

Coronavirus and Mental Health

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The New York Times

Today, morning clouds giving way to sunshine by the afternoon, high 65. **Tonight**, cloudy, low 54. **Tomorrow**, clouds giving way to sunshine, high 70. Weather map is on Page 23.

NEW YORK, SUNDAY, MAY 24, 2020

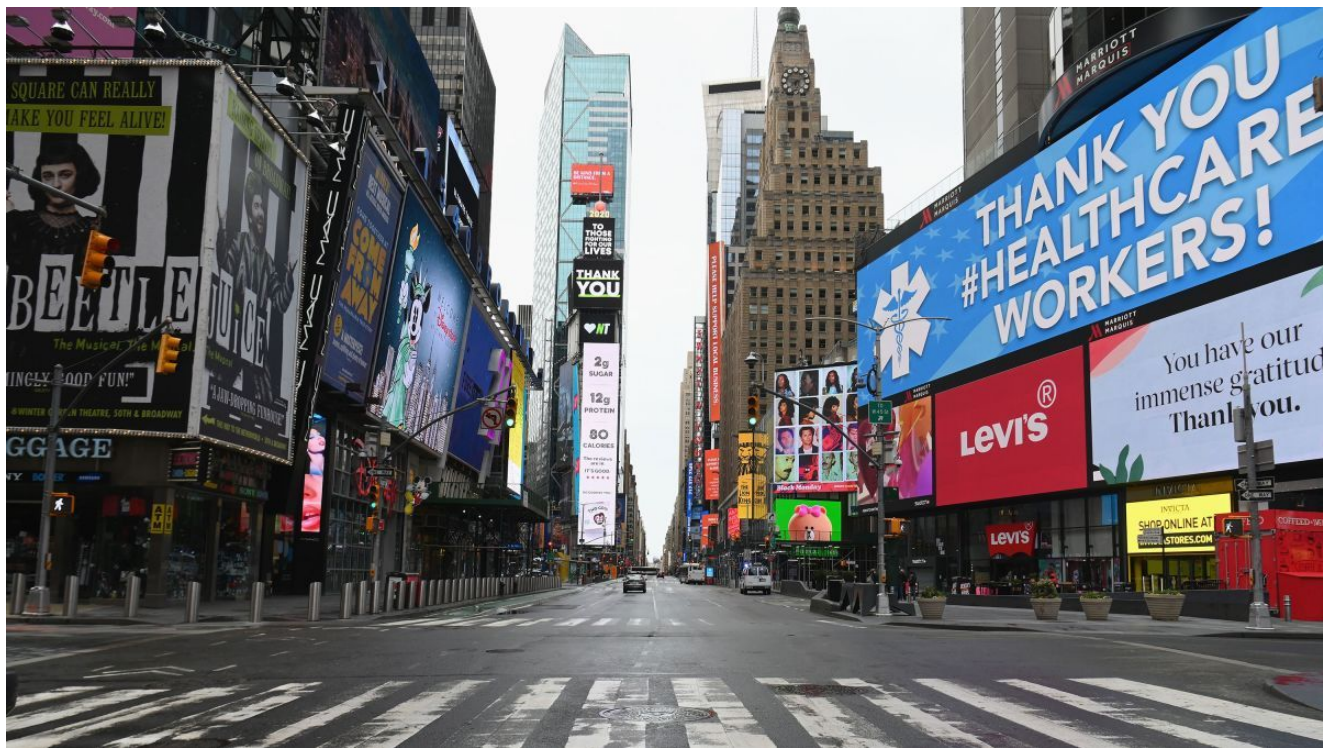
U.S. DEATHS NEAR 100,000. AN INCALCULABLE LOSS

Numbers alone cannot possibly measure the impact of the coronavirus on America, whether it's the number of patients treated, jobs interrupted or lives cut short. As the country nears a grim milestone of 100,000 deaths attributable to the virus, *The New York Times* scoured obituaries and death notices of the victims. The 1,000 people here reflect just 1 percent of the toll. None were mere numbers.

Patricia Dowd, 57, San Jose, Calif., author of *My Sister Sam* • **Mario Krueger**, 85, Kirkland, Wash., great-grandmother with an easy laugh • **Jermaine Ferro**, 77, Lee County, Fla., wife with little time to enjoy a new marriage • **Cornelius Lawyer**, 84, Bellevue, Wash., shareholder's son • **Lucretia Mendoza Dionisia**, 68, Los Angeles, cancer survivor born in the Philippines • **Patricia Frismon**, 61, Chicago, former nurse • **Luis Juarez**, 60,

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*How does the post-COVID environment
affect mental health in the United States?*

Step-Down Research Questions

1. Is there a difference between depression and anxiety levels pre vs. post-COVID in the US?
2. Is there a relationship between the level of new COVID cases per US state and depression and anxiety levels?
3. Does the level of COVID-related restrictions in US states have a relationship with depression and anxiety levels?

Methodology

Google Trends



The New York Times



Variables

1. “Depression” search popularity (0 - 100).
2. “Anxiety” search popularity (0 - 100).
3. New COVID-19 cases per 100,000 residents (low, medium, high).
4. Restriction level (low, medium, high).

Hypothesis testing

1. *Comparing “depression” and “anxiety” searches between April 2018 (pre-COVID-19) and April 2020 (post-COVID-19)*
Wilcoxon signed-rank test
2. *Association between new COVID-19 cases per 100,000 residents and “depression” or “anxiety” searches in April 2020:*
Kruskal-Wallis test.
Rank sum step-down tests
3. *Association between Restriction Severity and “depression” searches in April 2020:*
Kruskal-Wallis ANOVA tests.
Rank sum step-down tests.

Results

“Depression” searches in April 2018 vs. April 2020.

Null: there is no difference in the median amount of “depression” searches in the US between April 2020 and April 2018.

Alternative: there is a significant difference...

P-value: 1
 $\alpha = 0.05$

Fail to reject null.

“Anxiety” searches in April 2020 vs. April 2018.

Null: there is no difference in median “anxiety” searches in the US between April 2020 and April 2018.

Alternative: there is a significant difference...

P-value:
0.4227

$\alpha = 0.05$

Fail to reject null.

Association between “depression” searches and new COVID-19 cases per 100,000 residents in April 2020.

Null: there is no significant difference between the median “depression” searches of states with low COVID cases, medium COVID cases, and high COVID cases.

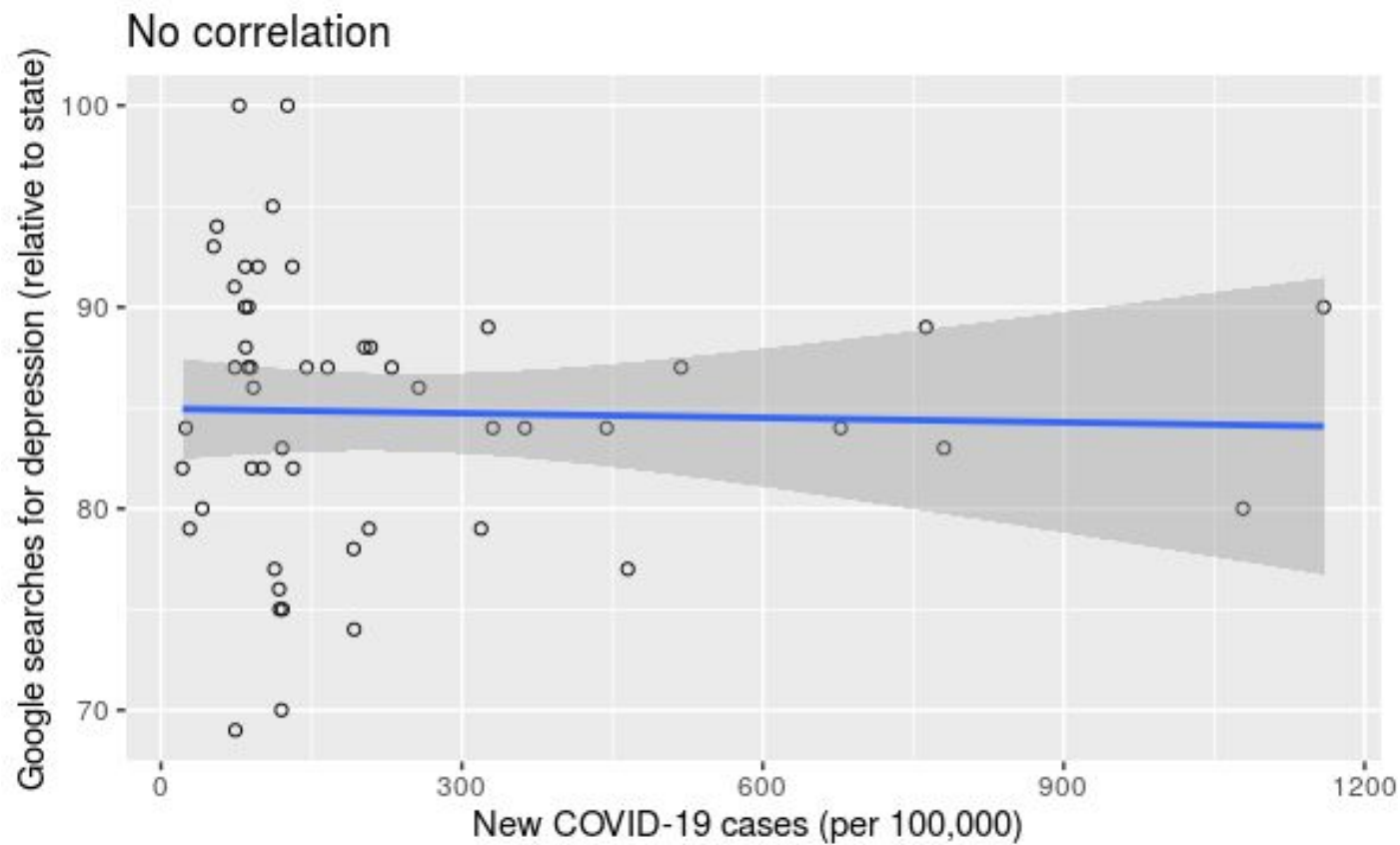
Alternative: there exists at least one difference in the group medians.

Chi-square
value: 1.33

P-value:
0.1814

$\alpha = 0.05$

Fail to reject
null.



Association between “anxiety” searches and new COVID-19 cases per 100,000 residents in April 2020.

Null: there is no significant difference between the median “anxiety” searches of states with low COVID cases, medium COVID cases, and high COVID cases.

Alternative: there exists at least one difference in the group medians.

Chi-square
value: 7.4355

P-value:
0.02429

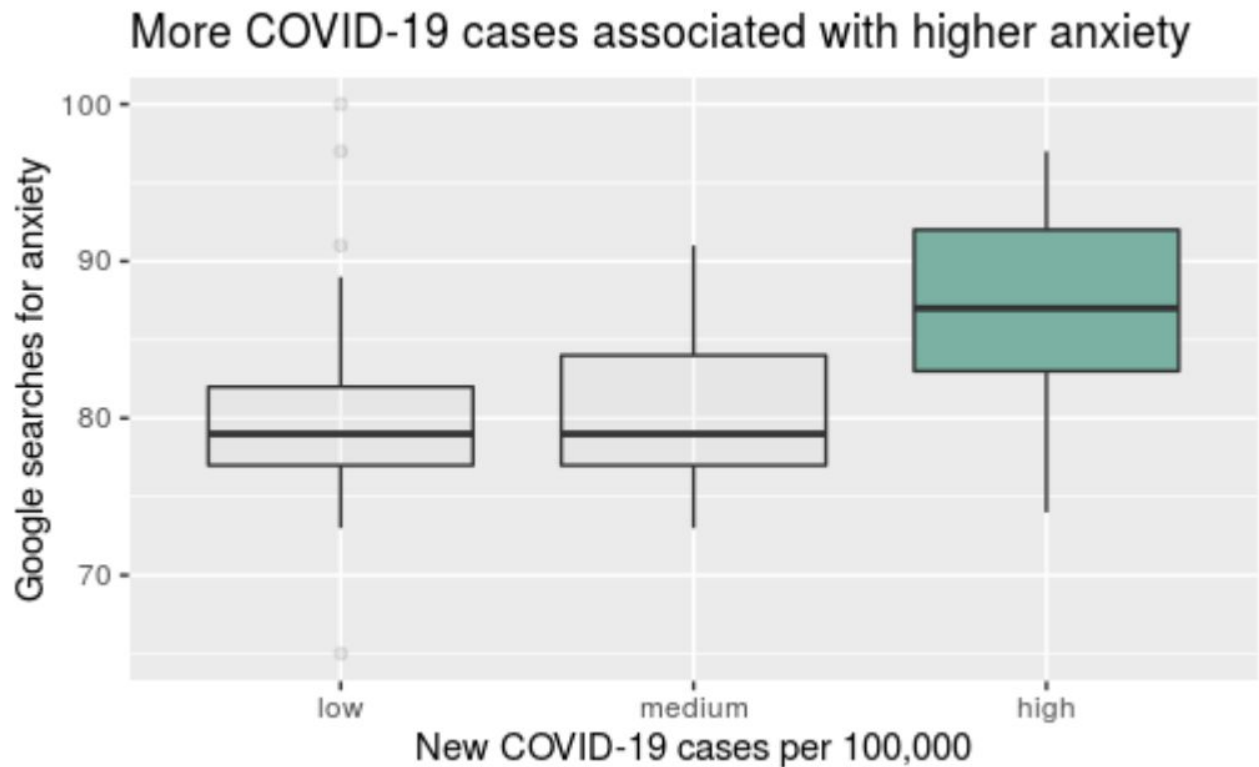
$\alpha = 0.05$

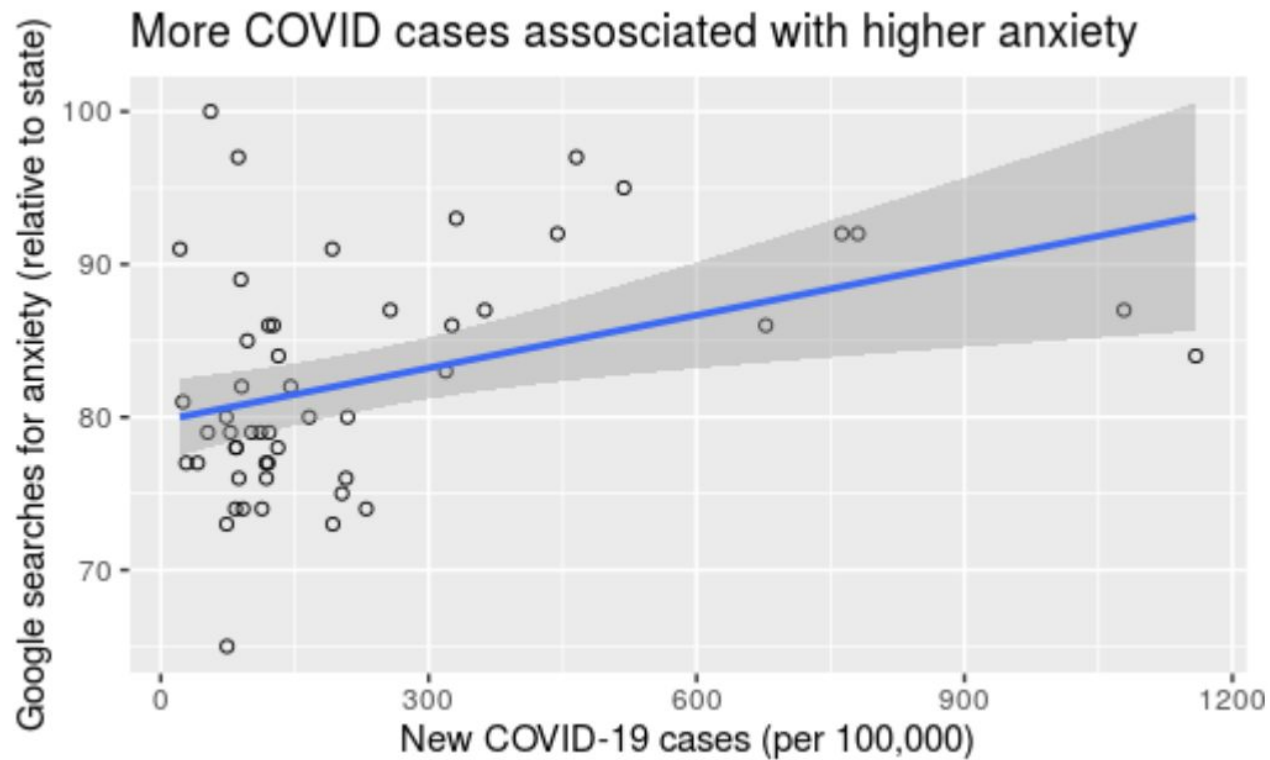
Adjusted $\alpha =$
0.0167

Have
sufficient
evidence to
reject null and
conclude
alternative.

Step-down tests (new COVID-19 cases vs. “anxiety”)

1. Low vs. medium COVID-19 cases
 - a. P-value: 0.9862
 - b. Fail to reject null.
2. Low vs. high COVID-19 cases
 - a. P-value: 0.0534
 - b. Fail to reject null.
3. Medium vs. high COVID-19 cases
 - a. P-value: 0.0067
 - b. Have sufficient evidence to reject null.





Association between “depression” searches and restriction severity in April 2020.

Null: is that there is no significant difference between the median “depression” searches of states with low, medium, and high restriction levels.

Alternative: there is a significant difference...

Chi square
value: 1.723

P-value:
0.4225

$\alpha = 0.05$

Fail to reject
null.

Step-down tests (restriction severity vs. “anxiety”)

1. Low vs. medium restriction severity
 - a. p-value: 0.8356
 - b. Fail to reject null.
2. Low vs. high restriction severity
 - a. p-value: 0.0021
 - b. Sufficient evidence to reject null.
3. Medium vs. high restriction severity
 - a. p-value: 0.0023
 - b. Sufficient evidence to reject null.

Association between “anxiety” searches and restriction severity in April 2020.

Null: is that there is no significant difference between the median “anxiety” searches of states with low, medium, and high restriction levels.

Alternative: there exists at least one difference in the group medians.

Chi-square
value: 12.719

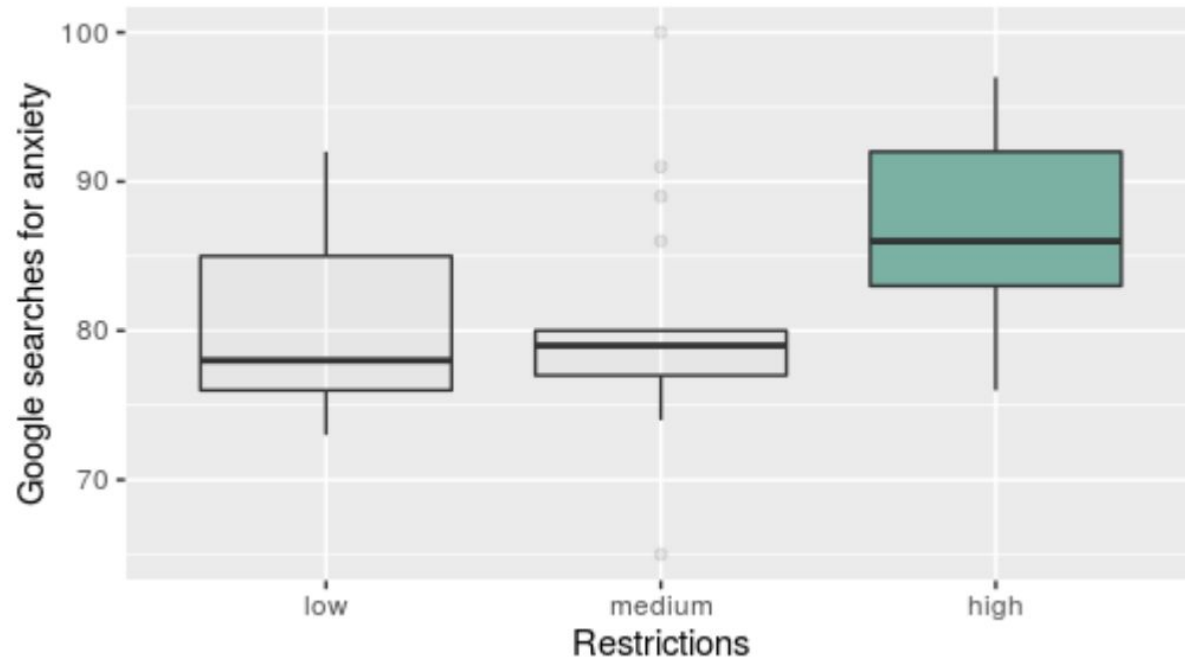
P-value:
0.00173

$\alpha = 0.05$

Adjusted $\alpha =$
0.0167

Have
sufficient
evidence to
reject null and
conclude
alternative

Higher restrictions associated with higher anxiety



Discussion

Step-Down Research Questions

1. Is there a difference in depression and anxiety levels pre vs. post-COVID in the US?

Findings: No significant difference.

2. Is there a relationship between the level of new COVID cases per US state and depression and anxiety levels?

Findings: Significant relationship between medium and high new COVID cases with anxiety searches. Not significant otherwise.

3. Does the level of COVID-related restrictions in US states have a relationship with depression and anxiety levels?

Findings: Significant relationship between low and high new COVID cases and medium and high new COVID cases with anxiety Google searches. Not significant otherwise.



Sources of Error and Potential Solutions

Sources of Error:

1. Assuming Google Search Trends as a reflection of reality.
2. Failure to satisfy hypothesis test assumptions.
3. Using a uniformed timeline when states are at different stages of dealing with the pandemic.

Potential Solutions:

1. Considering alternative methods of collecting data on anxiety/depression trends.
2. Using data showing depression/anxiety Google searches per day instead of per week.
3. Increasing the time span of measurement to multiple months .
4. Considering statistical tests that require less assumptions.