


Isolation and mental health: challenges and experiences from China

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Isolation is a common phenomenon during the COVID-19 global pandemic, impacting people's physical and mental health worldwide.^{1,2} Based on a rapid systematic review, Loades *et al*³ concluded that people were more likely to suffer from depression or anxiety during and after enforced isolation. Taquet *et al*⁴ followed up 62 354 patients with COVID-19 in the USA and found an increased incidence of mood and anxiety disorders in this population. However, more worrying is the long-term influence on all-cause mortality due to social isolation, loneliness or living alone.⁵ Even more, current evidence suggests that mental health issues may arise after the peak of the pandemic, with increased prevalence among vulnerable populations and people with risk factors.⁶ Vulnerable populations include children and adolescents, the elderly, unemployed and homeless persons, COVID-19 survivors, healthcare workers, people with pre-existing psychiatric disorders, community workers, pregnant women, people with disabilities and chronic diseases, migrants, refugees, and lesbian, gay, bisexual, transgender and queer community members, as well as racial and ethnic minorities. Risk factors include death of either the parents, caregivers or loved ones, misinformation, loss of peer support due to closure of school or workplace, academic loss, medical comorbidities, uncertainties, stigma, prolonged isolation, social rejection, work stress, burnout, being in direct contact with active cases and facing economic burden.

However, there may be some common misapprehension about the concept of 'isolation'. Social isolation is a state of complete or near-complete lack of contact between an individual and the society. In contrast, loneliness is the feeling of being alone and reflects a temporary and involuntary lack of contact with others. These two words sound similar but may result in different endings. For example, patients with COVID-19 who are in quarantine may feel lonely but may not meet the definition of social isolation. It is why the WHO suggested using the term 'physical distancing' instead of

'social distancing', because it is a physical separation that prevents transmission.⁷ At the same time, people can remain socially connected by meeting outdoors or via technology. To sum up, it is clear that we need physical distancing during the COVID-19 global pandemic but need to prevent social isolation.

Unfortunately, there are massive challenges to preventing social isolation. First, the vulnerable population of social isolation may be wildly distributed. Second, there is no standard tool for screening and defining social isolation. Third is the discrimination against patients with COVID-19 and their family members. Last but not the least are the continuous worldwide pandemic surges and the variants of COVID-19 that may aggravate social isolation. Results from a review showed that majority of participants who identified as 'socially isolated' were self-referred or self-identified.⁸ Effective interventions to reduce social isolation that are compatible with the circumstances of the COVID-19 pandemic are minimal. A newly published rapid systematic review showed that many effective interventions involved cognitive or educational components, or facilitated communication between peers. Unfortunately, among all the identified 58 studies, none was conducted during the COVID-19 pandemic.⁹

Although the pandemic in China is currently well controlled, the direct and indirect influence of COVID-19 will continue for an extended period. The psychological impact may differ in different populations and periods during or after the pandemic, but all of these psychological factors may directly or indirectly cause social isolation. For example, patients with COVID-19 may worry about stigma and discrimination when they return to communities. They may even continue to worry about their physical and mental condition due to the potential long-term side effects of the virus. Front-line medical staff and community workers may develop occupational burnout or post-traumatic stress disorders. The public may worry about new waves of the pandemic, their jobs, business and economic



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income, and even vaccine safety. These impacts prove the importance of mental health intervention and social isolation prevention, as well as setting up a mental health service system during the whole course of the COVID-19 management.¹⁰

There are some publications in China that share experiences on how to avoid social isolation during the COVID-19 pandemic. During the early stage of the pandemic, psychiatrists and psychologists should be actively involved in the treatment of COVID-19 since a considerable proportion of patients with COVID-19 experience mental health issues.¹¹ Multidisciplinary teams (MDTs) should include psychiatric experts to provide consultation and liaison psychiatry. MDTs should also provide inperson group counselling and individual psychotherapy for medical workers.¹⁰ Quarantine is a high-risk period for addictive behaviours to become problematic, especially for those with pre-existing substance abuse/dependence and addictive behaviours.¹² During the pandemic, internet-based screening and psychological interventions are valuable.¹³ Among all the significant challenges to avoiding social isolation, stigma is the most critical issue to be solved. Chinese professionals advocated designing an effective anti-stigma programme to prevent misinterpretation and spread encouraging, positive and supportive messages.¹⁴ Family members, friends, colleagues and social support are crucial to preventing social isolation. And of course, social media allows people to communicate without time and space limitations. After the pandemic, public education and long-term follow-up programmes will be effective ways to prevent social isolation.

In China, psychiatric experts have been making contributions to public education, guidelines, regulations, expert consensus and training on these topics.¹⁵ However, future high-quality randomised controlled trials on social isolation are urgently needed.

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REFERENCES

- 1 Wu B. Social isolation and loneliness among older adults in the context of COVID-19: a global challenge. *Glob Health Res Policy* 2020;5:27.
- 2 Goodwin R, Hou WK, Sun S, *et al*. Quarantine, distress and interpersonal relationships during COVID-19. *Gen Psychiatr* 2020;33:e100385.
- 3 Loades ME, Chatburn E, Higson-Sweeney N, *et al*. Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry* 2020;59:1218–39.
- 4 Taquet M, Luciano S, Geddes JR, *et al*. Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA. *Lancet Psychiatry* 2021;8:130–40.
- 5 Holt-Lunstad J, Smith TB, Baker M, *et al*. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci* 2015;10:227–37.
- 6 Vadivel R, Shoib S, El Halabi S, *et al*. Mental health in the post-COVID-19 era: challenges and the way forward. *Gen Psychiatr* 2021;34:e100424.
- 7 Wasserman D, van der Gaag R, Wise J. The term “physical distancing” is recommended rather than “social distancing” during the COVID-19 pandemic for reducing feelings of rejection among people with mental health problems. *Eur Psychiatry* 2020;63:e52.
- 8 Ige J, Gibbons L, Bray I, *et al*. Methods of identifying and recruiting older people at risk of social isolation and loneliness: a mixed methods review. *BMC Med Res Methodol* 2019;19:181.
- 9 Williams CYK, Townson AT, Kapur M, *et al*. Interventions to reduce social isolation and loneliness during COVID-19 physical distancing measures: a rapid systematic review. *PLoS One* 2021;16:e0247139.
- 10 Yang T, Chen J, Lam RW, *et al*. Mental health service challenges during the early stage of the COVID-19 pandemic: experience and best practices from China. *Can J Psychiatry* 2020;706743720972252.
- 11 Yue L, Wang J, Ju M, *et al*. How psychiatrists coordinate treatment for COVID-19: a retrospective study and experience from China. *Gen Psychiatr* 2020;33:e100272.
- 12 Du J, Fan N, Zhao M, *et al*. Expert consensus on the prevention and treatment of substance use and addictive behaviour-related disorders during the COVID-19 pandemic. *Gen Psychiatr* 2020;33:e100252.
- 13 Peng D, Wang Z, Xu Y. Challenges and opportunities in mental health services during the COVID-19 pandemic. *Gen Psychiatr* 2020;33:e100275.
- 14 Lin T-Y, Sung C-A, Shaw SW. The application of clinical ultrasound in fetal therapy. *J Med Ultrasound* 2021;29:1–2.
- 15 Duan L, Zhu G. Psychological interventions for people affected by the COVID-19 epidemic. *Lancet Psychiatry* 2020;7:300–2.



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