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Social isolation, religious affiliation, and mental health in adult Minnesotans

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Introduction

Background

- Social isolation involves an individual's social network (i.e., quantity, quality, and structure) and their appraisal of relationships (Wang et al., 2017).
- Social isolation has been associated with an increase in mortality (Pantell et al., 2013) and a vulnerability for various mental-health issues (e.g., depression, anxiety, PTSD, etc.; Achterbergh et al., 2020; Ma et al., 2020).
- Religious affiliation often involves greater social involvement, while simultaneously being associated with an increase in a sense of belonging (Rote, Hill, & Ellison, 2013), and a decrease in negative emotions (Rosemarin, Pargament, & Mahoney, 2009).

Hypotheses

- We predicted that participants would be at a higher risk for social isolation during the COVID-19 pandemic than was observed in a previous survey before the pandemic.
- We predicted that participants who were at risk for social isolation would self-report more diagnosable mental health conditions.
- We predicted that participants who were affiliated with a religion would be at lower risk for social isolation.

Methods

Participants

- A random sample of 277 adults living in Minnesota (51% women; 75% white; age $M = 48.39$, $SD = 17.90$ years)
- 6% response rate
- 80% cooperation rate
- 6.1% margin of error (at 95% confidence level)

Method

- A list of telephone numbers with Minnesota area codes was generated via random digit dialing (Dynata, Inc)
- Data was collected October 11-30, 2021
- Participants completed a telephone survey about political and social issues that lasted approximately 15 minutes
- Student callers were trained to minimize bias during interviews

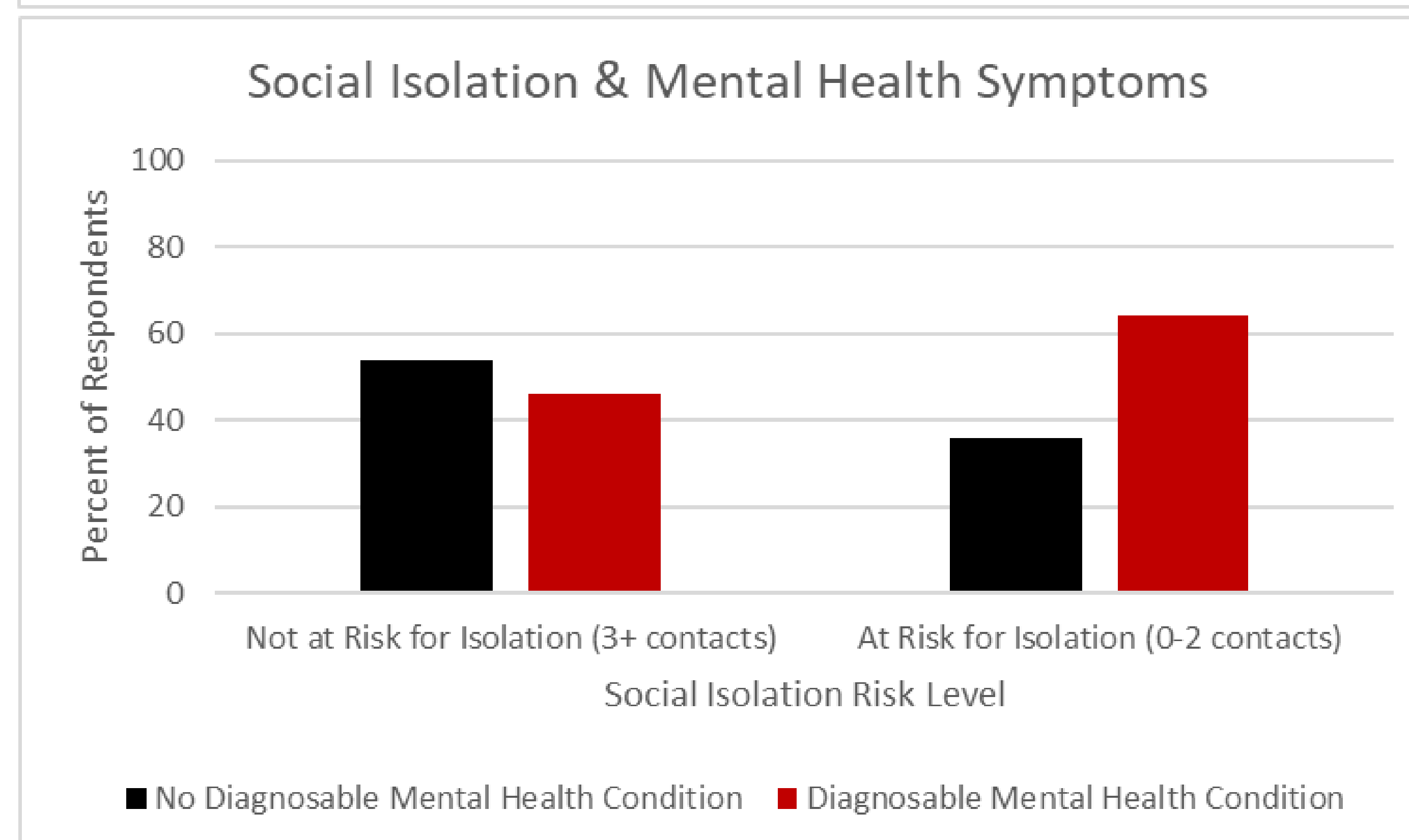
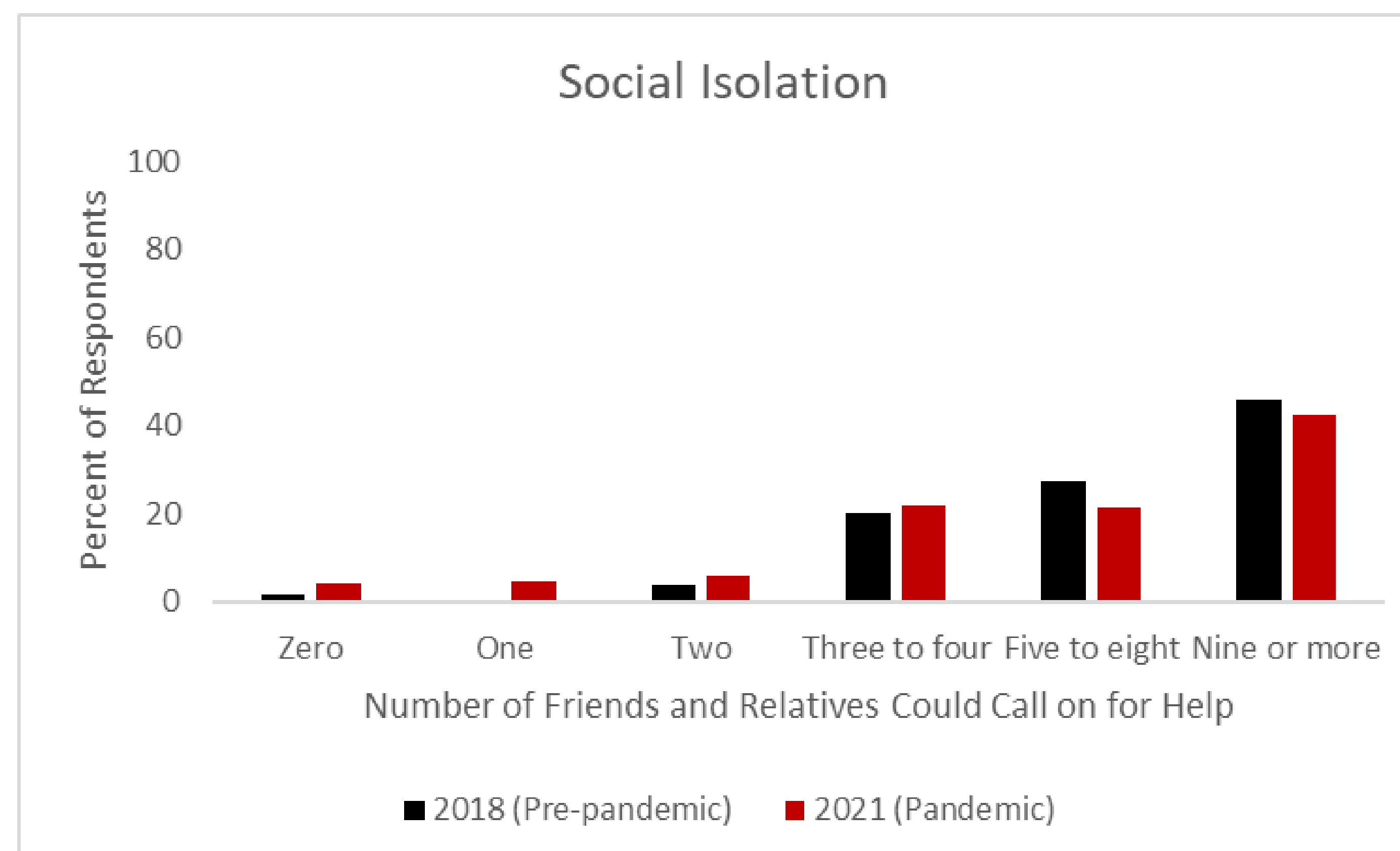
Data Preparation and Analysis

- Data was weighted on age to better match the adult population of Minnesota
- Frequencies and chi-square analyses were used to analyze data

Results

Descriptive Statistics

- 14% of participants were at risk for social isolation (they had two or fewer people they could call on for help).
- 49% of participants indicated they have or ever had a diagnosable mental health condition.
- 75% of participants indicated a religious affiliation, with the most common denominations being Roman Catholic (24%), Mainline Protestant (24%), Evangelical Protestant (14%), or some other religion (14%).



Results (cont.)

Hypothesis Testing

- As predicted, there was a significant difference in risk for social isolation before and during the COVID-19 pandemic, chi-square = 6.23, $p = .01$.
 - A higher percentage of participants were at risk for isolation during the pandemic (14%) than before the pandemic (9%).
- As predicted, there was a significant relationship between risk for social isolation and mental health, chi-square = 4.33, $p = .04$.
 - Participants who were at risk for social isolation were more likely to self-report a diagnosable mental health condition than those with more social connections.
- There was not a significant relationship between social isolation and religious affiliation, chi-square = .18, $p = .67$.

Conclusions

Implications

- Findings illustrate a potential increase in social isolation during the COVID-19 pandemic.
- Results highlight how important social connections are to personal well-being and perceptions of mental health. Interventions that foster social connection and mental health may be especially important during the ongoing pandemic.
- Religious affiliation was not associated with risk for social isolation.

Future Directions

- Our religion item was limited; we asked participants about religious affiliation. We plan to add another item to future surveys to address religious participation.

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