Mitigating the psychological effects of social isolation during the covid-19 pandemic

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What you need to know

• Primary care could provide unique relationship-based continuity of care to patients with psychological effects from social isolation during the current covid-19 pandemic
• Such patients could be identified with existing simple and validated screening tools
• Telephone or online video consultations are safe and effective for providing support for mental health in primary care, including counselling, coaching, and befriending. Video consultations can provide additional visual information and therapeutic presence and are particularly useful for anxious patients
• Social prescribing can improve the social and psychological wellbeing of patients by drawing from community resources such as the arts (for example, singing in a virtual choir, dancing, or online drawing classes). It can be delivered by trained non-clinical staff in primary care

A 76 year old woman who lives alone requests a telephone consultation. She is in strict self isolation because of her severe chronic obstructive pulmonary disease. She has a history of anxiety and mild depression and says she cannot stop watching the news and is terrified she will catch coronavirus and die. She has a neighbour who helps her with essential shopping and a younger sister who lives abroad. She had previously complained of feeling lonely. She has no acute physical health complaints and is eating and drinking adequately.

During the covid-19 pandemic, physical distancing measures (also called social distancing) have been implemented in many countries to interrupt viral transmission and delay the spread of infection. These measures range from mandatory quarantine to voluntary self isolation and have come at a cost of socially isolating many people, putting their mental and emotional health at risk. Key areas of social interaction, connection, and support have been affected by the closure of pubs, restaurants, libraries, sports facilities, and community centres for the elderly, in addition to the cancellation of sporting events, weddings, and funerals. The World Health Organization and the UK government have issued guidance on the management of mental health aspects of covid-19.

This article offers an approach to identifying and managing adults impacted by the psychological effects of social isolation during the covid-19 pandemic, and to mitigate the adverse effects of physical distancing.

What are the psychological impacts of social isolation?

Evidence from previous infectious outbreaks and pandemics demonstrates the deleterious mental and psychological effects of social isolation. For example, high psychological distress was reported by 34% of quarantined horse owners during equine influenza outbreak compared with 12% in the general population. After the 2009 influenza A (H1N1) pandemic in the US, post-traumatic stress scores were four times higher in quarantined children than in those who were not quarantined, and 28% of quarantined parents reported symptoms of trauma related mental health disorders compared with 6% of parents not quarantined. After release from quarantine due to SARS, many people reported avoiding those coughing and sneezing (54%) and avoiding crowded (26%) and public spaces (21%) for several weeks.

Anxiety, low mood, stress, fear, frustration, and boredom may be precipitated by covid-19 and its consequences, including restriction of movement; loss of social connections and employment; loss of financial income; fear of contagion; or concern about lack of access to basic needs such as medicines, food, or water. These symptoms may be appropriate reactions to extreme circumstances but may hinder patients’ ability to function.

Loneliness is a subjective unpleasant experience and refers to dissatisfaction with the discrepancy between an individual’s preferred and actual social relationships. It is a psychological manifestation of social isolation—commonly experienced at times of change—and is associated with adverse impacts on mental and physical health, including premature death at rates comparable to obesity and smoking. People with serious underlying physical and mental health conditions, those who are socioeconomically disadvantaged, or are elderly are at increased risk of loneliness.
How to approach patients

Primary care doctors providing patient-centred, longitudinal care are in a unique position to provide psychological support and treatment during the current pandemic, since continuity of care is associated with lower mortality rates and better patient outcomes. Patients struggling with mental health impacts of social isolation can present for any reason and may or may not openly report distressing psychological symptoms. Furthermore, one in five patients consult general practitioners for primarily social problems rather than medical.

If not mentioned outright by patients, the decision of who to screen for psychological distress requiring intervention should be based on clinical judgment, prior knowledge of the patient, and individual risk factors. Initially, open-ended questions can be used to explore biopsychosocial issues: worsening sleep, screen time, mood, or eating or increased substance use may be cause for concern, signalling the potential need for additional screening. Though many may experience mental health symptoms during the covid-19 pandemic, people with risk factors for significant psychological harm may experience more severe or debilitating symptoms that require intervention.

Screening for depression and anxiety

There are no specific screening tools to cover all the mental health and psychological impacts of covid-19. Previous studies on the mental health impacts of outbreaks and pandemics have used pre-existing questionnaires. Validated screening questions such as those in box 2 are already used to assess for anxiety and depression in primary care. Further assessment including evaluating suicide risk (asking about suicidal thoughts, plan and intent), will be guided by patient responses. Clinicians could use validated tools such as the Columbia Suicide Severity Rating Scale.

Screening for distressing loneliness

We suggest using the rigorously tested UCLA Loneliness Scale to assess for distressing loneliness, which has been shown to be reliable when completed via telephone consultation. It is also applicable in different cultural settings. If physically distancing to any extent, many patients could score 6 or above on the scale.

What evidence based strategies exist for managing the psychological impacts of the covid-19 pandemic?

The cornerstones of mental health treatment remain the same as in the pre-pandemic period. Patients may need reassurance, appropriate safety-netting, and self care advice, as from WHO. Decisions

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Box 1: People at risk of psychological harm from social isolation during the covid-19 pandemic

- People with pre-existing physical and mental health conditions (such as anxiety, depression, and obsessive-compulsive disorder)
- Older people living alone or in institutions such as care homes and special needs facilities
- Disabled individuals, especially those with learning and communication disabilities
- People with recent bereavement, hospitalisation, or illness
- Individuals infected with covid-19 who are stigmatised in the community
- Those subject to domestic violence, which is likely to be made worse during quarantine
- People with drug and/or alcohol use disorders
- Individuals with caretaking responsibilities, including childcare during extended school closures
- People who are unemployed or those who have lost income during the pandemic
- People living alone with limited social capital and support network
- Individuals under mandatory quarantine and those in strict self-isolation due to serious physical health conditions (shielding)
- Young people (due to closure of schools and colleges and sports and entertainment facilities)
- Refugees, internally displaced people, and undocumented migrants

Box 2: Patient Health Questionnaire-4 (PHQ-4) screening questions for anxiety and depression

Over the last two weeks, how often have you been bothered by the following problems:

- Feeling nervous, anxious or on edge?
- Not being able to stop or control worrying?
- Little interest or pleasure in doing things?
- Feeling down, depressed, or hopeless?

To score answers, the responses should be coded as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Several days</td>
<td>1</td>
</tr>
<tr>
<td>More than half the days</td>
<td>2</td>
</tr>
<tr>
<td>Nearly every day</td>
<td>3</td>
</tr>
</tbody>
</table>

Add the scores for each question together to give a possible total score from 0 to 12, with categories of psychological distress being:

- Scores 0-2 = None
- Scores 3-5 = Mild
- Scores 6-8 = Moderate
- Scores 9-12 = Severe

Scores 6-8 = Moderate

Scores 9-12 = Severe

Scores 3-5 = Not lonely

Scores 6-9 = Lonely

Box 3: The UCLA Loneliness Scale

How often do you feel isolated from others?

ScoreResponse
0Not at all
1Several days
2More than half the days
3Nearly every day

How often do you feel left out?

ScoreResponse
0Not at all
1Several days
2More than half the days
3Nearly every day

How often do you feel alone?

ScoreResponse
0Not at all
1Several days
2More than half the days
3Nearly every day

Add the scores for each question together to give a possible total score from 0 to 12, with categories of psychological distress being:

- Scores 0-2 = None
- Scores 3-5 = Not lonely
- Scores 6-9 = Lonely
- Scores 9-12 = Severe

Scores 3-5 = Not lonely

Scores 6-9 = Lonely

Scores 9-12 = Severe

Scores 0-2 = None

Scores 3-5 = Not lonely

Scores 6-9 = Lonely

Scores 9-12 = Severe

Scores 0-2 = None

Scores 3-5 = Not lonely

Scores 6-9 = Lonely

Scores 9-12 = Severe
regarding mental health interventions for patients will depend on
the severity of symptoms and screening results, pre-existing mental
health conditions, available social resources, patient wishes, and the
estimated risk of adverse health outcomes. As in typical practice,
specialist advice or referral to mental health services may be
required.

Box 4: WHO advice for people in isolation

- Stay connected and maintain your social networks
- Keep your daily routines or create new ones if circumstances change
- During social distancing, stay connected to friends, family, and
  community members via telephone, email, social media, or video
  conference
- During times of stress, pay attention to your own needs and feelings
- Engage in healthy activities that you enjoy and find relaxing
- Exercise regularly, keep regular sleep routines, and eat healthy food
- A near constant stream of news reports can cause anyone to feel
  anxious or distressed. Seek information updates and practical
  guidance at specific times during the day from health professionals
  or reliable sources such as the WHO
- Avoid listening to or following rumours that make you feel
  uncomfortable

The use of online, self-guided cognitive behavioural therapy (CBT)
is well established and at least as effective as face-to-face CBT for
many mental health conditions, including anxiety and depression.24 25
Patients with severe symptoms or pre-existing mental health
conditions may need referral to community mental health services
or to secondary care through routine referral pathways.

Two additional evidence based strategies could reduce psychological
harm during the pandemic: remote telephone or video consultations
and social prescribing.

Use of remote telephone or video consultations during social
isolation

Containing the spread of covid-19 has entailed a dramatic shift from
face-to-face to remote consulting for primary care and mental health
providers. There is strong evidence for the acceptability, safety, and
effectiveness of telephone and online video consultations in
healthcare settings for improving mental health.26 In a study
assessing depression in low-income elderly patients, telehealth
problem solving therapy was as effective as face-to-face therapy, for
example.27 Patients with medically unexplained symptoms
experienced reduced anxiety and depression symptoms when
psychotherapy was delivered via the internet compared with the
usual face-to-face treatment.28

Telephone consulting is a familiar tool that has been widely used in
primary care for decades but is limited by the lack of non-verbal
cues.29 30 Video consultations provide therapeutic presence and
additional visual information and may be particularly useful for
anxious patients.31 32 There is also evidence that videoconferencing
with a smartphone for nursing home residents reduces subjective
feelings of loneliness.33 However, effective use of video consultations
and other web based technologies may be limited in resource-poor
or rural settings, in populations with low health literacy, and in some
older adults.

After identifying patients—including those with anxiety, depression,
and loneliness—through screening, video consultations can be used
both for initial consultation and subsequent therapeutic sessions
such as befriending, problem solving, counselling, and coaching by
clinicians or trained social prescribers in primary care (box 5).

Box 5: Use of remote general practice consultations to mitigate
psychological harm during the covid-19 pandemic (based on
Calgary-Cambridge communication model36)

Set up
Check the patient’s medical record for risk factors for mental health
problems and loneliness such as living alone, being elderly, or having
pre-existing mental or physical health conditions. Have online self help
websites for mental health and loneliness on hand.

Connect
Check the quality of audio and video link, confirm you are speaking to
the right patient, check the patient’s location and ensure their privacy
and comfort, and confirm that the patient is happy to continue.

Communicate
Develop rapport, explore the patient’s ideas and concerns and what they
hope to get out of this session, listen attentively and sensitively, ask
open questions, and avoid jargon and information overload. Screen for
anxiety, depression, and loneliness. Explore social, spiritual, and
psychological concerns, and agree on a problem list. Offer routine mental
health and psychological support as appropriate. If there is no
diagnosable mental health condition on initial contact, refer or signpost
to social prescribing support (box 6), which can advise on a range of
actions including diet, physical activity, and maintaining social
connections using digital resources. Social prescribing can also be used
for mental health in parallel with other interventions.

Conclude
Summarise key concerns and ask if the patient has any further questions.
Agree a plan, including a date for review.

The role of social prescribing in a pandemic

Social prescribing is the use of non-medical interventions such as
the arts, physical activity, or other community engagement (for
example, singing in a choir; dancing, exercise classes or painting
classes) to address broader determinants of health and improve
wellbeing by drawing on existing assets and resources in
communities.35 Multiple studies have shown that social prescribing
such as engagement with the arts is a cost effective approach that
could help prevent a range of physical and mental health
conditions.36 While covid-19 prevents meetings in person, many
activities and voluntary services have moved to digital platforms.
Emerging interest in social prescribing37 39 could be harnessed
during the current pandemic to accelerate recruitment of trained
staff. For example, in the UK, several initiatives are placing social
prescribers across primary care networks.37 Box 6 outlines how
social prescribing might mitigate the adverse psychological impact of
social isolation.
Box 6: Use of social prescribing by primary care during the covid-19 pandemic

• A social prescriber provides information and support, and signposts to statutory and voluntary resources. This may include an introduction to community support networks and regular review (moderate support). Social prescribers who are suitably qualified may also provide online welfare calls, mental health reviews, counselling and coaching with a personalised intensive review (high support). This can include helping individuals lose weight, maintain physical fitness, eat a healthier diet, and gain online qualifications.

• Where appropriate, draw on the existing local community and voluntary assets (such as volunteers helping vulnerable individuals with shopping) rather than forming new organisations. This could include using online platforms for mental health support, mindfulness, and meditation (see box 7), and virtual singing, dancing, and yoga groups.

• If you have a patient advocacy or participation group in your area, involve them in your discussions and ask for their support.

• Focus on individuals with the greatest needs, such as those most at serious risk of adverse psychological and mental health harm due to covid-19 and ask what matters to them.

• Develop a clear and simple referral pathway to a social prescriber.

• Discuss regularly with your primary care organisation the need for planning and encouraging the uptake of social prescription and be proactive in developing strong links with local agencies (box 7).

• Ask patients for feedback and ensure you monitor and audit your social prescribing service.

• Consider having a dedicated clinical or non-clinical social prescriber (such as Link workers in the UK) and if appropriate give them access to patients’ records and include them in your multidisciplinary team meetings and communicate with them regularly (if applicable).

Despite its ubiquity, only one in two adults aged 75 years and older uses the internet. Thus, alternative methods of engagement must be sought for this group. A telephone call could establish what resources are available to the patient, and where online tools are not accessible, the clinician or social prescriber could advise the patient on simple exercise routines, recommend appropriate radio or television programmes, or signpost to accessible forms of health and wellbeing activities. Physical activity is of particular importance as there are benefits for both physical and mental health. Community volunteers can aid with social prescribing, shopping, regular telephone conversations, and home visits while maintaining physical distancing advice. Such schemes are already operational in certain countries, such as the NHS Volunteer Responders in the UK (box 7).

Box 7: Examples of online mental and physical health support during the pandemic


• Every Mind Matters. https://www.nhs.uk/oneyou/every-mind-matters/—Provides simple tips and advice to start taking better care of your mental health

• Big White Wall. https://www.bigwhitewall.com—A safe community support for mental health


• NHS. Mindfulness. https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/


• Imperial College London Primary Care. Brief physical activity guidance for older adults in isolation. https://imperialprima-rycare.blogspot.com/2020/04/brief-physical-activity-guidance-to.html

Examples of social prescribing support

• GoodSAM. NHS volunteer responders. https://www.goodsamapp.org/NHS

• Ways to Wellness. https://waystowellness.org.uk

• The Social Prescribing Network. https://www.socialprescribingnet-work.com

• NAVCA (National Association for Voluntary and Community Action). https://navca.org.uk

• National Association of Link Workers. https://www.nalw.org.uk


• mzm (mothers 2 mothers) https://mzm.org/covid-19/—Employs women living with HIV as community health workers in seven sub-Saharan African countries

Conclusion

Social isolation during the covid-19 pandemic is likely to have adverse psychological effects, particularly in high risk individuals. Primary care has unique strengths, including continuity of care, that lend themselves to alleviating psychological harm via evidence based approaches including video consultations and social prescribing.

Once her symptoms and history were reviewed, the patient in the case history was offered reassurance, and self care advice. Counselling and cognitive behavioural therapy were delivered remotely, and a social prescriber was also involved. This improved her wellbeing and reduced her loneliness.

Education into practice

• Do you have a local policy for identifying and screening patients at risk of psychological harm due to the covid-19 pandemic?

• What community assets do you have to help mitigate the effect of social isolation on mental health and loneliness?

• What remote connection facilities do you have in your practice and what do you need to set up one today?
How were the results obtained?

This article adopts a systematic approach to gather evidence. It begins by conducting a web-based search to identify relevant studies and then narrows down to the final selection of high-quality research. The selection criteria were based on several factors including the relevance of the study topic, the methodological rigor, and the potential impact on the field of study. The authors carefully evaluated each study to ensure that the evidence presented was robust and reliable. The review process involved a critical analysis of the data, allowing the authors to draw meaningful conclusions that could inform future research and practice. The review was not limited to primary studies but also included secondary analysis and meta-analyses when available to provide a comprehensive overview of the evidence available on the topic.