The Benefits of Living with Close Others: A Longitudinal Examination of Mental Health Before and During a Global Stressor

Natalie M. Sisson¹
Emily C. Willroth²
Bonnie M. Le³
Brett Q. Ford¹

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Abstract

For better or worse, the people we live with may exert a powerful influence on our mental health, perhaps especially during times of stress. The COVID-19 pandemic—a large-scale stressor that prompted health recommendations to stay home to reduce disease spread—provided a unique context for examining how the people we share our homes with may shape our mental health. A seven-wave longitudinal study assessed mental health month-to-month before and during the pandemic (February through September, 2020) in two diverse samples of U.S. adults ($N = 656$; $N = 544$). Pre-registered analyses demonstrated that people living with close others (children and/or romantic partners) experienced better well-being before and during the pandemic's first six months. These groups also experienced unique increases in ill-being during the pandemic's onset, but parents' ill-being also recovered more quickly. These findings highlight the crucial protective function of close relationships for mental health both generally and amidst a pandemic.

Keywords

COVID-19, mental health, well-being, parenting, close relationships

¹Department of Psychology, University of Toronto, Toronto, ON, Canada

²Department of Medical Social Sciences, Northwestern Feinberg School of Medicine, Chicago, IL, USA

³Department of Psychology, University of Rochester, Rochester, NY, USA

Corresponding Author:

Brett Q. Ford, University of Toronto, 1265 Military Trail, SW427A; Toronto, Ontario, M1C1A4, Canada. Email: Brett.Ford@utoronto.ca.

For better or worse, the people we live with may impact our mental health. In times of stress—when our relationships may be strained but may also become our greatest source of support—those we share our home with may exert a particularly powerful influence on our mental health. The COVID-19 pandemic is a global stressor and a far-reaching threat to mental health. This stressor has also prompted a public health focus on staying home to curb disease spread (U.S. Centers for Disease Control and Prevention, 2020), which presents a unique context for examining how the people we live with may shape our mental health. On the one hand, these people may be a source of tension and frustration, putting our mental health at risk. On the other hand, they may be a source of social connection, fostering better mental health. To understand who may be most vulnerable, it is crucial to examine how the people we live with, especially during a pandemic, can help or harm our mental health.

The current work bridges social psychology and relationship science with clinical psychological science, to determine how living with close others may risk or protect people's mental health. We focus on parent-child relationships and romantic relationships, given that they are among our most important relationships (Lemay & Neal, 2014; Nelson et al., 2013). By leveraging a seven-wave longitudinal design that followed parents living with children and people living with romantic partners both before (February, 2020) and after COVID-19 was declared a pandemic (March through September, 2020), our pre-registered analyses allowed us to disentangle the unique mental health outcomes that (a) predate the pandemic, (b) are specific to the pandemic onset, and (c) persisted across the pandemic's first six months.

Mental Health Risks for Those in Close Relationships

Both news headlines and initial empirical evidence have suggested that people living with close others may be *more* vulnerable to the mental-health threat posed by the COVID-19 pandemic. Specifically, news articles have often suggested that parents living with children are particularly vulnerable to poor mental health in this context due to life disruptions and anxiety surrounding children's care and education (Grose, 2020). This impression is substantiated by initial empirical evidence collected during the COVID-19 pandemic, demonstrating that parents are experiencing significantly higher stress than non-parents, stemming from increased childcare duties (American Psychological Association, 2020; Calarco et al., 2020). Many parents are also now faced with increased difficulty in balancing work and family responsibilities while working from home (Chung et al., 2020; Craig & Churchill, 2020). Furthermore, unprecedented increases in unemployment and poverty due to the pandemic may disproportionately affect parents living with children, given that they are more likely than non-parents to report stress about meeting their basic needs (e.g., nutrition) (American Psychological Association, 2020; Fontanesi et al., 2020). Research drawing from prior crises (e.g., natural disasters) has also suggested that parents' mental health may be particularly at risk in the face of a large-scale stressor (Prime et al., 2020). Overall, parents living with children are facing several challenges due to COVID-19 that may further threaten their mental health.

People living with romantic partners may also be at an increased vulnerability to the negative mental health effects of the pandemic—an impression similarly supported by both news headlines and some empirical evidence. News articles have warned that COVID-19 is a “pressure cooker” for romantic relationships and may result in conflict and divorce (Prasso, 2020; Stroh, 2020). Research has indeed found that a third of romantic partners are experiencing conflict due to the pandemic, which was linked to lower intimacy in their relationships (Luetke et al., 2020). Researchers have theorized that romantic relationships may be particularly strained during the pandemic (Pietromonaco & Overall, 2020) due to increased time spent together or feeling confined by safety measures implemented to curb disease spread. Furthermore, romantic partners may be one of the few sources of accessible social support during stay-at-home recommendations but the stress induced by major external stressors can make it difficult to provide and receive effective support (as suggested by research on other stressors, including natural disasters; Cohan, 2010). Consequently, romantic partners may be particularly prone to feeling that their needs are not being met. Additionally, other research has demonstrated that external stress (e.g., due to economic strain) is linked to greater relationship conflict (Prime et al., 2020) and lower relationship satisfaction (Harper et al., 2000; Neff & Karney, 2004). Thus, those living with romantic partners are likely facing numerous challenges to their mental health due to the COVID-

19 pandemic.

Overall, theorizing and some prior evidence suggests that people living with close others (children and/or romantic partners) may experience worse mental health than those who are not, perhaps especially during the COVID-19 pandemic.

Protective Benefits of Close Relationships

In contrast to the growing evidence that people living with close others may be particularly prone to worse mental health during the COVID-19 pandemic, long-standing relationships research suggests a starkly different pattern. Indeed, people living with close others—their children and/or romantic partners—tend to experience better mental health on average (Lemay & Neal, 2014; Nelson et al., 2014), which may extend to the COVID-19 context. More specifically, prior research has revealed that parents derive a sense of meaning and purpose from parenting (Nelson et al., 2014) and that, compared to non-parents, parents experience greater emotional well-being (Nelson et al., 2013). These benefits may offset the costs of unanticipated disruptions to life routines caused by the pandemic. Indeed, some qualitative research has revealed that at least some parents are enjoying extra time spent with their children due to pandemic school closures, which may function as a unique source of happiness for parents in an otherwise stressful context (Calarco et al., 2020). Consequently, parents living with children may be buffered from poorer mental health outcomes during the pandemic.

Relationship science has also consistently demonstrated that romantic relationships are a key determinant of greater well-being in general (Diener & Seligman, 2002; Proulx et al., 2007), which may extend to the COVID-19 pandemic context. Specifically, satisfying romantic relationships are a key source of social need fulfillment and support, which tend to predict better well-being (Lemay & Neal, 2014; Pietromonaco & Collins, 2017) and can buffer partners from negative mental health outcomes (Cohen, 2004) like depression (Whisman, 2001). Staying at home more due to the pandemic may also provide couples with more opportunities for intimacy, which can reduce stress (Jakubiak & Feeney, 2019). By having access to a key source of physical and emotional intimacy, those living with a romantic partner may be better able to cope with the stress associated with the COVID-19 pandemic and bolster their well-being than those living without a romantic partner (Elmer et al., 2020; Jakubiak & Feeney, 2019). Such findings suggest that people living with romantic partners (as compared to those who are not) may also be protected from COVID-19-related challenges to mental health.

Overall, and in contrast to other research, existing theory and evidence also suggests that people living with children and/or romantic partners may experience better mental health than those living without these close others, even within the COVID-19 pandemic context.

Current Investigation

It is currently an open question whether people living with close others (vs. those who are not) during a time of intense stress—such as the COVID-19 pandemic—are at risk for *worse* mental health or experience *better* mental health. The available literature suggests a very mixed pattern. This literature is also limited by the fact that very few empirical studies examining the pandemic's impact on mental health have considered mental health *before* the pandemic and thus, these differences may have existed prior to the onset of the pandemic. Therefore, it is unclear how the mental health of those living with close others may differ from those who are not, and whether any differences are *unique* to the COVID-19 pandemic. In the current work, we sought to address this mixed evidence by examining the mental health of those living with children and/or romantic partners—two of our most impactful relationships—and identifying mental health differences existing before the pandemic as compared to differences uniquely driven by it and whether these differences persist over time. Addressing these urgent questions will reveal whose mental health is the most vulnerable and those in need of the most support.

As part of a longitudinal study investigating individuals' responses to the COVID-19 pandemic, we conducted a pre-registered seven-wave longitudinal test of how the mental health of those living with children and/or romantic partners may differ from those who are not. We collected monthly data from two diverse U.S. samples (Sample A $N = 656$, Sample B $N = 544$), starting before the COVID-19 pandemic (February 2020), and continuing during its onset (February to

March) and across its first six months (March through September). This allowed us to disentangle the unique differences in mental health between those living with close others (compared to those who are not) that (a) predate the pandemic, (b) are specific to the onset of the pandemic, and (c) persisted across six months of the pandemic. We measured mental health using indices of well-being (i.e., life satisfaction, meaning in life) and ill-being (i.e., depression and anxiety) to capture both symptomatology and flourishing (Keyes, 2007). Our pre-registration, data, analysis code and measures will be available on the Open Science Framework after acceptance.

Method

Participants

Two separate samples of U.S. participants were recruited from Amazon's Mechanical Turk. This platform allowed us to recruit participants and collect time-sensitive assessments of mental health that we may have missed through traditional longitudinal study recruitment techniques (e.g., community flyers). To be eligible, participants were required to have a 95% or greater approval rating, be U.S. residents and have completed at least 100 HITs on the platform. To promote high-quality data collection, participants completed multiple attention checks at every time point and surveys with one or more failed attention checks, along with multiple surveys completed by the same participant, were excluded from the final datasets. Participants provided informed consent and were compensated approximately \$9 per hour. This procedure was approved by the University of Toronto Research Ethics Board (REB) (Protocol #: 00033962). Participants with at least one assessment of mental health and parental or relationship status after February (T1) were included in analyses¹.

Sample A. Sample A ($N = 656$) ranged in age from 18 to 75 years ($M = 37$, $SD = 11$). This sample was recruited to be diverse with respect to racial and ethnic identity (with an a priori goal to recruit at least 200 people from three different racial and ethnic backgrounds, which was met). To assess racial and ethnic identity, participants responded to the question, "What ethnicity do you identify with most?" Although this item asks solely about ethnicity, the response options included both racial and ethnic identities. Thus, we refer to this construct as racial and ethnic identity throughout. Participants' racial and ethnic identities were 35% European American/White/Caucasian, 31% East or South Asian/Asian American, 30% African/African American, 4% other race or ethnicity. Participants were 53% women, 44% men and 3% other gender or did not report gender. Over a third (38%) of participants reported an income between \$50,001 and \$100,000 (range: < \$15,000 to > \$200,000).

Sample B. Sample B ($N = 544$) ranged in age from 20 to 81 years or older ($M = 43$, $SD = 13$). This sample was recruited to be diverse with respect to political ideology (with an a priori goal to recruit at least 300 people from the two dominant U.S. political parties, which was met²). Participants were 83% European American/White/Caucasian, 6% African or African American, 5% East or South Asian/Asian American, 6% other race or ethnicity, 49% Democrats, 51% Republicans, 50% women, 49% men and less than 1% other gender or did not report gender. Comparable to Sample A, over a third (41%) of participants reported an income between \$50,001 and \$100,000 (range: < \$15,000 to > \$200,000).

Procedure and Measures

Procedure. Sample A and Sample B participants completed monthly assessments of well-being and

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1. In attrition analyses (not pre-registered), we examined whether mental health differed in people who dropped out of the study after the onset of the pandemic (i.e., after T2), compared to those who did not drop out of the study. These groups did not differ in T2 well-being or ill-being in either of the two different samples, suggesting that the results summarized here cannot be attributed to people whose mental health was more impacted by the pandemic being more likely to stay in the study. However, for full transparency, we also note that people who dropped out of the study after the *first* time point (T1)—who we pre-registered to exclude from the present analyses because they did not provide at least one longitudinal measure of mental health—did report poorer mental health at T1 than those who completed at least one additional time point of the study.
 2. Sample B was originally recruited in February (2020) for a different study centered on politics ($N = 842$). In March, these participants were invited to join the COVID-19-pandemic-centered study, and this subsample is the focus of the present study ($N = 544$).

ill-being at the same time each month from February (T1) through September (T7)³ in reference to the “past four weeks”, with one exception: Sample B completed T1 two weeks after Sample A, in reference to the “past two weeks”. Participants also completed several assessments of parental and partner status during the study.

Well-Being and Ill-Being. We assessed well-being (i.e., life satisfaction and meaning in life) using the Satisfaction with Life Scale, alphas = .91-.93 (Diener et al., 1985) and items from the Meaning in Life Questionnaire, alphas = .89-.93 (Steger et al., 2006). Given the high correlations between these scales ($r_s = .74-.84$) and that both measures produced the same results in our main comparisons, we used POMP scoring (Cohen et al., 1999) so that both well-being scales were on the same 0-100 scale and then averaged them to create a well-being composite. We assessed ill-being (i.e., depression and anxiety) using the Center for Epidemiological Studies Depression Scale, alphas = .89-.92 (Radloff, 1977) and the anxiety items from the Hospital Anxiety and Depression Scale, alphas = .89-.90 (Zigmond & Snaith, 1983). Both ill-being scales were also highly correlated ($r_s = .62-.70$) and yielded the same primary comparison results in both samples. Thus, we used POMP scoring so that both well-being scales were on the same 0-100 scale and then averaged them to create an ill-being composite.

Parent and Partner Analysis and Comparison Groups. Parental and relationship status were assessed multiple times across the seven timepoints. Participants were asked about the number of children they (1a) have (i.e., are the parents of) and (1b) live with, as well as (2a) their romantic relationship status and (2b) if they were living with a romantic partner. Participants were considered to be parents living with children if they indicated at least once that they both had and were living with a child/children. Participants were considered to be living with a partner if they indicated at least once that they both had and were living with a romantic partner.

As per our pre-registration, to focus on the mental health of people living with close others, participants who had children (i.e., are parents) but were *not* currently living with them were not included in the parent analysis group (instead, they were included in the comparison group, along with people without children); Similarly, participants who had a romantic partner (i.e., were in a committed relationship) but were *not* currently living with them were not included in the partner analysis group (instead, they were included in the comparison group, along with people without a romantic partner). As such, these pre-registered comparison groups provided a particularly stringent test of our hypotheses, but to ensure that the present results were not attributable to these heterogeneous comparison groups, we also pre-registered analyses with narrower comparison groups (i.e., only people without children and only people without romantic partners). Results of these pre-registered supplementary analyses paralleled those of the main comparison groups (see Supplemental Online Materials for more detail).

Analytic Overview

Our analyses were pre-registered and will be available on the Open Science Framework upon acceptance. All analyses were conducted in R version 3.6.1, with the nlme (Pinheiro et al., 2020) and effsize (Torchiano, 2020) packages.

We examined the mental health of parents living with children (vs. a comparison group: people who are not parents living with children) and people living with romantic partners (vs. a comparison group: people not living with a romantic partner). To test group differences (i.e., regarding parental or romantic relationship status) in mental health *before the pandemic* (February), we used independent samples t-tests. To test group differences in *change in mental health during pandemic onset* (February to March), we used random-intercept multilevel models predicting well-being and ill-being from group, time, and their interaction (in linear models). To test group differences in the *rate of change in mental health after pandemic onset* (March to September), we used random-intercept, random-slope multilevel models predicting well-being and ill-being from group, time, and their interaction (in linear models) and separately for group, time, time squared, and interactions between group and the time variables (in quadratic models). To test group differences in *levels of mental health* across the same periods (February to March and

3. After posting our pre-registered hypotheses in September 2020, we continued to collect data on an approximately monthly basis through January 2021. Patterns reported in the current work replicate when considering mental health from February 2020 through January 2021. In the current work, we focus on our pre-registered analysis plan that focuses on data from February 2020 to September 2020.

March to September), we used random-intercept multilevel models predicting well-being and ill-being from group.

Discrete time was assessed in weeks and mean-centered. In all multilevel models, timepoints were nested within individuals. Due to the large number of tests (46 primary tests and additional sensitivity tests), we used False Discovery Rate (FDR) correction to interpret statistical significance (Benjamini & Hochberg, 1995). FDR correction compares the largest p -value to the set alpha level (i.e., .05), and then compares each descending p -value to an increasingly smaller alpha level. We selected the critical p -value from each of the 46 pre-registered primary tests and applied FDR correction to each p -value separately within each sample. FDR-corrected p -values (p_{FDR}) and uncorrected 95% CIs are reported. Results that were significant after FDR correction are interpreted as reliable and results that were significant before FDR correction (i.e., 95% CIs that do not contain 0) are considered suggestive. All analyses were conducted separately for each sample, with one exception: we combined the two samples for the parent $\times$ partner status interaction models to increase our power to detect this two-way interaction.

Results

Figure 1 depicts mental health trajectories from February to September 2020 for those living with close others (i.e., children, a partner, or both children and a partner) and those who were not. These separate trajectories are displayed for descriptive purposes only—we did not observe any interactions between parent and partner status with regard to well-being or ill-being (see ‘Additional Analyses’ below). The following primary results focus on the distinct mental health of parents living with children and people living with a romantic partner. Key parameter estimates are reported in text and results of all primary and additional models and statistical code will be publicly available upon acceptance.

Figure 1. Well-being and ill-being trajectories for parents living with children (vs. a comparison group) and people living with partners (vs. a comparison group) before the COVID-19 pandemic (February), during its onset (March), and across its first six months (March–September) in 2020.

Note. Well-being and ill-being ranged from 0–100 (y-axis is truncated). Error bars are standard errors.

Before Pandemic Onset. Relative to their comparison group, parents living with children had much higher well-being in both samples (Cohen's $d_{\text{SampleA}} = 0.66$, Cohen's $d_{\text{SampleB}} = 0.53$) and somewhat lower ill-being (Cohen's $d_{\text{SampleA}} = 0.36$, Cohen's $d_{\text{SampleB}} = 0.18$). Relative to their own comparison group, people living with partners also had much higher well-being (Cohen's $d_{\text{SampleA}} = 0.70$, Cohen's $d_{\text{SampleB}} = 0.60$) and somewhat lower ill-being (Cohen's $d_{\text{SampleA}} = 0.33$, Cohen's $d_{\text{SampleB}} = 0.27$) in both samples. Thus, the mental health of parents living with children and people living with romantic partners was higher than their comparison groups before the onset of the pandemic.

During Pandemic Onset. Across all participants, well-being decreased slightly ($ds = 0.08$ - 0.11) and ill-being increased moderately ($ds = 0.24$ - 0.33) during pandemic onset (see Supplemental Online Materials for all statistics regarding average trajectories across all participants). For models examining parents, see Tables 1 and 2; For models examining partners, see Tables 3 and 4. Parents, relative to their respective comparison groups, experienced comparable decreases in well-being in both samples, $p_{\text{SFDR}} > .070$, but parents experienced greater increases in ill-being in Sample A, interaction $B = 1.37$, 95%CI $[0.70, 2.05]$, $p_{\text{FDR}} = .007$ (although not in Sample B, interaction $B = 0.27$, 95%CI $[-0.25, 0.79]$, $p_{\text{FDR}} = .569$). Relative to their own comparison groups, people living with partners also experienced comparable decreases in well-being in both samples, $p_{\text{SFDR}} > .100$, but people living with partners experienced greater increases in ill-being in Sample A, interaction $B = 1.03$, 95%CI $[0.37, 1.68]$, $p_{\text{FDR}} = .010$ (although not in Sample B, interaction $B = 0.23$, 95%CI $[-0.29, 0.75]$, $p_{\text{FDR}} = .666$). Thus, parents living with children and people living with partners experienced similar declines in well-being to those in the comparison groups, but experienced particularly steep increases in ill-being at the onset of the pandemic in one sample. This suggests that those living with close others may have been more severely impacted by the onset of the pandemic than those living without close others.

After Pandemic Onset. When considering *rates of change* across the first six months of the pandemic, across all participants, well-being remained stable ($p_{\text{SFDR}} > .095$ for linear and quadratic time) and ill-being followed a quadratic trajectory across those six months, first decreasing and then stabilizing near baseline levels ($p_{\text{SFDR}} < .008$ for linear and quadratic time; see Supplemental Online Materials for all statistics). Focusing on well-being, parents and their respective comparison group experienced comparable rates of change in both samples (Table 1), interaction $p_{\text{SFDR}} > .070$ and people living with partners and their respective comparison group experienced comparable rates of change as well (Table 3), interaction $p_{\text{SFDR}} > .381$. Focusing on ill-being, parents experienced steeper decreases in ill-being relative to their comparison group in Sample A (Table 2), interaction $B = -0.19$, 95%CI $[-0.33, -0.06]$, $p_{\text{FDR}} = .021$ (although not in Sample B, interaction $B = -0.01$, 95%CI $[-0.14, 0.12]$, $p_{\text{FDR}} = .967$). People living with partners and their respective comparison group experienced comparable rates of change in ill-being in both samples (Table 4), interaction $p_{\text{SFDR}} > .174$. Thus, parents living with children and people living with partners experienced similar well-being trajectories as compared to those living without these close others. Although parents may have initially experienced greater ill-being at the onset of the pandemic in one sample, these results also suggest that their ill-being recovered more quickly than those living without children.

We also examined parents' and partners' *average* well-being and ill-being across the first six months of the pandemic. Focusing on well-being, parents (relative to their respective comparison group) experienced higher average well-being in both samples (Table 1), Sample A: $B = 14.40$, 95%CI $[10.76, 18.05]$, $p_{\text{FDR}} = .007$, Sample B: $B = 12.55$, 95%CI $[8.84, 16.27]$, $p_{\text{FDR}} = .007$. People living with partners (relative to their respective comparison group) also experienced higher average well-being in both samples (Table 3), Sample A: $B = 15.20$, 95%CI $[11.76, 18.64]$, $p_{\text{FDR}} = .007$, Sample B: $B = 13.96$, 95%CI $[10.28, 17.65]$, $p_{\text{FDR}} = .008$. When controlling for pre-pandemic levels of well-being, the well-being difference between parents living with children and the comparison group remained suggestive in both samples (Sample A $p_{\text{uncorrected}} = .046$, Sample B $p_{\text{uncorrected}} = .010$) and the well-being difference between people living with a partner and the comparison group was marginal or suggestive (Sample A $p_{\text{uncorrected}} = .054$, Sample B $p_{\text{uncorrected}} = .008$). These results provide some evidence that people living with close others experienced uniquely better well-being during the pandemic that was not attributable to pre-existing well-being differences.

Focusing on ill-being, parents (relative to their respective comparison group) experienced lower average ill-being in Sample A (Table 2), $B = -4.77$, 95%CI $[-8.07, -1.46]$, $p_{\text{FDR}} = .021$

(although not in Sample B, $B = -2.17$, 95%CI $[-5.47, 1.13]$, $p_{FDR} = .475$). People living with partners (relative to their respective comparison group) also experienced lower ill-being in Sample A (Table 4), $B = -5.12$, 95%CI $[-8.27, -1.98]$, $p_{FDR} = .010$ (suggestive in Sample B, $B = -4.21$, 95%CI $[-7.51, -0.93]$, $p_{FDR} = .079$). Analyses controlling for pre-pandemic ill-being suggest that ill-being differences between parents living with children and people living with a partner (vs. those who were not) after pandemic onset are likely attributable to pre-existing differences for both parents (Sample A $p_{uncorrected} = .443$, Sample B $p_{uncorrected} = .802$) and partners (Sample A $p_{uncorrected} = .918$, Sample B $p_{uncorrected} = .718$).

Table 1. Multilevel models predicting well-being for parents living with children (vs. a comparison group).

Change in well-being during pandemic onset (T1 to T2)								
	Sample A (N = 654)				Sample B (N = 543)			
	b	CI	SE	p	b	CI	SE	p
intercept	53.95	51.84, 56.06	1.08	< .001	58.07	55.67, 60.47	1.22	< .001
time	-0.45	-0.78, -0.11	0.17	.009	-0.39	-0.60, -0.18	0.11	< .001
parent	13.83	10.19, 17.46	1.85	< .001	12.50	8.88, 16.13	1.85	< .001
time*parent	-0.67	-1.23, -0.11	0.29	.020	0.19	-0.13, 0.52	0.16	.242
Linear change in well-being after pandemic onset (T2 through T7)								
	Sample A (N = 656)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	51.82	49.70, 53.94	1.08	< .001	57.22	54.75, 59.69	1.26	< .001
time	-0.03	-0.10, 0.04	0.04	.393	0.06	-0.01, 0.13	0.04	.098
parent	14.62	10.96, 18.29	1.87	< .001	12.51	8.76, 16.25	1.91	< .001
time*parent	0.14	0.02, 0.26	0.06	.024	-0.03	-0.14, 0.07	0.05	.538
Quadratic change in well-being after pandemic onset (T2 through T7)								
	Sample A (N = 656)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	51.45	49.23, 53.67	1.13	< .001	57.03	54.41, 59.64	1.33	< .001
time	-0.03	-0.10, 0.04	0.04	.422	0.06	-0.01, 0.13	0.04	.075
time^2	0.01	-0.00, 0.02	0.01	.166	0.00	-0.01, 0.01	0.01	.484
parent	14.94	11.11, 18.78	1.95	< .001	12.47	8.51, 16.43	2.02	< .001
time*parent	0.14	0.02, 0.26	0.06	.022	-0.03	-0.13, 0.07	0.05	.562
time^2*parent	-0.01	-0.02, 0.01	0.01	.449	0.00	-0.02, 0.02	0.01	.947
Average well-being after pandemic onset (T2 through T7)								
	Sample A (N = 656)				Sample B (N = 544)			
	b	CI	SE	p	b	CI	SE	p
intercept	51.85	49.74, 53.96	1.08	< .001	57.17	54.71, 59.62	1.25	< .001
parent	14.40	10.76, 18.05	1.86	< .001	12.55	8.84, 16.27	1.89	< .001

Table 2. Multilevel models predicting ill-being for parents living with children (vs. a comparison group).

Change in ill-being during pandemic onset (T1 to T2)								
	Sample A (N = 654)				Sample B (N = 543)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.40	32.53, 36.26	0.95	< .001	34.35	32.15, 36.56	1.12	< .011
time	1.27	0.87, 1.67	0.20	< .001	0.73	0.39, 1.07	0.17	< .001
parent	-4.65	-7.85, -1.44	1.63	.005	-3.09	-6.43, 0.24	1.70	.069
time*parent	1.37	0.70, 2.05	0.35	< .001	0.27	-0.25, 0.79	0.27	.309
Linear change in ill-being after pandemic onset (T2 through T7)								
	Sample A (N = 656)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	33.75	31.83, 35.67	0.98	< .001	31.73	29.57, 33.90	1.10	< .001
time	-0.24	-0.32, -0.16	0.04	< .001	-0.31	-0.39, -0.23	0.04	< .001
parent	-5.18	-8.49, -1.87	1.69	.002	-2.17	-5.45, 1.11	1.67	.194
time*parent	-0.19	-0.33, -0.06	0.07	.005	-0.01	-0.14, 0.12	0.06	.874
Quadratic change in ill-being after pandemic onset (T2 through T7)								
	Sample A (N = 656)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	32.74	30.76, 34.73	1.01	< .001	30.43	28.17, 32.70	1.16	< .001
time	-0.23	-0.30, -0.15	0.04	< .001	-0.29	0.38, -0.21	0.04	< .001
time^2	0.02	0.01, 0.03	0.01	< .001	0.03	0.01, 0.03	0.01	< .001
parent	-5.67	-9.10, -2.23	1.75	.001	-2.24	-5.68, 1.19	1.75	.200
time*parent	-0.19	-0.32, -0.05	0.07	.006	-0.01	-0.13, 0.11	0.06	.916
time^2*parent	0.01	-0.01, 0.03	0.01	.232	0.00	-0.01, 0.02	0.01	.749
Average ill-being after pandemic onset (T2 through T7)								
	Sample A (N = 656)				Sample B (N = 544)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.08	32.17, 36.00	0.98	< .001	32.18	30.00, 34.35	1.11	< .001
parent	-4.77	-8.07, -1.46	1.69	.005	-2.17	-5.47, 1.13	1.68	.196

Table 3. Multilevel models predicting well-being for people living with partners (vs. a comparison group).

Change in well-being during pandemic onset (T1 to T2)								
	Sample A (N = 647)				Sample B (N = 543)			
	b	CI	SE	p	b	CI	SE	p
intercept	51.85	49.56, 54.14	1.17	< .001	55.65	52.94, 58.36	1.38	< .001
time	-0.42	-0.78, -0.05	0.19	.025	-0.41	-0.65, -0.17	0.12	.001
partner	14.93	11.50, 18.35	1.74	< .001	13.92	10.33, 17.51	1.83	< .001
time*partner	-0.57	-1.11, -0.03	0.28	.037	0.18	-0.14, 0.51	0.16	.273
Linear change in well-being after pandemic onset (T2 through T7)								
	Sample A (N = 649)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	49.77	47.45, 52.10	1.18	< .001	54.82	52.02, 57.62	1.43	< .001
time	-0.02	-0.10, 0.06	0.04	.617	0.06	-0.03, 0.14	0.04	.175
partner	15.30	11.84, 18.76	1.76	< .001	13.87	10.15, 17.58	1.89	< .001
time*partner	0.08	-0.04, 0.19	0.06	.199	-0.02	-0.13, 0.09	0.05	.689
Quadratic change in well-being after pandemic onset (T2 through T7)								
	Sample A (N = 649)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	49.31	46.87, 51.75	1.24	< .001	54.66	51.69, 57.64	1.52	< .001
time	-0.02	-0.10, 0.06	0.04	.675	0.06	-0.02, 0.14	0.04	.162
time^2	0.01	-0.00, 0.02	0.01	.130	0.00	-0.01, 0.02	0.01	.676
partner	15.73	12.11, 19.35	1.84	< .001	13.79	9.86, 17.73	2.01	< .001
time*partner	0.07	-0.04, 0.19	0.06	.207	-0.02	-0.12, 0.09	0.05	.758
time^2*partner	-0.01	-0.03, 0.01	0.01	.331	0.00	-0.01, 0.02	0.01	.788
Average well-being after pandemic onset (T2 through T7)								
	Sample A (N = 649)				Sample B (N = 544)			
	b	CI	SE	p	b	CI	SE	p
intercept	49.80	47.49, 52.11	1.18	< .001	54.72	51.95, 57.50	1.41	< .001
partner	15.20	11.76, 18.64	1.75	< .001	13.96	10.28, 17.65	1.88	< .001

Table 4. Multilevel models predicting ill-being for people living with partners (vs. a comparison group).

Change in ill-being during pandemic onset (T1 to T2)								
	Sample A (N = 647)				Sample B (N = 543)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.72	32.66, 36.77	1.05	< .001	35.90	33.40, 38.41	1.27	< .001
time	1.29	0.85, 1.73	0.23	< .001	0.72	0.33, 1.11	0.20	< .001
partner	-4.52	-7.58, -1.45	1.56	.004	-5.12	-8.44, -1.80	1.69	.003
time*partner	1.03	0.37, 1.68	0.33	.002	0.23	-0.29, 0.75	0.27	.391
Linear change in ill-being after pandemic onset (T2 through T7)								
	Sample A (N = 649)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	34.23	32.11, 36.35	1.08	< .001	33.03	30.56, 35.50	1.26	< .001
time	-0.25	-0.33, -0.16	0.05	< .001	-0.33	-0.43, -0.23	0.05	< .001
partner	-5.13	-8.28, -1.99	1.60	.001	-3.95	-7.22, -0.67	1.67	.018
time*partner	-0.12	-0.25, 0.01	0.07	.068	0.03	-0.10, 0.16	0.07	.617
Quadratic change in ill-being after pandemic onset (T2 through T7)								
	Sample A (N = 649)				Sample B (N = 544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	33.24	31.04, 35.45	1.12	< .001	31.78	29.17, 34.38	1.33	< .001
time	-0.23	-0.32, -0.15	0.04	< .001	-0.31	-0.41, -0.21	0.05	< .001
time^2	0.02	0.01, 0.03	0.01	< .001	0.03	0.01, 0.04	0.01	< .001
partner	-5.52	-8.78, -2.26	1.66	< .001	-4.07	-7.50, -0.63	1.75	.021
time*partner	-0.11	-0.24, 0.01	0.06	.081	0.03	-0.10, 0.15	0.06	.690
time^2*partner	0.01	-0.01, 0.03	0.01	.220	0.00	-0.02, 0.02	0.01	.781
Average ill-being after pandemic onset (T2 through T7)								
	Sample A (N = 649)				Sample B (N = 544)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.66	32.54, 36.77	1.08	< .001	33.63	31.15, 36.11	1.26	< .001
partner	-5.12	-8.27, -1.98	1.60	.002	-4.21	-7.51, -0.93	1.67	.012

Additional Analyses. We conducted several additional pre-registered analyses to examine possible gender differences, interactions between being a parent and a partner, and differences within the comparison groups. We report key statistics for each of these analyses below (see the Supplemental Online Materials for all statistics).

To examine whether mental health differences in parents living with children and people living with a partner (relative to their respective comparison groups) differentially predicted mental health for men compared to women, we tested for gender interactions in all primary models. The only statistically significant interaction after FDR correction was between being a parent living with children (vs. a comparison group), time, and gender predicting well-being in Sample A ($B = 0.36$, 95%CI [0.11, 0.62], $p_{\text{FDR}} = .023$), but this did not replicate in Sample B. Thus, results were similar for men and women.

To examine whether there was an interaction between parents living with children and people living with a partner in predicting mental health, we repeated all primary models with the inclusion of an interaction between the parent and partner status variables. No interactions were statistically significant after FDR correction ($p_{\text{SFDR}} > .100$). Thus, people living with multiple close others do not appear to have particularly greater mental health as compared to those living with only children or a romantic partner.

To better understand the mental health of the comparison groups, we compared people who consistently reported living alone to people who reported at least once that they were living with housemates other than children and partners (e.g., roommates). The two subgroups did not differ from one another with regard to well-being or ill-being, $p_{\text{Uncorrected}} > .119$. This suggests that the mental health of people living with others (but not children or partners) was comparable to those living alone and was still worse than the mental health of people living with children or romantic partners.

Discussion

The current research bridges social psychological science with clinical psychological science to address mixed findings and theoretical predictions regarding mental health during the COVID-19 pandemic. Specifically, research from other crises has shown that close relationships may jeopardize mental health in response to harrowing experiences (e.g., Pietromonaco & Overall, 2020). However, our findings add to a large body of research that instead highlights the benefits of close relationships for mental health (e.g., Holt-Lunstad et al., 2010; Lemay & Neal, 2014) and demonstrates these benefits even amidst intense and ongoing life disruptions caused by major stressor like COVID-19.

Our unique longitudinal approach allowed us to not only examine the mental health of people living with close others during the pandemic, but also to examine pre-pandemic mental health. Across two diverse samples, we found that people living with close others experienced substantially greater well-being and lower ill-being both before the pandemic and across the first six months of the pandemic. When considering well-being in particular, these benefits persisted even when accounting for pre-pandemic levels of well-being. Together, these results suggest that living with close others may crucially protect mental health both in general and during a global crisis. As such, people living *without* these close others are at risk for poorer mental health both within and outside of the COVID-19 context and may need the most support.

It is important to note that all groups experienced declines in mental health at the onset of the pandemic. Thus, these findings do *not* suggest that those living with close others do not need societal support. Indeed, some evidence suggests that although parents living with children recovered faster than the comparison groups, people living with close others (children and/or parents) experienced uniquely poorer mental health during the onset of the pandemic. Parents' quicker recovery over the next six months may also have been due in part to societal support mechanisms available to families (e.g., the Coronavirus Aid, Relief, and Economic Security Act), which could have helped them weather COVID-19 related challenges more effectively. We also note substantial variability in mental health *within* each of our analysis groups, indicating that some people were experiencing poor mental health in all groups. As such, while our results highlight the greater mental health of those living with close others, they also highlight the continued need for support for people from all walks of life facing the COVID-19 pandemic and future global stressors.

Despite the strengths of our longitudinal approach, this study has several limitations that highlight avenues for future research. First, while our research examined the mental health differences among people living with close others (vs. those who were not) before the pandemic and across its first six months, and thus provides cross-sectional and longitudinal evidence for these differences, we cannot discern whether living with close others *caused* these differences in mental health in our data. However, other longitudinal and epidemiological research suggests that there are causal links between close relationships and mental health (e.g., Holt-Lunstad et al., 2010). Future work is also needed to examine the underlying mechanisms that may explain these findings (e.g., increased emotional support from close others). Finally, while our U.S. samples are diverse with regard to racial and ethnic identity, political ideology, gender, and age, these findings may not reflect the experiences of people in cultural contexts outside the U.S. Thus, empirical research on samples from other countries would help to elucidate the further generalizability of these findings.

Overall, our research provides a novel and rigorous longitudinal examination of the mental health of people living with close others before, during, and after the onset of the pandemic. The mental health of parents living with children and people living with partners was greater than those who were not, but people from all walks of life have been impacted by this crisis and may benefit from mental health support.

Declaration of Conflicting Interests

The authors declare no competing interests.

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ORCID iD

Natalie M. Sisson <https://orcid.org/0000-0003-0758-3803>
 Emily C. Willroth <https://orcid.org/0000-0002-4780-6883>
 Bonnie M. Le <https://orcid.org/0000-0002-1857-6716>
 Brett Q. Ford <https://orcid.org/0000-0002-7943-4447>

Supplemental Material

Supplemental material for this article is attached at the end of this document.

References

- American Psychological Association. (2020, May). Stress in America™ 2020: Stress in the time of COVID-19, volume one [Press release]. <https://www.apa.org/news/press/releases/stress/2020/report>
- Benjamini, Y., & Hochberg, Y. (1995). Controlling the False Discovery Rate: A Practical and Powerful Approach to Multiple Testing. *Journal of the Royal Statistical Society. Series B (Methodological)*, 57, 289-300.
- Calarco, J. M., Anderson, E., Meanwell, E. V., & Knopf, A. (2020, October 4). "Let's not pretend it's fun": How COVID-19-related school and childcare closures are damaging mothers' well-being. SocArXiv. <https://doi.org/10.31235/osf.io/jyvk4>
- Chung, G., Chan, X., Lanier, P., & Ju, P. W. Y. (2020, June 25). Associations Between Work-Family Balance, Parenting Stress, and Marital Conflicts During COVID-19 Pandemic in Singapore. PsyArXiv. <https://doi.org/10.31219/osf.io/nz9s8>
- Cohan, C. L. (2012). Family transitions following natural and terrorist disaster: Hurricane Hugo and the September 11 terrorist attack. In T. W. Miller (Ed.) *Handbook of stressful transitions across the lifespan* (pp. 149-164). Springer Science + Business Media.
- Cohen, P., Cohen, J., Aiken, L. S., & West, S. G. (1999). The problem of units and the circumstance for POMP. *Multivariate Behavioral Research*, 34, 315-346.
- Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59, 676-684.

- Craig, L., & Churchill, B. (2020). Dual-earner parent couples' work and care during COVID-19. *Gender, Work & Organization*, 1–14.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment*, 49, 71–75.
- Diener, E., & Seligman, M. E. P. (2002). Very happy people. *Psychological Science*, 13, 81–84.
- Elmer, T., Mephram, K., & Stadtfeld, C. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *PLoS ONE*, 15, e0236337.
- Fontanesi, L., Marchetti, D., Mazza, C., Di Giandomenico, S., Roma, P., & Verrocchio, M. C. (2020). The effect of the COVID-19 lockdown on parents: A call to adopt urgent measures. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12, S79–S81.
- Grose, J. (2020, September). The pandemic is a 'mental health crisis' for parents. *New York Times*.
- Harper, J. M., Schaalje, B. G., & Sandberg, J. G. (2000). Daily hassles, intimacy, and marital quality in later life marriages. *American Journal of Family Therapy*, 28, 1–18.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS medicine*, 7, e1000316.
- Jakubiak, B. K., & Feeney, B. C. (2019). Interpersonal touch as a resource to facilitate positive personal and relational outcomes during stress discussions. *Journal of Social and Personal Relationships*, 36, 2918–2936.
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62, 95–108.
- Lemay, E. P., & Neal, A. M. (2014). Accurate and biased perceptions of responsive support predict well-being. *Motivation and Emotion*, 38, 270–286.
- Luetke, M., Hensel, D., Herbenick, D., & Rosenberg, M. (2020). Romantic relationship conflict due to the COVID-19 pandemic and changes in intimate and sexual behaviors in a nationally representative sample of American adults. *Journal of Sex & Marital Therapy*, 46, 1–16.
- Neff, L. A., & Karney, B. R. (2004). How does context affect intimate relationships? Linking external stress and cognitive processes within marriage. *Personality and Social Psychology Bulletin*, 30, 134–148.
- Nelson, S. K., Kushlev, K., English, T., Dunn, E. W., & Lyubomirsky, S. (2013). In defense of parenthood: Children are associated with more joy than misery. *Psychological Science*, 24, 3–10.
- Nelson, S. K., Kushlev, K., & Lyubomirsky, S. (2014). The pains and pleasures of parenting: When, why, and how is parenthood associated with more or less well-being? *Psychological Bulletin*, 140, 846–895.
- Pietromonaco, P. R., & Collins, N. L. (2017). Interpersonal mechanisms linking close relationships to health. *American Psychologist*, 72, 531–542.
- Pietromonaco, P. R., & Overall, N. C. (2020). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American Psychologist*. Advance online publication. <https://doi.org/10.1037/amp0000714>
- Pinheiro, J., Bates, D., DebRoy, S., Sarkar, D., R Core Team (2020). *nlme: Linear and Nonlinear Mixed Effects Models*. R package version 3.1-151, <https://CRAN.R-project.org/package=nlme>.
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, 75, 631–643.
- Proulx, C. M., Helms, H. M., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and Family*, 69, 576–593.
- Radloff, L. (1977). The CES-D scale :A self report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401.
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53, 80–93.
- Stroh, P. (2020, November 18). Pandemic 'pressure cooker' is driving more couples to seek advice about separation, divorce: Family lawyers report increase in calls seeking help to dissolve relationships. *Canadian Broadcasting Corporation*.
- Torchiano, M. (2020). *effsize: Efficient Effect Size Computation*. R package version 0.8.1, <https://CRAN.R-project.org/package=effsize>.
- U.S. Center for Disease Control, "Covid-19: Preventing getting sick." (Updated 2020, September 11).
- Whisman, M. A. (2001). The association between depression and marital dissatisfaction. In S. R. H. Beach (Ed.), *Marital and family processes in depression: A scientific foundation for clinical practice* (pp. 3–24). American Psychological Association.

Zigmond, A. S., & Snaith, R. P. (1983). The hospital anxiety and depression scale. *Acta Psychiatry Scandinavica*, 67, 361-370.

Author Biographies

Natalie Sisson is a doctoral student at the University of Toronto. Her research examines how close others can regulate each other's emotions and behavior to promote relational well-being.

Emily Willroth is a postdoctoral research fellow at Northwestern University Feinberg School of Medicine. Her research examines well-being and health, as well as intra-individual change processes.

Bonnie Le is an Assistant Professor at the University of Rochester. Her research focuses on how emotions and motivation shape well-being in relationships.

Brett Ford is an assistant professor of psychology at the University of Toronto. Her research examines how emotion and emotion regulation contribute to health and well-being.

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Supplementary Online Materials (SOM)

The full set of results for all models discussed in the main text, as well as additional sensitivity analyses, are reported in the SOM. Uncorrected p values and 95% confidence intervals (CIs) are reported in the SOM. Due to the large number of tests (46 primary tests and additional sensitivity tests), we also used False Discovery Rate (FDR) correction to interpret statistical significance in the main text. The parameters that were included in this correction procedure are **bolded**.

Full Results for Main Analyses Reported in Text

These analyses address mental health differences for those living with close others (vs. comparison groups) before the onset of the COVID-19 pandemic (i.e., February 2020; T1), differences during the pandemic onset (i.e., February to March; T1 to T2), and differences across the pandemic's first six months (i.e., March through September; T2 through T7).

Before the onset of the pandemic. In the main text, we report group differences in mental health existing before the onset of the pandemic (February, 2020) for parents living with children (vs. a comparison group) and people living with partners (vs. a comparison group). Parents living with children reported greater well-being (vs. their comparison group), Sample A: $t(528.44) = 8.51$, $p < .001$, $d = 0.66$, 95%CI = [0.49, 0.83]; Sample B: $t(540.68) = 6.32$, $p < .001$, $d = 0.53$, 95%CI = [0.36, 0.70]. Before the onset of the pandemic (February, 2020), parents living with children also reported lower ill-being (vs. their comparison group), Sample A: $t(498.86) = 4.51$, $p < .001$, $d = 0.36$, 95%CI = [0.19, 0.52]; Sample B: $t(512.58) = 2.06$, $p = .040$, $d = 0.18$, 95%CI = [0.01, 0.35].

Before the onset of the pandemic (February, 2020), people living with partners reported greater well-being (vs. a comparison group), Sample A: $t(634.54) = 9.00$, $p < .001$, $d = 0.70$, 95%CI = [0.54, 0.86]; Sample B: $t(458.81) = 6.80$, $p < .001$, $d = 0.60$, 95%CI = [0.43, 0.78]. Before the onset of the pandemic (February, 2020), people living with partners also reported lower ill-being (vs. a comparison group), Sample A: $t(622.73) = 4.19$, $p < .001$, $d = 0.33$, 95%CI = [0.17, 0.49]; Sample B: $t(494.78) = 3.06$, $p = .002$, $d = 0.27$, 95%CI = [0.10, 0.44].

During the onset of the pandemic. In the main text, we report models predicting differences in changes in mental health during the onset of the pandemic (i.e., from February to March, 2020) for parents living with children (vs. a comparison group) and people living with partners (vs. a comparison group). These models describe the overall magnitude of group differences in mental health from T1 to T2, without adjusting for where people's mental health was before the pandemic. In Supplementary Tables S1-S4, we additionally report results from the same models where we control for baseline (T1) well-being and ill-being. These results are unique to the pandemic context (and cannot be attributed to pre-existing baseline differences).

After the onset of the pandemic. In the main text, we also report models predicting differences in changes in mental health after the onset of the pandemic (i.e., from March to September, 2020) for parents living with children (vs. a comparison group) and people living with partners (vs. a comparison group). These models describe the overall magnitude of group differences in mental health from T2 to T7, without adjusting for where people's mental health was before the pandemic. In Supplementary Tables S1-S4, we additionally report results from the same models where we control for baseline (T1) well-being and ill-being. These results are unique to the pandemic context (and cannot be attributed to pre-existing baseline differences).

Interactions with Gender

To examine whether the effects of being a parent living with children (vs. a comparison group) and/or living with a partner (vs. a comparison group) differentially predicted mental health for men compared to women, we tested for gender interactions in all primary parent and partner models. Only one interaction was statistically significant after FDR correction in Sample A, and it was not replicated in Sample B. For conciseness, we report only the interaction term from each model in Supplementary Tables S5 and S6.

Interactions between Being a Parent living with Children (vs. a Comparison Group) and Being a Person Living with a Partner (vs. a Comparison Group)

To examine whether being a parent living with children and living with a partner interact to predict mental health, we repeated all primary models with the inclusion of an interaction between the parent and partner status variables. Because of the small group size for parents living with a child but not with a partner, we combined Samples A and B for these analyses. No interactions were statistically significant after FDR correction. For conciseness, we report only the interaction term from each model in Supplementary Tables S7 and S8.

Unique Effects of Being a Parent living with Children (vs. a Comparison Group) and Being a Person Living with a Partner (vs. a Comparison Group)

In the main text, the effects of being a parent living with children (vs. a comparison group) and being a person living with a partner (vs. a comparison group) were examined in separate models. However, the majority of the parents in our sample also lived with partners. To disentangle the unique effects of parent and partner status, we ran sensitivity analyses with parent and partner status as simultaneous predictors. See Table S9 for well-being results and Supplementary Table S10 for ill-being results.

Living Alone vs. Living with People Other than Children and Partners

Within our comparison groups, we compared the mental health of people living alone to people living with housemates other than children and/or partners (e.g., living just with roommates) after the onset of the pandemic. See Supplementary Table S11 for well-being results and Table S12 for ill-being results.

Average Mental Health Across the Full Sample

In addition to examining the effects of group on mental health, we also investigated average mental health during the onset of the pandemic, average change in mental health, and average levels mental health after the onset of the pandemic across the full sample. See Supplementary Table S13 for well-being results and Supplementary Table S14 for ill-being results.

Main and Secondary Comparison Groups

Our analysis group for parents living with children includes all participants who indicated at least once that they both (a) have children and (b) are currently living with at least one child. Our analysis group for people living with partners includes all participants who indicated at least once that they both (a) are in a committed romantic relationship and (b) are living with their romantic partner. Our main comparison groups include all other participants who do not meet one or both of these criteria (i.e., people who are not parents living with children and people who are not living with a romantic partner). The parent comparison group contains (a) people who are parents but who *do not live* with children, (b) people who live with children but who *are not* parents, and (c) people who are not parents and do not live with children. The partner comparison group contains (a) people who have a romantic partner but *do not live* with them and (b) people who do not have or live with a romantic partner. The noise introduced by including these participants presents a more conservative test of our effects of living with close others on mental health. Supplementary Tables S1-S10 contain all analyses involving parent and partner comparison groups using these main comparison groups.

A less noisy—but also less stringent—test of our effects was conducted with secondary comparison groups. The secondary parent comparison group only includes people who *both* (a) do not have children and (b) do not live with children. The secondary partner comparison group only includes people who *both* (a) do not have a romantic partner and (b) do not live with a romantic partner. Supplementary Tables S15 to S18 repeat all main analyses involving parent and partner comparison groups reported in the main text (main text Tables 1 to 4) using these secondary comparison groups. Supplementary Tables S1b-S10b repeat all other analyses involving

parent and partner comparison groups (Supplementary Tables S1-S10) using these secondary comparison groups.

Table S1. Multilevel Models predicting Well-being for Parents living with Children (vs. a Comparison Group) Controlling for Baseline.

Linear Change in Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=644)				Sample B (N=543)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.91	54.83, 57.00	0.55	< .001	61.67	60.47, 62.87	0.61	< .001
baseline (T1) well-being	0.84	0.80, 0.87	0.02	< .001	0.86	0.82, 0.90	0.02	< .001
time	-0.05	-0.12, 0.02	0.04	.196	0.05	-0.02, 0.12	0.04	.137
parent	2.13	0.20, 4.05	0.98	.030	2.37	0.52, 4.21	0.94	.012
time*parent	0.16	0.04, 0.28	0.06	.009	-0.02	-0.13, 0.08	0.05	.688
Quadratic Change in Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=644)				Sample B (N=543)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.48	54.25, 56.72	0.63	< .001	61.51	60.12, 62.90	0.71	< .001
baseline (T1) well-being	0.83	0.80, 0.87	0.02	< .001	0.86	0.82, 0.89	0.02	< .001
time	-0.04	-0.11, 0.03	0.04	.235	0.06	-0.01, 0.12	0.03	.109
time^2	0.01	-0.00, 0.02	0.01	.101	0.00	-0.01, 0.01	0.01	.605
parent	2.48	0.31, 4.64	1.10	.025	2.42	0.29, 4.54	1.08	.026
time*parent	0.16	0.04, 0.28	0.06	.009	-0.02	-0.12, 0.08	0.05	.728
time^2*parent	-0.01	-0.03, 0.01	0.01	.443	0.00	-0.02, 0.02	0.01	.990
Average Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=644)				Sample B (N= 542)			
	b	CI	SE	p	b	CI	SE	p
intercept	55.97	54.90, 57.04	0.55	< .001	61.64	60.47, 62.81	0.60	< .001
baseline (T1) well-being	0.83	0.80, 0.87	0.02	< .001	0.86	0.82, 0.90	0.02	<.001
parent	1.93	0.03, 3.82	0.96	.046	2.39	0.58, 4.20	0.92	.010

Table S2. Multilevel Models predicting Ill-being for Parents living with Children (vs. a Comparison Group) Controlling for Baseline.

Linear Change in Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=644)				Sample B (N=543)			
	b	95% CI	SE	P	b	95% CI	SE	p
intercept	31.88	30.72, 33.05	0.60	< .001	30.73	29.28, 32.18	0.74	< .001
baseline (T1) ill-being	0.80	0.75, 0.84	0.02	< .001	0.66	0.61, 0.71	0.03	< .001
time	-0.21	-0.29, -0.13	0.04	< .001	-0.30	-0.39, -0.22	0.04	< .001
parent	0.36	-1.66, 2.39	1.03	.724	0.27	-1.92, 2.47	1.12	.808
time*parent	-0.23	-0.36, -0.10	0.07	< .001	-0.02	-0.14, 0.11	0.06	.802
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=644)				Sample B (N=543)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	30.97	29.68, 32.26	0.66	< .001	29.44	27.84, 31.03	0.82	< .001
baseline (T1) ill-being	0.80	0.75, 0.84	0.02	< .001	0.66	0.61, 0.71	0.03	< .001
time	-0.20	-0.28, -0.13	0.04	< .001	-0.29	-0.37, -0.20	0.04	< .001
time^2	0.02	0.01, 0.03	0.01	< .001	0.03	0.01, 0.04	0.01	< .001
parent	-0.23	-2.46, 2.00	1.14	.839	0.21	-2.21, 2.64	1.23	.863
time*parent	-0.22	-0.35, -0.09	0.07	< .001	-0.01	-0.14, 0.11	0.06	.828
time^2*parent	0.01	-0.00, 0.03	0.01	.143	0.00	-0.02, 0.02	0.01	.780
Average Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=644)				Sample B (N=543)			
	b	CI	SE	P	b	CI	SE	p
intercept	32.13	30.96, 33.30	0.60	< .001	31.13	29.66, 32.60	0.75	< .001
baseline (T1) ill-being	0.79	0.75, 0.84	0.02	< .001	0.65	0.60, 0.70	0.03	< .001
parent	0.79	-1.23, 2.82	1.03	.443	0.28	-1.94, 2.51	1.13	.802

Table S3. Multilevel Models predicting Well-being for People living with Partners (vs. a Comparison Group) Controlling for Baseline.

Linear Change in Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=637)				Sample B (N=543)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.78	54.56, 56.99	0.62	< .001	61.29	59.89, 62.68	0.71	< .001
baseline (T1) well-being	0.84	0.80, 0.87	0.02	< .001	0.86	0.82, 0.89	0.02	< .001
time	-0.03	-0.11, 0.05	0.04	.424	0.05	-0.03, 0.13	0.04	.228
partner	1.90	0.06, 3.75	0.94	.044	2.47	0.61, 4.34	0.95	.010
time*partner	0.09	-0.03, 0.20	0.06	.135	-0.01	-0.12, 0.09	0.05	.812
Quadratic Change in Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=637)				Sample B (N=543)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.29	53.91, 56.67	0.70	< .001	61.18	59.55, 62.81	0.83	< .001
baseline (T1) well-being	0.83	0.80, 0.87	0.02	< .001	0.85	0.82, 0.89	0.02	< .001
time	-0.03	-0.11, 0.05	0.04	.508	0.05	-0.03, 0.13	0.04	.198
time^2	0.01	-0.00, 0.02	0.01	.109	0.00	-0.01, 0.01	0.01	.886
partner	2.29	0.22, 4.36	1.05	.030	2.41	0.25, 4.57	1.10	.029
time*partner	0.09	-0.03, 0.20	0.06	.147	-0.01	-0.11, 0.09	0.05	.850
time^2*partner	-0.01	-0.02, 0.01	0.01	.398	0.00	-0.01, 0.02	0.01	.680
Average Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=637)				Sample B (N=543)			
	b	CI	SE	p	b	CI	SE	p
intercept	55.83	54.64, 57.03	0.61	< .001	61.25	59.89, 62.62	0.70	< .001
baseline (T1) well-being	0.84	0.80, 0.87	0.02	< .001	0.86	0.82, 0.90	0.02	< .001
partner	1.79	-0.03, 3.61	0.93	.054	2.49	0.65, 4.33	0.94	.008

Table S4. Multilevel Models predicting Ill-being for People living with Partners (vs. a Comparison Group) Controlling for Baseline.

Linear Change in Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=637)				Sample B (N=543)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	31.97	30.68, 33.26	0.66	< .001	30.92	29.25, 32.59	0.85	< .001
baseline (T1) ill-being	0.79	0.75, 0.84	0.02	< .001	0.66	0.61, 0.71	0.03	< .001
time	-0.23	-0.31, -0.14	0.04	< .001	-0.33	-0.43, -0.23	0.05	< .001
partner	0.09	1.84, 2.02	0.98	.925	-0.14	-2.36, 2.08	1.13	.902
time*partner	-0.13	-0.25, -0.01	0.06	.041	0.04	-0.09, 0.17	0.07	.558
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=637)				Sample B (N=543)			
	B	95% CI	SE	p	b	95% CI	SE	p
intercept	31.02	29.58, 32.46	0.73	< .001	29.67	27.81, 31.52	0.95	< .001
baseline (T1) ill-being	0.79	0.74, 0.84	0.02	< .001	0.66	0.61, 0.71	0.03	< .001
time	-0.22	-0.30, -0.13	0.04	< .001	-0.31	-0.41, -0.21	0.05	< .001
time^2	0.02	0.01, 0.03	0.01	< .001	0.03	0.01, 0.04	0.01	< .001
partner	-0.28	-2.41, 1.85	1.08	.796	-0.24	-2.68, 2.21	1.25	.850
time*partner	-0.13	-0.25, -0.00	0.06	.046	0.03	-0.09, 0.15	0.06	.638
time^2*partner	0.01	-0.01, 0.03	0.01	.248	0.00	-0.02, 0.02	0.01	.796
Average Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=637)				Sample B (N=542)			
	b	CI	SE	p	b	CI	SE	p
intercept	32.32	31.03, 33.61	0.66	< .001	31.49	29.80, 33.18	0.86	< .001
baseline (T1) ill-being	0.79	0.74, 0.83	0.02	< .001	0.65	0.60, 0.70	0.03	< .001
partner	0.10	-1.83, 2.03	0.98	.918	-0.41	-2.65, 1.83	1.14	.718

Table S5. Multilevel Models predicting Mental Health for Parents Living with Children (vs. a Comparison Group), as Moderated by Gender.

Change in Well-being During Pandemic Onset (T1 to T2)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	-0.90	-2.07, 0.27	0.60	.132	0.53	-0.11, 1.18	0.33	.103
partner*time*gender	-0.09	-1.20, 1.02	0.56	.875	-0.00	-0.65, 0.65	0.33	.993
Change in Well-being After Pandemic Onset (T2 to T7)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	0.36	0.11, 0.62	0.13	.006	-0.08	-0.29, 0.13	0.11	.444
partner*time*gender	-0.06	-0.30, 0.18	0.12	.629	-0.14	-0.36, 0.07	0.11	.181
parent*time^2*gender	-0.02	-0.06, 0.02	0.02	.275	0.02	-0.01, 0.05	0.02	.284
partner*time^2*gender	-0.01	-0.04, 0.03	0.02	.695	0.00	-0.03, 0.04	0.02	.834
Average Well-being After Pandemic Onset (T2 to T7)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*gender	-2.64	-10.32, 5.04	3.91	.500	-6.45	-13.89, 0.99	3.79	.089
partner*gender	-4.34	-11.46, 2.78	3.63	.232	-6.50	-13.86, 0.88	3.75	.084
Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	1.52	0.12, 2.93	0.72	.034	-0.72	-1.76, 0.32	0.53	.173
partner*time*gender	0.97	-0.37, 2.31	0.68	.156	0.04	-1.00, 1.08	0.53	.942
Change in Ill-being After Pandemic Onset (T2 to T7)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	-0.22	-0.50, 0.05	0.14	.113	0.05	-0.20, 0.30	0.13	.700
partner*time*gender	-0.03	-0.30, 0.23	0.13	.796	0.02	-0.24, 0.28	0.13	.883
parent*time^2*gender	0.02	-0.02, 0.05	0.02	.389	-0.03	-0.07, 0.00	0.02	.069
partner*time^2*gender	0.01	-0.03, 0.04	0.02	.655	0.01	-0.03, 0.04	0.02	.778

Average Ill-being After Pandemic Onset (T2 to T7)								
	Sample A				Sample B			
	b	95% CI	SE	<i>p</i>	b	95% CI	SE	<i>p</i>
parent*gender	-2.41	-9.23, 4.41	3.47	.488	3.86	-2.66, 10.38	3.32	.246
partner*gender	2.21	-4.18, 8.59	3.25	.498	5.26	-1.24, 11.77	3.31	.112

Table S6. Multilevel Models predicting Mental Health for Parents Living with Children (vs. a Comparison Group) including Gender Moderation and Baseline (T1) Control.

Change in Well-being After Pandemic Onset (T2 to T7, Controlling for T1)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	0.36	0.10, 0.61	0.13	.006	-0.07	-0.28, 0.13	0.11	.490
partner*time*gender	-0.04	-0.28, 0.19	0.12	.712	-0.15	-0.36, 0.06	0.11	.174
parent*time^2*gender	-0.02	-0.06, 0.02	0.02	.275	0.02	-0.01, 0.05	0.02	.284
partner*time^2*gender	-0.01	-0.04, 0.03	0.02	.695	0.00	-0.03, 0.04	0.02	.834
Average Well-being After Pandemic Onset (T2 to T7, Controlling for T1)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*gender	-0.15	-3.90, 3.59	1.91	.936	0.82	-2.70, 4.35	1.79	.647
partner*gender	-1.78	-5.29, 1.74	1.79	.323	-1.63	-5.16, 1.89	1.79	.363
Change in Ill-being After Pandemic Onset (T2 to T7, Controlling for T1)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	-0.22	-0.49, 0.05	0.14	.109	0.04	-0.22, 0.29	0.13	.783
partner*time*gender	-0.06	-0.31, 0.20	0.13	.651	0.03	-0.23, 0.28	0.13	.847
parent*time^2*gender	0.02	-0.02, 0.05	0.02	.375	-0.03	-0.07, 0.00	0.02	.061
partner*time^2*gender	0.01	-0.03, 0.04	0.02	.666	0.01	-0.03, 0.04	0.02	.756
Average Ill-being After Pandemic Onset (T2 to T7, Controlling for T1)								
	Sample A				Sample B			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*gender	1.18	-2.97, 5.33	2.11	.576	0.23	-4.20, 4.65	2.25	.920
partner*gender	2.23	-1.66, 6.11	1.98	.261	1.90	-2.54, 6.33	2.26	.402

Table S7. Parent x Partner Interactions: Multilevel Models predicting Mental Health for Parents Living with both their Children and Partners.

<i>Change in Well-being During Pandemic Onset (T1 to T2)</i>				
Combined Sample A and B (N= 1190)				
	b	95% CI	SE	p
parent*partner*time	0.02	-0.64, 0.69	0.34	.946
<i>Change in Well-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=1193)				
	b	95% CI	SE	p
parent*partner*time	0.11	-0.08, 0.30	0.10	.261
parent*partner*time^2	-0.02	-0.05, 0.00	0.01	.102
<i>Average Well-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=1193)				
	b	95% CI	SE	p
parent*partner	-6.18	-11.94, -0.43	2.94	.035
<i>Change in Ill-being During Pandemic Onset (T1 to T2)</i>				
Combined Sample A and B (N=1190)				
	b	95% CI	SE	p
parent*partner*time	-0.62	-1.54, 0.30	0.48	.189
<i>Change in Ill-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=1193)				
	b	95% CI	SE	p
parent*partner*time	0.07	-0.15, 0.29	0.11	.522
parent*partner*time^2	0.01	-0.02, 0.04	0.01	.488
<i>Average Ill-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=1193)				
	b	95% CI	SE	p
parent*partner*time	-1.90	-7.19, 3.38	2.69	.480

Table S8. Parent x Partner Interactions: Multilevel Models predicting Mental Health for Parents Living with both their Children and Partners with Baseline (T1) Control.

<i>Change in Well-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=1180)				
	b	95% CI	SE	p
parent*partner*time	0.08	-0.10, 0.27	0.10	.377
parent*partner*time^2	-0.02	-0.05, 0.01	0.01	.110
<i>Average Well-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=1180)				
	b	95% CI	SE	p
parent*partner	0.79	-2.09, 3.66	1.47	.591
<i>Change in Ill-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=1180)				
	b	95% CI	SE	p
parent*partner*time	0.06	-0.15, 0.27	0.11	.598
parent*partner*time^2	0.01	-0.02, 0.04	0.01	.463
<i>Average Ill-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=1180)				
	b	95% CI	SE	p
parent*partner*time	-3.48	-6.89, -0.08	1.73	.045

	Sample A (N=649)				Sample B (N=544)			
	b	CI	SE	<i>p</i>	b	CI	SE	<i>p</i>
intercept	48.35	45.99, 50.70	1.20	< .001	52.92	50.06, 55.78	1.46	< .001
parent	9.39	5.44, 13.33	2.01	< .001	8.38	4.44, 12.32	2.01	< .001
partner	11.37	7.62, 15.12	1.91	< .001	10.68	6.74, 14.63	2.01	< .001

Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A (N=647)				Sample B (N=543)			
	b	CI	SE	p	b	CI	SE	p
intercept	35.18	33.05, 37.31	1.08	< .001	36.19	33.56, 38.81	1.34	< .001
time	1.11	0.65, 1.57	0.23	< .001	0.67	0.26, 1.09	0.21	.001
parent	-3.00	-6.55, 0.54	1.81	.097	-1.30	-4.90, 2.31	1.83	.480
partner	-3.27	-6.65, 0.11	1.72	.058	-4.61	-8.22, -1.01	1.84	.012
time*parent	1.10	0.35, 1.85	0.38	.004	0.21	-0.35, 0.78	0.29	.459
time*partner	0.59	-0.13, 1.30	0.36	.108	0.15	-0.42, 0.71	0.29	.615
Linear Change in Ill-being After Pandemic Onset (T2 to T7)								
	Sample A (N=649)				Sample B (N=544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	34.71	32.52, 36.89	1.12	< .001	33.18	30.60, 35.77	1.32	< .001
time	-0.22	-0.31, -0.13	0.05	< .001	-0.33	-0.43, -0.22	0.05	< .001
parent	-3.28	-6.94, 0.39	1.87	.080	-0.75	-4.30, 2.81	1.81	.680
partner	-3.79	-7.27, -0.30	1.77	.033	-3.65	-7.21, -0.09	1.81	.045
time*parent	-0.17	-0.32, -0.02	0.08	.025	-0.03	-0.17, 0.11	0.07	.700
time*partner	-0.05	-0.19, 0.09	0.07	.489	0.04	-0.10, 0.18	0.07	.539
Quadratic Change in Ill-being After Pandemic Onset (T2 to T7)								
	Sample A (N=649)				Sample B (N=544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	33.77	31.49, 36.04	1.16	< .001	31.94	29.22, 34.66	1.39	< .001
time	-0.21	-0.30, -0.12	0.05	< .001	-0.31	-0.41, -0.21	0.05	< .001
time^2	0.02	0.01, 0.03	0.01	.002	0.03	0.01, 0.04	0.01	< .001
parent	-3.63	-7.43, 0.17	1.94	.061	-0.78	-4.50, 2.95	1.90	.682
partner	-4.02	-7.64, -0.41	1.84	.029	-3.76	-7.50, -0.02	1.90	.049
time*parent	-0.16	-0.31, -0.02	0.08	.030	-0.02	-0.15, 0.12	0.07	.778
time*partner	-0.05	-0.19, 0.09	0.07	.511	0.03	-0.10, 0.17	0.07	.632
time^2*parent	0.01	-0.01, 0.03	0.01	.480	0.00	-0.02, 0.02	0.01	.821
time^2*partner	0.01	-0.01, 0.03	0.01	.427	0.00	-0.02, 0.02	0.01	.867
Average Ill-being After Pandemic Onset (T2 to T7)								

**Average Ill-being After Pandemic Onset
(T2 to T7)**

	Sample A (N=649)				Sample B (N=544)			
	b	CI	SE	<i>p</i>	b	CI	SE	<i>p</i>
intercept	35.09	32.90, 37.27	1.11	< .001	33.76	31.17, 36.36	1.32	< .001
parent	-2.77	-6.43, 0.89	1.86	.138	-0.62	-4.19, 2.95	1.82	.734
partner	-3.99	-7.47, -0.51	1.77	.025	-3.98	-7.55, -0.40	1.82	.029

Table S11. Effects of Living Alone (vs. Living with Others Besides Children and Partners) on Average Well-being After Pandemic Onset.

Average Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=247)				Sample B (N=158)			
	b	CI	SE	p	b	CI	SE	p
intercept	44.92	41.19, 48.64	1.90	< .001	50.85	45.20, 56.50	2.88	< .001
living alone	4.84	-1.25, 10.93	3.09	.119	-0.33	-7.86, 7.20	3.81	.931

Table S12. Effects of Living Alone (vs. Living with Others Besides Children and Partners) on Average Ill-being After Pandemic Onset.

Average Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=247)				Sample B (N=158)			
	b	CI	SE	<i>p</i>	b	CI	SE	<i>p</i>
intercept	35.12	31.92, 38.32	1.63	< .001	34.73	30.07, 39.38	2.37	< .001
living alone	-1.48	-6.71, 3.75	2.66	.577	-1.95	-8.15, 4.25	3.14	.535

Table S13. Overall Trajectories of Well-being (No Group Comparisons).

Change in Well-being During Pandemic Onset (T1 to T2)								
T1 vs. T2	Sample A (N=571)				Sample B (N=532)			
	<i>d</i>	95% CI	<i>t</i>	<i>p</i>	<i>d</i>	95% CI	<i>t</i>	<i>p</i>
	0.11	0.07, 0.16	4.93	< .001	0.08	0.04, 0.12	3.74	< .001
Linear Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=656)				Sample B (N=544)			
	<i>b</i>	95% CI	SE	<i>p</i>	<i>b</i>	95% CI	SE	<i>p</i>
intercept	56.71	54.91, 58.52	0.92	< .001	62.69	60.77, 64.62	0.98	< .001
time	0.02	-0.04, 0.07	0.03	.610	0.04	-0.01, 0.10	0.03	.095
Quadratic Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=656)				Sample B (N=544)			
	<i>b</i>	95% CI	SE	<i>p</i>	<i>b</i>	95% CI	SE	<i>p</i>
intercept	56.46	54.57, 58.35	0.96	< .001	62.49	60.46, 64.51	1.03	< .001
time	0.02	-0.04, 0.08	0.03	.553	0.05	-0.00, 0.10	0.03	.061
time^2	0.01	-0.00, 0.01	0.00	.240	0.00	-0.00, 0.01	0.00	.324

Note. Change in well-being during pandemic onset for the full sample was assessed with a paired sample t-test. Change in well-being after pandemic onset was assessed with multilevel models.

Table S14. Overall Trajectories of Ill-being (No Group Comparisons).

Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A (N=571)				Sample B (N=532)			
	d	95% CI	t	p	d	95% CI	t	p
T1 vs. T2	0.33	0.27, 0.40	10.50	< .001	0.24	0.16, 0.31	6.48	< .001
Linear Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=656)				Sample B (N=544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	32.03	30.46, 33.60	0.80	< .001	30.78	29.16, 32.41	0.83	< .001
time	-0.30	-0.37, -0.24	0.03	< .001	-0.31	-0.38, -0.25	0.03	< .001
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=656)				Sample B (N=544)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	30.85	29.22, 32.48	0.83	< .001	29.45	27.75, 31.16	0.87	< .001
time	-0.29	-0.35, -0.23	0.03	< .001	-0.30	-0.36, -0.24	0.03	< .001
time^2	0.02	0.02, 0.03	0.00	< .001	0.03	0.02, 0.04	0.00	< .001

Note. Change in ill-being during pandemic onset for the full sample was assessed with a paired sample t-test. Change in ill-being after pandemic onset was assessed with multilevel models.

Table S15. Multilevel Models predicting Well-being for Parents living with Children (vs. a Secondary Comparison Group).

Change in Well-being During Pandemic Onset (T1 to T2)								
	Sample A (N=496)				Sample B (N=398)			
	b	CI	SE	p	b	CI	SE	p
intercept	51.08	48.57, 53.59	1.28	< .001	52.84	49.86, 55.83	1.52	< .001
time	-0.49	-0.87, -0.11	0.19	.012	-0.35	-0.62, -0.07	0.14	.014
parent	17.08	13.06, 21.10	2.05	< .001	17.73	13.66, 21.80	2.07	< .001
time*parent	-0.62	-1.22, -0.01	0.31	.046	0.21	-0.17, 0.59	0.19	.273
Linear Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N= 497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	49.44	46.93, 51.94	1.28	< .001	51.83	48.76, 54.89	1.56	< .001
time	-0.01	-0.09, 0.08	0.04	.873	0.05	-0.04, 0.14	0.05	.289
parent	17.67	13.65, 21.68	2.05	< .001	18.42	14.23, 22.61	2.13	< .001
time*parent	0.12	-0.01, 0.25	0.07	.075	-0.00	-0.12, 0.12	0.06	.982
Quadratic Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N=399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	49.36	46.76, 51.97	1.33	< .001	51.34	48.12, 54.55	1.64	< .001
time	-0.01	-0.09, 0.07	0.04	.846	0.05	-0.03, 0.14	0.05	.225
time^2	0.00	-0.01, 0.01	0.01	.851	0.01	-0.00, 0.02	0.01	.161
parent	17.78	13.61, 21.95	2.12	< .001	18.88	14.48, 23.28	2.24	< .001
time*parent	0.12	-0.01, 0.25	0.07	.071	-0.00	-0.12, 0.12	0.06	.972
time^2*parent	-0.00	-0.02, 0.01	0.01	.802	-0.01	-0.03, 0.01	0.01	.363
Average Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	CI	SE	p	b	CI	SE	p
intercept	49.43	46.93, 51.92	1.27	< .001	51.83	48.79, 54.87	1.55	< .001
parent	17.53	13.52, 21.53	2.04	< .001	18.40	14.24, 22.56	2.12	< .001

Table S16. Multilevel Models predicting Ill-being for Parents living with Children (vs. a Secondary Comparison Group).

Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A (N=496)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.98	32.77, 37.17	1.12	< .001	35.64	32.79, 38.48	1.45	< .001
time	1.06	0.58, 1.54	0.25	< .001	0.49	0.07, 0.91	0.21	.023
parent	-6.38	-9.89, -2.85	1.79	< .001	-4.66	-8.54, -0.77	1.98	.019
time*parent	1.55	0.78, 2.32	0.39	< .001	0.50	-0.08, 1.08	0.29	.088
Linear Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	P	b	95% CI	SE	p
intercept	34.12	31.85, 36.39	1.16	< .001	32.86	30.12, 35.60	1.40	< .001
time	-0.22	-0.31, -0.12	0.05	< .001	-0.27	-0.38, -0.16	0.06	< .001
parent	-6.90	-10.54, -3.26	1.85	< .001	-3.73	-7.47, 0.01	1.90	.051
time*parent	-0.21	-0.35, -0.06	0.07	.005	-0.04	-0.19, 0.10	0.08	.568
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	33.24	30.87, 35.60	1.21	< .001	31.78	28.94, 34.62	1.45	< .001
time	-0.21	-0.30, -0.12	0.05	< .001	-0.26	-0.36, -0.15	0.05	< .001
time^2	0.02	0.01, 0.03	0.01	.002	0.02	0.01, 0.04	0.01	.004
parent	-7.46	-11.25, -3.66	1.93	< .001	-4.16	-8.04, -0.29	1.97	.035
time*parent	-0.20	-0.34, -0.06	0.07	.006	-0.03	-0.18, 0.11	0.07	.634
time^2*parent	0.01	-0.01, 0.03	0.01	.166	0.01	-0.01, 0.03	0.01	.303
Average Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.43	32.17, 36.70	1.16	< .001	33.22	30.47, 35.96	1.40	< .001
parent	-6.62	-10.25, -2.98	1.85	< .001	-3.72	-7.47, 0.03	1.91	0.052

Table S17. Multilevel Models predicting Well-being for People living with Partners (vs. a Secondary Comparison Group).

Change in Well-being During Pandemic Onset (T1 to T2)								
	Sample A (N= 496)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	47.82	45.00, 50.64	1.43	< .001	51.10	47.73, 54.47	1.71	< .001
time	-0.39	-0.82, 0.05	0.22	.080	-0.25	-0.56, 0.07	0.16	.122
partner	18.61	14.75, 22.46	1.96	< .001	17.79	13.56, 22.03	2.15	< .001
time*partner	-0.64	-1.24, -0.05	0.30	.033	0.01	-0.38, 0.41	0.20	.944
Linear Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	46.51	43.67, 49.35	1.45	< .001	50.99	47.49, 54.50	1.79	< .001
time	-0.00	-0.10, 0.10	0.05	.998	0.08	-0.02, 0.18	0.05	.122
partner	18.32	14.43, 22.21	1.98	< .001	16.96	12.54, 21.37	2.25	< .001
time*partner	0.07	-0.06, 0.20	0.07	.275	-0.05	-0.18, 0.08	0.06	.440
Quadratic Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	46.40	43.45, 49.36	1.51	< .001	50.84	47.14, 54.54	1.89	< .001
time	-0.00	-0.10, 0.09	0.05	.973	0.09	-0.01, 0.19	0.05	.095
time^2	0.00	-0.01, 0.01	0.01	.788	0.00	-0.01, 0.02	0.01	.694
partner	18.46	14.42, 22.50	2.06	< .001	16.83	12.17, 21.49	2.37	< .001
time*partner	0.07	-0.06, 0.20	0.07	.266	-0.05	-0.17, 0.08	0.06	.446
time^2*partner	-0.00	-0.02, 0.01	0.01	.759	0.00	-0.02, 0.02	0.01	.762
Average Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	CI	SE	p	b	CI	SE	p
intercept	46.49	43.66, 49.32	1.44	< .001	50.93	47.46, 54.41	1.77	< .001
partner	18.26	14.38, 22.13	1.97	< .001	17.03	12.65, 21.41	2.23	< .001

Table S18. Multilevel Models predicting Ill-being for People living with Partners (vs. a Secondary Comparison Group).

Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A (N=496)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.99	32.47, 37.52	1.29	< .001	36.66	33.47, 39.86	1.62	< .001
time	1.05	0.50, 1.61	0.28	< .001	0.42	-0.06, 0.89	0.24	.087
partner	-4.71	-8.17, -1.24	1.76	.008	-5.58	-9.59, -1.57	2.04	.007
time*partner	1.16	0.40, 1.92	0.39	.003	0.54	-0.06, 1.14	0.30	.076
Linear Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	34.03	31.42, 36.65	1.33	< .001	33.01	29.93, 36.09	1.57	< .001
time	-0.22	-0.33, -0.12	0.05	< .001	-0.31	-0.43, -0.19	0.06	< .001
partner	-4.84	-8.42, -1.26	1.82	.008	-3.41	-7.28, 0.47	1.97	.085
time*partner	-0.13	-0.28, 0.01	0.07	.066	0.03	-0.13, 0.18	0.08	.732
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	B	95% CI	SE	p	b	95% CI	SE	p
intercept	33.11	30.37, 35.85	1.40	< .001	31.69	28.49, 34.89	1.63	< .001
time	-0.22	-0.32, -0.11	0.05	< .001	-0.29	-0.41, -0.17	0.06	< .001
time^2	0.02	0.01, 0.03	0.01	.006	0.03	0.01, 0.05	0.01	.001
partner	-5.17	-8.90, -1.43	1.90	.007	-3.40	-7.42, 0.63	2.05	.098
time*partner	-0.13	-0.27, 0.02	0.07	.080	0.02	-0.13, 0.17	0.08	.792
time^2*partner	0.01	-0.01, 0.03	0.01	.332	-0.00	-0.02, 0.02	0.01	.952
Average Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	CI	SE	p	b	CI	SE	p
intercept	34.42	31.81, 37.03	1.33	< .001	33.39	30.31, 36.48	1.57	< .001
partner	-4.79	-8.37, -1.22	1.82	.009	-3.43	-7.32, 0.45	1.98	.083

Table S1b. Multilevel Models predicting Well-being for Parents living with Children (vs. a Secondary Comparison Group) Controlling for Baseline.

Linear Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.28	54.04, 56.52	0.63	< .001	59.41	57.85, 60.97	0.80	< .001
baseline (T1) well-being	0.83	0.79, 0.87	0.02	< .001	0.83	0.78, 0.87	0.02	< .001
time	-0.02	-0.10, 0.07	0.04	.699	0.04	-0.05, 0.13	0.05	.371
parent	2.43	0.36, 4.50	1.05	.021	4.34	2.15, 6.52	1.11	< .001
time*parent	0.13	0.00, 0.26	0.07	.049	0.01	-0.11, 0.13	0.06	.851
Quadratic Change in Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.21	53.81, 56.61	0.71	< .001	59.01	57.22, 60.79	0.91	< .001
baseline (T1) well-being	0.83	0.79, 0.87	0.02	< .001	0.83	0.78, 0.87	0.02	< .001
time	-0.02	-0.10, 0.07	0.04	.689	0.05	-0.04, 0.13	0.04	.290
time^2	0.00	0.20, 4.81	0.01	.895	0.01	-0.01, 0.02	0.01	.266
parent	2.51	-0.01, 0.01	1.17	.033	4.77	2.29, 7.25	1.26	< .001
time*parent	0.13	0.00, 0.26	0.07	.047	0.01	-0.11, 0.13	0.06	.866
time^2*parent	-0.00	-0.02, 0.02	0.01	.923	-0.01	-0.03, 0.01	0.01	.423
Average Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	55.28	54.05, 56.52	0.63	< .001	59.52	57.98, 61.06	0.79	< .001
baseline (T1) well-being	0.83	0.79, 0.87	0.02	< .001	0.84	0.79, 0.88	0.02	< .001
parent	2.31	0.26, 4.36	1.05	.028	4.12	1.95, 6.29	1.10	< .001

Table S2b. Multilevel Models predicting Ill-being for Parents living with Children (vs. a Secondary Comparison Group) Controlling for Baseline.

Linear Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	31.54	30.12, 32.97	0.73	< .001	30.85	29.04, 32.66	0.92	< .001
baseline (T1) ill-being	0.77	0.71, 0.82	0.03	< .001	0.66	0.60, 0.71	0.03	< .001
time	-0.20	-0.29, -0.11	0.05	< .001	-0.26	-0.37, -0.15	0.06	< .001
parent	-0.02	-2.33, 2.29	1.18	.987	0.18	-2.30, 2.67	1.26	.885
time*parent	-0.24	-0.38, -0.10	0.07	< .001	-0.05	-0.19, 0.10	0.08	.535
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	30.70	29.12, 32.28	0.80	< .001	29.75	27.73, 31.77	1.03	< .001
baseline (T1) ill-being	0.77	0.71, 0.82	0.03	< .001	0.67	0.61, 0.72	0.03	< .001
time	-0.19	-0.28, -0.10	0.04	< .001	-0.25	-0.36, -0.14	0.05	< .001
time^2	0.02	0.01, 0.03	0.01	.002	0.02	0.01, 0.04	0.01	.003
parent	-0.65	-3.19, 1.89	1.29	.615	-0.16	-2.92, 2.59	1.40	.907
time*parent	-0.23	-0.37, -0.09	0.07	.001	-0.04	-0.18, 0.10	0.07	.576
time^2*parent	0.01	-0.00, 0.03	0.01	.129	0.01	-0.01, 0.03	0.01	.348
Average Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	31.81	30.38, 33.23	0.73	< .001	31.17	29.35, 32.99	0.93	< .001
baseline (T1) ill-being	0.77	0.71, 0.82	0.03	< .001	0.66	0.60, 0.71	0.03	< .001
parent	0.26	-2.06, 2.57	1.18	.828	0.20	-2.29, 2.70	1.27	.873

Table S3b. Multilevel Models predicting Well-being for People living with Partners (vs. a Secondary Comparison Group) Controlling for Baseline.

Linear Change in Well-being After Pandemic Onset (T2 through T7)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.33	53.88, 56.78	0.74	< .001	60.41	58.62, 62.21	0.92	< .001
baseline (T1) well-being	0.84	0.80, 0.88	0.02	< .001	0.84	0.80, 0.89	0.02	< .001
time	-0.01	-0.11, 0.08	0.05	.805	0.07	-0.03, 0.17	0.05	.177
partner	1.68	-0.38, 3.74	1.05	.111	2.10	-0.21, 4.41	1.17	.074
time*partner	0.09	-0.04, 0.22	0.07	.186	-0.03	-0.16, 0.09	0.06	.587
Quadratic Change in Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	55.26	53.62, 56.89	0.83	< .001	60.36	58.30, 62.41	1.05	< .001
baseline (T1) well-being	0.84	0.79, 0.88	0.02	< .001	0.84	0.80, 0.88	0.02	< .001
time	-0.01	-0.11, 0.08	0.05	.789	0.08	-0.02, 0.17	0.05	.135
time^2	0.00	-0.01, 0.01	0.01	.937	0.00	-0.02, 0.02	0.01	.974
partner	1.74	-0.55, 4.03	1.17	.137	1.93	-0.68, 4.55	1.33	.147
time*partner	0.09	-0.04, 0.22	0.07	.177	-0.04	-0.16, 0.09	0.06	.573
time^2*partner	-0.00	-0.02, 0.02	0.01	.985	0.01	0.01, 0.02	0.01	.595
Average Well-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	55.32	53.89, 56.76	0.73	< .001	60.55	58.77, 62.32	0.91	< .001
baseline (T1) well-being	0.84	0.80, 0.88	0.02	< .001	0.86	0.81, 0.90	0.02	< .001
partner	1.62	-0.43, 3.67	1.04	.121	1.88	-0.41, 4.16	1.16	.108

Table S4b. Multilevel Models predicting Ill-being for People living with Partners (vs. a Secondary Comparison Group) Controlling for Baseline.

Linear Change in Ill-being After Pandemic Onset (T2 through T7)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	31.33	29.71, 32.96	0.83	< .001	30.10	28.06, 32.14	1.04	< .001
baseline (T1) ill-being	0.77	0.72, 0.82	0.03	< .001	0.66	0.60, 0.72	0.03	< .001
time	-0.21	-0.31, -0.11	0.05	< .001	-0.31	-0.43, -0.19	0.06	< .001
partner	0.40	-1.84, 2.64	1.14	.724	1.32	-1.26, 3.90	1.31	.314
time*partner	-0.15	-0.29, -0.01	0.07	.030	0.03	-0.12, 0.19	0.08	.661
Quadratic Change in Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	30.43	28.62, 32.24	0.92	< .001	28.80	26.52, 31.08	1.16	< .001
baseline (T1) ill-being	0.77	0.71, 0.82	0.03	< .001	0.67	0.61, 0.73	0.03	< .001
time	-0.20	-0.30, -0.10	0.05	< .001	-0.29	-0.41, -0.17	0.06	< .001
time^2	0.02	0.01, 0.03	0.01	.006	0.03	0.01, 0.04	0.01	.002
partner	0.05	-2.43, 2.52	1.26	.971	1.34	-1.53, 4.21	1.46	.358
time*partner	-0.15	-0.29, -0.01	0.07	.036	0.03	-0.12, 0.18	0.08	.734
time^2*partner	0.01	-0.01, 0.03	0.01	.320	0.00	-0.02, 0.02	0.01	.988
Average Ill-being After Pandemic Onset (T2 through T7, controlling for T1)								
	Sample A (N=490)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	31.66	30.04, 33.29	0.83	< .001	30.46	28.40, 32.51	1.05	< .001
baseline (T1) ill-being	0.77	0.71, 0.82	0.03	< .001	0.66	0.60, 0.72	0.03	< .001
partner	0.45	-1.79, 2.70	1.14	.690	1.29	-1.30, 3.88	1.32	.329

Table S5b. Multilevel Models predicting Mental Health for Parents Living with Children (vs. a Secondary Comparison Group), as Moderated by Gender.

Change in Well-being During Pandemic Onset (T1 to T2)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	-0.83	-2.08, 0.43	0.64	.197	0.50	-0.26, 1.25	0.39	.198
partner*time*gender	-0.44	-1.64, 0.77	0.61	.476	0.26	-0.52, 1.05	0.40	.508
Change in Well-being After Pandemic Onset (T2 to T7)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	0.27	-0.01, 0.54	0.14	.057	-0.13	-0.37, 0.11	0.12	.294
partner*time*gender	-0.07	-0.34, 0.20	0.14	.606	-0.14	-0.39, 0.11	0.13	.267
parent*time^2*gender	-0.03	-0.07, 0.01	0.02	.093	0.01	-0.03, 0.05	0.02	.542
partner*time^2*gender	-0.03	-0.06, 0.01	0.02	.147	0.02	-0.02, 0.06	0.02	.306
Average Well-being After Pandemic Onset (T2 to T7)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*gender	-2.96	-11.32, 5.41	4.26	.488	-5.06	-13.42, 3.30	4.25	.235
partner*gender	-3.69	-11.60, 4.22	4.03	.360	-11.41	-20.14, -2.67	4.44	.011
Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	1.65	0.06, 3.24	0.81	.042	-0.78	-1.93, 0.37	0.58	.182
partner*time*gender	0.51	-1.03, 2.06	0.79	.512	-0.57	-1.75, 0.62	0.60	.350
Change in Ill-being After Pandemic Onset (T2 to T7)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	-0.18	-0.48, 0.12	0.15	.240	0.03	-0.27, 0.32	0.15	.853
partner*time*gender	-0.03	-0.32, 0.26	0.15	.828	0.01	-0.29, 0.32	0.16	.925
parent*time^2*gender	0.02	-0.02, 0.06	0.02	.267	-0.02	-0.06, 0.02	0.02	.252
partner*time^2*gender	-0.00	-0.04, 0.03	0.02	.865	0.00	-0.04, 0.05	0.02	.844
Average Ill-being After Pandemic Onset (T2 to T7)								
	Sample A (N=486)				Sample B (N= 398)			

	b	95% CI	SE	<i>p</i>	b	95% CI	SE	<i>p</i>
parent*gender	-1.48	-8.93, 5.97	3.79	.697	3.09	-4.34, 10.52	3.78	.414
partner*gender	2.72	-4.46, 9.90	3.65	.457	8.15	0.49, 15.81	3.90	.037

Table S6b. Multilevel Models predicting Mental Health for Parents Living with Children (vs. a Secondary Comparison Group) including Gender Moderation and Baseline (T1) Control.

Change in Well-being After Pandemic Onset (T2 to T7, controlling for T1)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	0.26	-0.01, 0.54	0.14	.060	-0.12	-0.36, 0.12	0.12	.311
partner*time*gender	-0.05	-0.31, 0.22	0.13	.724	-0.15	-0.40, 0.10	0.13	.251
parent*time^2*gender	-0.03	-0.07, 0.01	0.02	.093	0.01	-0.03, 0.05	0.02	.542
partner*time^2*gender	-0.03	-0.06, 0.01	0.02	.147	0.02	-0.02, 0.06	0.02	.306
Average Well-being After Pandemic Onset (T2 to T7, controlling for T1)								
	Sample A (N=486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*gender	-0.04	-4.03, 3.93	2.03	.981	0.32	-3.76, 4.38	2.07	.880
partner*gender	-1.92	-5.74, 1.90	1.94	.323	-1.88	-6.16, 2.41	2.18	.390
Change in Ill-being After Pandemic Onset (T2 to T7, controlling for T1)								
	Sample A (N=486)				Sample B (N=398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*time*gender	-0.18	-0.48, 0.11	0.15	.218	0.02	-0.27, 0.32	0.15	.871
partner*time*gender	-0.04	-0.33, 0.24	0.15	.780	0.04	-0.27, 0.34	0.16	.822
parent*time^2*gender	0.02	-0.02, 0.06	0.02	.286	-0.02	-0.06, 0.02	0.02	.241
partner*time^2*gender	-0.00	-0.04, 0.03	0.02	.816	0.01	-0.04, 0.05	0.02	.765
Average Ill-being After Pandemic Onset (T2 to T7, controlling for T1)								
	Sample A (N= 486)				Sample B (N= 398)			
	b	95% CI	SE	p	b	95% CI	SE	p
parent*gender	1.51	-3.15, 6.17	2.37	.525	-0.36	-5.32, 4.59	2.52	.885
partner*gender	1.40	-3.06, 5.86	2.27	.538	-0.76	-4.39, 5.91	2.62	.771

Table S7b. Parent x Partner Interactions: Multilevel Models predicting Mental Health for Parents Living with both their Children and Partners.

<i>Change in Well-being During Pandemic Onset (T1 to T2)</i>				
Combined Sample A and B (N=894)				
	<i>b</i>	95% CI	SE	<i>p</i>
parent*partner*time	-0.22	-1.06, 0.62	0.43	.607
<i>Change in Well-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=896)				
	<i>b</i>	95% CI	SE	<i>p</i>
parent*partner*time	0.05	-0.18, 0.28	0.12	.649
parent*partner*time^2	-0.02	-0.05, 0.01	0.02	.164
<i>Average Well-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=896)				
	<i>b</i>	95% CI	SE	<i>p</i>
parent*partner	-5.58	-12.74, 1.58	3.65	.127
<i>Change in Ill-being During Pandemic Onset (T1 to T2)</i>				
Combined Sample A and B (N=894)				
	<i>b</i>	95% CI	SE	<i>p</i>
parent*partner*time	-0.68	-1.84, 0.49	0.59	.253
<i>Change in Ill-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=896)				
	<i>b</i>	95% CI	SE	<i>p</i>
parent*partner*time	0.01	-0.20, 0.21	0.10	.955
parent*partner*time^2	0.01	-0.03, 0.04	0.02	.631
<i>Average Ill-being After Pandemic Onset (T2 to T7)</i>				
Combined Sample A and B (N=896)				
	<i>b</i>	95% CI	SE	<i>p</i>
parent*partner*time	0.25	-6.39, 6.90	3.39	.940

Table S8b. Parent x Partner Interactions: Multilevel Models predicting Mental Health for Parents Living with both their Children and Partners with Baseline (T1) Control.

<i>Change in Well-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=888)				
	b	95% CI	SE	p
parent*partner*time	0.04	-0.19, 0.27	0.12	.724
parent*partner*time^2	-0.02	-0.06, 0.01	0.02	.125
<i>Average Well-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=888)				
	b	95% CI	SE	p
parent*partner	-0.57	-4.12, 2.97	1.81	.751
<i>Change in Ill-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=888)				
	b	95% CI	SE	p
parent*partner*time	-0.00	-0.20, 0.20	0.10	.992
parent*partner*time^2	0.01	-0.03, 0.04	0.02	.687
<i>Average Ill-being After Pandemic Onset (T2 to T7, controlling for T1)</i>				
Combined Sample A and B (N=888)				
	b	95% CI	SE	p
parent*partner*time	-2.96	-7.22, 1.29	2.17	.172

Table S9b. Unique Effects of Being a Parent living with Children (vs. a Secondary Comparison Group) and Being a Person Living with a Partner (vs. a Secondary Comparison Group) on Well-being.

Change in Well-being During Pandemic Onset (T1 to T2)								
	Sample A (N=496)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	46.57	43.75, 49.40	1.44	< .001	48.90	45.51, 52.29	1.72	< .001
time	-0.34	-0.78, 0.10	0.23	< .001	-0.30	-0.62, 0.02	0.16	.070
parent	9.99	5.49, 14.48	2.29	< .001	11.93	7.21, 16.65	2.40	< .001
partner	13.66	9.26, 18.05	2.24	.134	11.15	6.28, 16.03	2.48	< .001
time*parent	-0.38	-1.08, 0.32	0.36	.287	0.29	-0.16, 0.73	0.23	.209
time*partner	-0.46	-1.14, 0.23	0.35	.192	-0.14	-0.61, 0.32	0.24	.546
Linear Change in Well-being After Pandemic Onset (T2 to T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	45.13	42.29, 47.97	1.45	< .001	48.50	44.99, 52.01	1.79	< .001
time	-0.02	-0.11, 0.08	0.05	.759	0.07	-0.03, 0.18	0.05	.169
parent	11.01	6.50, 15.52	2.29	< .001	13.51	8.61, 18.41	2.49	< .001
partner	12.90	8.49, 17.31	2.24	< .001	9.43	4.36, 14.50	2.58	< .001
time*parent	0.11	-0.04, 0.26	0.08	.148	0.04	-0.11, 0.18	0.07	.633
time*partner	0.02	-0.13, 0.17	0.08	.779	-0.07	-0.22, 0.08	0.08	.368
Quadratic Change in Well-being After Pandemic Onset (T2 to T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	45.02	42.06, 47.98	1.51	< .001	48.20	44.50, 51.90	1.89	< .001
time	-0.02	-0.11, 0.08	0.05	.733	0.08	-0.02, 0.18	0.05	.133
time^2	0.00	-0.01, 0.01	0.01	.788	0.01	-0.01, 0.02	0.01	.472
parent	11.06	6.38, 15.75	2.38	< .001	14.20	9.05, 19.35	2.62	< .001
partner	13.01	8.43, 17.60	2.33	< .001	8.95	-0.11, 0.18	2.71	.001
time*parent	0.11	-0.04, 0.26	0.08	.143	0.03	-0.22, 0.08	0.07	.667
time*partner	0.02	-0.13, 0.17	0.07	.771	-0.07	-0.22, 0.08	0.08	.389
time^2*parent	-0.00	-0.02, 0.02	0.01	.907	-0.01	-0.04, 0.01	0.01	.215
time^2*partner	-0.00	-0.02, 0.02	0.01	.845	0.01	-0.01, 0.03	0.01	.371
Average Well-being After Pandemic Onset (T2 to T7)								

	Sample A (N=497)				Sample B (N= 399)			
	b	CI	SE	p	b	CI	SE	p
intercept	45.13	42.30, 47.95	1.44	< .001	48.46	44.99, 51.94	1.77	< .001
parent	10.87	6.38, 15.37	2.29	< .001	13.42	8.56, 18.28	2.47	< .001
partner	12.89	8.50, 17.28	2.24	< .001	9.55	4.53, 14.58	2.56	< .001

Table S10b. Unique Effects of Being a Parent living with Children (vs. a Secondary Comparison Group) and Being a Person Living with a Partner (vs. a Secondary Comparison Group) on Ill-being.

Change in Ill-being During Pandemic Onset (T1 to T2)								
	Sample A (N=496)				Sample B (N= 398)			
	b	CI	SE	p	b	CI	SE	p
intercept	35.65	33.08, 38.21	1.31	< .001	37.12	33.82, 40.42	1.68	< .001
time	0.88	0.32, 1.45	0.29	.002	0.36	-0.13, 0.85	0.25	.153
parent	-5.29	-9.37, -1.21	2.08	.011	-2.47	-7.07, 2.13	2.34	.292
partner	-2.07	-6.06, 1.92	2.03	.309	-4.20	-8.96, 0.56	2.42	.083
time*parent	1.28	0.39, 2.16	0.45	.005	0.31	-0.37, 0.99	0.35	.372
time*partner	0.53	-0.34, 1.40	0.44	.230	0.37	-0.34, 1.07	0.36	.307
Linear Change in Ill-being After Pandemic Onset (T2 to T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	34.79	32.13, 37.44	1.35	< .001	33.52	30.33, 36.70	1.62	< .001
time	-0.20	-0.31, -0.09	0.05	< .001	-0.30	-0.42, -0.17	0.07	< .001
parent	-5.90	-10.11, -1.68	2.15	.006	-2.76	-7.21, 1.68	2.26	.222
partner	-1.97	-6.09, 2.15	2.10	.349	-1.86	-6.46, 2.74	2.34	.428
time*parent	-0.19	-0.35, -0.02	0.08	.026	-0.08	-0.26, 0.10	0.09	.365
time*partner	-0.05	-0.21, 0.11	0.08	.569	0.07	-0.11, 0.26	0.09	.432
Quadratic Change in Ill-being After Pandemic Onset (T2 to T7)								
	Sample A (N=497)				Sample B (N= 399)			
	b	95% CI	SE	p	b	95% CI	SE	p
intercept	32.93	31.15, 36.70	1.42	< .001	32.32	29.01, 35.63	1.69	< .001
time	-0.19	-0.30, -0.08	0.05	< .001	-0.28	-0.40, -0.15	0.06	< .001
time^2	0.02	0.00, 0.03	0.01	.014	0.03	0.01, 0.04	0.01	.004
parent	-6.42	-10.81, -2.03	2.23	.004	-3.34	-7.93, 1.25	2.34	.154
partner	-2.03	-6.33, 2.26	2.19	.353	-1.56	-6.32, 3.20	2.42	.519
time*parent	-0.18	-0.34, -0.02	0.08	.030	-0.06	-0.23, 0.11	0.09	.470
time*partner	-0.04	-0.20, 0.12	0.08	.611	0.06	-0.12, 0.23	0.09	.545
time^2*parent	0.01	-0.01, 0.03	0.01	.289	0.02	-0.01, 0.04	0.01	.213
time^2*partner	0.00	-0.02, 0.02	0.01	.748	-0.01	-0.03, 0.02	0.01	.483
Average Ill-being After Pandemic Onset (T2 to T7)								

	Sample A (N=497)				Sample B (N= 399)			
	b	CI	SE	<i>p</i>	b	CI	SE	<i>p</i>
intercept	35.12	32.47, 37.77	1.35	< .001	33.89	30.70, 37.08	1.63	< .001
parent	-5.56	-9.77, -1.35	2.14	.010	-2.73	-7.18, 1.73	2.27	.230
partner	-2.05	-6.16, 2.07	2.10	.329	-1.91	-6.52, 2.69	2.34	.415