Impacts of social isolation among disadvantaged and vulnerable groups during public health crises

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Summary of review topic
This review addresses the question: 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? Vulnerable groups are defined as those at greater risk of infection and/or of adverse effects of social distancing measures. In synthesising existing evidence, we (1) identify gaps and priorities for further research and (2) propose policies to mitigate the impacts of social distancing and isolation, and prevent the widening of social inequalities.

Society-wide social distancing in response to the COVID-19 pandemic has transformed, more or less overnight, our social worlds, with far-reaching effects on education, jobs, incomes, housing, relationships, and on physical and mental health. These social restrictions – while essential to save lives – are likely to have a disproportionate impact on the most disadvantaged, marginalised, and vulnerable. In developing effective policy responses, we need to know what existing research tells us about the effects of social isolation and distancing in the context of public health crises, how these patterns by social group, the mechanisms involved, and what can be done to mitigate adverse effects.

Key findings
Research evidence
We identified 50 empirical papers that considered the impacts of social isolation in the context of pandemics and other public health crises, relevant to health care workers (n, 16), children and adolescents (n, 16), older people (n, 3), people with pre-existing conditions (n, 10), and disadvantaged and vulnerable groups (n, 7). Included studies were methodologically varied and spanned several countries and pandemics. There were notable methodological limitations across most studies. These notwithstanding, several key findings emerged:

- Mental health problems are more common in vulnerable and disadvantaged groups following individual or community-wide periods of social isolation in the context of public health crises.
- The disproportionate impact among vulnerable and disadvantaged groups extends to other interrelated outcomes, such as income, employment, access to food, and discrimination.
- These disparities are especially pronounced at the intersections of multiple vulnerabilities and disadvantages (eg, low income, insecure employment, and minority ethnic group status).

List of key words
Quarantine; social distancing; social isolation; pandemics; public health crises; marginalised communities; vulnerable groups; socio-economic disadvantage; social science
designed to alleviate these uncertainties may mitigate mental distress and burden.

Lack of money, food, 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.

There are particular adverse impacts on children and adolescents, especially those with pre-existing mental health and other needs, which suggests policies targeted at mitigating the effects among young people may be especially important.

Social science provides a valuable set of theories and methods for examining how micro and macro-level social structures and processes interact to create inequitable outcomes. Social science, therefore, should be central to research to identify groups most at risk of adverse outcomes – and the mechanisms involved – to inform policies and interventions.

Main messages

- There is evidence that the impacts of social distancing on mental health and other outcomes, in the context of public health crises, are greater in some disadvantaged and vulnerable groups (eg, health care workers, young people, those on low incomes, those with pre-existing conditions).
- Lack of money, food, 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.
- There are particular adverse impacts on children and adolescents, especially those with pre-existing mental health and other needs, which suggests policies targeted at mitigating the effects among young people may be especially important.
- Social science provides a valuable set of theories and methods for examining how micro and macro-level social structures and processes interact to create inequitable outcomes. Social science, therefore, should be central to research to identify groups most at risk of adverse outcomes – and the mechanisms involved – to inform policies and interventions.

Implications

There are several implications relevant to social isolation in the context of public health crises. For example, the available evidence suggests:

- High levels of mental distress in disadvantaged and vulnerable groups during periods of social restrictions relate particularly to uncertainties around work, income, housing, and access to food. Policies designed to alleviate these uncertainties may mitigate mental distress and burden.
- There are particular adverse impacts on children and adolescents, especially those with pre-existing mental health and other needs, which suggests policies targeted at mitigating the effects among young people may be especially important.
- Social science provides a valuable set of theories and methods for examining how micro and macro-level social structures and processes interact to create inequitable outcomes. Social science, therefore, should be central to research to identify groups most at risk of adverse outcomes – and the mechanisms involved – to inform policies and interventions.

Social restrictions that confine people to their homes for extended periods increase risk of abuse and exploitation, particularly among girls and women.

Further inequalities are evident in people’s capacity to comply with social distancing measures, with this being most difficult for those on low incomes, in insecure employment, and living in overcrowded homes.

Major evidence gaps

We found no studies of impacts among older people, refugees, minority ethnic groups, the homeless, those with severe and enduring mental health problems, or women in abusive relationships; and we found no studies of interventions designed to mitigate the impact of social distancing measures during public health crises among vulnerable and disadvantaged groups. We further highlight gaps in the evidence by suggesting five priorities for social science research:

1. Longitudinal studies, based on pre-existing cohorts, to directly examine the impact of social restrictions over the short, medium, and long term.
2. Targeted and localised studies explicitly taking an intersectional lens of impacts among, for example, older people, black and minority ethnic groups, those with a severe and enduring mental illness, women and children in violent and abusive households, and those on low incomes.
3. In-depth studies of lived experiences of social isolation, using creative methods to provide richer insights into how enforced social restrictions have transformed social worlds.
4. Studies on key topics on which there is currently no data, eg, on the positive and negative impacts of social media and virtual social connections during ‘lockdown’, on the effects of specific restrictions and policies (eg, school closures, shielding, job retention schemes).
5. Studies implementing and evaluating social practices (eg, mutual aid groups), and interventions (at community, family, and individual levels) to mitigate the impact of isolation measures.

In this research, particular consideration should be given to capturing different lengths, types, and experiences of social distancing. Comparisons over time – as policies change – and between countries – as governments pursue different strategies – will be especially informative.