

Evaluating Emotional Distress Among Michigan Food Insecure Communities During the COVID-19 Pandemic

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Introduction

Increasing data has shown that in order to understand the pathogenesis and widespread effects of COVID-19 fully, we must broaden the public health discussion surrounding COVID-19 and consider how factors such as access to food have impacted the well-being of racially diverse communities. While the neuropsychological impacts of the COVID-19 Pandemic have been well established, there is limited data on whether the pandemic has influenced the prevalence of depression and emotional distress amongst food insecure communities.

Aims and Objectives

The purpose of this research is to evaluate how the COVID-19 Pandemic has influenced self-reported emotional distress and depressive symptoms amongst persons experiencing food insecurity in Southeast Michigan.

The primary hypothesis examined by this research is that the COVID-19 Pandemic has exacerbated emotional distress and increased the prevalence of depression amongst food insecure communities in Southeast Michigan.

Methods

Food insecure individuals living in Southeast Michigan completed a 15 multiple choice question survey evaluating emotional distress during the COVID-19 Pandemic. Food insecurity was defined as persons who self-reported that they “in the last 12 months were worried whether their household would run out of food before they were able to get more”. Participants were recruited from food banks in Southeast Michigan. Exclusion criteria included participants younger than 18 years of age and who were not living in the state of Michigan for at least one year prior to the start of the COVID-19 Pandemic. Categorical survey variables were analyzed using Fisher’s exact tests.

Results

Our data shows that racially diverse food insecure communities living in Southeast Michigan have experienced increased depression and emotional distress since the start of the Covid-19 Pandemic.

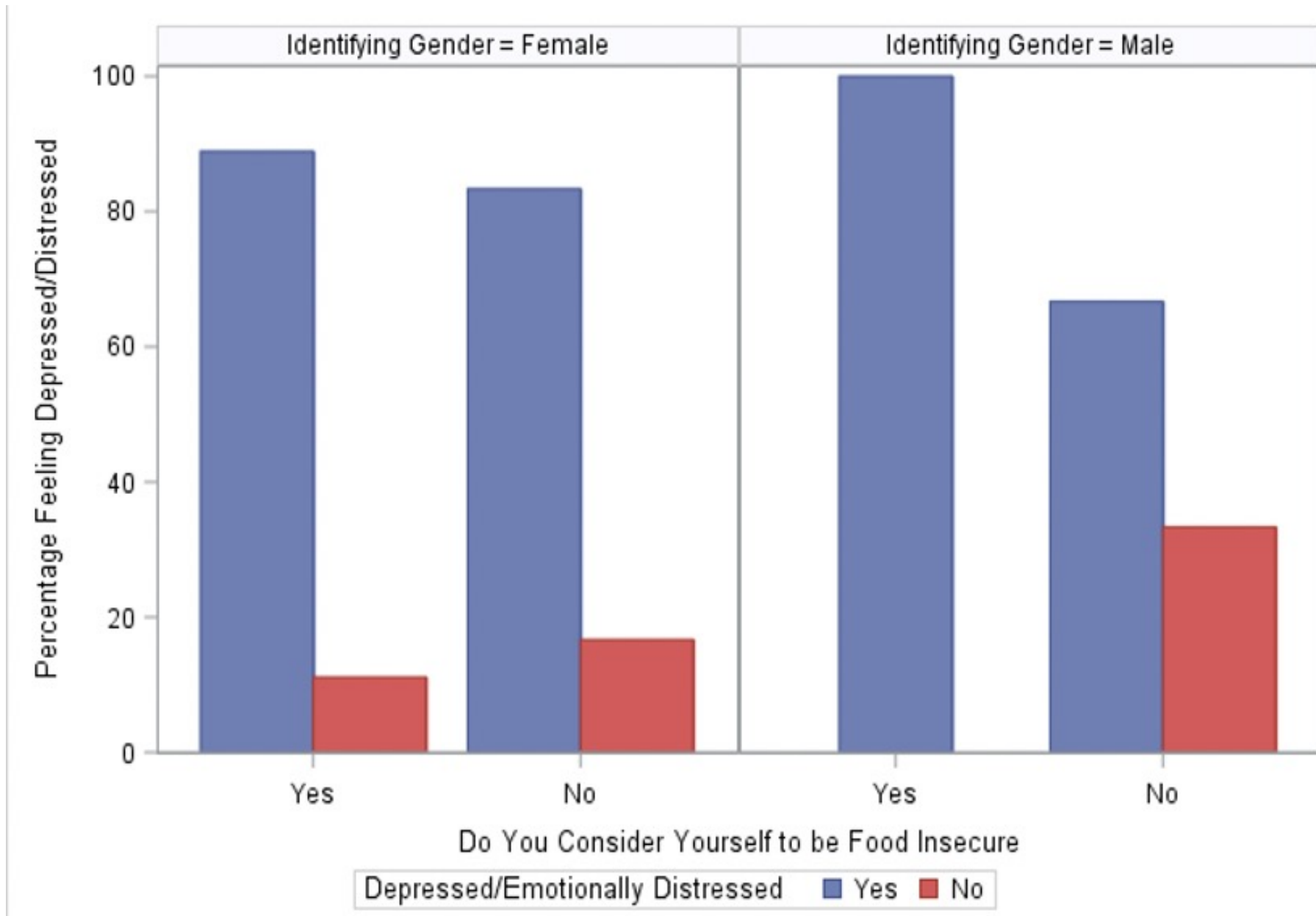


Figure 1: Participants Reporting Increased Food-Insecurity Related Feelings of Emotional Distress Since the COVID-19 Pandemic. Both male and female participants who self-reported as Food Insecure reported that thinking about how they were going to provide for themselves/ and or their families caused increased feelings of emotional distress and depression.

Results Continued

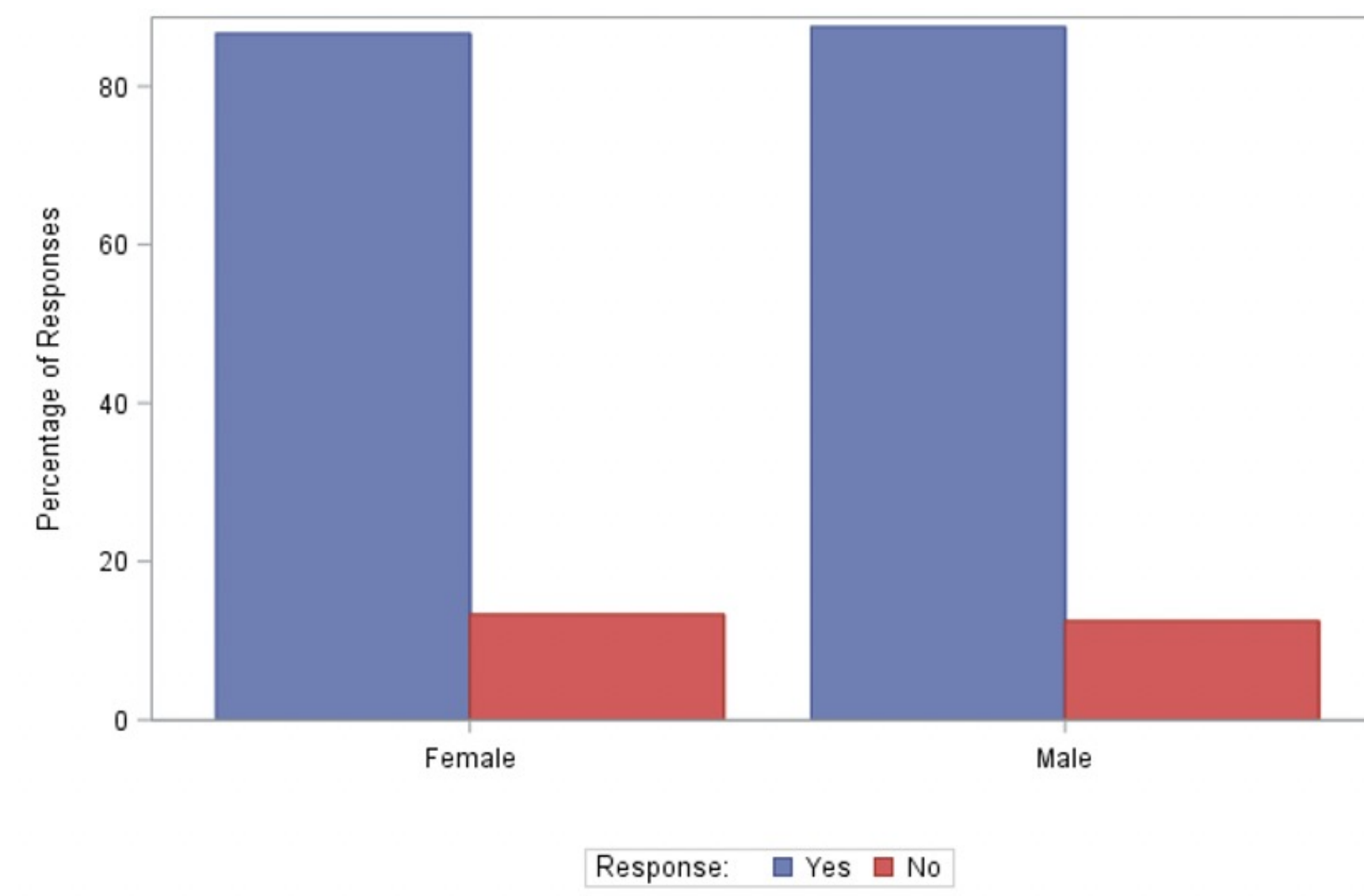


Figure 2: Emotional Distress and Depression Amongst All Participants Since the COVID-19 Pandemic. 88% of all participants reported that since the start of the COVID-19 Pandemic, worrying about their food insecurity has caused them increased feelings of emotional distress and depression (P= 0.024).

	Total (N=60)
Annual Income level: n (%)	
Less than \$20,000.	31 (52.5%)
\$20,000 to \$34,999.	17 (28.8%)
\$35,000 to \$49,999.	8 (13.6%)
\$50,000 to \$74,999.	4 (5.1%)
Race, n (%)	
Black/ African American	25 (42.4%)
White/ Caucasian	26 (44.1%)
Other	8 (13.6%)
Age	
Mean (SD)	48.8 (14.07)
Median	49.5
Range	28.0, 89.0

Figure 3: Participant Demographics: All participants included in data analysis were residents of the state of Michigan for at least one year prior to the start of the COVID-19 Pandemic

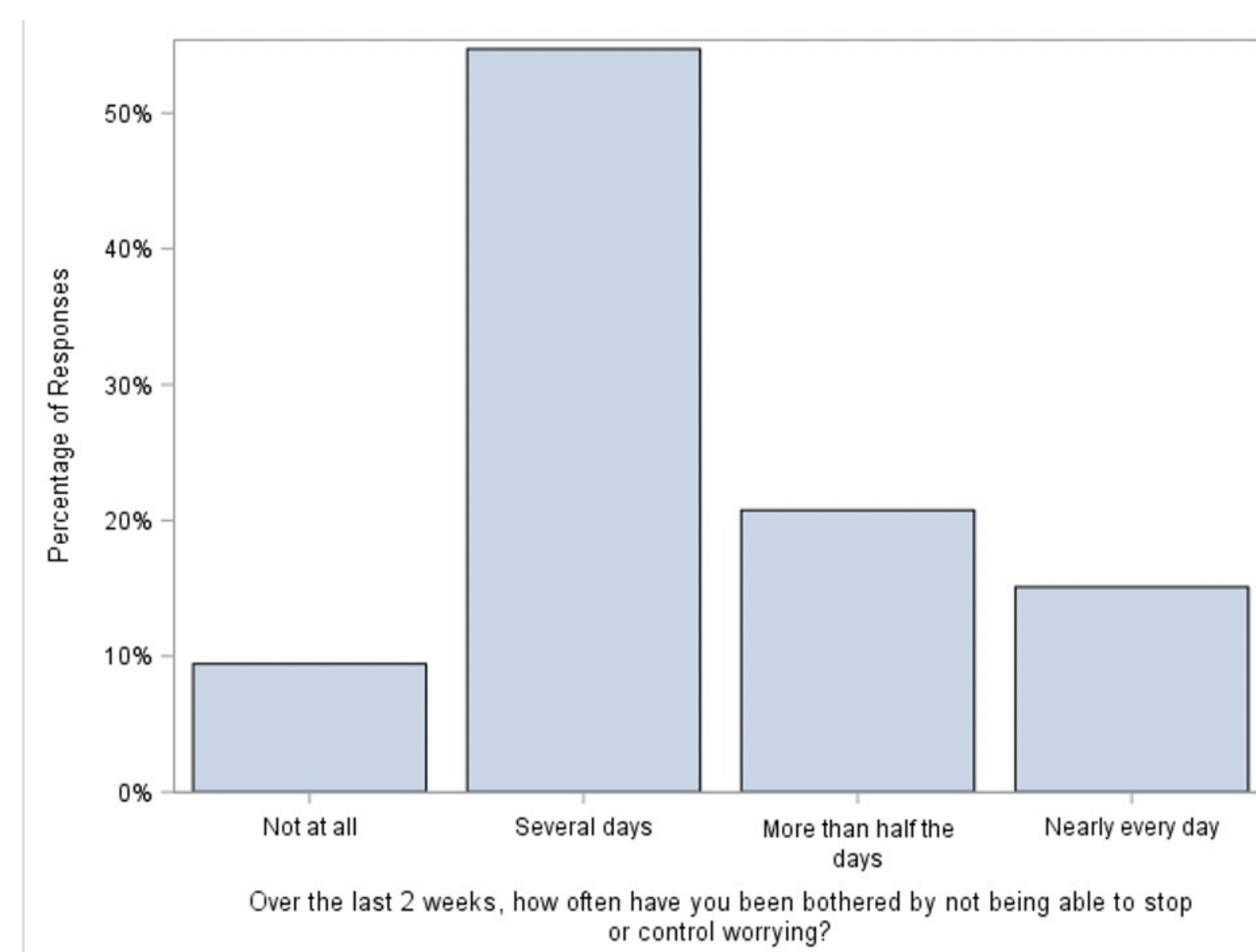


Figure 4: Participants Reporting Increased Anxiety Since the COVID-19 Pandemic. 96% of participants reported increased anxiety about providing food for themselves and their families since the start of the COVID-19 Pandemic.

Discussion

The results of this investigation depict an alarming trend in the severity of mental health burden amongst marginalized communities during the Covid-19 Pandemic and highlight the need for increased mental health advocacy in clinical practice. Our data suggests that social determinants of health, such as access to food, have significantly impacted the mental wellbeing of communities during the pandemic. However, because study participants were recruited electronically, these results may exclude participants without access to technology.

While the PHQ9 and other traditional depression screening tools used in clinical practice inquire about concentration, appetite, and feelings of hopelessness, questions about food insecurity are not typically included. Directly asking patients about their access to food, and other social determinants of health, could be a way for Psychiatrists and other clinicians to identify and treat mental health concerns that may have been missed by standardized screening methods.

References

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