Joint Statement of Global Opportunity:
Re-imagining mental health systems for the human future post-COVID-19

Immediate and short-term attention has been directed to the negative mental health impacts of COVID-19 in many countries.[1] However, such attention needs to be put to more ambitious use. A necessary opportunity now presents itself to make it a common expectation of global governance to secure the emotional and mental wellbeing of humanity.

The International CIty and urban Regional CoLlaborativE (I-CIRCLE) is a consortium of mental health system leaders and managers founded by the International Initiative for Mental Health Leadership (IIMHL). I-CIRCLE is a growing network for sharing lessons learned to integrate mental health capacity within the work of building vibrant, just, and humane communities.

Socio-emotional health is key to the state of communal life and wellbeing. COVID-19 has underscored and magnified this connection. It will only grow more pivotal as the state of planetary health and civic possibilities are severely tested by inexorable ecological devastation and climate change, of which COVID-19 is an early but not unique symptom of things to come.[2] Facing that future depends on facing up to the unfinished business of adequately addressing the mental health needs and emotional capacity of communities. Unless we boldly change the game, remediable social factors (poverty, food insecurity, unstable housing[3], diminished educational and nurturant opportunities), racial and economic oppression, and mental health systems with too few resources but also far too narrow a mission, will continue to undermine the emotional health and ties that bind humanity. They are the foundations for collective action to solve pressing problems.

We therefore urge the global mental health community, as well as efforts to galvanize worldwide consensus for pandemic response and recovery such as the Lancet Commission on COVID-19,[4] to commit to making wellbeing-centered policymaking a core practice and pillar of the future.[5] That commitment should drive future international cooperation and incorporate the following perspectives and purposes:

- The negative mental health effects of COVID-19 are and will be massive, far reaching, and long term[6]. Addressing them must be a central part of local and global efforts to recover and respond to the pandemic, in ways that not only "build back better," but build anew.

[1] https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

[2] *Sustainable development must account for pandemic risk*, Di Marco et al PNAS February 2020 https://www.pnas.org/content/117/8/3888

[3] Affordable housing as economic development, Ontario Non-Profit Housing Association, 2014 https://www.onpha.on.ca/Content/PolicyAndResearch/Other_Research/Housing_and_Economic_Growt.aspx

[4] The Lancet Commission on COVID-19 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931494-X/fulltext?rss=yes

[5] Biglan A, Johansson M, Van Ryzin M, Embry D., Scaling up and scaling out: Consilience and the evolution of more nurturant societies. *Clinical Psychological Review*, 81:2020, 101893.

[6] *More than a health crisis*, Wellcome Trust and London School of Economics 2020 https://wellcome.org/news/more-health-crisis-covid-19-impacts-are-far-reaching-and-long-term *Mental health and psychosocial considerations during the COVID-19 outbreak*, WHO March 2020 https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf *How mental health care should change as a consequence of the COVID-19 pandemic*, Moreno, C. et al The Lancet Psychiatry July 2020 https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext

- The scale of those effects includes the cumulative toll of diagnosable illness fueled by wide exposure to loss, stress, and trauma. But it also reflects much more. Planetary-sized ecological ruptures like this amplify and harden structural disadvantage and unleash a cascade of compounding risks and multiple vulnerabilities that all land as deep social and emotional damage.[7]

- These effects and how they ripple through communities go beyond marked growth in clinical caseloads. They take apart social cohesion, collective efficacy, and overall health and longevity. They are a collective trauma. They reflect a degree of loss, grief, polarization and damaged ways of life and suffering that requires far more access to services to help individuals. But they also sap the collective will, civic morale, and prosocial soul of whole communities. A fragile and depleted "social climate"[8] limits options to navigate and inhabit the urgent and relentless realities of an ongoing global ecological crisis, of which COVID-19 is an opening act.

- The implications of all this should open wide the narrow place into which "mental health" has previously been put by policy makers and the health system, and the individual disease-centric paradigm that has frozen action at a limited understanding of what mental health signifies. This needs to end.

- Now is the time for an overdue transformation to the purposes of mental health systems and policy that puts the reciprocal connections between mental health, the global climate and ecological emergency, and social determinants of racial and economic oppression and inequity, at the center. These intersections must be addressed in their entirety in order to move the dial on the traumatic impact COVID-19 has had around the world and better position communities worldwide to humanely meet the challenges of ongoing environmental and climate crises.

- Two things need to change to do this: firstly "mental health care" itself as currently constituted, and secondly the lack of active and coordinated participation and leadership from a vast array of other stakeholders who must also own and be partners in this transformation.

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[7] Human Development Report 2019 UN Development Partnership
[8] *Leadership for the social climate*, Belkin, Dr. G New England Journal of Medicine 382:1975-1977 DOI: 10.1056/NEJMp2001507

1. Changing how mental health care works

Specialized providers of mental health care itself can be at the forefront of this change through adopting the following commitments:

1. Mental health and community wellbeing must be participatory, coalition driven, hyperlocal work that permeates and engages all policies and the "whole of society"[9], and sees non-clinicians and non-specialists as experts in local needs and healing practices;

2. The growing field of "task-sharing"[10],[11] refers to the adoption of skills and tools by non-specialists, "lay" people, and peers[12] to do much of the work of care, prevention and promotion. Specialist clinicians in this context can be capacity-building partners and the back-up care providers for escalated needs. This paradigm, rather than the prevailing illness-driven specialist office based one, has to become the starting point of mental health systems and policy, rather than the afterthought;

3. These are both key to challenging old habits including: over-medicalization, specialist and illness focus, hierarchical knowledge and practice, anemic attention or actionable capacity to deliver on promotion, prevention, resilience, or attention to social determinants;

4. The new normal should include pervasive incorporation of an equity lens to all of our research, teaching and care practices, the necessary investments in culture change, learning and leadership to get there, and a shift in resources to historically discriminated communities and historically colonized and impoverished nations. The prize is the wellbeing of all people.

The mental health field faces an overdue reckoning it can no longer dodge. It has the chance to bring and reshape what it knows and does to be relevant to the task of maintaining humane, equitable, steward-communities, and to be a loud voice in local and global efforts to demand that structural change happens. This will require the mental health profession to be familiar with and advocate for

[9] UN, Policy brief: COVID-19 and the need for action on mental health (Geneva, May, 2020)

[10] Programmes that bring mental health services to primary care populations in the international setting, Chibanda, D. University of Zimbabwe International Review of Psychiatry, March 2019

[11] Psychological Treatments for the World: Lessons from Low- and Middle-Income Countries, Singla, D. et al Annual Review of Clinical Psychology 2017 https://pubmed.ncbi.nlm.nih.gov/28482687/

[12] Keet, R., De Vetten-Mc Mahon, M., Shields-Zeeman, L., Ruud, T., Van Weeghel, J., Bahler, M., Pieters, G. (2019). Recovery for all in the community; Position paper on principles and key elements of community-based mental health care. *BMC Psychiatry*. https://doi.org/10.1186/s12888-019-2162-z

broader pursuit of equity[13], income security[14,15], zero carbon/sustainable economics[16], and wellbeing-accountable budgeting[17]. These actions should be integral to any serious effort at safeguarding population mental health and be part of the long-term COVID-19 response, meeting the United Nations Sustainable Development Goals, and facing up to our imperiled ecological future.

2. Enlarging who owns this work

This re-imagining of where mental health fits within wider society is urgently needed and will require changes to what makes up the mental health system. Other stakeholders, users, community members, and sectors can lead and co-create this widened scope and purpose for mental health systems. Expanded ownership will only add value to, rather than detract from, the system's traditional focus on specialist care of illness.

Fully adapting and taking charge of how emotional and mental wellbeing is mutually interdependent with its social, economic and environmental drivers, and stepping up to deliver on the contributions the mental health field can make in securing—with others—a sustainable path for the human future, is our urgent task and challenge.

Conclusion

While the COVID-19 pandemic has previewed deep obstacles for the global future, it has also shown the possibilities for people to come together in collective mobilization, mutual aid, and solidarity, and the tangible linking together of mental health, illness and suffering with the aims and paths of broader social progress and justice.[18] [19] There is much to build on. Let us begin.

We, the undersigned, have collectively developed this statement. We have done so to convey our commitment as mental health leaders, to encourage, support, and realize this paradigm shift and to increase mental health and wellbeing's priority of place in the efforts of governments and communities. The COVID-19 pandemic and the ecological crises the world is experiencing makes this imperative. We urge others to join this work.

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[13] Black Thrive outcomes, Black Thrive London https://www.blackthrive.org.uk/black-thrive-outcomes/

[14] Canada Emergency Response Benefit (CERB): https://www.canada.ca/en/services/benefits/ei/cerb-application.html

[15] Email correspondence dated September 18, 2020 with Kwame McKenzie, CEO, Wellesley Institute, Toronto, Professor of Psychiatry, University of Toronto, and Director of Health Equity at the Centre of Addiction and Mental Health, Toronto. "*I would say that our benefits package for people who had lost income was perhaps the biggest mental health intervention that Canada made, it decreased anxiety, staved off depression, made homelife less stressful and so likely decreased intimate partner violence. But all of these were necessary for it to effectively produce the behavioural change that was required - allowing people to properly take part in the pandemic response. The focus was on the pandemic response but the impact was partly through mental health and this upstream intervention may have done more to decrease the echo-epidemic and put people in the right place to build back better than many other interventions.*"

[16] Principles for a low-carbon, sustainable and net-zero aligned economic recovery post COVID-19 CBI UK 2020 https://www.cbi.org.uk/media/4896/cbi-covid-19-netzero-recovery-principles.pdf

[17] New Zealand wellbeing budget https://www.treasury.govt.nz/sites/default/files/2019-05/b19-wellbeing-budget.pdf

[18] Joint Action for Mental Health in Sweden, Rodholm, M. 2020 IIMHL presentation

[19] A Strategy for the 4th Wave, developing a strategy to prevent and mitigate the direct and indirect psychosocial impacts of COVID19, Prof. Paul Burstow, discussion paper for global roundtable held in August 2020

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