The Silent Pandemic: Depression in the Wake of Covid-19

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It all began in late 2019 when the first cases of Covid-19 were reported. By early 2020, the virus had made international headlines and was rapidly spreading across the globe. At first, many believed it would pass quickly just another outbreak the media would cover briefly before things returned to normal. News outlets showed overcrowded hospitals in China, cruise ships stranded at sea, and empty grocery store shelves. Still, few could have imagined how much this virus would disrupt everyday life. When lockdowns began, it felt as though the world had hit a pause. Schools closed suddenly, sending students home with no clear plan in place. Children had to adjust to virtual learning. Parents became teachers overnight while managing jobs and home responsibilities. Businesses shut down. Millions lost jobs or faced reduced hours. Others were forced to work from home in shared, stressful environments. People were told to stay inside and avoid contact with anyone outside their household. Even basic errands like grocery shopping became stressful. A heavy sense of fear and isolation settled in. That’s when depression began to surface quietly but steadily People were facing real feelings of grief, anxiety, and exhaustion. Families struggled financially. Relationships were tested. Many lost loved ones without a chance to say goodbye. Adults tried to hold it together while silently breaking down. In this paper I explore the global association between Covid-19 and depression by examining multiple studies from different countries. Through data analysis and a review of key literature, it highlights how the pandemic’s social disruption, financial instability, and emotional strain significantly contributed to rising mental health challenges worldwide.

Understanding the true impact of the Covid-19 pandemic on mental health is more important now than ever. Even though personal stories and news reports made it clear that depression became a lot more common, we still need strong research and real data to back up what people experienced. Without reliable studies, it’s easy to overlook just how deep the emotional damage from the pandemic really goes. Some research shows that not only did depression and anxiety rates rise, but other issues like PTSD and substance abuse also went up. Vulnerable groups, like frontline workers, people who lost loved ones, and those already struggling with mental health, were hit especially hard. As I reviewed the research, it became clear that careful studies are important to show how social disruption, financial instability, and emotional stress all work together to affect mental health across different communities. One way to get a better picture would be through a well-designed experiment, like a longitudinal cohort study. Researchers could track two groups over time — one surveyed before the pandemic and one during and after using depression screenings like the PHQ-9 or DASS-21 at different points. Following the same people over time would show whether depression symptoms got worse directly because of the pandemic’s challenges. Plus, researchers could account for things like age, gender, job type, where people live, and income level (Ettman et al., 2020; Xiong et al., 2020).

Another way to make the study even stronger would be to look at biomarkers of stress, like cortisol levels, along with the psychological tests. Adding that kind of physical data would help back up the self-reported symptoms and make the findings even more solid. When designing a study like this, it is not enough to simply choose a method and start collecting data. There are important factors researchers have to think about to make sure the results are reliable and meaningful. One of the most important considerations is choosing the right sample size. Sample size matters because it has a direct impact on how much we can trust a study’s results. If the sample is too small, the data might show extreme results that are not actually true for most people. Small studies can exaggerate effects or completely miss important patterns. A bigger sample gives a clearer and more honest picture of what is really happening. When it comes to studying depression during the pandemic, it is important to have enough people from all different backgrounds. Healthcare workers, parents, unemployed workers, college students, and other groups were all affected in different ways. If researchers only look at one group or have too few people in the study, it would be easy to miss important differences in how mental health was impacted. A large and diverse sample helps make sure the findings apply to a wide range of people, not just a small section of the population. It also helps show how things like social disruption, financial instability, and emotional stress played out differently depending on someone’s job, family situation, or income level (Pourhoseingholi et al., 2013). The bigger and more diverse the sample is, the stronger and more meaningful the study’s conclusions will be.

Even with a strong study design and a large, diverse group of participants, researchers still face a lot of challenges when trying to draw clear conclusions. One of the biggest challenges is figuring out whether the pandemic itself directly caused the rise in depression or if other things played a part. Telling the difference between correlation and causation is really important when it comes to studying mental health. It is obvious that depression rates went up during the pandemic, but proving that Covid-19 alone caused it is a lot harder. A lot of people lost their jobs, missed major life events like graduations and weddings, or had to grieve the loss of family members and friends. All of these things on their own could lead to depression, even without getting sick from the virus. These outside factors are called confounders, and they make it hard to draw a straight line from Covid-19 itself to the increase in mental health problems (Sperrin et al., 2020). Even if the rise in depression happened at the same time as the pandemic, it is tough to sort out exactly what caused it because so many emotional and financial stresses were happening all at once.

While designing the right study and collecting strong data is important, it is just as important to recognize the challenges and gaps in the research we already have. No study is perfect. Many of the early studies on Covid-19 and depression had real limitations that we have to pay attention to. Before we can fully trust the data or the results, we need to take a closer look at where these studies may have fallen short. One major problem is that many studies used online surveys. This automatically left out people who did not have reliable internet access. A lot of these people were older adults, low-income families, or people living in rural areas. Leaving them out matters because financial instability was one of the biggest stressors during the pandemic. Many families lost their jobs and struggled to afford basic needs like rent, groceries, medical care, and childcare. These financial hardships had a direct impact on mental health. People who were dealing with serious money problems often experienced high levels of stress, anxiety, and depression. Some even felt hopeless about their future. When these groups are missing from research, it gives an incomplete and less accurate view of how deep the mental health crisis really was.

Another big limitation is that most studies were cross-sectional. They only measured depression at one point in time instead of tracking how people’s mental health changed over months of lockdowns and uncertainty. This is a problem because depression and anxiety often build up slowly over time, especially when people are dealing with ongoing financial and emotional stress (Vindegaard & Benros, 2020). Many studies also relied on self-reported surveys. This is risky because people might underreport their symptoms out of shame or not fully understand the questions. Some might even overreport depending on how they felt that day. Another issue is that different studies used different tools to measure depression. This makes it harder to compare results from different countries or communities. All of these gaps show that while the research gives us important information, it does not tell the full story.

A graph of depression

AI-generated content may be incorrect.A graph of a number of blue bars

AI-generated content may be incorrect.Despite these limitations, the data assessed in this study reflected many of the broader mental health trends found in global research. One pattern that stood out was how location impacted depression levels. In Figure 1, the perceived depression prevalence by location in Vietnam showed that people living in urban areas reported much higher rates of mild depression compared to those in rural areas. Nearly 80% of urban residents reported mild depression symptoms, compared to about 65% in rural populations. This shows how social disruption in crowded cities, where lockdowns were stricter and isolation was higher, intensified emotional struggles.

Another important trend was how profession affected depression risk. As seen in Figure 2, physicians reported the highest rates of moderate depression, while physician assistants had higher rates of mild symptoms. Healthcare workers experienced extreme emotional strain during the pandemic, balancing patient care with personal risk and long working hours. These findings support the idea that frontline workers faced a mental health burden that often went unseen.

When looking at gender differences, Figure 3A graph of a person with purple bars

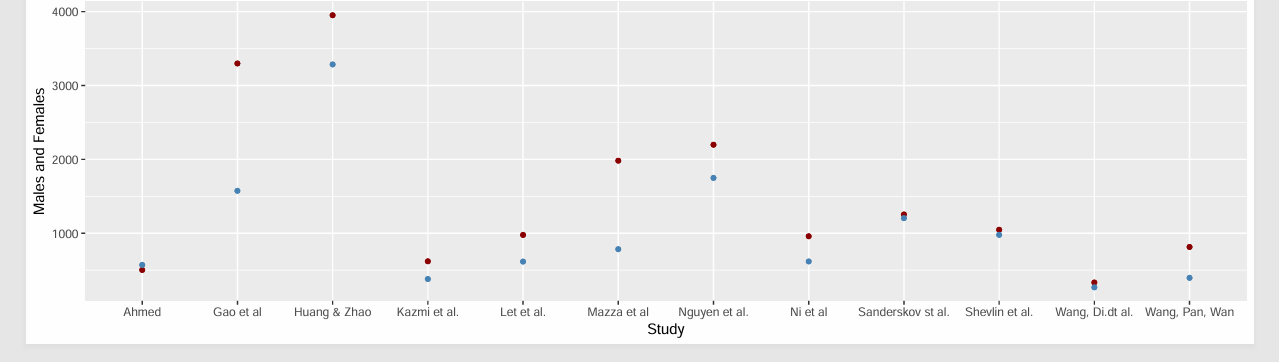
AI-generated content may be incorrect. revealed that females reported higher rates of mild depression, while males reported slightly higher rates of moderate depression. These patterns suggest that women may have been more impacted by the emotional pressures of balancing remote work, childcare, and household duties during the pandemic, while men may have internalized stress differently. Both patterns highlight the emotional strain caused by the sudden disruption of normal life roles.

Measurement tools also played a role in how depression was reported. Figure 4 compared depression prevalence based on the assessment tool used. A graph of depression

AI-generated content may be incorrect.The WHO-5 and DASS-21 screenings showed higher overall depression scores compared to the PHQ-9 and SDS tools. This difference highlights a key limitation in existing studies: without standardized tools, it is hard to know if differences in depression rates reflect real differences or just different ways of measuring.

Sample size and study design also affected the strength of findings. Figure 5 showed the relationship between sample size and mean age across studies.A graph with a line and a line

AI-generated content may be incorrect. Larger studies were better at capturing a wider range of age groups, making their findings more reliable. Smaller studies tended to focus narrowly, which could miss important trends across different populations, especially vulnerable groups like older adults or young adults entering the workforce during a crisis.

Lastly, Figure 6 looked at the gender distribution in several studies. Some studies leaned heavily toward either male or female participants. Without balanced gender representation, it becomes harder to draw solid conclusions about how different genders were affected emotionally and financially by the pandemic.

Together, these figures tell a real story about what people went through during the pandemic. They are not just numbers on a screen. They represent lives that were completely disrupted. Social disruption from sudden lockdowns, separation from loved ones, and losing normal routines made people feel unstable and disconnected. Financial struggles from job losses, pay cuts, and the uncertainty about how long everything would last only made things harder. On top of that, emotional stress kept building as people tried to juggle working from home, helping their kids with school, taking care of sick family members, or just trying to stay healthy themselves.

Looking at the data, I realized that depression was not caused by just one thing. It was everything happening at the same time isolation, money problems, grief, fear, and constant stress that added up little by little. When you really look at the numbers, you can see how all of it connected and created a major mental health crisis. Behind every statistic is someone who was trying to keep it together while feeling like everything around them was falling apart. These numbers show that the emotional damage from the pandemic was just as real as the physical health crisis we saw every day in the news.

The patterns we saw in the course data lined up with what larger research studies have found. Ettman et al. (2020) reported that depression symptoms tripled among U.S. adults during the pandemic compared to before. Xiong et al. (2020) showed the same pattern worldwide, especially among healthcare workers, young adults, and people dealing with financial struggles. Almeida et al. (2020) pointed out that financial hardship made depression rates higher among women. Pierce et al. (2020) found that social isolation made mental health even worse, especially for younger people. These comparisons make it clear that the rise in depression was not random. It was connected to the social disruption, financial stress, and emotional pressure that the pandemic brought. The same problems we saw in smaller studies kept showing up across the world.

When you look at the data and the stories behind the numbers, it is clear the work cannot stop here. There is still a lot we do not know about the long-term emotional effects of Covid-19. Continued research is not just helpful. It is necessary. Investing in future studies means investing in public health, stronger communities, and a better economy. Funding more research on depression linked to Covid-19 would be a smart move. It would cost money upfront for surveys, staffing, outreach, and data analysis. But the long-term benefits would be worth it. Early detection programs, better mental health treatment, and stronger crisis plans could save millions later. If we do not keep studying this, we risk making the same mistakes in the next emergency. Mental health cannot be pushed to the side again. Depression already costs society through healthcare bills, lost jobs, and long-term disability (Trautmann et al., 2016).

If governments and organizations do not act now, the burden will only get heavier. Future studies should make sure to track how depression symptoms changed over time and include groups that often get left out. This means low-income families, rural communities, and other underrepresented groups. The research done during Covid-19 already made a difference. It forced governments, healthcare systems, and schools to finally take mental health seriously. Because of that, telehealth services grew. Insurance companies started covering virtual therapy. More community groups built mental health support programs (Wright et al., 2020). Research has already proven that emotional stress, financial struggles, and isolation have a major impact during a crisis. Moving forward, investing in mental health is not optional. It is the only way to build stronger and healthier systems for the future.

The Covid-19 pandemic did more than threaten physical health. It created a world where social disruption, financial instability, and emotional stress came together and hit people’s mental health hard. Through my analysis of global studies, data, and course materials, I found that depression rates rose not because of one thing, but because of how different pressures kept building over time. Lockdowns pulled people away from their support systems. Job losses and money problems added new stress to families. Fear of getting sick, grief from losing loved ones, and the emotional weight of constant change left many people feeling overwhelmed and alone. The numbers and research discussed in this paper are not just statistics. They represent real people and real experiences. Investing in mental health research is important. It helps us understand the full impact of the pandemic and gets us ready to protect emotional wellness during future crises. Depression during Covid-19 was not just a small side effect. It was a major part of the story. Facing that truth and learning from it is the first step toward building stronger and healthier communities moving forward.

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