



The Anxiety of Walking About: Eight Countries at Different Stages of the COVID-19 Pandemic

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Introduction: The Importance of Real-Time Data During COVID-19

Economists David Bell and David Blanchflower, of the University of Stirling and Dartmouth College respectively, labelled their recent and alarming assessment of job losses in the United States and the United Kingdom – powered by our firm's real-time data – as the “economics of walking about” (Bell and Blanchflower, 2020). In the May issue of the *National Institute Economic Review*, published by Cambridge University Press, Bell and Blanchflower showcase the considerable risk of making policy decisions based on misleading, lagging official economic data in the era of COVID-19.

For the purposes of this paper, I therefore borrow from Bell and Blanchflower and entitle the global mental health crisis now gripping the world as “the anxiety of walking about.”

Why so? Even without any global data, all those reading this paper likely feel the palpable anxiety surrounding them. We see the pain in family members and friends who abruptly lose their jobs and social supports. We witness this hurt by “walking about,” observing strangers grieving, and catching snippets of troubled conversations. Real-time data can provide the necessary documentary evidence for what we see when “walking about”.

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An early warning of the magnitude of anxiety caused by COVID-19 was reported from India. In a paper published in the Asian Journal of Psychiatry in March (Roy et al, 2020), more than 80% noted that they were preoccupied with thoughts of COVID-19. This study, and the work of Bell and Blanchflower, inspired me to promote the awareness of real-time anxiety and mental health concerns expressed in different forms in different countries, in different continents, and in different stages of the COVID-19 pandemic.

Context: Different Epidemics in Different Countries

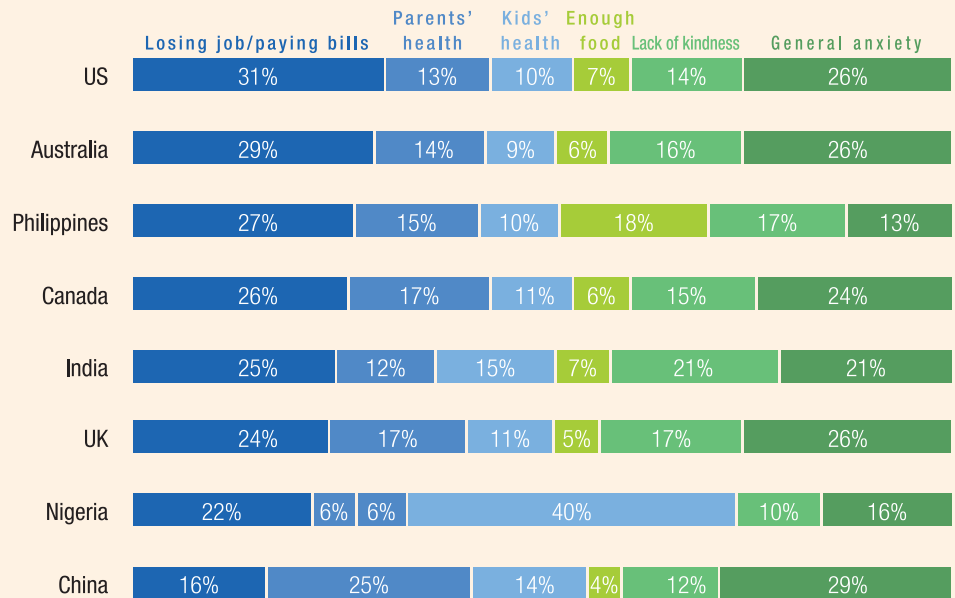
First, readers must appreciate that each country is undergoing its own somewhat different epidemic, and, as in Canada, countries are not homogeneous. Discrete, small epidemics pop up in specific communities and subpopulations. In Canada, for example, we have witnessed a tragedy inside long-term care facilities; 79% of all deaths in Canada have been linked to long-term care and seniors' homes (Walsh and Semeniuk, 2020). At the same time, Canada has endured a separate epidemic of person- to-person transmission-level, notably in Quebec and in Ontario. Second, we need to realize that different countries may exhibit a different

spread of the virus, given significant variations in the levels of homelessness, migrant populations, healthcare system infrastructure, socio-economic variability, and different norms and laws that may facilitate or impede effective physical distancing.

Methods

Each day of the pandemic, RIWI has been asking random respondents in an ever-increasing number of countries about the COVID-19-induced anxieties experienced by their family members and close friends. We have also asked about other concerns, activities and observations, and, more broadly, about local health system and economic resilience, which are not reported in this paper. RIWI's origins are in pandemic surveillance 'infodemiology' during H1N1 (Seeman et al, 2010). 'Infodemiology' refers to how people around the globe produce, consume and understand information

What do you think is the biggest stress/anxiety challenge affecting most of your family or close friends right now?



Source: RIWI data, April 22-May 8, 2020, respondents are unique, anonymous, unincitvized, and randomly engaged from the online population, weighted to population demographics. Complete answer options are losing a job / trouble paying bills, concern about parents' health, concern about children's health, difficulty getting enough food, concern about people treating others without kindness and respect, and general stress / anxiety without a clear cause.

Figure 1: COVID-19 Anxieties Among People in Eight Countries

and misinformation on the Web. Responses can then be collected and analyzed in near real-time (Eysenbach, 2011). To gather the data presented here, we used RIWI sentiment-tracking technology, which has been independently and repeatedly verified as able to capture a truly random sample of the Web-using population, in notable distinction to certain panel survey methods (Roder-DeWan et al, 2019).

Findings and Interpretation

Beginning April 22, and without ever gathering any personally identifiable information, we asked new, randomly exposed survey respondents in eight countries – mostly individuals who do not habitually answer surveys – about their families' biggest worries in the context of COVID-19. By May 8, 12,683 respondents across the eight countries had responded.

In Nigeria, we see from *Fig. - 1* that food scarcity is the largest expressed anxiety among those exposed to this RIWI question. Anxiety about jobs grips all countries but less so in China, which seems relatively immune. The reasons behind this seeming immunity will be worth exploring. Parents' health is the dominant familial worry for China (N=3,089), especially for those aged 55-64 (34% among this group reported this as their chief stressor). Both men (21% of those in China) and women, but especially women (28%), expressed most anxiety about their parents in the context of COVID-19. A concern about elders may reflect the preoccupations of a society where filial piety is a traditionally important value (Ho, 2000). Additionally, respondents in this age bracket (55-64) have elderly parents likely to be frail and at greater risk of morbidity and mortality now that China has relaxed its isolation measures. Compared to other countries, China is at a later stage of the pandemic and has progressed in attempts at restarting its economy. The same worries seen in China may, therefore, increasingly pre-occupy other nations as they move through their successive stages of re-opening. To what extent has the public health messaging about "return-to-normal" created anxiety among those with frail, elderly parents in China, and what can other nations learn from the efficacy or challenges associated with this messaging? Will China's concern for their elderly accelerate the country's return to pre-COVID normalcy or hold the country back?

With respect to children's health, India worries most and Nigeria least. Because of the evident fear for the safety of its children, India might be reluctant to re-open schools. Will India therefore more rapidly develop digital education and be in a position to lead world innovation in this regard?

Notably, the less economically developed countries among these eight countries thus far – the Philippines, India and Nigeria – appear to exhibit the least generalized anxiety. Do they have more specific worries and perhaps no leisure time to experience a more 'free-floating' form of anxiety?

Preliminary examination over expressed anxiety differences between males and females revealed no

obvious patterns generalizable across countries. In Australia and the United States, no statistical gender differences could be seen in any category of anxiety. In Canada (N=3,117), men (8%) reported more anxiety over the difficulty in finding sufficient food than did women (5%). The same gender differential about finding food was seen in the United Kingdom (N=2,102). In India, our sample size (less than 1,000) is too low as of May 8 to make more than early observations, which we will validate over time, yet we found a much higher rate of men (28%) than women (11%) expressing generalized anxiety; we also found women far more likely than men to be most concerned about children (21% vs. 10%).

In Nigeria (N=651), within the 55-64 age group, 66% registered their families' biggest concern as obtaining sufficient food, markedly higher than in any other country studied here. This finding is consistent with food security challenges throughout Nigeria that pre-dated COVID-19 and likely have accelerated because of the pandemic. In the United Kingdom, where job losses have been staggering as a result of the pandemic (Bell and Blanchflower, 2020), all age groups, from teenagers to those 55-64, registered difficulty finding a job and paying the bills as the paramount stressor for their family and close friends.

Discussion and Next Steps in Cross-National Research

In a recent editorial in *World Psychiatry*, Tedros Ghebreyesus, Director-General of the World Health Organization, describes the fear, sadness and anxiety wrought by COVID-19 and notes that "mental health systems in all countries need to be strengthened to deal with the impact of COVID-19" (Ghebreyesus, 2020). Anxiety, fear and erratic behaviour are common reactions to the threat and uncertainty of a viral pandemic and to the isolation from other human beings that it imposes. Symptoms vary and include depressed and anxious feelings, paranoia and panic, somatic symptoms, and signs of posttraumatic stress

Strong associations of social isolation to depression, anxiety, and suicidal ideation

disorder, substance abuse, psychosis, as well suicidal urges (Reger et al., 2020; Sim et al., 2010).

Although everyone is affected, not everyone is affected equally. As in any crisis, the already disadvantaged and stigmatized bear the brunt – the homeless who cannot find safe shelter, the already poor who are now unemployed with no money for food, the chronically mentally ill who can no longer rely on their support systems, the medically ill who worry about drug shortages, and the elderly whose chances of dying if infected are especially high. The elderly living in nursing homes and retirement homes are at special risk and, because of extensive media coverage, they are aware of this. They are at grave risk of dying if they contract the virus, and, considering the strong

associations of social isolation to depression, anxiety, and suicidal ideation, they are at emotional risk from the lack of contact with those they love.

The young are without the routine of school and close social contact with peers. Those who were addicted to substances may relapse, and, at the same time, they are cut off from their drug supply chains, which may be medically dangerous. Healthcare workers may be hardest hit of all (Greenberg et al, 2020). They work long hours in conditions of risk, they cannot sleep at night, they worry about going home and infecting their family, their children are home from school, and they cannot be with them.

With routines lost, sleep and wake cycles are disrupted, and circadian rhythms are dislocated. It is difficult to maintain healthy food, exercise and sleep habits. Mental health suffers. Fear mounts and behaviour is unpredictable. This is the 'X-factor' in any pandemic. Anxieties can trigger or immobilize action. The presence or absence of worry and fear is impossible to model in forecasts without real-time data.

What can countries at different stages of the pandemic learn from countries who were there first, notably China, whose population-level expression of anxiety may presage sentiment and worry in countries hit later by the pandemic?

Will concern over elderly parents rise over time to reach the levels seen in China, or is the heightened concern about parents culturally specific to China? What do these cross-cultural findings teach us about effective resource allocation of mental health practitioners or the targeting of telepsychiatry to prevent mental health conditions from worsening among at-risk populations?



Neil Seeman with colleagues in global data streams: Ernie Chan, Apurv Jain and Adalsteinn (Steini) Brown

To answer these questions, measuring the “anxiety of walking about” offers insight and perhaps some solace. For we learn we are not alone in our anxiety, and others may have much to teach us.

References

Bell, D., and Blanchflower, D. (2020). *US and UK Labour Markets Before and During the Covid-19 Crash*. *National Institute Economic Review*, 252, R52-R69.

Ghebreyesus, T.A.,

(2020). *Addressing mental health needs: an integral part of COVID-19 response*. *World Psychiatry*, 19:2.

Greenberg, N., Docherty, M., and Wessely S. (2020). *Managing mental health challenges faced by healthcare workers during covid-19 pandemic*, *British Medical Journal*, 368:m1211.

Eysenbach G., (2011). *Tracking Online Health Information and Cyberbehavior for Public Health*. *American Journal of Preventive Medicine*, 40: 5, S154-S158.

Chow, N. (2000). *The Practice of filial piety among the Chinese in Hong Kong*. In: Chi I., Chappell N., Lubben J., eds. *Elderly Chinese in Pacific Rim Countries: Social Support and Integration*. Hong Kong: Hong Kong Universities Press; 125–136.

Huak Y., Chong P., Chua H., and Wen Soon, S. (2010). *Psychosocial and coping responses within the community health care setting towards a national outbreak of an infectious disease*. *Journal of Psychosomatic Research*, 68:195–20.

Mishar, R., Mayer, B., Trommsdorff, D., and Albert, A. (2005). *The Value of Children in Urban and Rural India: Cultural Background and Empirical Results*. In Trommsdorff D., Nauck B. eds. *The value of children in cross-cultural perspective. Case studies from eight societies*, Lengerich, Germany: Pabst; 143-170.

Reger, M., Stanley, I., and Joiner, T. (2020). *Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?* *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2020.1060.

Roder-DeWan S., Gage A., Hirschhorn L., Twum-Danso N., Liljestrand J., Asante-Shongwe K., Rodriguez V., Yahya T., and Cruk M. (2019). Expectations of healthcare quality: A cross-sectional study of internet users in 12 low- and middle-income countries. *PLOS Medicine*, 16: e1002879.

Roy D., Tripathy S., Kar S.K., Sharma N., Verma S.K., Kaushal V. (2020). Study of knowledge, attitude, anxiety and perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, 51:102083.

Seeman N., Ing A., and Rizo, C. (2010). Assessing and Responding in Real Time to Online Anti-vaccine Sentiment during a Flu Pandemic. *Healthcare Quarterly*,

13: 8-15.

Walsh, M., and Semeniuk, I. (April 28, 2020). Long-term care connected to 79 per cent of COVID-19 deaths in Canada. *Globe and Mail*. <https://www.theglobeandmail.com/politics/article-long-term-care-connected-to-79-per-cent-of-covid-19-deaths-in-canada/>

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