The Effects of COVID-19 related Social Isolation on the Mental Health of Racialized Communities

COVID-19 has dramatically changed our way of life. While many are focused on the physical health and economic aspects of the pandemic, it is essential to also prioritize how the quarantine has affected people’s mental and emotional health.

Prior to COVID-19, the U.S. was in the midst of a mental health crisis due to increased demand with insufficient response and the pandemic has worsened this issue. The restrictions imposed by COVID-19, while preventative and necessary, have social consequences and have created many subsequent stressors. This includes job loss, which leads to financial stress and food insecurity both of which have disproportionately affected people of color (POC). Uncertainty about the future can cause feelings of anxiety, depression and isolation. These are normal reactions to complicated and shocking events, which should not be treated as psychologically unhealthy or abnormal.

History proves that severe illness and death rates tend to be higher for racial and ethnic minority populations during public health emergencies than for other populations. These higher rates are due to systemic and structural health and social inequities experienced by minority communities. Currently, hospitalization rates are highest among non-Hispanic American Indian or Alaska Native and non-Hispanic African Americans, followed by the Latinx community.

A contributing factor to the elevated COVID-19 rates among racialized communities is due to overcrowding in tribal reservation homes and Alaska Native villages, compared to the rest of the nation. Additionally, people living in densely populated areas, low-income and public housing, and multigenerational homes have trouble with practicing social distancing.

Isolation as an influence in mental and behavioral health

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The Loneliness Epidemic

In 2019, the Health Resources and Services Administration described a “loneliness epidemic” as an increasing societal health concern. A recent Cigna survey revealed nearly half of Americans always or sometimes feel alone (46%) or left out (47%). Close to 50 percent of the respondents stated loneliness plagued their daily lives, however, these numbers were reported prior to social isolation caused by COVID-19.

Cigna produced another report that identified Hispanic respondents (47.7%) and those who identify their race as “other” (47.2%) were loneliest, followed by Black/African American respondents (46.3%). People of Color (POC) are facing two life threatening epidemics as the world struggles with Coronavirus.

The importance of positive social connections and relationships on human survival are known in a general sense, but what happens when people are told to refrain from participating in the physical aspect of social interactions? Research shows the level of risk presented by social isolation is very similar in magnitude to that of obesity, smoking, lack of access to care and physical inactivity. Additionally, loneliness and social isolation are twice as harmful to physical and mental health as obesity.

One key component regarding the idea of family that is needed most in racialized communities, is the exact issue we are to refrain from currently: physical connectedness. Thus, while many groups of people may feel vulnerable during this pandemic, this is especially true for communities of color, including African American, Latinx, Asian American, Indigenous, and other racialized communities. Communities of color and immigrants experience higher levels of loneliness associated with social isolation because it is generally part of their culture to have very close-knit relationships with extended family members as they provide a sense of safety, security, and comfort.

References:
Families provide a place where communities of color can let their guard down, feel seen and heard and have their existence validated and celebrated. It is due to this familial connectedness that current social isolation policies are affecting many POC in an unforeseen manner. Diverse communities, even those from younger generations who see their identity as an intersection of many identities such as being multiracial, gendered and minoritized, find support in groups that see and value them at the intersection of their multiple identities especially when race is a common denominator. Even with this multidimensional approach to identity and culture, stories still exist of racialized communities being left with feelings of longingness and helplessness.

To preserve mental health, it is essential to maintain a sense of purpose and belonging. It is also important to find inventive ways to connect with others virtually through Facetime, Zoom, Skype or WhatsApp. Do this by maintaining engagement with faith and cultural institutions in a virtual capacity for social support. Additionally, to maintain connectedness with family cook dinner in your respective kitchens and have a remote dinner together while taking turns telling your favorite family story and reminiscing about past events.

Engage in Dr. Sue Varma’s 4 Ms of Mental Health: movement (exercising), meaningful engagement (connecting with other people), mastery (being creative), and mindfulness (deep breathing and being aware). Practicing this formula can bring peace of mind during stressful times. Lastly, make plans and remain hopeful because learning to cope with pandemic stress in a healthy way not only makes you stronger, but makes our community stronger.