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Multidisciplinary research priorities for the COVID-19 pandemic

The COVID-19 pandemic and measures to contain the spread of the virus have led to marked changes in our social worlds, within a very short timeframe. There is widespread worry, fear, and distress among populations worldwide. Not surprisingly, there is growing concern about the consequences of the pandemic on mental health. In their Position Paper, Emily Holmes and colleagues¹ set out their priorities for research, to inform the development of effective strategies that could mitigate the effects of the pandemic on mental health. Prioritising research in such a way inevitably reflects the balance of perspectives of those involved. In our view, insufficient priority is given to mental health in disadvantaged and vulnerable groups, and to the essential role of social science in understanding and responding to the pandemic.

The COVID-19 pandemic and the response to the virus in society have highlighted existing social inequalities, and have led to precarity, isolation, and fear, and it is the poorest, the most marginalised, and the most vulnerable people who are most affected by these feelings. This includes those in insecure jobs, on low incomes, and in cramped housing; those in marginalised communities, including minority ethnic communities, migrants, and refugees; adults and children in violent and abusive households; older people who are already isolated and lonely; and those with existing mental health conditions. These disadvantages come together and are further amplified by the pandemic and the resulting social restrictions. In our view, understanding the effects of these multiple, exacerbated disadvantages on mental health, and how people manage, endure, and thrive in the context of COVID-19 and the related change in

society, is the most pressing priority for research.

This prioritisation implies an important shift in thoughts and research relating to mental distress in the context of the COVID-19 pandemic. To feel anxious, sad, or to have difficulty sleeping, are all understandable responses to unprecedented social change. We might most usefully consider this a form of social suffering.² If we think about these feelings and experiences primarily as symptoms, or as indicators of mental health problems, then we risk pathologising natural processes of adjusting to this new profound disruption and uncertainty. Some people will undoubtedly need, and benefit from, individual support from mental health professionals because of the effects of the pandemic and social change. However, a primary focus of research on elucidating mechanisms to inform therapies on an individual level—evident in the paper by Emily Holmes and colleagues¹—diverts our attention away from the impact of socially structured disadvantage, and the need to strengthen and utilise the social resources that individuals use to cope with and navigate changed social worlds.

Existing work from social and political sciences, both theoretical and empirical, is especially relevant in this context. For example, the extensive body of research reviewed by Michael Marmot and colleagues³ demonstrates both the harmful consequences of socially structured insecurities on mental health, and the role of social support in mitigating these effects. Research by mental health service users and others has demonstrated the benefits of peer support for mental health.^{4,5} This work on peer support already indicates the need for increased government support for local authorities and community groups to rebuild the social connections that can alleviate the genuine anxieties of those groups and communities most affected by the

COVID-19 pandemic. We need to make use of and extend such research to understand how changes in social and welfare policies, reinforced community initiatives (eg, mutual aid groups), and improved family supports and social networks, can transform the experience of the most vulnerable, and modify the effects of this pandemic, and anything similar in future, on mental health. In this necessary task, the expertise of political and social scientists is essential.

We declare no competing interests.

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- 2 Kleinman A, Das V, Lock M. *Social suffering*. Los Angeles: University of California Press, 1997.
- 3 WHO and Calouste Gulbenkian Foundation. *Social determinants of mental health*. Geneva: World Health Organization, 2014.
- 4 Faulkner A, Kalathil J. *The freedom to be, the chance to dream: preserving user-led peer support in mental health*. London: Together, 2012.
- 5 Gillard S, Foster R, Gibson S, Goldsmith L, Marks J, White S. Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services. *Mental Health and Social Inclusion* 2017; **21**: 133–43.