

The Biopsychosocial Impact of Isolation during a Pandemic

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Abstract

This study explored the biopsychosocial impact of isolation amid the COVID-19 pandemic and the effectiveness of telehealth as an interventive approach. The adverse effects of Coronavirus 19 (COVID-19) on mental health have been observed through the unfolding of the pandemic crisis. People were forced into a new norm of wearing masks, maintaining social distancing, and being forbidden from large group gatherings. These discomforting changes have significantly impacted all levels of society, and the rise of telehealth strategies to address mental health care continues to grow as COVID-19 lingers globally. The Corona Virus 2019 (COVID-19) is an infectious disease spread throughout the world with disastrous economic and biopsychosocial implications. The main challenge associated with the COVID-19 virus is that it spreads inconspicuously. The COVID-19 causes a range of symptoms from a mild cold to acute respiratory distress (Johns Hopkins University of Medicine, 2020). The disease was first recognized as an acute respiratory syndrome in Wuhan City, Hubei province, China. The World Health Organization (WHO) first mobilized its response at the beginning of January 2020 and declared it a pandemic on March 11, 2020 (World Health Organization [WHO], 2020).

Keywords: Isolation, pandemic, COVID-19, stressors, mental health, telehealth, and research.

1.0. Introduction

The delivery of mental health promotion often goes unrecognized in primary care. Many times, healthcare providers describe their primary care mental health focus as screening and pharmacological treatment activities. Although the social work practitioner's philosophy is rooted in the holistic approach, which emphasizes attention to psychosocial factors and how these affect the biomedical outcomes of health, clinical social workers still report an inability to address strategies to decrease mental health issues due to time constraints and the inability to connect patients to mental health services (Poghosyan, 2019; WHO, 2020).

It is noteworthy that primary promotion activities in mental health may prevent different disorders caused by modifiable risk factors. For instance, physical activity improves mood states and overall mental well-being (Vaingankar, Chong, Abdin, Kumar, Chua, Sambasivam, Sharie, Jeyagurunathan, Seow, & Subramaniam, 2020). The positive outcomes that primary mental health interventions have on individuals' health highlight the importance of incorporating promotion activities in mental health promotion in primary care. Mental health promotion activities that encourage activity-based interventions through telehealth talks have been shown to improve self-reported mental health scores (Tietjen & Breitenstein, 2017). Rutledge, Kott, Schweickert, Poston, Fowler, & Haney, (2017) define Telehealth as the use of technology in care delivery, health information, and remote health education. This modality of health care delivery is designed to provide direct patient care, remote patient monitoring, and education at a distance (Rutledge et al., 2017; Vaingankar, 2020).

The nature of the pandemic transformed the way society works. To control the virus transmission, the Centers for Disease Control and Prevention (CDC) has set guidelines to limit physical and social distancing. In the state of Texas, schools and workplaces have started to change their dynamics to avoid big crowds and maintain distance from each other, and the mandatory temporary closure of public places, non-essential business, and shelter-in mandates was in place by the end of March 2020 (Center for Disease Control and Prevention [CDC], 2020; Texas Department of State Health Services, 2020). Within three months, people have had to adapt to the new norm with many uncertainties, including unemployment, homeschooling, inability to attend church or school, and restrictions on grocery shopping, among many others. These changes add to the everyday stressors of life, which often negatively affect the mental health of many people. The pandemic is often associated with the notion that self-care options and rejuvenating activities are limited by the mandatory stay-at-home orders leading to social isolation when not at work. In late December 2019 in Wuhan, China, the first reported cases occurred, and the World Health Organization declared the outbreak of the pandemic COVID-19 (CDC, 2020; Texas Department of State Health Services, 2020).

The Corona Virus 2019 (COVID-19) pandemic became a significant public health problem with several implications regarding the effect of the outbreak and efforts to contain the outbreak (e.g., social distancing, isolation, disconnectedness) and the subsequent impact on physical and mental health. Mental health issues are already of concern. One of the most common mental illnesses in the United States is an anxiety disorder, which accounts for 40 million adults, ages 18 and older (Anxiety and Depression Association of America [ADAA], 2015). Such was the case among Chinese people as they experienced the pandemic first. According to Wang, Wan, Tan, Xu, Ho, and Ho(2020), anxiety was reported to be one of the primary psychological responses among Chinese residents during COVID-19. Wang et al. (2020) noted that most people worried about their family members contracting the disease, and participants reported physical symptoms such as myalgia, dizziness, and coryza. These changes add to the normal stressors of life, which negatively affect the mental health of most people (ADAA, 2015; CDC, 2020).

This study aims to educate people about coping mechanisms that may assist them in alleviating mental health issues due to the nature of the pandemic. According to Kang, Bae, Kim, Shin, Shin, Yoon, and Kim (2017), anxiety is associated with heart disease, depression, and asthma. In addition, comorbid depression and anxiety have been shown to increase the incidence of eyesight problems, cough, asthma, hypertension, heart disease, and gastrointestinal disorders (Kang et al., 2017). Moreover, Dong & Bouey (2020) study showed that public mental health interventions should be integrated into preparedness plans for pandemics. There is a need to mitigate the psychological impact during and aftermath using telemedicine by taking advantage of smartphones or technologies described in the defined telehealth strategies for healthcare delivery (Dong & Bouey, 2020; Kang et al., 2017).

2.0. Literature Review

An extensive review of the relevant literature showed that the societal impact of the COVID-19 pandemic is not completely understood, but it is safe to say that the world will never be the same in the post covid era. The Corona Virus 2019 (COVID-19) is an infectious disease that spread throughout the world with disastrous economic and biopsychosocial implications. The main challenge associated with the COVID-19 virus is that it spreads inconspicuously. The COVID-19 causes a range of symptoms from a mild cold to acute respiratory distress (Johns Hopkins University of Medicine, 2020). The disease was first recognized as an acute respiratory syndrome in Wuhan City, Hubei province, China. The World Health Organization (WHO) first mobilized its response at the beginning of January 2020 and declared it a pandemic on March 11, 2020 (World Health Organization [WHO], 2020). The COVID-19 pandemic had a transformative and lasting effect on our global society, which forced the CDC to set guidelines to reduce the virus's spread by limiting physical and social distancing (Kang et al., 2017; WHO, 2020).

The thought of being infected without knowing has impacted the way healthcare works. In primary care, the consultation process has dramatically changed. Insurances and hospitals are utilizing Telehealth as part of their care delivery model to provide safer care and prevent a possible spread of infection (Cao, Fang, Hou, Han, Xu, Dong, Zheng, 2020). The overall purpose of online mental health promotion services during the COVID-19 pandemic is to deliver mental health promotion strategies via web communications to decrease the impact of COVID-19 on mental health. The studies of Anderson (2020) showed that due to the nature of social distancing during and after a virus pandemic, people experience stressors that, if left unchecked, lead to generalized anxiety disorder (GAD). Online mental health promotion education empowers and equips participants with tools to combat the stressors healthily by understanding how simple lifestyle changes and cognitive behavioral therapy resulted in improved mental health (Anderson 2020; Cao et al., 2020).

Shelter-in-place, social distance, and quarantine measures in the United States started to take place in mid-March through the beginning of April 2020 to counteract the spread of COVID-19.

According to the CDC (2020a), isolation and quarantine help protect the public by preventing exposure and transmission of this contagious disease. Isolation separates those who are sick, whereas quarantine restricts the movement of people who were exposed to COVID-19 (Wang, Liu, Xue, Yao, Liu, & Helbich, 2019). Due to the nature of the virus and its capacity to transmit without warning signs, people have subdued to social distancing measures, and mandated state laws have lengthened the terms of social isolation. These measures come with further adjustments that impose stressors and may lead to the development of anxiety during and after the pandemic (CDC, 2020a; Wang et al., 2019).

Generalized Anxiety Disorder (GAD) is characterized by persistent or excessive worry without apparent reason (Anxiety and Depression Association of America, 2015). GAD is often diagnosed when people find it difficult to control their worry over a period. In some individuals, GAD may present with somatic symptoms such as headaches and stomach pain (McCall, Helgadottir, Menzies, Hadjistavropoulos, & Chen, 2019). It is estimated that GAD affects 6.8 million adults or 3.1% of the U.S. population every year, with women being twice as likely to be affected by it. The leading cause is unknown. There is evidence that it is related to biological factors, family background, and stressful life experiences. People with GAD find it difficult to tolerate uncertainty; therefore, they try to plan or control circumstances (CDC, 2020; McCall et al., 2019).

According to the Center for Disease Control and Prevention (CDC), the first COVID-19 infection in the United States was confirmed on January 22, 2020, and by March 13, 2020, a State of Emergency was declared. The Coronavirus (COVID-19) pandemic and social distance measures have drastically affected the United States population, social order, and the economy. Every day the number of new infections and death rates increased, and the economic and social impact posed a real threat for people to develop or experience symptoms of GAD (McCall et al., 2019). Anderson (2020) reports that surveys have estimated that 48% of Americans are anxious about contracting COVID-19, 62% are anxious about the possibility of family members contracting COVID-19, and 59% report having a severe impact on their daily life. This highlights the need for an intervention that promotes mental health well-being during a global pandemic like COVID-19 (CDC, 2020; Mukhtar, 2020).

Health promotion is defined as the "actions that support people to adopt and maintain healthy lifestyles which create supportive living conditions or environments for health" (WHO, 2004, p. 6). The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her abilities, can cope with normal stresses of life, can work productively and fruitfully, and can make contributions to his or her community" (WHO, 2004, p. 60). Mental health promotion is considered an integral component of health promotion that focuses on the determinants of mental health and the creation of atmospheres that enhance optimum psychological and psycho-physiological development, which naturally positively impact physical health (Sturgeon, 2006). There is an interdependent connection between mental, physical, and social functioning, but health and illness may coexist (Jhanwar & Avinash, 2017). Mental health can change over time, and when the demands are more significant than a person's coping abilities, mental health may be negatively impacted.

There is not a single cause for mental health illness. The CDC (2018) states that it is the combination of early adverse life experiences, ongoing chronic medical conditions, biological factors, alcohol, and drug use, having few friends, and feelings of loneliness or isolation, are known to be the cause of mental health illness (CDC, 2018). Therefore, mental health promotion interventions empower individuals to reduce the risk factors for mental illness and improve health. Mental health promotion interventions aim to decrease the risk factors and increase protective factors that at the same time benefit other aspects of health, social, and economical. Consequently, mental health promotion is an effective strategy to reduce the burden of mental disorders (Jhanwar & Avinash, 2017; Mukhtar, 2020).

3.0. Stressors

Due to the nature of social distancing during and after a virus pandemic, people experience stressors that, if left unchecked, lead to generalized anxiety disorder (GAD). Online mental health promotion education empowers and equips participants with tools to combat the stressors healthily by understanding how simple lifestyle changes and cognitive behavioral therapy resulted in improved mental health. Anxiety is a normal reaction to stress and, at times, beneficial as it helps people be aware of the danger and pay attention (American Psychiatric Association [APA], 2020). Anxiety may be shown as simple feelings of nervousness or extreme fear. Fear is known as the emotional response to a threat, and it activates the flight or fight response (Jeong, Yim, Song, Ki, Min, Cho, & Chae, 2016). Anxiety disorders cause people to avoid triggers that worsen their symptoms, affecting their performance at school, work, or relationships (APA, 2020; Jeongetal., 2016).

Generalized Anxiety Disorder (GAD) becomes when persistent and excessive worry interferes with activities of daily living (ADLs), and it may be manifested through physical symptoms such as restlessness, feeling on edge, fatigue, difficulty concentrating, muscle tension, or trouble sleeping. Individuals with anxiety tend to exaggerate a threat (i.e., cognitive distortions) mentally, and this practice is considered the underlying pathology of anxiety. Cognitive distortions are defined as self-statement that reflect an event's misinterpretation (Strohmeier, Rosenfield, DiTomaso, & Ramsay, 2016). CBT interventions focus on changing this tendency through cognitive restructuring and behavioral exposure techniques (Jeong et al., 2016; Strohmeier et al., 2016).

Mental health issues are already of concern. The most common mental illness in the United States is anxiety disorders, which account for 40 million adults, ages 18 and older (Anxiety and Depression Association of America [ADAA], 2015). Such was the case among Chinese people as they experienced the pandemic first. According to Wang et al. (2020), anxiety was reported to be one of the primary psychological responses among Chinese residents during COVID-19. Wang et al. (2020) noted that most people worried about their family members contracting the disease, and participants reported physical symptoms such as myalgia, dizziness, and coryza. According to Jeong et al. (2016), anxiety and anger are commonly reported among people in isolation. However, with early mental health interventions, anxiety may be prevented from becoming long-term posttraumatic stress disorder (PTSD). During a pandemic, while people are practicing social distancing, online mental health promotion could intervene and help alleviate the mental health burden. Ahmedani, Belville-Robertson, Hirsch, and Jurayj (2016) suggest that online wellness interventions, as an adjunct to standard care for depression and anxiety in primary care, are feasible, acceptable, and valuable. Wang et al. (2020) suggest that cognitive-behavioral therapy (CBT) interventions could be delivered online (Ahmedani et al., 2016; Wang et al., 2020).

Mental health promotion is known as the process of enabling people to increase control and improve their health and wellness; it seeks to promote people's psychosocial wellbeing and ability to cope with adversity (Min, Lee, & Lee, 2013). Additionally, Doyle et al. (2017) believe wellness aims to reach a balance and engage in healthy habits like exercise, sleep, nutrition, relationships, social contact, participation in meaningful activities, and avoiding self-destructive behaviors. This requires a person to be aware of the lifestyle choices available to them and the knowledge and the will to make the choices to improve mental health (Doyle et al., 2017; Min et al., 2013).

4.0. Modifying Risk Exposure

Mental health promotion strategies are based on modifying risk exposure and strengthening the coping mechanisms of the individual. Most preventive strategies integrate the strengthening of protective factors, reduce exposure to risk factors, and target accepted mechanisms such as cognitive strategies. Mental health promotion interventions are primarily done with the public or whole population to promote psychological wellbeing and strengthen abilities to adapt to adversity and build resilience (Arango, McDaid, Marin, Serrano-Drozdowskyj, Freedman, & Carpenter, 2018). Lifestyle modifications that seek to improve habits of nutrition, exercise and mindfulness practices have been shown to improve anxiety symptoms (Null & Pennesi, 2017). Cognitive distortions are thought as the leading cause of anxiety disorders, and cognitive behavioral therapy is known to help people identify and modify thinking patterns (Kaplan, Bae, Kim, Shin, Shin, Yoon, & Kim, 2017). Cognitive therapy teaches to identify, test, and alter distorted thinking. This project will educate participants on the latest evidence-based strategies that have proven to enhance psychological wellbeing through the practice of physical activity, mindfulness, sleep, social connectedness, and nutrition (Arango et al., 2018; Kaplan et al., 2017).

According to the Mental Health America (2020) organization, approximately 42.5 million US adults have an anxiety disorder, and anxiety disorders are among the most common mental illnesses in America. Onset is gradual and may manifest with physiological symptoms in what appears to be a somatic complaint. Anxiety disorders have been associated with heart disease, gastrointestinal, and pain disorders (Shelef, Dotan, Kaminsky, Kedem, Margulis, & Hassidim, 2016). Therefore, GAD is often unrecognized or misdiagnosed as a physical problem due to its various clinical presentations and occurrence with comorbid conditions. More recently, the American Psychiatric Association (APA) (2020) COVID-19 survey between March 18-19 showed that Americans are struggling with sleeping, there is increase intake of drugs/substances, family conflicts; and the concern is that stress and anxiety caused by the pandemic are affecting people's mental health. Anxiety is already a problem that needs to be addressed, all the more during a pandemic (Null & Pennesi, 2017; Shelef et al., 2016).

Asmundson & Taylor (2020) state that health beliefs influence misinterpretations of bodily sensations and changes about health and disease, influencing the person's decision on who or when to seek medical help. Some people may opt not to seek medical health in fear of getting infected by exposing themselves to a pathogen.

On the other hand, people may opt to seek medical care in various presentations by seeking help through different venues, including both clinics and emergency rooms simultaneously. These two options may determine the response or outcome of a public health decision, whether through vaccination, antiviral therapy, hygiene practices, and social distancing. Additionally, people with high anxiety may engage in maladaptive behaviors that include excessive hand washing, social withdrawal, and panic. It is noteworthy that mental disorders were the leading cause of health care spending in the United States in 2019, with an estimated cost of \$201 billion compared to heart conditions estimated at \$147 billion. The mental health expenditures were attributed to long-stay- institutions and mental health support services (McDaid, Park, & Wahlbeck, 2019). Cost-effectiveness and costs-savings of mental health promotion in Germany through telehealth appeared promising in interventions targeting depression (Buntrock, Berking, Smit, Lehr, Nobis, Riper, Cuijpers, & Ebert, 2017). Nonetheless, allocating funds that may ensure continuity of mental health promotion remains a challenge; Langdon et al. (2016) noted financial sustainability as one of the significant challenges in their community-based mental health promotion among Native Americans (Buntrock et al., 2017; McDaid et al., 2019).

4.1. Perceived Susceptibility

The current COVID-19 pandemic has placed a great deal of stress among people around the world. Amid the pandemic, Cao et al. (2020) observed the psychological impact of the COVID-19 among Chinese college students and found an increased association between COVID-19 related stressors and anxiety symptoms among Chinese students. The news showed people running to grocery stores, fighting for toilet paper, hand sanitizers, facemasks, and other items they considered essential. The annual Stress in America reported that Americans stated healthcare as one of the three main reasons for stress. The two leading significant causes of concern were cost and access to care (American Psychological Association, 2019). Everyday stressors include financial hardship, personal health concerns, and social problems. When these stressors are not addressed, they become chronic and provide the pathway for mental and physical health deterioration. Chronic stress is known to be part of the etiologies of anxiety and depression. Thus, it is essential to provide avenues of education that address stress reduction decreases the negative impact of anxiety and depression (Steffen, Austin, & DeBarros, 2016). The GAD-7 has been validated in primary care with a published sensitivity of 89% and specificity of 82 % (Rutter & Brown, 2017). It has also been widely utilized in general, psychiatric, and addictions treatments and across different language groups, including Hispanics (Asmundson & Taylor, 2020; Munoz-Navarro et al., 2017).

4.2. Perceived Barriers.

There appears to be the main barrier to completing online mental health promotion educational programs and activities as these increase in use. The rate of completion in online mental health promotion programs is reported as low, and it is essential to reinforce participation through face-to-face contact, web-based communication, or phone calls to increase the odds of program completion (Ahmedani, Belville-Robertson, Hirsch, & Jurayj, 2016). Furthermore, the study of Mak, Chan, Cheung, Lin, and Ngai (2015) reported the loss of almost half of the participants before their post-test but observed that those who completed their course improved their scores. The reported high attrition may be attributed to the lack of motivation, and reinforced interventions may answer. However, Renfrew, Morton, Morton, Hinze, Beamish, Przybylko, and Craig (2020) noted that the amount of human support does not influence primary prevention strategies. Therefore, one might conclude that, although the direct contact with participants through telehealth may be effective in reinforcing participation and completion of programs, it may not influence participant's outcomes. Among adults 50 years or older, reported barriers to include the lack of mental-health (e-health) awareness, interaction with technology, privacy, and confidentiality, commonly known barriers among young people (Pywell, Vijaykumar, Dodd & Coventry, 2019; Renfrew et al., 2020).

4.3. Perceived Benefits.

Previous studies have attempted to address mental health interventions via telehealth. Telehealth may include using technology to communicate with patients and providers regarding health care delivery, monitoring, and or education (Rutledge et al., 2017). It is essential to observe the different strategies utilized for mental health care through telehealth. Online educational modules, chats, email communications are some of the strategies utilized to deliver mental health promotion programs. Online interventions have been utilized with participants of different ages from adolescence to adulthood and have been shown to decrease the severity of anxiety (Mak et al., 2015; Ahmedani et al., 2016). These interventions incorporated the utilization of cognitive behavior therapy education and practice through gaming, blogging, and lifestyle modification strategies. Other perceived reported benefits include symptom improvement, cost, and ease to use (Mak et al., 2015; McCall et al., 2019).

4.3.1. Exercise

Physical activity is the bodily movement produced by the skeletal muscles, which utilizes energy (Mikkelsen, Stojanovska, Polenakovic, Bosevski, & Apostolopoulos, 2017). It is described as the planned, structure, and repetitive activities meant to improve or maintain physical fitness. Physical fitness is divided into two; health-related fitness includes cardiorespiratory, muscular endurance, flexibility, and skill-related fitness that incorporates agility, balance, coordination, speed, power, and reaction time. Both types of physical fitness have been shown to improve mental health. Physical activity is said to bring out negative thinking (Wang et al., 2019). It is obvious that physical activity is beneficial for mental health as it influences the physiological and psychological processes in the body (Wang et al., 2019). The physical recommendation for physical activities includes the incorporation of moderate-intensity exercise for 150-300 minutes per week and muscle-strengthening exercise two to three times a week (Yang, 2019). The WILD 5-Wellness KickStart30 reinforces the principles of Frequency, Intensity, and Duration (FID) and encourages participants to exercise seven days a week for thirty minutes a day (Jain, Jain, & Burns, 2019, p.14). Therefore, participants were encouraged to exercise daily (Mikkelsen et al., 2017; Yang, 2019).

4.3.2. Mindfulness

Mindfulness is known as systematic training to develop sustained attention and awareness to gain insight from direct experiences (Mak et al., 2015). It is an inexpensive yet effective method and does not have side effects. It is a self-regulated act that attempts to focus attention in the present moment with curiosity, openness, and acceptance. It helps individuals to calm and develop the mind's ability to experience negative emotions without becoming overly distressed by the experience (Steffen et al., 2017). Mindfulness may be practiced through exercises such as meditation, body scan, stretching exercises, or walking or eating. Mindfulness has been shown to improve anxiety disorders among adults in clinical settings and via internet delivery (Mak et al., 2015; Song & Lingquist, 2015; Steffen et al., 2017; Joyce, Shand, Bryant, Lal, & Harvey, 2018). The WILD 5-Wellness KickStart30 program encourages participants to practice ten minutes of guided mediation through the practices that encourage deep breathing, gratitude, and happiness meditation, among others. Therefore, participants were encouraged to practice 10 minutes of mindfulness daily (Jain et al., 2019; Steffen et al., 2017).

4.3.3. Sleep

Sleep disturbances are among the common denominators among patients with anxiety-related disorders (Cox, Sterba, Cole, Upender, & Olatunji, 2018). Results from experimental studies have shown that total sleep deprivation and partial sleep restriction result in increased anxiety. The link between decreased total sleep times is a good predictor of subsequent anxiety; particularly if a person gets less sleep in any given night, anxiety increases the next day (Cox et al., 2018). Sleep hygiene practices refer to the actions that take place before sleep. These practices include avoiding all electronic devices 90 minutes before sleep, reading upbeat literature, avoid napping during the day, eliminate ambient light, take a warm bath, establish a set regular bedtime every day, and avoid caffeine for at least ten hours before sleep (Jain et al., 2019). Research has observed that sleep hygiene may improve sleep patterns and mental health (Mastin, Kennedy, & Peszka, 2018; Peach, Gaultney, & Gray, 2016; Briguglio, Vitale, Galentino, Banfi, Dina, Bona, Panzica, Porta, Dell'Osso, & Glick, 2020). The WILD 5-Wellness KickStart30 encourages participants to practice four out the six discussed sleep hygiene practices which include avoiding electronic devices, avoiding napping during the day, eliminating ambient light, enjoying a warm bath, establishing a regular bedtime, and avoiding caffeinated drinks ten hours before bedtime (Jain et al., 2019, p. 23). Therefore, participants were encouraged to implement four out of the six hygiene practices daily (Briguglio et al., 2020; Cox et al., 2018).

4.3.4. Social Connectedness

Social connectedness has been shown to protect and promote mental health; people who socialize tend to live longer, with fewer health problems, and are happier (Perkins, Subramanian, & Christakis, 2015). Furthermore, Jain, Jain, & Burns (2019) explain the difference between macro socialization and micro socialization practices and how these may be practiced. Macro socialization relates to the activities that involve large groups and activities over long periods, even years. Micro socialization refers to more casual and small talk with strangers or acquaintances and is brief. The WILD 5-Wellness KickStart30 encourages participants to call or meet two friends or family members every day for thirty days. Therefore, participants were encouraged to call a minimum of two friends or family members daily (Jain, Jain, & Burns 2019; Perkins, Subramanian, & Christakis, 2015).

4.3.5. Nutrition

The connection between healthy eating or good nutrition and mental health wellness has been established, and it is known as a critical modifiable intervention target for prevention or incidence of common mental health problems (Raju, 2017). Studies have shown how nutrients may impact brain function and mental health. However, there must be a balance in nutrient supply for proper brain function and mental health wellness (Salari-Moghaddam, Keshteli, Mousavi, Afshar, Esmailzadeh, & Adibi, 2019). The seven-day food diary is a method used for objective analysis of dietary practices, and it is said to provide a more conscious awareness of the nutritional value of what is eaten (Briguglio et al., 2016; Jain et al., 2019). The ideal would be to provide a personalized diet; however, for general interventions among the adult population, the Mediterranean diet is recognized as one of the most balanced and healthiest. This is due to various vegetables, fruits, whole grains, legumes, dairy, lean meat, and nuts, among others (Briguglio et al., 2016; Raju, 2017).

The main known nutritional components beneficial for mental health are omega-3 fatty acids, phospholipids, cholesterol, niacin, folate, vitamin B6, and vitamin B12 (Lim, Kim, Kim, Lee, Choi, & Yang, 2016). The WILD 5-Wellness KickStart30 program incorporates the MIND or Mediterranean diet and encourages the daily intake of green leafy vegetables (i.e., cabbage, greens, lettuce), other vegetables (i.e., green/red peppers, raw carrot, potato, peas, lima beans, tomatoes, eggplant, onion, cucumber), berries, walnuts, whole grains, fish, legumes (i.e., lentils, beans), and embrace meat-free meals (Jain et al., 2019; Salari-Moghaddam et al., 2019). Participants were encouraged to include components of the MIND diet and keep a daily log of their food intake through a written log or my fitness pal application (Lim et al., 2016; Salari-Moghaddam et al., 2019).

5.0. Cues to Action.

Though online mental health interventions are accessible, cost-effective, easy to use, and have improved anxiety among participants, attrition rates in similar studies have been around 50% (Rolin, Fox, Jain, Cole, Tran, & Jain, 2019). Cues to action strategies that will stimulate participants to act include reminders, experience, and personalized persuasive communication (Langley, Wootton, & Grieve, 2018). In order to reduce attrition and improve participation, the cues to action were delivered daily through survey monkey email notifications for self-reporting participation. Participants were able to answer a noticeably short survey in which they answered if they had not practiced the prescribed activities from the five elements (Langley, Wootton, & Grieve, 2018; Rolin et al., 2019).

6.0. Implications for Practice

This project is significant as it addresses the need to improve clinical social work practitioner education and training with curriculums that integrate telehealth to provide care that is easy to access, cost-effective, and of excellent quality. Despite the evidence, telehealth education integration continues to be a challenge. Telehealth within the psychiatric domain has been utilized, and some studies report this practice to be effective and with high patient satisfaction scores as face-to-face care when treating with medications and specific psychotherapies (Tyson, Brammer, & McIntosh, 2019).

According to Rutledge et al. (2017) and Tyson, Brammer, & McIntosh (2019) report, very few social workers practitioner schools provide telehealth training; and though a great majority of faculty members expressed their need for telehealth education integration, the literature is scant. Barriers identified include the cost of telehealth programs, the inability to transfer human factors of empathy, and telehealth etiquette (Rutledge et al., 2017). Among the most common challenges include the availability of experienced preceptors, telehealth laws and reimbursement policies, the state-based licensure system that does not allow a clinician to practice in all states, malpractice insurance coverage, software cost, and overall funding costs (Tyson, Brammer, & McIntosh, 2019).

6.1. Telehealth in Clinical Social Work Practice

As leaders in the clinical field, Clinical Social Work practitioners continue to innovate and create the necessary bridges to increase access and decrease cost as they continue to provide evidence-based quality care (Chapman, Phoenix, Hahn, & Strod, 2018). However, the obstacles to the educational settings translate to the practice settings as well. Many social workers are unable to direct care or have full practice status at the national level. In the area of mental health, primary mental health social workers (PMHNP) report not having a clear job description, inadequate employee benefits, and the inability to get the required physician supervision to provide psychiatric care, which significantly impacts the attraction of social workers who want to specialize in primary psychiatric care (Chapman et al., 2018; Rutledge et al., 2017).

Clinical Social Work practitioners are central to delivering and coordinating mental health care in primary care (Poghosyan et al., 2019). This project incorporates an online approach to prescribed wellness practices that are self-managing. These wellness practices are scientifically based and have been shown to improve mental wellbeing. Therefore, implementing this approach to assist patients with their mental health may be easily incorporated into the primary clinical setting through technology and be integrated and monitored as a treatment approach to anxiety in primary care (Poghosyan et al., 2019; Renfrew et al., 2020).

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