



# Local Lockdowns: Social Distancing & Self-Isolation

## Supporting Compliance and Mental Health

### EXECUTIVE SUMMARY

Regulations restricting freedom of movement across the UK were implemented in late March 2020 to prevent/reduce the spread of Covid-19, including a period of full national lockdown (March-May). More recently, areas identified as having an increase in local transmission have been required to enter 'local lockdown' as part of Local Outbreak Plans. To effectively reduce/prevent the spread of Covid-19 in these areas, compliance to social distancing requirements is essential. Understanding the behaviours that support compliance is therefore key to the success of the prevention agenda.

As steps are actively taken to implement local lockdowns, consideration should be given to the widely acknowledged risk that social distancing/isolation place upon an individual's mental health and wellbeing. Social distancing clashes with the instinct to connect with others<sup>1</sup> which helps people regulate emotions, cope better with stress and anxiety, and increases resilience during difficult experiences<sup>2</sup>. As such, requiring residents to comply with social distancing/isolation can place them at increased risk of several negative mental health outcomes, including depression, suicide, self-harm, anxiety, and alcohol and substance misuse<sup>3</sup>. Poor mental health will impact upon an individual's compliance, and as such compliance and mental health are intrinsically linked.

An analysis of longitudinal data for the UK found that on average mental health in the UK worsened by 8.1% as a result of the Covid-19 pandemic<sup>4</sup>. A recent model published by the Centre for Mental Health predicts that in England up to 10 million people will need either new or additional mental health support, including 1.5 million children and young people under 18<sup>5</sup>. The model also predicts that the majority of these needs, around two-thirds, will come from people with pre-existing mental health issues. As such, local authorities should ensure that adequate measures are taken to protect the mental health and wellbeing of all residents, particularly those most at risk of negative outcomes, to support compliance and reduce the spread of the virus.

## Purpose

Currently, the main approaches to managing the prevention of Covid-19 in the general population are behavioural, including social distancing, hand hygiene, and the wearing of face coverings. Understanding how to support compliance to these behaviours is therefore key to successful disease prevention, as is understanding any associated risk factors for negative impacts on mental health.

This paper reviews the best available evidence, research and literature to inform decisions on how best to:

- Support compliance to social distancing/isolation requirements in areas of local lockdown; and
- Protect the mental health and wellbeing of residents required to socially distance/isolate.

These two areas are presented separately with each discussion concluding with a series of evidence-based recommendations. The recommendations are presented below in brief, with further details, including practical examples of their application provided within the body of the paper. An accompanying set of resources are also available [here](#).

## Key recommendations

Interventions to support compliance with social distancing and self-isolation, and protect the mental health and well-being of residents, are more likely to have a positive impact if they deliver the following principles.

- **Residents know exactly what to do and are confident that they can do it.**

It is essential that residents in areas of local lockdown understand what they need to do, so providing as much clarity as possible is key. This includes specifying when they need to do the behaviour, how they should do it, and why it is important they do it. It is also important that residents feel that they are able to do what you are asking them to do, so consideration should be given to how to support those residents both in the short-term, but also the long-term, building individual capacity where possible. For example, by providing/signposting to planning resources and community-based assistance.

- **Vulnerable groups are identified, and their specific risks/needs considered.**

Not all residents will have the same capacity, physically or mentally, to comply with social distancing requirements. Some will also be more vulnerable to negative impacts upon their mental health. Identifying vulnerable groups and considering any additional support needs is therefore key. For example, those with pre-existing mental health issues are at an increased risk of experiencing a deterioration of their mental health due to factors such as reduced access to mental health services, social support, or the additional stress caused by changes to routine. Signposting to self-help resources, providing tools to help with daily/weekly planning, and communicating alternative ways of accessing services could mitigate any additional risks.

- **There is regular, open communication in times of uncertainty.**

In times of uncertainty, and where requests are made for people to do something they wouldn't ordinarily choose to do, regular communication is essential, both to support compliance and mental health. Intolerance towards uncertainty has been shown to be the key component underlying anxiety disorders<sup>6</sup>. Residents are more likely to engage in a behaviour and maintain that behaviour if they feel they are informed about the situation, and if they believe the communication is open and honest. For example, keep residents up to date with anticipated end dates of any measures and let them know what support and services are in place to help them. How messages are received will also be influenced by the person who delivers this information, the 'messenger', so choosing trusted individuals within the community can enhance the effectiveness of the message.

- **Residents have access to essential goods, services, and practical support.**

Lack of money, food, medicines, and other necessities make adherence to social restrictions impossible for some<sup>7</sup>. Therefore, during periods of social distancing/self-isolation residents must still be able to access essential goods, in particular food and medicines, and have adequate financial support. Continued access is also key to protecting the mental health of residents. Along with any general guidance, there should be 'more specific information, education, and practical support', including information on furloughing at a local level, which could be provided by 'trained community support volunteers, by targeted media campaigns, social media, and user-friendly interactive apps and websites'<sup>8</sup> which has been shown to increase compliance with social distancing measures.

- **Residents have access to mental health support and services.**

Providing access to mental health support and services, during periods of lockdown and after, is key for the prevention and early intervention of new mental health issues, and can prevent the deterioration of pre-existing ones. In addition to formal routes for mental health support provided by the local authority and local organisations, steps to elicit community support, access to social and personal resources, and increasing personal resilience should also be taken.

- **Residents can socially connect/engage with others.**

Where people are required to make personal sacrifices for a prolonged period of time, they are more likely to comply if they are able to engage in social interactions and rewarding activities at home. The ability to connect with others also helps people regulate emotions, cope better with stress and anxiety, and increases resilience during difficult experiences. Residents should therefore have access to social networks and support to mitigate against the risks that social distancing requirements of local lockdowns may pose.

- **Residents are empowered to help themselves.**

In the context of Covid-19 where there will be a significant increase in the demand for mental health support and services, and where the capacity to deliver this demand may be reduced, empowering individuals to take proactive actions to protect their wellbeing is essential. In addition to helping prevent the development or exacerbation of any mental health issues, providing guidance, tools and resources for residents to increase their resilience also increases their ability and motivation to comply with social distancing requirements.

<sup>6</sup>J. Morris et al., 'Nothing is safe: Intolerance of uncertainty is associated with compromised fear extinction learning', *Biological Psychology*, 121, [2016]. Available online: <https://pubmed.ncbi.nlm.nih.gov/27178640/> [Accessed 28.08.2020].

<sup>7</sup>ESRC, *Impacts of social isolation among disadvantaged and vulnerable groups during public health crises (2020)*. Available online: <https://esrc.ukri.org/news-events-and-publications/evidence-briefings/impacts-of-social-isolation-among-disadvantaged-and-vulnerable-groups-during-public-health-crises/> [Accessed 28.08.2020].

<sup>8</sup>S. Michie et al., 'Reducing SARS-CoV-2 transmission in the UK: A behavioural science approach to identifying options for increasing adherence to social distancing and shielding vulnerable people', *British Journal of Health Psychology*. Available online: <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12428/> [Accessed 28.08.2020].



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## Supporting Compliance and Mental Health

### BACKGROUND

#### Introduction

Regulations restricting freedom of movement and the closing of a wide range of business across the UK were implemented in late March 2020 to prevent/reduce the spread of Covid-19. Since May these restrictions have been gradually eased in England since 11 May, with care taken to keep R, the rate of the reproduction of the virus, below 1, and the number of new infections at a low level. The Government guidance on social distancing was as outlined below (Public Health England, 2020a). Everyone should try to follow the following measures as much as is practicable.

1. Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough.
2. Avoid non-essential use of public transport when possible.
3. Work from home, where possible. Your employer should support you to do this. Please refer to employer guidance for more information.
4. Avoid large and small gatherings in public spaces, noting that pubs, restaurants, leisure centres and similar venues are currently shut as infections spread easily in closed spaces where people gather together.
5. Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media.
6. Use telephone or online services to contact your GP or other essential services.

Whilst the national restrictions on social contact and the requirements for social distancing/isolating have been relaxed, areas identified as having an increase in local transmission of SARS-CoV-2 virus, which causes Covid-19, have been required to enter 'local lockdown' in order to reduce the spread of the virus.

## Purpose

Currently, the main approaches to managing the prevention of Covid-19 in the general population are behavioural in their nature, including social distancing, hand hygiene and the wearing of face coverings. For these approaches to be successful it is important that local authorities take a holistic approach to prevention strategies. This paper explores the best available evidence, research and literature to inform decisions on how best to:

- Ensure compliance to social distancing/isolation requirements in areas of local lockdown; and
- Protect the mental health and wellbeing of residents who are required to socially distance/isolate.

These two areas are discussed separately, concluding with a series of evidence-based recommendations.

Due to a limited body of direct evidence at this time, research into public responses to health risks and threats, and interventions to reduce transmission of non-Covid-19 infections implemented in different counties, have also been considered.

Where applicable, general principles have been extracted for consideration in the development of initiatives to increase compliance to social distancing and prevent/mitigate any negative impact upon mental health.

## Definitions

There are three main measures to the movement restrictions implemented as part of the Government's efforts to prevent/reduce the spread of Covid-19: social distancing, self-isolation, and shielding. The definitions of each of these, as applied within this paper, are provided. Throughout this paper social distancing refers to both social distancing and self-isolation, unless otherwise stated.

It is important to note that Government guidelines and requirements on each of the three measures are provided for both the general population and areas of local lockdown, and that these definitions were accurate at the time of writing. As such, please refer to the most recent version which can be found here:

<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>

### Social Distancing

**What is it:** The limiting of face-to-face contact with others outside of the individual's household. The public should stay at home as much as possible (including working from home), limit contact with other people, and maintain Government proximity guidelines of two metres from anyone other than members of the same household, or one metre where this is not possible.

**Who does it apply to:** All members of the public until the Government instructs otherwise.

### Self-Isolation

**What is it:** More restrictive than social distancing, the guidelines for self-isolating include staying indoors and avoiding contact with others as much as possible, including stopping day-to-day activities such as food shopping or collecting medication.

For those with symptoms of Covid-19 the requirement is to self-isolate at home for at least ten days from when the symptoms started. For those living in a household where someone is displaying symptoms, and they themselves are not, the requirement is extended to 14 days.

**Who does it apply to:** Individuals who have tested positive for Covid-19, those who show symptoms of Covid-19 and are waiting for a test result or who have not been tested and do not require hospital treatment, and those living in households with someone showing symptoms of Covid-19.

## Shielding

**What is it:** People required to shield are advised to take additional action to prevent themselves coming into contact with Covid-19 when transmission in the community is high. This includes not leaving the home or garden, or having visitors.

**Who does it apply to:** Those at highest risk of severe illness if they catch Covid-19 – classified as those who are clinically extremely vulnerable (CEV).

## Local lockdowns

Plans for local lockdowns were published in June 2020 as part of the Government's recovery plan to prevent new hotspots developing by 'detecting infection outbreaks at a more localised level and rapidly intervening with targeted measures' (Institute for Government, 2020). A local lockdown refers to a 'partial or full re-imposition of measures to control the spread of Covid-19 in a specific locality, or the deferring of planned easing of restrictions, in response to a localised spike in infections.' (Institute for Government, 2020 (para. 1)). The report states that measures can include enforcing social distancing, self-isolation, and quarantine; shutting down public transport and non-essential businesses; shutting schools; monitoring of people to stay at home as much as possible; and stepping up local Covid-19 testing.

Areas of local outbreaks are identified through the collection of local infection rate data and concentration of cases by the NHS Track and Trace Programme, which was launched on 27th May. Each local authority in England has been required to submit a 'Local Outbreak Plan' for their area which details the steps that will be taken to ensure any outbreaks are contained.

Hertfordshire County Council's Local Outbreak Plan states:

*'This Local Outbreak Plan builds on existing health protection plans and put in place measures to contain any outbreak and protect the public's health. The Director of Public Health is responsible for defining the measures required to do this. This plan is intended to enable agencies in Hertfordshire to prevent, manage, reduce and suppress outbreaks of COVID-19 infection across the County. This plan sets out the arrangements for surveillance of and response to local outbreaks and infection rates. Some of these (such as work in Care Homes) are already in place. Other parts (such as how the National and Local Contact Tracing Systems interface) are still being developed nationally. The plan identifies aims, objectives, workstreams and the appropriate governance and responsibilities for each of those.'*

**Hertfordshire County Council 'Local Outbreak Plan', 2020.**

An example of local lockdown specific guidance (Leicester) can be found here:

<https://www.gov.uk/government/publications/local-lockdown-guidance-for-social-distancing/meeting-people-from-outside-your-household-guidance-for-leicester>

# RESEARCH AND EVIDENCE BASE

## Introduction

Compliance to social distancing requirements in local lockdowns is essential if localised interventions are to reduce/prevent the spread of Covid-19. Understanding the behaviours that support compliance is therefore key. This paper reviews the available literature, guidance, and research to provide recommendations on how this might be achieved through the development of interventions to support residents to comply with local lockdown restrictions. Basing recommendations on the best available evidence has been shown to increase the likelihood of any actions taken being effective (WHO, 2017).

It is important to note that there is limited research into compliance with local lockdowns and as such research on compliance to social distancing more generally is reviewed but with consideration to the specific context of:

- Local residents being asked to restrict their movements and make significant changes to their daily lives for a second time.
- Local residents restricting their movements while their friends, family and others are having their restrictions lifted.
- Local residents experiencing a prolonged duration of self-isolation.
- Information related to Covid-19 and social distancing no longer being provided by mainstream media.
- Where there is uncertainty regarding the provision of previously available support from central Government.

Research specific to compliance with Covid-19 prevention behaviours is also limited so consideration has also been given to the study of health-related behaviour compliance, as well as other coronaviruses such as MERS and SARS.

## Compliance with social distancing

A recent review of interventions to increase adherence to social distancing was conducted by a group of prominent researchers from UCL London (Michie et al., 2020). Consideration was given to both the desired outcome (i.e. increasing compliance to social distancing) and context based APEASE criteria (see table below).

**Table 1.** APEASE criteria for evaluating interventions (Michie et al., 2014)

<b>Acceptability</b>	How far is it acceptable to all key stakeholders?
<b>Practicability</b>	Can it be implemented as designed within the intended context, material and human resources?
<b>Effectiveness</b>	How effective and cost-effective is it in achieving desired objectives in the target population?
<b>Affordability</b>	How far can it be afforded when delivered at the scale intended?
<b>Side-effects</b>	How far does it lead to unintended adverse or beneficial outcomes?
<b>Equity</b>	How far does it increase or decrease differences between advantaged and disadvantaged sectors of society?

The researchers identified the following ten options for improving compliance:

**Education** (increasing knowledge or understanding)

**1. Provide clear, precise, credible guidance about specific behaviours.**

Where guidance for recommended behaviours is ambiguous and lacking in clarity (e.g. 'as much as is practicable') there is an increased risk of non-compliance due to confusion and variances in interpretation. The public need to understand exactly what they need to do, when they need to do it, how they should do it, and why they should do it, so any guidance must be behaviourally specific. Avoid phrases such as 'try to' and 'gatherings' and use 'do' and 'gathering outside' instead. The researchers also highlighted the importance of communicating through channels that 'provide personalized advice and account for individual circumstances including SMS messaging and an interactive website' (2020:6).

**Persuasion** (using communication to induce positive or negative feelings or stimulate action)

**2. Use media to increase sense of personal threat.**

The more people believe that there is a risk to themselves if they do not comply with social distancing the more likely they are to be compliant with those restrictions (Dowd et al., 2020). Increasing public understanding of personal risks is therefore key, particularly where people are complacent. One way in which to achieve this is by 'using hard hitting emotional messaging based on accurate information about risk' but in order for it to be effective it must also 'empower people by making clear the actions they can take to reduce the threat' (2020:6-7).

**3. Use media to increase sense of responsibility to others.**

Complying with social distancing measures protects the individual themselves, but also others around them including family, friends, and neighbours. As such, it is important to increase the public's 'understanding of, or feelings of responsibility about, people's role in transmitting the infection to others' (2020:7).

**4. Use media to promote positive messaging around actions.**

Compliance with social distancing and self-isolation increases if people 'see self-protective actions in positive terms and feel confident that they will be effective' (2020:7). Any communications should therefore frame requirements positively, emphasising the way in which they protect oneself and others, and in a way that build confidence that they will be effective.

**5. Tailor messaging.**

A one-size-fits-all approach to messaging assumes that all people are persuaded to act by the same thing, therefore failing to acknowledge that the motivation for one person might be to self-protect and for another a sense of duty to protect those they love. To increase compliance messaging should be tailored to take account of 'the different motivational levers and circumstances of different people, informed by the findings from surveys and focus groups' (2020:7).

**Incentivisation** (creating an expectation of reward)

**6. Use and promote social approval for desired behaviours.**

A desire to fit in with society/our community and for others to view us positively can be a powerful motivator to comply with social distancing and self-isolation measures. Clearly articulating the desired behaviours and providing examples of good practice should be supported by 'strong social encouragement and approval in communications' within the community, including 'encouraging members of the community to provide it to each other' (2020:7). Care should be taken, however, to avoid unintended consequences such as social shaming and stigma.

**Coercion** (creating an expectation of punishment or cost)

**7. Consider enacting legislation to compel required behaviours.**

Mandatory self-isolation, on a wide scale, has been introduced in a number of countries and it appears to have been accepted by the majority of the public. Indication from surveys of the UK population suggest that such measures would be supported by the majority of adults – a YouGov survey (2020) found that 64% would support a lock down in London. Observations from Italy and South Korea, however, suggest that in circumstances requiring such aggressive measures, 'special attention should be devoted to those population groups that are more at risk (Kwok, 2020; McClelland et al., 2017)' (2020:7-8). Enacting legislation for social distancing measures, with care taken to engage with communities in order to reduce the risk of negative effects, should be considered.

**8. Consider use of social disapproval for failure to comply.**

As discussed above, social approval is a key motivator for many people. Social disapproval from one's community, unsurprisingly, can also increase compliance with pro-social behaviour such as social distancing and self-isolation. Utilising the power of social disapproval by communicating clearly the requirements, promoting a strong collective identity, should be accompanied by steps to avoid unwanted negative consequences such as victimisation, scapegoating, and erosion of social cohesion.

**Environmental restructuring** (changing the physical or social context)

**9. Develop and mobilise adequately resourced community infrastructure.**

Where people are required to make personal sacrifices (e.g. not engaging in activities they enjoy) for a prolonged period of time, they are more likely to comply if they are able to engage in social interactions and rewarding activities at home. To enable this, people need 'resources such as sufficient income, employment rights, and food' and 'adequately resourced community infrastructure and mobilization need to be developed rapidly and with coverage across all communities (Lunn et al., 2020; Scientific Pandemic Influenza Behaviour Advisory Committee (SPI-B), 2020b)' (2020:8).

**10. Provide financial and material resources to mitigate effects of measures on equity.**

The degree to which individuals comply with social distancing measures will likely be influenced by 'perceived inequity in their impact on different sections of the population, especially those who are already disadvantaged' (2020:8). This has been observed within the UK with those living in rented accommodation and those who are self-employed. Initiatives to mitigate any adverse impacts upon any identified sections of the population who are at increased risk should be considered, for example 'reducing costs of phone calls, data downloads, etc., by 'responsibility deals' or government subsidies should be considered' (2020:8).

Further to the above review, a number of other studies were considered for this paper, and several factors found to increase/decrease compliance were identified, including:

- Boosting an individual's compliance to social distancing by focusing on **lowering their perceived response costs** regarding what follows from self-isolation (e.g. loss of opportunities to meet friends, losing a job, and/or loss of income) in addition to **keeping them informed** regarding the severity of the situation (Farooq et al., 2020:4).
- A study of compliance to the 2019 Covid-19 outbreak measures in India (N=121) found that both compliance and mental health could be improved by **providing adequate financial support and enhancing knowledge about pandemic planning** (Saurabh & Ranjan, 2020).
- Compliance to social distancing is more likely to drop over time, particularly where end dates are uncertain (Williams et al., 2020).
- A survey of 1,200 people across 10 cities in the UK looked at why the UK is complying with lockdown by consent rather than compulsion (Jackson et al., 2020). The researchers concluded that the belief that 'we are all in it together and we all need to come out of it together' was the most influential factor upon self-reported lockdown compliance. Highlighting the importance of creating/communicating a shared identity, a common fate, and acting for the common/social good. A further factor was centred around national sentiment towards the NHS.
- **Lack of money, food, medicines, and other necessities** make adherence to social restrictions impossible for some, which suggests policies to alleviate uncertainties in these areas may also ensure greater compliance with social distancing (ESRC, 2020).

## Compliance with re-entry into social distancing/ self-isolation

Research into levels of compliance where residents are required to re-enter social distancing or self-isolation is limited. However, as more areas enter, and emerge from, local lockdowns, both nationally (e.g. Leicester) and internationally (e.g. Germany), there will be opportunities for local authorities to develop their understanding of the factors that influence compliance within their specific context and apply any insights to interventions.

An example of how local authorities might learn from the experience of other local authorities can be found in a recent report from the Institute of Government (2020) which reviewed the first local lockdown in England which was applied in Leicester on 29th June 2020, and which included the closure of schools (with the exception of children of key workers) and non-essential retail outlets. Whilst pubs, restaurants and cafes reopened across England on 4 July, they remained shut in Leicester. The report stated:

*'The lockdown in Leicester has illustrated the challenges of implementing local measures from the centre. The local authorities in Leicester have stated that there was insufficient consultation and data-sharing. The regulations to enforce the lockdown in Leicester had not been published by the time the new rules were due to come into force on 30 June. A day prior to the start of the lockdown, the local council did not know which areas would be affected by the new rules.'*

*There is a risk that local lockdowns could be seen as unfair or illegitimate. This issue was raised in a paper prepared for the security sub-group of the government's Scientific Advisory Group on Emergencies (SAGE) on 23 April.*

*Alongside the legal powers available to national and local authorities, there will need to be a major communications effort to persuade people of the reasons for additional restrictions and to explain clearly what they are.'*

***Institute for Government, Coronavirus: Local Lockdowns, 2020 (para. 20).***

## Maintaining behaviour change

Throughout the UK members of the public have already experienced restrictions on their movements, meaning those in areas of local lockdown will not be socially distancing or self-isolating for the first time. As such, consideration was given to behaviour maintenance in order to extract key insights that could be applied when developing interventions to support compliance with social distancing and self-isolation over time. A rapid review of the available literature on maintenance-relevant behaviour change theories identified six overarching interconnected themes: I) maintenance motives, II) self-regulation, III) resources, IV) habits, V) contextual influences and VI) risk perception (Kwasnicka et al., 2016).

### 1. Maintenance Motives

What people think about a behaviour and its consequences can have a strong influence on whether they continue to perform it. People tend to carry on performing a behaviour if they are happy with the outcome of doing it, or if the behaviour is in line with their actual or idealised identity, beliefs and values. This constellation of beliefs, values and identify surrounding a behaviour are known as 'maintenance motives'. These principles are reflected in the recommendations, for example O3, O4, O5, and M1.

### 2. Self-regulation

People are more likely to maintain a new behaviour if they have clear goals and are able to consistently monitor and adapt their behaviour to ensure it is consistent with these goals. As the requirements for health protective behaviour change and evolve, individuals may find it difficult to keep track of what is required across time (e.g. differences at different tiers) and context (e.g. differences at work and at home), which may make it difficult to consistently perform a behaviour. Strong self-regulatory skills will be required to help people keep focussed on the goal of maintaining health-protective behaviours over time and in different contexts. In situations where it is difficult to perform the behaviour (i.e. motivation is low and costs are high), additional effort is required to overcome barriers and prevent relapse. This is known as self-regulatory capacity. These principles are reflected in the recommendations, for example C2, C3, and M6.

### 3. Resources

People are more likely to maintain a new behaviour when they have sufficient resources (physical and social) to do so. Performing a new behaviour requires effort. Exerting effort over an extended period can lead to fatigue, stress, and other negative feelings. This can make it increasingly difficult to be motivated to continue performing the new behaviour. These principles are reflected in the recommendations, for example C4, O6, and M7.

#### 4. Habit

People maintain behaviours which have become habitual. When people repeat behaviours in the same environment, they become automatically triggered by that environment without the involvement of conscious decision making. Making health protective behaviours habitual will reduce the need for constant self-regulation, creating space for people to focus on other important aspects of their experience. Behaviours that become habitual are much more likely to be maintained. These principles are reflected in all recommendations where the objective is to support maintenance of the behaviour until the point at which it becomes habitual.

#### 5. Contextual influences

Behaviour occurs within an environmental and social context. Therefore, a facilitative environment and social support will help people to maintain new behaviours. The more stable the contextual factors are, the easier it will be to sustain a behaviour. as less resources are needed to regulate it. These principles are reflected in the recommendations, for example C5, O2, O6, and M3.

#### 6. Risk perception

Perceived risk can influence how likely it is that people will adopt preventive health behaviours. Peoples' risk perception is influenced by public worry, socio-demographic characteristics, social context, individual values, rumours, and trust. These principles are reflected in the recommendations, for example C4, M2, M5, and M8.

## Shielding

Whilst the focus of this paper is not specifically on shielding, in areas of local lockdown it is possible that those classified as Clinically Extremely Vulnerable (CEV) will be required to extend the duration of their shielding. The limited amount of research into compliance to shielding reveals a number of important influencing factors that should be considered by local authorities.

In England, 2.2m people were advised to shield (3.9% of the population) and the degree to which those clinically extremely vulnerable (CEV) people advised to shield complied with the requirements differs by age and whether the individual is living alone or with others (ONS, 2020).

### Demographics of CEV Shielding

When comparing the **age distribution** of CEV people with the general population of England, we can see that the younger age groups are under-represented in the shielding population and the older age groups are over-represented. When considering **age distribution by gender**, the age distribution of CEV people is consistent across genders.

### Compliance with Shielding Requirements

The age group with the lowest percentage of CEV people following shielding guidance was those aged between 20 to 29 years.

**Table 2:** Indicators of clinically extremely vulnerable (CEV) people following shielding advice England, 24 June to 20 June 2020 (percentage)

	14 May - 19 May	28 May - 3 June	9 June - 18 June	24 June - 30 June
<b>Completely following shielding advice</b>	63%	62%	63%	58%
<b>Not leaving the house at all or leaving the house only for exercise</b>	65%	67%	64%	60%
<b>Receiving no visitors, except for support with personal care</b>	86%	87%	83%	77%

**Source:** Office for National Statistics - Shielding Behavioural Survey

CEV people who live with others are more likely to completely follow shielding guidance the older they are; CEV people aged 75 years and over are most likely to be following shielding guidance, compared to just 48% of 20-29 year olds. Of those living alone, CEV participants aged between 30 and 49 and 75 years and over were most likely to be complying fully with shielding guidance. Living with others, therefore, appears to increase the likelihood of following shielding guidance.

### Health and well-being of clinically extremely vulnerable people, by age

When considering the life satisfaction of CEV people, the data show that those aged 30 to 39 and 50 to 59 years reported being less satisfied with their lives, whereas those 70 years and over reported being more satisfied with their lives.

The impact of shielding upon the mental health and well-being of CEV people was found to be influenced by age. Those aged under between 30 and 59 years were more likely to have experienced a worsening in their mental health and well-being compared with 29% of CEV people aged 70 to 74 years and 24% of CEV people aged 75 years and over.

### Considerations for Hertfordshire County Council

Whilst this paper is not focused on interventions for increasing compliance to shielding in areas of local lockdown, the research above suggests that undertaking an analysis of the demographics of those CEV would identify those who are a) least likely to comply, and b) most likely to experience negative impacts upon their mental health and wellbeing. Further research would then be needed to better understand the influences upon compliance and to inform the design of evidence-based interventions to increase compliance for this group.

One paper that has started to explore this area was published by Michie et al., (2020) who identified four options for increasing compliance to shielding:

#### 1. Specificity and structuring of guidance (education)

Avoid terms that are unclear and ambiguous, for example 'as much as possible', and make the guidance behaviourally specific. The information should inform people of what to do, when to do it, and how to do it.

## 2. Tailoring of guidance (education)

It should be easy for people to see what information applies and any surplus information that is not relevant should be removed, so as not to distract the reader.

## 3. Develop guidance for those living with vulnerable people and for vulnerable people themselves (education)

In addition to guidance for those living with vulnerable people, providing information for the vulnerable people themselves is key. They should understand what is needed and why, both of which can help with motivating the individual to accept the necessary changes. Those who employ vulnerable people should also be included so that those shielding have greater confidence that they can do so without negative impact upon their income or career.

## 4. Provision of support (enablement)

Along with the guidance, there should be 'more specific information, education, and practical support', which could be provided by 'trained community support volunteers, by targeted media campaigns, social media, and user-friendly interactive apps and websites' (2020:9).

Further information can be found here:

<https://onlinelibrary.wiley.com/doi/full/10.1111/bjhp.12428>

## Key insights – barriers and facilitators to compliance

As shown above, the evidence suggests that a combination of both hard measures (e.g. financial support) and soft measures (e.g. behavioural approaches) are required to increase the likelihood that residents will comply with social distancing measures during periods of local lockdowns. Key influences/barriers to compliance are:

- Motivation.
- Having a safe place to stay.
- Self-regulation (ability to monitor and manage emotions, thoughts, and behaviours).
- Resources.
- Habitual behaviours.
- Contextual influences (e.g. family, friends, and community).
- Risk perceptions.
- A sense of being informed and clarity of required actions and end dates.
- Trust.
- Finances and income.
- Support from employers.
- Access to food and essential goods (e.g. medicine).
- Emotional support (e.g. friends and family).
- Sense of shared identity of 'doing it together'.

These influences and barriers are considered in the following behavioural analysis, with a specific focus on the softer measures/actions that can be taken.

## BEHAVIOURAL ANALYSIS

Governments across the world are implementing a diverse range of interventions to promote adherence to social distancing measures, which include elements of education, persuasion, incentivisation, coercion, environmental restructuring, restriction and enablement.

The key personal behavioural change interventions deployed to date to control the spread of Covid-19 (handwashing, not touching the face, social distancing, and use of face coverings in certain settings) necessitates an understanding amongst people for what to do, when to do it, and how to do it. For Hertfordshire residents to comply with requirements to social distance during periods of local lockdown they need to have the capability, opportunity, and motivation to do so (Michie et al., 2020; Michie et al., 2011).

### COM-B analysis

#### Capability Influences

People are more likely to comply with social distancing requirements if they have the physical and psychological capability to perform the behaviour. For example:

- They know what is required of them to maintain required social distance.
- They know why it is important to comply with social distancing requirements.
- They know the resources that are available to support them during local lockdown, in particular financial support, access to food, and access to essential medication.
- They feel informed about the situation.

Interventions that can be used to support people with the capability to maintain social distancing requirements include the following:

- **C1:** Provide clear, precise guidance about the desired behaviour so that there is no ambiguity as to what is required (e.g. distance and how to correctly assess distance). This should include clarity around what social distancing is.
- **C2:** Clearly communicate the resources available to people for financial support, access to food, and essential medication. For example, communicating information about furloughing at a local level if they are required to go into a local lockdown.
- **C3:** Provide tools and resources for personal planning, for example to support online shopping, having emergency plans, and a person to contact.
- **C4:** Ensure that residents are kept up to date with information on the current situation and the anticipated end date.

#### Opportunity Influences

People are more likely to comply with social distancing requirements if the physical and social environment around them provides support to perform the behaviour.

Specifically:

- They see examples of other people in their local area complying with the requirements and are aware that most people in their community are maintaining social distancing and social isolation measures.
- They see complying with social distancing and social isolation requirements as the 'right thing to do', both for themselves and for their community.

Interventions that can be used to support people with the opportunity to comply with social distancing and social isolation requirements include the following:

- **01:** Communicate clearly the responsibility of each person to keep their community safe.
- **02:** Create a sense of 'we are in this together' and that complying is acting for the common good and individuals have a responsibility to do so. 'This is who we are' messages draw on social norms to reflect and affirm group culture and behaviour ('this is what we are doing').
- **03:** Use social media to promote positive messaging around desired actions.
- **04:** Use and promote social approval for desired behaviours.
- **05:** Consider use of social disapproval for failure to comply with social distancing requirements, with appropriate care given to avoid negative unintended outcomes (for example, stigmatising of particular groups of people).
- **06:** Develop and mobilise adequately resourced community infrastructure (e.g. access to social contact from home).
- **07:** Use voices/messengers who are trusted by the community.
- **08:** Provide support to help with providing essential items during periods of social distancing.
- **09:** Ensure that residents have a safe and secure place to do so.

### Motivation Influences

People are more likely to comply with social distancing and social isolation requirements if doing so is consistent with their identity, values, their beliefs about their ability to socially distance and isolate, their understanding and belief in the benefits of doing so and the consequences of not doing so, and the emotional and habitual processes that underpin social distancing and isolation (motivational influences). Specifically:

- They have an intention to continue to socially distance and isolate and a high level of perceived behavioural control (PBC) (a belief that doing so is within his/her control).
- They believe that maintaining social distancing and isolation requirements is a safer option for them in relation to risks of contracting Covid-19.
- People with whom they share a common identity, are also choosing to comply with the requirements of local lockdowns.

Interventions that can be used to support people with the motivation to social distance and isolate include the following:

- **M1:** Link compliance with social distancing and isolation to the personal identities (i.e. people values such as being caring or responsible members of society) or the social identities (e.g. linked to the behaviours expected of people according to the roles as members of professional, faith or community groups) of the group that you want to influence.
- **M2:** Communicate the benefits of social distancing for the individual, and for the community.
- **M3:** Provide case studies and testimonials of people who are complying with requirements in the local area, particularly with examples from in-groups.
- **M4:** Ensure that high-profile people in the community are seen to be complying with local restrictions/requirements.
- **M5:** Use social media to increase sense of perceived personal threat.
- **M6:** Help residents to activate reflective decision-making by getting them to anticipate possible barriers and enablers to social distancing, and to plan how

they might address these.

- **M7:** Communicate the support available in order to prevent any thoughts/feelings re: the perceived negative consequences of social distancing.
- **M8:** Communicate the risks of Covid-19 to themselves and to others.
- **M9:** Ensure that communications come from the most appropriate 'messenger' and are tailored to any differing needs identified across groups within the population (e.g. using faith/community leaders as messengers).

## Communications

Drawing on behavioural science to inform interventions, including communications, increases the likelihood of effectiveness and reduces the risk of unintended consequences. However, doing so can present a quandary: we know the more concerned the public are during pandemics the more likely they are to adhere to advice given but we also know that increased concern has the potential to heighten distress and exacerbate mental health issues. For example, anxiety can elevate feelings of paranoia and obsessive-compulsive disorder can worsen if there is a fear of contagion and enforcement of particular behaviours (hand washing). Attending to the above is essential to ensure that any interventions or communications to those being asked to self-isolate do not inadvertently increase mental health issues.

Local lockdowns require people to self-impose significant restrictions on their activities, some of which are increasingly difficult because of the context of it being local. For example, limiting contact with others is easier when others are also doing the same, than it is when others are no longer in self-isolation and are instead out socially engaging and interacting with friends and family. As such it is essential that we understand how to engage with communities in local lockdowns and ensure individual and communal efforts to comply with social distancing/isolation measures.

There is a wide body of research on responses to public health emergencies that demonstrates that people are significantly more likely to comply with actions required to achieve common goals if they feel that it is a communal effort and if the people leading are acting legitimately and are part of the same community of circumstance. Leaders and policymakers can build the public's trust and confidence in their actions being for the common good by providing detailed and clear information to justify the recommended actions, which will increase the public's motivation to support and engage with public health advice.

In the current circumstances, effective communication can be difficult as the basis for action is complex, fast changing, and with a degree of uncertainty. To effectively engage a community in a local lockdown, it is essential to demonstrate that the diverse needs of the different/varied members of that community have been acknowledged, understood, and addressed as much as possible. Making requests that are simply not possible to comply with, for example advising people to avoid all contact with people at high risk, may cause anxiety and anger if someone is the sole carer for an at risk family member. Without providing alternative means, how can this person both comply with their social obligation and their personal obligation? There is a clear conflict and this needs to be avoided.

The following communication strategies have been shown to enhance community engagement and cooperation (Yardley et al., 2020) and have been contextualised to local lockdowns:

**1. Communicate openly and honestly about the management of Covid-19 at a local level, and provide regular updates in a timely way:**

- Explain what actions are being taken and why.
- Avoid withholding information or providing information that is vague or misleading.
- If there is uncertainty, then communicate this and inform the community when they are likely to receive further information.
- Provide updates even where there is no new information, to maintain contact.

**2. Increase motivation, skills, and confidence to take the required protective actions:**

- Don't just tell people what to do, make sure they understand how and why.
- Communicate the importance of taking actions for the individual's health as well as that of their family, friends, and loved ones.
- Ensure sufficient practical information is provided to enable people to successfully comply with the recommendations, whilst also promoting a sense of agency, autonomy, and control.

**3. Demonstrate an understanding of and respect for community members' needs:**

- Recognise that communities are not homogenous and different people have different needs.
- Ensure these needs are met as far as possible, particularly for those most at risk.
- Where it is not possible to meet needs communicate the reasons why.

If possible, we should employ rapid methods to understand the community members' varying needs by using surveys, interviews, and focus groups. The information can then be used to support compliance by providing tools and resources for community members.

Establishing local contacts who can provide feedback to Hertfordshire County Council directly involves community members and enables us to amend/update the advice and support offered, whilst also ensuring that it is both accessible and appropriate for the different community members and their unique circumstances.

## RECOMMENDATIONS

The following recommendations are based upon the review of evidence discussed within this paper.

### **Make it clear what people need to do**

**If people understand what you want them to do and why, they are more likely to do it, particularly if it is something that requires them to make personal sacrifices.**

**Recommendation:** ensure that any communications clearly articulate exactly what people need to do, when you want them to do it, how they should do it, and why. Do not use terms that are ambiguous or open to interpretation, for example 'as much as is practicable'.

**Example:** use short succinct instructions such as 'work from home, if possible', 'avoid visits to care homes/settings', and 'avoid going into the community unless absolutely necessary'. Providing examples of what constitutes 'absolutely necessary' within the specific context can add further clarity, as can accompanying any messages with clear images that relate to the instruction.

### **Make people aware of the personal risk**

**People are more likely to do something if they perceive a personal risk to not doing so.**

**Recommendation:** increase knowledge of the personal risks associated with non-compliance with social distancing and provide clear guidance on what actions they must take to reduce the risk.

**Example:** consider messages like 'social distancing during a pandemic can save your life', and 'stay home, stay safe'. Consider imaging that demonstrates the risk i.e. one person in a group with Covid-19 with the others unaware can be helpful.

### **Increase sense of responsibility to others**

**People are more likely to do something if they believe that not doing so will place other people they care about at risk.**

**Recommendation:** increase knowledge of the risks to others (in particular, friends, family, and neighbours) associated with non-compliance to social distancing. Use communications to induce feelings of responsibility to others.

**Example:** terms like 'we social distance now so that when we can come back together, nobody is missing', and 'social distancing may not be for you, but it is for everyone' are examples of language that emphasises our responsibility to others.

### Build confidence

**People are more likely to do something if they feel confident that they can achieve it and that it will be effective.**

**Recommendation:** communicate the requirements positively, with an emphasis upon protecting oneself and others, and in a way that instils confidence in the effectiveness of doing so.

**Example:** consider messaging like 'social distancing does not mean social disconnection', 'reach out and connect with that long-lost friend/relative', and 'if you are finding social distancing difficult – we are here to support you'. You may also want to consider using case studies of people (relatable messengers i.e. community leaders and key influencers) demonstrating the performance of the behaviours and their effectiveness.

### Motivation

**Different things motivate different people, a one-size-fits-all approach will not work for everyone.**

**Recommendation:** research the different motivational levers for different groups and communities (via surveys, focus groups etc.) and ensure that communications focus on a variety of these influencing factors. For example, some people are motivated by a desire to protect themselves, for others it is protecting their loved ones, and for others protecting the NHS.

**Example:** Emphasising the impact on the NHS is a particularly salient message that has resonated across the UK, for example 'Stay home, protect the NHS, save lives', and can be a powerful additional motivator to the drive to protect oneself or others.

### Use the power of social approval

**Fitting in with others, and being viewed positively by those around us, is a powerful motivator for many people. Social disapproval can increase compliance with pro-social behaviour.**

**Recommendation:** clearly articulate the desired behaviours, emphasising the way in which others in the community will view their actions positively. Provide examples of good practice, encourage residents to keep their community and neighbours safe, promote a strong collective identity, and communicate the responsibility each member has to each other. Take care not to inadvertently encourage social shaming or stigma.

**Example:** messages that focus on 'We all must do it to get through it' and 'we are in this together', and 'we can only do this together', can be accompanied with examples that emphasise pro-social behaviour – 'be a good neighbour and stay two meters apart', and 'keeping your distance keeps your community safe'. You could also use images and case studies that support these messages.

### Provide alternatives

**People are more likely to comply with requests to give up social/outdoor activities that they enjoy if they can engage in indoor activities that are enjoyable and rewarding.**

**Recommendation:** communicate to residents the resources and support that are available, and develop the infrastructure required to deliver these. For example, by utilising support from within the community.

**Example:** create a campaign that emphasises that social distancing doesn't need to be boring, and create a digital pack of resources that includes things like links to online museums, digital learning courses, podcasts, music playlists, or access to the local library's eBook and audio book collection. Advertise via social media channels and through key community members. If there are local faith groups, support them in taking their congregation online.

### Ensure access to essential goods, services, and practical support

**People are more likely to comply with requests to remain indoors if doing so doesn't restrict their access to essential goods, like food and medicine. Financial support is also key for compliance for those where there is a loss of income/employment.**

**Recommendation:** ensure residents are aware of the support available to them, including financial support, and the online resources that they can use, for example online shopping and information on benefits.

**Example:** tailor the NHS letter that is sent to shielding individuals to include local support/services. Identify local supermarkets and develop a simple guide for online shopping that can be circulated to those who are less IT proficient.

### Help people plan

**When obstacles arise, it can become harder to maintain new behaviours.**

**Recommendation:** consider potential obstacles that could arise and suggest ways in which residents can prevent or overcome these. Provide tools and resources for contingency planning.

**Example:** provide daily, weekly and monthly planners to support residents to plan ahead. Help people make contingency plans by writing down 'Who I will contact if there is an emergency.....their telephone number is...', 'I will get my medicine by xxx', 'xxx will help me with my shopping and if they are not able to help I will xxx'. Consider using community volunteers to help people who may need help completing the planners.

### Communicate regularly, clearly, and honestly

**People are more likely to engage in a behaviour and maintain that behaviour if they feel they are informed about the situation, and if they believe that communication is open and honest.**

**Recommendation:** ensure that residents are kept up to date with information, including the anticipated end date for any social distancing measures, what actions are being taken and why. If there is uncertainty then communicate this and inform the residents when they are likely to receive further information, and maintain contact even if there is no additional information.

**Example:** devise a communications strategy that details what information will be provided, when, by whom, and the channels it will be communicated through. Ensure that you don't solely rely on digital channels as there are likely to be residents who do not have access to online channels, or sufficient IT literacy.

### Choose the most appropriate messenger

**Trust is important, and people are more likely to listen and comply if they trust the source of any information and the information is relevant.**

**Recommendation:** ensure that communications come from the most appropriate person and are tailored to any differing needs of groups within the population.

**Example:** if there are particular groups within the local community (e.g. faith groups and BAME), consider asking group leaders to communicate with their members the importance of social distancing. They could do this in a specific message, or embed it within their usual communications (e.g. online meetings with congregation).

## Conclusion

The discussion above has focused on the best available evidence for increasing the likelihood that residents of Hertfordshire will comply with the social distancing and isolation requirements of local lockdowns. As steps are actively taken to implement behaviour change interventions, consideration should be given to the widely acknowledged risk that experiences of lockdown and social distancing/isolation place upon an individual's mental health (Banks & Xu, 2020; Holmes et al., 2020). As such, Hertfordshire County Council should ensure that adequate measures are taken to protect the mental health and wellbeing of all residents, particularly those who are most at risk. The following section of this paper focuses on how best to protect the mental health and wellbeing of Hertfordshire residents in areas of local lockdown.

## MENTAL HEALTH AND WELLBEING

In the absence of a vaccine, local lockdowns and the requirement of residents to comply with social distancing and isolation is one of the most vital strategies for preventing/reducing the transmission of the SAR-CoV-2 virus, which causes Covid-19. However, social distancing 'clashes with the deep-seated human instinct to connect with others' (Van Bavel et al., 2020:466) and social connection helps people regulate emotions, cope better with stress and anxiety, and increases resilience during difficult experiences (Jetten et al., 2017; Williams et al., 2018). As such, requiring residents to comply with social distancing/isolation can place them at increased direct risk of a number of negative mental health outcomes, including depression, suicide, self-harm, anxiety, and alcohol and substance misuse (Banks & Xu, 2020; Brooks et al., 2020; Haslam et al., 2018; Holmes et al., 2020).

It is important to note that research on mental health in the context of epidemics has shown that there is 'both an immediate impact on mental health and a longitudinal one' (Centre for Mental Health, 2020:3).

As Hertfordshire County Council takes action to increase compliance to social distancing requirements, proactive steps to protect the mental health and wellbeing of residents should also be taken. This section of the paper presents evidence to inform these activities, and a series of recommendations for consideration.

### Research and evidence

#### The scale of the problem

Data from cross-sectional studies of bespoke online Covid-19 specific surveys has shown that in comparison to the last quarter of 2019, lower levels of subjective wellbeing and higher levels of anxiety are reported across the UK population (Office of National Statistics, 2020). Similar findings have emerged from other countries, including Japan (Yamamura & Tsutsui, 2020), Switzerland (Brulhard & Lalive, 2020), Germany (Armbruster et al., 2020), Italy, and Sweden (Tubadji et al., 2020).

Banks & Xu (2020) analysed longitudinal microdata for the UK over the period 2009-2020, controlling for pre-existing previous trends to better understand the effects of Covid-19 upon mental health. The researchers found that on average mental health in the UK worsened by 8.1% as a result of the Covid-19 pandemic. A recent model published by the Centre for Mental Health predicts that in England up to 10 million people will need either new or additional mental health support, including 1.5 million children and young people under 18 (Centre for Mental Health, 2020). The model also predicts that the majority of these needs, around two-thirds, will come from people with pre-existing mental health issues.

#### Vulnerable groups

It is widely accepted that some communities and populations will be more adversely affected by Covid-19 and are at a greater risk of experiencing negative mental health issues as a result (Centre for Mental Health, 2020). Understanding which groups are at most risk enables a proactive approach to be taken by local authorities, including taking any necessary steps to mitigate against the risks that social distancing requirements of local lockdowns may pose, and targeting mental health resources where they are most needed.

Supporting similar findings from the studies outside of the UK referred to above, Banks & Xu (2020) found particular groups reported greater negative impacts upon their mental health. These included:

- Households where there has been a drop in income, though the negative impact is reduced where members are furloughed.
- Households with children aged 0-4 years, with reports of significantly larger increases in overall mental health issues for women almost double that for men.
- Younger men (16-24) are more likely to experience negative mental health as a result of Covid-19 whereas there is only a small effect on older men.
- Younger women (16-24) saw the largest deterioration in mental health, and the number reporting problems doubled from 17.6% to 35.2%.

A recent review, commissioned as part of ESRC's response to the Covid-19 pandemic, sought to understand 'What is known about the impacts of social isolation on disadvantaged, marginalised, and vulnerable populations in the context of pandemics and other public health crises?' (Gayer-Anderson et al., 2020). The researchers reviewed 50 empirical papers to identify vulnerable groups, defined as those at greater risk of infection and/or adverse effects of social distancing measures, and to explore the mechanisms involved and what could be done to mitigate adverse effects.

Several key findings were reported:

- Periods of social isolation place vulnerable and disadvantaged groups at a greater risk of mental health problems.
- Factors such as income, employment, and access to food can also influence the impact of social isolation upon mental health, in addition to their ability to comply with social distancing requirements.
- There is an increased risk of abuse and exploitation for those who are confined to their homes for extended periods, particularly girls and women.

A recent review of the literature on quarantine following exposure to coronavirus has shown that people can experience a range of negative psychological effects including post-traumatic stress symptoms, confusion, and anger when they are placed into enforced quarantine (Brooks et al., 2020). Particular stressors across the 24 studies in this review were found to be longer quarantine duration, infection fears, frustration, boredom, inadequate supplies and information, financial loss, and stigma.

## Key insights

Whilst the whole population will be affected by Covid-19, the evidence suggests that the measures taken to control the spread of Covid-19, including social isolation/lockdown, might have a disproportionate effect on particular 'vulnerable groups' (Holmes et al., 2020). A number of risk factors (characteristics at the biological, psychological, family, community, or cultural level that are associated with a higher likelihood of negative outcomes) and protective factors (characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact) associated with mental ill health have been identified.

## Vulnerable groups

Factors that have been found to increase the likelihood of experiencing negative mental health as a result of social distancing include:

### Personal

- Pre-existing mental health issues.
- Intolerance to uncertainty.
- Physical health issues.
- Alcohol and/or substance misuse.
- Social disconnectedness.
- Men and women aged 16-24 years.

### Familial

- Bereavement and sickness within the family.
- Relationship stress and breakdowns.
- Domestic violence and abuse.
- Households with children aged 0-4 years.

### Logistical

- Uncertainty around employment, income, food, and housing.
- Financial pressures and stress.
- Loss of employment/income.
- Homelessness.

### Environmental

- Lack of access to community and mental health services.
- Working in health care.

## Protective factors

The research reviewed identifies several principles that can protect against the risks posed to the mental health of residents as a result of social distancing/isolation upon mental health:

- Residents know exactly **what to do** and are **confident** that they can do it.
- Residents are **motivated** to change their behaviour and to maintain it for the duration.
- **Vulnerable groups** are identified, and their specific risks/needs considered.
- There is **regular, open communication** in times of uncertainty.
- Residents have **access to essential goods**, services, and practical support.
- Residents have **access to mental health support** and services.
- Residents can **socially connect/engage** with others.
- Residents are **empowered** to help themselves.

## Recommendations

### Forecast local need

**For local authorities to take a proactive, compassionate, timely, and effective response to helping local residents experiencing mental health issues, preparation is essential. This starts with forecasting what the likely demand for services and support will be, reviewing current capacity and devising a strategy to meet the increased need.**

**Recommendation:** using the recently developed forecasting model discussed within this paper (link provided in 'Useful tools and resources'), enter local level data to estimate the levels of need for mental health support in your area. This includes understanding the likely demand that will arise from both those residents with pre-existing mental health issues and those who do not.

**Example:** work with local partners to collect and analyse the data, and then review the current provision and identify key gaps.

### Identify vulnerable groups

Whilst the whole population are affected by Covid-19, research shows that measures taken to control the spread of the virus, including social isolation/lockdown, might have a disproportionate effect on vulnerable groups. Considering how to mitigate any risks to their mental health is therefore key to improving outcomes.

**Recommendation:** consider the various groups within the community who might be particularly vulnerable and implement measures to limit negative impacts on their mental health and wellbeing.

**Example:** where households have experienced a loss of employment/income, provide financial support and information to alleviate any strain this might place upon themselves and their family.

### Ensure continued access to support and services

People with existing mental health conditions may already be dependent upon local support and services, for example through regular appointments with practitioners or through drop-in centres which provide an opportunity for peer support. Continued access is likely to be even more important in the context of the Covid-19 pandemic to avoid further exacerbation of mental health issues.

**Recommendation:** review ways of accessing mental health support and services, identifying any barriers as a result of social distancing, and implement interim measures to ensure continued access for those residents who need it.

**Example:** establish contact with local providers of support and services and collaborate in finding ways to continue provision. If a particular service becomes unavailable, consider how to meet the need and communicate this to residents. Signpost to tools and resources, including information, connectivity to others, and therapeutic programmes through apps, websites, online meetings and forums, telephone calls, and messages. Ensure that opportunities are also open to those with poorer digital resources/literacy.

### Signpost to self-help resources to increase resilience

Covid-19 has presented many challenges, including the need for increased mental health support and services in the context of a reduced capacity to deliver this within the community. Empowering individuals to take proactive actions to protect their wellbeing is therefore essential. Where access to social networks and support are reduced/limited due to social distancing requirements, helping residents to connect socially with people via other means, for example online, can reduce any associated risks.

**Recommendation:** consider and communicate ways in which local residents could take active steps to maintain positive mental health and wellbeing, including having access to social networks and being encouraged to engage with others during periods of social isolation.

**Example:** create a communications campaign focused on mental health and wellbeing, to raise awareness of what steps can be taken by residents themselves, and provide the 'Top Ten Tips for Building Resilience at Home' infographic and information to support wellbeing. This is an evidence-based resource created by Hertfordshire County Council in partnership with Norfolk County Council and University College London (UCL).

### Communicate regularly, clearly, and honestly

**Uncertainty is a key component underlying many mental health disorders, including anxiety. Reports have shown that an intolerance to the uncertainty surrounding Covid-19 can impact negatively on the psychological wellbeing of residents (Satici et al., 2020). Whilst a degree of uncertainty may be inevitable in the current pandemic, regular communication can help alleviate any anxiety associated with this uncertainty and as such should be a key element of any strategy to address mental health issues in the local area.**

**Recommendation:** ensure that residents are kept up to date with information, including the anticipated end date for any social distancing measures, what actions are being taken and why. If there is uncertainty then communicate this and inform the residents when they are likely to receive further information, and maintain contact even if there is no additional information.

**Example:** devise a communications strategy that details what information will be provided, when, by whom, and the channels it will be communicated through. Ensure that you don't solely rely on digital channels as there are likely to be residents who do not have access to online channels and/or sufficient IT literacy.

## Conclusion

It is already evident that the direct and indirect psychological and social effects of the Covid-19 pandemic are pervasive and could affect mental health now and in the future (Holmes et al., 2020). As discussed above, a body of research suggests that a major adverse consequence of Covid-19 is the increase in social isolation, loneliness, and uncertainty, all of which are strongly associated with a range of negative outcomes upon an individual's mental health: anxiety, depression, self-harm, suicide, post-traumatic stress disorder (Hakulinen et al., 2017; Danese et al., 2019). The findings of this paper clearly show that supporting effective adaptation is therefore essential for both compliance to social distancing/isolation and for reducing psychological stress and risks to the mental health and wellbeing of those in areas of local lockdown.

### Authors

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## TOOLS AND RESOURCES

### Supporting compliance

To support the implementation of the above recommendations, you will find below a number of useful tools and resources.

*Please note that the following resources are a combination of those specific to Hertfordshire and ones that are more general. Local authorities may wish to review the support and services available in their local area and provide details of these to their residents.*

#### General Covid-19 information and guidance

The following resources may be useful in developing an understanding of the various mental health issues discussed within this briefing paper.

##### **Guidance for local councils during the Covid-19 outbreak**

Covering a wide range of topics including business and charity support, housing, local lockdowns, parks and public spaces, and schools and education.

<https://www.gov.uk/guidance/coronavirus-covid-19-guidance-for-local-government>

##### **Local Covid-19 alert levels: what you need to know**

The link below takes you to the government website where you will find information on local Covid-19 alert levels, including what the different levels are, what they mean, and why they have been introduced.

<https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know>

##### **Local authority compliance and enforcement grant**

Information and guidance on the £30 million grant to local authorities for compliance and enforcement activities.

<https://www.gov.uk/government/publications/covid-19-local-authority-compliance-and-enforcement-grant>

##### **Local Covid-19 outbreaks: lessons learnt and good practice**

A report detailing lessons learnt from the Leicester City/Leicestershire experience of local lockdowns.

<https://www.gov.uk/government/publications/local-covid-19-outbreaks-lessons-learnt-and-good-practice>

#### Self-help resources to increase resilience

##### **Top Tips for Building Resilience Whilst at Home** (<https://bit.ly/30zxmwd>):

A number of factors have been shown to promote health and wellbeing and promote positive mental health. This evidence-based set of Top Tips have been developed into a resource for residents to promote resilience during lockdown and provides a good starting point. This resource should be promoted through relevant communication channels to ensure all residents can access this information.

- **Be up to date:** follow up to date guidance and advice about limiting exposure.
- **Be active:** find ways to keep physically active, e.g. gardening or home-based exercise.

- **Be connected:** identify who you need to stay in contact with to provide you with practical and emotional support and find new ways to connect with them. This could include family, friends and local community or faith groups.
- **Be prepared:** think about what you are going to need and make a plan. You can make daily, weekly, and monthly plans to help consider and get the things you need.
- **Be in a routine:** develop a new daily routine that works for you, this could include regular waking up and bedtimes, planned mealtimes, and time to be physically active.
- **Be occupied:** continue with your current interests or explore new ones. You could try a hobby that you used to enjoy but haven't had the time for.
- **Be helpful:** find ways to support others. Whether it's a chat on the phone or volunteering to support people locally there are lots of ways to get involved with your community even from home.
- **Be relaxed:** find a relaxation or meditation practice that works for you and practice it once a day for at least 10 minutes.
- **Be heard:** talk to friends, family or community and faith groups about how you are feeling.
- **Be positive:** train yourself to actively look for the positives in the situation e.g. having some extra me time or being able to catch up with things you have been meaning to do.

## Communications

### General communications strategy guidance

The Local Government Association (LGA) Comms Hub, an online resource to support the development and delivery of effective communication.

<https://www.local.gov.uk/our-support/guidance-and-resources/comms-hub-communications-support>

### Covid-19 related communications guidance

Simple guidance on communicating with teams, stakeholders and communities during Covid-19.

<https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19>

A range of communications templates and examples which have been collated by the Local Government Association (LGA) and councils around the country which can be adapted to your local context.

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## Supporting mental health

For each of the recommendations you will find below a number of useful tools and resources, along with some general mental health resources and key references.

Please note that the following resources are a combination of those specific to Hertfordshire and ones that are more general. Local authorities may wish to review the support and services available in their local area and provide details of these to their residents.

### General mental health resources

The following resources may be useful in developing an understanding of the various mental health issues discussed within this briefing paper.

#### What is mental health and wellbeing?

- NHS  
<https://www.nhs.uk/conditions/stress-anxiety-depression/>
- Mental Health Foundation  
<https://bit.ly/2FDGBD0>
- World Health Organization  
<https://bit.ly/3ilpBL4>

### Forecast local need

#### Mental Health Forecasting Model

This forecasting model for mental health was developed by the Centre for Mental Health, NHS Trusts, NHS England, researchers, physicians, and economists. Its primary purpose is to support local organisations to predict levels of need by enabling them to input local level data and estimate the likely levels of need for mental health support in their area. The model, and accompanying information, can be access via the link below.

<https://www.centreformentalhealth.org.uk/forecast-modelling-toolkit>

### Identify vulnerable groups

The mental health implications of social distancing and self-isolation will not be experienced equally. Once any vulnerable groups have been identified, understanding their specific risks and what steps might be taken to mitigate any risks is key. The following resources focus on three vulnerable groups - LGBTQ communities, BAME communities, and those who have experienced bereavement.

#### LGBTQ Communities

- **MindOut**  
MindOut is a mental health service run by and for lesbians, gay, bisexual, trans, and queer people. They work to improve the mental health of LGBTQ communities.  
<https://www.mindout.org.uk/>
- **Stonewall**  
Information and support for LGBT communities and their allies.  
<https://bit.ly/32HqXj0>
- **Hertfordshire MIND Network**  
<https://www.hertsmindnetwork.org/online-lgbtq-group>

## **BAME Communities**

- **Mental Health Foundation**  
<https://bit.ly/2ZOaaK1>

## **Bereavement (general)**

A range of support is available, specifically for bereavement during the Covid-19 pandemic:

- **Cruse Bereavement Care** (grieving and isolation advice, online and over the phone)  
[www.cruse.org.uk](http://www.cruse.org.uk)
- **At a Loss** (emotional support and advice)  
[www.ataloss.org](http://www.ataloss.org)
- **Childhood Bereavement Network** (supporting bereaved children)  
[www.childhoodbereavementnetwork.org.uk](http://www.childhoodbereavementnetwork.org.uk)

## **Bereavement (Covid-19 related)**

- Adults  
<https://www.hertfordshire.gov.uk/media-library/documents/coronavirus/adults-bereavement-and-grief-during-coronavirus-156kb.pdf>
- Children and young people  
<https://www.hertfordshire.gov.uk/media-library/documents/coronavirus/coronavirus-bereavement-a-guide-for-young-people.pdf>
- Parents and carers  
<https://www.hertfordshire.gov.uk/media-library/documents/coronavirus/coronavirus-bereavement-and-childrne-guide-for-parents-and-carers.pdf>

## **Ensure continued access to support and services**

### **Where can I go for help?**

The main referral pathway for anyone with mental health issues is either self-referral or through their GP.

- [Hertfordshire Partnership Foundation Trust \(HPFT\)](#)  
For professional or self-referral for mental health services.
- [HPFT wellbeing service](#)  
For professional or self-referral for psychological therapy.
- [Mind in Mid Herts](#)  
A provider of mental health services, with wellbeing centres in St Albans, Stevenage, Hertford and Welwyn Garden City.
- [Hertfordshire Mind Network](#)  
An independent charitable providers of mental health services in Hertfordshire.
- [Healthy Hubs](#)  
Visit your local Healthy Hub for free support to help you stay healthy and well.

### **For urgent help** 24 hours a day:

- If someone's at risk of harm, call 999 or visit your nearest Accident and Emergency department.
- [HPFT NHS Single Point of Access](#) - for support in a mental health crisis.
- [Samaritans](#) - if you need someone to talk to, they listen. They won't judge or tell you what to do.

## Workplace Health Champions

Hertfordshire County Council have recruited and trained a number of employees from across the organisation to take on the additional role of Workplace Health Champion, providing an additional point of contact for colleagues who wish to engage in health and wellbeing activities. Updated resources, including information on Covid-19 have been provided to the Workplace Health Champions and there are also three information webinars currently being delivered. Further information and a list of the current Workplace Health Champions can be found here: <https://bit.ly/32QnUFT>

## Signpost to self-help resources to increase resilience

### Top Tips for Building Resilience Whilst at Home (<https://bit.ly/30zxmwd>):

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## Self-Help Information and Support

- [NHS - Every mind matters](#)

Get expert advice and practical tips, try the 'How are you?' quiz or create a tailored self-care plan to support your mental health and wellbeing.

- [The Five Ways to Wellbeing](#)

Feel happier, more positive and able to get the most from life:



- [New Leaf College](#)

Free wellbeing courses and workshops.

- [NHS](#)

Online support for a healthy mind, including an app library, self-assessment tools, help with suicidal thoughts, information about conditions, and where to get help.

## Communicate regularly, clearly, and honestly

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