

[COVID Information Commons \(CIC\) Research Lightning Talk](#)

[Transcript of a Presentation by Natalie Shook \(University of Connecticut\), June 2022](#)



[Natalie Shook CIC Database Profile](#)

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Transcript Editor: Lauren Close

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Transcript

Natalie Shook:

Slide 1

All right, thank you so much. So I want to share some of the work that I've been doing in my lab, specifically looking at psychological well-being. So it nicely segues from the previous speakers.

Slide 2

So we have lots of reports that through the pandemic individuals have been impacted as far as their mental health. As far as self-reports about greater distress during the pandemic to higher prevalence rates of depression and anxiety. And some of the work that I've done where we've actually been able to, you know, assess people and compare their depression and anxiety and stress levels to their pre-pandemic levels. And we've seen significant increases. But people have experienced the pandemic and been affected by it differently and so what we've been focusing on is really to think about how groups may differ as far as the consequence, the psychological consequences.

Slide 3

And one distinction we've been focusing on is to think about different age groups. And so what got us sort of started on this is thinking about older adults who are at higher risk for severe illness, hospitalization, higher mortality rates. And so with that then does this place them as far as with this disease risk at maybe a worse position as far as thinking about the impact the pandemic is having on their psychological well-being? So we could see greater levels of depression and anxiety in our older population. Alternatively that might not be the case. So what we know prior to the pandemic - with age we generally have better psychological well-being, on average. And there's a phenomenon - the well-being paradox - in which, you know, although there are many negative things that come with aging

as far as thinking about health declines, loss of loved ones, we see this better emotional and psychological well-being. So alternatively, with the pandemic we may not see, like I said, as much of an impact or as great of an impact in our older population.

#### Slide 4

So we took the project that we were doing funded through NSF to really try and tease this apart and look at potential age differences. So we recruited a national sample of U.S. adults through Qualtrics and we had a relatively equal number of different age groups. So we have our younger middle aged and older adults. And we surveyed them across time, but I'm going to focus in on sort of our initial surveys early in the pandemic where we were seeing higher levels of depression and anxiety. And so as part of our survey we had the patient health questionnaire for depression and generalized anxiety disorder. Seven was our anxiety measure.

#### Slide 5

And on average, like others, we did find higher levels of depression and anxiety - significantly higher than pre-pandemic levels. But there were differences across the age span. So our older adults were reporting less depression and anxiety than our younger adults.

#### Slide 6-7

And so to give you a visual of, kind of, the breakdown of this - what I have here on the x-axis we have our degree or severity of depression and anxiety symptoms. Our white dotted bars are our younger adults. Our striped bars are middle aged adults. And our gray bars are our older adults. And the bars are simply the proportion in each age group that fell into these different severity categories. So what you'll see for our older adults, about 70% were reporting minimal to no symptoms of depression or anxiety as compared to our younger adults who are just under 40% - I think I might have said that wrong, sorry! Just under 40% in our younger adults. So we see this big difference as far as thinking about the breakdown and it really is our younger and middle-aged adults who are driving in those higher rates of depression and anxiety that we were seeing in our sample.

#### Slide 8

So to add to this then, you know, what stood out within our sample - older adults were more concerned about COVID, so they were more worried about COVID, but we weren't seeing higher levels of depression and anxiety. Particularly this stood out to us when we look at the association between COVID concerns and mental health. Those who thought they were more likely to contract COVID were reporting greater anxiety. But like I said, we weren't seeing that come out when we broke it down by age

#### Slide 9

So when we looked at that moderation, and so here on the y-axis we have anxiety, x-axis we have perceived likelihood of contracting COVID. For our younger participants, with the dotted line, we have that positive association. The greater the likelihood that I'm going to contract COVID the more anxious I am. But for our older participants, that solid line, we saw no significant association. So despite this heightened concern that wasn't then - I said sort of translating - to greater anxiety. And some of this we think is probably due to thinking about that well-being paradox. As we get older we're better able to regulate our emotions, we have better coping strategies, we've been through more stressors, and so we maybe have some greater resilience with age. And so we're not seeing those negative or as great of an impact as far as psychological well-being.

#### Slide 10

To expand on this, then, we started to also think about the different pandemic related stressors and what are the factors that are contributing to declines in depression or exceeding increases in depression and anxiety. And so beyond our concern about COVID, disease threat, there is social isolation with self-quarantining, working and schooling from home, less social contact - that generally has negative consequences for our mental health. A lot of financial, economic concerns, job, food insecurity, disruption to daily life, we weren't able to do and many of us are still not doing the things we normally would do on a day-to-day basis. All of these things affect our psychological well-being so what we wanted to do is really think about these simultaneously to tease apart what are the stressors that really seem to be driving anxiety and depression.

#### Slide 11

So with the sample that we had previously surveyed, we actually looked at a sub sample specifically looking at participants who had indicated some level of employment. So we kind of took out our retirees and students basically, so that we could look at job insecurity. And we surveyed these individuals in early to mid-April, so again, still early in the pandemic where we were seeing particularly heightened depression and anxiety levels.

#### Slide 12

We had our same measures of depression and anxiety, and then like I said, we assessed a variety of different pandemic stressors from simple concern and worry about COVID, job insecurity, financial concerns, social distancing, self-quarantine, main disruption to daily life, and then we also asked about how much they were following news coverage of COVID.

#### Slide 13

Now, at a bivariate level, if we just look at each of those stressors in relation to depression and anxiety, and I'm going to zero in your attention to this this section of the table. So in columns one and two here we've got our anxiety and depression levels. All of our predictors - all of our stressors except for social distancing were significantly associated with worse mental health, right? So the more concerned you were about finances, your job, the more concerned you were about COVID, the more you were following news coverage and self-quarantining, the greater your depression and anxiety. What I will highlight, and similar to what Valerie was saying, a few of these are particularly, you know, thinking about the effects are much stronger. So financial concern, job insecurity, perceived likelihood of contracting COVID, were sort of more the stronger effects. Now beyond the bivariate association, because we're not just experiencing one of these stressors, we have a lot of these going on all at once.

#### Slide 14

We wanted to know if we consider these simultaneously, which are the stressors that really stand out as being related to anxiety and depression? So we ran some regression models and we also we controlled for a number of different demographics and participant health status. And what we saw when we took all of the predict - all of the stressors into account at once with regard to anxiety - the stressors that that were significant and stood out [were]: that perceived likelihood of infection, if you were watching more news about COVID, and financial concerns were the strongest predictors for depression. So we have this kind of odd negative association with the extent to which we're following news. That may be a suppression effect or it may be some indication of behavioral activation if people were - if you're less depressed and more engaged, maybe you were engaging with this material more. But we did see that job insecurity. The more worried you were about your job, the higher your depression levels.

#### Slide 15

So with this, as others have pointed out, we are seeing significant impact on psychological health stemming from and during the pandemic. Groups are experiencing this differently within our sample. We saw that our older participants were faring better, not to say that they were unaffected by any means but compared to younger adults we weren't seeing the levels of anxiety and depression. And those pandemic stressors - there are a variety of them, but certain ones stood out as being particularly concerning: financial concerns, job insecurity, that perceived likelihood of infection. So moving forward, and what we're kind of focusing on now, is taking this information and looking at the time course of psychological well-being across the pandemic and how that maps onto changes in those stressors and to what extent those patterns differ across groups. Looking at age, but we're also doing quite a bit looking at racial and ethnic groups that have been affected very differently. And the importance of doing that looking at this group by stress or interaction as far as developing interventions, targeted interventions, to really speak to what are the the most prevalent and salient stressors and how can we provide support to reduce that and improve psychological well-being.

#### Slide 16-17

So thank you to NSF and thank you to my graduate students for all of their help. Thank you and I'm happy to answer any questions.