

Editorial

Physical Distancing and Emotional Closeness Amidst COVID-19

Paul S. F. Yip¹ and Pui Hing Chau^{1,2}

¹Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong, Hong Kong SAR

²School of Nursing, The University of Hong Kong, Hong Kong SAR



The 2019 novel coronavirus disease (COVID-19) has spread rapidly in many countries and the fallout from the pandemic is still unfolding. Physical distancing is being enforced in many countries as an effective way of slowing down the spread of COVID-19 (Li et al., 2020; Hellewell et al., 2020; Remuzzi & Remuzzi, 2020). This is the standard practice advocated by many health authorities around the globe including the World Health Organization (WHO, 2020). These measures include quarantine for those with COVID-19, restricting movement of the general population outside the home, and reducing contact between people in public places. These measures are necessary to contain the disease.

Many governments (e.g., China, Spain, Italy, UK, Australia, and South Korea) have closed down some cities, cancelled public and social events, closed public parks, mandated working from home, and suspended schools. These moves are important as they help to reduce the contact rate during the pandemic. Disconnecting those who have been infected with the coronavirus and those who are susceptible helps to break the chain of infection and slow down, if not stop, the spread of the epidemic. At present, the mean reproductive number (i.e., the average number of persons infected by an infected individual) of COVID-19 is estimated to be around two to three which requires us to isolate at least 50–70% of the population in order to “flatten the curve” of the pandemic (Yip, 1989).

In Hong Kong the situation is similar to the one playing out elsewhere. Our authorities have suspended schools and cancelled many social events (including the arts festival and a football tournament), and closed major theme parks (including Ocean Park and Disneyland). The government has requested civil servants to work from home and urged the private sector to follow suit. In addition, visitors and volunteers are no longer allowed to go to hospitals. There is a ban on four or more people gathering in public

places. These moves are absolutely appropriate and necessary, but it is important not to overlook the community's mental well-being while fighting this pandemic.

The fear of contracting the coronavirus and the disconnection and isolation arising from quarantine and other physical distancing measures may have the unintended consequence of inducing loneliness, fear, and panic in the community, especially among older citizens and those who may be vulnerable for other reasons. In 2003, during the severe acute respiratory syndrome (SARS) epidemic, we found that suicides in Hong Kong hit a record high of 18.6 per 100,000, or 1,264 people for the year (Yip, Cheung, Chau, & Law, 2010; Cheung, Chau, & Yip, 2008). There was a 32% increase in the number of suicides by older people compared to the previous year. Investigating these suicides among older people further using coroner court investigation files, we found that fear of contracting the disease and quarantine measures had disrupted the mental wellness of some older people. Social and family gatherings, regular health check-ups, and elderly center activities had been cancelled. Some of the affected older adults felt that the disease was detrimental to their well-being and created additional troubles for them and their families, resulting in loneliness and isolation.

Other factors also jeopardized people's mental wellness across the whole area as communities were cut off and quarantine measures disrupted social gatherings and hospital visits. The sick avoided hospitals for fear of contracting the virus and many health support services were suspended. To make it worse, there was fear and panic associated with the epidemic itself as fake news circulated, the supply of masks became inadequate, and supermarket shelves were emptied. The poor economic performance and high unemployment rate that followed the epidemic led to working-age adults having higher suicidal risk. The whole community's mental wellness was at heightened

risk in the SARS epidemic, and the same is true in the current climate of COVID-19.

What we have learned from the SARS epidemic should allow us to better prepare for COVID-19. We need to be sensitive to those who are in quarantine or otherwise isolated and provide alternative means for them to connect with others in the midst of the pandemic. Hospitals are high-risk areas and it makes absolute sense to restrict visitors, but it would be of great benefit if patients could stay in touch with their loved ones through other means (e.g., electronic devices). Telephone hotlines could be set up to provide advice and avoid unnecessary hospital presentations and stop hospital emergency departments from being swamped. With a lot of our leisure and recreational activities already disrupted, television and radio stations could provide additional and free entertainment and information for the community at large and those who are under quarantine. We should make extra efforts to connect family members who need help and support without compromising safety standards.

Governments should provide alternative services – online, via phone, or through other modalities – to connect those who have been disconnected. These should be tailored to individuals at heightened risk of loneliness and disconnection, such as older people who may not use the Internet, and will require ways of staying in touch. Telecommunication companies can do their bit by making data freely available during the pandemic to allow people to stay connected. Telehealth services and crisis lines will also require additional support because they have an important role to play in maintaining community well-being. A telephone health education service was shown to be effective in lowering anxiety levels and increasing knowledge related to transmission routes during the SARS epidemic (Chan, So, Wong, Lee, & Tiwari, 2007). Similar models are likely to be helpful in the current situation (Chan, Wong, & Yip, 2018; Chen & Yip, 2015). Computers and other devices should be made available to those who might not otherwise have access to them. Careful consideration must be given to how to best implement these sorts of services for different target groups. While services to school-aged children could be organized through schools (Wang, Zhang, Zhao, Zhang, & Jiang, 2020), caring for older adults in the community who may not be registered to any service units is more challenging (Yang, Li, Zhang, Zhang, Cheung, & Xiang, 2020; Duan & Zhu, 2020).

The World Health Organization is appealing to all to simultaneously maintain physical distance and emotional closeness. We need to be disciplined in physical distancing but at the same time we need to be creative in how to maintain emotional closeness. As individuals, we need to look out for each other, taking particular care to check in with those who may be especially lonely, vulnerable, and frightened.

Fear, anxiety, and panic are not uncommon in the midst of any epidemic. For managing them, correct and timely information is the first step. Using transparent and correct information platforms is very important – we should not send any unconfirmed news to others that may cause more, and unnecessary, panic. We can all be good gatekeepers to each other.

In Hong Kong, we have seen many encouraging community support efforts, especially for those in need. Although most governments around the globe and even the World Health Organization have been accused of responding too slowly to the COVID-19 epidemic, this does not stop people from helping each other. For example, as there is an acute shortage of surgical masks in Hong Kong, the business sector is taking the initiative to invest in the manufacturing of surgical masks to meet the market shortage at a minimum cost. The Hong Kong Jockey Club Charities Trust has provided HK\$ 50 million for an emergency fund to support community projects providing immediate relief to vulnerable people. Our centre, in partnership with a parent-focused organization (Mameshare), is working with volunteers to set up a daily livestream for children in school suspension, offering them some alternative learning experiences. In addition, computers have been made available to students in need. This is aimed to build up emotional resilience at a time when students and parents feel overwhelmed. As part of the Hong Kong Jockey Club efforts, a special website with a message box function has been created to reply to any inquiry from the community about COVID-19 in order to counteract the spread of fake news and to promote connectedness in the community. We need more activities like these to rebuild emotional closeness in the community amidst the epidemic.

We salute all the medical and healthcare workers who are currently risking their lives to help the sick. In such times, we all need to work together to pull through. Unfortunately, we have not seen the end of the tunnel and the coronavirus will remain active in our communities for a while. The global community needs to ensure that we are well prepared for what lies ahead. That means staying healthy and getting lots of rest while looking out for each other. The measures may be inconvenient but safety is of utmost concern, as is emotional well-being.

We all can do our bit to make a difference in our lives and the lives of others.

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Prof. Paul Yip is founding director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention and a chair professor at the Department of Social Work and Social Administration at The University of Hong Kong. He is recipient of the International Association for Suicide Prevention's 2011 Stengel Award. He has witnessed the worst of suicide situations in the 2003 SARS epidemic in Hong Kong. He hopes we can all learn from the painful experiences of stress, anxiety, and isolation arising from combatting an epidemic.

Dr. Pui Hing Chau is currently an associate professor in the School of Nursing at The University of Hong Kong and a research fellow at the Hong Kong Jockey Club Centre for Suicide Research and Prevention. Her research interests include physical and mental well-being of community-dwelling older adults. She published a series of studies on the association between environmental stressors and the well-being of older adults.

Paul S. F. Yip

Hong Kong Jockey Club Centre for Suicide Research and Prevention
The University of Hong Kong
2/F The Hong Kong Jockey Club Building for
Interdisciplinary Research
5 Sassoon Road, Pokfulam, Hong Kong
Hong Kong SAR
sfpyip@hku.hk

Pui Hing Chau

School of Nursing
The University of Hong Kong
4/F William MW Mong Block
21 Sassoon Road, Pokfulam, Hong Kong
Hong Kong SAR
phchau@graduate.hku.hk