

**A virus in mental health care, a vaccine in the making? Lessons learned during the corona lockdown.** Prof. Philippe Delespaul in Sociaal Web (NL).

Schools and universities switched to online education in a week. There are still start-up problems here and there, but I hear from friends and acquaintances how smoothly it goes. In a number of places it is reported that education is also becoming more differentiated and individualized. Something that was a logistical challenge in mainstream education. Before the corona crisis, the main issues were debated - the bears on the road - and the proposed ICT solutions were insufficient and unmentionable. Now they are being rolled out at a rapid pace. Cynics argue that the main reason for the classic school system in the 21st century is to take care of children of parents who both go to work. This also seems to be solved by corona. In the schools where my brother and sister-in-law work, and where normally more than 1000 children come every day, only one child showed up for the statutory care. Mutual engagement between parents creates solutions everywhere. It is hard to imagine that this revolution would have no impact on the post-corona crisis. Corona ensures a complete culture change.

In this corona crisis, emergency law breaks. Perhaps we will come to solutions for the climate crisis as we learn that the number of kilometers driven can drop dramatically and that Skype, FaceTime or Zoom often offer a qualitative alternative. We see that electricity consumption drops by 10 to 15% and that the price for petrol or diesel at the pump is unprecedentedly low. But our tank is full and we don't even need to refuel anymore, because we don't drive for miles since we work from home. No one could have expected to push our boundaries in such a short time. What seemed impossible to discuss yesterday is now self-evident. Is a culture shock by Corona also possible in the mental health?

Working at home certainly contributes to the environment, but is not easy for everyone. Many people experience how important work was to them. Not just as a source of income. Also not always as an identity and a way to achieve self-realization, but mainly because it breaks through loneliness. Not everyone is given to be alone. Many people come home to an empty house every day after work. They have been able to charge their battery through social contacts at the office, in the store, on the train or on the bus, at the tape or on the construction site. With this they bridge the time until they go to bed to be ready the next morning for a new day full of colleagues. Due to the corona lockdown, the walls come at you at home. Loneliness can be a serious stressor. But corona life is not the same for everyone. Social media posts about the stress that parents have when working from home and entertaining children combine. Or what about the stress - even in the best marriage - when you live in the same room with two. Corona offers us a try-out for the period in a few years when we retire. Today, people's resilience is under pressure. And so one can expect that psychological suffering will also increase.

To speak with Rutger Bergman: fortunately it is not all that easy. It is a well-known epidemiological fact that the effects of stressors are more serious when you are the only one (or a minority) experiencing the stressor: a divorce in a traditionally religious environment, debts in an affluent neighborhood, unemployment when all your friends know a have a job and even bully at school or rape during wartime. Suffering (and discomfort) that is shared is less drastic than when the question starts to haunt, "why me?". We share the corona crisis with everyone and this creates a kind of protection.

A concern for many

We should not think that something that is usually not easy can still be a serious problem.

There is a growing demand in mental health care, now increased by Corona, but our resources remain limited. EHealth platforms are being rolled out rapidly, and care providers are looking for alternatives to continue care as usual. How can I now offer remote EMDR? How do I offer relaxation and CBT via a (secure) internet connection, while corona makes it clear that diagnosis (and subsequent treatment) is not the challenge for our patients?

No, it is daily (survival) life that poses the real challenges. Modern counseling requires a paradigmatic shift from what we see as health care needs and how we as professionals can help reduce suffering. I am talking about the true eHealth and mHealth challenges for mental health care. In *tempore non suspecto* I wrote a contribution about this for the Socialweb Magazine on new technologies. (1) eHealth providers see golden times in the corona crisis and health insurers expect that the 'eHealth revolution' will finally come, but I am not impressed.

The core of the mental health challenge consists of people who return to an empty house every day, are afraid of coming out on the street, are overworked by raising the office and children, or start using resources to suffer less. These are people who are less able to cope with these stressors due to their underlying vulnerability, which we call psychopathology. The core of stigmatization is that we implicitly assume that stressors that can be processed well for one person but not by another are not serious enough to be included in the prioritization of mental health care. We "triage," and this triage discriminates. But there is no hierarchy for suffering. There is only a limit in the available resources. And this limit is quickly reached if we continue to push exclusively the classic solution of medication and psychotherapy. And when we only make social resources available for this. The best contribution to reducing loneliness is not to train more psychotherapists, but to suspend the cost-sharing standard. This is a fine imposed by the government on normal social traffic between people. Discrimination that only affects people on benefits and therefore nothing less than a human rights violation. (2) It is doubly sad because it reduces the ability of vulnerable people to do something about their situation autonomously (namely their loneliness, or even more fundamentally, a roof above their heads). It institutionalizes the dependence of benefit recipients on government or health care solutions. And this dependence is accompanied by responsibility. Those who manage a monopoly for solutions also bear a great responsibility for the results, especially since people have no other choice.

The psychiatric clinic

What about the stress of parents and children who have left their loved ones to the care of third parties in nursing homes or residential shelters, and who are now unable to come on a daily or weekly visit because of the virus? (3) At the moment we see nursing homes or closed wards of psychiatric hospitals a curious mix of peace and tension that can explode at any moment. In some places, the tension has risen to such an extent that everyone is on their toes. The normal arsenal of de-escalating measures has dried up in a few square meters. Sitting on each other's lips, noise or sitting on top of someone is stressful or threatening and can provoke aggression. Taking space, going outside, taking a walk, finding a quiet place to talk, exercising, running and distraction are all options we can use in normal circumstances to de-escalate, but quite difficult in a closed section under lockdown can be.

The big taboo question is, "why shouldn't we just fire everyone?" In the first place, there is of course the social responsibility that when you take someone in and deprive them of the possibilities to do something about their situation, you also automatically take responsibility

for safety as a professional. We owe that to parents, children, wives, concerned siblings and friends or those involved. A few years ago I was confronted with a complaint from a father who stated that his daughter was taking drugs during admission to a regional psychiatric hospital. You can of course take the easy way out and say that the child had been smoking for a while but the parents just didn't know (or rather looked the other way). Or that the child is an adult, autonomous individual and that she also makes her own choices and is responsible for those choices. But fundamentally, this father's complaint is justified and a painful confrontation with the failure of the confidence that has been assigned to us. Because my daughter is not doing well, I entrust them to your concerns. Implicit: Please let her do better. Nobody takes into account a scenario that things would get worse and that problems would arise. This is our failure.

When in the late 1980s at the end of the Ceaușescu era in Romania, a BBC report made distressingly clear how hospitalized people in residential psychiatry and facilities for people with intellectual disabilities perished (without clothes, starved and tied up because there were no staff left) clear what the consequences would be if a bankrupt government fails in the responsibilities assigned to it. Years before, we had also seen these images on Leros in the aftermath of the Greek Colonels regime. It makes it clear that while in some circumstances people are better off with institutional protection, there may be circumstances where it is not at all. And "being better off" is not only determined by the person's disability, but mainly by the protection and care the institute can offer. And when this protection fails, we may have to dare consider other options. Also during the Second World War, German psychiatrists in some psychiatric institutions "saved" patients from collective euthanasia by better explaining and dismissing them collectively. I don't want to dramatize. Corona is not a Nazi regime, Colonel regime or a Ceaușescu. But it does mean that we can no longer or insufficiently protect the people we should be protecting.

Sack everyone?

And so back to the question: "shouldn't we fire everyone else?" Now it is too late of course. After all, it would violate the lockdown guidelines. But it is still a serious question. We do not keep the coronavirus out of the nursing home or the psychiatric hospital, despite all protective measures. And if we cannot keep the virus out, we put more people in "danger" in places where regular solutions such as distance from each other are difficult to realize. It would have been different if people could have just stayed at home or with their family. The chance of being contaminated at home is smaller than in a nursing home, a psychiatric hospital or a (residential) institution for people with a mental or physical disability. Otherwise, countries would not declare a lockdown. A viable alternative would, of course, have been to quarantine the entire staff in the institution in January as a preventive measure. Only on an island without external contact were institutions of corona protected. So the best protection for the coronavirus would have been to receive people who are now in institutions at home, and to become more creative to make that possible.

If the corona crisis can make clear to us that there are alternatives to institutional environments, why can't we achieve it without it? In any case, it makes it clear that it is not correct that we only include people when we have no alternatives. We think that recordings, especially under duress, only happen when we have our backs against the wall (ultimum remedium). The idea that there are no alternatives is due to the fact that we do not experience any pressure to get creative. The availability of beds means that we use beds. The availability

of coercion (now guaranteed by legislation in the Wvggz and Wzd) means that we use coercion.

The pressure to get creative comes from the corona measures. Of course it is mainly a thought experiment now that we are under 'intelligent' lockdown. But still this can save lives. How should we approach it to enable people with a (serious) handicap to continue living at home? The answer is simple: create solutions for home stress. This applies to loneliness, childcare, elderly parents and a psychotic son. Look for solutions that increase people's resilience without overly focusing on their vulnerabilities. Look for solutions for which resources are available and do not just invest in solutions for which resources are scarce or lack the financial means. Above all, make sure that people have to live alone less often. That people only live when it is their own choice (and not to avoid a discount on the benefit). As a result, less vulnerable people live in an empty house.

The vaccination for the sick mental health care is a public mental health care.

At the end of January, Jim van Os and I published a mental health manifesto here with 5 recommendations for the third decade of this century. (4) A central concept in the manifesto is the plea for public health in which interpersonal variation is recognized as a starting point; people may differ from each other and varying vulnerability and resilience is the rule. As a result, we do not define an ideal as a reference of normality, but start to view the differences between people as normal. When differences are normal, but become a handicap under certain circumstances (now in the corona crisis), the problem is not the vulnerability of the person, but the circumstances. An antidepressant is not a therapy for loneliness.

If we want to develop a vaccine for a psychological vulnerability of people that can become problematic under certain circumstances, you will benefit more from a resilient society than from a psychotherapist. A resilient society should start from a small, neighborhood-oriented care organization. With professional expertise, but focused on horizontal care: supporting citizens, whether they are patients, family, employer or neighbor. In this model, assistance does not depend on the professional expertise provided, but on the developed resilience of citizens. Relationships shift from an expert patient to a network relationship where people can be mutually ready, made possible by the present professionals. Small scale is crucial in this. But not at the expense of resources, both in terms of the number of people and resources and available expertise. Modern professionalism comes into its own in this context.

Is that sufficient? Probably not. But a resilient society can limit the risk to its citizens. A vaccine also does not prevent every contamination. But it does ensure that we overcome the crisis together. The sick mental health care needs this vaccine: a new mental health care.

*This article is translated from Dutch.*