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Communication and social inactivity during COVID-19 lockdown in Hong Kong: Psychosocial implications to individuals with aphasia, their primary carers, and healthy adults

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Communication and social inactivity during COVID-19 lockdown in Hong Kong: Psychosocial implications to individuals with aphasia, their primary carers, and healthy adults

Rodgers, Varley, Khatoonabadi, and Javadi (2021) have recently described physical inactivity during COVID-19 lockdown and its subsequent implications for incidence of stroke and rehabilitation. According to Worrall and Foster (2020), about 30% of stroke survivors demonstrate varying degrees of the long-lasting communication disabilities of aphasia, which can impair the understanding and expression of language, including reading and writing. Other neurological conditions, such as dementia or traumatic brain injury, may also lead to aphasia (Kong, 2016). A recent publication by Kong (2021) summarized the significant knowledge gaps on the short and long term impacts of COVID-19 on people with aphasia (PWAs) and their caregivers. With reference to the reshaped rehabilitation service plan to advocate for people facing disabilities (Khoo, Jesudason, & FitzGerald, 2021) and some pilot findings from an ongoing survey investigation in Hong Kong about PWAs' perspectives on the pandemic (Kong, Lau, Chai, Chan, & Sum, 2020)¹, we would like to expand on Rodgers et al. (2021) and highlight the social inactivity and communication challenges posed to PWAs and non-PWAs during lockdown.

Hong Kong is among the first cities worldwide affected by COVID-19, with the first case confirmed on January 23, 2020 (Hong Kong SAR Government, 2020), seven weeks before World Health Organization (WHO, 2020) declared a pandemic on March 11, 2020. The fourth wave of COVID infections broke out in November 2020 (Hong Kong Centre for Health Protection, 2021; Leung, 2020); this was followed by identification of the new and more contagious coronavirus strain from Britain (Siu,

Cheng, & Cheung, 2020). As of February 2021 (i.e., more than one year since the onset of the outbreak), the Hong Kong SAR Government has been enforcing different social distancing restrictions and strict banning of public gatherings to control COVID-19 spread in Hong Kong; the only exemptions to gatherings in public were those with purposes of performing governmental functions or transportation, or for groups at work and healthcare facilities. Unlike most cities in western countries, the ordinary living conditions and population density in Hong Kong have made social distancing particularly challenging and stressful. Subsequently, these public health measures have made it hard for PWAs to maintain daily routines, activities, and communication, as well as to receive traditional therapeutic services.

The current population of Hong Kong is 7.5 million. According to The Hong Kong Census and Statistics Department (2015), there is an estimated total of 578,600 people with disabilities (about 7.7% of the population) and the majority of them (>70%) are aged 60 and over. As a fast aging society, at least 18.3% of the current population, i.e., approximately 1.38 million people, are suffering from one or more chronic diseases. Annually, Hong Kong has about 7,600 new cases of stroke-induced aphasia (Kong, 2018), on top of PWAs of other etiologies. To the best of our knowledge, it was only until very recently we reported the first survey study in the Aphasiology literature that had examined the adverse influences of social distancing on PWAs' mental health and psychosocial well-being (Kong et al., 2020). In particular, a questionnaire was constructed by incorporating questions related to participants' (1) demographic information, (2) knowledge about COVID-19, (3) communication and community engagement before and after the outbreak, (4) psychological well-being across six dimensions of positive functioning – autonomy, environmental mastery, personal growth, purpose in life, positive relations with others, and self-acceptance (Ryff, 1989),

(5) self-ratings on perceived degree of anxiety, depression, and stress, and (6) expectations after the outbreak. There were three participant groups, including 43 PWAs (13 mild, 14 moderate, 16 severe level of aphasia) recruited from major community support groups and university speech therapy clinics in Hong Kong and 88 healthy controls (including primary carers of 25 PWAs and 63 language-unimpaired adults in Hong Kong). Preliminary results based on audio/video interviews conducted between April and June 2020² identified the following:

- (1) All three participant groups (i.e., PWAs, primary carers, and language-unimpaired adults) experienced abrupt changes in their communication and social engagement patterns, as reflected by a significant decreased amount of time spent outdoors, primarily to conduct essential activities only.
- (2) PWAs' self-rated psychological well-being, in the dimension of environmental mastery, were poorer than carers and unimpaired individuals. PWAs in Hong Kong reported huge limitations in controlling life activities and difficulties in participating into social (leisure) activities, which are socially and cognitively stimulating.
- (3) More than one-third of PWAs experienced some degree of negative emotions, mainly induced by the uncertainty about the pandemic and their own difficulties to adhere to the ever-changing social distancing orders or recommendations.
- (4) PWAs and their carers, as aphasia service receivers, expressed concerns about the lack of sustained rehabilitation services and loss of pre-COVID social engagement opportunities in Hong Kong that were critical for maintaining PWAs' communication and mental health.
- (5) The majority of unimpaired individuals felt anxious and depressed, and many carers indicated a feeling of stress and pressure. These negative emotions were

contributed by both groups' worries of contracting the virus and the instable economic prospect.

- (6) At least two-thirds of the PWAs stated difficulties in receiving and understanding pandemic-related information. Currently, information that is aphasia-friendly is predominantly written in English and is only available on the online platform (e.g., from websites of aphasia support groups or clinics; Aphasia Center of California, 2019). However, since the main channel for the PWAs in Hong Kong to receive up-to-date information about COVID-19 was self-reported to be through television, which is usually not aphasia-friendly, it created a mismatch between the needs of PWAs and accessibility to COVID-19 information.

In short, the pilot results of this ongoing survey study revealed the social isolation among PWAs in Hong Kong and their limited opportunities to social activities. Similarly, carers and other healthy controls were emotionally and psychosocially impacted.

How the coronavirus pandemic may play out is still hard to imagine because of its evolving nature. For example, how soon PWAs can get vaccinated to allow a gradual return to normalcy is still being planned out; whether it is suitable and safe for PWAs with pre-existing medical conditions to receive vaccinations is also unclear. Currently, little is known about how decreased (or, in most cases, suspended) face-to-face social engagement and/or rehabilitation training under social distancing orders may pose a threat to PWAs' language and communication abilities. In other words, the immediate and long term effects of COVID-19 on PWAs' regression of language skills should be further investigated. In fact, comparable studies focusing on other related neurogenic populations (such as dementia; Giebel et al., 2020, or traumatic brain injury; Pinggera,

Klein, Thomé, & Grassner, 2020) are equally scarce at present. We believe that continuing to keep PWAs social in this time of COVID, even remotely, is crucial to eliminate feelings of isolation and maintain communication skills (see, for example, suggestions from National Aphasia Association, 2020). Given that rehabilitative services to chronic PWA in Hong Kong have been reported to be fall short of international standards in the pre-COVID era (Kong, 2011), one may worry such a limitation to adequately address PWAs' communication needs would become more problematic during the pandemic. In the United States, some online group sessions to help PWAs stay connected have been made available since Spring 2020; they include Zoom and Facebook sessions (Voices of Hope, 2020) or Aphasia café video chats (National Aphasia Association, 2020). Additional online resources that PWAs and family members can use to implement home-based activities (e.g., University of Nebraska–Lincoln, 2020) are also offered in English. However, comparable online programs to engage PWAs in Hong Kong and resources for social interaction that are provided in Chinese are currently significantly lacking. Equally important is for clinicians to be sensitive to caregivers' confrontation with the daily social isolation, on top of their dealing with the uncertainty of their own physical and emotional well-being as well as the care they offer to PWAs at the same time.

Finally, acknowledging the disparities and inequalities in health services among PWAs, particularly (but not limited to) those in Hong Kong, the feasibility and effectiveness of remote aphasia services (e.g., telepractice; Weidner & Lowman, 2020) as we are navigating the pandemic remains under-explored. The barriers to remote participation experienced by individuals with severe aphasia or PWAs with little or no digital knowledge, skills, and support may become more apparent. Fong, Tsai, and Yiu (2021) recently reported that only approximately a third of speech-language

pathologists in Hong Kong had transitioned to telepractice amid the COVID-19 pandemic; and close to three-quarters of these clinicians (72.3%) indicated they were very limited in terms of skills and knowledge about this therapy mode, with fewer than three months of hands-on implementation experience. As a result, almost half of them felt a lower degree of effectiveness (and beneficial effects to their clients) than conventional face-to-face sessions. Concerning the clinical populations served through telepractice, Fong et al. further emphasized the imbalance proportion of service delivery in Hong Kong: only 23.4% of the clients with aphasia or cognitive communication disorders received remote intervention over videoconferencing or through telephone; this percentage is much lower than clients with developmental language (53.2%) or speech sound (46.8%) disorders. Most clinicians in different settings (e.g., hospitals, nursing homes, university clinics, community speech therapy clinics or support groups, etc.) are now in need of evidence-based practical guidelines and protocols to remotely manage their caseloads of PWAs.

In conclusion, this paper calls attention to the issues that not only PWAs but also all persons with disabilities are facing in this time of COVID-19. At present, very little information is available regarding virtual aphasia services in Hong Kong (and other parts of Asia where there is a huge population with apparent need for services). We continue to learn more about the price of reacting too slowly, and urge that rehabilitation pathways for PWAs should still be prioritized in the COVID-era. This will facilitate PWAs to engage in telepractice and/or carefully controlled in-person avenues for social and therapeutic interactions. This is also particularly critical because the inequitable situation of aphasia services in Hong Kong pre-COVID might have been worsened by this pandemic. Consideration needs to be made for PWAs (and their carers) during the pandemic not only for empowering social support and interactions,

but also for availability of aphasia-friendly materials to inform about COVID-19 restrictions, dangers, as well as prospects for treatment. Much clinical and research work is still required for clinicians to address health inequalities in the aphasic population. We encourage researchers from different parts of the world, especially developing and undeveloped countries, to explore and share current service delivery to PWAs and corresponding strategic plans to enhance clinical practices in this unprecedented difficult time.

Endnotes:

1. The project has been approved by the Human Subjects Ethics Sub-committee (HSESC) of The Hong Kong Polytechnic University (HSESC Reference Number: HSEARS20200316002).
2. Additional interviews involving the three participant groups are being conducted. Longitudinal examinations of PWAs' coping with the pandemic, and investigations of the lived experience of COVID-19 among PWAs in Hong Kong and their caregivers are underway.

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