Background

It has now been more than six weeks since the executive branches of the devolved nations of the United Kingdom initiated the lockdown phase to contain the spread of the severe acute respiratory syndrome coronavirus 2. People who were not designated keyworkers were directed to stay at home except to shop for necessities, seek medical care or look after vulnerable people and travel to and from work if it could not be done at home. Overnight a vast section of the United Kingdom's society had to adapt to new ways of accessing healthcare, working from home, shopping for basic food items, constantly living within a confined space and being exposed to the non-stop presence of family members or flatmates. For many people the lock down meant losing their job.
This unprecedented shift in living circumstances will be heavily weighing on many people's minds and is likely to cause significant amounts of stress. In this screencast we will present some of the most pressing issues and offer potential supportive measures in primary care.

Grief

A widely publicised effect of the isolation measures means that relatives and loved ones of patients who died of documented COVID-19 are unlikely to be present during their last hours and hence don't have the chance to comfort and be there for them. For many bereaved, funerals and burials are postponed or held remotely, often without presence of family or the possibility of receiving a comforting hug from a friend. Various social media streams have highlighted stories of families denied opportunities to say goodbye before a death, or loved ones saying goodbye over phone/video, uncertain whether each communication is the last. Additionally, with the extra pressure on mortuaries and increased infection protection measures, there have been significant delays to release bodies for burials, which for the members of religions that mandate quick burial causes additional stress. This is not only a problem for patients: medical other health and social care personnel are witnessing death at unprecedented numbers and will likely experience increasing distress.
All of these factors make it more likely that people are being prevented from going through a normal grieving process, but experience complicated or traumatic grief: this can present with symptoms such as recurrent intrusive thoughts, excessive bitterness, difficulty accepting the death and a perceived purposeless of life, and can potentially lead to post-traumatic stress disorder.

Domestic abuse

Previous research has demonstrated a profound and broad spectrum of psychological impact that outbreaks can inflict on individuals. It can aggravate existing mental illness, and precipitate new symptoms, as people experience fear and anxiety of falling sick or dying. With people in the community additionally having to quarantine or socially isolate with family members, the potential for conflict rises significantly.

It has previously been documented that family violence, sexual violence and coercive control can escalate during and after large-scale disasters. Unfortunately this pattern seems to repeat itself globally including the UK: various countries reported a significant increase of violence directed towards women and children who during lockdown are unable to escape their abusers. Nationally, the domestic abuse helpline saw a 25% increase in calls and online requests for help, while visits to its website went up by 150% compared to the same period last year. Even more worryingly, there is early evidence that the rate of domestic homicides has doubled compared to last year. This demonstrates that unfortunately home is not a safe place to live for all. Especially during lockdown, control, surveillance and coercion of family members or partners are easier to enforce and can be hidden within the context of isolation.

Alcohol

Since the lockdown, social media seems to be full of people demonstrating their increased use of alcohol to reduce the stress and boredom of self-isolation, indicating that the pandemic might cause an increase in national consumption. A recent survey by the Office for National Statistics reported that over 4 in 5 adults in Great Britain said they were very worried or somewhat worried about the effect that the COVID-19 is having on their life right now, just over half of adults said it was affecting their well-being and nearly half of adults reported high levels of anxiety. Stress is a significant risk factor for the onset and maintenance of alcohol use, so the current period might lead to an increase in alcohol misuse, relapse and development of chronic alcohol abuse in at-risk individuals. This could lead to further strain on domestic relationships with adverse outcomes, and increased use of addiction and drug and alcohol services. Studies looking at previous periods of mass stress showed exposure plus a past history of drinking problems predicted heavier drinking and people with a past history of drinking to cope with stress drank more heavily than others in the year after the stressful incidence. The World Health Organisation recently published guidance around alcohol intake during the pandemic, which caused one national paper to run the headline 'Britons furious as World Health Organisation warns against drinking alcohol amid COVID-19'.

How can we help?

So, what can we do to help our patients who experience negative psychological effects of the lockdown or might even be exposed to abuse? In the first instance, it is important to ask: the vast majority of us currently triage our patients remotely and more often than not over the phone. This denies us of the opportunity of evaluating some of the visual clues and facial expressions of our patients and might result in not picking up on their concerns. Even during routine phone calls we should use the opportunity to ask our patients whether they are coping with their current situation and whether they feel safe. We know that experiences such as complicated grief or domestic abuse can result in post-traumatic stress disorder, so if we don't give our patients the chance to express their current fears or concerns, we might not only miss the chance to respond to their problems, but also more serious mental health issues. We know that even under normal conditions only one in eight patients who screen positive for PTSD are being diagnosed by a health professional, so the current explosion of stressors should make us more suspicious and use our patient contacts to ensure that we don't miss severe mental health conditions.

For those patients who express concerns about their mental health or domestic abuse, we should investigate and explore their concerns further. Most of the time reassurance will be an appropriate response, but there will be patients who might need signposting, a face to face consultation or an urgent referral. It is worth noting that only a minority of patients who experience psychological trauma develop PTSD, so it is worthwhile to spend time with the patient reassuring them that their anxieties and concerns are a normal response to such an unprecedented crisis. The recently published NICE guidance on PTSD then recommends watchful waiting and follow up to identify whether the symptoms remain in the longer term.

11 years after the swine flu pandemic, primary care is again shouldering a significant amount of work within the NHS to get our patients through this difficult situation. It is pivotal that we do not ignore the psychological impact that the outbreak has on individuals and society, as this will have a further impact on the slow reintroduction of a state of normality. Psychological ramifications can be long-lasting even after the lockdown has ended, and this pandemic is emphasising the potential fragility of our and our patients' resilience.