

Study: Negative mental health effects of pandemic lockdowns spike, then fade

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Social distancing policies correlated with immediate increases in interest in information about “isolation” and “worry” – but those effects tapered off two to four weeks after their respective peaks, says new research co-written by Dolores Albarracín, a professor of psychology and of business administration at Illinois, and Bitay Fayaz Farkhad (pictured), an economist and a postdoctoral researcher in psychology at Illinois. Credit: L. Brian Stauffer

Absent a widely available vaccine, mitigation measures such as stay-at-home mandates, lockdowns or shelter-in-place orders have been the major public health policies deployed by state governments to curb the spread of COVID-19.

But given the uncertain duration of such policies, questions have been raised about the potential negative mental [health](#) consequences of extended lockdowns with indefinite end dates. But according to new research co-written by a team of University of Illinois Urbana-Champaign experts who study the intersection of health care and [public policy](#), the negative mental health effects of such lockdowns are temporary and gradually decrease over time as people adjust to their "new normal."

Research co-written by Dolores Albarracín, a professor of psychology and of business administration at Illinois, and Bitá Fayaz Farkhad, an economist and a postdoctoral researcher in psychology at Illinois, found that social distancing policies correlated with immediate increases in interest in obtaining information about "isolation" and "worry"—but those effects tapered off two to four weeks after their respective peaks.

"Previous studies of the psychological impact of lockdowns during other disease outbreaks have indicated that quarantines are associated with increased mental health symptoms," Farkhad said. "We wanted to study how serious the mental health impact of the mitigation phase was during the initial COVID-19 outbreak last spring. Did it go beyond people feeling anxious or disheartened? Was it long lasting, and did it increase suicide ideation and the need for medical treatment for depression?"

"These questions are, quite obviously, important from a mental and public health perspective."

Albarracín and Farkhad measured mental health trends from January

2020 through the end of June by analyzing daily, state-located [search](#) data via Google Trends, which afforded the researchers a large-scale search overview and the ability to parse information about searches for a given period in a search locale. The researchers first used a set of terms related to mitigation policies, and then obtained data on searches about mental health. The search data set also included terms for in-home activities.

The researchers found that the negative effects of stay-at-home orders weren't as dire as initially thought.

"At the outset of the pandemic, consistent with prior research, social distancing policies correlated with a spike in searches about how to deal with isolation and worry, which shouldn't be surprising," said Albarracín, also the director of the Social Action Lab at Illinois. "Generally speaking, if you have a pandemic or an economic shock, that's going to produce its own level of anxiety, depression and negative feelings, and we had both with COVID-19."

But the effects on searches for isolation and worry due to the mitigation policies were temporary and decreased gradually after peaking, the researchers said.

"Our findings showed that even though the mitigation measures increased negative feelings of isolation or worry, the effects were mostly transient," Farkhad said. "A potential explanation of this finding is that even though social isolation increased risk factors for mental health, the stay-at-home order also increased within-home hours that might promote new routines and greater social support within the family. Searches for activities such as 'exercise,' 'Netflix' and 'cooking' were positively associated with the stay-at-home [policy](#), suggesting that individuals enjoyed spending more time at home."

Moreover, the policies correlated with a reduction in searches for "antidepressants" and "suicide," thus revealing no evidence of increases in severe symptomatology, according to the paper.

"It is possible that people who were able to work from home liked working from home, liked being able to set their own schedule and liked being able to exercise more, all of which has positive mental and physical health benefits," Farkhad said. "Although they might not be able to go out to a restaurant or bar, they have a little bit more control over other aspects of their life, which enhances well-being."

"That suggests that people adjusted to their new situation and that the negative mental health effects dissipated."

The public health policy implications are that if states need to go through an extended lockdown period again with COVID-19, health professionals ought to pay extra attention to people with acute cases of depression and anxiety, and target them for extra help via telemedicine, Farkhad said.

"However, the psychological distress following the lockdown orders is likely to be low compared with the overall health benefits of mitigating the COVID-19 pandemic," she said. "Implementing interventions aimed at increasing social connection and social support might be an important mechanism for addressing the potential negative psychological consequences if sheltering-in-place becomes necessary once again to tame the COVID-19 pandemic."

The paper was published in the journal *Economics and Human Biology*.

More information: Bita Fayaz Farkhad et al. Insights on the implications of COVID-19 mitigation measures for mental health, *Economics & Human Biology* (2020). [DOI: 10.1016/j.ehb.2020.100963](https://doi.org/10.1016/j.ehb.2020.100963)

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