiety and depression, for the first time in their lives. Mothers were often worried not only about their work and caregiving duties, but also about the mental and physical well-being of their families, therefore increasing their perceived anxiety, stress, and depression levels.

An important finding is that mothers attribute this increase in negative mental health outcomes more frequently to their need to balance both work and childcare obligations, while fathers attribute this increase more to work obligations. Mothers stayed up throughout the night to work for pay and assisted their children with remote schooling during the day. They found it difficult to support their family and focus on their paid work. Fathers experienced negative mental health outcomes more frequently due to their self-inflicted pressure to be the providers for their family, even if their wife was also working full-time. If fathers were in a precarious work situation, they felt worse negative mental health outcomes, but if they were in a secure work situation, they felt more at ease and reported experiencing fewer negative mental health outcomes.

Parents, but especially mothers, discussed the need for workplaces to continue hybrid or remote work environments in a post-pandemic world. Mothers felt that remote work gave them a sense of empowerment, and that they were better able to manage their childcare and work obligations when working remotely. However, mothers also stressed the need for workplaces to be understanding as they transition from pre-to-post pandemic workloads. As parents navigate the outcomes of their mental health, they discussed the need for managers and workplaces to be understanding and patient. Previous literature finds that flex work can create a better work–life balance for employees, while reducing family conflict, but the utilization of flex work is gendered (Chung and Van der Lippe 2020; Hilbrecht et al. 2008; Munsch 2016). Women are more likely to utilize flex work policies to carry out domestic and caregiving responsibilities, while men are more likely to prioritize
their work (Chung and Van der Lippe 2020). It is important for managers to create flex
work policies that are accessible for all employees, and do not exacerbate existing gender
inequalities in the workplace.

While this study provides a diverse, random sample, it is not representative of the
national population due to the oversampling of African Americans. Future research should
examine how non-heterosexual parents and single parents experienced and interpreted
their mental health during the pandemic, as well as how race and class intersected to
affect the mental health of parents during the pandemic. It is possible that within same-sex
couples, parents experienced differences in their negative mental health outcomes due
to potential differences in how parents divided childcare obligations. Similarly, couples
with a high socio-economic status would better be able to hire external childcare help,
therefore potentially lightening the load of childcare on their end. These possibilities might
complicate how parents interpreted their negative mental health outcomes.

In conclusion, this study examined how U.S. working parents experienced mental
health during the COVID-19 pandemic, and how gender affected mental health experiences
of parents. The results provide important empirical and policy benefits and suggest that
workplaces need to reevaluate post-pandemic work policies to better serve parents and
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