Social Distancing: Psychosocial Factors

What We Know

› Social distancing (also referred to as physical distancing) is a community mitigation strategy used to curtail the person-to-person spread of infectious illnesses by separating persons from one another. Social distancing refers to the restriction of movement and physical proximity among persons.\(^{(35)}\)
› Social distancing is one of many nonpharmaceutical interventions (NPIs) that can be implemented to reduce transmission of a serious disease for which persons lack immunity and vaccines or treatments are not available
• Social distancing is intended to delay and reduce the peak level of cases of illness so that the healthcare system is not overwhelmed, while allowing time for the development of vaccines and effective treatments.\(^{(10)}\)
• The U.S. Centers for Disease Control and Prevention (CDC) guidelines for community mitigation of pandemic influenza in the United States recommend that in a pandemic situation, the public health response should be based on the projected impact of the illness and protection of persons most vulnerable to complications, along with consideration of how to minimize societal disruption.\(^{(6)}\)
• Individual rights and the public interest may come into conflict when more restrictive social distancing measures, such as community lockdowns, are mandated.\(^{(35)}\)
› Social distancing involves one or more of the following measures
• Maintaining at least 6 feet of distance between persons
• Self-isolation or quarantine for persons who may have been exposed to or who have an infectious disease
• Temporary closure of schools, child care facilities, and public places
• Restrictions on businesses, gatherings, and travel
• Limiting contact in institutional settings, such as prisons and nursing homes
• “Stay at home” mandates (i.e., home confinement).\(^{(6,7,17-25)}\)
› Additional NPIs may also be recommended, including personal protective measures (e.g., hand hygiene, respiratory etiquette, masks when in public) and environmental measures (e.g., cleaning/disinfecting surfaces).\(^{(6)}\)
› Social distancing measures were imposed in most countries worldwide in early 2020 to slow transmission of coronavirus disease 2019 (COVID-19), a highly infectious, potentially fatal acute respiratory infection caused by a novel coronavirus that has been named SARS-CoV-2
• The disease was first identified in December 2019 in Wuhan, a city in Hubei Province in central China, and has been declared pandemic.\(^{(38)}\)
• As of May 1, 2020, there were 3,175,207 confirmed cases of COVID-19 and 224,172 deaths worldwide.\(^{(36)}\) The United States has had the highest number of cases (1,062,446) and 62,406 deaths.\(^{(5)}\)
• In a United States study, data from mobile devices in four cities reflected a notable decrease in the percentage of persons leaving their homes after stay-at-home orders were issued—prior to these orders taking effect, approximately 80% of persons left their homes each day, whereas after the orders took effect 42% of persons in New York City left their
homes, 47% in San Francisco left, 52% in Seattle left, and 61% in New Orleans left (19)

Social distancing has been shown to slow disease transmission(1,6,10,25)

- Researchers found that NPIs, including social distancing, were associated with a significant decrease in the proportion of severe and critical cases of COVID-19 infections in Wuhan, China(25)
- School dismissals (i.e., children are sent home while staff may remain to facilitate remote learning or other services) and closures (i.e., children and staff are sent home) were associated with reduced spread of the H1N1 virus in 2009(9)
- In a systematic review, researchers reported that social distancing in the workplace was linked with a reduction in H1N1 cases in 2009, particularly when combined with other interventions(1)

Social distancing adversely affects individuals and communities in a variety of ways, including

- Separation from family and friends (including not being able to visit sick or dying family members or hold funerals)(4)
- Individual and global economic impacts as a result of business closures and job loss(4,7,26)
- Loss of daily routines and freedoms(4)
- Temporary restrictions on nonessential medical and dental care, mental health and substance abuse treatment has led to disruptions in health care(7,19)
- Disruption to education(7)
- Decreased access to basic necessities(4)
- Social conflicts as a result of frustration or disagreement with social distancing measures(7)

Psychosocial impacts can be prolonged(2,38)

In a pandemic, persons experiencing social distancing are negatively affected by both the imminent risk of contracting an infectious disease and by the effects of the public health measures that are imposed(33)

- Social distancing measures implemented in response to COVID-19 have caused unprecedented disruption to most aspects of daily life. They have reduced persons’ ability to work and diminished their access to social support at a time when their needs for connectedness are greatest(3,33)
  - Social distancing can be experienced as a threat to their needs for safety/survival, belongingness, and love(2)
    - In a Korean study, researchers found that of persons who underwent 2 weeks of isolation during the Middle East Respiratory Syndrome (MERS) epidemic, 7.6% had symptoms of anxiety during their isolation and 3.0% continued to have anxiety 4–6 months later; and 16.6% felt angry during their isolation and 6.4% continued to have feelings of anger 4–6 months later. Risk of continued anxiety and anger was higher among persons with a history of mental health problems(15)
- Mental health impacts of social distancing increase as the duration of stay at home mandates increases(2) They include
  - Negative moods and cognitions, including anxiety, depression, and grief(2,13,19,23,27,33)
  - Sleep problems(33)
  - Increased familial conflict, intimate partner violence, and child maltreatment(7,18,30)
  - Development of acute stress disorders(33) or PTSD(33)

Psychosocial impacts of social distancing vary from individual to individual, but some groups are particularly vulnerable to adverse effects, including children, older adults, persons with mental health/substance use problems, persons who are incarcerated or institutionalized, persons who are homeless, persons who have contracted the illness, and healthcare providers(7,26)

- In a study of individuals in China who experienced a 14-day period of self-isolation during the COVID-19 pandemic, researchers found that those who had increased social capital (a measure of a person’s social participation and belonging) reported lower levels of anxiety and stress and had better sleep quality compared with persons with lower social capital(37)
- Children are at risk for disruptions to their education and to their physical and mental health(2)
  - Social distancing in school settings can range from measures that promote physical distance between children in the school setting (e.g., no peer contact in hallways, no gatherings or field trips) to the dismissal or closure of schools(2,32)
- School closures due to the COVID-19 pandemic have impacted children in 188 countries, with an estimated 1.5 billion children worldwide (90% of enrolled children) now out of school(18) 55 million children in the United States are affected by school closures(11)
- School closures significantly alter children’s educational experiences. Many school systems have implemented virtual learning, which has created a variety of challenges. Children may lack the necessary technology at home (i.e., computers, internet access) and families may not have the space, time, and/or technical skills to provide support.(35) School closures can also interfere with parents’ employment, creating challenges for parents who are working from home, or childcare dilemmas for parents who have to work outside the home(9)
- Concerns have been raised that the loss of structure provided by school may result in lower quality diets, decreased physical activity, and more screen time, negatively affecting their health.(34) They may also be at increased risk for exploitation or involvement in risky activities while out of school(2)
- During school closures, some children miss out on additional supports that are provided in the school setting, such as free or reduced-cost school lunches and school-based mental health services(9)
  - The combined effect of a pandemic and social distancing can precipitate or exacerbate mental health problems in children and adolescents,(11) including feelings of isolation, distress, and anxiety(9)
- Lack of opportunities to interact with friends and teachers may contribute to boredom, frustration, and loneliness(34)
  + Older adults are at increased risk of poor outcomes if they contract COVID-19, so social distancing is particularly critical for their safety and well-being(21,38)
  - However, for older adults in nursing homes or other facilities, social distancing has meant loss of opportunities to socialize within the facility (e.g., they may be prohibited from gathering in common areas, activities may be curtailed) as well as loss of visits with their family members(21)
  - Older persons may also be limited in their ability to use online means of communicating with family and friends, increasing their sense of isolation(2)
- Persons with preexisting mental health and substance use disorders may experience an exacerbation of symptoms(8,23,33) and treatment services may be less available due to social distancing measures(23,33,38)
- Individuals who are institutionalized (e.g., psychiatric facilities, jails, prisons) often are not able to follow social distancing measures, placing them at increased risk of exposure to disease(12)
- Those who have been exposed to the infectious disease, as well as their children and family members, may be subject to stigma; this is further exacerbated when the affected individuals are members of a minority ethnic, racial, or religious group(15)
- Healthcare providers also are at increased risk of mental health issues associated with the stress of caring for patients in a pandemic situation and the impacts of social distancing(2)
  + A survey of healthcare providers in China who were caring for patients with COVID-19 revealed high rates of distress (71.5%), depression (50.4%), anxiety (44.6%), and insomnia (34.0%)(16)
  + In a qualitative study of 35 healthcare providers working with patients during the Ebola outbreak in 2014–2015, providers described a loss of social connectedness and trust that impacted their families, health facilities, and communities. Fear of the disease led persons to be more vigilant around each other and to avoid touch, while infection-prevention measures created distance and a sense of dehumanization in the healthcare providers’ relationships with their patients. Providers also felt that their children were stigmatized in their communities(20)

**What We Can Do**

- Become knowledgeable about psychosocial factors involved in social distancing so you can accurately assess your clients’ personal characteristics and health education needs; share this information with your colleagues
- Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client
- Practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles(14) -- as well as the national code of ethics that applies in the country in which you practice. For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code
of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to persons affected by social distancing and practice accordingly.\(^{(24)}\)

- Minimize the adverse impacts of social distancing measures by clearly communicating with persons regarding the NPIs being implemented, including the necessity of such measures and how long they will continue; ensure that persons have basic necessities and can engage in meaningful activities during periods of isolation; and foster empathy and a sense of altruism.\(^{(2)}\) Cultural factors should be taken into consideration when planning and implementing social distancing in order to better engage the community (e.g., cultural orientation towards individualism vs. collectivism may influence a group’s receptiveness to social distancing measures).\(^{(6)}\)

- Screen/assess clients for stressors and psychosocial effects related to both the disease and social distancing measures;\(^{(26)}\) provide appropriate level of intervention.\(^{(19)}\)

- Psychological first aid (PFA) is a short-term intervention often utilized to provide support to persons who are experiencing distress resulting from a natural disaster, pandemic, or other crisis.\(^{(22,28)}\) PFA can be implemented remotely (i.e., by phone or telehealth app)
  - Three broad phases of PFA are recommended when responding to individuals seeking support with the COVID-19 pandemic:\(^{(28)}\)
    - Look: assess the client’s needs, current situation, and real or imagined risks he or she is facing
    - Listen: explore the client’s needs, normalize the client’s feelings/responses, provide emotional support, explore how client has coped with situations in the past, suggest calming techniques (e.g., breathing, relaxation exercises)
    - Link: assist the client with specific information, referrals, problem-solving, and/or connecting with support system
  - Principles of PFA for individuals experiencing a pandemic include:\(^{(22)}\)
    - Prioritize safety\(^{(22,31)}\)
      - Social workers should be knowledgeable of strategies to prevent the spread of COVID-19 and adjust practices as necessary. Many clinicians and agencies have adopted telework and telehealth practices to provide continuity of services while also protecting their clients and themselves from spreading the virus
      - In settings where in-person contact is required, the social worker should:
        - Screen clients and refer those who have suspected exposure or show signs of illness for medical follow-up
        - Follow recommended precautions for the infectious disease, including standard and transmission-based precautions and airborne precautions if exposed to aerosol-generating procedures. For additional information, see Social Work Practice & Skill... Contact Precautions, Following: an Overview; Social Work Practice & Skill... Droplet Precautions: Implementing NEW, or Social Work Practice & Skill... Precautions, Airborne: Implementing --an Overview NEW
      - Empower clients by providing concrete, cognitively and culturally appropriate information about the disease, including reasonable ways to prepare and protect themselves and their families.\(^{(2,4,8,22,31)}\)
      - Persons who have been exposed to an infectious disease or who are infected should be given clear instructions regarding what to do if they experience new or worsening symptoms.\(^{(2)}\)
      - Assist clients who are quarantined to obtain adequate supplies in a timely manner so that they have the security of knowing that their basic needs will be met during periods of isolation.\(^{(2,15)}\)
      - Maximize active coping and self-care to alleviate distress by teaching clients to recognize stress reactions and use stress management skills and strategies to reduce distress.\(^{(2,22)}\) It can be helpful for clients to limit their exposure to news, and to seek information from credible sources (e.g., CDC, WHO)
      - Encourage clients to practice health-protective behaviors (e.g., nutrition, rest, and exercise) and limit potentially harmful behaviors (e.g., alcohol use, smoking).\(^{(8,22,31)}\)
      - Foster resilience by assisting clients to find ways to engage in positive activities and find meaning.\(^{(27)}\)
      - Encourage clients to maintain emotional closeness despite social distancing measures;\(^{(22)}\) although spatial distancing may be required, social closeness is critical in stressful situations.\(^{(38)}\)
      - Electronic devices can assist in maintaining contact with loved ones; assist clients in accessing electronic devices or computers, chargers, and/or data/internet,\(^{(38)}\) and in using social media and telecommunication to connect with loved ones.\(^{(2)}\)
• Telephone hotlines, health education services, and support groups can be an important source of information and support(2,38)

–Cultivate a positive outlook in clients while acknowledging legitimate risks(22,31)

› Proactively treat clients with acute stress disorder and/or post-traumatic symptoms using an evidence-based model(13)

› Provide ongoing treatment to clients with a history of mental health and/or substance use disorders
  • Telem medicine can be utilized to continue mental health/substance use treatment services when there is heightened concern about the risks of in-person contact(20)
  • Social workers should explore how to best manage clients who need to be seen in person(29)

› Incorporate messages in children’s educational or therapeutic services to reinforce health-promoting behaviors (e.g., getting enough exercise and sleep, eating healthy foods). Provide support to parents to help alleviate stress; encourage them to maintain supportive communication with children, allowing children to process their feelings about the current situation and build coping skills(2)

› Provide supportive services to healthcare providers to address impacts of social distancing, as well as potential secondary trauma and compassion fatigue.(13) Encourage self-care(26)

› Provide written materials to reinforce teaching and provide additional resources, including:
  • 2-1-1, 211.org in the United States or 211.ca in Canada, is a telephone hotline that connects persons with local resources and services

Related Guidelines
n/a

DSM 5 Codes
[There are no applicable DSM-5 codes]

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**References**


