THE IMPACT OF ISOLATION AND HOW TO MITIGATE IT

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CONTEXT

As the world is currently facing the Covid-19 pandemic, and isolation (voluntary or involuntary) becomes more necessary, it is important that we understand both the psychological impacts this can have on people and how we can mitigate that impact. This Summary aims to draw together existing evidence on both of these topics, and then from this suggest some evidence-based practical ideas for HMPPS and our stakeholders to support our staff and the people in our care. Given the current and urgent situation with Covid-19, this Summary has been put together at speed and it is possible that not all research relating to this issue has been located.

HOW GOOD IS THE EVIDENCE?

To our knowledge, there has been no research on isolation for health reasons (such as epidemics or pandemics) in correctional settings. There has, however, been research on quarantine use in the community and we will draw on this to develop our understanding of the possible impact, and potential ways to mitigate the effects of isolation on our staff and the people in our care. There are unique features relating to the prospect of

SUMMARY

Isolation is associated with psychological distress and disorder. More severe effects are associated with longer periods of isolation, fear of infection, loss of routine and social contact, inadequate supplies and inadequate information.

A number of principles for mitigating the impact of isolation have been identified (practical details located in the main text):

- The way periods of isolation are managed is important
- Certain groups may need additional or specialist support
- Ensuring people have things to do during isolation
- Providing people with coping techniques/strategies
- Ensuring people have the right information
- Ensuring connectedness to others
- Attempting to reduce stigma and ensuring follow-up care for longer-term impact.

A number of principles for helping people to cooperate and comply with isolation and necessary restrictions have been identified (practical details located in the main text):

- People need a clear understanding of the issue and the actions required, and to remember them
- People need to understand how the change relates to them specifically
- People need to be able to do the required behaviour and for this to be as easy as possible
- People need to understand the value of the change, trust this is important, and have agency
- People need to feel included in the decision
- People are more likely to repeat behaviour if it is reinforced
- People who intend to behave in a certain way are more committed to then act in that way

isolation in prison and probation settings which will need particular consideration; these are touched on further in the 'What do we not yet know' section towards the end of the summary.

THE IMPACT OF QUARANTINE

Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of onward infection. A recent review, of 24 high quality studies in 10 countries, examined the impact of quarantine as a result of the SARS, Ebola, H1N1 and equine influenzas, and MERS outbreaks.[1]

Psychological distress and disorder: Most of the studies reported high prevalence of symptoms of psychological distress and disorder as a result of quarantine, including fear, anxiety, depression, anger and emotional exhaustion. Low mood and irritability appeared to be the most common effects. One study that compared quarantined people to non-quarantined people found *no* differences between them in terms of psychological symptoms. The authors suggested this may have been because the study was of university students whose youth and fewer responsibilities (such employment or caring) might explain a reduced negative impact of quarantine.

Factors associated with worse impact:

The review found a mixed picture on whether the individual features of people (such as gender, age, or ethnicity) might protect or exacerbate the psychological impact of quarantine. Most studies found *health care workers* were more affected than comparison groups consisting of members of the public; they experienced, for example, more symptoms of post-traumatic stress and negative emotions, greater stigma, greater loss of income, and more fear about infecting others. Additional factors identified that were associated with more severe impacts of quarantine included:

- *Longer duration of quarantine*, which was associated with PTSD symptoms, avoidance behaviours and anger.
- *Fearing infection*, which increased with physical symptoms potentially related to infection.
- *Confinement, loss of usual routine and reduced physical and social contact*, which led to frustration, boredom, feeling isolated and subsequently distressed.
- *Inadequate basic supplies*, which was associated with frustration and, up to 4-6 months after quarantine, anxiety and anger.
- *Inadequate information*, including insufficiently clear guidelines about what to do and confusion about the purpose of quarantine.

Longer term impact: Two studies looked at longer-term impact for health care workers, and found that quarantine was associated with higher rates of alcohol abuse or symptoms of alcohol dependency three years later. Quarantine for them was associated with more avoidance behaviours including absence from work and minimising direct contact with patients too. Further, qualitative research also suggests there are some longer-term impacts (not just for health care workers) associated with quarantine, including avoiding crowds and vigilant hand washing.

Additionally, two factors were associated with worse outcomes after quarantine had ended:

- *Suffering a financial loss* as a result of quarantine, which was a risk factor for symptoms of psychological disorders, anger and anxiety several months later. Those with lower initial incomes were more likely to be affected than those on higher wages.
- *Stigmatisation and subsequent rejection from other people in the community*, which was linked to distress, avoidance of help-seeking behaviour and isolation.

MITIGATING THE IMPACT OF ISOLATION

We have drawn on various sources here: research about the impact of quarantine and what helps people to cope with it,[2] Public Health England guidance,[3] research on how people who choose to visit, live or work in isolated, confined, and extreme conditions[a] cope,[4] and work by the Prison Reform Trust and HMIP relating to segregation and separation of children[5] [6]. From these sources we have drawn some evidence-informed principles from which we can start to identify some practical ideas for how we can help people to cope with the impact of isolation. These are presented in graphics on the following pages.

HELPING PEOPLE COOPERATE WITH ISOLATION AND NECESSARY CHANGES

In addition to helping people cope with the impact of isolation, the health and safety of the wider community rests on the cooperation of individuals with the required changes in behaviour and restrictions that are imposed. To inform how we help people to do this most effectively, we have drawn on evidence relating to procedural justice (which is known to bring greater trust in, authorities and more cooperation with decisions and procedures as a result);[7] evidence relating to effective communication to help shape behaviour;[8] health research about patient adherence to medical advice and instructions;[9] health advice on communicating risk;[10] and evidence relating to positive reinforcement to shape behaviour.[11]

The principles below are based on this evidence, and are accompanied by ideas for implementing these in practice. These have not yet been tested for their effectiveness in responding to our current situation as we have not faced these specific circumstances before. Some of these ideas may be more or less appropriate depending on the stage of the response to the pandemic (such as pre, during, or post lockdown in prison), and whilst many are applicable in the community and in custody, some will be more relevant to certain contexts. The evidence suggests that *using multiple strategies is important for effectiveness.* The principles and specific ideas for implementation in practice, are presented on the following pages.

WHAT DO WE NOT YET KNOW?

The evidence we have drawn from in this Summary comes from quarantine in non-correctional settings. We can also reflect on the evidence we have from the related issue of segregation in custody which indicates negative effects, such as anxiety, depression and self-harm (and the effect may be more pronounced for people with mental health conditions and learning disabilities).[12] [13] It seems reasonable to consider that the effects of isolation described in this Summary will also be experienced by people in correctional settings. It is possible (but as yet unknown) that the nature of prison and probation settings, which include greater restrictions on liberty, the loss of control in everyday life, and

[a] Such as polar scientists, astronauts, submariners, oil rig workers, cavers, and people on expeditions.

Mitigating the impact of isolation

The way periods of isolation are managed is important

- Isolation should be kept as ***short as possible*** to reduce the negative impacts on the individual.
- Isolation for containing disease outbreak should ***not be regarded as a punishment***.
- People under isolation need a ***suitable and clean environment***.
- People need ***adequate supplies***, in terms of food, water and medical supplies, protective equipment, and wherever possible as much access to facilities (shower, telephone calls, exercise), and personal property.
- ***Monitoring any loss of earnings*** is important, and if possible have these reimbursed; for staff payment of overtime and protection of annual leave is important.

The impact may be worse for particular groups

- People with ***pre-existing mental health conditions*** or with a ***history of self-harm***, will need to be particularly well monitored and offered additional support. Staff will need to be particularly aware of when longer-term isolation may have ***serious knock-on effects***, such as on retaining stable housing and income, risk of harm to self and suicide, or accessing medical care for pre-existing illnesses or conditions.
- People who are ***substance-dependant*** may also require additional support from appropriately trained staff or specialist services (such as phone and online services in the community).
- Other groups needing tailored support might include: ***young people, mothers (in custody or separated from children), elderly persons, people with recently experience of trauma or negative life events*** (such as bereavement).
- Our ***staff*** need to know they are supported, cared for and valued, as they can feel isolated from others, have their own personal circumstances, and understaffing adds pressure.

Provide people with coping techniques/strategies to deal with isolation

- Advise people on ***coping and stress management techniques***. This could include mindfulness exercises, breathing techniques, distraction techniques, perspective taking skills, and providing information on available avenues for support.
- Advise and help people to ***establish a routine*** if isolated.

Ensure connectedness to others during periods of isolation

- ***Enabling regular and meaningful contact with others***, via use of telephones and other technology, for both staff and the people in our care.
- ***Enabling communication with family***; in custody this includes encouraging use of in-cell telephones or prison email especially, and in prison and community settings could include support with phone credit.
- ***Reminders about sources of support***, such a care teams, Employee Assistance Programme, community support organisations, Samaritans, the Listener service, staff supervision sessions and team catch-ups.
- ***Connection to the outside world*** may also be facilitated by access to radios and TVs. These can also help people understand the pandemic better, and recognise that everyone is making adjustments to protect ourselves and each other rather than this being imposed on select groups.

Ensure people have things to do whilst in isolation

- ***Reduce boredom by giving people things to do*** during isolation. Sufficient activity is needed to occupy people and stimulate them and might include things like: word searches, stress balls, books/ magazines/library access, activity packs, DVDs and CDs, televisions and radios, and mindfulness exercises. There are increasingly more activities on the intranet: https://intranet.noms.gsi.gov.uk/covid-19-coronavirus/resources/in-cell-materials. The activity provided should, if possible, be tailored to the individual and setting. Safety precautions would need to be in place if items are shared between individuals.
- If well enough, the NHS advises individuals in isolation should engage in ***light exercise***. Access to workout information would be useful. In custody and approved premises, in-cell/room workout books with a range of exercises catering for all abilities could be created, or (risk dependent) access to runs/walks in the fresh air.
- ***Using even brief opportunities for conversation***, such as if meals are being delivered to people's rooms (in custody or approved premises).
- Prisons might consider ***suspending incentives levels and sanctions*** during the period of isolation, and similar consideration of relaxing rules around provision of TVs in APs may be worthwhile.

Ensure people have the right information about the importance of isolation

- ***Quality communication*** about the virus, reasons for isolation, as well as updates about changes in regime, conditions or living situation, is important.
- ***Feeling that others will benefit*** from one's situation can make stressful situations easier to bear, so worth reinforcing that isolation is helping to keep others safe and that authorities are genuinely grateful to them for doing so.
- ***Regular communication ensures people can raise any concerns***, and that staff are also able to raise an alert if mental health/health is deteriorating.
- ***Close monitoring with regular and frequent check-ins*** for all staff, prisoners and probationers.

Consider the stigma associated with self-isolation and the longer term impacts of self-isolation

- Attempt to ***reduce stigma*** of isolation, or being symptomatic, by providing people with general information about the virus and the rationale and importance of isolation measures.
- Ensure ***follow up care*** is provided to anyone undergoing isolation, both staff and the people in our care. For people in the community there is a risk that longer term isolation could impact on keeping stable accommodation, and employment, or on them receiving treatment for other conditions or health concerns.

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Encouraging co-operation and compliance

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People need a clear understanding of the issue and the actions required

- Provide ***clear explanations*** (particularly 'why' as well as 'what' changes/decisions have been made), in multiple languages, and suitable for those with learning disabilities or difficulties also. Information is the best way to fight fear and combat fake news.
- Use ***simple language*** and ***visual*** imagery/infographics.
- Deliver ***instructions verbally and in writing*** (such as by staff, prison radio, mentors).
- Balance tone and content of communications to ***convey seriousness but try not to trigger too much anxiety*** as this may distract and impede understanding.
- Review and ***check understanding and behaviour*** periodically to identify issues and adapt strategies accordingly.
- Explain that ***instructions apply to everyone***, in all contexts.
- Explain range of ***measures in place*** (e.g. how they can access medication, arrangements for food and visitors, plans for unpaid work).
- There will also need to be ***good support and communications with staff***, so they can respond to queries without feeling overwhelmed and overly anxious themselves.

People need to understand how this change/decision relates to them specifically

- Make communications ***meaningful and tailored*** to residents or staff, by covering the issues that are important to them.
- Explain existing ***channels for questions*** about issues that may not be covered in wider communications
- Use staff knowledge of residents' needs to ***tailor further conversations*** in person if needed (e.g. those who are especially anxious, or have difficulty understanding written notices).

People need to remember the information/action needed

- Use ***frequent reminders***, such as prompts and posters.
- Use ***images and words that are associated with the desired behaviour***.

People need to understand the value of the behaviour/change, and trust that this is important, and that they have agency

- Focus on ***here and now benefits*** to the recipient that come from cooperation/specific desired behaviours.
- Explain the ***rationale/evidence underpinning decisions***/ changes.
- Explain how changes are intended to bring about ***positive outcomes*** for all.
- Use ***language that signifies what this behaviour/cooperation says*** about the person (e.g. someone who cares about the wellbeing of others, who is committed to protecting everyone around them as well as themselves and so on).
- Use ***trusted messenger***(s) (e.g. prisoner councils, head of healthcare, reference to advice coming from Chief Medical Officer, staff member or team who might have particular credibility).
- Demonstrate ***understanding and empathy about the impact*** this is having on the person.
- Explain what is being done to ***make things easier*** /mitigate the negative impact,
- Enhance ***feelings of agency*** – i.e. explain the power/significance of their actions and contributions in helping manage this/respond effectively (and protect the more vulnerable), and helping people make balanced decisions about risk.

People need to feel treated respectfully

- Use ***courteous*** language/terms.
- Say ***'please' and 'thank you'*** often.
- Show ***empathy*** for impact of changes/decisions, and treating people's fears seriously (even if they seem illogical or trivial).
- Communicate in a ***timely*** way.
- Use ***collaborative*** rather than controlling language.

People need to feel included in the decision ('done with, not to')

- Provide opportunities for ***consultation***.
- If possible, use ***councils, peer group or staff forums to inform changes*** and say this has been done.
- Provide avenues (and named people) to direct ***questions*** to and seek clarification from.
- Encourage ***discussion*** about doubts/concerns.
- Investigate non-compliance of individuals through discussion to ***identify barriers and collaboratively try to overcome***.

People are more likely to repeat behaviour that is reinforced (punitive approaches are not particularly effective at changing behaviour, whereas reinforcement works better)

- Provide ***incentives***.
- ***Reward*** cooperation (verbal reinforcement can be very powerful, especially when it is personalised, comes from someone trusted/respected, and is immediate and frequent),
- Comment on and ***reinforce success*** being made (e.g. lack of infection spreading)
- Make a point to ***check if responses to staff or the people in our care are slipping*** into being punitive (and course correct if this happens).
- ***Reinforce, remind and appreciate frequently*** (this will be especially important as time goes on, and is as important for the 'little things' as the 'big things', and includes just saying 'thank you' often).

People need to be able to do the required behaviour and for this to be as easy as possible

- Describe the ***facilities provided and plans to maintain*** these.
- Make the task/required ***actions as simple*** as possible (e.g. 'catch it, kill it, bin it'; sanitizer access).
- ***Pre-empt barriers and solutions*** to these (if possible, use councils or staff forums to help inform this).
- Plan for ***in-cell/in-room activities*** to keep people active and reduce boredom (e.g. exercise guides, access to TVs and radios, educations workbooks, books, CDs and DVDs, prison radio, distraction box activities and so on).

People who actively intend to behave in a certain way are more motivated/committed

- Prompt people to ***actively plan*** their time in advance, and identify how to overcome obstacles (e.g. what to do if soap runs out, activities to manage boredom).
- Use ***sign up/commitment sheets/compacts***.
- Use forums to ***share and promote intentions*** and goals.

People are strongly influenced by the behaviour of others

- Use the influence of ***social norms*** - point out that most others are doing the behaviour (that this is the norm, in prison and in the community – as an example for hand washing and isolation).
- Use ***peer influence to champion*** messages about cooperation.
- If possible, use ***councils or mentors*** to draft messages.
- If possible, seek ***help from the families and friends of the people in our care*** to support the actions being taken/ advice being given (make sure they are communicated with too).

other unique features not experienced by the public on the whole, may serve to exacerbate the impacts further. For example, the greater challenge for many people in prison to remain in contact with loved ones. Or, the possible impact isolation may have on risk of reoffending or risk of harm to others in the community for those in relationships that include risk of domestic violence (as neither party may be able to leave the home if isolating). Further, there may be additional effects of isolation unique to correctional settings, which have not been identified in the research covered in this Summary.

FURTHER RESOURCES AND SUPPORT

HMPPS Communications have launched a new page on the intranet with in-cell activities, that is being added to all the time. Many of these will be as applicable to community settings as custodial ones. Please see: https://intranet.noms.gsi.gov.uk/covid-19-coronavirus/resources/in-cell-materials

Some additional external resources on coping during the Covid-19 pandemic can be found here:

- Mind: https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/#collapse58ea7
- Mental Health Foundation: https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak
- The British Psychological Society: https://thepsychologist.bps.org.uk/volume-33/april-2020/coronavirus-psychological-perspectives

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[1] Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: A rapid evidence review. *The Lancet, 395*, 912-920.

[2] See Brooks, S. K., et al. (2020).

[3] Public Health England (2020). *Staying at home: guidance for people with confirmed or possible coronavirus (COVID-19) infection*.

[4] Smith, N., & Barrett, E. (2020). *Coping with life in isolation and confinement during the Covid-19 pandemic*. https://thepsychologist.bps.org.uk/coping-life-isolation-and-confinement-during-covid-19-pandemic

[5] Prison Reform Trust (2016). *Deep Custody: segregation units and close supervision centres in England and Wales*.

[6] HM Inspectorate of Prisons (2020). *Separation of children in young offender institutions*.

[7] Evidence-Based Practice Team (2019). *Perceptions of Procedural Justice*.

[8] Evidence-Based Practice Team (2016). *Effective Communication*.

[9] Martin, L. R., et al. (2005). The challenge of patient adherence. *Theraputics and Clinical Risk Management, 1*(3), 189-199.

[10] Department of Health (1999). Communicating about risks to public health: Pointers to good practice, cited in Granatt, M. (2004), *On trust: Using public information and warning partnerships to support the community response to an emergency*. Journal of Communication Management, 8(4), 358.

[11] Evidence-Based Practice Team (2018). *Positive Reinforcement*.

[12] Evidence Based Practice Team (2017). The *Effects of Prison Segregation*.

[13] Haney, C. (2003). Mental health issues in long-term isolation and Supermax confinement. *Crime and Delinquency, 49*, 124-156.