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Surviving COVID-19: A pressure cooker for people and policy

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A pressure cooker for people and policy

The global experience of COVID-19 has created an intense environment for people and societies. The latest *World Happiness Report 2021*— shares evidence of how everyday life has transformed into a metaphorical pressure cooker for individuals, communities, and policymakers.

The increasingly common kitchen appliance—the pressure cooker—works by triggering a series of environmental shifts that profoundly impact its contents. By preventing the release of steam, mounting pressure raises the boiling point and, thus, accelerates the time required for the cooking process. The smaller the pieces of food inside the pot, the less buffer each individual piece has to resist the heat and pressure, and the more quickly the effects take hold.

The introduction of COVID-19 in late 2019 and its impacts on mental health and policymaking might be likened to the effects of a pressure cooker. The direct stressors of a deadly virus (switching on), the impacts of the lockdown (no escape for the steam), financial concerns and effects on families (mounting pressure), the unequal experience of groups without buffers of economic or social resources (vulnerability), and the speed at which political actors needed to make crucial decisions (acceleration of time) have all impacted the experience of COVID-19 on people and societies. This policy brief explores these processes using data from the *2021 World Happiness Report* and other recent research to elaborate.

**Switching on**

Within a few months of its emergence COVID-19, had transformed human society. Around the globe, there were disruptions to work, schooling, family life, and access to basic resources and services. While the pandemic posed obstacles to data collection this year, evidence that has been gathered reflect that fear of catching a deadly virus and the profound interruption of daily life had an immediate impact on the mental health and negative emotions experienced by individuals (1). A cross-sectional study conducted in the United States in March and April of 2020 observed that symptoms of depression were reported at a rate three times higher than a similar study conducted in 2017-2018 (2). Likewise, reports of severe psychological distress were up to four times higher than those reported in 2018 (3). A longitudinal study from the UK found that significant mental health distress rose from 18.9% in 2018-2019 to 27.3% in late April 2020 as the country experienced its first lockdown (4).

Interestingly, data from several countries reflect a slight rebound on the experience of mental health impacts once lockdown measures were in place (5). For instance, several studies examining depression, anxiety, worry, mental illness and self-harm recorded decreases, plateaus, and levels even lower than expected by late April (6–8). These trends could reflect relief experienced as
people adapted to the new circumstances and the reduction of exposure which may have alleviated fear (4,9,10). There are also a number of protective factors that supported people’s wellbeing during the pandemic—strong relationships, healthy family structures, more social connections, ample financial resources, and physical activity (1). As discussed below, other people living with less buffers, were impacted much more negatively. It could be that the averages remained steady because some people’s circumstances improved during the pandemic (e.g. they had more time to exercise and relax) while others deteriorated.

At the societal level, the pandemic was met with either swift mandates for controls on travel, masking, physical distancing, accessible testing, contract tracing, and the quarantining of infected individuals (11) or little action in efforts to “protect the economy” (12). The latter approach led to higher numbers of cases, increased community transmission, more deaths, and ultimately took a higher toll on the economies of those nations. For instance, countries in the North Atlantic region (Europe and North America) were experiencing an average of 7.6 deaths per day per million population, whereas, countries in the Asia-Pacific region—governments that swiftly adopted non-pharmaceutical suppression strategies—were seeing 0.18 deaths per day per million population (11). Clearly, the early response to the pandemic determined much in terms of the impact on the life, health and wellbeing of residents.

No escape for the steam

In most nations, physical distancing between people has been encouraged and some degree of lockdown and/or quarantine mandates instituted. Stay-at-home orders closed schools and many places of employment driving people into their homes - sometimes without the possibility of even exercise. Frontline workers—health care staff, emergency responders, grocery clerks, and others—were exposed to greater risk of infections and, in some settings and professions, experienced work-related trauma as hospitalizations and deaths rose (13-15).

For others, work switched to an online platform—blurring lines between employment and family, especially as families with children had to juggle work and the supervision of home-based schooling or care of young childcare, a burden shouldered primarily by mothers. A longitudinal study from the UK, conducted from Late March to Late May 2020 indicated that increased childcare responsibilities corresponded with higher levels of depression and lower life satisfaction (16).

Another group of workers saw their workplaces shutdown indefinitely and were underemployed or unemployed with no prospects or timelines for
returning. Some of these measures, in some contexts, were for short durations. Other contexts saw children's school closures for a full year. Often, the timeline for closures was unclear. As such, intolerance for uncertainty was found to be a risk factor for negative wellbeing in a study of 1,772 people in Turkey (17).

Despite concerns that physical distancing and lockdown measures would negatively impact people’s experiences of loneliness, multiple studies reflect resilience in this area. For instance, a nationally representative sample of 1,468 people surveyed in the US in April 2020 reported 13.8% were experiencing a sense of loneliness, just slightly more than a similar study conducted in April and May 2018 that reported 11% (5).

**Mounting pressure**

Of course, the shuttering of workplaces and/or reduced hours resulted in significant financial strain for some individuals and families. A study involving almost 70,000 college students in France found that higher levels of anxiety, distress, stress, depression and suicidal ideation were experienced by people with reductions in income (19). Higher financial stress was especially grave for people already living in poverty, people working in the highly impacted service industry, and those experiencing food insecurity (18).

The pressure associated with confinement in the home led to increases in the experience of family violence (although we are still unclear on the extent of that since there has been a significant drop in reporting with schools shuttered, people avoiding basic medical care, and the inability to contact protective services because of access issues (20,21). Contracting COVID-19 has some unexpected, negative impacts for people within their households. In a survey of 44,775 adults, conducted in the UK in late March and late April, reports of abuse were elevated among people who had been diagnosed with COVID-19 (9%) versus no COVID-19 diagnosis (2.9%) (22).

We also saw societal unrest bubbling to the surface during the pandemic. Notably, in the US, the killing of several unarmed Black people, coupled with the pandemic and the worst unemployment experienced in almost a century—all coincided to drive people to protest for police reform to address the inequity experienced by Black communities since the days of slavery and colonialism (23,24).
Vulnerability

As with the pressure cooker, the people and communities with the least buffers around them to absorb the effects of the pandemic, were most negatively affected in terms of wellbeing. While some of the most surprising findings of the research into people’s wellbeing during the pandemic has been the resilience in life satisfaction and in suicide rates, the groups who have seen declines represent marginalized communities. Data from the Eurobarometer with more than 30,000 respondents from 34 countries compared life satisfaction from autumn 2019 to Summer 2020 and found very little change (5). Likewise, suicide rates, on average, have shown no rise as reflected in data collected in the US, Australia, and England. Japan and Norway saw suicide rates fall (25).

Unfortunately, this resilience in life satisfaction and stable or declining rates of suicide have not been enjoyed by all groups. Analyzing data from the COVID-19 Social Study in the UK, Iob and colleagues found the reported frequency of self-harm and suicidal ideation was higher for women, Black, Asian, and minority ethnic groups, people experiencing poverty, unemployment, disability, chronic health conditions, mental disorders and COVID-19 diagnoses (22). Since in many contexts, ethnic and racial minorities have experienced disproportionate numbers of infections, severe illness and death (26), the impact on these communities compounds.

According to the Lancet’s COVID-19 Commission Mental Health Task Force’s review of studies, people who endured a COVID-19 infection or were near to someone infected, people struggling with pandemic-related financial concerns, people overseeing homeschooling, engaging in household chores or consuming COVID-19 news experienced poorer mental health and wellbeing generally (5).

Compression of time

With no way out and mounting pressure, policymakers were forced to accelerate the pace of their decision-making (12). Contexts with greater confidence in institutions, more social trust (as indicated by income equality and people’s beliefs that their wallet would be returned to them), previous experience with pandemics, and women leaders were quicker to implement measures to protect health and wellbeing (27). Countries that took decisive action had fewer cases, less death, and ultimately faster economic recoveries than countries which delayed acknowledging the crisis and taking action (12). The threat of the virus seemed to create a false choice: your money (economic health) or your life (population health)—many women leaders quickly protected the latter, while many male leaders tried to keep the
economies open. The irony is that the protection of health drastically improved economic outcomes in the long run (12).

How to survive in a pressure cooker: What lessons can we take forward?

COVID-19 is just the most recent global crisis. Public health and ecological disasters are projected to become increasingly common as a result of climate change, deforestation, and other ecological transitions. Each of these emergency situations will create their own pressure cooker conditions. What can we learn that can inform our future ability to respond quickly and under pressure in a way that secures the health and wellbeing of people?

First, the most marginalized groups within society were most profoundly impacted by the pandemic and its mental health impacts. Instituting policy that provides social protections and centers wellbeing in contexts where they do not already exist will be key to building resilience into the future.

Second, education is an important investment. Public understanding of scientific processes contributed to the acceptance of suppression strategies that prevented excess infection and death (11). Ensuring populations have basic scientific and health literacy are essential for navigating future crises.

Third, ensuring universal access to mental health resources is critical to supporting people in typical circumstances, but in times of crisis it is an absolute necessity. Much work needs to be done to provide comprehensive services.

While we cannot avoid all of the pressure cooker effects of a given crisis—we can create more buffer around those most vulnerable and societies can prioritize wellbeing in the first place so the decision to protect people (over economic concerns) can be the easy decision even under pressure. It will be an easy decision because it was made in advance.

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REFERENCES


