

The Relationship Between COVID-19 Social Distancing and Feelings of Anxiety and Depression in the United States

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Introduction: Efforts to control the spread of COVID-19 has included mandatory curfews, quarantine, and social distancing policies enacted by government officials across the United States. These changes can result in feelings of loneliness, fear, and isolation. Healthcare workers and individuals with a history of psychiatric illness are more likely to develop anxiety and PTSD during quarantine due to COVID-19 (Brooks, 2020). Research conducted during the Middle East Respiratory Syndrome (MERS) outbreak of 2015 found that people forced to quarantine experienced increased anxiety and feelings of anger, which subsequently decreased four to six months after the period of isolation ended (Jeong, 2016). Research conducted during the Severe Acute Respiratory Syndrome (SARS) outbreak of 2003, discovered an additional source of stress was the lack of clear guidelines provided by the government (Robertson, 2004). With rising COVID-19 cases in the United States and fluctuating restrictions for the public, evaluating the mental health effects of these policies is necessary to determine populations at risk for the most detrimental mental health effects, and what kind of mental health aid needs to be provided.

Objective: The objectives of this study are to understand the effect of social distancing due to COVID-19 on mental health and to determine feasible ways to provide mental health relief to people who are social distancing or in quarantine.

Methods: A pre-screening tool and a mental health questionnaire were developed using the Patient Health Questionnaire (PHQ-9) to screen for depression and the Generalized Anxiety Disorder Assessment (GAD-7) to screen for anxiety, which also included additional items regarding demographics, social distancing practices, state of residence, essential or healthcare worker status, current mental health status, and several other variables. These instruments were delivered to adults 18 years and older across the United States via social media, email, and through various participating organizations as an anonymous, cross-sectional questionnaire. Responses were analyzed using descriptive and inferential statistics in SPSS.

Results: Of 274 survey respondents, 92% (n=252) reported practicing social distancing for the past two weeks, and 57% (n=144) of those 252 participants completed the questionnaire. The average PHQ-9 score was 9.14, and the average GAD-7 score was 8.22, indicating mild feelings of depression and mild feelings of anxiety among the overall sample. Within the last 2 weeks of completing the survey, 70% (n=102) of participants were classified as having either mild, moderate, moderately severe, or severe depressive symptoms, 61% (n=88) were classified as having either mild, moderate, or severe anxiety symptoms, and 56% (n=54) screened positive for symptoms of both depression and anxiety. However, only 33% (n=48) of respondents reported a prior history of mental health disorders. Respondents who identified as essential workers were more likely to report difficulty sleeping and uncontrollable worrying than non-essential workers ($p < 0.05$). Women were more likely to have higher GAD-7 scores than men ($p < 0.05$). Respondents who were 18-24 years old were more likely to have higher PHQ-9 scores than respondents who were 45-54 years old ($p < 0.05$).