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COVID-19 mental health research: We must avoid pathologizing valid contextual responses

Emily Holmes and colleagues' Position Paper¹ in *The Lancet Psychiatry* outlines some important mental health research priorities for the coronavirus disease 2019 (COVID-19) pandemic. This pandemic presents an unusual, large-scale opportunity to examine the far-reaching impact of the language that we use to describe human distress because the impact of COVID-19 has been widely pathologised. The media has discussed a "pandemic of severe mental health disorders",² and there is a widespread perceived need to offer psychological interventions.³ Labelling understandable, valid situational responses as psychiatric "disorders" is not an issue to be taken lightly: doing so might introduce widespread self-doubt and self-stigmatising, and create a perceived need for medication or therapy, when what is most needed is simpler, more readily available, and cheaper (eg, information, normalising, validation, kindness, empathy, or support).

Another apposite example comes from the description of mental health care for medical staff in China during the COVID-19 outbreak⁴ (which is being used by many UK mental health services as a template for best practice). Qiongni Chen and colleagues⁴ reported that staff members "refused any psychological help and stated that they did not have any problems".⁴ The language of refusal is noteworthy; telling people how they think or should think is only likely to create or exacerbate mental health difficulties. Researchers investigating individual, societal, media, and mental health service responses to COVID-19 must avoid assuming psychological problems in people who are experiencing COVID-19-related distress.

Caution should also be taken against assuming that psychological responses to this health pandemic are somehow totally different to those for other stressors, adversities, and traumas (a tendency that sometimes occurs when studying a new phenomenon);⁵ this line of thinking risks reinventing the wheel and pathologising understandable reactions to chronic uncertainty and life as we know it changing completely. The extensive literatures on stress, adjustment, coping, and trauma can be drawn upon to maximise the impact of COVID-19 mental health research. Adopting a diathesis–stress model of distress, the outbreak of COVID-19 is likely to either contribute towards exacerbating mental health difficulties in some individuals who were already experiencing psychological problems, or contribute towards the onset of problems in some individuals who are vulnerable. Identifying the mental health impact of COVID-19 and the risk factors that strongly and reliably explain that impact are pressing research priorities, and such research is already underway. However, it is crucial that researchers keep context in mind when determining the presence of mental health problems; endorsing COVID-19-related distress or psychiatric symptoms might not itself be enough to indicate psychological problems.

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¹ Holmes EA, O'Connor, RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* (in press).

² Daley P. 2020, March 24. We face a pandemic of mental health disorders. Those who do it hardest need our support. *The Guardian*. <https://www.theguardian.com/commentisfree/2020/mar/25/we-face-a-pandemic-of-mental-health-disorders-those-who-do-it-hardest-need-our-support>.

³ Duan L, Zhu, G. Psychological interventions for people affected by the COVID-19 epidemic. *Lancet Psychiatry* 2020; 7: 300-302.

⁴ Chen Q, Liang M, Li Y, et al. Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry* 2020; 7: PE15-PE16.

⁵ Siddaway AP. Adverse childhood experiences (ACEs) research: commonalities with similar, arguably identical literatures and the need for integration. *Br J Psychiatry* (in press).

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