

Public Mental Health and COVID-19: a compassion based approach to recovery and resilience

Simon Beard, Kate Brierton, Paul Gilbert and Fellicia Huppert - for the Association of Liberal Democrat Engineers and Scientists¹



Summary of key points

- The mental health impacts of COVID-19 are expected to be very significant and could be the single greatest health burden caused by this pandemic in the long term. However, at present they are not being assessed at the population level, while not enough is being done to study these impacts and how to respond to them. **As with other aspects of this pandemic, we cannot address the mental health impacts of COVID-19 without better data and more research.**
- By focusing on people's natural caring and soothing emotions, and developing a compassionate self to intermediate between perceived threats and responses, **compassion focused approaches to public mental health show significant promise as interventions to tackle mental health disorders and enhance mental health and wellbeing** during and following the COVID-19 pandemic.
- **Pro-social attitudes, economic equality and empowerment are crucial to ensuring societies bounce back after disasters**, while a sense of attachment to what has been lost and threat from how much has changed make communities less resilient. Policies and rhetoric, that inspire compassion as the social change process and 'move forward' that many wish to see, can serve more than a purely clinical purpose and offer a framework for guiding major social and political change.
- Compassionate approaches to cultivate mental health in response to COVID-19 need to begin with a recognition that people will have many different emotional responses to this crisis, all of which are valid. Even when people experience unusual symptoms, such as flashbacks, shift of anxiety, or sleep difficulties for a while, these may not represent a mental disorder, but rather constitute normal responses to an abnormal, high stress, situation. **People in the public eye should avoid suggesting that everyone 'ought' to be damaged or traumatised by their experiences, while directing attention to people's courage and acknowledging opportunities for transformation and growth.**
- As well as impacting on individuals mental health, **COVID-19 is also negatively affecting the services available to those with mental health needs in numerous complex and overlapping ways.** The government will need to increase the resources available to this already stretched sector, but must also look at supporting interventions of the right kind for the specific needs of people affected by COVID-19.
- Children and young people are especially vulnerable to negative mental health impacts from COVID-19 due to many factors: living with stressed, frustrated, angry, anxious, or withdrawn parents; missing peer group relationships; and disruption to their educational. **Families, schools, and mental health services all have a responsibility to address these challenges.** Enhanced stress from the pressure to perform academically also needs to be considered, especially for those coming up to examinations.
- Mental Health is not simply a matter of treating mental disorders. **Encouraging a genuine and robust compassionate response to COVID-19 also requires ambitious and creative thinking in response to many social and economic problems.** These include developing proposals for a Universal Basic Income; supporting businesses and other organizations adapting to serve social needs; and rethinking our approach to many aspects of social policy in a post COVID-19 world.

¹ Dr Simon Beard is Academic Programme Manager at the Centre for the Study of Existential Risk at the University of Cambridge; Kate Brierton is a chartered clinical psychologist; Professor Paul Gilbert is president of the Compassionate Mind Foundation and professor of Psychology at the University of Derby; and Professor Felicia Huppert is director of the Well-being Institute at the University of Cambridge and Professor Emeritus in the Institute of Positive Psychology and Education at Australian Catholic University.

1. The scale of the current mental health crisis

It is useful to distinguish the terms 'mental disorders', associated with people's impaired functioning, negative experiences and distress, 'mental health', people's psychological ability to realize aspirations, satisfy needs, and change or cope with their environment, and 'well-being', the presence of positive psychological states and feelings about one's life. These terms are often confused or misapplied; however, they are quite distinct and refer to different factors that are all vitally important, not only to people's enjoyment of life but to society as a whole. Our primary concern in this briefing is with people's mental health, and in particular with public mental health – ways of promoting mental health through the organised efforts and informed choices of society, public and private organisations, communities and individuals.ⁱ

At present, it is almost impossible to assess the scale and nature of the mental health impacts from COVID-19 and their personal, economic and social costs, not least because mental health, as opposed to wellbeing or disorders, is seldom measured or assessed at the population level, although it would be perfectly possible to do so.ⁱⁱ Nevertheless, both the pandemic and our public response to it are clearly already having profound effects on people's mental health, though there is as yet no coherent research program to help us understand the forms and prevalence of these impacts. This is a completely new context for humans since, while global pandemics are nothing new, the public health policies being implemented to save lives are unprecedented in their severity, to the point of completely changing people's way of life.

We anticipate that COVID-19 will negatively impact people's mental health across many different domains:

- The grieving process for lost friends and family, especially where end of life contact, saying goodbye and even attending funerals has been interrupted by the conditions of lockdown. For some people, these will leave very distressing memories
- Lost opportunities experienced, particularly by younger people facing severe curtailment to social engagement and career prospects. This runs counter to human beings' biological imperative to be highly social, making lockdown an extremely abnormal environment. Loneliness can impact seriously on physical and mental health.ⁱⁱⁱ
- The neglect of serious health conditions, both mental and physical, due to treatments not being available or fear of seeking medical assistance. Under normal circumstances, around 17% of the population will have a diagnosable mental health disorder^{iv} while many more have problems that are sub clinical. Some individual therapies have gone online, but we don't know how effective they are and there has been a major increase in the use of antidepressants, substance misuse and gambling.
- Relationships have been seriously disrupted. The ONS reports that 21% of adults say their relationships are being affected, with partners or spouses causing the most concern.^v
- The consequences of large-scale continuing unemployment and business failure. This can be expected to affect both individuals mental health and social styles of relating. At present, around 40% of adults are worried about the effect of COVID-19 on their work, while 23% are worried about its effect on their household finances according to the ONS.^{iv}
- There is considerable concern that the people who will be most deeply affected and unable to protect themselves from the economic downturn. Individuals in already low paid and precarious employment are more likely to live in cramped and poor conditions that, in themselves, cause mental and physical health difficulties and are also less able to advocate for their interests in public life. Over the last 10 years, government policy has been very harmful to these groups, to the extent that the UN rapporteur on Extreme poverty recently highlighted as directly contributing to the severity of the COVID-19 outbreak.^{vi}

The ONS reports that 48% of adults feel their well-being has been affected by COVID-19, with evidence of a continuing upward trend, while 31% of those whose well-being has been affected said it was making their mental health worse, again with evidence that this is increasing. 3 in 4 (75%) of those who said their well-being was being affected said they were feeling worried about the future; with over 6 in 10 (63%) feeling stressed or anxious, over half (53%) feeling bored; and 43% saying that not being able to exercise as normal was impacting their well-being. 37% of adults report a high level of anxiety.

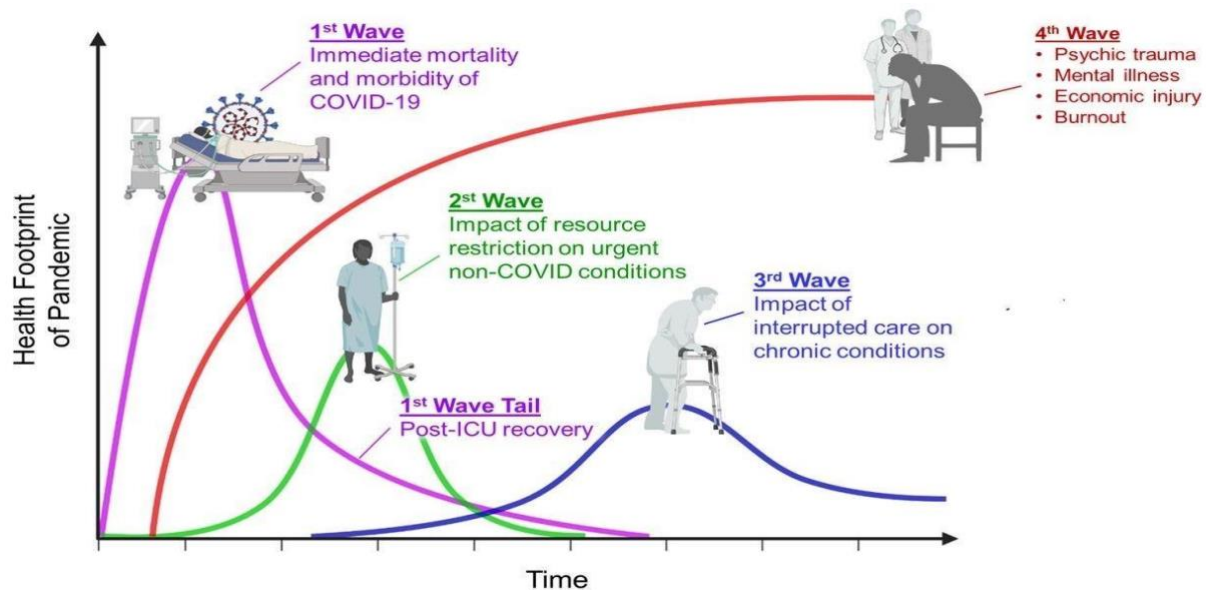
The uncertainty, loss of control and isolation brought about by the pandemic can have profound effects on anyone, while the conditions of lockdown can trigger a sense of entrapment that studies have shown to be linked to anxiety, depression, loneliness and suicide. Groups who are especially vulnerable to adverse mental health impacts will likely include:

- Young people who are having their education disrupted and are facing uncertain futures
- People who are required to work in high risk environments and feel trapped or disempowered, especially where they are isolated or have caring responsibilities
- People for whom lockdown is not safe, e.g. because of abuse, care needs, homelessness or isolation
- Small businesses that require ongoing capital flows to maintain themselves.
- People facing unemployment who will need to re-enter the workforce at a time of significant recession
- People who have been directly affected by the pandemic, such as being hospitalized, in fear for their lives, left with lasting physical effects from the illness, or bereaved.

Even if mental health services were adequately resourced, there is no way that clinical provision could stretch to meet the needs of all these groups, which are likely to include a sizable portion of the entire population.

Nevertheless, it is important to note that people are responding to the pandemic in many different ways, and it would be wrong to invalidate the experiences of those who are finding positive aspects in the crisis, such as slowing down, time for reflection, reconnection with local communities, exploration of local environments, or giving and receiving care. Some have even felt empowered to make changes they previously saw as impossible. People are especially likely to have experienced positive impacts from the pandemic if they are middle class, have been able to get involved in community projects, taken up hobbies and used technology to keep in touch. Such experiences are a common response to disasters and are no less valid than those of trauma or distress.^{vii}

At present, public attention and academic research are focusing on managing short term, acute mental health difficulties. While this is very important, we also need to address the inevitable long term consequences for mental health, which could produce the single greatest health burden from this pandemic, as the following diagram suggests:



The Health Footprint of the COVID-19 Pandemic, created by Dr Victor Tseng (Pulmonary & Critical Care Physician)

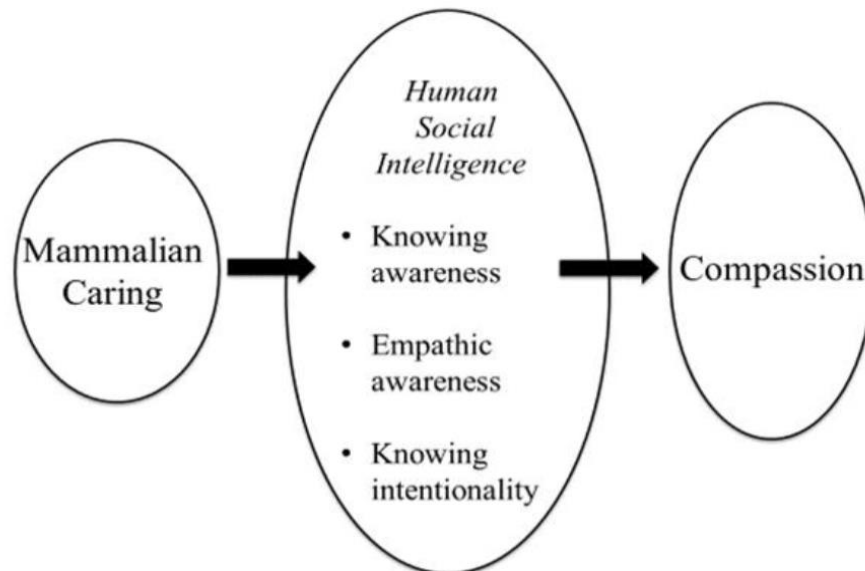
The government needs to monitor mental health at the population level, alongside existing measures of wellbeing and the prevalence of mental disorders, and to keep track of this as the situation develops. As we have seen with other aspects of this pandemic, a lack of data can have disastrous consequences.

The government needs to urgently partner with universities, charities and mental health professionals to support research into the long-term mental health impacts of COVID-19 and the best ways of responding to them.

2. The psychological nature of compassion

There are various ways of helping people to become regulate how their minds can accentuate or attenuate suffering. One common problem for people with mental health difficulties is that they tend to focus on things that are upsetting and worrying, ruminate on them and keep stuck in unhelpful states of mind. Helping people to notice and to switch out of these ruminative cycles is common to many therapies. A first step is to help people to notice and to be aware of what is going on in one's mind as it's happening. This is known as mindfulness. It involves learning to pay attention to what is happening in our minds, without judging or fighting it, so that we can discern the most helpful way of working on, and with, distress or difficulty. To then go on and try to engage with our mental difficulties, suffering, and despair and try to work out how to deal with them wisely, is to engage with our compassion.

Compassion is rooted in the motivation to be caring. This is important because this motivation has been wired into our mammalian bodies and brains over millions of years. For example, mothers of many species evolved to pay attention to the needs and suffering of their infants and to spring into action when called on to feed them them, keep them warm, protect them from danger and so on. However, while many animals are caring, this is not compassion. Over the last few million years, humans evolved an extraordinary array of cognitive competencies that allow us to think in terms of the consequences of our actions; develop a sense of self; and most importantly have a sense of *knowing intentionality*. this knowingness and mindful awareness of what we're doing and why we're doing it is crucial to compassion. It is also the basis of wisdom; how to work out the best ways to address suffering now and in the future. This evolution is illustrated in the following diagram:



Caring, human social intelligence and compassion, created by Professor Paul Gilbert

Compassion is thus a motive (not an emotion). It is formed of two components. The first is paying attention, noticing, attending to and addressing suffering, in self and others, while the second is a commitment to take action in response to this awareness, as well as being prepared to spend time developing the wisdom to know what to do. Compassion thus requires courage, to engage with what is difficult or upsetting, and wisdom, to work out what is the most helpful thing to do - rather than the impulsive thing to do.^{viii}

Compassion is not one thing, it will take different forms according to what is required in a particular situation. For instance, we have seen many forms of compassion in response to the COVID-19 pandemic, such as:

- the courage and wisdom of medical teams who are not simply being ‘kind’ or ‘heroic’; but are often far from a calm state of mind while remaining focused on the compassionate intention to do what is best for their patients
- therapists who reach out to those who are grieving or in distress, either professionally or personally, while sharing the sadness and the pain of that moment
- volunteers, who are knowingly increasing their own level of risk in order to be helpful to others.
- the self-compassion of ordinary people in being sensitive to their own suffering, and rather than getting lost in fear, anger or self-criticism, find the wisdom to support, encourage and befriend ourselves

These are all examples where people behave according to the compassionate motive, and they show how doing so can have a massive impact on other people and ourselves. Compassion stimulates different brain processes to fear, competitiveness, anger or self-focus and there is good evidence that it also stimulates physiological systems that increase our wellbeing and sense of meaning.^{ix}

There is also flow to compassion. There is the compassion that we can have for others; our ability to be sensitive to their pain and suffering and to call on our wisdom or training to work out how to be helpful. However, there is also compassion in opening our hearts and realising that people are there trying to be sensitive to our suffering and doing their best to wisely help us when we struggle. This makes us feel more secure. The last few weeks have shown just how much communities can help one another, and this experience has made many people realise that we cannot go back to the neoliberal past; which stunted this potential and focused on preserving an atomised society of social injustices. We need to create communities that facilitate mutual caring and support for one another. This is probably one of the greatest challenges for the future of politics, as it will involve revisiting how we organise and pay for our services, how we create support systems for all, our taxation system, and even our legal system. However, it could leave us not only better off in terms of our mental health and wellbeing, but also more resilient to future crises.

Compassion as a tool for public mental health

While there are many ways of reducing the scale and severity of negative mental health impacts from COVID-19, a growing number of psychologists are working on approaches that focus on increasing levels of mindfulness and compassion, including self-compassion, to help people regulate their emotions and create communities of care and support. We believe that these hold particular promise for this context.

Whenever we face a crisis, the way we orientate our mind to it can have major effects on how we respond. For example, we can be swept along in fear or anger, can feel overwhelmed, or can focus on our own responsibilities while accepting that we will be affected by many things outside of our control. One thing that we know helps people to find courage and wisdom in the face of disaster is to engage with the sources of their suffering. Being lost to fear or anger (while very understandable) can actually make us feel worse. When we ruminate or get stuck in these emotions they have very powerful and negative impacts on our bodies, including our immune system, cardiovascular system and autonomic nervous system.^x So helping people to become aware of how their minds are working and how mental states can help or make things worse, is very important.

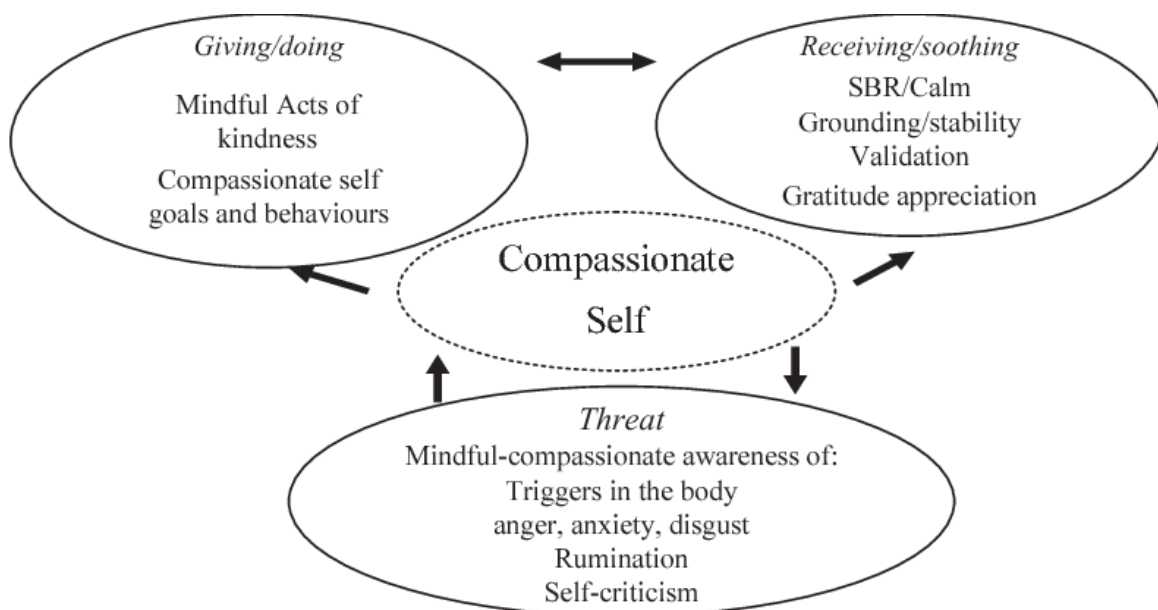
One aspect of this approach is helping people to place their emotions into an evolutionary context. Roughly speaking, we have three types of system for regulating emotions that have evolved to help us with different challenges and stimulate us in different ways. One is a *threat system*, which enables us to detect threats and mobilised our body for defensive actions such as fight or flight. Another is based on emotions of pleasure or excitement and stimulates our bodies to go out and achieve things, such as finding food or having children and so on. This is known as the *drive* system. A third system is linked to balancing these other two and allows the body to slow down and engage in rest and digest. This is sometimes referred to as the *soothing* system because of its capacity to down regulate the over arousal of threat and drive. Whenever we get information that we are safe this stimulates the soothing system and down regulates the threat system.

All three systems are useful and important, but people feel distress when they become unbalanced. Many have recognised that western societies are already overstimulating people’s threat and drive systems, partly because of the demands on us, unrealistic expectations and ambitions, easy of feeling frustrated, time pressures, and because we don’t create enough downtime to allow the body to settle.

COVID-19 is a powerful stimulus to people’s threat system, while simultaneously disrupting many of the behaviours associated with their drive system. Many of our drive emotions, excitements, and everyday pleasures, such as being with friends, going to restaurants, or being together at work cannot now happen. For some, greater involvement in family life and community support, together with a slower pace of life, are offering opportunities to develop our soothing system more at the present time. However, for others, lockdown is a very isolating experience, further toning down this system.

Some of the most powerful things that can stimulate the soothing system are signals of care, support, friendship, and kindness. This is easily observed in individuals who come into hospital frightened, but can be calmed down by the hand holding of a friendly nurse with a reassuring supportive manner. Over evolutionary time, the experience of helpful others has had powerful impacts on the regulation of threats and drives. This is why it is so important for us to focus on the way in which we can stimulate each other’s sense of safety and soothing through communication of pro-social and friendly signals and behaviours. This is another factor that makes the COVID-19 pandemic so pernicious for people’s mental health, because it stops us from having close physical contact with others. While wearing face masks may help people feel safe and could stop the spread of the virus (although this remains uncertain), they disrupt important ways in which we communicate a sense of friendliness to each other – no one can see your smile behind a mask. Compassion focused approaches to mental health and wellbeing offer opportunities to address these imbalances, empowering individuals to tune into and regulate their emotions. In addition to recognise how important it is to form more closely knit, supportive communities where we can feel safe, protected and cared for.

Another key aspect of these approaches is the development of the compassionate self, which can intermediate between perceived threats and our reactions to them. There are many ways of doing this, one way is to use acting techniques where we create a vision in our mind of a compassionate character and try and imagine how they would think, what their values and motives would be, and how they would behave in a certain context. When we have a clear vision in mind, then we imagine ourselves becoming more like that. We create an image of ourselves at our compassionate past, which allows us to see that our anxious mind or angry mind will think and behave quite differently to a compassionate mind; just like an angry or anxious character in a movie will behave very differently to a compassionate character. In the diagram below, you can see how, following a compassion motivate, we can directly work on our threat system. We can be activated to get out and about and do things and can also practise the importance of grounding by slowly settling the body in the mind. This can help us with bringing our emotional systems into balance and so to regulate our bodies and minds.



The Compassionate self as an inner organizing process, created by Professor Paul Gilbert

When the motive of compassion is activated, individuals can respond to threats not as triggers for panic, anxiety, anger or disgust, but by mindfully reflecting on how they would like to deal with the situation from a compassionate orientation. One aspect of this can be trying to slow the body by using breathing exercises and visualisations that are aimed at stimulating physical aspects of their soothing system that are linked to the parasympathetic nervous system. This helps to regulate sympathetic arousal. These exercises are easily taught and could be made available to everybody. Simply sitting or standing with one's shoulders up and back while opening the chest breathing slower and deeper than normal can be all that is required to stimulate a change in thinking. With this breathing, people focus on the sensation of the body and mind slowing down and try to hold a relatively friendly facial expression. This has a grounding and slowing effect for most people, and is called soothing rhythm breathing or SBR

Using the body to support the mind, and recognising the importance of the helpfulness of others on our own self-regulation, builds a sense of awareness and agency that responds directly to the uncertainty and helplessness people instinctively feel when threatened. It also triggers people to start building community and acting wisely, both to support others in need and to ask for and receive support when they need it. This kind of response provides people with more positive experiences under circumstances of threat and disaster and makes it more likely that individuals will be able to cope, or even thrive, under conditions such as those we are experiencing at present.^{xi}

The government should improve access to compassion focused approaches to mental health promotion, including Compassion Focused Therapy - a development of Cognitive Behavioural Therapy – both as clinical interventions, through its Improving Access to Psychological Therapies scheme, and as tools of public mental health.

Compassion as a tool for disaster recovery and resilience

It is possible for societies to bounce back from catastrophic events. Some of the greatest periods of economic growth and social progress were triggered by global catastrophes. Two notable examples are World War 2, which led to more than 30 years of economic growth, social reform and international cooperation, and the black death, which is thought to have directly stimulated changes in economic and political institutions across Europe that formed the basis of modern society. Even where catastrophes lead to the collapse of entire societies, this has sometimes spurred periods of technological progress and cultural renewal.^{xii} However, there are other instances in which catastrophes have more negative long-term consequences, such as World War 1, the 1815 eruption of Mount Tambora, the AIDS pandemic and the 3/11 Japanese Earthquake and Tsunami.

One factor often cited as a cause for society's to bounce back from catastrophes is their tendency to level the playing field between groups and produce a more equal distribution of power and resources. This is especially true where they allow for the establishment of social institutions to protect this state of affairs. For instance, the greater bargaining power of labourers and renters brought about by population decline due to the black death is seen as a key stimulus to rising wages, falling rents and greater political engagement in the late 14th century. Similarly, the establishment of welfare states played a key role in the economic boom of 1945-73. On the other hand, a desire for things to 'return to normal', to reimpose 'law and order' on organic community responses, or to compensate individuals according to how much they have lost (rather than how much they have left), can all hamper recovery from disasters. Natural as they might feel, in most societies a great many people are only just getting by with what they have, and will not be able to rebuild their lives unless they receive more help and support than those who are better off. Similarly, when ordinary people become more empowered and active in the public realm this is often perceived as a loss of control by elites, creating a tension that hampers relief efforts. In recovering from disasters, it is vital to avoid simply trying to restore what has been 'lost', but to look forward to what is coming and avoid possible future disasters, like chronic indebtedness and unemployment.^{xiii}

Achieving this requires appealing to people's pro-social attitudes and compassionate motives, while dampening their sense of attachment to what they had before (threat system) and their natural self-focused competitive and acquisitiveness (drive system). Appeals of this nature were crucial to calls for social and economic reforms during world war 2, for instance by J. B. Priestley:

And what I want to know now is this, it's all right feeling a lump in the throat and saying God bless you, but what are we really going to do about it? I will tell you what we did for such men and their young wives at the end of the last war, we did nothing... No doubt it's going to be different this time, but some of us can't help discovering to our dismay that the same sort of minds are still about. Among bundles of very friendly letters just lately, I've been getting some very fierce and angry ones telling me to get off the air before the government 'puts you where you belong' - the real fascist touch. Well, obviously, it wouldn't matter so much if I was taken off the air, but it would matter a great deal, even to these blimps, if these young men of the RAF were to be taken off the air, and so I repeat my question: in return for their skill devotion, endurance and self-sacrifice, what are we civilians prepared to do? And surely the answer is that the least we can do is to give our minds honestly, sincerely and without immediate self-interest to the task of preparing a world really fit for them and their kind. To arrange for them a final happy landing. (BBC Postscript, 28th July 1940)

and George Orwell:

If we can survive this war, the defeat in Flanders will turn out to have been one of the great turning-points in English history. In that spectacular disaster the working class, the middle class and even a section of the business community could see the utter rottenness of private capitalism. Before that the case against capitalism had never been proved. Russia, the only definitely Socialist country, was backward and far away. All criticism broke itself against the rat-trap faces of bankers and the brassy laughter of stockbrokers. Socialism? Ha! ha! ha! Where's the money to come from? Ha! ha! ha! The lords of property were firm in their seats, and they knew it. But after the French collapse... [f]or the first time in their lives the comfortable were uncomfortable, the professional optimists had to admit that there was something wrong. It was a great step forward. From that time onwards the ghastly job of trying to convince artificially stupefied people that a planned economy might be better than a free-for-all in which the worst man wins - that job will never be quite so ghastly again. (The Lion and the Unicorn, 1941)

as well as in the government's willingness to plan for peace, such as in the Beveridge report.² It is easy to see these changes as narrowly economic or social in nature, but they also have a strong psychological component, preparing people to care more for one another and to focus on making use of the opportunities to come.

Now is the time to show vision for what a rebuilt society might become, to make concrete plans for bringing that about and to appeal to people's common sense and pro-social attitudes in laying the foundations for change. This needs to be done both in terms of detailed policy formulation and public messaging and rhetoric.

3. Proposals for policy and messaging

Many people are discovering how adaptable they are and are surprising themselves by learning to live differently and do things in new ways, which implies the potential for transformation and growth. Older adults are learning how to face-time, professionals are learning how to work remotely with their clients, all kinds of communities are finding new ways to connect and share with one another. How can we capitalise on this new found confidence and adaptability to transfer it into political thinking, systems and structures?

It is important to focus on people's actual experiences of lockdown and the pandemic. We need to validate individual emotional responses to this crisis and highlight that there is no right or wrong way to feel. For many people, fear or embarrassment about their emotions can develop into mental health problems. We need to recognize that people's experiences are far from universally negative, and refrain from propagating fears of long-term "damage" to emotional health as this may become a self-fulfilling prophecy. Some people are actually enjoying lockdown, which has brought few demands and a slower pace of life, and are feeling calmer as a result. Others are finding that they have lowered expectations of themselves during this time and so

² Contrary to the view that the British press and public were passively supportive of the established social order during World War 2, Priestley's broadcasts were the second most listened to programmes on BBC Radio after Churchill's, The Lion and the Unicorn was a best seller, and the publication of the Beveridge report was met with almost universal acclaim - while Churchill's opposition to many of its proposed reforms was a significant contribution to his losing the 1945 General Election.

experience less self-criticism and spend more time with friends or family and appreciate these relationships more. It is OK to highlight opportunities for growth towards a more emotionally healthy society: for instance, increased home-working, less commuting and office stress, a slower pace of life, and using technology to provide more flexible support.

The constant onslaught of media, and our reactions to it, are especially highlighted during this time. Many people seem to be restricting the time they spend watching the news as it triggers fear and worry for them. Others are restricting social media use, to avoid the virtue signalling and feelings of inferiority to others it can stimulate, such as parents comparing home-schooling experiences. Everywhere, people are looking for meaningful connections with one another and recognizing that a sense of belonging and connectedness is so important for emotional health. How are people finding new ways of connecting? Are they building new forms of sustainable community?

Key messages for those in the public eye:

- *Ask people what they are learning during this period. How have their lives changed? What do they like about this brave new world? What are they struggling with? What can we learn from these observations? Can they design themselves a new world? Showing that we have asked ourselves these questions and what our answers are is important for developing trust and engagement.*
- *Motivate people to take key actions by using wisdom (education) rather than fear*
- *Talk about this topic with warmth and care*

Specific challenges and proposals for adult mental health services

As well as its impact on individuals, COVID-19 is significantly affecting adult mental health services and making it harder to care for people with mental disorders.

COVID-19 has impacted staffing levels across the country – mental health NHS staff have died, become ill, been redeployed or are shielding themselves, meaning that services have decreased capacity. This is being managed in a number of ways, for instance by increased use of agency staff and redeploying staff from less acute areas. However, there is concern that some people aren't getting the support or follow-up they need and that this may put people at risk.

Emergency and urgent care mental health is being severely disrupted – if someone is in a crisis, such as being suicidal or severely unwell, they can normally attend A&E to seek help. However, during the pandemic, A&E triage will likely not accept them unless a clear medical need has been identified, in part to protect them from the virus itself and in part in response to reduced hospital capacity. Evaluation of alternative provision is necessary as people in this group are at severely high risk.

In-patient units are areas with an elevated risk of COVID-19 infection – it is incredibly hard to nurse severely unwell patients and manage COVID-19 risks, as inpatient mental health units are not run in the same way as physical health wards. They were poorly set up for any kind of health emergency: for instance, they lack the ability to access PPE, perform physical health checks, or medically isolate individuals. They have had to rapidly adapt but this has been hard.

Decisions about whether to keep someone against their will (on section) if they have contracted COVID-19 are difficult – balancing the risks of physical and mental health is very hard. Admitting someone to manage their risk to self or others is also likely to increase their chances of contracting COVID-19, and it is harder to collect evidence and observations to support these decisions at present.

There is the prospect of severe and enduring mental and physical health problems – research shows that moderate to severe mental health reduces life expectancy by decades.^{xiv} Many people with significant problems also have multiple risk factors for physical ill health, e.g. smoking, poor housing, obesity and diabetes, and this means that, if they contract COVID-19, they are more likely to die.

Demand for services is changing - there have been some reductions in demand, e.g. IAPT referrals and A&E crisis presentations, which are similar to those seen in physical services, such as cancer units. However, there is concern that people who need urgent care may not be coming forward, with the increased risk that if someone waits too long they will be more unwell and harder to treat. This implies that demand for services could see a significant and prolonged increase in the near future.

Longer-term impacts – there are also many concerns about increased demand for mental health services, including wanting to support frontline staff and longer term impact of lockdown on adult mental health in general. As outlined above, this is due both to direct effects of COVID (bereavement, loss of physical health, social isolation) and its indirect effects (loss of income, disruption to education).

To meet these challenges, increased investment is needed in mental health services now, particularly in secondary level services such as Community Psychiatric Nurses and Multi-disciplinary teams of health and social care professionals led by Psychiatrists or Clinical Psychologists.

Of course, people have very different kinds of need for mental health services. It can be helpful to divide the population into emotionally healthy individuals requiring cultural and social support to maintain their mental health (such as providing more autonomy in the workplace or education on mental health); individuals at risk of developing a mental illness and requiring lower cost interventions (such as mentors, support groups, helplines and education); and individuals whose mental health has already led to a significant decrease in daily functioning and who need higher cost psychological and/or psychiatric services to enable recovery. The government needs to keep track of how people are moving between these groups during and after COVID-19, in order to make sure that the supply of interventions is not only at the right scale, but also of the right kind, to meet demand. They should also develop specific interventions at each level in response to the particular challenges posed by COVID-19: For example, there may be an increased need for PTSD treatment for frontline medical staff or complex grief counselling due to family being isolated from the person at time of illness and death or not being able to attend the funeral.

Specific challenges and proposals for children and young people

Children and young people are a high risk group for mental health in general, and for the impacts of COVID-19 in particular. They have a developmental need to form an individual identity and separate from family of origin, meaning that peer group interaction is vital. They are also more at risk from substance abuse or self-harm as ways of coping. Notably, adolescents have been frequently separated from their intimate partners during lockdown, leading to a loss of attachment security. Furthermore, deterioration in mental health is often mistaken for normal adolescent behaviour. *Services working with adolescents should be aware they are at high risk of deteriorating mental health and resources should be made available to support this group with higher level interventions.*

Increased stress in family systems could also adversely affect children and young people, who should be given a chance to talk about this with mentors, teachers, and school counsellors. Children may be worried about death, either their own or a carer, and this may be heightened during this period - parents and carers may need education on how to talk to their children about death and dying. Increases in domestic violence, with young people as witnesses and/or victims, are also concerning. Education and social services should ensure staff are aware of this risk and the behavioural signs of trauma and psychological distress, which are often mistaken for challenging behaviour. Finally, if a child has to be isolated from a parent or carer, this may lead to high levels of emotional distress and changes in behaviour - once again placing them in an at risk group with a need for monitoring of mental health status.

Within the school system it is important to:

- *Lower expectations and clearly communicate this to pupils, so that they do not feel they are failing because of circumstances beyond their control*
- *Develop pastoral systems to keep in touch with students regularly and clearly differentiate these from other aspects of home leaning*

- *Provide a “soft landing” back into the school environment with decreased demands during the initial period as routine and expectations are established again*
- *Listen to student voices during this time. It is particularly important for students to feel a sense of control over their immediate futures*
- *Changing exam timetables to accommodate lost teaching and learning time and prevent increased anxiety and hopelessness about exam performance. It is also vital to communicate this to students as quickly as possible.*

Specific challenges and proposals for other areas of public policy

The goal of public mental health is not simply to treat mental disorders, either severe or mild, but to restore everyone to a fully functioning state where they can enjoy life. Compassionate approaches should thus not be limited to mental health interventions narrowly conceived, but prompt us to think about society as a whole and how it encourages, and inhibits, people’s actions. Similarly, mental health is not only a matter of personal importance, but has been shown to have significant impacts on society as a whole, including economic performance.^{xv} This pandemic has triggered many important conversations about how society functions, whose interests it serves, and how our relationship with the non-human environment is affecting us. Creating spaces for people to talk about this, and a sense of agency about the many varied choices we face in recovering from this crisis, will be beneficial both in terms of its impact on mental health and on society as a whole.

It has been known for some time that economic inequality is closely linked with mental health and disorders. When economic growth is distributed more unequally across a population, the rate of mental health problems increases. The government’s response to COVID-19 and its mental health impacts needs to take account of this fact. If the kinds of economic inequality that have already been linked to unequal impacts from the virus itself are not corrected then we will see them multiply, both due to the additional health inequalities created by the pandemic and the consequent mental health impacts these will have, causing a downward spiral of reinforcing feedback. We thus urgently need evidence based policies to reduce inequality.^{xvi}

The individual economic impact of the pandemic and lockdown are also likely to be one of the most significant drivers of uncertainty and distress. Long-term unemployment, business failure, poverty and debt are all significant drivers of low well-being and mental ill health. In early April, a survey found that more than one in three workers (36%) have been financially impacted by Covid-19, because of contracted work being cancelled or ended, or people having to work reduced hours or take unpaid leave. A quarter say they have been unable to buy food and other essential items and one in three say they have fallen behind on rent, mortgage, or loan payments. Alarming 11% say they have been evicted from their homes, despite the temporary ban on rental evictions. Amongst the population at large the survey found strong support for a range of proposed initiatives to make up for the shortfall in people’s earnings. Over four in five (84%) support the introduction of a universal basic income, while 79% would back the freezing of all taxes and bills and 77% say rents should be frozen.^{xvii} *We urgently need the government to introduce a basic income and substantially increase the level of statutory sick pay. As recent trials by the Finnish government have shown, these policies would not only have significant social and economic benefits but could also dramatically improve people’s mental health and well-being.*^{xviii}

More immediately, the government can, and should, be doing more to support those who are responding with compassion to COVID-19. At present a lot of money is being spent on bailing out businesses, and there are opportunities to use some of this to reward companies who are doing most to help people. For instance, hotels are willing to open up their rooms to provide shelter to homeless people and those suffering from domestic abuse, but would face direct costs from doing so that the government is refusing to refund.^{xix} Similarly many food related businesses are seeking out ways of providing food to those who are in need, either because of self-isolation or financial circumstances. *There has been recognition of the value of supporting cost only operations by pharmaceutical businesses, for instance in developing vaccines and tests for COVID-19, the same principle can and should apply to businesses seeking to fund not-for profit operations to keep their staff employed while serving people’s social and mental health needs as well.*

Finally, there will be a significant need for compassion and understanding in many parts of public life during the recovery phase, such as changing our approach to unemployment and sickness benefits, making it easier for

people to clear debts accumulated during this crisis, creating safe alternatives for those fearful of re-entering the public realm, not rushing the 'return to normal', but allowing society time to adjust, and creating opportunities for people to do things that are valuable to them rather than only prioritizing what is economically most valuable. *This is an opportunity for political parties to show that they are willing to put people ahead of economic indicators and performance statistics.*

References

Useful Resources:

- World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020. No. WHO/2019-nCoV/MentalHealth/2020.1. World Health Organization, (2020) - <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>
- Galea, Sandro, Raina M. Merchant, and Nicole Lurie. "The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention." JAMA Internal Medicine (2020) <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2764404>
- Lee, Joyce. "Mental health effects of school closures during COVID-19." The Lancet. Child & Adolescent Health (2020) [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30109-7/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30109-7/fulltext)
- Gunnell, David, et al. "Suicide risk and prevention during the COVID-19 pandemic." The Lancet Psychiatry (2020) [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)
- Dong, Lu, and Jennifer Bouey. "Public mental health crisis during COVID-19 pandemic, China." Emerg Infect Dis 26.7 (2020) https://www.researchgate.net/profile/Lu_Dong5/publication/339539694_Public_Mental_Health_Crisis_in_China_During_the_Coronavirus_COVID-19_Pandemic/links/5e7b5a84299bf1f38740098d/Public-Mental-Health-Crisis-in-China-During-the-Coronavirus-COVID-19-Pandemic.pdf
- A collection of psychological perspectives on COVID-19, put together by the British Psychological Society <https://thepsychologist.bps.org.uk/volume-33/april-2020/coronavirus-psychological-perspectives>

Works cited:

- i Faculty of Public Health. Why Public Mental Health Matters. Why public mental health matters <https://www.fph.org.uk/policy-campaigns/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/why-public-mental-health-matters/>
- ii Huppert, F. A., & So, T. T. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. Social indicators research, 110(3), 837-861. <https://link.springer.com/article/10.1007/s11205-011-9966-7>
- iii Campaign to End Loneliness (2020). Risks to Health <https://www.campaigntoendloneliness.org/threat-to-health/>
- iv McManus, S., Bebbington, P., Jenkins, R., & Brugha, T. (2016). Adult psychiatric morbidity survey: survey of mental health and wellbeing, England, 2014. <https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748>
- v Office for National Statistics (2020). Coronavirus and the social impacts on Great Britain: 7 May 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/latest#understanding-the-impact-on-society>
- vi Booth, R. (2020). UK coronavirus response utterly hypocritical, says UN poverty expert. The Guardian <https://www.theguardian.com/politics/2020/apr/26/uk-coronavirus-response-utterly-hypocritical-says-un-poverty-expert>
- vii Solnit, R. (2009). A Paradise Built in Hell: The Extraordinary Communities that Arise in Disasters Viking. New York.
- viii Gilbert, P. (2019). Explorations into the nature and function of compassion. Current opinion in psychology, 28, 108-114. <https://www.sciencedirect.com/science/article/pii/S2352250X18301222>
- ix Huppert, F. A. (2017). Mindfulness and compassion as foundations for well-being. In Future Directions in Well-Being (pp. 225-233). Springer, Cham. https://link.springer.com/chapter/10.1007/978-3-319-56889-8_39
- x Phillips, W. J., & Hine, D. W. (2019). Self-Compassion, Physical Health, and Health Behaviour: A Meta-Analysis. Health Psychology Review, <https://www.tandfonline.com/doi/pdf/10.1080/17437199.2019.1705872>
- xi Gilbert, P. (2014). The origins and nature of compassion focused therapy. British Journal of Clinical Psychology, 53(1), 6-41. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/bjc.12043?>
- xii Kemp, L. (2019). Civilisational collapse has a bright past – but a dark future. Aeon. <https://aeon.co/ideas/civilisational-collapse-has-a-bright-past-but-a-dark-future>
- xiii Weitzdörfer, J., & Beard, S. (2019). Law and Policy Responses to Disaster-Induced Financial Distress. In *Governance, Risk and Financial Impact of Mega Disasters*(pp. 47-80). Springer, Singapore. https://link.springer.com/chapter/10.1007/978-981-13-9005-0_4
- xiv Chesney, E., Goodwin, G. M., & Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. World psychiatry, 13(2), 153-160. <https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20128>
- xv Huppert, F. A., & Ruggeri, K. (2018). Policy challenges: well-being as a priority in public mental health. Oxford Textbook of Public Mental Health, 30, 131. https://www.researchgate.net/profile/Kai_Ruggeri/publication/336968133_Policy_challenges_Well-being_as_a_priority_in_public_mental_health/links/5dbc8a65299bf1a47b0a366f/Policy-challenges-Well-being-as-a-priority-in-public-mental-health.pdf
- xvi The Mental Health Foundation (2020). The COVID-19 pandemic, financial inequality and mental health <https://www.mentalhealth.org.uk/sites/default/files/MHF-covid-19-inequality-mental-health-briefing.pdf>
- xvii Compassion in Politics. Rent arrears, evictions, and food shortages: the impact of Covid-19 on British workers. https://www.compassioninpolitics.com/covid_british_workers
- xviii Finnish Ministry of Social Affairs and Health (2020) Results of the basic income experiment: small employment effects, better perceived economic security and mental wellbeing. https://stm.fi/en/article/-/asset_publisher/perustulokokeilun-tulokset-työllisyysvaikutukset-vahaisia-toimeentulo-ja-psykkinen-terveys-koettiin-paremmaksi
- xix Compassion in Politics. Hotels and charities urge government to support domestic abuse survivors https://www.compassioninpolitics.com/hotels_and_charities_urge_government_to_support_domestic_abuse_survivors