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Depression, Behavior Change, and Dig ital Escapism During the COVID-19 Lockdown

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ABSTRACT

The COVID-19 pandemic led to sweeping changes in daily life, especially for parents who were suddenly required to manage professional duties, childcare, and household responsibilities within the confined space of their homes. This study aims to comprehensively analyze the impact of pandemic-induced stress on the mental and physical well-being of parents, particularly in the context of the work-from-home transition. A mixed-methods approach was used, incorporating the Patient Health Questionnaire-9 (PHQ-9) to assess depression levels and a self-developed stressor questionnaire to evaluate changes in daily routines and digital device usage. The study included 1,380 parents aged 22–50 years with at least one child under the age of 15. Results indicated that 71% of respondents experienced increased workload and emotional distress while juggling family and work responsibilities. A significant portion (25%) of the parents exhibited symptoms of severe depression, with those having younger children (under 10 years) reporting greater challenges. Additionally, the findings revealed a marked rise in digital device usage, both for work-related purposes and as a coping mechanism through entertainment platforms such as social media and OTT services. The study concludes that pandemic-related lifestyle disruptions have substantially influenced parental mental health, behavior, and digital habits. These findings highlight the urgent need for targeted interventions to support parents in managing stress, reducing overreliance on digital escapism, and improving overall family well-being in post-pandemic life.

Keywords: Depression, Digital Escapism, Behavior Change, Stress, Anxiety

INTRODUCTION

COVID-19 referred to as SARS-CoV-2 2019 stated as a pandemic by the World Health Organization (WHO Director-general's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020, 2020), has spawned a massive threat to the healthcare system and normal livelihood of the human being. It has had a large impact on their social, mental, and physical well-being (Psychosocial Impact of COVID-19, n.d.). Governments across the globe took drastic steps to reduce social connections to halt the spread of COVID-19; social distancing, complete lockdowns demanding people to stay at home, and adoption of remote work at home (Online school, offices) became the new normal. This protocol led to drastic changes in the day-to-day life of every individual, either positive or negative, such as the family time together well spent which was not a priority before. Earlier uncommon practices of work-from-home led people all the time beneath the four walls creating major changes in social life while also disrupting their work-life balance (Janssen et al., 2020). While some parents were able to mobilize coping and resilience strategies to face the COVID threat (Prime et al., 2020), some experienced mental health problems or developed stress-related disorders (Horesh & Brown, 2020).

These measures have majorly impacted drastically over adults, as they are the major ones who socialize and are independent. If we go deeper into the lifestyle of adults before lockdown, they mainly stay out of four walls, be it with work or spending time with friends or other recreational activities with a limited usage of digital devices like mobiles and laptops. The pandemic has forced them to concise these activities under a roof surrounded by family and kids and has forced them to spend more time. If we in detail discussion on how exactly the pandemic

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has impacted the adult lifestyle, the first would be the work-from scenario; it has forced them to increase their daily work timing leading to stress (Xiao et al., 2021) and spending more time on laptops, online meetings, online conferences and other tasks. The next circumstance they face is, as we know most adults are now indulged too much in the family as compared to previously, they find it challenging to manage the kids all alone without any help, as protocol restricted the caretaker to being at home. The disruption in the daily routine and urge to compete with the demands of self, workplace, and family; managing work from home, education of kids, along with economic crisis and health challenges forced people to adopt a new lifestyle causing irritation and distress (Calvano et al., 2021) as they must be multi-tasking managing Health, finance and family all together. Further, to come out of these challenges people spend more time on online trying to stay connected and interact with people over the only source of social media, which knowing or unknowing leads to Internet addiction which is another major problem (Tóth et al., 2021). Studies have shown tedious lifestyle has caused stress, depression, and anxiety among people and even a sedentary life has led to various lifestyle disorders (Rawat et al., 2021). Fewer studies are showing how exactly this COVID-19 has impacted adults in managing day-to-day life and fewer evidence data are showing its impact on their health due to lifestyle changes.

Since the onset of COVID-19, many studies concerning the impact of COVID-19-induced stress on families, individuals, and their well-being have been undertaken. Investigating the well-being of parents, the coping mechanism adopted, and the changes in lifestyle and behavior have taken center stage in these studies. As per a recent study conducted in the US to assess the parent-child dynamic during the initial COVID-19-related school closures, more than 34.7% of 405 parents reported behavior changes in their child (Sadness, depression, and loneliness) while 40% of the parents themselves met the criteria for severe depression (Lee et al., 2021). Another study conducted for 5 weeks reported moderate levels of caregiver burden while also indicating mild depression and anxiety among 420 participants' American parents (Russell et al., 2020). A study that examined the parents' perceived stress, symptoms of anxiety, depression, and associated risk- and protective factors among 2868 Norwegian parents over the 2 weeks survey, reported higher levels of clinically significant anxiety and depression among 25% of the parents, burnout, and anger towards the child among 41% of the parents and symptoms of deteriorated mental health (Parenting in a Pandemic: Parental Stress, Anxiety and Depression Among Parents During the Government-initiated Physical Distancing Measures Following the First Wave of COVID-19, 2021).

Though several studies have been conducted to investigate parents' distress across the globe, little research has been done in the context of pandemics to understand the precursors of parental stress, impact of the usage of digital devices on mental and physical health, behavioral modifications, and the level of depression experienced while managing office and household work simultaneously. The current study aims to add literature on COVID-19 induced parental stress and behavioral modification among parents in the Indian context by exploring the precursors of parental stress and behavior modification due to COVID-19 restrictions and examining the level of stress and depression among the parents due to COVID-19 restrictions while managing the work and household.

RELATED STUDIES

Similar to children, elderly people, and young-working parents also faced higher levels of health impacts due to the COVID-19 pandemic. Adults have encountered many pressures associated with the duration of quarantine. Parents have been faced with the challenge of adapting to social distancing measures and alterations in their daily schedules, such as engaging in remote work or experiencing unemployment, while also tending to the needs of their children during school hours. In certain instances, the implementation of lockdown measures resulted in a decrease in income and the emergence of additional duties, which have the potential to worsen pre-existing challenges and induce stress (Cluver et al., 2020) (Fegert et al., 2020) (Spinelli et al., 2020)

Due to the COVID-19 pandemic and the subsequent requirement for social separation, numerous institutions have implemented a remote work protocol, thereby necessitating individuals to carry out their work responsibilities from their residences (Adalja et al., 2020). Consequently, this situation has led to a gradual blending of work and family duties (Capitano, 2018). Simultaneously, the closure of educational institutions and childcare facilities has compelled numerous employed parents to assume complete responsibility for their children's care and home-based education, all while adjusting to a novel "smart working" lifestyle and daily

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routine. During the period of quarantine, parents encountered the challenge of effectively allocating their time to fulfill several responsibilities, including personal matters, professional obligations, and the educational needs of their children, all without any external assistance. This circumstance has placed parents in a heightened state of vulnerability, which may possibly undermine their personal welfare and thus, the welfare of their children (Spinelli et al., 2020).

The impact of the COVID-19 pandemic on individuals exhibits significant variation depending on the contextual stressors that parents encounter. Empirical evidence suggests that the repercussions of implementing lockdown measures tend to disproportionately harm families with lower socioeconomic levels (Location Data Says It All: Staying at Home During Coronavirus Is a Luxury, 2020). Parental stress is characterized as a detrimental psychological reaction to the responsibilities of parenting. The act of caring for children while concurrently experiencing concerns about inadequate means to fulfill their requirements can impose a significant load on parents (Fine, 2004) (Deater-Deckard, 1998) (Holly et al., 2019)

The caregiving role can be influenced by a combination of personal qualities exhibited by both parents and children within a particular family structure, as well as numerous life stressors. These factors might collectively contribute to an elevated perception of psychological pressure experienced by individuals fulfilling caregiving responsibilities (Holly et al., 2019)

Present Study:

In the current research, we investigated the effects of the COVID-19 pandemic among parents, with a special interest in the psychological, behavioral, and lifestyle-related effects introduced by continuous exposure to pandemic stressors. The research sought to probe the complex effects of the pandemic, with a special focus on how the transition to the work-from-home (WFH) format led to higher stress levels among parents. The abrupt shift to work-from-home blurs the distinctions between professional and personal responsibilities, creates greater pressures on time, undermines routine, and eliminates adequate space for persons, all contributing to enhanced levels of stress and anxiety. This study specifically measured the extent to which this increased stress affected parents' physical and mental health, such as burnout symptoms, fatigue, irritability, and sleep problems. Parents reported feeling overwhelmed as they juggled professional work, household tasks, and children's educational needs without outside help because of lockdowns and social distancing policies. The research also investigated the degree of depression among parents and found a high emotional cost resulting from extended isolation, uncertainty, fear of infection, and constant role-switching within the family.

Aside from the challenges of mental health, the research aimed to learn how these stressors affected daily family life, especially the heavy use of digital devices. Schools were closed, and outdoor activities were limited, so families used screens for labor, learning, entertainment, and socialization. The study analyzed the relationship between stress among parents and the use of digital devices, indicating that increased stress levels prompted more screen time not just for professional work but also as a coping mechanism and a way of regulating children's behavior and boredom. Generally, the research offers significant findings on how pandemic-related stress, mental health consequences, and behavioral responses interact intricately in families. These results have important implications for policymakers, mental health professionals, and educators seeking to craft supportive interventions for parents, particularly during crises requiring extended home confinement and remote participation.

METHODOLOGY

2.1. Study Population:

This study was conducted in Bangalore for an approximate period of 2 months duration using the various approaches and techniques employed in the field of therapy to address and alleviate psychological, emotional, and behavioral issues in individuals(parents). A total of 1,380 parent residing in Bangalore completed the survey. The study group was administered the survey questionnaire along with PHQ-9 to assess parental distress. The survey was carried out by administering the questionnaire either by online survey or through face-to-face interviews to collect the data.

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2.2. Inclusion and Exclusion Criteria of the respondents

To ensure the study's focus is both specificity and relevancy, the parameters were defined carefully. Inclusion criteria encompass parents who are actively employed within a company or are self-employed, with a keen emphasis on those with children under the age of 15. This targeted demographic allows for an in-depth exploration of the unique challenges faced by working parents with young children, aligning with the core objectives of the research. To maintain the study's precision, exclusion criteria are applied to individuals who do not fall within this specific group, such as those without children in the designated age bracket or those who are not engaged in professional or entrepreneurial activities. These carefully delineated criteria not only ensure the study's coherence but also facilitate the generation of meaningful insights that are pertinent to the experiences of the selected group of parents.

2.3. Sampling Approach:

A **convenience sampling** method was adopted due to ongoing COVID-19 safety protocols, which limited in-person data collection and access to more randomized sampling frameworks. While this approach restricts the generalizability of the findings to the broader population, efforts were made to minimize sampling bias.

2.4. Respondent recruitment:

To examine parental experiences related to the COVID-19 pandemic, particularly following the third wave (August to October 2021), an online survey was conducted across various regions in the country. The recruitment methodology was structured to balance reach, relevance, and feasibility, given the public health constraints of the period. Due to the COVID -19 restrictions, participants were recruited from the social media platforms, individual network of the researcher and school parent-teacher network

The study had a preliminary questionnaire in which 1780 respondents were asked to be filled. The questionnaire mainly collected Socio-demographic data to shortlist the respondents with kids under the age of 15 years, our target respondent group. Survey participants were recruited from various parts of the country to maintain equanimity in the data, however, due to the COVID-19 protocols, a convenience sampling protocol was utilized. The sample is not nationally representative.

Key variables covered in the preliminary questionnaire:

Table 1: Socio-demographic characteristics captured in the Preliminary survey.

Name of the respondent (optional)
Age
Education/ Qualification
Occupation
Number of children in the household
Age of the children
Type of family (Joint/Nuclear)

A total of 1,780 participants responded to the survey, out of which 400 were excluded due to the following reasons:

- Incomplete form with missing information: 11%
- Parents with Kids aged more than 15 years: 46%

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- Parents with No kids in the family: 43%
- The working status of Parents is 100%
- Table 2 presents the description of the final sample characteristics.

Hence, the final sample included 1,380 participant parents. The table below represents characteristics of final respondent parents.

Table 2: Characteristics of respondent parents in the study

Sample Characteristics	**(%) N =1380**
Parent Gender	
Male	36%
Female	64%
Age	
22-30	38%
31-40	42%
41-50	16%
51-60	4%
Type of family	
Joint family	26%
Nuclear family	74%
Age of children	
1-3 years	21%
4-6 years	30%
7-10 years	27%
11-15 years	22%

The final sample of 1,380 parents for the current study included parents aged between 22-50 years (M_{age} = 34.8, SD = 7.8) and current caregivers for their children of age under 15 years, with a majority being female (64%) and 36% male. Most respondents were between the ages of 22 and 40, with 38% falling in the 22–30 age group and 42% in the 31–40 age group. Smaller proportions were aged 41–50 (16%) and 51–60 (4%). In terms of family structure, 74% were from the nuclear family while 26% reported that they have a joint family. Approximately 88.6% of the respondents were employed or working somewhere while 11.4 % were either housewives or not employed. 59% of the parents had 1 child, 39% had 2 children and only 3% of the total respondents had 3 children.

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2.5. Questionnaire:

- **Impact of COVID-19 on physical and mental wellbeing of parents**:

A 15 item self-developed questionnaire was used to access the impact of the COVID-19 pandemic on parents psychological, behavioural, and lifestyle. This custom instrument was created to assess contextual factors such as the impact of the work-from-home model on daily routines, changes in family dynamics, levels of stress and fatigue, coping mechanisms, and patterns of digital device usage among family members. The questionnaire included both closed- and open-ended items to gather quantitative data as well as qualitative insights. The 15 items of the scale (e.g. *Do you find it challenging to manage family, kids and work at home, what activities have you tried adopting to keep yourself engaged and distracted during pandemic, has your work load increased due to pandemic?)* were answered by the respondents.

The inclusion of this self-developed tool enabled a more comprehensive and context-specific understanding of the pandemic's multifaceted impact on parents, complementing the standardized assessment provided by the PHQ-9.

- **Depressive Symptoms:**

The patient health questionnaire (PHQ-9) was used to screen for the presence of depressive symptoms among the parents. The PHQ-9 is a widely validated, self-administered screening tool used to measure the severity of depressive symptoms based on the diagnostic criteria of the DSM-IV. It consists of nine items that evaluate the frequency of symptoms such as low mood, fatigue, sleep disturbances, and feelings of hopelessness over the past two weeks. Each item is scored on a scale from 0 (not at all) to 3 (nearly every day), with total scores ranging from 0 to 27. Higher scores indicate greater levels of depressive symptoms, and cutoff points are used to categorize the severity as minimal, mild, moderate, moderately severe, or severe. The PHQ-9 was selected for this study due to its reliability, ease of administration in online formats, and relevance for identifying depression in non-clinical populations. In the context of this research, the PHQ-9 helped quantify the psychological impact of pandemic-related stressors, offering critical insights into the mental health status of parents navigating work-from-home pressures and household responsibilities during the pandemic.

RESULTS AND ANALYSIS

Out of 1780 respondents, 1,380 were included in the study; the average age of the sample was 42 among which 64% were women and 32% male. Further, socio-demographic characteristics are depicted in Table 1.

The analysis of the self-developed questionnaire to measure the impact of COVID-19 on physical and mental well-being showed that 71% of respondents experienced increased workload and felt it distressing to manage family and work all alone. 61% of them felt less energetic working from home compared to in-office work. On further investigating the major stress factor due to the pandemic, 78% of parents find it challenging to manage kids at home, and 81% felt that they are distracted from work while managing kids and working from home.

On this front, 55% of respondents felt difficulty in managing their day-to-day activities, and online classes and felt tough keeping the children engaged. A significant change in their mental and physical health dealing with all the chaos was also felt by 78% of respondents. As a measure of coping with this stress a significant share of respondents (50%) preferred to indulge in social media platforms and watching OTT content. Craving for junk food and binge eating were among other traits reported.

Table 2: Results of the Self -developed questionnaire on physical and mental well-being

Key variables	**(%) N=1380**
Caretaking support	
Alone	81%

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Caretaker	19%
Mode of work	
Offline	56%
Online	44%
Preferred work mode	
Offline	58%
Online	42%
Hours of working	
<12 hours	1%
10-12 hours	23%
8-9 hours	76%
Do you lose your temper with your kids very soon?	
Yes	47%
No	53%
Do you feel energetic working at home?	
Yes	39%
No	61%
Do you get distracted during work?	
Yes	81%
No	19%
Distracting factors during work	
Work	18%
Children	28%
Family	31%
Children, Family	14%
Work, Children, Family	9%
What keeps you worried about managing kids due to the pandemic	
Behavior	3%
Online class, Day to day activities	22%
Tough keeping them engaged	20%
All the above	55%

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Managing kids at home- Challenging	
Yes	69%
No	31%
Distressed/ burdened being around kids	
Yes	54%
No	10%
Sometimes	36%
Challenging to manage a family, kids, and work at home	
Yes	78%
No	22%
Measures for relaxation	
All of the above	36%
Crave for junk food	9%
OTT platforms	23%
Social media indulgence	27%
Binge eating	5%

While adhering to the WFH model, many of the parents felt that their working load has increased, Fig1 represents the impact of WFH-Model on parents during the COVID-19.

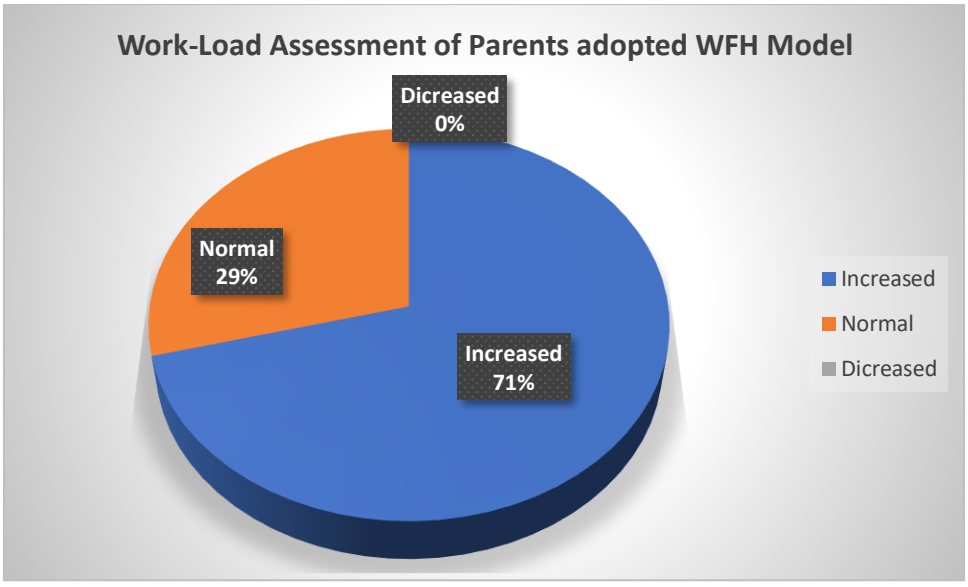

Figure 1: Work-load assessment of parents who adopted the WFH model.

Table 4 represents the distribution of PHQ-9 scores as per depression diagnostics status.

The mean PHQ-9 score was 22.9 (SD, 1.6) in the 340 parents diagnosed as having major depression; 13.5 (SD, 3.2) in the 30 patients diagnosed with moderate to moderately severe depression; and 3.6 (SD, 2.7) in the 740 patients with mild and minimal depression. Many respondents with mild, minimal depression, and no depression

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had scores less than 10, while the majority of the patients (53%) with major depression had a PHQ score of 10 and above. (Table 4)

Table 3: Distribution of PHQ-9 scores and results

Total Scores	**Depression Severity**	**N (%)**	**Proposed Treatment actions[i]**
0-4 Score	None-Minimal depression	33%	None
5-9 Score	Mild depression	20%	Watchful waiting
10-14 Score	Moderate depression	16%	Treatment plan, considering counseling, follow-up, and/or pharmacotherapy
15-19 Score	Moderately severe depression	6%	Active treatment with pharmacotherapy and/or psychotherapy
20-27 Score	Severe depression	25%	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Of the parents who experienced severe depression, 88% had no support at home to take care of the children and 70% had a nuclear family. 71% of the total parents reporting severe depression had children less than 10 years of age and 82% were working professionals. Spending time on social media and OTT platforms was observed as a common response among severely depressed parents.

Further, a connection between parental stress and an increased use of digital devices was also observed. This rise in screen time, for parents appears to be a coping mechanism to manage stress and the challenges of balancing work and family life during the pandemic. However, this increased usage also raises concerns about potential negative impacts on well-being and family interactions and may further lead to digital addiction.

Increased Usage of Digital Devices: The relationship between the elevated levels of parental stress and the increased usage of digital devices by children is complex. Findings suggest that stressed parents have increasingly relied on digital screens to occupy their children, providing a temporary reprieve from the demands of work and parenting. Further, the distress was exacerbated because of the elongated work hours and usage of digital devices, increased work burden due to the pandemic, and managing children at home further leading to cravings for junk food, binge eating, indulgence in OTT platforms, and social media as an escape or relaxation. Overall, a negative impact of COVID-19 inducing depression and deteriorating mental health was observed. Overwhelmed parents might have found screens to be a readily available solution for managing childcare demands or gaining short periods of uninterrupted work time, while children, facing limitations in social interaction and outdoor play, also turned to devices for engagement.

COPING STRATEGIES

Despite the significant challenges posed by the pandemic, several protective factors could help parents mitigate stress and maintain their well-being. Parental resilience, the ability to adapt positively to adversity, can play a crucial role. Strong social support networks, providing emotional and practical assistance, can also prove invaluable. Furthermore, strong family relationships and supportive co-parenting contributed significantly to overall family resilience. These individual characteristics and supportive environments could provide a crucial buffer against the negative impacts of pandemic-related stress, enabling parents with higher resilience, strong social connections, and a positive mindset to navigate the challenges more effectively and sustain their well-being.

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Strength and Limitations

This study is specific to an important set population in a society whose overall well-being is a critical factor important to the proper development of the future generation and is also crucial for nation-building. It includes a fair mix of males and females' population with an almost equal distribution of children in target age categories. The use of the PHQ scale for the assessment of depression is well tried and tested which adds weight to the overall results and their acceptability.

The limitation of this study is that it relates to the time-specific detrimental effect of COVID-19 on the parents, capturing and correlating the factors that lead to stress and depression among them. The data was collected using convenience sampling; hence it does provide a national representation.

Future directions

The present study adds to the literature on parental stress, depression, and behavior modification due to COVID-19. Moderate to severe depression was reported by most of the parents associated with working from home and managing children due to the restrictions imposed in lieu of COVID-19. As a means of coping with deteriorations in mental health and stressors of the pandemic, many parents identified an increase in adapting to social media and altered lifestyles. Due to these altered changes, they may experience internet burnout, anger issues, suicidal tendencies, loss of interest in families and workplaces, poor concentration, alcoholism, drug addiction, internet addictions, and other physical ailments (NIMH » Depression, 2023). Further, it could also impact the well-being of the younger generations which need parental emotional and mental support for a longer period.

Considering these factors, this emerges as a critical issue and needs immediate attention. A deeper evaluation of the lifestyle modification of the parents post-COVID may uncover further opportunities to develop an intervention to reduce parental stress and coping with mental issues.

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