It's time we stopped kidding ourselves: 'new normal' is abnormal

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In my work dealing with the impact of political violence, a constant challenge is reminding people that when addressing survivors' needs during times of conflict, it is the social context that is often the primary stressor.

For example, as much as therapy for victims of conflict is useful, its value is limited if the conflict's legacy persists and the social environment is destroyed.

You also cannot think about conflict without understanding that it has differential impacts. In Northern Ireland, for example, the neighbourhoods with the highest conflict death rate are those with the highest levels of poverty.

"Coronavirus — baby and mom" by *https://www.vperemen.com* licensed *CC BY 2.0*

When it comes to addressing the mental health impact of Covid-19, it seems we have a similar situation. We are acting as if the pandemic is only a medical problem, a behavioural issue (wear your mask, wash your hands, socially distance) and finally, a psychological question of coping mentally.

The socio-environmental parts of the pandemic are under-emphasised, not to mention the political.

Yet, for many, their mental health in times of Covid-19 is not an issue of merely individual psychological coping mechanisms.

Mental well-being is undermined, for example, by losing your job, physical and psychological violence in the home during lockdowns, having a disability and living in cramped or unhealthy accommodation, among others.

Even those of us living in privilege are dealing with caring responsibilities, home-schooling, health issues and family and friends dying of Covid-19. All this in a context of 24-hour televised suffering and the Government failing to manage the process effectively.

Even for those lucky enough to have a good job, stress has been mounting over time, not decreasing. For many, the work experience (run from their homes) is like plugging holes in a sinking ship while continually eyeing the lifeboats.

Not to mention the daily struggles of healthcare and key workers on the frontline. There is no new normal, it is all profoundly abnormal. Many are confusing enforced haphazard adaptation with normalisation.

Of course, there are many individual actions that can help us cope: maintaining a routine; taking exercise; working on relaxation exercises such as mindfulness; getting plenty of sleep; ensuring you still connect with other people and, importantly, managing news and social media intake. I have used some of these myself.

Problematically though, such interventions assume a standardised environmental context. Advising on actions such as relaxation, exercise and routinisation assumes you live in a safe, predictable and comfortable environment.

But like so much individual mental health advice, although well-meaning and helpful to some, it is acontextual.

Telling people to take care of their mental health while not talking about real-world needs is hollow.

Let's stop pretending that bolstering individual psychological coping mechanisms can replace the need for environmental changes for some.

It is time for mental health professionals, employers and the Government to ask what people really need to improve their mental health during this pandemic. The answers they will get are not what they would want to hear.

The stress of those working while home-schooling and caring will be reduced by less work, not an online stress management workshop.

Some need proper working conditions and equipment. Others need professional guidance on maximising space in cramped homes and then their employer, or the state, supporting these changes.

In truth, an extra room in some homes would change some children's lives more profoundly than anything else. Fixing the damp in some homes and ensuring adequate heating, let alone guaranteeing some families have enough food, would significantly impact on mental health.

Serious interventions such as removing an abusive partner, addressing alcoholism, loneliness, or those living with a disability in lockdown may be needed in other cases.

This may sound like a tall order, but the truth is real-life change is needed for many if we claim to want to take mental health seriously.

If we fuse home and work (as well as school and tertiary educational) life, we cannot hive off one from the other.

The realities Covid-19 has forced upon us and the problems it has aggravated are not something we only have to come to terms within our heads.

Psychological and social well-being are indivisible. What we are dealing with is a cocktail of problems at the intersection of Covid-19 health-related issues, the impact of lockdowns and social distancing, societal and political fragmentation and disparities in social and psychological need and support.

As hard as it is to consider in these gloomy times, we are being confronted with a reality that is beyond a short-term health crisis.

Instead of living in the hope of the vaccine, the next phase of pandemic management should target the diversity of need recognising how inequalities profoundly shape such conditions.

The advantage of such an approach is that post-pandemic recovery will be more sustainable and healthier for all.

Otherwise, just as the legacy of conflict persists when we only remove the symptom of direct violence and do not address the underlying dynamics, varying levels of suffering will linger for years.

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