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Practical and emotional problems reported by the general public during the COVID-19 pandemic when using a self-guided digital problem-solving intervention: A content analysis

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Abstract

Background: In order to better direct assessments and interventions towards the general population during the ongoing coronavirus disease 2019 (COVID-19) pandemic and future crises with societal restrictions, data on the types of practical and emotional problems people are suffering from are needed.

Objective: The aim of this study was to examine what types of practical and emotional problems the general population is suffering from during the COVID-19 pandemic, and to construct an empirically derived inventory based on the findings.

Methods: A total of 396 participants from the general public, with practical and/or emotional problems, accessed a self-guided digital problem-solving intervention for a period of one week to report and solve problems they experienced. Prior to accessing the intervention, participants completed a short self-assessment regarding symptoms of depression and anxiety. Content analysis was used to account for the types of problems participants reported. A set of items for an inventory was later proposed based on the problem categories derived from the analysis.

Results: A majority of participants had either clinically relevant symptoms of depression or anxiety. The problems reported were categorized as 13 distinct types of problems. The most common problem was difficulties managing daily activities. Based on the categories, a 13-items inventory was proposed.

Conclusions: The 13 types of problems, and the proposed inventory, could be valuable when composing assessments and interventions for the general population during the ongoing pandemic or similar crises with societal restrictions. The most common problem was of practical nature, indicating the importance of including examples of such problems within assessments and interventions. Clinical Trial: This article does not report results of a health care intervention, but was nevertheless retrospectively registered on ClinicalTrials.gov (ID: NCT04677270).

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Title Page

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Keywords: Digital intervention; COVID-19; Problem-solving; Self-guided intervention; Content analysis; Public health

Introduction

The coronavirus disease 2019 (COVID-19) pandemic is considered a threat to the mental well-being of the general public, and may increase the suicide risk for some people (Galea et al., 2020; Moutier, 2020). This threat consists of both emotional problems, such as anxiety, loneliness and low mood (Canet-Juric et al., 2020; Moutier, 2020), and practical problems, such as not being able to work remotely or to travel as before (Bartik et al., 2020; Beck & Hensher, 2020).

Population-level efforts aiming to prevent negative mental-health consequences have been called for since the first months of the COVID-19 pandemic (Galea et al., 2020). Furthermore, remotely implementable digital interventions for treatment and prevention have been seen as critical to achieve the scalability necessary to have an impact on the general public health (Torous et al., 2020). An example of a successful population-level effort during the COVID-19 pandemic is described in a previous study, where an existing intervention for extensive worry was adapted to COVID-19 related worry, transformed into a self-guided format (Wahlund et al., 2020) and later implemented in the Swedish regular health care system. However, since worry is only one possible problem experienced by the general population during the COVID-19 pandemic (Folkhälsomyndigheten, 2020), there is a need to assess what types of practical and emotional problems the general population is suffering from. This could facilitate the direction of assessments and interventions towards the general public both during the ongoing pandemic and in future similar crises.

Problem solving therapy is a well-examined intervention originally constructed for major depression, targeting the ability to solve problems (Cuijpers et al., 2018). Moreover, the ability to solve problems has been highlighted as one of several protective factors for individuals in the general population affected by the COVID-19 pandemic when considering societal suicide prevention (Wasserman et al., 2020). A problem-solving intervention could thus be a suitable intervention for the general public experiencing practical or emotional problems during the ongoing pandemic.

Aim

The aim of this study was to examine what types of practical and emotional problems the Swedish help-seeking population is experiencing during the COVID-19 pandemic. Additionally, another aim was to construct an empirically derived inventory that facilitate the assessment of problems and direction of interventions in the general population during the ongoing pandemic or similar crises with societal restrictions.

Methods

Setting and Study Design

The study was part of a project aiming to investigate treatment engagement with a self-guided digital problem-solving intervention between two different user interfaces. The results concerning the effect of user interfaces on treatment engagement will be presented in a forthcoming paper. In this paper, the focus lies on the types of practical and emotional problems the general help-seeking population in Sweden reported suffering from during the COVID-19 pandemic, when using a self-guided digital problem-solving intervention. The study was approved by the Swedish national ethical review board (ID: 2020-02739), and although the article does not report results of a health care intervention, the study was nevertheless retrospectively registered on ClinicalTrials.gov (ID: NCT04677270) 2020-12-21.

Participants and Recruitment

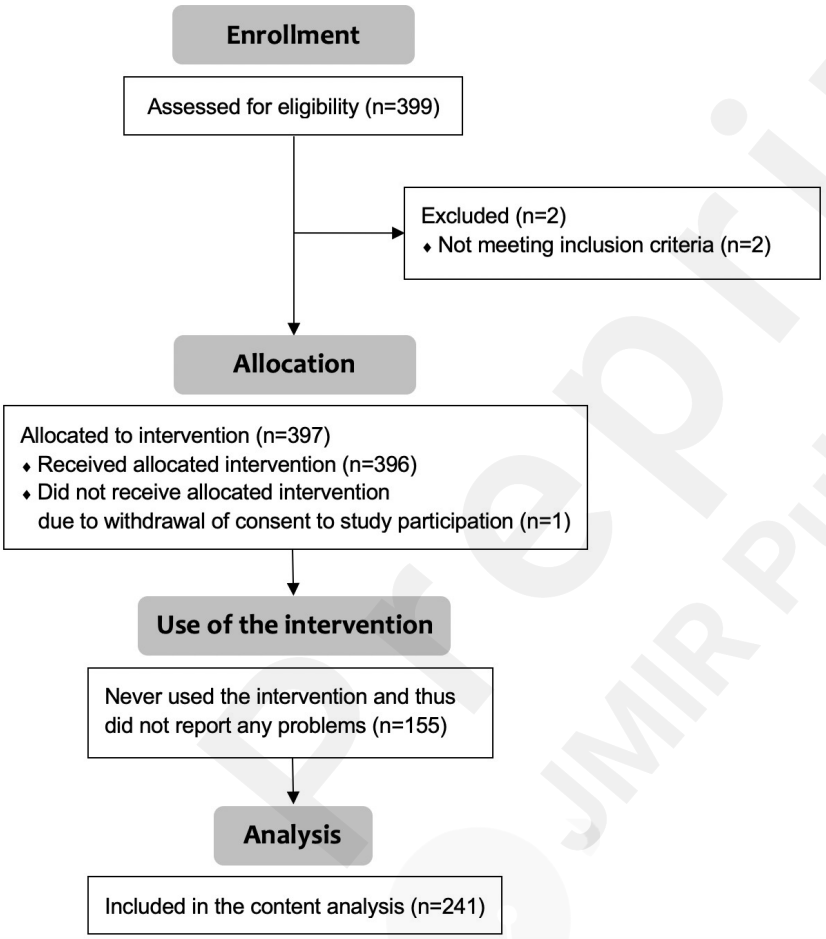
The target population was the general help-seeking population in Sweden, suffering from practical and/or emotional problems during the COVID-19 pandemic. Participants were recruited nation-wide in Sweden through ads on social media during a period of six weeks, between August 26th and

October 6th 2020. Inclusion criteria were 1) 16 years old or above, and 2) self-reported practical and/or emotional problems experienced during the COVID-19 pandemic.

Procedures

To register to the study, participants completed a digital self-assessment on a secure digital platform. Written informed consent was digitally provided by all participants. Of the 399 individuals who registered to the study, only two persons were excluded from participating, due to not experiencing problems (i.e., the second inclusion criterion was not met). Furthermore, one person withdrew consent for participation. A total of 396 participants were thus included, and accessed a self-guided digital problem-solving intervention for a period of one week to report and solve problems they experienced. See figure 1 for the study flowchart.

Figure 1
Flowchart



Intervention

A self-guided digital problem-solving intervention adapted to the COVID-19 pandemic was created for the study. An already existing digital problem-solving intervention, used as a component in Internet-delivered cognitive behavioral therapy for individuals with major depression in Swedish regular health care (Hedman et al., 2014), was used as a template and adapted for self-guidance. The intervention could be accessed via a computer or mobile device connected to the Internet, on a secure digital platform.

The problem-solving intervention comprised psychoeducational texts and rationale, examples of problems and suggestions of solutions, pictures, instructions and problem-solving exercises. All material within the intervention was in Swedish, and was adapted with regards to the pandemic situation. In total, the intervention consisted of about 4800 words.

Measurements

When registering to the study, participants completed a digital assessment comprising questions on demographics and whether they experienced problems during the COVID-19 pandemic. Participants also completed two self-assessed short scales, Patient Health Questionnaire-2 (PHQ-2) (Kroenke et al., 2003) and Generalized Anxiety Disorder-2 (GAD-2) (Kroenke et al., 2007), measuring symptoms of depression and anxiety respectively. These scales were administered to assess the proportion of participants with a possible clinical symptom burden, but was not used either for inclusion or as an outcome measure.

Data Analysis

Content analysis (Krippendorff, 1980) was used to code all participants' problem-solving attempts that were reported and saved within the digital platform, and to create categories of problems based on these. All problem-solving attempts were entered in text on the digital treatment platform. Thus, transcription of data was not needed.

The step by step categorization of data started with defining each problem-solving attempt as the unit of analysis (Schilling, 2006). In order to create categories for the content analysis, 25 participants were selected randomly for initial coding. Three of the authors, AH, EF and MK coded these participants jointly and created the coding instructions as well as the categories with consensus. Then, another 25 randomly selected participants were independently coded by the three coders, using the instructions and categories created. The inter-rater agreement between the coders was substantial (McHugh, 2012) (Cohen’s Kappa, K = 0.66-0.76). After checking inter-rater reliability was acceptable, disagreements were discussed until a consensus was reached. Afterwards, the remaining 346 participants were divided between the three coders, and their problem-solving attempts were coded using the identified categories. Any uncertain categorizations were discussed with all coders.

The categorization of reported problem-solving attempts was later utilized in a quantitative description of the content (Schilling, 2006). Namely, how many problem-solving attempts that belonged to each category, as well as how many of the participants had solved at least one problem that belonged to each category. Furthermore, to ensure that data was not skewed by a few active participants, the use of the intervention was quantified by the percentage of participants using the intervention at least once, as well as the average number of problem-solving attempts completed during the week of access. Lastly, based on the problem categories derived from the analysis, a set of items for an inventory was proposed.

Results

A majority of participants were women, university educated, and had either clinically relevant symptoms of depression or anxiety. See table 1 for complete sample characteristics.

Table 1
Sample characteristics

Variable	**Total (N=396)**
Female gender, n (%)	352 (89%)
Age, mean (SD) [range]	40 (13) [17-79]
In a relationship, n (%)	246 (62%)
Occupational status, n (%) Employed full time	 200 (51%)

Employed part-time	41 (10%)
Student	68 (17%)
Parental leave	7 (2%)
Unemployed	34 (9%)
Long-term sick leave	21 (5%)
Retired	25 (6%)
Education, n (%)	
Primary school	7 (2%)
Secondary school	78 (20%)
University	311 (79%)
Possible major depression PHQ-2 ≥3, n (%)	235 (59%)
Possible generalized anxiety GAD-2 ≥3, n (%)	236 (60%)
Concurrent possible depression and anxiety, n (%)	180 (45%)
Either possible depression, anxiety, or both, n (%)	291 (73%)

SD, standard deviation; PHQ-2, Patient Health Questionnaire-2; GAD-2, Generalized Anxiety Disorder-2.

A majority of participants used the problem-solving intervention at least once during the week of access. See table 2 for details on the use of the intervention.

Table 2
Use of the problem-solving intervention

Variable	**Total (N=396)**
Used the problem-solving intervention at least once, n (%)	241 (61%)
Problem-solving attempts per participant, mean (SD)	1.13 (1.44)

SD, standard deviation.

The problems reported within the intervention by the participants who used the intervention at least once were categorized into 13 distinct types of problems that can be found in table 3. The three most frequent categories of problems were of a practical nature, such as difficulties initiating daily activities, problems or frustration regarding work and/or study situation, and problems or frustration with public health guidelines or the pandemic situation in general.

Table 3
Types of problems from content analysis

Type of problem	**Number of participants with problem (% of number of participants who used the intervention at least once, N=241)**	**Number of problems (% of total number of reported problems, N=446)**	**Definition**	**Examples**
Daily activities	51 (21%)	59 (13%)	Difficulties initiating daily activities, staying motivated or	Not getting household activities done

			maintaining focus	Spending too much time on social media
Work and study	46 (19%)	51 (11%)	Problems or frustration regarding work and/or study situation	Working at home with children Struggling with digital work or studies
Health behaviors	40 (17%)	44 (10%)	Difficulties maintaining health promoting behaviors such as physical activity, satisfactory sleep patterns or active recovery	Getting less physical exercise than usual Having trouble falling asleep
Family and relationship	37 (15%)	40 (9%)	Problems related to relationships including family, friends or significant other	Feeling unhappy in a relationship Finding it difficult to establish new relationships
Health anxiety	35 (14%)	36 (8%)	Affected emotionally by health fears or worry regarding self or others	Worrying to get infected with coronavirus Worrying that relatives or friends will suffer from coronavirus
Pandemic guidelines	31 (13%)	45 (10%)	Problems or frustration with public health guidelines or the pandemic situation in general	Being bound to home as soon as you experience the sightliest signs of symptoms of coronavirus Feeling frustrated at others not following the pandemic guidelines
Non-health related anxiety or stress	30 (12%)	35 (8%)	Affected emotionally by non-health related anxiety or stress related problems	Experiencing social anxiety or generalized anxiety Feeling overwhelmed
Financial issues	26 (11%)	30 (7%)	Financial problems or fears	Experiencing fear of losing your job Suffering from loss of income
Loneliness	22 (9%)	22 (5%)	Affected emotionally by loneliness	Suffering from having had less contact with family or friends Experiencing social isolation
Low mood	20 (8%)	21 (5%)	Low mood or feelings of meaninglessness	Feeling sad most of the time Experiencing apathy
Changes in emotional state apart from anxiety and low mood	19 (8%)	22 (5%)	Emotional challenges other than anxiety or low mood	Feeling angry Experiencing low self-esteem
Health issues	19 (8%)	23 (5%)	Health issues related to COVID-19 or other illness regarding self or others	Experiencing difficult symptoms of coronavirus or other illness Having a relative or friend with health issues
Weight and eating	18 (7%)	18 (4%)	Problems related to weight or eating	Experiencing unintentional weight change

				Struggling with binge eating

Based on the 13 distinct types of problems derived from the content analysis (see table 3 above), the following items are proposed for an inventory of practical and emotional problems during the COVID-19 pandemic.

Figure 2
Proposed inventory of practical and emotional problems during a crisis with societal restrictions

	Do you experience…
1.	…difficulties initiating daily activities, staying motivated or maintaining focus? Examples of these difficulties include not getting household activities done, or spending too much time on social media.
2.	…problems or frustration regarding your work and/or study situation? Examples of these problems include working at home with children, or struggling with digital work or studies.
3.	…difficulties maintaining health promoting behaviors such as physical activity, satisfactory sleep patterns or active recovery? Examples of these difficulties include getting less physical exercise than usual, or having trouble falling asleep.
4.	…problems related to relationships including family, friends or significant other? Examples of these problems include feeling unhappy in a relationship, or finding it difficult to establish new relationships.
5.	…yourself being affected emotionally by health fears or worry regarding yourself or others? Examples of these difficulties include fearing or worrying to get infected with coronavirus, or worrying that relatives or friends will suffer from coronavirus.
6.	…problems or frustration with public health guidelines or the pandemic situation in general? Examples of these problems include being bound to home as soon as you experience the sightliest signs of symptoms of coronavirus, or feeling frustrated at others not following the pandemic guidelines.
7.	…yourself being affected emotionally by non-health related anxiety or stress? Examples of these difficulties include experiencing social anxiety or generalized anxiety, or feeling overwhelmed.
8.	…financial problems or fears? Examples of these problems include experiencing fear of losing your job, or suffering from loss of income.
9.	…yourself being affected emotionally by loneliness? Examples of these difficulties include suffering from having had less contact with family or friends, or experiencing social isolation.
10.	…a low mood or feelings of meaninglessness? Examples of these problems include feeling sad most of the time, or experiencing apathy.
11.	…emotional challenges other than anxiety or low mood? Examples of these difficulties include feeling angry, or experiencing low self-esteem.
12.	…health issues related to COVID-19 or other illness regarding self or others? Examples of these problems include experiencing difficult symptoms of coronavirus or other illness, or having a relative or friend with health issues.
13.	…problems related to weight or eating? Examples of these problems include experiencing unintentional weight change, or struggling with binge eating.

Discussion

Principal Results

In this study, COVID-19 related practical and emotional problems experienced by the Swedish help-seeking population were examined during the use of a self-guided digital problem-solving intervention. Content analysis was used to investigate the types of problems reported within the intervention.

The participants reported 13 different distinct types of problems. Practical problems, such as managing the daily life and work situation, were most frequently reported, while loneliness, low

mood and other emotional difficulties were less common. This might be due to participants possibly preferring solving practical problems in the digital problem-solving intervention, or due to participants possibly finding the intervention credible for mainly handling problems of practical nature. It might however also have to do with practical problems actually being the predominant problem area experienced by participants in this study. Apart from that it has been reported that the pandemic has had a vital impact on peoples' practical work situations (Bick et al., 2020), societal restrictions has also lead to great challenges on managing work-family balance with sometimes minor support (Fisher et al., 2020; Galanti et al., 2021).

In a previous study, COVID-19 related worry was highlighted as a target for a self-guided digital intervention (Wahlund et al., 2020). Among the participants in the current study, health anxiety was reported but not as common as problems of more practical nature. This highlights the need of targeting a broad range of problems during a crisis involving a disease, including problems of practical nature, as a complement to health-related worry.

The relatively low frequency of mood related problems and feelings of loneliness might need to be interpreted within the context of the study being conducted in Sweden. Sweden has, unlike most other countries, not imposed mandatory lockdown during the COVID-19 pandemic. This may have impacted the mental wellbeing of the inhabitants. Due to voluntary restrictions recommended by the Swedish government during the pandemic, Sweden has however had similar societal consequences, such as economic damage, as countries in lockdown (Sheridan et al., 2020). As the results show, a number of people have reported financial problems.

Even though vaccination for COVID-19 has begun worldwide, it is still not clear whether some problems, both societal and health related ones, that has arisen during the pandemic will yet remain for some time (Arnold et al., 2021; Brammer et al., 2020). We believe that the inventory on practical and emotional problems in a crisis with societal restrictions proposed in this paper could therefore be of value not only during the still ongoing pandemic, but possibly also in the near future. We propose that the inventory can act as a guidance when constructing both assessments and interventions related to COVID-19 problems, as well as serve as a part of public health information concerning the pandemic and its consequences.

Since most items in the proposed inventory are not COVID-19 specific, the inventory might also be a helpful guidance in future similar crises. However, it is not certain that all items will be relevant in a future crisis with societal restrictions. Health anxiety, which was reported in this study, is an example of a type of problem that is more likely to occur during crises involving a disease. Nevertheless, most other items derived from the content analysis fit into a crisis with societal restrictions whether or not a disease is involved.

Based on that the recruitment to the study was rapid, during a relatively short period of time, we interpreted the interest for gaining access to a problem-solving intervention as high. This reflects an apparent urge for interventions of this kind. We believe that this has practical implications, since the results from this study can be used to adapt and possibly improve similar interventions, both during the still ongoing pandemic as well as for possible remaining problems that has arisen due to the pandemic.

When providing digital interventions in a self-guided format, there is a risk of low adherence and low use. This was exemplified in a previous Swedish adaptation of a self-guided intervention for mental health problems (Nilsson et al., 2019). We believe that one of the strengths of the current study was that a majority of participants used the digital intervention, and hence contributed to the generalizability of the results.

Limitations

There are some limitations to this study that need to be acknowledged. Firstly, the sample predominantly consisted of university educated women, which impact the generalizability of the results. Secondly, participants were recruited through ads on social media. We are not sure if the results or sample would have differed if additional recruitment methods would have been used. Thirdly and lastly, the problem-solving intervention constructed for individuals with major depression, that was used as a template for the development of the digital intervention used in the current study, is intended to be used during several weeks (Hedman et al., 2014). In the current study, access to the intervention was limited to a period of one week. It is unclear whether a longer period of access to the intervention would have resulted in participants reporting additional types of problems.

Future Research

For future studies, we recommend that the inventory suggested within this paper will be evaluated with regards to psychometric properties.

Conclusions

The reported problems of participants during the COVID-19 pandemic in this study fell into 13 distinct categories of problems. These can serve as targets of interventions or be of help when screening for problems in the general population during the ongoing pandemic or in future similar crises. The most frequently reported type of problem was of practical nature, indicating the importance of giving examples of practical problems within both interventions and assessments.

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Conflicts of Interests

BL is Shareholder of DahliaQomit AB, a company specializing in online psychiatric symptom assessment, and Hedman-Lagerlöf och Ljótsson psykologi AB, a company that licenses cognitive behavior therapy manuals. AH, EF, nor MK have any competing interests.

Author Contributions

AH and MK performed the literature search and drafted the manuscript. AH, EF and MK performed the content analysis. All authors, AH, EF, BL and MK, were involved in the study design, the acquisition of data, contributed to the statistical analysis and interpretation of data, and have read, revised and approved the manuscript. AH, EF and MK verify the accuracy of the underlying data.

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