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# The psychosocial risk of being “extremely vulnerable” during COVID-19 and the role of behaviour activation

Many individuals shielding from COVID-19 because of extreme clinical vulnerability are reporting worsening mental health (ONS, 2020) and may need assistance to change their shielding behaviour to regain their social connections. Isolation is strongly linked to depression and anxiety, which provoke further social withdrawal (Santini et al, 2020), creating a downward spiral of low mood, lack of motivation, anxiety and further isolation through avoidance behaviour.

Mental health nurses may be called upon to advise community health colleagues when caring for patients isolating because of COVID-19 anxieties. There are ways to tackle the anxiety and depression through medication or counselling but targeting behaviour can be simpler and more effective through the principles of behavioural activation. This is a simple strategy of promoting self-help and can be used by primary care professionals, family members and the wider community to identify pleasurable activities that are easy but rewarding to do. The first step outside into the fresh air, a short walk, a visit by a family member or friend, are the sort of initial behaviours that break the habit of avoidance and withdrawal. The reward also breaks the cycle of anxiety and depressive thinking and prompts the person to repeat the experience. Reminders of how pleasurable the activity was will also reinforce further positive changes. Behavioural activation is often presented as a form of cognitive behavioural therapy (Jacobson et al, 2001), but it is an approach easily delivered by general health and social care practitioners, and promoted to patients, their families and friends. Behavioural activation promotes positive emotions and thoughts, and encourages healthy behaviour. It is commonly evidenced as effective with elderly people but more evidence is emerging for its use with younger people, and therefore likely to be applicable to anyone who has been isolating and become fearful of increasing their social connections. In a mental health promotion role, community mental health nurses could recommend the approach to support agencies for disabled or older people, charities for specific health conditions and places of worship.

Social distancing does not mean social isolation. In many regions where infection rates are still high, such as the United States, guidance on shielding reinforces avoidance behaviour (CDC, 2020), but countries with low infection rates are encouraging social re-connection. Mental health nurses could promote behavioural activation and encourage the friends, family, neighbours and community

volunteers of those who are or have been shielding to encourage social connectedness and positivity through safely managed visits and “small step” behaviour change. On a larger scale, national public health agencies could consider behavioural mental health advice for those who are shielding, and broadcast media could also contribute through role-modelling social connection activities by people with COVID-19 vulnerabilities, and possibly prevent longer term mental health problems among these individuals.

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