ANNA BURNS (HOST)

Hello and welcome to the Sydney Ideas podcast, To The Point. Where we take a short and focused look at an issue. I'm Anna Burns, public programs manager.

We're looking specifically at mental health, and how the current situation we find ourselves in with COVID19 is impacting on that.

Professor Ian Hickie is co-director of the brain and mind centre here at the University of Sydney. He is a leading public mental health expert.

IAN HICKIE

This is a major threat not just to the physical health of our societies, but to our mental health and our fundamental social fabric. So we need to be really smart right now. We need to know what we know and make use of it. There's good evidence about what will work, where the threats are and what we can do to maintain our mental health and well-being, to maintain our social fabric as we deal together with this crisis.

You know, in mental health, there are two really big things that drive good mental health. One's personal autonomy, one's being able to be in control of your life, by knowing what risks are, threats are, taking appropriate actions to minimise the risk. The other is social connection. Humans are social beings, we are social animals, we're close with those, we were physically close, we're intimate. We take care of that. And if we have strong social connection, we also thrive.

In this situation, both of those fundamental pillars of mental health as individuals and as groups are under threat. Can we take good actions individually, that make us feel not helpless, but able to respond appropriately, as the threat develops?

And it's changing constantly, but we take actions we don't panic, we don't become helpless, we don't become actually frozen by fear, we actually act appropriately individually.

The second is, when faced with physical isolation, which may be required, how do we increase social connection? So rather than talk about social isolation, I'd rather talk about physical disconnection. And therefore, how do we more socially connect with those we care about the most; our family and kin, for those in whom we share our environment, whether it's the block of flats you live in, the workplace, you go to the school, you attend the local cafe, the walk up the street or the park, how do you be part of that community that you all behave in a way that promotes the good health and well-being of everybody, as we collectively respond to this crisis?

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What I'd really like to see is governments, us, communities, using the best information to take the best actions every single day, as the situation rapidly changes.

ANNA BURNS

One of the first things is around the very careful distinction that you made around physical distance not social isolation. And that brings to mind how we're speaking about things and how things have been spoken about on social media – why our language is, or how our language is playing into how we're feeling.

IAN HICKIE

There's language and there's concepts and there's communication. So unfortunately the term self-isolation or self-isolate has come to be, what we should have said and probably quickly should correct is physical isolation, cutting down the number of physical contacts, because that's really hard as humans we thrive on hugs and kisses and intimacy and being close with people so that's actually really hard to do. And unless you're going to compensate for that, by actually more use of technology to talk more often to connect more often share more often. That isn't going work, people aren't going to follow that because it intuitively runs against what we do as humans, when we're scared when they're afraid we huddled together, we stay close physically, as well as socially. So, the language is important.

The second issue about helplessness, if you tell people do things, it's not what people are doing. It's counterintuitive. If you tell them, there's going to be a crisis, but don't hoard. If you tell them actually, you should separate out from everybody else – but you shouldn't have the provisions do it. You know, if you just tell people what to do, and they don't trust the information or the information is inconsistent, what they can see in the worldwide situation, they're not going to do it.

People need information, so they can have agency, so they can act individually, and collectively with the best possible response. We've seen this in, for example, the bushfire situation with things like fires near us, the apps and the information that tell you whether you're at immediate risk so that you can take appropriate actions yourself locally. So in this situation, where are the actual hubs of viral infection? Where are the biggest particular issues if you go to New South Wales Health at the moment, you'll see the situation in northern and eastern Sydney. Is not the same as another place and probably radically different to Adelaide, or Melbourne, or regional parts of Australia.

So you need information that people can make use of, you need to encourage agency which at the personal level, okay, what do I need to do? Do I have people in my world? Do I have a grandparent that I live with? Am I pregnant? Are there people in my apartment block that I care about? Are they people in my local school that I

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care about? Who are the people that we need to think of not just how do I personally get infected or not, or survive or not? Am I in a risk group individually, but the social network, the social fabric that I'm part of, so that it can stay safe not just bend the curve for the nation, bend the curve for my community.

Give me the access the information, the tools, don't tell people what to do, enable them to take productive social and personal actions.

ANNA BURNS

So, this is a pandemic in a time of social media. Thinking about information, agency, connections and where we're getting information from, there are a lot of conversations that are happening. But you're sort of saying we're not having really the right conversations? We're not sharing the right information?

IAN HICKIE

People need to know timeframes, possibilities; they need to come to terms with what we will do. If we are short a healthcare workers or healthcare workers need to have childcare provided for, what can we do?

Let the community respond, let people work out ways to problem solve. People don't panic. They don't behave badly. They don't behave anti socially, when they're responding productively and usefully, when they believe, that they're doing things that are promoting the best possible chance for the group.

People do care about the group. And you care the extent to which government and other agencies are facilitating that. So governments can do things like close the borders. Governments can't get your local community to actually act in a productive way, unless they provide those individuals and those groups with the agency to act, and the information to act smart.

We don't all need to be told 1,000 times to wash our hands or have a beige ad come after the seven o'clock news. Wash your hands and don't sneeze on others. This doesn't tell you whether to take public transport tomorrow. It doesn't tell you whether to go to a local cafe. It doesn't tell you what to do if you've got mild symptoms and you knew someone who went overseas and you're not sure whether you may be sick or not. It doesn't provide you with the real information that informs action, that is sensible. If you enable really smart communities to act in the appropriate ways, they will make the appropriate responses. If you just top down tell people what to do, but you don't model it, nothing will change.

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There's a sense of uncertainty and precariousness, that stems from that lack of trust and that lack of insight and scenario planning. You've made some big points there, but on a granular level, how can we take back a bit of agency and be constructive in this time, rather than just being?

IAN HICKIE

So we need to listen to the information that's helpful. There are marvellous examples of moments for the national broadcaster through ABC have lots of questions getting answered. In particular ways take the information is relevant. Places like New South Wales Health, I must say the great credit has produced a New South Wales health map, which actually has districts not just a national map, and clearly shows that Northern and Eastern Sydney at the moment actually are different to other places. So the actions near those communities need to know they are reporting higher cases they're having deaths already in ways the rest of the country isn't. So they're probably further along the curve than other people. They need to take much more immediate actions now.

Australians are really good at volunteering. What they need is the organisational structures to support that to happen, locally. People will give their service because people are concerned.

Our social fabric historically has been very strong. Many of us worry in recent years, it may have been seriously undermined by divisive politics and International anti-globalisation, anti-community separatism. This is a test. It's also an opportunity, in fact, to put that social fabric back together, if it has degraded over recent years; allow communities to be active, but provide them with the tools. So we all in one sense, and you see this happening many organisations I'm associated with in the private sector and other sectors. They are not listening to the central government. They have already taken actions. They introduced travel restrictions. They introduced home-based work they introduced alternative work teams two weeks ago. They're not waiting for some rather obscure bureaucratic process called the medical advice behind it committees, which is otherwise faceless and not really explaining to act, they're actually acting. Now. They're acting in real time. So we need those really good information sources to actually link with the community, not try to tell the community what to do; not for the community to wait every day until a press release comes from Canberra, which doesn't really apply in your backyard.

So, you know, this is where, in fact, the Information Age is a godsend. You can see a lot of the information out there, you've got really smart actually trusted health communicators who are already in the media and science communicators, providing the best possible answers, and they'll change.

So, you know, it's no good governments and others saying one thing one day and being absolutely dogmatic one day, and then three days later, saying the reverse that just undermines trust, it's better to say there is uncertainty. There is uncertainty, on balance, we're trying to provide the particular things.

On balance, what is happening … We need to learn what has happened in the rest of the world, we need to see the extent to which Europe did not take notice of what was going on in Asia and was caught out. It was a far eastern place, it was someone very far away. And it wouldn't happen in exceptional places like Europe and the UK. Well guess what, it did. Australia living in the Asia Pacific, at least early on, and I must say, to the credit of the government; moved quickly on travel bans in the Asia Pacific. Interestingly, it did not move on travel bans in Europe and still hasn't moved specifically on the USA, which is really interesting culturally, as to what's going on. But at least we have the advantage of a few weeks, perhaps, maybe a week, maybe two weeks behind those things.

So we got to learn quickly. And so independent I'd suggest of, you know, more advice to wash your hands more is actually; okay, okay. What is your community doing? How as you work from home, disconnect more physically don't have as much physical contact with people, do you do the opposite? Socially connect and make decisions together about what happens. You know, how can you support? Do you know people who are very isolated, older people who are close to you? Do you know people who need to be supported people who've got existing illnesses, people who've got receiving chemotherapy currently for cancer? You know, these are all of our families. These are all of our communities. Whether I happen to be in the at-risk group or I'll just have a mild illness or not. You know, it's the people we care about that is a very strong motivator for humans to engage in pro-social actions.

ANNA BURNS

On that point of engaging in pro social actions, and thinking about people that you care about, the other part of this - the unsettling part of this situation - is the lack of timelines and the lack of insight in terms of being able to plan. What this is going to mean for the economy and people's jobs? That's another huge player in terms of people's mental health?

IAN HICKIE

So the short term is the immediate do I get infected, what happens but immediately what we have, of course, is an economic crisis. So this is where the inequities, those who are really at risk, no point in telling those people who are on casual employment, those in gig economies just got laid off in tourism or hospitality or other areas not to worry, you know, they're going to pay the rent next week, they're going to purchase goods next week, they've got bills to pay next week, you know, those

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issues, and they've got great uncertainty about the extent to which those industries will recover in any particular form.

So let's be really clear here. Economic recessions kill the vulnerable. Rates of suicide, accidental death, lack of access to health care go up. If you have an economic depression, then rates of suicide and other self-harm dramatically go up, family violence goes up, domestic violence goes up.

We've seen from previous economic downturns, the impact of that on the young, the impact of those on the disadvantaged, the impact of those with mental illness, impact on the homeless, disconnected is profound. So you're probably talking you know, really big numbers 20-30% of society who are really vulnerable economically, who are immediately impacted, they have great reason to worry. People telling them not to worry would be the most unhelpful thing that people can do. And they have real issues they will fall back not only on government, which is the critical role of government, but on families, on communities on people who can support.

The danger is those people with resources, grab all the resources about themselves and hold on with them and don't behave as part of communities in order to protect, so the other issue here is economically as well as socially, the sharing of resources, encouraging people.

Now you see the committee's response to the bushfires, people will give, they'll give money, they'll give resources, they will connect – Australians are generous historically, when they understand the effectiveness of that and to make sure that the money and the resources are done effectively. So thinking about that, how do you provide food, resource, childcare, age care, other services that are valuable, so these issues in terms of mental health impacts, the short term is dramatic, the longer term tend to be prolonged and severe, particularly if they're not well managed in the first instance.

ANNA

So, what's the most important thing for us to keep in mind?

IAN HICKIE

It's social cohesion that really matters. I do have an intrinsic belief, but I'm a bit worried at the moment; that Australia has a strong social fabric, everything we do that promotes the appropriate pro social response. While we physically isolated, we get closer together emotionally, if not physically, we'll have profound impacts on the mental health consequences and probably the physical health and economic consequences.

ANNA BURNS

A good rallying cry, and in a nice way to end. Thank you Ian.

IAN HICKIE

Excellent.

ANNA BURNS

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Finally we want to acknowledge that this podcast was made in Sydney, which sits the land of the Gadigal people of the Eora Nation. It is upon their ancestral lands that the University of Sydney is built.