The preventable tsunami

Experts' discourses on the mental health crisis-to-come in the aftermath of the COVID-19 pandemic

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Citation

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While most knowledge produced by medical experts during the COVID-19 pandemic was related to protecting oneself from catching the virus, a smaller number of experts insisted on the importance of caring for one's mental health. In this paper we focus on this second discourse. Highlighting the mental health implications of the current pandemic, the discourse of mental health experts predicted a mental health crisis-to-come, unprecedented in its consequences, and accordingly they called for preventive actions from both populations and governments. This discourse produces two subjectivities: the *vulnerable subjectivity* – framing people as stressed, anxious, and in need of building solidarity – and the *responsible subjectivity* – calling for the management of information space, taking care of one's mental health and supporting others. Importantly, this discourse brings to the fore the global trauma and psychological suffering resulting from the corona crisis, which have long been neglected; a suffering which is socially unacceptable and, most importantly, preventable.

Keywords: discourse, mental health, COVID-19, expert knowledge, trauma, subjectivity

The COVID-19 pandemic came as a surprise to the global community, and expert knowledge has been particularly important to make sense of it. For a few weeks, public health experts and the media framed the pandemic mostly as an infectious problem: the bulk of information reaching us was related to the numbers of infections, the importance of social distancing, hand washing and all other prevention measures to deal with the new COVID-19. Later, mental health experts constructing the pandemic as a highly stressful time became increasingly vocal, and more pleas for protection of people's psychological well-being started to be heard. Some experts were alarmed at the absence of a second psychological field unit next to the field-ER hospital units where "victims and witnesses who were not physically harmed receive psychological help and are checked for signs of needing further post-traumatic treatment"[1]. Many psychologists and associations started offering (socially distanced) services such as webinars, apps or hotlines for distressed populations[2].

At the same time, medical experts produced recommendations and tips for people to keep themselves safe during the pandemic. While most common advice included washing hands, wearing masks and keeping distance in public places, tips for supporting one's mental health were also disseminated. The World Health Organization has been especially active in promoting strategies to identify symptoms of stress and relieve them[3] and even created, in collaboration with several other international organizations, a children's book to help cope with COVID-19[4].

In this study, we investigate the kind of discourse constructed by mental health experts during the pandemic, the subject's image emerging from this discourse and the societal implications of such constructions. In particular, we focused on the following research questions: How is the discourse related to mental health constructed during the pandemic? What does it say about the contemporary subject, society, and our time?

Methodology

In our empirical analysis, we considered discourses related to mental health produced by international experts. We chose two international entities as examples: the World Health Organization (WHO) and the Mind the Gap (MtG) campaign. While WHO is an established intergovernmental organization with a general focus on health, Mind the Gap is an activist initiative created in March 2020 by several communities of mental health experts to highlight the importance of mental health during the COVID-19 pandemic. We collected materials (posts, reposts, press releases, attached documents) from WHO's and MtG's Facebook and Twitter accounts and their websites to capture messages they made available to the general public. We selected the items related to mental health in the context of the COVID-19 pandemic published between 20 December 2019 and 20 June 2020. Since problematization of the issue of mental health started only later during the pandemic, materials on this topic started appearing in late February 2020.

We followed the methodological framework of *discourse-theoretical analysis* (DTA) (Carpentier, 2010, 2017). The logic of DTA is consistent with the focus on a cyclic research process, where a researcher starts with an initial set of sensitizing concepts, and arrives at an updated conceptual framework after several iterations of data analysis. Our initial sensitizing concepts included *discourse*, *articulation*, identity, *subject position*, *floating signifier* and *trauma*. With these in mind, we did a thematic coding of all collected materials, and then updated our conceptual scheme to conduct the analysis.

Findings and discussion

A Mental Health crisis-to happen

The discourse we were able to identify in the online materials of these two experts international entities is a discourse of crisis, a so-called "Mental health crisis", that they base on arguments about the gradual increase in signs of emotional distress (due to isolation, loss of family members, fear of contagion, unemployment, etc. …), the symptoms of anxiety and depression[5], and of the use of psycho-active medicines such as antidepressants[6]. While part of this discourse is based on a present description of the situation, what characterizes it the most is its predictory dimension, where the situation is expected to worsen: it is about a Mental health crisis-to-come.

Psychiatrists, epidemiologists and health experts cited in different posts speak of a "next wave of the COVID-19 pandemic"[7] and an "expected tsunami of mental illness"[8] that will be made of an exponential increase in cases of depression, PTSD, substance abuse and suicide[9]. The dis-

course is in fact a discourse of prediction and warning of a crisis-to-come.

Following Roitman's approach, we understand the significance of the crisis to be "an enabling blind spot for knowledge production", and we try to "understand the work that using the term crisis does in the construction of narrative forms" (Roitman, 2014). We thus attempt to explore the meanings generated by this discourse of a mental health crisis-to-happen, what is made visible and possible to say within it.

The first level may be the most visible, and self-evident. This crisis discourse can be understood as an action itself, and at the same time a call for actions. The discourse highlights mental health as a reaction to its quasi-absence in the COVID-19 health crisis discourse and the implemented measures. Messages such as "There is no health without mental health" have been underlined and repeated (those are not new but are rather common in mental health awareness campaigns, as mental health has been, and is still, overlooked in many countries and health systems). During the pandemic, mental health experts seemed to resist the sole expertise of epidemiologists and virologists, who through imposed measures of "social distancing" and lockdowns have overlooked their mental health impact. The Mind the Gap campaign for example was mainly framed against "social distancing", calling for alternative messaging such as "physical distancing and social solidarity"[10], and experts compared lockdowns to major psychological experiments[11], underlining the cost it will have in terms of mental illnesses.

In that way the discourse is a resistance-act against the historical and still current underestimation of mental health, but it is also a discourse of a call for action. "Unless we act now to address the mental health needs associated with the pandemic, there will be enormous long-term consequences for families, communities and societies"[12] – this seems to be the main message. We can find urgent calls to invest in mental health, to strengthen the services and to make them available and accessible to the population. While bringing attention to Mental Health casualties of the pandemic, and proposing measures to avoid them, the crisis discourse has also been framed as an opportunity "to build back better: The scaling-up and reorganization of mental health services that is now needed on a global scale is an opportunity to build a mental health system that is fit for the future," as expressed by Dévora Kestel, Director of the Department of Mental Health and Substance Use at WHO[13], with many experts underlining the opportunity for digitalization and for disseminating the use of e-mental health, which many professionals have been reluctant to develop in the past (Wind et al., 2020).

A shared vulnerability, a shared responsibility

On another level, the crisis discourse tells more than a story of highlighting mental health and advocating better

services. In the discourse of a crisis-to-happen, a particular image of the subject is constructed, one that is both vulnerable and responsible. The *vulnerable subject* emerges in discourse on mental health as people are described as being sad, stressed, confused, anxious, afraid, worried, burned out, psychologically traumatized, and having a higher risk of committing suicide. Discussing the vulnerable subject, Martinez (2018) states that posing vulnerability as a constitutive condition of a community opens up the possibility of solidarity. Our data shows that the construction of a vulnerable subject on a global scale indeed goes together with calls for solidarity: WHO calls for a "whole-society approach" when dealing with mental health issues during the pandemic[14], and both actors emphasize the need to offer help, and to be kind and supportive to others[15].

With calls for solidarity comes the responsibility of every individual to manage themselves and interact with others in such a way as to live through the global crisis: the image of the *responsible subject* emerges. According to our data, this subject should find and disseminate facts and not misinformation, share positive and hopeful stories, while coping with negative emotions personally or by consulting a specialist, and should not discriminate or support stigmatization of any groups[16]. Nicoletta (2020) also discusses the emergence of the responsible subject in the pandemic's episteme. His analysis shows how it legitimizes restrictive measures such as the lockdown. However, calls for social support measures, such as investment in the mental healthcare system, are also visible in the discourse, and it is precisely the construction of people as vulnerable which makes these calls possible.

There are important differences between the positions of the WHO and MtG in terms of what makes people vulnerable and what they are responsible for. For WHO, the source of people's vulnerability lies in the uncertainty and economic hardships that the virus causes. Importantly, the lockdown, met with unease and even protested against by many parts of populations it was imposed onto, is not questioned. For Mind the Gap, the lockdown itself is seen as traumatizing and exacerbating the situation for everyone, and especially the most vulnerable groups. Nicoletta (2020, p. 4) notes that the responsible subject of the pandemic "does not go on strike" to protest against the state's restrictive measures, while the emergence of the vulnerable subject allows for their contestations within experts' discourses. For instance, one of Mind the Gap's mental health experts, Robert van Gorp, claimed: "Forbidding contact for six weeks is inhumane and has far reaching consequences", and politicians should understand "there is a mental health aspect to be taken into account" when proposing measures dealing with the pandemic[17].

While the vulnerable and responsible subjects are presented as emerging on a global scale due to a global nature of the crisis, these subjects are not unified. Groups mentioned as particularly vulnerable include the elderly, children and teenagers, health workers, women, people with pre-pandemic mental health problems, people with disabilities, people in conflict settings, workers and learners. While including aforementioned identities, some groups that could potentially be constructed as specifically vulnerable (e. g., refugees, migrants, LGBTQ) did not appear in the discourses of the two actors. Some groups are presented as carrying specific responsibility: for instance, the responsibility of parents is highlighted, while their specifically vulnerable condition is acknowledged to a smaller extent.

While these bifaceted vulnerable and responsible subjects are to face a global mental health crisis, there is a hope to create a resilient society that would prevent the crisis from happening. Some proposed measures for achieving it are clearly individualizing, such as learning stress-management skills, talking to your friends about your feelings or doing physical exercises. However, there is also a call for structural change on a state level for better provision of mental health services. The responsibility for preventing the mental health crisis seems to be shared among individuals, communities and state actors.

The preventable global trauma

One of the interesting features of this Mental Health crisis-to-come discourse is how parts of it went into describing what might happen as a Global trauma. Understanding crisis as traumatic events is probably one of the particularities of our time, with trauma "dominating the way we talk about and understand human suffering" (Scandlyn & Hautzinger, 2013). In this paper, we understand trauma as a *floating signifier*, when attempting to explore the meanings and values it carries and constructs, and what it expresses as "a range of the concerns, values and expectations of this era" (Fassin & Rechtman, 2009).

The concern about prevention and the globality of the trauma are quite new characteristics of the trauma-to-come in the aftermath of the pandemic. In fact, trauma is a concept usually related to the past, identifiable in retrospection, as our means of "relating present suffering to past violence" (Fassin & Rechtman, 2009, p. xi). During this pandemic, trauma is the future, the next crisis, expected to happen, and seems to express our (fear of) future suffering related to the present "violence". With this change of temporality, trauma becomes something that can be prevented, either by minimizing the violence (easing lockdowns), breaking the isolation, initiating actions of solidarity, encouraging and teaching self-care, or increasing access to mental health care and professional support.

The second specificity of this trauma is its outreach, the fact that it is global, making us witness, for the first time in history, a Global traumatizing event. Not only are the geographical borders erased[18], with all countries included in this trauma, but even borders within countries are erased, with an emphasis on everyone being part of this, on the same level[19], even those who manage to survive the viral infection[20]. The traumatizing impact of the pandemic is

presented as a danger to everyone, so that even those who will not lose their life, a family member or their job may lose their well-being. And it is presented in quite alarmist terms, as life-threatening, perhaps as a reaction to it being overlooked by the other experts, as when a neurologist, in an interview entitled "Facing the mental health fallout of the pandemic" published in the WHO website and relayed through their social media says "We know that stress kills" (see note 12).

This trauma is expected to be reaching everyone, even one of the groups that appeared very much in contrast with the rest of the population during the pandemic: the health workers, constructed as the heroes of the situation, praised in the media and applauded in balconies. They are not only taking infectious risks contracting the virus but also sacrificing their mental health. It seems that "hero worship alone doesn't protect frontline clinicians from distress"[21], and the heroes may be the first to succumb to PTSD and future suffering[22], if we (as individuals, communities and governments) do not act, and prevent this trauma from happening, through building our resilience and strengthening the mental health care systems.

Trauma seems to reflect how much suffering becomes at the same time very present and very feared, how much we may be able to acknowledge our vulnerabilities but rather to take control over them than accepting the suffering. Expecting and warning from trauma seems to mirror our refusal to suffer, even during a pandemic.

In both discourses though, we perceive how psychological suffering, that has been neglected for a long time (even by psychiatry that had abnormality as its object for most of its history rather than suffering), is becoming more visible, pictured as a dangerous "tsunami", thus unacceptable, and most interestingly, preventable.

Conclusions

The emerging discourse by mental health experts paints psychological well-being as the forgotten dimension of the suffering from the pandemic and appears to be a way to highlight it while calling to include mental health when tackling pandemics. It warns us of a mental health crisis-to-come as a "next wave", if it is not prevented. The construction of this global mental health crisis at the same time shapes our vulnerabilities as individuals, communities and governments, and emphasizes our responsibility (taking control, caring for ourselves, for others, showing solidarity ...) to prevent it. The responsibility of governments seems to go even beyond the mitigation and prevention of the current crisis; it is to potentialize this crisis as an opportunity to strengthen mental health care services within the health systems.

Our findings, mainly in terms of drawing responsibility, have been influenced, and thus limited, by our choice of the two organizations we took as examples: with one having a Human Rights discourse advocating that governments protect individuals, and the second being an inter-governmental entity, responsibilizing everyone: publishing recommendations for governments to improve their mental health services, and for individuals to take control over their distress and support their communities.

Notes

1   In a parallel to emergency units in disasters – see article in the World Economic Forum, 9th of April 2020: https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/.

2   Examples: a disaster distress hotline proposed on the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html , a self-help website "Using techniques from the field of trauma therapy" from Belgium: https://www.every-oneok.be , and a series of webinars specifically designed for women by a Russian feminist initiative: http://moscowfemfest.ru/webinars.

3   For instance, WHO released an illustrated guide https://www.who.int/publications/i/item/9789240003927?fbclid=IwAR0bmJfaKtPgPmNtwcwEyQr7DVHqn2gW1vjBleV_BR-d2zqgXx8Zo04-M-U and an infographic https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/stress.jpg?sfvrsn=b8974505_14 on coping with stress.

4   Children's story book released to help children and young people cope with COVID-19, WHO's press release on the 9th of April, 2020: https://www.who.int/news-room/detail/09-04-2020-children-s-story-book-released-to-help-children-and-young-people-cope-with-covid-19.

5   WHO post shared in their twitter account on the 14th of May 2020.

6   "Antidepressants use rise during lockdown" The title of The Guardian's article shared by the Mind the Gap campaign facebook page on the 19th of May 2020.

7   "Mental illness as the next wave of covid 19 pandemic, epidemiologists say": A tweet by the Mind the Gap campaign on the 12th of April 2020.

8   "Psychiatrists warn of tsunami of mental illness" was the title of a BBC article shared by the Mind the Gap campaign facebook page on the 17th of May 2020.

9   "Experts warn that a historic wave of mental health problems is approaching: depression, substance misuse, PTSD and suicide": The Mind The Gap sharing an article from the American Psychiatrists Association in their Facebook page on the 7th of May 2020.

10   Homepage of the Mind the Gap campaign: https://www.covidandmentalhealth.eu.

11   Twitter post by the Mind the Gap campaign on the 14th of April 2020, sharing the World Economic Forum article https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/.

12   An interview with a Switzerland based medical doctor specialized in cognitive disorders, posted as a WHO article posted in their twitter account, on the 2nd of June 2020.

13   Article shared by WHO in their twitter account of the 14th of May 2020.

14   Policy Brief: COVID-19 and the Need for Action on Mental Health, World Health Organization, on the 13th of May 2020.

15   "Looking after our mental health" page of WHO's website https://www.who.int/campaigns/-connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---mental-health

16   WHO guidance "Mental health and psychosocial considerations during the COVID-19 outbreak", pp. 1–2.

17   Post on Mind the Gap's Facebook page, on the 26th of April 2020.

18   IASC guidance document published in the WHO website: 'People all over the world are facing severe impacts on their mental health and psychosocial wellbeing due to the COVID-19 pandemic.' 29th of May 2020.

19   "It is important to emphasize the psychosocial / mental health impact of Covid 19 on everyone": Mind the Gap tweet on the 26th of March 2020.

20   Mind The Gap shared an article in their Facebook page on the 22nd of April 2020, entitled "Many covid-19 survivors will be left traumatized by their ICU experience".

21   Excerpt from "Psychological trauma is the next crisis for coronavirus health workers" a twitter post by Mind the Gap, on the 2nd of June 2020, sharing an article from Scientific American.

22   "Front line staff at risk of PTSD" a Facebook post by Mind the Gap on the 12th of April 2020, sharing a BBC article.

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