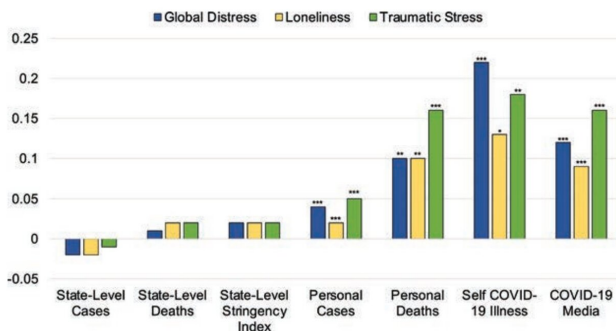


Statewide pandemic restrictions not related to psychological distress

17 October 2022



Standardized Coefficients for Multilevel Models Predicting Global Distress, Loneliness, and Traumatic Stress (N = 5,594). Credit: *Health Psychology* (2022). DOI:10.1037/hea0001233

Despite concerns that stay-at-home orders and other government efforts to stem the spread of COVID-19 at the start of the pandemic would cause lasting harm to people's mental health, research published by the American Psychological Association found that state restrictions in the first six months of the pandemic were not related to worse mental health.

Instead, people with personal exposure to the virus and those who consumed several hours of COVID-19-related media a day were the most likely to experience distress, loneliness and symptoms of traumatic stress.

The findings were published in the journal *Health Psychology*.

"For the past several decades, our team has been examining the psychological impact of large-scale disasters on the population. In February 2020, we realized that the novel coronavirus, as it was called at the time, was likely to have an effect on the U.S. population in the months to come," said senior author Roxane Cohen Silver, Ph.D., a

distinguished professor of psychological science, medicine and [public health](#) at the University of California Irvine. "We were particularly interested in the potential negative mental health effects of the associated restrictions placed on individuals throughout the pandemic, despite their potential for minimizing the spread of illness."

The researchers surveyed a nationally representative sample of more than 6,500 participants at the start of the pandemic from March 18 to April 18, 2020, then surveyed almost 5,600 of the same participants approximately six months later from Sept. 26 to Oct. 16 to measure how their mental health and exposure to the virus changed over the course of the pandemic.

Respondents answered questions about symptoms of distress, loneliness and traumatic stress (acute and post-traumatic stress) they experienced in the prior week; whether they had contracted COVID-19; how many people they knew who had contacted the virus or died because of COVID-19; and how many hours on average they spent daily over the past week consuming pandemic-related news on [traditional media](#), online news sources and [social media platforms](#). The researchers then compared their responses with data about the spread of COVID-19 and government mitigation efforts, such as [school closures](#) and stay-at-home orders in each respondent's state.

Researchers found that, overall, participants experienced more loneliness and symptoms of global distress, such as depression and anxiety, over the course of the six months, but their distress was not significantly related to state-level restrictions. Instead, [personal experiences](#) with COVID (degree of illness, losses), along with the amount of media about the pandemic to which individuals were exposed, were stronger predictors of psychological symptoms than state-level restrictions (mask mandates, closures, etc.) or case rates or death rates.

Participants who responded that they had contracted COVID-19 in the first six months of the pandemic were the most likely to report poor mental health. Knowing someone who died because of COVID-19 or someone who had contracted COVID-19 were also significantly related to distress, loneliness, and symptoms of [traumatic stress](#), according to Rebecca Thompson, Ph.D., the report's first author and postdoctoral scholar at UC Irvine.

"Because a strong predictor of distress in our study was personal bereavement—knowing someone who had been very sick or died was far more stressful than the presence of state-level restrictions—future waves of COVID-19 and other potential pandemics should be met by targeted interventions to prevent loss of life," Thompson said. "Given this work, we would likely expect similar distress responses in future pandemics, highlighting the importance of public health initiatives to curb the spread of illness in our communities."

Greater hours of exposure to pandemic-related media coverage was also significantly related to increased symptoms of distress over time.

"For the first year of the [pandemic](#), it was all bad news all the time," Silver said. "Repeated exposure to that content was unlikely to have psychological benefits."

In the case of future disasters or traumatic events, Silver recommends that individuals monitor the degree to which they immerse themselves in bad news (e.g., avoid "doomscrolling") and consider specific times to check the news throughout the day.

"One can stay informed without becoming overwhelmed with a constant onslaught of bad news," said Silver.

More information: Roxane Cohen Silver et al, Psychological Responses to U.S. Statewide Restrictions and COVID-19 Exposures: A Longitudinal Study, *Health Psychology* (2022). [DOI: 10.1037/hea0001233](#)

Dana Rose Garfin et al, The novel coronavirus

(COVID-2019) outbreak: Amplification of public health consequences by media exposure., *Health Psychology* (2020). [DOI: 10.1037/hea0000875](#)

Provided by American Psychological Association

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