

COLLECTIVE RESILIENCE

**How we've protected our mental health
during Covid-19**

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Funded by



**THE COLLECTIVE
PSYCHOLOGY PROJECT**

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Executive Summary

Covid-19 is an unprecedented crisis. Billions of people have had to contend with loneliness, anxiety, boredom and grief during the triple crisis of a global pandemic, a brutal economic downturn, and a profound social and cultural dislocation. The impacts on our states of mind have been immense, with much discussion of a 'perfect storm' or 'tsunami' for mental health. But there is also another story to be told: one of resilience, innovation, self-reliance and mutual aid.

This report maps some of the emerging positive practices that have helped us through Covid-19. It is especially (though not exclusively) focused on young people, and interested in collective approaches rather than just individual self-care. Above all, it asks how we can hold on to the best of what has emerged over the past few months, and build on these successes as we move beyond the initial phase of the crisis.

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Part 1 of the report **maps out the contours of the Covid-19 crisis**, starting with the idea that there are three different layers to the crisis all playing out simultaneously: a public health emergency, an economic disaster, and a social and cultural crisis. All of these layers have had huge mental health impacts, with some parts of the population – young people, ethnic minorities, women, people living in poverty, the elderly – disproportionately exposed.

But the report also argues that there is a risk of pathologising or over-medicalising these mental health impacts. This can in turn make people feel helpless rather than empowered – in the process, undermining coping mechanisms and leading us to overlook effective approaches that sit outside the medical system.

Covid-19 provides both the rationale and the opportunity to rethink what we mean by mental health and how we protect and nurture it. This process shifts us towards an approach that looks at both our states of mind *and* the state of the world, that's concerned with both individuals *and* the collectives of which we are part, and that recognises both medical *and* community approaches as valuable.

Part 2 of the report then explores **how we have coped and found meaning and connection during Covid-19**. Looking across ten key areas, the report maps out the huge diversity of ways that people have responded to the stresses of Covid-19.

- **Arts and creativity** – from pop-up public art to TikTok dance trends, and from pandemic poetry to a baking craze that drove the price of yeast up by more than 6,000%, people have found joy and meaning in the arts and creativity. UCL's study of 70,000 adults' mental health during the pandemic **found** that 22% were engaging more with arts during the lockdown period than usual, and that engaging in creative activities – art, gardening, hobbies, reading fiction – was the single most helpful activity for people's well-being.
- **Family and relationships** – the lockdown forced us apart, but also brought us closer together. In one **survey**, 25% of parents said the lockdown had brought them closer to their children, while only 5% said it had made relations worse. Young people were the worst hit by loneliness, but also the most connected online. And neighbourhoods became closer knit too: in the UK, 64% of adults **felt** that their communities had 'come together to help each other' during the crisis.
- **Religion, philosophy and meaning-making** – **Google searches for prayer** reached their highest ever level during the pandemic. Young people reconnected with their inherited faiths through a wave of online religious observance, and one in five Brits **say** they turned to psychology and philosophy to find meaning during the crisis. All over the world, people came together to reflect on the lessons of the crisis and how it could ultimately lead to positive changes.

- **Nature and green space** – one survey suggested that 63% of people felt more connected to nature during lockdown; a boom in cycling has led to calls for the redesign of cities to make them more bike-friendly; seed shops sold out as people around the world started gardening; and the sudden improvement in emissions and air pollution globally have shown us what rapid cuts look and feel like.
- **Games and sports** – this was the lockdown of gaming, with sales of games consoles so high they had a tangible effect in pushing up UK inflation. People found peace in *Animal Crossing*, connected to each other with quiz nights, and logged on to online fitness and yoga classes, underlining the extent to which play becomes more important than ever in times of stress.
- **Volunteering and mutual aid** – at least 6,000 new mutual aid groups appeared around the world during the pandemic according to the Mutual Aid Wiki (with the true figure likely to be far higher). They've supported people emotionally and materially when governments have failed, played a vital role in helping people to recover from and learn about Covid-19, and given individuals and communities alike a sense of agency and empowerment at a hugely challenging time.
- **Activism** – from public demonstrations of support for key workers to the Black Lives Matters protests, youth-led campaigning on rebuilding after Covid-19, and new activism in schools, the pandemic has provided the backdrop to a resurgent wave of political education and willingness to think very differently about the future.
- **Education and learning** – Over a billion children were out of school because of the pandemic. In some cases, teachers self-organised to provide them with online classes; many more young people turned to informal online learning during lockdown, with MITx online courses receiving over half a million enrollments. And the pandemic has provoked fresh thinking on further education, which could ultimately help to solve pre-existing problems in student mental health.
- **Employment** – the pandemic has turned our working lives upside down, with millions working from home, many more on furlough – and a rising tide of unemployment, with joblessness in the US alone almost quadrupling from March to June 2020. New approaches have emerged in working patterns, in how companies have supported employees, in a fresh emphasis on work with purpose and in new thinking on work and welfare.
- **Grief and trauma** – people had to develop new ways to say goodbye to loved ones at both the bedside and the graveside, while health workers and Covid patients have faced high levels of trauma. But there was also a renewed sense of meaning and transcendence among health workers: so-called 'post-traumatic growth'. And the crisis has also created an opportunity for a fresh and more holistic approach to trauma treatments.



Photo by [Kristina Tripkovic](#)
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Part 3 then draws on these examples to distil **ten reflections from the pandemic**:

- **Looking beyond therapy and medication.** We should resist the temptation to pathologise mental health, or to assume that therapy or medication are the only tools we have for supporting it. Instead, the pandemic has shown the value in a both/and approach that emphasises community approaches alongside clinical ones.
- **Looking for meaning and purpose, not just happiness.** In an 'age of emergency', we will inevitably face shocks and stresses that test and challenge us. As we attempt to measure mental health, we should look at the potential for living purposeful, meaningful lives even in conditions of adversity, rather than looking exclusively at hedonic measures of happiness.
- **Taking a whole person, whole society approach.** If mental health is about whole-person flourishing rather than just the avoidance of mental ill health, then we need to recognise that *all* areas of policy and social life are relevant: not just healthcare but arts, transport, food, education, homes, green spaces, work and welfare, social care and more.
- **Recognising inner and outer as two sides of the same coin.** Covid-19 has highlighted the many ways in which external factors – lockdowns, job losses, deaths – impact our inner worlds. Conversely, our states of mind affect the state of the world, too: for instance in how we become more prone to conspiracy theories or extremist views when we feel threatened. These feedback loops between inner and outer are crucial, and too often ignored.

- **Building bridges between faith groups and mental health.** 84% of people globally are religiously affiliated and regard their faith as a key foundation of their mental health. As religious observance continues to decline rapidly in many developed countries, new scope is emerging for a mutually enriching conversation between mental health practitioners and faith leaders.
- **Deepening links between higher and adult education.** Covid-19 offers the chance for a long overdue rethink of what higher and adult education are for and what the sector can offer. In particular, there is scope for more partnerships between higher education institutions and communities, and new emphasis on lifelong learning as a way of building resilience.
- **Supporting the cultural safety net.** The arts can help us find healing, connection and meaning, especially during a crisis. But the economic impacts of the virus are devastating the arts ecosystem. Societies need to find ways to support the arts which reach beyond the biggest and highest profile organisations, and focus much more on local, participatory projects.
- **Building on the appetite to reconnect that Covid-19 has created.** Covid-19 has shown the deep yearning for connection and belonging that exists, especially in the west – and how much positive change can happen when a crisis gives people permission to reach out. This could be the start of an important process of healing and reconnecting if this momentum is maintained and built on.
- **Making mutual aid the start of something bigger.** Relatedly, it will be crucial not to lose the hugely valuable wave of thousands of self-organised mutual aid groups that have sprung up all over the world. Actors who want to support them – funders, governments, businesses – need to start by listening to them, and need to adopt a ‘first do no harm’ approach.
- **Never waste a good crisis.** Covid-19 has created much willingness to think the unthinkable, including in politics – where ideas such as defunding police, ending mass incarceration, or introducing a Universal Basic Income or shorter working week have all gained new salience. All these ideas are deeply relevant to mental health. But there is also a real risk that the political space that has opened up may close down just as fast if this moment of crisis and opportunity is wasted.

Introduction



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This report is about the Covid-19 crisis, its impacts on our mental health and wellbeing, and how we've coped with them. But it might not be the report you're expecting.

As the pandemic has unfolded, the dominant narrative about Covid-19 and mental health has been that a disaster is unfolding in slow motion: one that we're completely unequipped to deal with, and that will inevitably leave carnage in its wake.

Even before the pandemic began, talk of a 'mental health crisis' was widespread in countries all over the world (and especially in the west), amid spiking rates of anxiety, depression, loneliness and suicide, particularly among young people. In many places, mental health services were already struggling to cope with demand. In others, they were simply non-existent.

Now, Covid-19 has supercharged these debates amid widespread alarm about a 'perfect storm' or 'tsunami' of mental health impacts. But while the impacts are real, serious, and likely to worsen as the crisis evolves, this report argues that Covid-19 has also shone a light on another, more hopeful story: one about how ordinary people, often led by the young, are finding new ways to cope and thrive, even in hugely challenging circumstances.

In particular, this story centres on 'do it yourself' practices for managing mental health. It focuses on how people are meeting their *own* mental, emotional

and social needs: from individual self-care practices like meditation or time in nature to WhatsApp groups and Zoom calls between families or friends, and from neighbourhood mutual aid groups to worldwide protest movements. (As Twitter user [Asma Nizami](#) commented, 'I personally think it's really cool how we all went from learning how to make banana bread to learning how to abolish the police in a matter of weeks.')

None of this is to draw a veil across how much mental ill health we face today, or the vital role of professionally-provided therapy and medication in addressing it. Rather, it is to argue that we should *also* be interested in those routes to wellbeing and addressing mental health problems that can complement and sit alongside clinical support. So in this report, we focus on human flourishing, quality of life, and how we can nurture and protect them, in particular when we come together as communities, even – and perhaps especially – when we face profound shared challenges.

As well as identifying and applauding some of these new ideas and approaches, the report is also about how we protect them and build on them. As we explore in Part 1, this crisis is far from over, and hopes that things will soon go 'back to normal' are likely to be disappointed. Instead, new shocks and stresses are likely to continue to fly at us, in some cases, threatening to undermine exactly the kinds of community responses that are starting to show their worth.

So in addition to compiling case studies, this report also identifies key questions for the future, and points to avenues for possible answers.

If both scientists and policy-makers can focus on what the Wellcome Trust calls the '[active ingredients](#)' that support mental health and flourishing – whether they are found in the clinic or the community – then how can we ensure that we apply the same rigorous evidence-based standards to all? Where new approaches can be shown to work, what are the policy and funding implications – and how do they intersect with other political agendas beyond mental health (or indeed health in the broader sense)? How can governments best develop joined-up wellbeing strategies that link together *all* of the various components that we recognize as contributing to people's ability to flourish?

Less optimistically, how will governments and mental health services cope if mental health referrals surge while health funding stays flat or drops, even as funding for local government, charities and community initiatives plunges and unemployment spikes? Will work at the intersection of health and society, for instance in areas like 'social prescribing', be properly funded – or does it risk becoming a way for governments to palm people off onto cash-strapped charitable and voluntary organisations?

Above all, how do we *live well* in a time of emergency: not just coping and staying afloat, but thriving and creating meaning, so that this time of crisis becomes the precursor to breakthrough rather than breakdown, at every level from individual up to global?



Mapping the Crisis

Covid-19 and the long crisis

As the Covid-19 crisis has unfolded, the world has entered uncharted territory, with at least **three interlinked sets of impacts** playing out simultaneously.

At one level, we face a **public health emergency** that has already **led to** close to a million deaths and over nearly 25 million confirmed cases at the time of writing. At the peak of lockdowns in April 2020, **3.9 billion** people – more than half of humanity – were asked or ordered to stay at home. Young people have felt especially severe impacts, with **two-thirds** of the world's children out of school. Huge uncertainties remain – about the availability of vaccines and treatments, future mutations of the virus, whether there will be further waves of infection and how severe they will be if so, and how people will behave in future lockdowns.

Second, an **economic disaster** is unfolding, and is likely to continue to do so for at least five years. Some **impacts** are already clear: a projected decline in global output of 3% or more, negative growth in 170 countries, projections of up to **200 million** job losses and of **\$2-10 trillion** in lost future earnings for young people. But many other factors remain uncertain, including **impacts on global poverty**, risks to critical global systems like food, finance, and trade, and who will pay the bill for the **vast debts** that many governments are running up as they seek to cushion the impact of the crisis.

Third and finally, the **social and cultural impacts** of Covid-19 may take a generation to become fully clear. Among them are the political shockwaves driven or exacerbated by the crisis, including **falling trust** in governments and growing **polarisation** and culture wars. Pre-existing inequalities have been thrown into sharper relief than ever – especially the disproportionate exposure of ethnic minorities to the **virus**, to economic insecurity, and to wider forms of structural prejudice and disadvantage like police violence. And there is also new political space for **radical ideas**, some with conspicuous mental health dimensions such as **defunding** the police in order to increase funding to mental health services and crisis intervention.

While all three levels of the crisis are playing out at different speeds and over different timescales, each will take years to unfold – just as the effects of the 2008 financial crisis still continue to ripple outwards today. Covid-19 may be best understood as a shock that helped to bring many slower burning stresses (political, economic, social, cultural, technological, environmental and more) to a head, while also setting in a motion a dizzying range of new consequences and consequences-of-consequences. In the background, meanwhile, lurk yet more emergencies: from extreme weather events to growing authoritarianism and tension in international relations.

Photo by Carlos de Toro @ carlosdetoro on Unsplash



In a multiplicity of ways, then, all of us are living through a strange, liminal time. It may make less sense to look ahead to the world 'after Covid-19' than to see current events as part of a 'long crisis' that is continually evolving over time, and in which many things will never go fully back to normal.

Covid-19 and mental health: a perfect storm?

All of these different dimensions of the long crisis have mental health implications.

Start with the public health emergency and the lockdowns it has entailed, which Elke van Hoof, a psychology professor at Vrije Universiteit in Brussels, has **termed** "the world's biggest psychological experiment". Billions of people have faced loneliness, anxiety, and boredom as they have stayed at home. Many have also had to contend with **grief** for the passing of family members or friends, with the cruel added twist of not being able to say last goodbyes to loved ones at either their bedside or their graveside.

Young people have felt some of the sharpest impacts. Instead of being at school, in further education, or starting to make their own way in the world, they have been at home with their families for months. Coming of age rituals – exams, graduations, proms, a year off between school and higher education – have been placed on hold or cancelled altogether.

Then there are the mental health impacts of the other two layers of the crisis: the economic and the social. The economic downturn looks likely to be the most savage since the 1930s, adding a further big driver of stress, anxiety, and depression. Intensifying culture wars and declining trust in governments, meanwhile, provide yet another stressor, and kindle in many of us a constant sense of low level threat perception as we thumb through our social media feeds (a phenomenon so pervasive during the crisis that it led to a neologism: '**doomscrolling**').

On these fronts too, young people are often right at the forefront of impacts. In the US, for example, the **unemployment rate** for teens aged 16–19 peaked in April at 32%, more than double the national rate of 15%. And young people have also been politicised by the crisis as never before, from innovating at local level in mutual aid groups or community initiatives to driving mass protests for racial justice that have stretched around the world.

As the nature of the crisis evolves, so do the mental health impacts and needs. While mental health referrals dropped markedly during the initial phase of the crisis – by 30–40% for **adults in England**, for instance – many mental health practitioners expect a **surge** as lockdowns ease. In the UK, the number of people suffering from high levels of anxiety has **more than doubled** since before the crisis, primarily because of loneliness, but also due to impacts on money, education, and health. The pandemic is also already **exacerbating alcoholism and drug addiction**: in some surveys, 40% of people with a history of addiction say the pandemic has provoked a relapse.

These mental health impacts have been unevenly distributed, with young people, women, people of colour, the elderly (especially in care homes), people in

prisons, informal workers, the self-employed, and health workers all reporting especially high levels of stress. Another **study** flagged the particular vulnerabilities of children, parents, medical workers, and those with existing psychiatric problems.

People who have actually been infected with the virus itself also report far-reaching **mental health impacts**, many of which we are still learning about. Early reports (such as from the **Body Politic** support group, which we look at in Part 2) suggest that recovery from Covid is often long and can be life-changing, with symptoms comparable to chronic fatigue syndrome. This may come with significant mental as well as physical health challenges, and could lead to depression and a large number of people dealing with mental or physical disability.

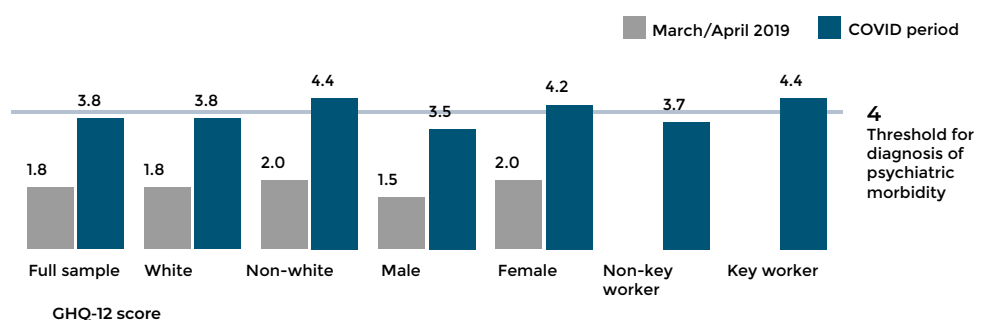
While many of these findings are early, provisional, and anecdotal, they tally with experience from previous pandemics. A **study** in Hong Kong in the wake of the 2002–2003 Sars epidemic, for instance, found that “one year after the outbreak, Sars survivors still had **elevated stress levels** and worrying levels of psychological distress,” including depression and anxiety; another **found** that about a quarter of SARS survivors had PTSD and 14% depression a year after the event.

Reimagining mental health and wellbeing

But while the mental health impacts of Covid-19 are real, it's also important that we take care not to pathologise normal human responses to adversity. If we automatically reach for frames like ‘depression’, ‘anxiety’, or ‘mental health crisis’ to understand what is happening, we may inadvertently make suffering worse by catastrophising the conversation around mental health, making people feel broken, helpless and dependent on medical services that may be over-stretched or non-existent, while undermining informal and communal coping mechanisms.

Indeed, there have been points during the Covid-19 crisis at which outright majorities of entire populations **technically met diagnostic criteria** for psychiatric morbidity, suggesting that the criteria may be medicalising normal human responses to a period of crisis and breakdown.

Average GHQ-12 scores for full sample and by different population groups



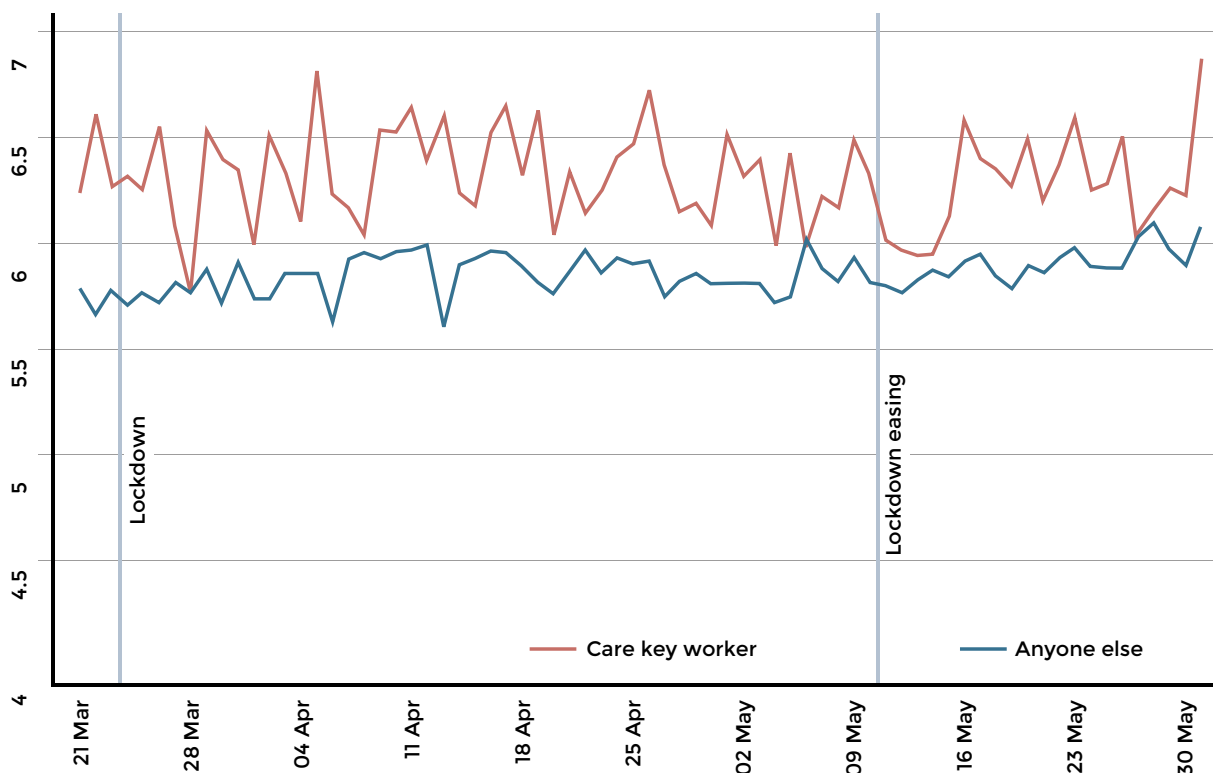
GHQ-12 is measure on a 0-12 point scale. Higher scores are worse as they represent higher levels of psychological distress. We do not have data on key workers for 2019 therefore we just present April 2020

In fact, though, **some** researchers have found that people coped with lockdown surprisingly well. The evidence from PTSD research likewise finds that the **overwhelming majority** of people bounce back from life-threatening events. Conditioning people to **expect the worse** actually worsens outcomes in adverse situations; conversely, reminding them of their inherent **resilience** and coping skills helps them recover.

What's more, there is evidence from previous epidemics (like **SARS**), as well as other kinds of emergencies, that people in crises don't just find ways to cope with the negative mental health impacts, but also report *positive* effects, such as greater sense of community, meaning, and spirituality – sometimes summed up in the term '**post-traumatic growth**'.

There is evidence that during wartime, for example, suicide rates often **decline** as people feel a greater sense of connection and purpose. There is also some **evidence** of a higher sense of meaning in key workers during the pandemic, alongside higher anxiety and sadness. This can in turn have long term health benefits: a strong sense of meaning and purpose has been **found** to lower the body's allostatic load (the 'wear and tear' on the body of chronic stress) across life-spans.

Sense of meaning by care key worker status



Source: **UCL Social Study of COVID**

In some ways, then, Covid-19 invites us to notice how the flourishing of individual and communal coping responses – through arts, nature, religion and spirituality, hobbies, volunteering, mutual aid, play, learning, activism and other areas – offers us a different way of approaching and thinking about both mental ill health, and about wellbeing and human flourishing.

Building on this approach can not only help protect formal medical services for the people in acute situations that really need them, but also facilitate a much broader shift: one in which crisis becomes the springboard for imagination, growth and breakthrough at a moment when even bigger challenges, like climate change or racial injustice, mean that the need to find those capacities within ourselves has never been greater.

This less medicalised, more holistic approach already exists and was rapidly gaining momentum before Covid-19 in many countries, for instance in growing interest in **social prescribing** (where health professionals refer patients to non-clinical community services in order to meet wellbeing needs). Now, as this report explores, the crisis has the potential to accelerate the trend markedly.

While traditional approaches to mental health, like therapy and medication, are primarily (and rightly) focused on the inner states of the individual, this report explores a broader and more porous concept of what we mean by mental health: one that recognises that true wellbeing is both about state of mind *and* the state of the world, and that it has both individual *and* collective dimensions.

In particular, this way of understanding mental health and wellbeing is concerned with the feedback loops *between* our inner and outer worlds. As we have already seen, what happens in the world – infections, deaths, lockdowns, job losses, policy shifts, protests – has profound impacts on what happens in our minds, leading to emotions like boredom or loneliness, or to depression, anxiety, grief, or trauma.

But the converse is true too. As we navigate this time of crisis, what goes on in our minds has a powerful role in shaping what happens in the world. What we believe and share on social media, what we find threatening and how we react, whether we empathise with others or scapegoat them: all of these variables help to shape the context for the decisions we make collectively about how to navigate shared societal challenges.

It is our states of mind that will ultimately decide whether we face the crisis as a '**Larger Us**' in which we are more than the sum of our parts, as simply billions of atomised individuals, or worse, as a fragmented and polarised them-and-us.

Preparing for what comes next

But while the surge of innovation in individual and collective self-care creates a moment of real opportunity, there is also a risk: that as a savage economic downturn gathers pace, the bottom-up community responses that have proved so effective in supporting millions of people's wellbeing during the pandemic will be crushed by a growing economic crisis.

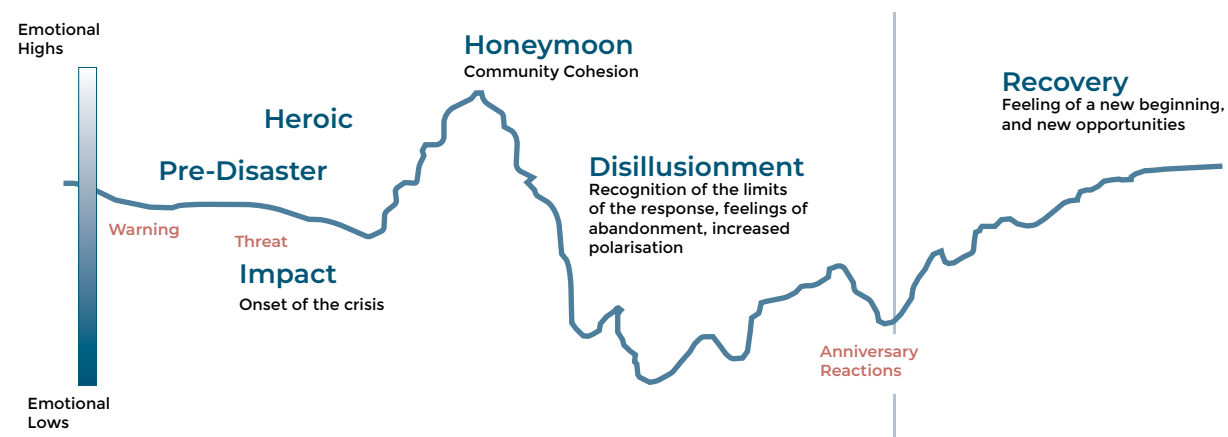
For even as Covid-19 highlights the importance of community to individual mental health, it is also undermining it. Lockdown has hit the physical infrastructure of belonging and community hard: clubs, pubs, youth services, sports facilities, theatres, cinemas, and above all schools and universities. As we will explore, this has had huge psychological impacts, and while we can fill some

of the gap through online interactions, ultimately digital can only do so much.

To compound the challenge, there is plenty of evidence from past crises and disasters that the initial 'honeymoon' stage after a disaster, typically characterised by a strong sense of agency and community cohesion, often gives way to a 'disillusionment' stage. In the latter phase, multiple stresses – health, money, relationships, lack of time – crowd in, together with a realisation of how much will not go back to normal.

The result can be fatigue, exhaustion, and a widespread sense of abandonment. And while ultimately this stage usually gives way to a 'reconstruction' phase characterised by a renewed sense of agency, meaning, and purpose, this can take months or years to materialise.

Phases of Disaster



Source: US Department of Health and Human Services

While these phases are broad brush in nature, there are signs that many countries started to move into a disillusionment phase during the summer months of 2020, amid falling confidence in government, rising political polarisation, and fatigue with lockdowns even as it becomes clearer that the virus has not been vanquished. **Perceptions** that some groups were not observing lockdowns became a new source of division, even as it also became obvious that different sectors of society were experiencing the crisis very differently. Intergenerational division became an especially acute issue, with young and old experiencing both health and economic impacts very differently.

Yet even if we are now moving into a disillusionment phase and the situation does become still more challenging as future waves of Covid-19, economic consequences, and social and political impacts all come home to roost, we still have power to shape and choose our future. We are not passive victims or bystanders to events. Rather, we are active creators writing our own story – as we'll see in the examples that we explore in the next part of the paper.



**How we've coped
and (occasionally)
thrived**

The Wellcome Trust recently launched a project to identify the ‘**active ingredients**’ that seem to support mental health, and which can be found in several different therapy modalities – things like the ability to shift perspective, or to foster social connection (see box on page 36). In this section, we look at how people have found ways to cope during the pandemic, and how they found these active ingredients in self-care and community activities, from family and relationships to arts and creativity; from religion and spirituality to nature and green space, and from volunteering and mutual aid groups to larger scale activism for social change.

Arts and creativity

In the UK, **data** from the Office of National Statistics shows how important the arts were to people's ability to cope during the lockdown, with reading and watching films two of the most popular coping strategies. UCL's study of 70,000 adults' mental health during the pandemic also **found** 22% engaging more with arts during the lockdown period than usual, and that engaging in creative activities – art, gardening, hobbies, reading fiction – was the single most protective activity for people's well-being.



Photo by Crawford Jolly
on Unsplash

There was already **strong evidence** for the therapeutic power of the arts before the pandemic: creating and enjoying the arts can provide people facing adversity with many of the active ingredients of therapy, such as a sense of control, social connection, perspective-taking and increased sense of mattering, together with opportunities for play, creativity and the appreciation of beauty.

Some of the ways people have used the arts and creativity to cope and flourish during the pandemic include:

- **Public art in a crisis** – Japan has seen a viral **craze** for drawing depictions of 'Amabie', a mythical mermaid monster said to repel plagues, after Kyoto University Library tweeted a 19th century drawing. The UN has **commissioned** artists to bring public health messaging to life through street murals. Around the world, informal **street art** has brought communities in lockdown together. In Bristol, pop-up pandemic art includes a new creation by graffiti artist Banksy (above), or a statue by **Marc Quinn** to commemorate Black Lives Matter, which replaced the toppled statue of slaver Edward Colston. The What Works Centre for Well-Being has **found** that making art lowers depression and boosts confidence, while public art is one of the most cost-effective ways to boost community belonging.
- **Music therapy** – Numerous viral videos showing musicians cheering their neighbourhood emerged during lockdown, such as neighbours **singing from their windows** in northern Italy. Online performances also lifted spirits, like Andrea Bocelli **performing in an empty Duomo** in Milan or the Rolling Stones headlining the 'One World: Together At Home' festival. The best-selling songs of the pandemic, so far, are noticeably **faster and happier** than in previous years, with analysts noting this matches a similar trend in music tastes during the Great Depression and World War Two.

“

On the first day
the novelty in any school
was raw. Freedom
hung high above us like jungle vines.
Now freedom grates harsh as a cog.
The dishwasher is in a childish fit
The kitchen is bored
The Wifi plays Jenga.'

From 'Locked Out',
by Eva Brand Whitehead, 16

- **Dancing together online** – TikTok dancing crazes have offered a way for households and families to show off their moves, as have Zoom parties and karaoke that let people sing as well as dance together. As well as making us feel less isolated, dancing can also improve our mood: one Chinese couple's 'rural shuffle dance', designed to help the husband get over depression, went viral on TikTok during the pandemic.
- **Making sense with words** – **Kate Clanchy**, a teacher in the UK, has run regular Zoom poetry workshops with former students aged 16–24 about life during lockdown. The poems have proved hugely popular on Twitter, and are being published in a collection, *Unmute*. In New York, *Pandemic Poems* is a collaborative poetry **experiment** which aims to “investigate, document, and preserve the poetic subconscious of a people and a place in a moment in time” and to create a “place in cyberspace for poets to create with little pressure or expectation, except to remind one another that none of us are alone”. According to **Nielsen Book Research**, 41% of people said they read more in lockdown.

- **Recording life in an emergency** – the Coronavirus Time Capsule, a project with teenagers organised by **Company Three**, has crowdsourced a week-by-week video diary of life under lockdown. Themes have included cataloguing new traditions that have emerged, night time audio recording and creative writing, creating personal catwalk looks, and writing songs describing things that have changed during lockdown.
- **Flour power** – according to a survey by **The Healthy Work Company**, 20% of respondents had taken up a new hobby in lockdown, while 35% had rediscovered an old one. One widespread example during the pandemic has been baking: sales of yeast in the US **went up 6,650% compared to last year**.

Questions for the future

The pandemic has underlined the power of the arts to improve our well-being, but has also decimated arts organisations' revenue and funding streams. How can governments support smaller local arts organisations? How can universities work with arts organisations to improve the evidence base for arts interventions? How can public arts capture and memorialise the experience of this – and future – crises?

Family and relationships



Photo by **Jonathan Borba** on **Unsplash**

The lockdown led to a marked fall in happiness and life satisfaction for millions of people, together with a significant rise in **loneliness**. This was **especially steep** for people aged 18–30, people on low incomes, and people living alone. All of these groups were already at risk of loneliness before Covid-19, which then further increased during lockdown.

But people also found ways to cope. Two of the most popular coping methods reported in **ONS data** were 'staying in touch with family and friends remotely' and 'spending time with others that you live with'. A survey by MIND also **found** that the most popular coping strategy for young people during lockdown was 'connecting with friends and family online'. This fits with the strong evidence (such as the 80-year **Harvard Study of Adult Development**) that close

relationships are the biggest determinant of happiness, health and longevity.

Many young people report that lockdown has brought them **closer** together with friends and family. In a UK **survey**, 25% of parents said the lockdown had brought them closer to their children, and only 5% said it had made relations worse. A UCL Covid-19 social study also found that most people felt relationships with family and neighbours **improved** during lockdown (although relationships with friends and work colleagues cooled). Young people led the way as

the world turned *en masse* to digital and social media as a way of meeting social needs during lockdown.

“

I did not get along well with my parents, but now we have begun to communicate more and support each other. We all know how hard it is to lose loved ones.”

22 year old, Kyrgyzstan,
via UNICEF

Some of the ways people found to stay together while forced apart include:

- **Families coming together** – young people in multiple countries report more meaningful conversations with family members, as well as more activities together like cooking or games nights. As Steve Presley, the CEO of Nestlé US, **put it**: ‘The increase in people eating at home will be one of the behaviors that sticks with us...we are seeing people rediscover the enjoyment of and passion for cooking at home, bringing people and families together in the kitchen.’

- **Online connecting** – while recent years have often seen concern about the potentially negative emotional effect of social media on teens, they have proved the most important way for young people to stay connected during the lockdown. New platforms like Tik-Tok, Houseparty and Netflix Party have surged in popularity. In countries like the Philippines, there has been an explosion in new Facebook groups. Phone calls with random strangers (for instance through the **QuarantineChat** app) have become hugely popular. However, social media can also be toxic rather than healing: in a Young Minds **survey** of young people with mental health needs, 31% said they found social media helpful during lockdown, but 36% found it unhelpful, and new **research** from Glitch found that among people who had experienced online abuse in the last year, 29% said it was worse during Covid-19.

“

My friends and I have been noticing how much we care about family when other sh*t calms down – that’s been really interesting. It feels like a bit of a pre-modern revival of values. Less social media scrolling. Less vanity buying. Instead, loads of group voice notes, loads of contact with old school friends, loads more cooking and learning that thing your mom used to make when you were a kid and haven’t had in years.”

Emma, 22-year-old American woman

- **Slow dating** – the chief scientific adviser at dating website Match.com in the US **notes** big shifts in dating behaviour, including more video chats (69% of people are now open to this as part of dating, compared to 6% pre-Covid), more time to talk as well as more meaningful things to talk about, and slower processes of getting to know people. For some new couples, the lockdown and sense of emergency and mortality has prompted a deeper and more authentic commitment. However, there has also been a steep rise in post-lockdown divorces in countries including **China** and **South Africa**.
- **Intergenerational befriending** – in the UK, loneliness charity the Cares Family works on creating connections between younger and older generations to combat loneliness among both. Covid-19 has changed how this happens but has also often given new depth to relationships as friends across generations have kept in sometimes **daily phone contact** through the lockdown.

- **Improvised rituals** – the lockdown prevented ‘quaranteens’ from observing coming-of-age rituals like graduation parties or Freshers’ Weeks at university. But many young people have been improvising new rituals to fill the gap, as in the case of Ariana Diaz, a 15-year-old woman in Florida, whose family improvised a drive-by quinceañera for her.

Questions for the future

What are we learning about the longer term impacts of conducting relationships online? How can local initiatives and public services best support families and friendship groups as they navigate the stresses and strains of lockdowns?

Religion, philosophy and meaning-making



Photo by John Benitez
on Unsplash

Every emergency presents a challenge to our ability to make sense of the world and draw meaning from it. One in three Brits **say** the pandemic has led to them searching for meaning. During Covid-19, people have turned to faith, spirituality and philosophy to find active ingredients of mental health such as perspective-taking, social connection, improved mental imagery, sense of mattering, hope, and relaxation of stress. A quarter of Americans **say** their faith has been strengthened during the crisis, with only 2% saying it's weakened.

But there have also been conflicts between faith groups and public health initiatives during the crisis, with religious gatherings sometimes acting as infection clusters and a boom in Covid conspiracy theories, particularly among spiritual and faith groups. Public health and mental health services, meanwhile, have historically been secular and even anti-religious in their theories and interventions. What can we learn about how religion, spirituality and philosophy help people cope in emergencies?

- **Prayer** has increased dramatically during the pandemic, with **Google searches for prayer** at their highest ever level: by the end of March 2020, more than half of the world population had prayed to ‘end the coronavirus’. 18% of 18–34 year-olds in the UK **prayed during the pandemic**, compared to 5% of the population as a whole.
- **Online services, rituals and practices** – there have been special Covid sessions on apps like **Headspace**, and existing meditation communities like **WCCM** have moved real world meditation groups online to help people find ways to stay connected. In a **Young Minds survey**, 38% of teenagers with mental health needs said they found breathing exercises helpful during the lockdown. A poll by the NGO Tearfund **found** that one quarter of UK adults had watched or listened to a religious service since the start of lockdown.

The trend was most pronounced among younger people: one third of 18–34 year olds watched or listened versus one in five over 55 year olds.

“

I know that the pandemic isn't over. But I feel like there is a higher power taking care of me, and it's reassuring'

Adrisa Prasher, a 17-year-old Hindu British teenager. *Source: BBC*

- **Mental health services working with faith groups** is another trend that has increased during the pandemic. In Kenya, mental health practitioners **partnered** with religious leaders to meet mental health needs during the pandemic, including through a Psychological First Aid helpline, online counselling for first responders, and training on burials and grief-tending. In Sierra Leone, **Community Mental Health Forums** have worked to bring together mental health professionals and traditional healers. A similar programme in London has **built bridges** between Islamic healers and psychiatrists.
- **Stoicism**, the ancient Greek philosophy which inspired Cognitive Behavioural Therapy, was already enjoying **a big revival** before Covid-19, and the pandemic has turbocharged the trend, with **9% of Brits** saying they've turned to 'philosophical resources' during the crisis. There have been sharp **increases** in the sales of Seneca's *Letters* and Marcus Aurelius' *Meditations* (itself written during a pandemic). New forms of online community have arisen, such as **TheStoa.ca**. The **Modern Stoicism** project has provided free online courses in Stoic resilience during lockdown.
- **Sensemaking**: people in Singapore were asked in a straw poll by Khoo Yi Feng for UNICEF: "If Covid is a teacher, what has it taught you?" Answers included that "normal is arbitrary"; "this too shall pass"; "be mindful of the present"; "not to take anything for granted"; "social connections matter"; "there are opportunities in crisis too"; and "we live for others".

Questions for the future

How can mental health services work better with religious, spiritual and philosophical groups, and move beyond their traditional mutual suspicion? How could mental health services become more culturally competent, exploring the 'active ingredients' that exist both in religion / spirituality / philosophy and in therapy? Can we move to a whole-person definition of well-being that includes meaning and spirituality?

Nature and green space

63% of people felt more connected to nature during lockdown.

One of the consolations of lockdown for many people has been slowing down and spending more time in nature; one survey **suggests** that 63% of British people felt more connected to nature during lockdown. Gardening and exercising outside have been important methods of coping during the lockdown, according to **data from ONS**, and people living in rural areas were happier during lockdown than city-dwellers.



Photo by Macau Photo Agency on Unsplash

“

Several friends say they've formed a new relationship with nature. Yesterday a friend said 'it's like free therapy'. Several people my age who've lived in cities their adult life are now living in / near nature and it seems to be pretty profound. It definitely is for me.”

Tildy, 24-year-old British woman

This fits with what we already know about the connection between **access to green spaces and youth well-being**, and the **power of nature-based interventions** to improve people's mood. Indeed, two of the Wellcome Trust's 'active ingredients' for mental health are 'better access to green spaces' and 'more bodily movement'.

People have also been cheered by cleaner air and lower carbon emissions during the lockdown, with multiple polls showing **majorities** saying that they don't want life to go back to how it was and supporting the idea of a 'green recovery'.

- **Cycle-logical support** – Sports England notes that both **walking and cycling were up** during the lockdown; there has also been a **boom** in the sale of bikes. Covid-19 has reshaped cities and our idea of public spaces as the lockdown cleared roads and improved air pollution. Many don't want to go back to how things were, and there have been calls for the reinvention of city spaces **to make them more bike and pedestrian friendly**.
- **Connecting with other species** – there has been a **spike in pet sales** around the world, especially in Italy where people were only allowed outdoors to walk their dogs. The spike has underlined how connecting with other species is good for us, and can provide 'active ingredients' of wellbeing like distraction, companionship, affection, play, touch and responsibility for others. Mental health services **increasingly recognise this**, with initiatives like therapy animals and 'petting rooms'.
- **Grow your own** – Covid-19 has seen a shift towards more local and self-sufficient agriculture networks and more home-growing and home-cooking. Some seed providers **sold out** as millions took to growing vegetables, fruit and flowers for the first time, discovering the **well-evidenced** emotional consolations of gardening.
- **Green recovery** – the idea of a 'green recovery' or 'green new deal' has taken hold in many countries. In the UK, environmental groups have called for a '**national nature service**', with public works programmes focused on environmental restoration with the potential to create 10,000 new jobs.

Questions for the future

How can mental health policies be more joined up across areas of government so that politicians and public health workers consider the social determinants of mental health - such as air pollution, housing and lack of access to green spaces? How can access to green spaces be made more equal? How can mental health services connect to community gardening, to community farms, to walking and cycling groups, to petting farms?

Games and sports



Photo by Priscilla Du Preez
on Unsplash

Games help people during crises: even in Nazi concentration camps, prisoners found ways to play soccer tournaments. The therapeutic power of play is similarly evident all over the world today. The temporary freezing of almost all professional sports denied people one of their main sources of distraction, community and meaning, underlining their importance for well-being and belonging. But online sports and video games have boomed, with sales of games rising 35% since lockdown began, and economists even attributing a rise in inflation to the gaming boom.

There is **strong evidence** that taking exercise improves mental health, and in the UK the Office of National Statistics **found** that taking exercise was one of the leading ways people coped during the lockdown. There is also growing evidence that playing games – online and offline – **improves young people's well-being**, when not done excessively. In a **Young Minds survey**, half of young people with mental health needs said they found gaming helpful during the lockdown. Here are some examples of how people have been using games and sports to cope during the pandemic:

Sales of computer games have risen by 35% since lockdown began

“

I suffer from anxiety, and have found Animal Crossing quite soothing. I talk to my friends more, we visit each other and send letters... I joined the Animal Crossing group on Facebook and it's a whole community across the world helping each other.”

Francesca Lang,
23-year-old British woman

- **The gaming lockdown** – Plague Inc was the best-selling game in China during the pandemic. In the original game, players had to design a virus to wipe out humanity; in the **new version**, they play the role of epidemiologists trying to stop a pandemic. Meanwhile, the Nintendo Switch game **Animal Crossing** was one of the phenomena of lockdown, in which players retreat to a desert island to construct a perfect neighbourhood or visit each other's islands and homes. More recently, activism from the real world has spilled into the virtual world, with gamers **demanding** a more equitable in-game economy and organising mass BLM and Hong Kong protests online.
- **Gamifying public health** – the World Health Organisation worked with gaming companies to spread public health messages through the **#playaparttogether** hashtag. Meanwhile, in June, the US Food and Drug Administration **approved** the first therapeutic game for treating Attention Deficit Hyperactivity Disorder, and there's already good evidence that playing **Tetris** in between shifts helps reduce Post Traumatic Stress Disorder in emergency workers.
- **Online fitness and yoga classes** – in the UK, Joe Wicks briefly became **the nation's PE teacher**, while online yoga classes such as 'Cosmic Kids Yoga' in the UK and 'Yoga with Adriene' in the US became hugely popular, providing a daily routine for people. People have also self-organized their own classes – one teenager tells us she put together a daily work-out with her friends via House Party. There's **good evidence** that yoga improves emotional well-being.

- **Spreading 'active ingredients' through play** – **Body & Soul**, a London charity, asked its youth members to design an online escape room. The game included aspects of Dialectical Behaviour Therapy for those at risks of suicide, but 'active ingredients' were stirred in with a lot of fun and play.

Questions for the future

How can mental health services connect better with sports, fitness and gaming groups? How can games promote the 'active ingredients' of therapy? What role could sports players play in improving the conversation around self-care and mutual aid?

Volunteering and mutual aid

At least 6,000 COVID mutual aid organisations have been set up around the world.

One of the most visible and positive aspects of the pandemic has been the huge growth in volunteering. A map produced by the **Mutual Aid Wiki** project counts some 6,000 mutual aid groups around the world, for example, many of them set up in the last three months in response to the pandemic. Another report by the **Dignity Project** found that in the UK alone, 4,224 mutual aid groups had been set up, through which 3.6 million hours of help had been given. 64% of UK adults **feel** their communities have 'come together to help each other' during the crisis.



Photo by **Andre Ouellet** on **Unsplash**

While the purpose of such groups may often be to help people to meet their basic material needs, they can also offer people important active ingredients of mental health, ranging from an increased sense of agency to enhanced belonging and social cohesion. **Evidence** suggests a strong correlation between volunteering and mental well-being, particularly among older people.

At the same time, there is also some **evidence** that mutual aid groups have tended to **thrive** most in areas that already have higher social capital, which also tend to be areas that are more affluent. A key challenge for the future is hence how to ensure that areas with higher social and economic inequalities, lower trust, higher population churn and less civic infrastructure are not left still further behind.

- **Protecting vulnerable people** – In the US, **Invisible Hands**, a start-up created by three 20-somethings that covers the New York and Long Island area, has seen 10,000 volunteers delivering groceries and prescriptions to people who are socially isolating.

“

I put a note through the door of a couple of my elderly neighbours offering to shop for them. One of them called me and said she was touched by the offer ... I felt a bit embarrassed that we had never spoken properly before. She said it reminded her of how people came together during the war.”

Participant with the Relationships Observatory

- **Empowering through agency** – A UCL study **found** that volunteering during COVID was unusually high (relative to usual volunteering statistics) among those with a physical disability or mental health diagnosis. This underlines the power of the mutual aid approach, which draws on everyone's strengths rather than dividing people into 'providers' and 'service-users'.
- **Covid patient support groups** – In the US, queer collective Body Politic launched a **Virtual Covid-19 Support Group** after half its team fell ill with the virus, drawing on the LGBTQ community's experience of the early stages of public health crises when stigma and ignorance are prevalent and the medical community is racing to catch up. The group now has thousands of members around the world.
- **Bootstrapping existing community networks** – while many new mutual aid groups have blossomed, existing community networks have also been quick to respond to new needs. One example is the Green String Network, a Kenya-based NGO for trauma recovery, which **acted quickly to raise money for cloth masks**, and to spread accurate information about the illness among poorer communities.
- **Mutual massage aid** – in Berlin, the **Woloho community newsletter** has been filled every week with free offers of therapy, Tarot, coaching, massage, meditation sessions, ukelele lessons, and other forms of mutual support.
- **Charity donations** have been surging **in the US** with 28% higher donations than a year earlier. In the UK, the figures have been even more striking, with online donations in April 2020 **304% higher** than the previous year.

Questions for the future

How can new mutual aid groups be supported by governments or funders, without being controlled or exploited? How can they be genuine mutual aid networks that empower people, rather than focusing on the 'needy' and 'vulnerable' who need our help? Given that mutual aid groups seem to have flourished most in areas that already have higher social capital, how can we ensure that more deprived areas don't lose out, in the process further widening pre-Covid inequalities? How can the flowering of mutual aid groups during Covid-19's first wave be sustained for the future?

Activism



Photo by **Cooper Baumgartner** on **Unsplash**

During the early peak of the pandemic in spring 2020, public applause for healthcare workers became a global phenomenon, with people standing outside homes or leaning from windows to show appreciation for doctors, nurses and other key workers for saving lives and braving high infection rates.

More recently, the global wave of Black Lives Matter (BLM) protests – as well as far right or white supremacist counter-protests – has become a defining feature of the summer of 2020, as have protests in Hong Kong, Russia, Lebanon, Belarus and Israel. As with mutual aid groups, protests have been organised via autonomous, self-organised structures (the phrase ‘**mutual aid**’ itself comes from the 19th century anarchist Pyotr Kropotkin).

Against this backdrop of widespread activism and radicalism, the Covid-19 crisis has also become a moment in which far-reaching political change has seemed possible, with big ideas – like defunding the police or introducing a universal basic income – becoming more widely talked about than ever before.

There is **some** early, mainly **anecdotal** evidence that activism improves well-being, connection, sense of control and purpose, although in some **surveys**, reading or watching the news negatively impacted mood during lockdown. And of course, street protests can exacerbate polarisation (as with American protestors facing off against each other, sometimes with guns) and increase infection risks during a pandemic.

- **Showing support for key workers** – in January 2020, people in Wuhan in China began **cheering** for healthcare workers during evenings, shouting

“keep up the fight!”. The trend spread to **Italy and Spain** in March 2020, and as footage of the events spread on social media, the trend was rapidly replicated in countries all over the world including France, the UK, India, and Turkey. On social media, many more people changed their profile photos to show support for health workers.



The Black Lives Matter movement has made my mental health stronger as it uplifts me to know that others are finally standing up for their rights and everyone is supporting them.”

Participant with Company Three, UK youth charity

- **Protest** – both in the US and internationally, BLM actions have been heavily organised by young people (e.g. the **Bristol** protests in the UK were put together by five young people aged between 16 and 21; 52% of participants in BLM protests in US are **aged 18-29**). Activism was one of the most widely cited answers in a survey by Company Three of teenagers when they were asked what things have happened on a bigger scale in the world that have had a positive impact on mental health.
- **Defund the police, fund community support** – the BLM protests have **galvanized a conversation** around shifting from a crime-and-punishment approach to a support-and-rehabilitate approach on issues like homelessness, community mental health, and drug-addiction. In the US, as much as **40%** of the population of some prisons may have a mental health issue, and prisons were among the locations **worst hit** by the pandemic. Evidence-based **community mental health programmes** can reduce recidivism rates and save tax-payers money.
- **Culturally competent mental health** – the BLM movement has also highlighted racial biases in mental health services, with black people much more likely to be sectioned and put on anti-psychotic drugs than white people in the **UK**. As a result of their ‘**overwhelmingly negative** experience of mental health services’, black and minority ethnic (BAME) groups have higher avoidance of mental health services, for both cultural and political reasons. There is rich scope for innovative work to address these needs, including to address inequalities experienced by BAME people in accessing mental health services (like **Black Thrive** in London).
- **Youth-led activism on rebuilding after Covid-19** – **Radical Restart**, an international youth activism movement focused on rebuilding differently after the pandemic, has offered a range of training workshops for young people new to activism. UK Youth has been **offering** #StandwithYouth webinars on imagining life after lockdown, looking at areas like our financial future, safer communities, and digital lifestyles.
- **Protest in schools** – Covid-19 has struck at a time when there is a powerful existing base of activism in schools, seen for instance in the school strikes for climate change. In the US, the **Move School Forward** movement has demanded that the post-Covid 19 agenda for reopening schools be based on an inclusive, equitable approach with students as ‘full participants in the decision-making process’.

Big questions remain about long term effects of protest movements: the 2011 Occupy protests captured the public imagination, but ultimately made few concrete political wins. While some critics charge that the Black Lives Matter

protests lack specific demands, the Movement for Black Lives set out a comprehensive platform as far back as 2016, while Campaign Zero has done the same on police brutality.

While some people have questioned whether the mass protests created risks of fuelling higher Covid-19 infection rates, available evidence suggests that this was not the case, and in fact that in cities where major protests took place, the protests themselves were more than offset by other people staying at home.

Questions for the future

Research has only just begun on whether youth activism improves youth well-being, or could, in some instances, actually increase mental disturbance through catastrophising, 'othering' opponents, activist burn-out, and so on. How can we help young people work for change while not burning out? Can we recognise a 'Larger Us' that includes our political opponents?

Education and learning

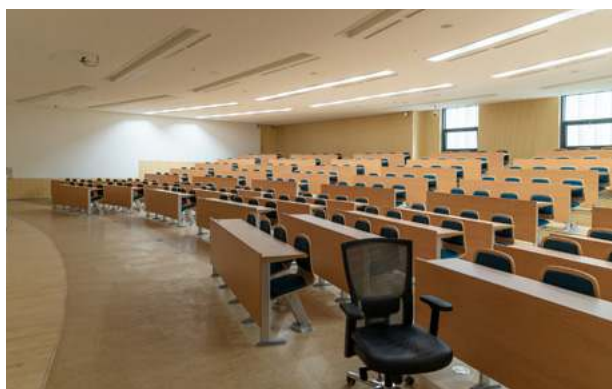


Photo by Changbok Ko on Unsplash

The single biggest immediate impact of Covid-19 for many young people has been the closure of schools and universities, with over a billion children out of school, even before further education is accounted for. This has arrested learning, denied opportunities for travel, cut young people off from their peers, and kept them at home – sometimes in abusive and unhealthy situations.

Schools and universities have struggled to react quickly. Some classes and lectures have switched online, but many students say they struggle to stay as engaged as with real world teaching. Hundreds of millions more school children affected by lockdowns around the world have limited or no access to the internet.

“

I'm keeping busy by learning about witchcraft online – teaching myself something gives me that feeling of: 'Yes, I can do this alone.'

Ligia, British 17-year-old, Young Minds survey

On the other hand, many people have found meaning and consolation in online learning. A survey by the Duke of Edinburgh award found that 47% of young people had learned a new skill during lockdown, and a Young Minds survey found that 59% of British teenagers with mental health needs found learning new skills helpful in lockdown. This fits with evidence from the What Works Centre for Well-Being, which found that some forms of adult education boosted confidence and life satisfaction.

- **Mutual aid for kids** – While some schools have struggled to respond to students at home, in the UK, a teachers' WhatsApp group organized the filming and sharing of 200 online lessons for pupils, and delivered 14 million lessons to four million children. More recently, two teachers, Hannah Dalton and Kiran Mahil,

“

I heard the name of the village, Llanfairpwllgwyngyllgogerychwyrndrobwlantysiliogogogoch, in an Instagram video and thought it would be a good idea to learn how to pronounce it. This led me to learning the Welsh language through a Duolingo course. I communicate with people from Wales on a regular basis now, all through the internet in various chats.”

Nastya Lisitsyna, 16-year-old teenager in Moscow

have developed a ‘Roadmap for Renewal’ to help schools as they support students to return to schools even as they navigate profound feelings of loss, anxiety, or trauma.

- **Online support for students’ mental health** – Student Minds launched [Student Space](#), a website to support students’ mental health, during the pandemic, and attracted £1 million in funding from the government for the initiative. Some universities are turning to [mental health apps](#) to try and reduce waiting times for counselling. Meanwhile, university research departments have risen to the challenge of researching Covid-19’s [mental health impact](#).
- **Informal learning** – online and offline has been blossoming for several years, and the lockdown only increased this trend, with many people signing up for online learning courses. MITx’s online courses received [half a million](#) new enrollments during lockdown. Mental health has been an especially popular area to learn about: according to [York University](#), the most popular massive open online courses (MOOCs) taken this year include cognitive psychology and digital wellbeing, while Yale University’s course on “the science of wellbeing” saw a [295% increase](#) in enrolments during the pandemic. Informal learning is particularly blossoming in well-being psycho-education, through providers like [the Weekend University](#) and [Action for Happiness](#).
- **Connecting universities with local communities** – The possible decline in international students attending western universities as a result of the pandemic could create an opportunity for universities to [rediscover their connection to local communities](#) through adult education programmes and partnerships with third-sector organisations. One excellent example is the QMUL Youth Resilience Unit, [launched in May](#), which brings together psychologists and theatre workers, and builds on a decade’s work with youth arts organisations in Latin America. Other such partnerships could discover what works and bolster community infrastructure.

Questions for the future

How can the education sector adapt to help young people through a deep economic depression, offering them the vocational and emotional skills to weather a prolonged period of emergency? Is an expensive three-year degree the best preparation for such a time of upheaval?

Employment



Photo by Macau Photo Agency on Unsplash

With unemployment in developed economies set to be higher by the end of this year than at any time since the Great Depression according to the **OECD**, unemployment is replacing Covid-19 as the main cause of anxiety in some countries, according to **IP-SOS**. Generation Z is likely to be **worst hit by economic recession**: no cohort has seen bigger leaps in joblessness, and this dynamic is likely to intensify as the school year ends and summer work fails to materialize with loss of summer jobs, hospitality jobs, and internships all hitting younger people. Economists warn of the risk of an idle summer turning into an idle year, and potentially **permanent damage** to future prospects.

“

I was working really hard and got quite burnt out before lockdown. It's really made me question my priorities. Now, I feel that money and conventional success are less important to me. I want to make every day count and find meaning before I die.”

Abigail, 28-year-old French woman

All of this has serious and potentially long-term impacts on mental health. Even before the pandemic, there was strong evidence that both **inequality** and **poverty** are strongly correlated with mental ill health, as well as with a wide range of other health and social problems like drug abuse, imprisonment, obesity, violence, or reduced social mobility. Now, the sheer scale of economic harm caused by the pandemic risks become a massive amplifier of all of these trends.

The Mental Health Foundation **found** 34% of UK adults in full-time work were concerned about losing jobs, while 20% of unemployed people said they had suicidal thoughts within the last two weeks.

Conversely, people who continued to work at least part time during the coronavirus lockdown have far fewer mental health problems than those who have lost their jobs, according to another **study**. Evidence **suggests** that employment boosts well-being not principally because of income, but because of the knock-on benefits of increased purpose, time structure, enforced activity, social contact outside of the family, and status / sense of identity.

- **Shifts in working patterns** – the pandemic has normalised working from home with attendant psychological benefits (e.g. not having to commute, more time with family) and challenges (e.g. it becomes **harder to delineate work/life**, feeling **disconnected** from colleagues). **Only 13% of working parents** want to go back to how they worked before. In Germany, people who normally use co-working spaces have turned to **online co-working** on Zoom groups instead. A **study** of people working from home in the US found that people reported 10–20% longer working days, 10% greater self-efficacy, and 40% better communication with close colleagues – but also 10% less communication with people linked via weaker ties.

People who worked part time had far fewer mental health problems than those who have lost their jobs

- **How companies are supporting employee wellbeing** – **two thirds of companies** introduced new wellbeing programmes during the pandemic, such as employee assistance programmes, counselling, mental health assessments, and support groups. In the US, Bank of America expanded healthcare coverage to include virtual behavioural health consultations for issues like anxiety, stress, depression, grief, and relationship issues and eating disorders, and also introduced a new app called MyStrength with activities and resources to help people manage their mood.
- **Jobs with purpose** – the lockdown was a watershed moment for some people, making them ask questions about what really mattered to them, and prompting some to change or leave their jobs. A recent **report** by Wharton Business School suggests that employees are increasingly looking for purpose, and will reward companies with a strong organizational purpose.
- **New ideas on work and welfare** – space is rapidly opening for radical new ideas on work and welfare (e.g. Scotland is trialling a Universal Basic Income; Spain, Wales, and South Korea are also considering the policy), with potentially far reaching implications for **mental health** as well as poverty, inequality, exclusion.

Questions for the future

How can businesses best help their employees to care for their mental health? Can post-Covid recovery plans focus on supporting local and community shops, clubs, and community centres which enhance community belonging? What sort of new deal is needed to cope with the unprecedented rise in unemployment and all the concomitant mental health impacts?

Grief and trauma

At time of writing, Covid-19 has led to close to a million **deaths** globally, with many more likely to have gone uncounted in official totals. Lockdown restrictions have meant that family members have often been **unable** to say goodbye or to attend funerals in person, and healthcare workers have been prevented from helping with palliative care in ways they would ideally wish to.

At same time, healthcare workers and others in the front line such as care home workers have faced **burnout** and **traumatic stress** from both the relentless pace of caseloads at the peak of the pandemic, and the very high death rates among elderly and at-risk populations.

- **Saying goodbye to the dying** – emergency workers and hospitals have **used** iPads and mobile phones to allow relatives to say goodbye to dying family members virtually rather than in person. Meanwhile, amid lockdown rules, many grieving relatives have had to attend funerals **over Zoom** rather than in person, preventing necessary mourning rituals like memorialising and seeing other friends and family members at a wake. In the UK,

About a quarter of SARS survivors had PTSD and 14% depression a year after the epidemic.

St Paul's Cathedral has created an online **remembrance site** for people who have died of Covid-19.

- **Alternative approaches to trauma** – well before the pandemic, there was growing interest in the potential for psychedelics like psilocybin and LSD as ways of treating **anxiety**, **depression**, and **Post Traumatic Stress Disorder** (PTSD). During lockdowns, too, some people report successfully using psychedelics to **combat anxiety** (albeit outside the controlled conditions of a clinical trial).
- **Post traumatic growth** – some research **suggests** that many people respond well to emergencies, and find an enhanced sense of meaning, connection to others, and even spirituality. There is also **evidence** that many health workers emerged from the first wave of the pandemic with a deeper sense of purpose.
- **Moral injury** – a more holistic approach to PTSD recognizes the role of 'moral injury', a sense that poor disaster management has led to situations which violate your moral code – for example when lives are lost that could in other circumstances have been saved. To protect healthcare workers from this, we need to think how to respond to **their sense of moral injury** during the crisis, how to commemorate their sacrifice and respond to their **demands for justice**.

Questions for the future

Can we accept that difficult life situations can involve both suffering and community, meaning and moral injury? Is a rigid distinction between growth and breakdown too simplistic? How can we find ways to support post-traumatic growth in an Age of Emergency?



**Ten
reflections
from the
pandemic**

What can we learn from the examples in Part 2? In this part of the report, we set out ten key reflections from the pandemic so far.

1. Looking beyond therapy and medication

Talking therapy **helps many people**, and so do anti-depressants. But people can also find the 'active ingredients' of good mental health (see box below) outside of traditional mental health services, via activities like philosophy, poetry, sports, volunteering, cooking, gardening, religion or activism. There is already good evidence for many of these alternative ways of coping, though there is an urgent need for more rigorous evidence for others.

Active Ingredients proposed as “best bets” for young people aged 14-24 worldwide		
For depression and anxiety	For depression only	For anxiety only
For prevention of problems and intervention once arisen		
<ul style="list-style-type: none"> • Better able to shift perspective • Better stress response via relaxation • Developing more helpful thinking patterns • Helpful use of mental imagery • Improved management of emotions • Improved problem solving • Increased self-compassion • Increased sense of mattering • Increased social connection • Increasing engagement with positive activities • Learning to be more hopeful • Reduced loneliness • Reduced perfectionism • Reduced repetitive negative thinking 	<ul style="list-style-type: none"> • Better sleep and body clocks • Improving social relationships • Increased financial resources via cash transfer • Reducing levels of inflammation in the body 	<ul style="list-style-type: none"> • Reduced avoidance of feared things
For prevention only		
<ul style="list-style-type: none"> • Better urban access to green space • Increased neighbourhood cohesion 		
For intervention only		
<ul style="list-style-type: none"> • Engagement with theatre or the arts • Use of anti-depressants 	<ul style="list-style-type: none"> • Improved view of self • More bodily movement 	<ul style="list-style-type: none"> • Better gut microbiome function

Both clinical and non-clinical approaches to mental health have a crucial role to play. But while mental health services can offer powerful ways of helping people manage acute suffering, meaning, connection, value and flourishing may often be discovered and created more readily in the third sector rather than through formal medical services.

In policy terms, this implies the need for a level playing field which looks at *all* the evidence for how people cope and what matters to people, rather than confining mental health approaches to a narrower lens of talking therapy and antidepressants. And it also means thinking beyond the usual silos and building bridges between mental health policy and the arts, education, the environment, faith and many other areas of life. Above all, we need an approach to mental health which asks not only 'what's wrong with you?' but also 'what matters to you, and what resources can you draw on?'

2. Looking for meaning and purpose as well as happiness

Covid-19 happened in a year that had already seen apocalyptic forest fires in Australia, and in an era of more frequent natural emergencies, lower economic growth, and growing existential risk. These trends are likely to intensify in the coming decades as the world warms up – implying the need to be able to imagine a meaningful life even in very challenging circumstances. While we might not always be happy, or free of anxiety and grief, we can still be rich in meaning, connection and moments of joy.

Political agendas around well-being and happiness have, over the last 15 years, achieved some notable policy successes, such as the introduction of national well-being measurements, improved funding for talking therapies, and the introduction of well-being courses in schools, universities and companies. But there is also a risk that focusing too relentlessly on the pursuit of happiness can make it harder for us to tolerate difficult emotions and experiences.

In this sense, there may be advantages to shifting our cultural and policy aims from a focus on happiness and well-being towards a focus instead on meaning and psychological flexibility. It is possible to have a meaningful life even amid adversity (something Nietzsche understood when he wrote that: "He who has a why to live can cope with almost any how"). His point seems to be borne out by UCL's study of people's sense of meaning during the lockdown, which **found** that UK key workers had higher levels of anxiety than the general population, but also higher levels of meaning.

Over the longer term, a still larger question centres on what kind of cultural stories or philosophies will best help us to **navigate the rapids** that lie ahead. What **myths or visions of the future** will best help us to transcend a rise in nihilism and despair, and how can we best make sense not only of a world in flux but also of our place and role in it?

3. Taking a whole person, whole society approach

Mental health is about much more than just the avoidance or repair of mental *ill* health. Instead, it's about how we flourish as people, both in our individual lives and in our communities and societies: how we find meaning, what we value, how we express our creativity, how we love, and how we grow.

And just as we can address mental health problems through a far wider range of approaches than just therapy and medication, so we also need a whole of society approach to supporting human flourishing. Of course mental health (and indeed physical health) are essential parts of the mix. But so are a huge range of other areas of policy and practice: jobs, economics, arts, transport, food, education, homes, green spaces, welfare, social care, and even global policy agendas like climate change and biodiversity.

Taking a coherent approach across all of these areas is not easy. Each of them is too often its own silo, with its own funding streams, institutions, communities of practice, specialist language, and so on. Nor can such silos be overcome by simply 'redrawing the organogram' – on the contrary, such structural reforms often make things worse by creating new complications together with reform fatigue.

But there is scope for a rich cross-fertilisation across disciplines, with different approaches bringing diverse and valuable contributions to mental health. The kind of change needed is above all cultural. It begins with the need for actors in all of these diverse sectors and institutions to build connection and to develop a common story about where we are, where we're trying to go, how to get there, and underneath it all *who* we are. A whole-society approach is also about strengthening links between different sectors – between mental health services and the voluntary sector, the arts, faith groups, adult education colleges. Some of these bridges are discussed in more detail below.

4. Recognising inner and outer as two sides of the same coin

We often see issues 'out there' in the world – things like climate change, inequality, or transport policy – as occupying a separate category from 'inner' mental health issues like anxiety, depression, addiction, or loneliness.

In reality, though, our inner and outer worlds are much more intertwined than that. We should see them as two sides of the same coin. As this report has explored, the real world impacts of Covid-19 – infections, lockdowns, job losses, deaths – have tangible impacts on our states of mind. This tallies with a broader shift in psychology over recent decades, which has seen us recognise that depression and anxiety are not just about brain chemistry, and instead often have roots in how our society may fail to meet psychological needs for many (and perhaps even most) of us.

But our states of mind also have tangible impacts on the world around us. The waves of panic buying that many countries witnessed early in the pandemic

had psychological roots, as people fought to gain a sense of agency amid an uncertain and frightening situation. Equally, the flowering of so many mutual aid groups *also* represents an attempt by many people to feel a sense of agency – but in a more empathetic and prosocial way.

These kinds of feedback loops between our inner and outer worlds often go unrecognised, but are crucially important – particularly because such feedbacks can easily become self-amplifying. At worst, they can become vicious circles in which real world harms lead to mental ills like threat perception or trauma, that in turn render us less empathetic and more prone to extreme views, and that leave our societies more fragmented and polarised. But there is also the potential for the opposite dynamic, where inner and outer healing go hand in hand, and drive the emergence of a **Larger Us** rather than a Them-and-Us that will in turn greatly increase our capacity to handle shared challenges like climate change.

5. Building bridges between faith groups and mental health services



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Many of the ‘active ingredients’ of therapy are found in cultural and religious beliefs and practices: becoming better able to shift perspective, the helpful use of mental imagery, increased self-compassion, better stress response via relaxation, increased sense of mattering, deepened social connection, enhanced engagement with positive activities, learning to be more hopeful, and so on.

In western culture, psychology and psychiatry grew out of religion and offered a secular approach to ‘care of the soul’. Sometimes, they have drawn from re-

ligious traditions like Stoicism, Buddhism, shamanism or Christianity, and turned their practices into secular techniques: from the therapeutic confessional and interest in mindfulness-based stress reduction to Stoic-inspired Cognitive Behaviour Therapy, the **12 steps** of Alcoholics Anonymous with their faith in a “Power greater than ourselves”, or interest in the transcendental experiences offered by psychedelic therapy.

But neither psychology nor psychiatry completely fulfil the role that religion once filled in the West, and that it still fills in most of the world (**84% of the world's population** is religiously affiliated). They don't offer the community that religions do, nor the connection between inner states and external works. They don't offer the idea of a practice for life, with a goal at the end. On the whole, they don't offer the meaning, beauty, value or transcendence that religions sometimes do, nor the acceptance of suffering in the service of a higher good.

On the other hand, religions can lack psychological understanding, and do not always have the close, forensic and evidence-based understanding of how the mind can go wrong and how it can be helped to heal. They may still champion demonic theories of mental illness, which can be hugely damaging to individuals, to say nothing of many religions' long-entrenched patriarchal and heteronormative biases (though of course, western psychiatry too has its own entrenched biases).

In most of the world, there are too few psychiatrists – less than one per million of the population in low income countries – and practically no therapists. The default provider of mental health services are religious groups and traditional healers. Yet mental health outcomes are **not always worse** in these countries. There is **consistent evidence** that outcomes for psychosis are better in some developing countries than in developed countries. It may be that western mental health services can learn from other parts of the world, and from other approaches to mental health.

Historically, there has been suspicion – or outright hostility – between psychiatry and religions. Religions have seen psychology and psychiatry as secularising competitors, while psychiatrists have tended to pathologise religions while ignoring the evidence for the mental health benefits of religious participation. Yet as we saw in Part 2, there are plenty of instances where mental health services can work usefully with religious communities, increasing the reach of their services, and also learning from other cultures about the varieties of ways people find healing and flourishing.

6. Deepening links between higher and further education and community groups

The higher and adult education sectors have been severely disrupted by the pandemic. This is forcing a rethink of what the sector can and should offer. The marketisation and internationalisation of western universities has been particularly affected, with a steep drop predicted in the number of foreign students choosing to study at them.



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This disruption offers a window for a far-reaching rethink of what the higher and adult education sectors can offer, and a chance for education providers to connect better with local communities. This has two important implications for youth mental health and a community-led model of wellbeing.

First, much more collaboration between voluntary organisations and academic researchers, in the form of active research partnerships. This can improve the evidence base for new models of therapy, and give voluntary organisations access to new sources of funding. There are several strong examples of this, such as The Reader's **partnership** with Liverpool University, which has improved the evidence base for bibliotherapy, or Queen Mary University of London's new **Youth Resilience Unit**, which works with local theatre organisations. The Carnegie UK Trust has undertaken important **work** on how to develop these partnerships better.

Second, the importance of lifelong learning as a coping mechanism in difficult times. It gives people important active ingredients, like social engagement, perspective-taking, a sense of meaning and mattering, and a sense of mastery and control, as well as enhancing values like curiosity and competence. In practice, improved funding for further education colleges could go a long way towards enabling them not merely to offer skills for employment (although this is of course hugely important) but also opportunities for community, creativity and meaning-making.

7. Supporting the cultural safety net

As we saw in Part 2, the arts have huge value in helping people to heal, connect, create, and find meaning in adversity. Health organisations increasingly recognize the healing power of the arts, as the NHS's new social prescribing programme in the UK shows. However, no one will be able to rely on this cultural safety net if it fails to survive the pandemic.

The lockdown has devastated the global creative economy at just the time when people are discovering most value in it. Around the world, lockdowns shut down theatres, cinemas, concert venues, libraries, bookstores and arts centres. While many governments eventually came forward with financial support for the arts sector, this has often been for big, established organisations like national galleries and theatres. This is in line with arts policies which have historically justified the arts for their professional excellence and their contribution to GDP. Both are important, but from a wellbeing and mental health perspective, even more important are local and participatory initiatives, which connect with local young people and give them an opportunity to create in a safe environment.



Photo by "My Life Through A Lens" on Unsplash

We need a historic shift in our attitude to the arts, from something that the 'creative industry' produces and the public consumes, to something we *all* create. Arts organisations need help in reframing their pitch for well-being funding; local university researchers may be able to help them strengthen their case. They need spaces to create, too; perhaps all the offices and foreign student apartments that will lie empty in the next few years could be the site of a youth creative renaissance, like the use of empty warehouses by acid house parties in the UK's 80s recession. Finally, creative freelancers need a much better deal from the digital economy, which made it practically impossible to make a living as a creative before the pandemic, never mind during it.

8. Building on the appetite to reconnect that Covid-19 has created

The pandemic has shown how much people genuinely want to connect and know their neighbours better, particularly in overly-individualized western societies – and what can happen when people feel that they have permission to do that. This is a phenomenon that loneliness researchers call 'the permission of snow': as the [Jo Cox Commission on Loneliness](#) puts it,

'It ought not to take an unusual event, such as snowfall, or an extraordinary misfortune, like a road traffic accident, before we feel we have permission to speak to one another in our daily lives. We must normalise such solidarity, not confine it to moments of meteorological curiosity or times of tragedy. Culturally, this may feel disruptive and contraflow. But once people do start talking and remember how good it feels, it is contagious.'

When that happens, the effects on health (both mental and physical) are hugely powerful. By some [estimates](#) loneliness is as bad for life expectancy as smoking 15 cigarettes a day, and the need to tackle the problem head on is increasingly being internalised by health systems as they move towards social prescribing.

While Covid-19 lockdowns hugely exacerbated loneliness for many people – especially elderly people living on their own or in care homes – the pandemic has also created some of the seeds of a potential antidote, by focusing so many of us on the importance of relationships and belonging, and giving us permission to connect to one another. This could be the start of an important and powerful healing process; but the momentum could also easily dissipate if we fail to capitalise on it.

9. Making mutual aid the start of something bigger

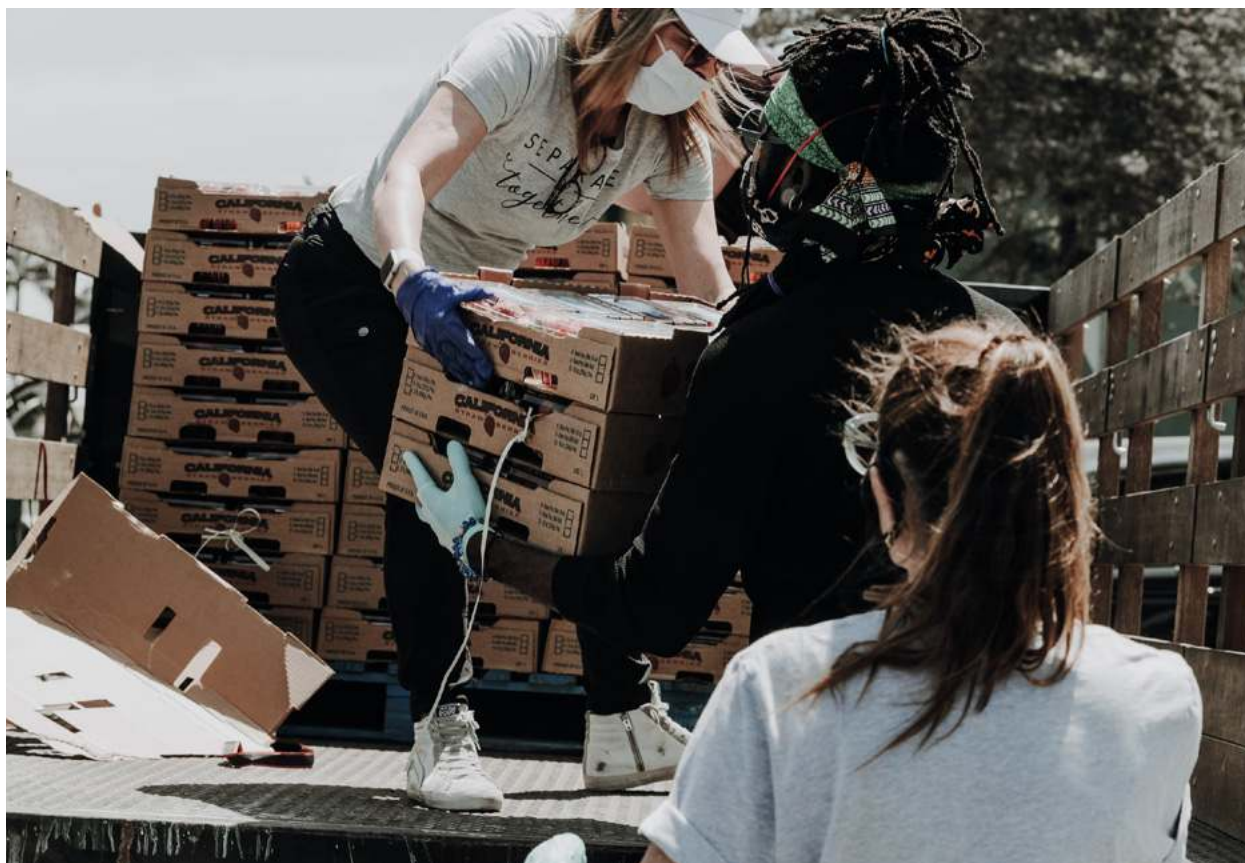


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The wave of self-organised mutual aid groups that has sprung up in countries all over the world represents a hugely powerful potential driver of improved mental health. As well as helping people to meet their 'external' needs, like access to food and medicines, these groups have also proved their worth in building deep networks of connection and belonging and in creating a strong sense of agency, purpose and meaning.

They also potentially represent a marked shift of power towards self-organised citizen groups that have in many cases had a strong emphasis on mental health at their heart. The big questions now for mutual aid groups are whether they can last, and whether they can scale. Bottom-up initiatives at neighbourhood level have already proved valuable, but without a coherent framework, there is a risk of people falling into gaps between their coverage, of different groups in different places reinventing the wheel rather than learning from each other, or simply of groups falling short of their potential because of chronic resource constraints.

Some of this can be addressed through the same kind of self-organised approaches that catalysed mutual aid groups in the first place, but at higher levels – for instance if street level mutual aid groups find ways of coming together at town or city level. But there is also much that external actors – central and local government, philanthropic funders, businesses, social enterprises, large charities – can do to help.

Crucially, though, these actors need to start with some humility and take great care to adopt a 'first do no harm' approach. There is a real risk of stamping on the green shoots that mutual aid groups represent if larger actors assume that they know best and use their financial resources, convening power, or voice accordingly.

Instead, it will be crucial for them to *listen* to what mutual aid groups and other community actors want and need, to strive to create equal partnerships rather than client relationships, and to **support the conditions on which mutual aid can grow** (ensuring that people have enough time to contribute, protection from immediate financial pressures, and motivation to help in a moment of national crisis) rather than trying to recreate the groups themselves.

10. Never waste a good crisis



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Covid-19 has created a willingness to do things differently in every area of life: from routine wearing of masks in public to the normalisation of remote working and a far less mobile way of life; from social distancing in shops and cafes to connecting with friends and family in radically different ways, even in extreme situations like mourning the passing of loved ones. The same willingness to 'think the unthinkable' has also been evident in policy, from the decision by governments all over the world to impose unprecedented lockdowns, to treasury ministries spending extraordinary amounts of money on trying to cushion the impact of economic shutdowns.

As the nature of the crisis continues to evolve, the need for big new ideas will remain – as will public demand for them, if recent months are anything to go by. And in many of these cases, mental health is likely to be a key consideration.

One clear example is in the Black Lives Matter movement's call to defund the police and end mass incarceration, and instead to reallocate more re-

sources towards alternative approaches such as improved mental health care and different forms of crisis intervention. As many governments have cut budgets for youth work and social care have been cut, so police forces have been left with the consequences by default. Too often, the result has been to push vulnerable people into the criminal justice system even when it is manifestly not the

best tool for serving their, and society's, needs. A radical and holistic rethink is needed – with mental health and community support a crucial starting point.

A similar point applies in the context of work and employment. As the economic crisis wrought by Covid-19 gathers pace, unemployment in many countries has spiked to levels not seen in almost a hundred years. This will affect people's mental health two ways: both the inevitable stress and anxiety that comes from not having enough money to meet basic needs like food, housing and warmth, *and* the impacts on identity, self-respect, meaning and purpose that come with not having rewarding work.

Here again, big ideas are needed on both fronts – and the Covid-19 crisis has pushed them to the forefront of the public agenda. Proposals for a universal basic income have moved further into the spotlight than ever during the pandemic, attracting markedly higher **public support**; in New Zealand, Prime Minister Jacinda Ardern has suggested a **four day week**; in the UK, the influential RSA think tank has **proposed** a 3 day split working week to help people back to work while respecting social distancing.

While an evaluation of these specific ideas is beyond the scope of this report, what's clear is that this *kind* of radical thinking is urgently needed as the nature of the crisis continues to evolve. Governments, businesses and others should resist the natural tendency to firefight during conditions of upheaval and consciously create space and bandwidth to look ahead, think big, and use the potential that any major crisis has to be a transformational, breakthrough moment.



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While we have tried to include perspectives and insights from as diverse a range of voices as possible in compiling this report, the time pressures of producing a 'rapid reaction' portrait of the ways that people coped with the mental health impacts of the pandemic mean that we were not able to take as comprehensive an approach as we would have liked. As a result, we are very much aware of the report's limitations with regard to representation, especially of marginalised communities – and both the authors and the Wellcome Trust would actively welcome introductions and contributions that can help us to redress the balance in future work in this space.

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The Collective Psychology Project is a collaborative inquiry into how psychology and politics can be brought together in new, creative ways that help us to become a Larger Us instead of a Them-and-Us. The Project's launch report *A Larger Us* is available [here](#). In addition to working on collective grief, the Project is currently working on mental health resources to support people [during Covid-19](#); on Larger Us campaigning with a range of NGOs and movements; and on prototyping small collective self-help groups that work on both our states of mind and the state of the world.

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