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## Lowering the shield: tackling anxiety outside the safe zone

For the last three months, around 2 million people in the UK have been advised to take 'shielding' measures during the proliferation and containment of COVID-19, the novel disease which has exposed the most vulnerable in our society to be at highest risk. Of those who have died of COVID-19, 91% had a pre-existing physical health condition, a statistic that has guided many into the confine of their homes.

'Shielding', a voluntary restrictive self-isolation strategy, has been used to protect those most in need of safeguarding: the 'clinically extremely vulnerable'. The psychological impact of quarantine and self-isolation is known to be worse when extended for indefinable duration, with inadequate information and supplies, perceived stigma and fear of infection – factors that are likely to have been experienced by this group. They are at higher risk both physically and psychologically.

### Vulnerability: its complicated

The risks posed are not restricted to contagion COVID-19; the indirect impact on healthcare is prominent and potentially long-lasting: cancelled clinics, difficulties accessing medication, reduced exercise, lowered mood and the subsequent inevitable impact of self-care. Yet this group have been largely neglected in government updates and news items.

Studies looking at the psychological impact of no-contact patient isolation report high levels of fear, loneliness, boredom and anger, all known to be associated with more adverse effects. This is especially relevant for over 70s, many of whom will already be struggling social-isolation, multiple health problems and compromised mobility. This is concerning, as loneliness is associated with higher mortality rates, particularly in the older population.

Paradoxically, many shielding 'feel' safe at home and report improvements in psychological wellbeing. For others, shielding represents involuntary exposure of vulnerability, and 'outing' of personal information. The potential benefits of outdoors are extensive: accessing social support, pleasurable activities to elevate mood, regaining independence, all things that kick start the virtuous circle of doing enjoyable activities that make you feel good, which increases motivation, more activity, improved mood and so forth.

However: is this enough of an incentive to step outside the safe zone and trust that the rest of society will keep their distance? The clinically vulnerable are now relying on the collective interest to protect those who most need it, many are fearful.

### Barriers to the outside

The threat of COVID-19 is a very real and serious for the clinically vulnerable: up to half of people with medical conditions already struggle anxiety and/or depression, so it is very likely that in the context of a global health threat, those shielding will see deteriorations in mental health. This is a potential barrier to those first steps outside.

For those with underlying health problems, it is vitally important to maintain vigilance, 'stay alert' both in terms of precautionary measures and physical symptoms. However, this is a curates egg: symptom hypervigilance (e.g monitoring physical symptoms) and excessive checking behaviours, can also serve to increase anxiety, which further increases physical symptoms. The bind: extended avoidance of potential/perceived harm, (such as 3 months of shielding) is also likely to trigger anxiety when first venturing outdoors.

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When we exit or avoid due to anxiety, we stop ourselves from finding out what would have happened had we persevered. We didn't get to see that it would have been ok - strange, overwhelming, anxiety provoking, but ok and psychologically survivable. Along with hypervigilance and excessive checking or handwashing, avoidance is key in keeping anxiety going.

### Tackling head on

Aside from following advice and safety precautions (no more, no less), there are a number of considerations that may help those who are finding the return to the outside a challenge.

For most, **habituation** to the outside world, allowing recalibration to new surroundings, will be enough. Becoming accustomed to the challenges of those inwardly focussed and waywardly walking, will become part of the 'new normal.' Once the first unexpected close encounter is dealt with, things may start to feel easier.

*Accept anxiety:* **fear** is a normal response to an abnormal situation. Anxiety can present in many physiological ways such as palpitations, shakiness, chest tightening – this is adrenalin and caused by the fear response. This can be helped greatly by healthy coping strategies such as physical exercise, breathing exercises/meditation and challenging unhelpful thoughts, see **here** for more. It is important to keep our thoughts accurate and in perspective, stay in the here and now and treat yourself with self-compassion when things don't work as planned.

*Gradual return:* a gradual return is helpful for those most anxious and allows adjustment to the new environment. A long walk in a busy park on a Saturday morning will undoubtedly lead to a peak in anxiety and may make the outside world feel more overwhelming and not a good or safe place to be. It is realistic to expect a degree of sensory overload and stress too – a lot that has changed. However, humans are very adaptable creatures and with gradual exposure much anxiety will naturally subside. With any new challenge it is essential to take it a step at a time, focussing on where you are right now, not where you feel you need to be.

*Positivity and purpose:* adopt an outward focus and try to appreciate the **positive** shift that stepping outside brings. Use it to do something/see someone you have missed, engage your social network and reigniting habits and activities that brought pleasure. Social support is an important protector of mental health. A good reason to go out is vital to motivation when anxiety is a driving force to stay in.

It is essential we keep in mind that most people with vulnerabilities of this nature lived regular lives prior to COVID-19, having to taking precautions, living with uncertainty, adapting to changing medical circumstances and responding to regular health threats. People who live with health-based **uncertainty**, are not necessarily psychologically worse off in uncertain times such as these. They are often highly **resilient** and armed with a repertoire of adaptive coping strategies that flex to the changing needs of a health condition. In some ways, the 'vulnerable' may be better equipped to deal with these uncertain circumstances. Others will need professional help with this first wave of change, but either way, now is the time to collectively mobilise to support those around us to step forward and reclaim life.

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