The risk of loneliness and trauma from COVID-19

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Illustration: Sarah Grillo/Axios

The coronavirus that's packing people in hospitals as they grapple with sometimes life-threatening complications is leading to another problem for some survivors: mental health issues.

What's happening: Many hospitals require adult patients to enter without family. Their stress, loneliness and fear, sometimes magnified by invasive treatment procedures, place them at a high risk for disorders such as PTSD, some medical experts say.

Loneliness can affect all of us during a pandemic, as many people stay physically distant from each other and more than 36 million Americans live by themselves.

• "Loneliness is about an experience and not a feeling, because loneliness is a combination of thinking, of feeling, and of behaving," says Ami Rokach, clinical psychologist and psychology teacher at York University in Toronto.
It can have an impact on psychological and physical health and is thought by some to be "as bad for you as smoking, as [being] overweight and as [having] diabetes," Rokach says.

However, there are some indications that people's resilience plus increased use of communications technology may be helping lessen the broader impact of the pandemic on loneliness, according to Martina Luchetti, assistant professor at Florida State University College of Medicine.

While further research is needed, Luchetti says a recent American Psychological Association study co-authored by her found that distancing measures "did not increase loneliness" as expected in the general public.

But the situation is different for COVID-19 patients. With the exception of giving birth, many hospitals don't allow adults to bring a support person due to fears of infection and a limited supply of personal protective equipment.

Not only is it stressful to be diagnosed with a new disease with minimal treatment options, but the virus itself
can affect the brain, including psychiatric and neurological complications.

- Being alone through the prolonged treatment process can be "heart-wrenching" to watch, although nurses and doctors try to comfort them, says Martha A.Q. Curley, professor of pediatric nursing at the University of Pennsylvania School of Nursing.

- "You have people who've lived 50, 60, 70 years together and they can't be with them when they're ill, they can't transition through the illness with them, and they can't be there when they die. [It] is just excruciatingly painful," Curley says.

Some COVID-19 survivors may experience PTSD, which can last for years without treatment.

- Most people feel anxiety with the uncertainty of COVID-19, but some experience PTSD due to trauma and a "threat to life or threat to physical integrity," says Anthony King, professor of psychiatry and psychology at the University of Michigan.

- "Clearly, the coronavirus disease is a threat to life," and the chance someone
may experience PTSD may be exacerbated by patient isolation while fighting the disease, King says while cautioning further research is needed into anecdotal evidence.

- Long-term studies of past serious outbreaks found PTSD is much higher in patients than in the general population.

- **In one study**, one-fourth of 90 SARS patients had PTSD 30 months after the outbreak and 15.6% had a depressive disorder.

The big picture: Research has shown many ICU survivors experience trauma, particularly with procedures like intubation.

- And Curley points out reports of post-intensive care syndrome are growing after patients with COVID-19 are discharged, which can be further complicated by the fact that family members don't know what the patient went through.

What to watch: There are growing calls to implement more compassionate measures in ICUs.
Four doctors argue in a New England Journal of Medicine perspective piece that new guidelines should enable more regular telecommunication between isolated patients and their families.

Curley, who is also a pediatric nurse at Children’s Hospital of Philadelphia, goes one step further and suggests steps can be taken to safely allow a family member into the ICU with a COVID-19 patient. Family facilitators can help with the careful screening, preparation and support needed to undertake this goal, she says.

"We need to think of ways to make this happen. It will be different within each system, it will be different with each patient, but we ought to not just create a rule that families are not allowed," Curley adds.

The bottom line: Isolated and faced with uncertainty and fear, some COVID-19 patients are at risk for trauma that experts say should be screened for and addressed at all stages of health care.

Some free and confidential mental health resources can be found here.