

Transcript of Simon Wessely

My name is Simon Wessely, I'm the Professor of Psychological Medicine here at King's College London and I've spent much of my career looking at how populations react to adversity be it crises such as war, terrorism, natural disaster and so on and the answer is, most of us manage it reasonably well, for the most of the time and we do so without my help and probably without your help as well and we do so because we rely on our social networks the people that we knew beforehand, during, and after the crisis our friends, our family, our colleagues, our neighbours, maybe our G.P., our religious advisors or whatever and this works pretty well, most of the time but the irony of pandemics, such as Covid, is that it or more precisely the measures that we need to control it actively impede in the way in which we normally manage adversity the social distancing that we have to practice, the isolation, the lockdowns and the quarantine all of them, actively, by definition, get in the way so it's not surprising when we looked at the 25 studies that we could find of the impact of quarantine on mental health, all of them before the current crisis 24 of them showed a rise in mental health problems during but also, afterwards and often for quite a long time afterwards and we could see patterns that are already repeating now Those who previously had mental health problems not surprisingly, as is always the case with any form of adversity, do worse.

Those who then suffer economic loss, again, no surprises there, but actually the impact of losing job, and money afterwards, was probably the strongest single effect of quarantine. Those in health care professions, also around the globe, have always been worse affected mentally partly, because they are indeed exposing themselves to risk sometimes, during Ebola for example, very considerable risk partly also because the additional fears of, either being affected by or carrying the infection to their family, and what that means and also, particularly, the difficulties of working in unfamiliar environments, highly stressful, lacking of resources, being having to make decisions of life and death that previously would not have been forced upon them, also create a new kind of hazard that some have called 'Moral Injury' So all of those are happening, quite how much we don't yet know but we can see from population studies now, up to 40 to 50 percent of people are reporting anxiety and depression and, what is that doing? Well it is making them actually even more adherent to the restrictions that have been imposed than the rest Up to a 100 percent in that group are following all the restrictions and believe think we should go further, and for longer Now in there lies two perils. One peril is that when these restrictions are lifted. If they were lifted tomorrow, which, at the time of recording, is not going to happen but even if it were, it is very clear that far, far more people than we ever expected will not want to go and resume their way of life they will not want, up to 40 percent will not want to send their children to school. Up to 60 percent are nervous, or anxious or will refuse to go back to work, and the idea of going to a restaurant, a bar, let alone a sporting event, for many, fills them with dread. Now, how long that will last, well, we don't know In previous epidemics this has not persisted for more than a month or so.

However, such is the scale and intensity of the fear that this has generated, I'm afraid, I'm more on the pessimistic side and I think some of these behaviours will indeed represent, as this awful cliché is the new norm, but it will change the way in which we behave. So, having outlined the problem, as my favourite short story writer, Saki, once said, having outlined the problem, at least I'm not going to propose any remedies Fortunately, all of my colleagues are now on hand, to have a lot to say about how we can help in this situation and, indeed, afterwards