It's Physical Distancing and Social Connecting!

Respectfully submitted by Dr. George Beilin, Commission member to EOHHS Marylou Sudders and to the EOHHS Promote-Prevent Commission.

"People,
people who need people
are the luckiest people in the world."
-Composed by Jule Styne
-Sung by Barbara Streisand in *Funny Girl*

The term, "social distancing" is a serious misnomer and should be re-framed immediately. Of course, there is a need for us to physically distance given the COVID-19 pandemic, but there is an inherent need to socially connect in whatever ways possible during this crisis since it's been shown repeatedly in social psychology studies over time that *anxiety leads to affiliation*, not avoidance. If anything, a reluctance to connect with others, even by using the internet, can lead to increased anxiety- based disorders like panic disorder, generalized anxiety and agoraphobia. Remaining connected with others during this pandemic is paramount to lessening the potential for developing serious medical and psychiatric consequences.

Prior to the pandemic, loneliness and isolation had been identified by the former Surgeon General, Dr. Virek Murthym, to be one of the top ten conditions that constituted a public health crisis. He shared that, "As a society, we have built stronger Wi-Fi connections over time, but our personal connections have deteriorated." This is especially true for senior citizens who live apart from extended family and friends and for those citizens who have pre-existing medical conditions.

Many older adults are not sophisticated with technological devices like cellphones and IPADs. They rely more on direct contact and home phones that are becoming more extinct over time.

A 2018 national survey conducted by Cigna Healthcare indicated that loneliness had reached an all-time high with forty percent of the 20,000 people surveyed stating that they "sometimes" or "always" feel that their relationships lack meaning and that they feel isolated.

According to Julianne Holt-Lunstad, Ph.D, who is a professor of psychology and neuroscience at Brigham Young University, loneliness and social isolation increase ones health risks, like smoking at least 15 cigarettes daily or developing alcohol use disorders. As well, she concluded that loneliness and social isolation can be twice as harmful as obesity and is an increased risk for premature mortality.

A recent U.S. census data showed that more than one-quarter of the population lives alone, that more than half of the population are unmarried and that marriage rates and the number of children per household is steadily decreasing. One can only imagine the impact of loneliness and isolation on those unemployed, who are single parents, those parenting children who have Attention-Deficit-Hyperactivity Disorder or other Developmental Learning Disorders, and couples who are experiencing intense conflict from being forced to remain indoors by the pandemic.

Even prior to the onset of the pandemic, a survey conducted in 2018 by the Pew Research Center showed that approximately one in five Americans are dissatisfied with their quality-of-life state and experience frequent loneliness.

As early as 2014, Hawkley identified a strong relationship between those individuals who experience social isolation and the risk for serious health consequences like depression, poor sleep, cognitive decline, poor cardiovascular functioning and lowered immunity.

In 2019, Kassandra Alcarez, Ph. D identified that social isolation doubled the risk of premature death among black participants and increased the same risk to between 64 and 84 percent of white respondents.

The pandemic has exacerbated loneliness and isolation as serious health risks and have increased the potential for developing moderate to severe depression and even suicidal ideation, especially for those Americans who, due to the pandemic's impact on our economy, lost their jobs and still can't find steady work. Even a greater percentage of those persons working from home experience increased isolation and a risk for developing substance use disorders. In all likelihood, the impact of isolation will not diminish, even after a hopeful reduction in the pandemic since companies will require more and more people to work from home on their computers. Individuals will remain cautious in going outdoors to public places and large events even after the pandemic subsides because of the paralleled increase in anxiety-based disorders.

Single-parent families and those parents who have children or teenagers at home with significant developmental learning disorders are experiencing greater rates of stress than before the occurrence of the COVID-19 pandemic. Stress in parenting children with special needs, coupled by multi-tasking for work and family while at home, requires ongoing physical and emotional support from others, including medical and school personnel.

Isolation and loneliness during the pandemic is further impacting children and teenagers. A systematic review of the literature on loneliness conducted between January 1946 and March 2020 by the Elsevier Public Health Emergency COVID-19 Initiative indicated that social isolation and loneliness increased the risk for depression, anxiety and posttraumatic stress amongst children and teenagers at the time these criteria were measured and between .25 and 9 years later. Some of the research literature reviewed suggested that loneliness and increased levels of depression were strongly associated in girls while increased levels of anxiety were associated

in boys. Recent studies examined by the Initiative indicated that more than one-third of teenagers reported strong feelings of loneliness during the beginning phase of the COVID-19 restrictions. In addition, approximately 50% of eighteen-to-twenty-four-year-olds indicated they feel lonely during the lockdown. The length of loneliness was strongly correlated with depression and anxiety, suggesting that children and teenagers will be impacted well after isolation requirements end.

<p align="center">"So, what are we to do?"</p>

There are several programs identified by the Pew Research Center that can be considered for funding and implementation. One major public education program entitled "Mental Health First Aid," is designed to improve and change adult perspectives about ways they can respond to other persons who are experiencing mental health crises or who are regressing from having serious mental health disorders like major depression, schizophrenia and bipolar disorders. The twelve-hour course, which can be delivered in two segments, is given by a certified, trained instructor who reviews the particular signs and symptoms of warning signs and risk factors for serious mental health and substance use concerns. These include suicidal thoughts and behaviors, acute stress disorders, panic disorders, regression in schizophrenia and bipolar disorders and increased substance tolerance and dependence. Of further importance is the programs' focus on implementing a five-step plan, using the acronym ALGEE (A for Assess the risk, L for listening nonjudgmentally, G for proving reassurance and information, E for encouraging professional help and E for encouraging self-hep programs and additional support programs).

Given the nature of the pandemic, one can perceive the Mental Health First Aid program being easily promoted and implemented on a largescale basis through an advertised Zoom or other web- conference-based application. Implementing and replicating this program online to Massachusetts residents via a web-based, conference can be cost-effective and can target a much larger population than courses requiring on-site participation. While the program targets adults over age eighteen, one can see it being modified for children and teenagers. Numerous incentives like obtaining a certification, retail discounts, coupons and school credits could be provided by the Commonwealth for those participants who complete the course.

The Mental Health First Aid program has been researched effectively to show marked increase in both confidence and knowledge of particular mental health and substance-use disordered symptoms and knowledge of community resources for those participants taking the course when compared to controlled groups.

Another Pew researched program that has demonstrated effectiveness when dealing with acute stress disorders is the use of "Crisis Lines." These hotlines have been shown to reduce

effectively the risk of suicidal ideation and plans, especially of children and teenagers at risk. Of particular importance would be the training of those persons manning the hotlines, including knowledge of local mental health and substance use resources, and the communication of these lines to the general public and through school systems.

The Pew-Research sponsored Safe Crisis Management program specifically targets professional staff to help them manage disruptive and aggressive behaviors. Professionals trained in this program can range from police and fire department personnel to EMT's and Hospital Emergency Department staff.

Another Pew-researched program that can be implemented is the Life Space Crisis Intervention or LSCI. This program specifically targets adults who are living with, or working with, children and adolescents who require immediate assistance to reduce their aggressive impulses towards themselves and/or towards others.

The EBH-CRP or Emotional and Behavioral Health Crisis Response and Prevention program is designed for school and community personnel to reduce the child and adolescent rates of conduct-disordered incidents and other acting-out emotional behaviors. The program consists of five tiers ranging from teaching non-violent communication and intervention skills (Tier 1), identifying serious emotional and behavioral symptoms (Tier 2), map and coordinate existing community resources (Tier 3), the development and implementation of crisis-response teams (Tier 4) to relapse prevention skills (Tier 5).

"So, what am I to do?"

Here are a few tips that can be disseminated by the Secretary of Health and Human Services to help Massachusetts residents cope more effectively when alone during the pandemic:

1, If you or anyone you know is experiencing a serious mental health condition like severe depression, suicidal ideation and/or plans, severe panic attacks or is engaging in substantial substance use, then contact a major mobile hotline as soon as possible or go immediately to the emergency department of your nearest hospital. Examples of some hotlines available in Massachusetts include the following: (insert)

2. Don't avoid your family and friends. Connect with as many people as you can each day, even if it's just for a few minutes by cellphone or by a brief e-mail or text message. Simply asking others how they are doing can make them feel grateful just knowing someone cares.

3. Be open to sharing with others close to you how you're coping or not coping. To acknowledge vulnerabilities with others you know is to affirm your simply being human. You'll realize that you're not alone since so many vulnerable Americans are confronting this challenge.

4. Seek support from your medical team if you're experiencing increased physical health conditions. Don't wait anymore to initiate physicals or medical procedures you've put off because of the pandemic. More and more hospitals and medical office practices are better equipped and hygienically safe enough to provide necessary assistance than when first learning about the pandemic in the early months of 2020. As well, most medical and behavioral health personnel provide telemedicine consultations during this difficult time to those residents who are still cautious about entering a medical facility.

5. Seek the services of a mental health professional or specialized members of a community agency who can help you identify effective ways to cope during the pandemic.

6. Keep to a daily routine. Structure your day so that it can be filled as much as possible with activities that provide some level of mastery and/or pleasure. Make sure you include periods for social connection by using your cellphone, by e-mailing, text messaging or by participation in Zoom conferences, classes or discussion groups.

7. Try to connect directly with those family and friends who act responsibly by wearing masks and physically distance. Even if you connect with one or two people to meet somewhere while physically distancing for a specified time period during the day, it will help to ease your sense of isolation and loneliness.

8. Interact on social media. Studies have shown that interacting by posting comments and pictures on social media is far superior to reducing isolation than by simply observing social media and not interacting.

9. Participate in online discussion groups if you are unable to attend directly and have particular interests or hobbies, go to web sites and search opportunities like meet-up.com.

10. Establish realistic expectations for coping during this pandemic. You can find yourself easily frustrated and irritable from expecting that interpersonal and management requests won't change, almost daily. Accepting that we are in much turbulence during this 'pandemic flight' can improve your cognitive flexibility and coping responses to acute stress.

11. Sustain hope. Experiencing hope that COVID-19 vaccines will soon be implemented and that opportunities for re-connecting physically will follow once the pandemic lessens, is critical to combat any feelings of hopelessness and helplessness.

12. Listen and empathize with others, including children and teenagers. Respond to their concerns and feelings by providing them reassurance and hope.

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