Multidisciplinary research priorities for the COVID-19 pandemic

Authors' reply

We are encouraged and stimulated by the responses to our Position Paper on COVID-19 mental health science. Some key messages are consistent: the mental health effects of COVID-19 are likely to be profound, long lasting, and will touch all sectors of society. Moreover, there was consensus that only by harnessing a truly multidisciplinary response will we be able to mitigate the mental health risks effectively. How best to respond will be a challenge that requires most of us to think and work differently, and for our scientific, research, and practice communities to come together to create novel solutions. These responses complement the priorities outlined in our Position Paper and will stimulate further research using diverse methods, including more perspectives from the social sciences and focusing on additional vulnerable populations—eg, young people with complex forensic mental health needs,[1] and babies.[2]

In terms of public discourse around the COVID-19 pandemic, the message in the UK and North America is that we are all in this together, but such statements are not supported by statistics. COVID-19 affects groups of people differentially; mortality rates are socially patterned, with deaths being more common among people older than 70 years, members of black, Asian, and minority ethnic communities, and those who are most socially disadvantaged. When describing the outcomes of COVID-19, as Damian Barr wrote on Twitter, it is more accurate to say that although we are all navigating the same coronavirus storm, we are in different types of boats: some people are in super-yachts and others have only a single oar. Those in the most affected boats are also more likely to be exposed to a clustering of socially structured disadvantage across generations resulting in increased morbidity and mortality from COVID-19. It is crucial, therefore, that research into the mental health effects of social and welfare policies and structural inequality is prioritised.[3] To address health paradoxes, history suggests we need to seek innovations to our existing approaches.[4] Mental health science must embrace the full range of scales at which initiatives can be targeted (ie, societal, community, and individual targets). We must consider mechanisms of change at all levels, irrespective of whether these are public health interventions, individual approaches, or global initiatives. We need to find new ways to bring research communities together, because mental health science is best served when we join forces, complementing each other. Diversity will be our strength, and it is only through working together across disciplines that we will tackle the global challenge of COVID-19.

A few points have been raised that, although included in our Position Paper, are important to emphasise. First, co-design should be integral to everything done as part of the mental health science response; those affected by COVID-19 and those with mental health problems must have a voice. For example, young people should be included as equal partners in the design and implementation of mental health science solutions. Such collaboration will enrich the research process and could lead to inclusion of novel aspects of positive mental health, such as resilience, courage, and compassion.[5]

Second, research into the COVID-19 pandemic should ensure that black, Asian, and minority ethnic communities are represented, both as participants in co-design and on study management groups. Indeed, we welcome the call for a race equality impact assessment being applied to all forthcoming research studies.[6] Research into the link between ethnicity and COVID-19 outcome is urgent,[7] and mental health aspects need to be included here. To effectively identify the effect of the virus and interventions on different communities, such representation must be sufficiently granular and recognise the intersectionality of risks.

Third, in the rush to understand the effect of COVID-19 on mental health and wellbeing, it is more important than ever that the highest standards of ethical research practice are maintained. Such standards include respecting confidentiality, recognising potential harms, and focusing on issues around acceptability (of potential interventions) and trustworthiness (in terms of data collection and data sharing).[5] Townsend and colleagues[8] have published some useful guidance; for example, they recommend mood measurements, mood mitigation techniques as standard, and they stress the importance of doing research that has clear benefits, while keeping risks low.

Fourth, the mental health science response must be truly multidisciplinary in implementation. In the Position Paper, we highlighted a wide range of disciplines, and the original author group was drawn from diverse disciplinary backgrounds. However, many further professions need to be included; for example, nursing is central to the COVID-19 research response.[9] Just under 40 000 mental health nurses make up the largest component of the UK National Health Service psychiatric workforce, and it is essential that mental health nurse researchers are included to ensure that any research is responsive to their concerns and priorities.

Fifth, we recognise that feeling distressed or anxious is understandable for many going through such unprecedented times.[10] Therefore, it is important that any mental health response is commensurate and tailored. Clearly, for those who are vulnerable, it is important to be

vigilant to mitigate the risks to mental health difficulties. We also need to consider longer term preventive approaches more broadly, so that we are more responsive to the chronic outcomes of the current pandemic as well as being better prepared for future public health crises.

The Position Paper was pitched as a call for action; we are grateful for these responses, which help increase breadth and inclusion in the mental health research response to COVID-19. This work is not only an important reminder to funding agencies but also an even stronger incentive to advance the mobilisation and coordination of the whole community of mental health scholars. It has already provided a welcome platform for starting dialogue with researchers, research funders, and the wider mental health science community, and a continued conversation is necessary. It is now a responsibility to include the voices of all those whose mental health is affected by this pandemic and ensure that research findings are translated into practice.

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