# Psychological impact of the Government's communication style and restrictive measures

*Dr Damian Wilde, (Chartered) Highly Specialist Clinical Psychologist*

**HART believes that the most effective step to meaningfully reduce the widespread mental health crisis would be a relaxation of all COVID-19 restrictions, with the assurance that they will not return.**

A year of COVID-19 restrictions and a relentless media campaign to enhance compliance has led to unprecedented levels of loneliness, fear and anxiety.[1] It is widely being reported that we are seeing a 'mental health crisis' across the nation.[2,3] This paper examines some of the problems and potential solutions moving forward.

### Fear rhetoric

The Government's Behavioural Insight Team (BIT) recommended many psychological techniques in order to change people's behaviour.[4] The communication style used throughout this crisis has employed several covert psychological strategies ('nudges') that act upon us subconsciously, below the level of awareness. Psychological manipulation of this kind is not new, but we have grave concerns that it may cause enormous long-term psychological harm.

Fear is a powerful motivator. The decision to scare us into submission was a strategic one. The SAGE minutes of the 22 March 2020[5] state, 'The perceived level of personal threat needs to be increased … …using hard-hitting emotional messaging'. BIT has inflicted a prolonged scare campaign upon the British public, the primary aim of which has been to inflate levels of fear and thereby achieve compliance.

The Government has spent well over £100M on advertising COVID-19-related messaging. It has resulted in many people not daring to leave their house at all for extended periods.[6] Research shows that suicidal thoughts have dramatically increased during lockdowns.[7,8]

A change in the Government's communication style is now urgent. The approach used has been a fear rhetoric, with no balance or compassion and has led to increased prevalence of anxiety, depression, obsessions and compulsions.[9,10] The constant communications centred around being tested for COVID-19 (even if healthy), staying away from other people and the need for copious amounts of hand washing and use of hand sanitiser has created a deeply unhealthy psychological state across the entire nation. Use of such tactics activates our threat systems leading to distorted risk perception and aggression and blame towards those seen as not rigidly complying to COVID-19 rules'.[11,12]

A communication style which is more balanced and truthful, communicated in a more compassionate way may help contain the public's anxiety more effectively. It would not

only decrease internal stressors, but would also lessen the conflicts witnessed between people,[13] which further exacerbate the public's level of confusion and distress.[14]

## Social Restrictions

Humans are social animals. To deny them this right for long and undefined periods causes enormous harms. There is a huge body of research demonstrating the wide range of damaging effects.[15,16,17,18,19,20]

These include:

- Immune system deficits;
- Stress;
- Fatigue;
- Sleep disorders;
- Neurocognitive changes;
- Lower mental and physical wellbeing;
- Depression;
- Despair;
- Anxiety;
- Aggression;
- Feelings of unreality & paranoia;
- Difficulty thinking and speaking.

Prolonged loneliness is likely to have evoked mental defeat in elderly people with dementia, often resulting in premature death.[21] Further evidence of the mental health costs of restrictions is emerging weekly, with reports of significantly increased anxiety and depression in postnatal mothers[22] and a rise in disabling tic disorders in children.[23] Restrictions not only create mental health problems in previously healthy people, but exacerbate difficulties in those already struggling.[24]

No comprehensive risk assessment was carried out to measure the harms caused during the first lockdown. We are three months into a third national lockdown and still no risk-assessment has been forthcoming from the Government. Working on the widely accepted principle of 'first do no harm' alongside the clear comparative evidence emerging from countries and states who did not impose lockdowns,[25] it is becoming increasingly difficult to justify these repeated restrictions.[26,27]

### Stripping away self-care

Observations in practice have been that the restrictive measures are devastating for many, and in particular those with pre-existing mental health conditions. To ensure good health and wellbeing, people have their own personalised, individual self-care plans, which may seem 'trivial' to some, but are absolutely essential in maintaining stable mental health.

Such self-care aspects have been stripped away from people and whilst these have impacted everyone, those with pre-existing mental health issues are at immense risk of falling into crisis, leaving people dealing with constant high levels of distress.

### Lack of access to care

Throughout lockdown many mental health services have denied people vital face-to-face therapy due to the restrictions. Although other forms of therapeutic care have been made available, such as telephone or video-based therapy, some find this impractical and stressful, particularly people who have experienced multiple traumas who need that separate safe space away from their place of living. To deny people in extreme distress something which helps soothe them and improve their quality of life, particularly when it can be carried out safely using basic common sense, seems highly unethical.

With the rapidly falling cases and hospitalisations, and bearing in mind COVID-19 is a seasonal virus, we need a rapid change in policies around face-to-face psychotherapy. Additionally, it would be appropriate to see the removal of masks in the therapeutic space. They are inhibitive to the therapeutic relationship, signal 'danger', and are particularly distressing for the 1/6th of the population with hearing impairments and deafness. The therapy environment should be a calm, safe space for the individual and is a model we must return to as quickly as is practical.[28]

### Conclusions

The Government's communication style and restrictive measures have clearly had a significant social and psychological impact upon the public, especially for those already experiencing emotional health problems. People now need hope and a degree of certainty about the future. We are no longer in the middle of an emergency. It is time to allow people to rebuild the delicate fabric of their world to incorporate joy, social interaction, music, travel and the many other things that make a life worth living.

# Endnotes

1. [Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study](#)
2. [Children are facing a mental health crisis](#)
3. [Mental Health Emergency: We're living through a crisis that can't be ignored](#)
4. [Mindspace: Influencing behaviour through public policy](#)
5. [Options for increasing adherence to social distancing measures](#)
6. [Well done, Matt 'we're doomed!' Hancock – Covid fear is now a bigger threat than the virus itself](#)
7. [Suicide risk and prevention during the COVID-19 pandemic](#)
8. [COVID-19: Suicidal thoughts increased in young adults during lockdown, UK study finds](#)
9. [Britons were 'terrorised' by the Government's tough coronavirus message and 'lost sight' of the fact most people only have mild illness, says SAGE adviser](#)
10. [Government has 'terrorised' Britons into believing coronavirus will kill them, says adviser](#)
11. [The Biology of Fear, Adolfs (2014)](#)
12. [Amygdala Hijack and the Fight or Flight Response](#)
13. ["A Toxic Trend?": Generational Conflict and Connectivity in Twitter Discourse Under the #BoomerRemover Hashtag](#)
14. [Social, Psychological, and Philosophical Reflections on Pandemics and Beyond](#)
15. [Holt-Lunstad, J., Smith, T. B.,Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. Perspectives on Psychological Science, 10, 227-237](#)
16. [Social Relationships and Health: The Toxic Effects of Perceived Social Isolation, Cacioppo & Cacioppo, 2014](#)
17. [Effects of isolation and confinement on humans-implications for manned space explorations](#)
18. [Psychological Effects of Isolation and Confinement of a Winter-Over Group at McMurdo Station, Antarctica](#)
19. [Analysis of the stressful effects of hospitalisation and source isolation on coping and psychological constructs](#)
20. [Relationship Between Loneliness, Psychiatric Disorders and Physical Health ? A Review on the Psychological Aspects of Loneliness, Mushtaq, Shoib, Shah & Mushtaq, 2014](#)
21. [So Lonely I Could Die](#)
22. [Psychosocial experiences of postnatal women during the COVID-19 pandemic. A UK-wide study of prevalence rates and risk factors for clinically relevant depression and anxiety](#)
23. [Explosion' of children with tics and Tourette's from lockdown](#)
24. [Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study](#)
25. [Replying to Christopher Snowdon – Again!](#)
26. [Lockdowns Do Not Control the Coronavirus: The Evidence](#)
27. [WHO official urges world leaders to stop using lockdowns as primary virus control method](#)
28. [Where is the Space? Counsellor's Cafe Magazine](#)