

## Anxiety And Depression In University Students In Times Of Confinement

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### Abstract

*Depression and anxiety are mental disorders that can occur recurrently in university students; confinement or prolonged confinement, for example, can be a catalyst that increases these symptoms. The Covid-19 pandemic, characterized by isolation and social distancing, not only puts the physical but also mental health of human beings at risk. The restrictions can unleash critical states or episodes in young people in the short, medium, and long term; as well as difficult situations to face at a personal, family, economic and social level, which reveal a certain population risk. The objective of this study was to determine the existence of anxiety and depression in which the "Goldberg Anxiety and Depression Scale" (EADG) was administered in 435 university students, 369 Colombians (117 from public universities and 252 from private universities in Medellín and Villavicencio) and 66 Mexicans. A quantitative methodology was used, statistical analysis. The results showed the presence of high levels of anxiety and depression; In addition, an investigative trend towards the effects of Covid-19 during the confinement stage. These results show important effects in the short and medium term that may appear soon, not only at the local level, but may even extend to different Hispanic territories.*

**Keywords:** anxiety, depression, pandemic confinement, Covid-19.

### Introduction

Anxiety is a common sensation in the subject; however, when it occurs recurrently, it can interfere with adaptive functioning, affecting the personal and social areas. Although anxiety helps the subject to face certain situations, when it presents pathologically, it may require psychological and psychiatric monitoring and even hospitalization. The presence of excessive anxious states leads to diagnoses of phobias and can end in certain cases in panic attacks, putting the physical integrity of the person at risk (Izurieta-Brito et al., 2022). Anxiety can be accompanied by irrational thoughts and physical states that are difficult to counter or overcome. This cognitive response can even be accompanied by hallucinations of different types (Lagos-San et al., 2022).

The presence of excessive anxious states can become phobias, even culminating in a panic attack, which is characterized by the presence of sensations of terror that appear suddenly, accompanied by irrational thoughts of apparent danger. The panic attack can occur at any time, generating pathological damage, which impairs the subject's ability to face everyday life situations (Medina-Gómez, 2019). To identify anxious behavior, it is necessary to analyze the subject's manifestations in the different scenarios in which he performs. Phobias or maladaptive

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anxious responses occur at a cognitive, physiological, and motor level. (Prieto-Molinari et al., 2020).

Thought plays an important role in the presence of anxiety; since, it usually appears as a defense mechanism that puts the subject on alert from the perception they have of situations of apparent danger and that can be real or imaginary. The cognitive response refers to thoughts, beliefs, and content associated with fear, triggering the motor and physiological response. This thought can anticipate both physiological and motor reactions (Altamirano-Chérrez, Rodríguez-Pérez, 2021). Some subjects experience anxiety as a cognitive and physiological response but can control the motor response. The problem appears when the behavior automatically reflects anxious states with behaviors that expose the subject (Pérez-Pérez, 2021). Negative thoughts can occur without causing problems for the subject; however, when these subjective anticipations control behavior, what in clinical psychology is known as maladaptive behaviors appears (Lacomba-Trejo, 2019).

Behavior is the tangible expression of what a human being can come to think and feel. Thought enters a situation of alert and leads the subject to act in such a way that it sets in motion a series of defense mechanisms that can become exaggerated and maladaptive (Sánchez-Loyo et al., 2021). Additionally, compulsive behavior can increase the acuity of perception towards the environment to identify threatening stimuli, mental concentration focuses on these stimuli and behaviors or anxiogenic responses that mitigate irrational ideas, which remain present in the subject of frequent or permanent way (Mellado-Yáñez, 2022).

On the other hand, depression is defined as a mood disorder that may be accompanied by recurrent crying for no apparent reason, intense feelings of hopelessness, fatigue, tiredness, desolation, and deep sadness (Medina-Guillen, 2020). Suicidal ideation is typical of depressive states and can end in suicide. Major depression often requires hospitalization, or with a good prognosis, pharmacological follow-up prescribed by a psychiatrist; It also significantly affects the personal, family, social and economic life of those who suffer from it. There is another type of depression that can be due to specific events, for example, postpartum depression, psychotic depression with post-traumatic stress, which can become stationary or not permanent (Cabezas-Heredia et al., 2021).

There is another type of depression that is very common in the population, which is characterized by the combination of euphoric states with irritability and major depression, which is known as bipolar disorder or manic depression, which can be due to mood or personality depending on the associated inclusion criteria. The feeling of guilt and inability is very common in people living with depression, feeling useless, powerless, and with few life skills, as well as pessimism or tunnel vision (Morales-Ramírez et al., 2021).

In university students, it can significantly affect their academic performance, including school dropout, since they have difficulty concentrating, short- and medium-term memory problems, less assertive decision-making sleep, and wakefulness problems, and even aggressiveness (Trunce -Morales, 2020). Depression varies from subject to subject and a deep case analysis is necessary for each of the consultants or students who may suffer from it, review of life history, family history, traumatic experiences, intrafamily violence, armed conflict, among others that they deserve to be considered in the approach with the patient (Carranza-Esteban, 2021).

### **Quarantine by Covid-19**

The confinement, quarantine or social isolation understood as measures under the Covid-19 emergency, constitute a way of life different from the so-called "normality" when the daily life of the subject is altered, this can generate alterations at an emotional, personal, family, or social level. The involuntary and imposed or mandatory restriction of the movement of subjects from their place of residence can cause both physical and mental illness, the appearance of a

sedentary lifestyle, obesity, intrafamily violence, anxiety, depression, among others, can be recognized (Centioni, 2020).

The interaction that human beings have with others can be highly affected after quarantine, the subject is social by nature and the construction of the social fabric is part of their adaptive behavior to face the environment, it requires not only contact with others but also have access to certain services that help guarantee states of personal and social well-being. In addition, confinement, as well as staying in small spaces for long periods of time with the same members, can lead to a feeling of overcrowding, triggering conflicts or violent events that can end in verbal, physical, psychological, or even sexual aggression (Ortiz et al., 2020).

The public health authorities in January 2020, declared an emergency due to a pandemic, resorting to global confinement as a protective measure, each nation took certain measures due to its political and economic condition; However, the restrictions at a general level and especially in Colombia and Mexico were highly controlled, commerce closed its doors, with the exception of large chains, health promoting entities attended only by telephone or telemedicine, even in serious illnesses, companies opted for teleworking, and educational institutions, depending on resources and public or private level, closed or guaranteed education measured by technology, but none had state approval to operate in person (Celly-Trujillo and Villamil-Jiménez, 2014).

According to worldwide figures, especially in the US, where a large number of studies are concentrated, it shows a considerable increase in reports of anxiety, stress, depression and insomnia during the confinement period, especially in adults, in young people while there is an increase in consumption of psychoactive substances, self-medication, variation in eating and sleeping habits, addiction to devices and internet access, increase in contracting with visual entertainment plans, television and internet, among others (Mayta-Avalos et al., 2021).

Exposure to the media intensified the fear of the disease, phenomena were generated in social networks of access to information of dubious reputation, addiction to pages or services that demand prolonged periods of time, obsession with the subject, focus on the disease, establishment of priorities around Covid-19, those who are for and against confinement, associated with devastating economic losses, regulations with some irregularity, breakdown in support networks, family distancing, unemployment, anger, separation and even suicide (Osuna- Ceballos, 2021).

## **Methodology**

The focus of this study is quantitative analytical cross-sectional, the selection of individuals was based on convenience sampling. The questionnaire, Goldberg Anxiety and Depression Scales (Goldberg et al, 1988) was administered. Each scale consists of four screening items (anxiety and depression subscale) which make it possible to determine whether the existence of a mental disorder is probable and five remaining items for each scale, which are raised only if an affirmative answer is given to two or more questions on the anxiety subscale; and one or more on the depression scale. The cut-off point on the anxiety scale is greater than or equal to four and on the depression scale greater than or equal to two (Hurtado, 2012).

The study was conducted at three universities, two Colombian, one public and one private, and one Mexican university. 435 university students participated, 369 Colombians (117 public universities and 252 private ones) and 66 Mexicans. The questionnaire was arranged in Google Forms and was sent by email during the months of June to October 2020, participation was voluntary, previously the informed consent was completed, where the objective of this investigation was explained.

The reliability of the Goldberg anxiety and depression scale was analyzed in the two countries, Cronbach's Alpha values ranging between 0.76 and 0.852 were reported for the anxiety and depression scales.

To determine the possible existence of a mental disorder, from the Goldberg scale, in the four screening questions, 346 students were identified in the anxiety subscale and 360 in the depression subscale. Subsequently, the second group of questions was applied to these young people, considering that people present the symptoms if the cut-off points are four or more on the anxiety scale and two or more on the depression scale (see Table 1).

Each of the questions were coded with 1 if the answer was affirmative, otherwise zero was assigned. Once the database was consolidated, the information was analyzed in R-studio. Initially, the description of the information was made, the confidence intervals were estimated for the proportion of students who presented symptoms of anxiety and depression using the Teaching Demos library, later, the homogeneity between the proportions between universities for each one was analyzed. of the scales through the Chi-square Test with a significance of 5%.

## Resulted

**Table 1.** Description of results Goldberg Anxiety and Depression Scale.

Anxiety symptoms	Count	Percentage	Depression symptoms	Count	Percentage
Yes ( $\geq 4$ points)	327	94.5%	Yes ( $\geq 2$ points)	348	96.6%
No ( $< 4$ points)	19	5.5%	No ( $< 2$ points)	12	2,8%
<b>Screening</b>					
2 o more	346*	79,5%	1 o more	360	82,8%
Less de 2	89	20,5%	Less de 1	75	17,2%

From the Goldberg Scale, it was identified that 94.5% of the students possibly have anxiety symptoms (95%CI; 91.4-96.5); while 96.6% present symptoms of depression (IC9% 94.1-98.1) (Table 1).

Considering the situation that young people faced when being subjected to confinement, to suspend the usual activities that they had been carrying out, from the anxiety survey it is identified that they have presented a series of behaviors associated with the emotional part (World Organization of Health, 2021). Figure 1 shows that more than 70% of the students have felt worried, nervous, or excited, a behavior that is identified in the three universities under study. Now, approximately 60% of students consider that they have had difficulty relaxing, have felt very irritable and consider that they have not slept well. In general, they feel worried about their health, they have difficulties falling asleep.

Regarding the students who present symptoms of anxiety and depression, Table 2 disaggregates the information by institution. On the anxiety scale, of the total number of students participating in the study, 94.5% have a high possibility of presenting this condition. When disaggregated by institution, in the private Colombian university (UCol\_Priv) and the Mexican (UMex\_pub) it is 96% and in the Colombian public university (UCol\_Pub) it is 89%. Regarding the depression scale, in each of the institutions, the rate of possible presence of depression symptoms is equal to or greater than 94%.

**Table 2.** Percentages and confidence intervals, symptoms of anxiety and depression.

Universities	Anxiety symptoms			Presence of symptoms	
	No	Yes	Total	Proportion	I.C 95%
UCol_Priv	7	198	205	0.965	0.93-0.98
UMex_pub	2	48	50	0.96	0.85-0.99
UCol_Pub	10	81	91	0.89	0.80-0.94
Total	19	327	346	0.945	0.92-0.96
	Depression symptoms				

	No	Si	Total		
UCol_Priv	6	209	215	0.97	0.94-0.99
UMex_pub	3	51	54	0.94	0.84-0.99
UCol_Pub	3	88	91	0.97	0.90-0.99
Total	12	348	360	0.96	0.94-0.98

From the chi-square test, it is identified that in the three universities there are significant differences in the behavior of anxiety symptoms ( $\chi^2=21.534$  and  $p$  value = 0.08) while there was a homogeneous behavior in the proportion of university students who probably present symptoms of depression ( $\chi^2=1.024$  and  $p$  value = 0.599).

## Discussion

Anxiety is defined by the presence of anticipated thoughts and sensations of harm or misfortune that may appear soon, it is accompanied by unpleasant physical experiences that can generate alertness in the subject or the possible presence of imminent danger, which can be threatening to the subject who fears facing the situation (Ruvalcaba-Pedroza et al., 2021). Anxiety is an emotional state that invades the subject in such a way that it affects the habitual or daily responses of average people, the anxious tend to feel stress most of the day due to situations that in themselves tend to be insignificant to others (Gómez- Landeros et al., 2019).

The intensity and lack of ability to overcome situations of daily life can lead to significant discomfort that requires treatment through psychological or even psychiatric and pharmacological consultation (Arredondo et al., 2021). The most representative symptoms of anxious episodes are accompanied by worry, apprehension, feeling overwhelmed, fear of losing control, exaggerated fear of dying, difficulty concentrating, spontaneous memory loss, irritability, restlessness, avoidance behaviors, inhibition, psychomotor block, obsessive thoughts, and compulsive behaviors associated with an exaggerated precaution to protect oneself from irrational threats (Barranco-Cuevas et al., 2021).

Stress can be another differentiating indicator, the person can experience anxiety and fear due to confinement or hopelessness with a significant reduction in social relationships, detachment, dullness and even depersonalization (Monterrosa-Castro et al., 2020). Stress can be due to momentary situations that tend to disappear as external events are overcome, which may be causing hyper-stress and hypo-stress (Motoa-Solarte & Velásquez-Lasprilla, 2020). Avoidance and hypervigilance can be an exaggerated response with motor restlessness, whose alteration can cause social deterioration due to the inability to face unpleasant sensations due to stress (Betancur-Jiménez et al., 2022).

The psychosocial factor is fundamental when managing anxiety and depression, the appearance of symptoms with behaviors that show deterioration in social activity can be indicators in university students (Hernández-Montaña, 2022). The strengthening of support networks and protective factors significantly reduce the appearance of clinically significant symptoms associated with anxiety (Campos, 2021).

Cultural aspects can also be important to identify anxiety states or even the presence of a disorder, living in confinement or confinement contexts can put the subject in repetitive situations that activate anguish and trigger systematic anxious states, this also depends on coping skills and personality traits in each subject to adapt to the environment in which they are immersed (Cabezas-Heredia et al., 2021).

In relation to the results, it is important that, based on the figures, it is possible to finally address a rigorous evaluation phase for each subject and therapeutic intervention to later move on to the follow-up stage, where the subject remains under observation in order to guarantee that it has managed to overcome obstacles and has managed to successfully overcome

situations that have catalyzed anxious and depressive states in the case of this study, as shown by the figures after confinement (Gutiérrez-Tarazona and González-Sánchez, 2021).

### Ethical considerations

There is no conflict of interest, the information presented here is unpublished, the participants signed informed consent to participate in the study, the ethical guidelines for data management were kept in mind, the identity of the subjects and institutions is kept anonymous.

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