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Depression and Anxiety during The Pandemic in The General Population

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Abstract

Depression and anxiety, the two most prevalent mental illnesses, have spiked during the pandemic with high symptom emergence resulting from various risk factors coming into play like social isolation, fear and insecurity and unsuitable lifestyle changes. The paper quotes various experts on the causes of depression and anxiety and how have they specifically been effective during the COVID-19 pandemic phase. A survey is also conducted to test the hypothesis and the results confirm the higher prevalence rates of depression and anxiety in the pandemic period in contrast to the pre-pandemic periods. A maintenance of healthy diet, physical activity and social interaction along with factors like economic improvement and security with time are key factors in combating these illnesses.

Keywords: Depression, anxiety, mental health, COVID-19, Insomnia, Healthy diet.

Introduction

Depression and anxiety disorder are the two most common mental illnesses around the globe with prevalence rates of 7.1% and 18.1% respectively in the united states, for adults aged 18 or more. Depression is a mental illness in which the patient experiences depressed mood and loss of interest in daily activities consistently for over two weeks. Depression is also characterized by a wide range of problems such as insomnia, irritability, loss of appetite, and suicidal thoughts, depending on the individual and severity. Anxiety disorder is a mental illness in which the patient has excessive worrying, irrational fears and thoughts strong enough to interfere in daily activities. Additionally, the majority of suicidal cases are attributed to depression and anxiety disorder. For a reference scale, in the US, suicidal rate is 14.2 per 100,000. The possible risk factors for both mental illnesses are similar and include chronic stress, constant sources of fear, trauma, lack of physical exertion, domestic conflicts, other health problems, etc.. The recent COVID pandemic has caused widespread disturbance in the lives of people and disruption in daily routines. As such, the risk factors for depression and anxiety are likely to have been exacerbated by the pandemic. The main factors to consider are stress, fear, lack of physical exertion and insecurity of health and job. According to a research paper by Jie Zhang et al. “Health crises such as the COVID-19 pandemic lead to psychological changes, not only in the medical workers, but also in the citizens, and such psychological changes are instigated by fear or insecurity”[1]. These changes are likely to manifest themselves as mental disorders.

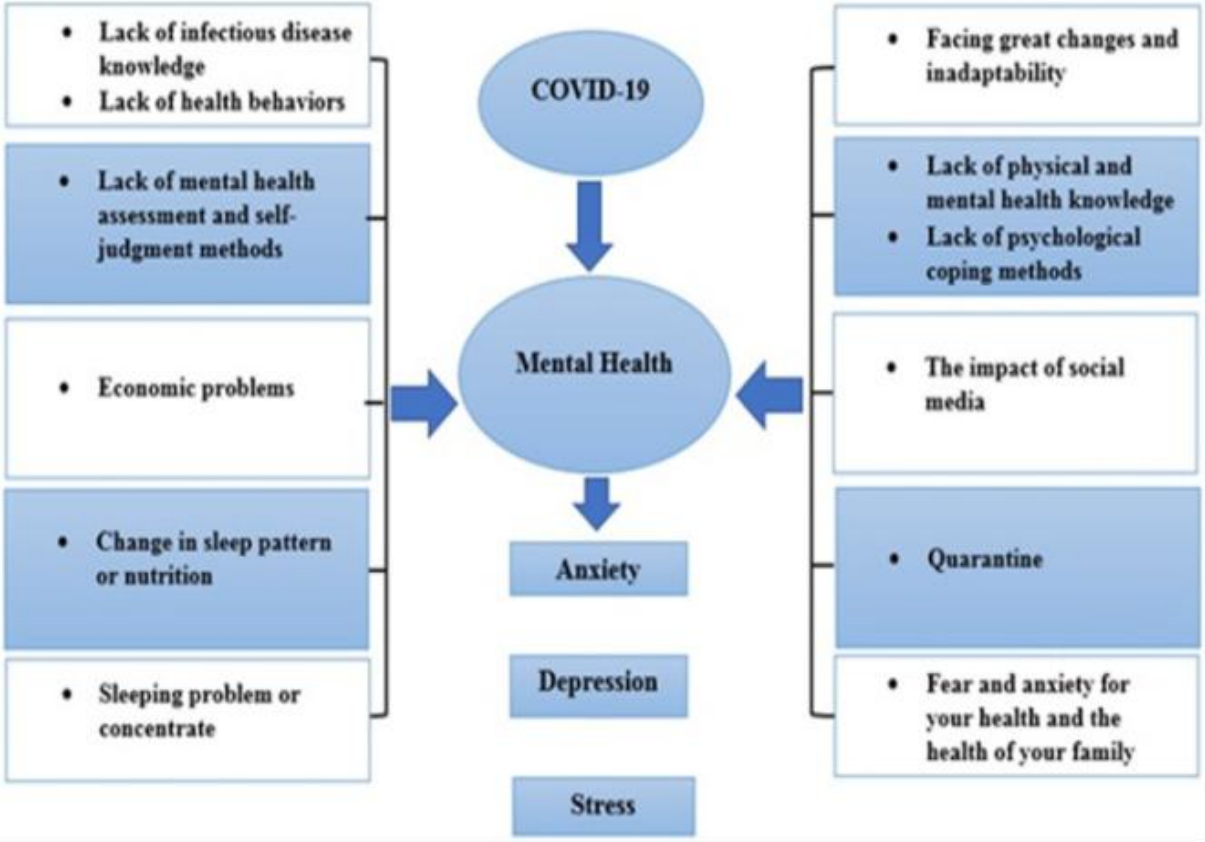
Aim of the study

The aim of the study is to analyse the pandemic’s effect on anxiety and depression issues in the general population, how the corresponding changes have affected the overall prevalence rates and the scope of the effects concluded within the study. The possible measures to contain these effects are also concluded briefly.

Review of literature

The pandemic has restricted the ability of social interaction of people owing to the lockdowns and distancing norms necessitated to battle the pandemic. However, this does not have positive implications for mental health. Stephen Ilardi, professor of clinical psychology at the University of Kansas, writes in an article for psychology today magazine online platform “Lack of community interaction has Increased vulnerability to mental illness. Social isolation is a huge risk factor for the onset of major depression, which has more than doubled in prevalence over the past

decade " [2]. The element of fear and insecurity has also been significant during the pandemic in terms of effect on mental health. According to a research paper by Winklar et al., "Research shows that people who follow COVID-19 news the most, experience more anxiety [3]."" Most of the news published on COVID-19 are distressing, and sometimes news are the pandemic [5]." And finally, the pandemic has caused physical health to deteriorate in general and associated with rumors, which is why anxiety levels rise when a person is constantly exposed to COVID-19 news. Misinformation and fabricated reports about COVID-19 can exacerbate depressive symptoms in the general population [4]." "Apart from fear, chronic stress, a key cause of all forms of depression and anxiety disorders, has been exacerbated during an overall increase in health conditions which is in itself a well proven cause of depression and anxiety.



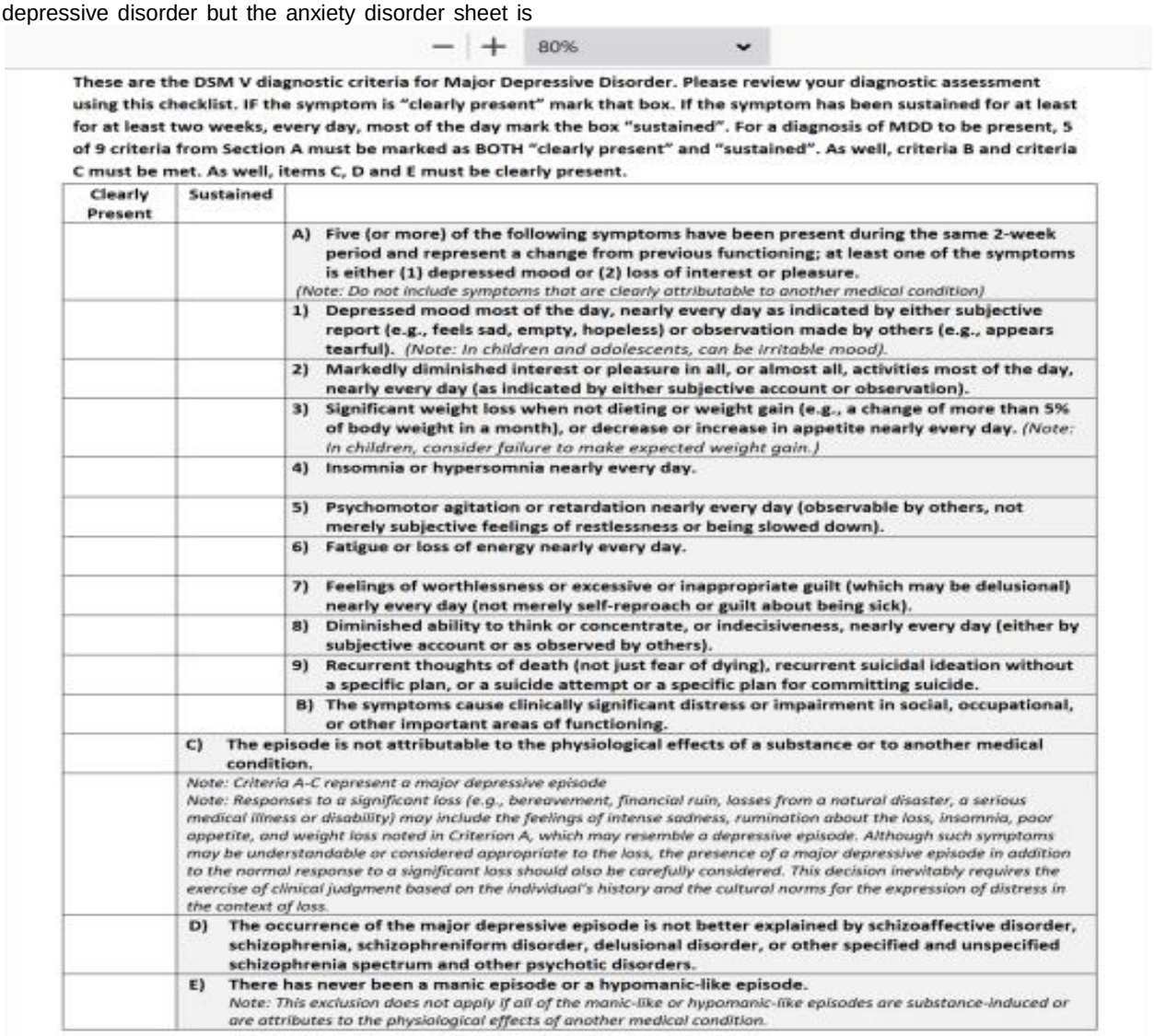
Thus, the pandemic has exacerbated the risk factors for depression and anxiety in general.

The Present Scenario

Almost 8 months since the pandemic started, the above mentioned risk factors continue to exist in more or less intensity. The fear of disease and anxiety of an unknown disease has decreased but economic insecurity continues to exist in same form and as time progresses, the risk factors associated are assuming a chronic nature which is very likely to cause a spike in depression/anxiety disorder cases down the road as clinical psychologist and professor of psychology at Columbia university, Andrew Solomon explains in an interview with health and wellness company, everyday health [6]. To assess characteristics of psychological distress across populations affected by the COVID-19 pandemic , I conducted a survey [7] on 15 participants of different places in rajasthan state of India, aged 20-75 with no other medical condition; 7 of them were from rural areas with farming as their main occupation and 8 were from urban/ semi-urban areas with studying and sitting jobs as an occupation. I included patients of all ages and also participants of urban and semi-urban and rural areas so that the diverse field would offset any factors associated with a particular group. For example, if I had included more participants of age 15-25 (student group), many of them were likely to be gamers or habitual of spending more time on screen and thus, they would already meet some criteria for unhealthy sleep patterns, lack of physical activity, etc..

Similarly, including more old people might have lead to inflated scores given they are likely to be affected by lack of physical activity, lack of social interaction, etc.. more [8] as pointed out in a research paper by Winkler et al. This also led me to be able to monitor effects of age and overall environment on mental health. The participants filled two DSM-V checksheets for depression and anxiety, respectively, for the survey. DSM-V or the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition is the official diagnostic checklist for major depressive disorder and anxiety by American Psychiatric Association [9]. The checksheet is a sheet of symptoms for major depressive disorder/ generalized anxiety disorder wherein the participant checks all the symptoms clearly present and sustained for 2 weeks in two parallel columns. More specific directions are mentioned in the image below but 5 out of 9 score is required for diagnosis (check on both sides as clearly

present and sustained). Image below is for major depressive disorder but the anxiety disorder sheet is also similar in layout.



These are the DSM V diagnostic criteria for Major Depressive Disorder. Please review your diagnostic assessment using this checklist. IF the symptom is "clearly present" mark that box. If the symptom has been sustained for at least for at least two weeks, every day, most of the day mark the box "sustained". For a diagnosis of MDD to be present, 5 of 9 criteria from Section A must be marked as BOTH "clearly present" and "sustained". As well, criteria B and criteria C must be met. As well, items C, D and E must be clearly present.

Clearly Present	Sustained	
		A) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. *(Note: Do not include symptoms that are clearly attributable to another medical condition)*
		1) Depressed mood most of the day, nearly every day as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). *(Note: In children and adolescents, can be irritable mood).*
		2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
		3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. *(Note: In children, consider failure to make expected weight gain.)*
		4) Insomnia or hypersomnia nearly every day.
		5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
		6) Fatigue or loss of energy nearly every day.
		7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
		8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
		9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
		B) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
	C)	The episode is not attributable to the physiological effects of a substance or to another medical condition.
	Note: Criteria A-C represent a major depressive episode *Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.*	
	D)	The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
	E)	There has never been a manic episode or a hypomanic-like episode. *Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributes to the physiological effects of another medical condition.*

Major Depressive Disorder checklist

The most crucial feature of this checksheet is that even if the participant is not diagnosable as depressed, the score obtained gives an indication of the mental condition and vulnerability for future development. A healthy individual should score 0 on this sheet. However, in my survey, an average score of 2 was obtained with 3 individuals scoring more than 5 (out of 9) on depression checksheet and 5 individuals scoring more than 5 on the anxiety checksheet (average of 3).

PARTICIPANT	AGE	SCORE-D	SCORE-A
Urban 1	20	0	2
Rural 1	21	1	2
Rural 2	23	2	5
Rural 3	23	6	8
Urban 2	25	0	0
Rural 4	33	1	2
Rural 5	36	3	2
Urban 3	44	3	6
Urban 4	45	5	7
Urban 5	49	1	0
Urban 6	50	0	2
Rural 6	51	0	0
Rural 7	57	1	2
Urban 7	64	2	2
Urban 8	75	5	5

[Surevy Results]

The results above show only 4 completely non-depressed people and 3 people with no anxiety symptoms. This clearly indicates prevalence of depression and anxiety among the general population after 8 months of the beginning of the pandemic. In fact, the results show psychological distress of some sort in most participants. As mentioned in a research by Naderi et al., "evidence suggests that individuals may experience symptoms of psychosis, anxiety, trauma, suicidal thoughts, and panic attacks. Recent studies have similarly shown that COVID-19 affects mental health outcomes such as anxiety, depression, and post-traumatic stress symptoms". Thus, the mental health scenario indicates a highly vulnerable population to depression/anxiety with an already high prevalence rate.

Prognosis

The situation might be close to that of a mental health crisis. UN health representative Galea calls that alarming statements by public health experts and the United Nations have expressed the concern that COVID-19 could contribute towards a major global mental health crisis [12]. According to the article of Nader et al., such conditions are even more significant for populations with poorer health conditions. In the under-developed and developing countries, the epidemic conditions of COVID-19 impose greater psychological effects on the population, given that these countries are also affected by many other infectious diseases. Uncertainty about health status, follow-up of patients, treatment care, and inefficiency in these communities can also increase the vulnerability of such communities to the psychological effects of COVID-19.

Given the scale and severity of the mental health distress caused by the pandemic, there need to be firm steps in an attempt to return health conditions back to pre-pandemic levels. The risk factors need to be controlled and adequate counter measures taken as mentioned in the article of Naderi et al., in this regard, mental health professionals recommend promoting healthy behaviors, avoiding exposure to negative news, and using alternative communication methods such as social networks and digital communication platforms to prevent social isolation.

Conclusion

According to WHO, Depression has become the leading cause of disability and impairment in the world today and also of suicides. The pandemic has exacerbated this problem and the absence of data in this regard makes it more difficult to identify and tackle. In their research paper, Nader et al. says, aging increases the risk of COVID-19 infection and mortality, however, the results of existing studies show that during the pandemic, the levels of anxiety, depression and stress are significantly higher in the age group of 21–40 years. Such high rates of prevalence in the peak working population makes the situation urgent to tackle and therefore, in the current crisis, it is vital to identify individuals prone to psychological disorders from different groups and at different layers of populations, so that with appropriate psychological strategies, techniques and interventions, the general population mental health is preserved and improved. On-going research assessing the prevalence, severity and progress in addressing mental health of populations will be necessary to track developments and inform priorities in mitigating the effects of COVID-19-related mental health consequences.

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