As of 1 April 2020, there have been 29,474 confirmed cases of COVID-19 in the UK. As discussed by Mahase, the UK government has enforced “social distancing” measures to curb transmission, protect the vulnerable, and prevent saturation of the NHS. Social distancing has potential mental health implications—how can we mitigate these to bolster this essential public health effort?

In recent pandemics, isolation and quarantine (more extreme forms of social distancing) have precipitated depression and anxiety. We might expect to see similar effects as confined people are detached from their loved ones, deprived of personal liberties, and devoid of purpose owing to altered routine and livelihood. This can contribute to frustration, boredom, low mood, and potentially depression. Anxiety might arise from fear of contagion and inadequate clarity around social distancing guidelines, often made worse by less reliable media sources heightening confusion and fearmongering. Those with pre-existing mental illness might suffer from limiting interpersonal interactions that are central to their management, as well as reduced access to helpful but “non-essential” (and thus often cancelled) psychiatric services.

Mitigating these mental health effects requires a concerted effort from the public, policy makers, and healthcare professionals. For the public, daily routines incorporating a healthy lifestyle, hobbies, virtual social interactions, and mindfulness are recommended. Government, media, and healthcare professionals should communicate clear and accurate public health guidance. Care workers could remotely monitor people at risk (those predisposed to mental illness and vulnerable groups) to provide additional support. To successfully implement social distancing, we must deal with these effects on mental health. The challenges of society returning to normalcy after social distancing remain to be explored.

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