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

What you need to know

* Primary care could provide unique, relationship-based continuity of care to patients suffering psychological effects from social isolation during the current covid-19 pandemic.
* Such patients could be identified using 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 is 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 (eg 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 single lady who lives alone requests a telephone consultation. She is in strict self-isolation due to 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 is physically well and 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 but have come at a cost of socially isolating many people and putting their mental and psychological health at risk. Key areas of social interaction, connection and support have been affected, such as the closure of pubs, restaurants, libraries, sports facilities and community centres, and cancellation of mass gatherings at sporting events, cinemas/theatres/concerts, weddings and funerals. The World Health Organisation and the UK have issued guidance on the management of mental health aspects of covid-19.1-2

This article, aimed at primary care doctors, offers an approach to identifying and managing adults impacted by the psychological effects of social isolation during the covid-19 pandemic and to mitigate its adverse effects.

**What are the psychological impacts of social isolation?**

Evidence from previous outbreaks and pandemics suggests social isolation can have deleterious mental health and psychological effects.3-5 For example, high psychological distress was reported by 34% of quarantined horse owners during an equine influenza outbreak in Australia compared with 12% in the general population.6 In another health-related disaster, post-traumatic stress scores were four times higher in quarantined than non-quarantined children; and 28% of quarantined parents reported symptoms of trauma-related mental health disorder compared with 6% of parents who were not quarantined.7 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.8

Anxiety, low mood, stress, fear, frustration and boredom may be precipitated by covid-19 related events such as restriction of movements, loss of social connections and employment, worry about finances, 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 also lead to loss of ability to function.

Loneliness (a subjective unpleasant experience) is more broadly defined as the dissatisfaction with the discrepancy between an individual’s preferred and actual social relationships.9

It is a psychological manifestation of social isolation, commonly experienced at times of change, and associated with adverse impacts on mental and physical health, including premature death comparable to obesity and smoking.10-11  Those with serious underlying physical and mental health conditions including those who are shielding, those who are less well off, and the elderly are at increased risk (Box 1), putting considerable strain on healthcare systems.12-13

**How to approach patients**

Family doctors providing patient-centred, relationship-based care, are in a unique position to provide psychological support and treatment during the current pandemic.14-15 They may also provide continuity of care which is associated with lower mortality rates and better patient outcomes.16 Patients may seek help for distressing psychological symptoms or primarily for social problems.17 Mental health problems can also be masked by or present as physical complaints.

The decision on who to screen for mental health problems should be based on clinical judgement and consideration of risk factors (Box 1). Initially open questions can be used to explore biopsychosocial issues. A change in a patient’s behaviour (eg sleep, screen time, mood, eating and drinking) may indicate the need to use validated screening questions (Box 2).

Box 1 People who may be more at risk of psychological harm from social isolation during the covid-19 pandemic5

• People with pre-existing mental health (eg anxiety, depression, obsessive compulsive disorder) and serious physical health conditions

• Older people especially if 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 suffering domestic abuse which is likely to be made worse during the quarantine

• People with drugs and/or alcohol problems

• Individuals with caring responsibilities including childcare during extended school closures

• Unemployed or those who have lost income during the pandemic

• People living alone with limited social capital and support networks

• Individuals under mandatory quarantine and those who are shielding

• Young people due to closure of educational institutions, sports and entertainment facilities

• Refugees, internally displaced persons and undocumented migrants

Most of the following screening tools and the communication framework are already widely used in primary care.

*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 conducted during pandemics, have used pre-existing questionnaires.5

Validated simple screening questions such as those in Box 2 are already used to assess for anxiety and depression in primary care. Further assessment including suicide risk will be guided by the responses and could use validated tools such as Generalised Anxiety Disorder -7 (GAD-7) and Patient Health Questionnaire -9 (PHQ-9) which includes a question about thoughts of suicide.

Many mental health conditions including anxiety and depression could be managed effectively in primary care using the same evidence-based strategies available prior to the pandemic. Specialist advice or referral to mental health services may be required for some patients.

Box 2 PHQ-4 screening questions for anxiety and depression18

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all Several days More than half the days Nearly every day

1. Feeling nervous, anxious or on edge 0 1 2 3

2. Not being able to stop or control worrying 0 1 2 3

3. Little interest or pleasure in doing things 0 1 2 3

4. Feeling down, depressed, or hopeless 0 1 2 3

Scoring

PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being:

• None 0-2

• Mild 3-5

• Moderate 6-8

• Severe 9-12

Anxiety subscale = sum of items 1 and 2 (score range, 0 to 6)

Depression subscale = sum of items 3 and 4 (score range, 0 to 6)

*Screening for distressing loneliness*

We suggest using the rigorously tested UCLA loneliness scale (Box 3) which is quick and simple and has been shown to be reliable when completed via telephone consultation.19 It is also applicable in different cultural settings.20-21 Due to the current social isolation, it is likely that many patients could score 6 and above on the loneliness scale. The degree of intervention will depend both on the score and on the impact of loneliness on the patient’s quality life, their wishes and the risk of adverse health outcomes.

Box 3 The UCLA 3-item Loneliness Scale 19

1. How often do you feel that you lack companionship?

2. How often do you feel left out?

3. How often do you feel isolated from others?

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

**Response**   **Score**

Hardly ever 1

Some of the time 2

Often 3

The scores for each individual question should be added together to give a possible range of scores from 3 to 9.22

Scores 3 – 5 ‘not lonely’

Scores 6 – 9 ‘lonely’

Least lonely 3 4 5 6 7 8 9 Most lonely

**What evidence-based strategies exist for dealing with psychological impacts of covid-19 pandemic?**

The cornerstones of mental health treatment remain the same as in the pre-pandemic period. Patients may need routine reassurance, appropriate safety netting, self-care advice such as the WHO guidance (Box 4) and online self-help websites for mental health support (Box 5). The use of information technology for self-management of mental health conditions is well-established, and results suggest they are at least as effective as other approaches in some people.23  In addition, psychological and mental health treatment including Cognitive Behavioural Therapy (CBT) can be delivered effectively by remote consultation.24 Patients who are severely affected or have pre-existing mental health conditions may need referral to community mental health services or to secondary care.

Box 4 Modified World Health Organisation advice for people in isolation1

• Stay connected and maintain your social networks

• Keep your daily routines, or create new ones if circumstances change

• During social distancing, stay connected via telephone, e-mail, social media or video

• 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

• Only check the news once a day. A near-constant stream of news reports can cause anyone to feel anxious or distressed.

• Consult reliable sources of information such as health professionals or WHO/NHS websites and avoid fake news.

Box 5 Examples of online mental and physical health support during the pandemic

WHO Mental Health Gap Action Programme (mhGAP): <https://www.who.int/mental_health/mhgap/en/>

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

NHS’ Breathing exercise for stress https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/

NHS’ Mindfulness advice <https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>

Home 10-Minute Workout Videos https://www.nhs.uk/oneyou/for-your-body/move-more/home-workout-videos/

Imperial College Primary Care. Brief physical activity guidance for older adults in isolation. 2020. Available from: https://imperialprimarycare.blogspot.com/2020/04/brief-physical-activity-guidance-to.html

*Examples of social prescribing support:*

GoodSAM NHS Volunteer Responders <https://www.goodsamapp.org/NHS>

The social prescribing network <https://www.socialprescribingnetwork.com>

National Association for Voluntary and Community Action. <https://navca.org.uk>

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

Skills for Care. <https://www.skillsforcare.org.uk/Careers-in-care/Job-roles/Roles/Social-prescriber.aspx>

Local government association <https://www.local.gov.uk/just-what-doctor-ordered-social-prescribing-guide-local-authorities-case-studies>

Mothers to Mothers in 7 sub-Saharan African countries https://m2m.org/covid-19/

There are two further evidence-based strategies which could help to mitigate the psychological harms during the pandemic: remote telephone or video consultations and social prescribing.

**How remote telephone or video consultations could mitigate the psychological harm of social isolation**

Containing covid-19 has required a dramatic shift from face-to-face to remote consulting. There is strong evidence for the acceptability, safety and effectiveness of telephone25 and online video consultations for improving mental health.26 In a study assessing depression in low-income elderly patients, telehealth problem-solving therapy proved to be as efficacious as the traditional face-to-face approach.27 A recent trial in patients with medically unexplained symptoms demonstrated a reduced incidence of anxiety and depression when psychotherapy was delivered via the internet compared to usual face to face treatment.28

Telephone consulting is a familiar and reliable tool which was widely used in primary care before the pandemic but has certain important limitations such as lack of non-verbal cues.25 Video consulting (aka videoconferencing) provides therapeutic presence and additional visual information.29-31 and may be particularly useful for anxious patients with psychosocial problems who do not need physical examination.29-31 There is also evidence that smart-phone based video consulting for nursing home residents can reduce subjective feelings of loneliness.32 However, the use of video consulting and other web-based technologies may be limited in resource-poor settings, in populations with low health literacy and in some older adults.

After identifying patients through screening, online video consulting can be used both for initial consultation and for subsequent therapeutic sessions such as befriending, problem solving, and counselling and coaching by clinicians or trained social prescribers in primary care (Box 6).

Box 6 The use of remote general practice consultations to mitigate psychological harm during the covid-19 pandemic (based on Calgary-Cambridge communication model)33

**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 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 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) who can advise on a range of things including diet, physical activity and maintaining social connections. Social prescribing can also be employed 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.

**How can social prescribing interventions help?**

Social prescribing is the use of non-medical interventions such as the arts and physical activity (eg singing in a virtual choir, online dancing, virtual exercise class, or painting classes) and community assets to address the wider determinants of health, and help people improve their wellbeing.34 Many studies have shown that engagement with the arts is a cost effective approach that could help prevent a range of physical and mental health conditions by drawing on existing assets and resources in the communities.35 Whilst covid-19 prevents community group meetings in person, many local activities, churches and voluntary services have successfully moved to digital platforms during the pandemic (Box 4). There is also emerging interest in the use of social prescribing interventions around the world including the UK36, Scandinavia37 and North America.38 This interest could be harnessed during this pandemic with an accelerated use and recruitment of trained staff. For example, in the UK, several initiatives have been developed to place more social prescribers across primary care networks. Box 7 outlines how social prescribing might mitigate the adverse psychological impact of the pandemic.

**Box 7 Use of social prescribing by primary care during the covid-19 pandemic** 34,39

• 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 healthier diet and gain online qualifications.

• Where appropriate draw on the existing local community and voluntary assets (eg volunteers helping vulnerable individuals with shopping) rather than forming new organisations. This could include using online platforms for mental health support, mindfulness and meditation 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 who are shielding, and those most at serious risk of adverse psychological and mental health harm due to covid-19.

• 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 5).

• 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, include them in your multidisciplinary team meetings and communicate with them regularly.

Despite the abundance of online technology, only one in two adults aged 75 years and older use the internet.40 Thus, alternative methods of engagement must be sought for this group. An initial telephone call could establish what resources are available to patient. In cases where online tools are not accessible, the clinician or social prescriber could advise the patient on simple exercise routines or signpost them to health and wellbeing articles or appropriate radio/television programmes.41 Physical activity is of particular interest, as early studies have reported higher mortality from covid-19 in people with co-morbidities such as diabetes, obesity and hypertension.42 Community volunteers can aid with social prescribing and shopping and may offer regular telephone conversations and home visits whilst maintaining physical distancing. Such schemes are already available in certain countries such as the NHS Volunteer Responders in the UK (Box 5).

In conclusion, social isolation due to the covid-19 pandemic is likely to have adverse psychological effects, particularly in vulnerable individuals. Primary care has unique strengths including continuity of care that could be used to mitigate these effects by evidence-based approaches such as video consulting and social prescribing. For the anxious lady described in the case history above, once appropriate physical health review is undertaken, existing strategies such as reassurance, self-care advice, counselling and therapy including CBT could be delivered remotely, as well as involving a social prescriber. This could improve her wellbeing and reduce her loneliness.

Education into practice

• Do you have a local policy for identifying and screening patients at risk of psychological harm due to 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 patients were involved in the creation of this article

A patient read the manuscript and provided feedback on the relevance and usefulness of the screening questions especially for loneliness. She believed social prescribing such as remote video or telephone welfare calls and counselling make a positive difference in overcoming anxiety and loneliness.

How this article was made

This article uses best available evidence, recent research papers, and the latest advice from the World Health organisation (WHO). The case in this article is fictitious and therefore no consent was needed.

Search strategy

We used web-based systematic reviews, other relevant published research and latest guidelines. Additional resources were drawn from our personal datasets.

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