

Coping with effects of social isolation during the coronavirus disease (COVID-19) pandemic

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Background

- Informal carers have greater risk of social isolation and loneliness.¹
- Neuropsychiatric symptoms in people living with dementia (PLWD) associated with greater burden of care and worse mental health in carers.²
- First COVID-19 lockdown in the UK observed decline in mental health in the general and informal carer populations.³
- Government advice for carer wellbeing limited by lack of evidence in the field.⁴

Aims

- Compare the **wellbeing of informal carers** of older adults living with and without dementia before and during lockdown.
- Understand the **impact of COVID-19** on informal carers.
- Identify **facilitators to cope and adapt care** during the COVID-19 pandemic.

Methods

- Mixed methods** (quantitative & qualitative).
- National online survey** circulated during **first COVID-19 lockdown** in the UK (Apr – Jul 2020).
- Purposive sampling** from survey participants.

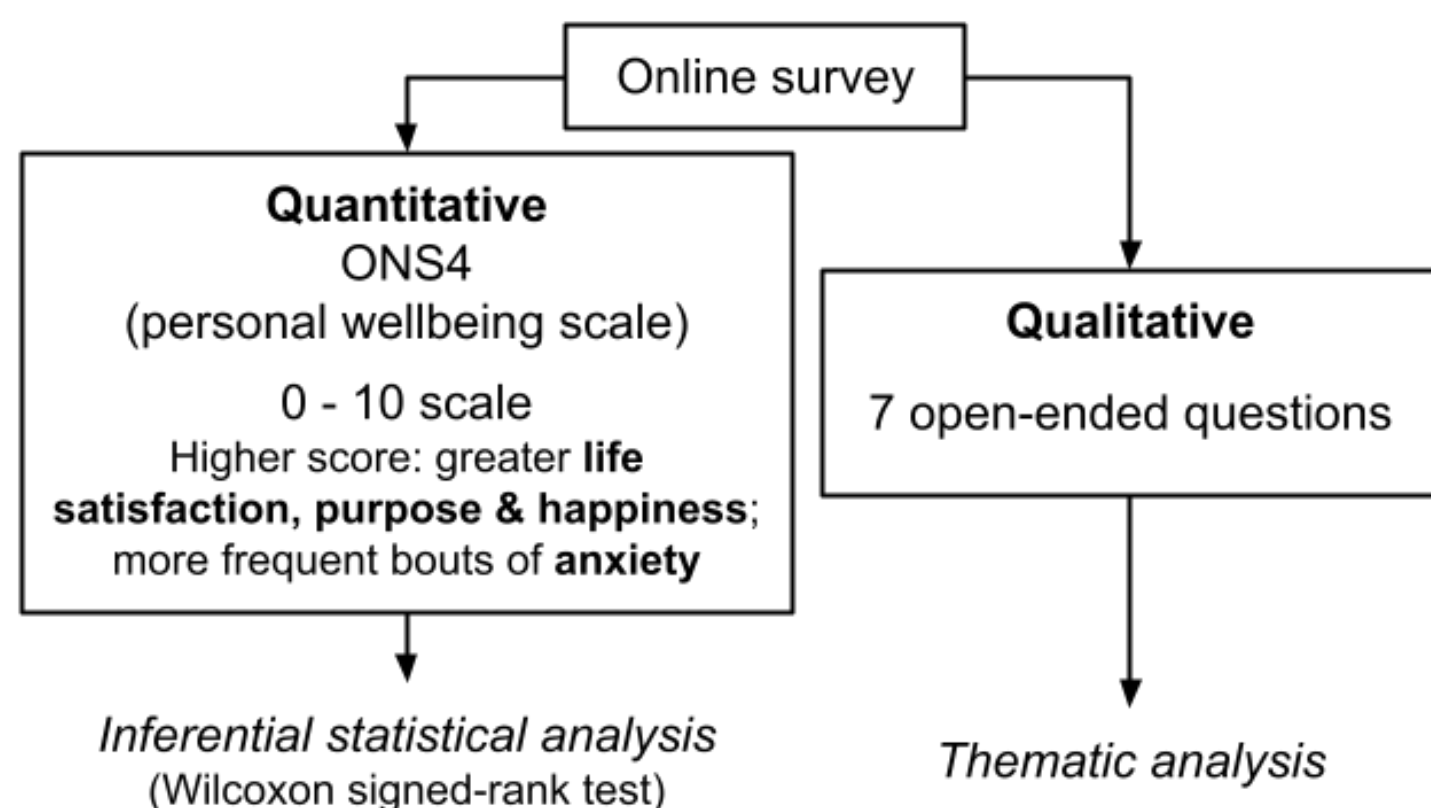


Figure 1 – Survey contents and analysis

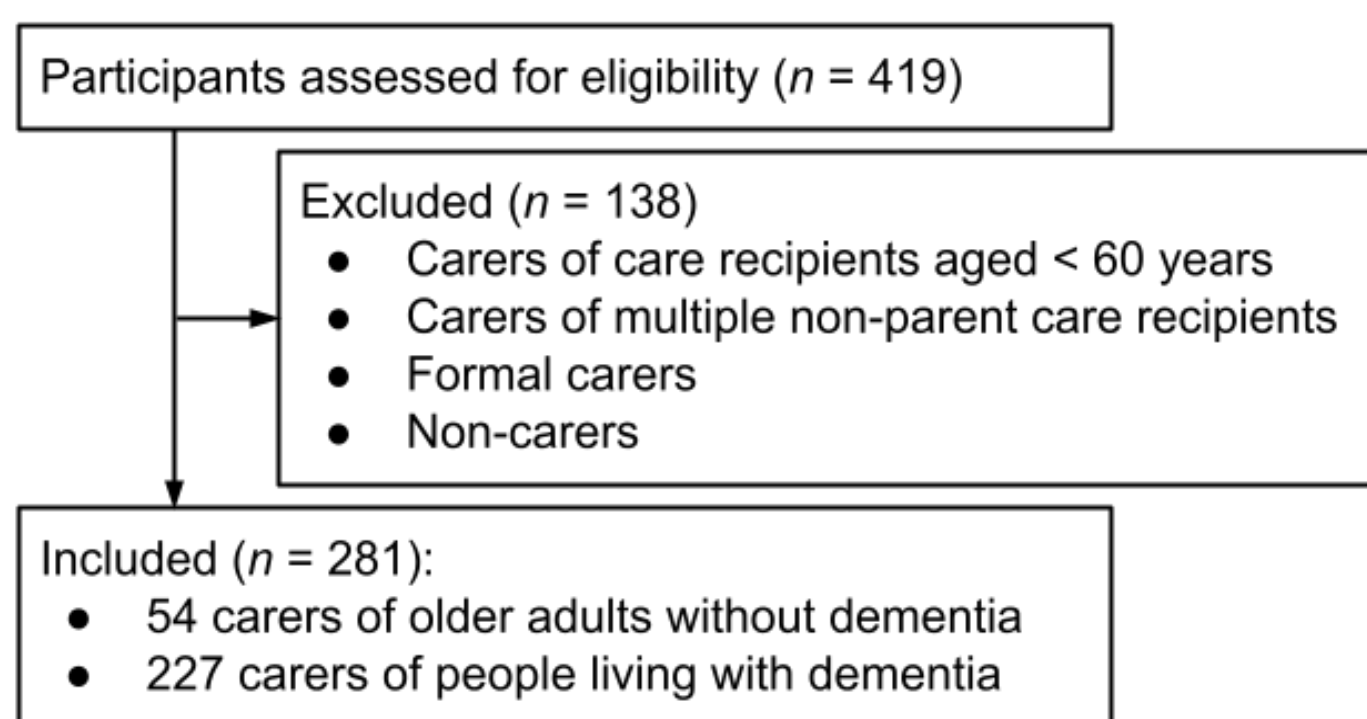


Figure 2 – Flowchart of participant recruitment and sampling

Results

Table 1 – Participant demographic characteristics

	Total sample (n = 281)	Carers of people without dementia (n = 54)	Carers of PLWD (n = 227)	χ^2/U	p
Age, median (IQR)	61 (13)	65 (12)	60 (13)	4689	0.008
Gender, N(%)				0.119	0.731
Female	249 (89.2)	48 (90.6)	201 (88.9)		
Ethnicity, N(%)				0.701	0.402
White	274 (98.9)	52 (100)	222 (98.7)		
Ethnic minorities	3 (1.1)	0 (0)	3 (1.3)		
Hours of care provided in a day, median (IQR)	5 (22)	5 (14)	5 (22)	5350.5	0.839

Key findings:

- Significant decrease in wellbeing** (ONS4) scores for life satisfaction, purpose and happiness; significant increase in anxiety scores (**Figure 3**)
- Participants mainly **negatively affected** by the lockdown; mindfulness and social connectedness by virtual means effective for coping (**Table 2**).

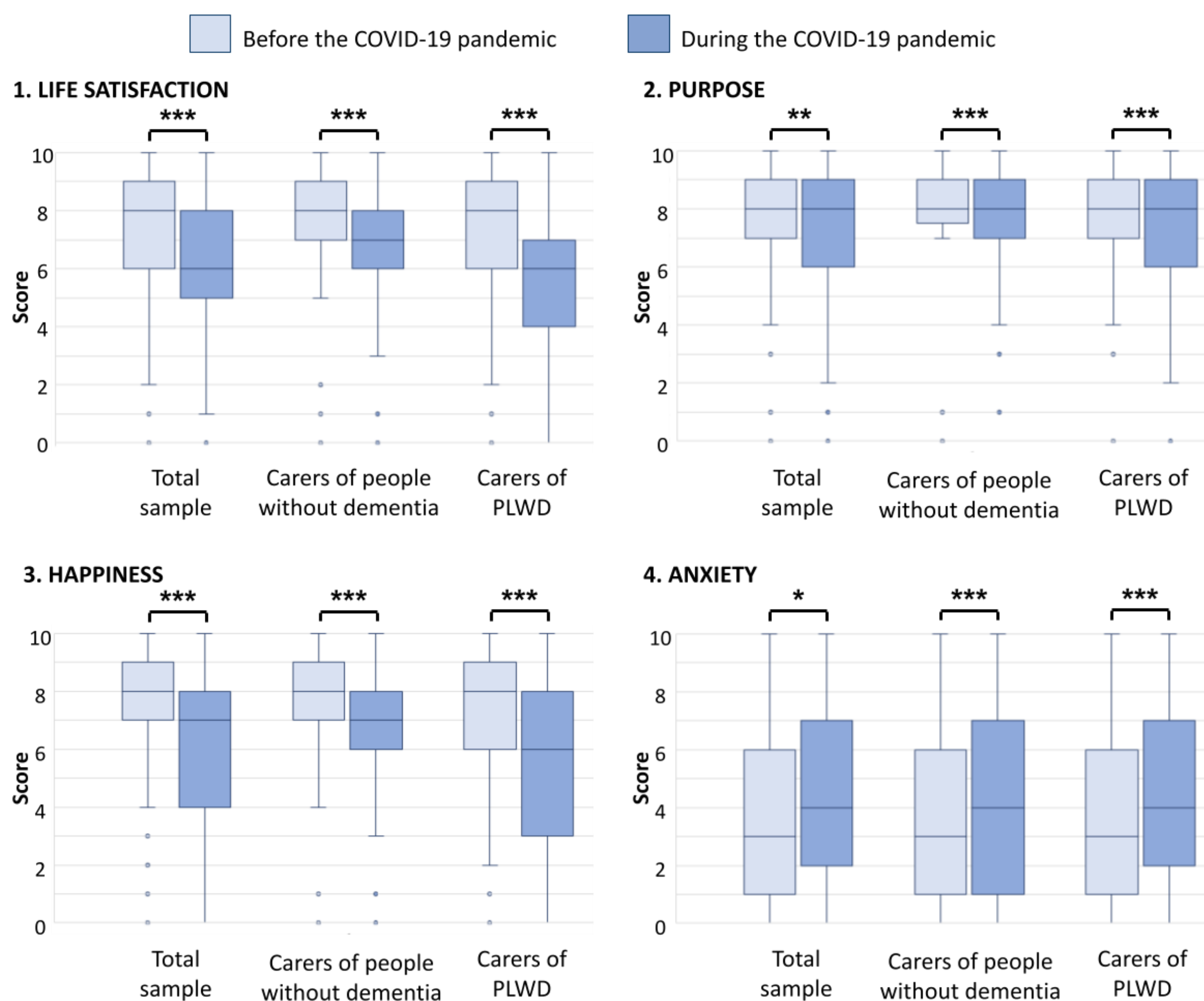


Figure 3 – Comparison of personal wellbeing (ONS4) scores before and during the COVID-19 pandemic. Dots are outliers. PLWD = people living with dementia. (* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$)

Table 2 – Coding frame based on qualitative thematic analysis

Main themes	Sub-theme	Descriptors
Impact of COVID-19	Caring roles & responsibilities	Increased care burden Loss of freedom & respite Worsening of mental health Worsening relationship with care recipient
	Positive or minimal impact	Greater security felt by care recipient Simpler life Similar to carer lifestyle
Coping & adaptations	Healthy coping	Staying connected Recreation & exercise Mindfulness & spirituality
	Maladaptive or difficulty coping	Increased alcohol consumption Breaking COVID-19 restrictions Paranoia
	Helpful tools/services	Online forums Delivery services Technological aid

Conclusion

- Social isolation significantly **reduced informal carers' wellbeing**.
- Social and emotion-focused coping** most employed.
- Access to **technology and the internet** essential in coping during lockdown.
- Government interventions to **promote coping skills** in older adults needed in future instances of unplanned social isolation.

Scan for
References:

