Psychological effects of self-isolation and quarantine during the COVID-19 outbreak

The nature of an infectious disease outbreak is that people avoid group settings and isolate themselves to reduce the risk of infection.

These are important public health measures, but in some people, this isolation can exacerbate fear, anxiety and mental health issues. It is important to manage the effects of self-isolation and quarantine on emotional wellbeing.

These tips have been developed to help health practitioners care for their patients’ and their own mental wellbeing and address any psychological effects during this period of self-isolation and quarantine.

Stressors of quarantine and their psychological effects

Stressors during quarantine may include:

1. **Frustration and boredom related to isolation**, which often involves loss of one’s usual routine (e.g., regular home and work activities) and limited social and physical contact with others.

2. **Inadequate supplies and access to regular medical care**, including food or other basic supplies, as well as face masks and medications.

3. **Longer durations of quarantine**, (i.e., 10 days or longer), as well as any extension of quarantine length.

4. **Fears about becoming infected and/or infecting others**, which can manifest as increased attention to and worry about one’s health and physical symptoms, and may be particularly concerning for pregnant women, parents of young children, the elderly and those with underlying medical problems or chronic diseases like high blood pressure, heart problems or diabetes.

Stressors following quarantine include:

1. **Financial loss.** Absence from work or losing employment, healthcare costs, and other unanticipated financial burdens can result in socioeconomic distress, particularly among those with lower incomes.

2. **Stigma from others.** Stigmatisation and rejection can manifest as being treated differently or with fear and suspicion, being avoided or excluded from leisure, workplace or school activities, and overhearing inappropriate comments. Stigma can be exacerbated if quarantined individuals are members of a particular country, ethnicity or religious group.

3. **Getting back to one’s ‘normal’ routine.** Returning to usual work and social routines may take anywhere from several days to several weeks or even months. Knowing that it might take time to get back into regular routines can help with concern, anxiety, and frustration.
1. **Prepare for self-isolation or quarantine.** Households and facilities under quarantine will need adequate food, household supplies, and medications to last for the duration of the quarantine period. Once quarantine is imposed, there may be limited ability to move about and shop as usual. Obtain necessary resources in advance of quarantine if possible, for example, by making this part of a family’s or organisation’s disaster preparedness planning.

2. **Use communication as an intervention.** Clear, understandable, and practical communication can reduce adverse psychological responses and increase behavioural adherence. Provide rapid, repeated, and developmentally and culturally appropriate communications about the nature of the disease, the reasons for quarantine, and other essential information.

3. **Facilitate communication with loved ones.** Knowing the condition of loved ones can have a powerful impact on the emotional health of quarantined individuals and improve adherence to recommended quarantine. For example, knowing that loved ones are safe, healthy, and well cared for can reduce stress, while increased stress should be anticipated when information is lacking or in cases of worrisome news. Before quarantine, allow sufficient time (within the limits of public health concerns) for patients to make arrangements and reassure their loved ones. During quarantine, facilitate the use of technology (e.g., phone and video calls, social media) to keep loved ones in contact with each other.

4. **Reduce boredom and isolation.** Planning for activities during quarantine can help reduce boredom and lessen the focus on symptoms and feelings of being isolated from family and friends. It is important to make time to exercise, maintain a healthy diet and continue to do enjoyable activities. Try to re-frame the situation as an opportunity to use the time effectively, for example, to read a book, catch up on TV shows, or tackle tasks for work that need time and focus. As above, facilitating access to the internet and social media is important to maintain social networks and remote communication while in quarantine. However, media exposure should be monitored, as too much exposure and exposure to unreliable sources can increase stress.

5. **Take care of yourself.** Health practitioners are also vulnerable to experiencing the psychological effects of quarantine, and this can be compounded by the stress of caring for sick and distressed patients. Make sure your own basic needs are met, including: eating, drinking, and sleeping; taking breaks at predetermined intervals; checking in with colleagues and loved ones; and ensuring that your family and organisation are safe and have a plan in place for possible quarantine. If you are likely to work with infected individuals, have frank discussions with your family about the risk to you and to them and the steps being taken to minimise that risk. Plan for the possibility that you may be quarantined separately from them if they are not exposed.

6. **Keep quarantine as short as possible.** When advising patients on length of time in self-isolation and quarantine, restrict the length to what is scientifically reasonable and take care not to adopt an overly cautious approach. In addition, do not extend self-isolation and quarantine length unless absolutely necessary, and if this occurs, provide patients with up-to-date information as soon as possible.

*Adapted with permission from the Center for the Study of Traumatic Stress, Uniformed Services University.*