WHY DOES IT TAKE A PANDEMIC TO SEE THE REAL PANDEMIC - MENTAL HEALTH?

"Man is not a machine that can be remodelled for quite other purposes as occasion demands, in the hope that it will go on functioning as regularly as before but in a quite different way. He carries his whole history with him; in his very structure is written a history of mankind."
Carl Jung

An important note from the author: Trying the insurmountable – describing the complexity of mental health in three pages.

The repercussions of Covid-19 will very likely reverberate through humanity for years to come. Ressell (2021) describes this eloquently: "All the mental issues we have swept under the carpet have suddenly been exposed since the pandemic – Covid has stolen the carpet." While stress, anxiety, loneliness and burnout (to name but a few) are not new issues by any standard (they have always been part of life), it is a shame that they have only now seemingly become an immediate strategic priority for many organisations and many people. The Covid-19 pandemic has caused significant disruption for many regarding their sources of identity, self-worth/esteem, interactions with others and has resulted in many related adverse outcomes for both the individual and the organisation. The failure to address people's mental health and well-being increases the risks of eroding people's purpose, connection, engagement, productivity and performance, as well as having other consequences which have been covered in the academic literature over the years.

THE FACTS AND RESEARCH PAINT A BLEAK PICTURE

According to the World Health Organization (2021), one in five of the world's children and adolescents has a mental disorder, with about half of these disorders starting before the age of 14. Depression, one of the leading causes of disability, affects around 264 million people around the world. One of the knock-on effects of depression is suicide, and figures show that one person succumbs to suicide every 40 seconds. In addition, people with severe mental disorders die 10 to 20 years earlier than the general population. Less than half of the 139 countries with mental health policies and plans reported that such policies are aligned with human rights conventions. The harsh reality is that 30.3% of all adults in South Africa, according to Independent Counselling and Advisory Services [ICAS] (2021), will suffer from some form of mental disorder during their lifetime. That is almost one in every three people. This while only 25% of people living with a mental illness will ever seek or receive treatment. Numerous studies indicate that most people (also the case in South Africa) will not have access to good mental healthcare, which poses another major problem altogether (a conversation in its own right for another day). The recent figures for South Africa illustrate just how broken the healthcare system is regarding mental health. The South African government allocates approximately 5% of its annual health budget to mental healthcare. This while the global economy loses about 1 trillion USD per year in productivity due to depression and anxiety alone. Although this is not the focus of this article, it is worth mentioning the perfect storm currently brewing in South Africa when you throw trauma into the mix, as well as how it negatively affects mental health. In their book Trauma in South Africa, the authors Kaminer and Eagle (2010) show the frightening reality of the various forms of trauma South Africans need to manage; the trauma that originated in the past and the trauma they need to deal with in the present. This in an already fragile country in terms of mental health.

PERSONAL REFLECTIONS

In many instances, people do not see the mental health warning signs in themselves until they creep up on them like a thief in the night, often to the point that it is too late to intervene or too challenging to address them.

Such a response is prompted by the fact that people in general (and more specifically executives and senior leaders) struggle to ask for help because there is such a stigma attached to the idea that 'I need help'. People often respond to these mental health warnings by hoping that it will eventually disappear or go away if they ignore the warning signs long enough. It is like driving a car and noticing random lights flashing on the dashboard, indicating that you need to stop and change the oil, check the engine, and who knows what else. This very same dynamic plays out when it comes to mental health. Consciously or unconsciously, people often prefer not to notice the warning signs playing out in their 'inner theatre' for various reasons. One is the internal and external stigma attached to mental health. In this case, a person might notice the 'red lights' but instead decide not to reach out for help because the opinions of others immediately hijack their actions to seek out support or assistance. The following may sound familiar.

> "I do not need any help. I'm OK and I can deal with this on my own."

> "What will people think of me?"

> "People will see me as weak or broken."

> "This will have a negative impact on my career."

> "People will see me as unable to cope with life in general and that I am not resilient enough."

> "I must be weak, and I do not have the required coping skills that others around me seem to have."

These examples of the internal dialogue happening within a person, coupled with stigmatisation, might have their roots in socialisation and other factors that fall outside the scope of this article.

If the alerts on the dashboard are ignored, the car will break down – it is a given, and is just a matter of time. The same goes for humans; when they ignore the warning signs, they will eventually hit the proverbial brick wall. This is ominous as one never really knows when this will happen. I sometimes wonder if people can or even want to identify or pay attention to the warning signs that tell them that they need professional support – the 'random red lights flashing on their dashboards'. One of the biggest challenges that I have observed over 20 years is that people in general and leaders in particular do not address their mental health and well-being proactively, and often let symptoms persist for far too long because they have already normalized the dysfunction without knowing it. They often spiral down the proverbial rabbit hole without being aware of the mental health challenges and their impact heading their way.

WHAT DO I EXPERIENCE ON MY WAY DOWN THE RABBIT HOLE?

To put this into perspective, in psychology one can picture mental health on a continuum from depression at one end to flourishing on the other, where flourishing is the peak of well-being. Flourishing is often associated with a strong sense of meaning, mastery and mattering to others. Depression, however, is quite the opposite, and has been characterised as the valley of ill-being, which can also be associated with various feelings such as sadness, exhaustion and worthlessness.

In between these two poles (somewhere along the rabbit hole) you might bump into what is referred to as languishing (Grant, 2021). It could symbolically refer to the neglected 'middle child' of mental health. It lies somewhere between depression and flourishing. You may not have any significant symptoms of mental illness, but you are not the picture of mental health either. You are not optimal at work and home. Languishing is for example that 'space' where you have low motivation levels which disrupt your ability to focus and negatively affect you and others at work. Languishing appears to be more common than major depression — and in some ways it may be one of the most significant risk factors for mental illness (Grant, 2021). So why is languishing so dangerous? Part of the danger is that when you are languishing you may not notice the dulling of delight or the dwindling of your drive. You may not be aware of slipping slowly into solitude; you are indifferent to your indifference. When you cannot see your suffering (the rabbit hole you find yourself in), you will probably not seek help or even do much to help yourself.

CRITICAL ISSUES NEGATIVELY AFFECTING MENTAL HEALTH

In conversations with psychologists and psychiatrists over the last couple of years, I have sought to understand what lies at the core of people's well-being and mental health challenges. It came as no surprise to me that people often seek professional help because of (1) problematic relationship(s), which are very often accompanied by (2) some form of internal or external conflict occurring at home or at work. These aspects always seem to feature high on the list of causes or triggers of mental health challenges.

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SOCIAL RELATIONSHIPS AND CONFLICT

Warner (2016) from BYU highlights the importance of quality relationships when describing that all life occurs in some or other form of relationship. This notion is supported by the most comprehensive study on happiness and well-being in human history (a whopping 75 years), conducted by researchers at Harvard University, which illustrates that good relationships keep us happier and healthier. It turns out that people who are more socially connected to family, friends, community, and those they work with (which, among others, provides social support) are happier, physically healthier, and live longer than less connected people. It is not the quantity but the quality of these relationships that matter most. Good relationships, therefore, protect our physical and psychological mental health and well-being and can be wonderfully rewarding. The opposite is also true because they can also be the source of conflict, heartache, frustration, stress, anxiety, depression and anger, to name but a few. The preceding is supported by Umberson and Montez (2010), who refer to scientific evidence that shows that social relationships moderate various health outcomes, including mental health, physical health, health habits, and mortality risk. However, many of these relationships with others (family, friends, community, those we work with) are riddled with conflict. Relationship conflict can be a significant source of stress. When destructive conflict in relationships (work and home) is ongoing, it creates stress that can negatively affect the mental health and well-being of the individual and those witnessing it. The World Health Organization supports this, highlighting that poor relations and conflict with co-workers or supervisors can increase the risk for mental illness (Zuelke et al., 2020). Meiera, Semmerc and Grossc (2014) mention that enduring conflict and daily conflict negatively influence a person's psychological and physical well-being. The same authors highlight that employees with impaired psychological resources (internally and externally), namely those with relatively high depressive symptoms, are more affected by conflict. Thus, conflict may cause depressive symptoms which in turn make people even more vulnerable to conflict), indicating a vicious circle with high psychological costs for the individual and economic costs for the organisation. (We do recognise that multiple moderators affect the relationship between interpersonal conflict and mental health, but this falls outside the scope of this article.) However, the point is that conscious, unconscious, unresolved or unattended conflict will not dissipate into thin air and will often, if not always, have a negative impact on mental health. A study conducted by Stanford University in 2013 indicated that the skillset that CEOs say they feel they most need to improve on in themselves is conflict resolution skills.

CONCLUSION

Mental health was important before this pandemic, it's important now, and it will always be there alongside all of us until the end of time. The only thing the pandemic did was to amplify what is happening right now under our noses, and it has given all of us a front-row seat to the importance of mental health and well-being.

I hope we are able to derive some positive takeaways from this pandemic and that it (1) encourages us to have more open conversations about mental health and inspires us to keep having these conversations, (2) breaks down the stigma attached to mental health, and (3) forces us to reimagine and re-assess the more traditional approaches and processes within psychiatry and psychology.

I want to end this piece with a quote from Grant (2021), who states, "'Not depressed' does not mean you are not struggling. 'Not burned out' does not mean you are all fired up." By acknowledging that so many of us are struggling, we can start to give a voice to the quiet despair that people mask and thereby provide a pathway out of the void.

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CASE STUDY AND CALL TO ACTION

A recent case study from the Arbinger Institute showcases the positive impact of Arbinger's process and methodology which was developed over 35 years. Arbinger's **Living with an Outward Mindset** Programme equips participants with an in-depth understanding of the underlying factor(s) impacting their relationships and well-being. It provides people with the tools and frameworks necessary to build healthy, productive, and rewarding relationships while managing conflict more effectively with those they work and live with. For more information on this programme and how to bring it to your organisation, contact the Arbinger Institute at **southafrica@arbinger.co.za**