



Australian Government

Department of Veterans' Affairs

Managing the psychological impacts of staff in quarantine or home isolation

Overview of the research

A rapid literature review of the evidence regarding the psychological impacts of quarantine was undertaken recently by the Department of Psychological Medicine, Kings College London, London, UK.¹ The Review cited 3166 papers, with 24 included in the article. Most reviewed studies reported negative psychological effects associated with quarantine or isolation including post-traumatic stress symptoms, confusion, and anger. Specific stressors included:

- Longer quarantine duration;
- Infection fears;
- Frustration;
- Boredom;
- Inadequate supplies;
- Inadequate information;
- Financial loss; and
- Stigma.

This Review suggests that the psychological impact of quarantine is wide-ranging, substantial, and can be long lasting.

It is important to note that the information is preliminary in nature and should be interpreted with caution.

Common Questions

Question	Response
What is the difference between quarantine and isolation? ²	<ul style="list-style-type: none"> • Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting others. • This definition differs from isolation, which is the separation of people who have been diagnosed with a contagious disease from people who are not sick; however, the two terms are often used interchangeably, especially in communication with the public.
Who needs to isolate? ³	<ul style="list-style-type: none"> • All people who arrive in Australia from midnight 15 March 2020, or think they may have been in close contact with a confirmed case of coronavirus, are required to self-isolate for 14 days.
Managing self-isolation ⁴	<ul style="list-style-type: none"> • There are some good handouts available including <https://www.health.gov.au/resources/publications/coronavirus-covid-19-isolation-guidance>; • Stay in your own residence. Have food brought to you;

¹ Published Online February 26, 2020 [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8) Department of Psychological Medicine, King's College London, London, UK. S K Brooks PhD, R K Webster PhD, L E Smith PhD, L Woodland MSc, Prof S Wessely, Prof N Greenberg, G J Rubin PhD)

² Manuel M-E, Cukor J. Mother Nature versus human nature: public compliance with evacuation and quarantine. *Disasters* 2011; **35**: 417–42.

³ https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-isolation-guidance_6.pdf

⁴ <https://medcast.com.au/blogs/coronavirus>

	<ul style="list-style-type: none"> • Do not allow visitors; • Do not go outside or to public gatherings; • You do not need to wear a mask unless symptomatic; • If you do need to leave the house to get medical care then wear a mask; and • You can go into your garden to get outside.
What are the main stressors during quarantine?	<p>Duration of quarantine: Not surprisingly, longer periods of quarantine are associated with poorer mental health outcomes.</p> <p>Fears of infection: This includes fears about their own health and the fear of infecting others.</p> <p>Frustration and boredom: There are a range of losses during this time. This includes loss of routine, physical freedom, and social and physical contact.</p> <p>Inadequate supplies: Several studies found participants experienced a lack of basic needs for daily living such as food, water, accommodation, and clothes. This was associated with increased anxiety and anger 4-6 months after quarantine finished.</p> <p>Inadequate information: Many participants indicated that not feeling well informed was a significant stressor. This related specifically to public health messages, but can easily be applied to HR guidelines relating to the management of quarantine practices in relation to the workplace.</p>
What are some of the psychological symptoms to be aware of?	<ul style="list-style-type: none"> • Studies have reported a range of general psychological symptoms and emotional disturbance including depression, stress, low mood, irritability, insomnia, post-traumatic stress symptoms, anger, and emotional exhaustion. • Low mood and irritability were commonly reported.
Predisposing factors	<ul style="list-style-type: none"> • A history of previous mental health conditions was associated with anxiety and anger 4-6 months after the quarantine finished.
Post quarantine stressors	<p>These included:</p> <ul style="list-style-type: none"> • Finance: The disruption to a person's ability to work can be long lasting, especially if not planned for; and • Stigma from others: This was a major theme.
Mitigating the impact of quarantine	<ul style="list-style-type: none"> • Staff with pre-existing mental health conditions may require more support during quarantine. • Managers can support staff to transition back to work by engaging early and being pro-active. • Keep quarantine as short as possible. Adhering to the recommended length of quarantine is important. Even short extensions have been associated with higher levels of frustration and lower morale. • Reduce boredom and ensure good communication. During quarantine periods it is normal for people to ruminate about their situation, become fearful of infection, and catastrophize over potential consequences. It is important that clear, consistent and unambiguous information is provided by not only health authorities, but also by the workplace, on a regular basis. • Ensuring those quarantined have good wi-fi networks and are able to connect with loved ones is very important. • Provision of basic supplies. Ensuring supplies of basic needs is extremely important. • Voluntary vs mandatory quarantine. Believing that you being in quarantine benefits the community can be beneficial to your mental health and increase adherence.