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Coming out of COVID: Creating a Better New Normal

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With COVID -19, the world has gotten itself into a mess. By learning, we could guarantee coming out better.

We haven't had a global catastrophe like COVID-19 in some time. One could fairly ask if responses to past major disasters and pandemics might teach us how to recover from COVID-19. How have individuals, communities, even countries recovered from such disasters? Are there patterns from which to learn? Moreover, by linking such patterns to our knowledge of general and individual well-being, survival and global safety, can our response to COVID-19 ensure we re-emerge better? We believe so. Others do too.

In February, the King's Fund (2021), an English health charity whose vision seeks to identify the best possible health and care for all, published an analysis of ten world-wide calamities experienced over the past 20 years. There are, they report, specific patterns of human response and recovery to mass disasters. Upon analysis, these patterns of recovery from mass disaster are analogous to pathways of recovery observed in individuals recovering from mental and physical illness, as well as substance abuse. There may be a message here.

The key findings of The King's Fund report:

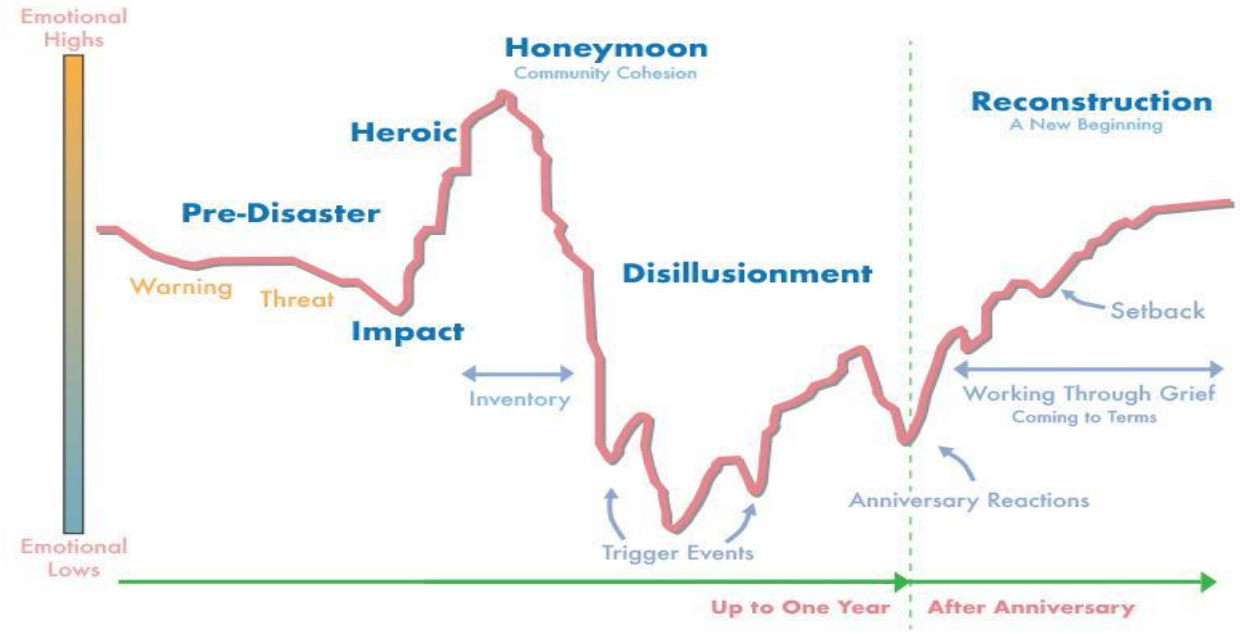
1. The people who have been most affected by COVID-19 are generally those who had the worst health access before the pandemic, especially people from ethnic minority groups and those living in poorer areas. COVID-19 exposes deep inequalities and disparities in healthcare that exist between different populations in the U.S and around the world.

2. COVID-19 has laid bare weaknesses in our social fabric (e.g., nursing homes, schools, jails, tech access/use, daily services) and mental health systems. This lack of preparedness led to tragic consequences for families and staff, and catastrophic numbers of deaths. With commitment, intentional planning, and strategic investment, the systems that provide social, medical, and behavioral care should be made better prepared for disasters.

3. A significant workforce shortage has created a crisis across all of health and service care. COVID-19 has taken a disproportionate toll on staff from social and ethnic minority backgrounds, who already faced higher levels of systemic discrimination, poorer work conditions, and less support than wealthier or white counterparts. Of particular concern are significant "skilled" staff shortages in hospitals, nursing homes, and prisons.

The King's Fund report adds that major disasters come with phases similar to those documented by America's Substance Abuse Mental Health Services Association (2000) below: pre-disaster, impact, heroic response, initial community response, disillusionment, setbacks and grief, and reconstruction with a new beginning:

Figure One: Phases of Disaster (SAMHSA, 2000)



In this phased analysis, it would seem we are in the "disillusionment" phase, where our progress is challenged daily by logistics, limited resources, and continued personal frustration and uncertainty. Negative numbers from the disaster continue to grow, even as solutions appear. As citizens, we are close to hitting a "bottom," a point of prolonged weariness and surrender. We might be "being sick and tired of being sick and tired" (Hamer, 1964).

There are other shared learnings from societal disasters and personal recovery: Progress is seldom linear. Recovery doesn't just happen. Most people avoid formal help until the need is unavoidable and more costly. With COVID-19, special challenges arise: limitations in mental and physical health access and in technology access; disparities in wealth and housing; and the unique needs of youth, the aged, and those without jobs. Within these disparities are those individuals who are at greatest risk of COVID-19 and its later consequences.

Whether a disaster, mental Illness or substance use disorder, experts also tell us that recovery for all might not be possible (King's Fund, 2021; Clay, 2014; White, 2012). Worse, without guidance, attention and equal opportunity, recovery is not an opportunity for all. Additionally, the psychological damage from a major disaster is long-term, reported to take about 10-15 years for remission of related trauma and uncertainty to cease. Clear, accepted messages from leadership and science and health equity are critical to assure and expedite healing.

Learning from the Past

In 1918-19 the world experienced another flu epidemic where 50 million died, 675,000 Americans (Johnson and Muller, 2002). The authors' analyses of America's response to that

pandemic identified markedly parallel situations to our 2020 health preparedness and our national unpreparedness, uncertain avian origin, inconsistencies of messages to the public and a then similarly besieged health system of limited capacity. A world at war fought the biological reality of a rapid deadly flu onset challenging socio-economic realities, e.g. a draft to end a World War. There was also an initial similar minimization of gravity and pre-emptive steps that could have prevented many early deaths. There was no vaccine. While youth suffered more, the impact of health disparity was acutely obvious, again, worldwide. The same social health measures: masks, hand washing and social distancing or "crowding control" ultimately proved effective.

So, did we learn from that epidemic? Were we more prepared, more honest in 2020?

For answers we have to search our responses and honestly appraise our actions. Did we change? Were we prepared? How can our responses to COVID-19 now better inform and prepare us for the future.

Early Lessons from COVID-19

There are many lessons that can be deduced from COVID-19. From the King's Fund report and our own analyses some insights are now clear.

First, we must have a sustained will to learn and courage to change based on what is factually presented to us by disaster. The message is clear, no will to honestly change, no better future.

Second, we must look at what didn't work and ask why? If we are to come out better than we were before COVID-19, the analysis must focus, within strong community collaborations and in the absence of blame, on systemic downfalls, preparedness, shortages, and barriers, with particular attention to population inequities and the needed leadership to address them.

Third, we must make our work, our systems, science, media, and leaders trustworthy. In order to achieve this, social, medical and behavioral systems must be better prepared in disaster science and in the prevention of risk, related harm and trauma to all populations. We'll need anticipatory practice, emergency plans, bed capacity, critical equipment inventories, and skilled personnel with knowledge of short- and long-term mental health impact in all populations. Understanding and building on the social determinants of health for individuals and groups, and for each community, will promote communal trust, engagement, and success.

Fourth, we need to prioritize and build a skilled, appreciated service and clinical workforce that is seen as a societal treasure, not a lower class or a burden. In this 21st century, supporting and expanding service and health careers should be a noble, world-wide undertaking. Remember, in service and health care, knowledgeable workers are our greatest asset.

Fifth, we need to remember what those who came to personal recovery before have taught. Recovery takes time and patience. It can be progressive one day, regressive another. It arises from reflection, hope and faith to transform the person, family and community through reconciliation and growth. It rests on integrating the past into a positive and dignified way of moving forward. Recovery has strong cultural and community support within phases of learning, exploration, acceptance, anxiety, and even failure - all within cycles of renewal offering clearer, greater purpose (Flaherty, Kurtz, White, & Larson, 2014).

Finally, to come out better, we must learn that constructive societal evolution is not about self-survival or the survival of one group over another, but -- as demonstrated in both disaster

responses and in personal recovery -- is about a commitment to the survival of everyone, leaving no one behind. By doing this, we all will reach a better new normal – if we have the will for it.

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