Dear Mental Health Innovators: The COVID-19 Honeymoon Is Almost Over

Kichigin©Shutterstock

By [Jessica Carson](#), [Harris Eyre, MD, PhD](#) and [Helen Lavretsky, MD, MS](#)

May 19, 2020

[Disaster Psychiatry](#), [Coronavirus](#), [Psychiatric Emergencies](#)

TABLE 1. Honeymoon phase: caring for yourself as a mental health innovator[6]

In this phase, you may find yourself particularly motivated, optimistic, and energized

• Harness your optimism and enthusiasm, but ensure you are not "biting off more than you can chew" if you experience a dip in energy

• Indulge your curiosity and creative problem-solving but be mindful to maintain focus and intention

• Celebrate your resilience—take time every day to reflect on your creativity, adaptability, and resourcefulness

TABLE 2. Disillusionment phase: caring for yourself as a mental health innovator

In this phase, you may find your energy and affect lower than usual

• Allow yourself ample time for rest but be mindful of the distinction between rest and lethargy/apathy

• If possible, engage in activities that boost your physical and emotional energy like running, dancing, hiking, virtual socializing, etc

• Honor and accept your feelings to the extent possible and seek support if that feels helpful

Society's psychological reactions to a crisis can be predicted according to disaster response frameworks. Mental health innovators can use these frameworks to understand what to build during the evolving COVID-19 crisis, and when those innovations will prove most vital.

A predictable disaster

While the occurrence of disasters is largely unpredictable, the human emotional response to disasters is relatively predictable. Researchers have mapped the phases of emotional response to disasters based on patterns that have been consistently witnessed in times of crisis, from hurricanes to terrorism to disease.[1] Although plot details differ, the same storyline can be applied to crises worldwide: the impact occurs, heroism abounds, social cohesion surges, and then, once the news crews have resided, another sentiment takes its place—disillusionment, apathy, grief, and psychological distress.[2]

Crisis, however, does not have to be an inhibitor of innovation, but can be an invitation for innovation. Historically speaking, crisis is often followed by a creative resurgence of the human spirit that guides changes in technological and social innovation, like the Black Death (1347-1350), which was soon followed by the Italian Renaissance; new societal concepts and financial institutions can bring about global restructuring that facilitates psychological adaptation and growth (similar to the concept of post-

traumatic growth). We witnessed this in the last global crisis, World War II, that resulted in the complete remake of the world's social matrix with the emergence of the US as the global leader, and significant innovations on every level of human functioning.

While facing the reality of the COVID-19 pandemic, we can anticipate far-reaching consequences that will affect our financial system in the immediate future and bring about massive changes to the way our world functions on every level. This global pause—the "quarantine"— as a self-imposed reset button has the opportunity to usher in a heightened awareness of our individual priorities, and a burst of alternative technological solutions that are likely to persist beyond the viral pandemic, such as how schools and education function, or how health care is administered.

In light of the COVID-19 crisis, we can use this historical precedent—now conveniently captured by emotional response disaster frameworks—to guide our path forward. Not only can these frameworks be used to understand how and when our world will be psychologically affected by this disaster, but they can help inform what is needed during each phase to best support mental, emotional, and spiritual well-being. Mental health innovators must come to view their work through a public health lens, not only considering what is immediately needed, but what needs will arise once the "honeymoon" phase of this crisis is over.

The view today
Over the course of March 2020, our world traversed the heroic phase of the disaster response. This phase is characterized by high levels of activity, low levels of productivity, and a surge in altruistic, adrenaline-induced rescue behavior (think: health care providers valiantly working without personal protective equipment).[2] During this phase, the mental health innovation trend was that of open-access innovations. A multitude of companies, from meditation apps to teleconferencing technologies, offered free or discounted access to their platforms in this time of limited resources and millions out of work. Examples of this include therapy app Talkspace, which now offers free therapy for health care workers and discounted subscriptions for the public, and the meditation app Headspace, which now offers free meditation recordings for all.
• Phase: Heroic — March 2020
• Characteristics: High activity, high altruism, low productivity
• Innovation trend: Open-access

Throughout April 2020, we entered the honeymoon phase (**Table 1**). In this phase, disaster assistance became available, community bonding was more prevalent than ever (albeit virtual), and there was a sense of collective optimism.[2] This honeymoon phase seems to be characterized by the mental health innovation trend of platform innovations—the use of existing technologies (apps, websites, etc) upon which new products and services can be offered. Examples of this include the teleconferencing platform Zoom, which has created specialized resources, tools, and capabilities to meet the heightened demand and unique needs of this time; Facebook helping local governments and emergency health

organizations reach people via Facebook and Messenger.
• Phase: Honeymoon — April 2020
• Characteristics: High assistance, high bonding, high optimism
• Innovation trend: Platform

The current view

However, as we move deeper into May 2020 we seem to be nearing a less hospitable phase—the disillusionment phase (**Table 2**). In this phase, the public has recognized the limits of the governments in being able to control viral spread, develop vaccines, or provide disaster assistance. We are feeling a heightened sense of discouragement and distress as we see more clinical manifestations of reactions to stress including affective and emotional symptoms (anxiety, phobias, depression, irritability, apathy, withdrawal); physiological disorders, sleep disorders and dreaming disturbances, memory disorders; behaviors that reinforce and maintain the trauma in the conscience; and repercussions on the basic beliefs of oneself and the world.[3] Experts have been referring to this phase as the "mental health tsunami"—if the virus outbreak was the earthquake, then mental illness will be the storm surge that comes in its wake. In the disillusionment phase, realities like unemployment, debt, and death begin to sink in, and individuals may rely more heavily on alcohol, opioids, and the like to cope.[2]

Disillusionment is the longest of the phases—the depth of which will largely dictate how quickly and easily we will recover—which is why it will need to be characterized by a mental health innovation trend of prevention innovation. These technologies must focus on the prevention or mitigation of mental health issues like depression, suicidal behavior, and addiction, as it is through prevention that we will lessen the depth of the post-crisis crash. An example of an existing prevention technology is affective computing that can detect depression relapse or emergent suicidal ideations through the wearable devices or iPhone use, and connect individuals to mental health providers.

AI-based technologies can assist in detecting high-risk populations among health care workers who might be experiencing burn out, stressed caregivers, or students with high levels of pre-existing anxiety. Technologies oriented toward rebalancing of stress response (eg, meditation and breathing apps, music and art therapy, promoting sleep, proper nutrition, and facilitating immune response) could be developed to guide those in distress.
• Phase: Disillusionment (including post-crisis crash) — May 2020 - ?
• Characteristics: Low optimism, high distress, high illness
• Innovation trend: Prevention

Reconstruction

Although we cannot say for certain how long the disillusionment phase will last—the range is from months to years, especially with the looming financial crisis—we will eventually emerge into the calmer waters of the reconstruction phase.[2] During this phase, individuals feel a sense of recovery, responsibility, and capacity for rebuilding—there is a greater acceptance of and adjustment to the new

normal. With the new normal must come novel solutions, which is why mental health innovation will need to be characterized by frontier innovations, novel technologies based on significant scientific advances, and engineering innovation. Examples of frontier technologies include innovations like AI, sensors, -omics, imaging, synthetic biology, smart devices, digital therapeutics, and the like. While this is not to suggest that frontier technologies should not be built throughout the crisis, it's also useful for mental health innovators to consider what tools are most crucial and when they are most needed. For instance, frontier technologies may not be readily adopted during the disillusionment phase if they are too costly or complex to use during a time of great uncertainty.

• Phase: Reconstruction — timing unknown
• Characteristics: Return to recovery and responsibility
• Innovation trend: Frontier

Although these stages of response to disasters are true for the population at large, patients with serious mental illness are more vulnerable to profound levels of depression, anxiety, and distress, and may not reach recovery without additional help from practitioners.

Looking toward the future
The COVID-19 pandemic is forcing us to face the reality that our world has shifted—climate change, natural disasters, and pandemics are part of our new normal. What seemed stable is now uncertain, our hope in the government's ability to manage all disasters is diminishing, and we are turning to each other and to our neighbors for solutions. The phrase "we are in this together" rings true for us and has left us to ask: What can each of us do to contribute to the solution and solvency of our society and the planet Earth? How can we innovate to continue to enjoy our planet, and leave it to our children to enjoy and develop further? What should be guiding the development of technologies during crises of global proportions such as COVID-19?

To guide innovation at every level, we should anticipate the spiritual and psychological needs of the population at large, as well as those of the most vulnerable patients. Maintaining hope, focusing on well-being, and rebalancing the stress response, as well as improving infrastructure for mental health care can help reduce burnout in the health care workforce and improve the lives of all individuals. We encourage you to consider the following questions with us:
1. How can we inspire, encourage, and retrain those who have been cast aside as "non-essential" in this time? If retraining 20 million people can be quickly achieved, what scalable technological or vocational training can be offered immediately?
2. In an increasingly non-religious world, what scalable spiritual alternatives can be offered to provide individuals with answers to existential questions like meaning, purpose, destiny, control, and role of the self at this time?
3. How can we cultivate resilience to ensure society of its capacity to rebuild and redesign our

4. How can we train individuals to live simpler lives with enhanced self-reliance, and how can technological innovation help?

Armed with the knowledge of the human emotional response to disaster, we can anticipate and potentially bypass psychological lows by preparing humanity to be more flexible, proactively deal with disasters, and honor their own strength and ability to fight adversity. Mental health innovators will represent a group of humble, perhaps unsung heroes in this crisis, and it's through collaboration, urgency, optimism, and trust that we will get through this together.[5,6] It's time for us to get to work—to help, heal, and harness the innovative potential inherent in crisis.

Disclosures:

Ms Carson *is Director of Innovation at at a major mental health organization, Expert in Residence at Georgetown University, and author of Wired This Way;* **Dr Eyre** *is Brain Health Venture Executive and Innovation Diplomat, Instructor in Entrepreneurship at the Global Brain Health Institute (UCSF and Trinity College Dublin), Advisor to Brainstorm Lab for Mental Health Innovation, Stanford University, Honorary Fellow with IMPACT, Deakin University, Australia;* **Dr Lavretsky** *is Professor of Psychiatry, Department of Psychiatry, University of California Los Angeles. We'd like to hear from you, you can email Jessica Carson (jessica@jessicacarson.co), Harris Eyre (harris.eyre@gmail.com), or Helen Lavretsky (hlavrets@ucla.edu) with questions, comments, or if you'd like more information on mental health innovation ideas. The authors report no conflicts on interest concerning the subject matter of this article.*

References:

1. DeWolfe DJ. Training manual for mental health and human service workers in major disasters. US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; 2000.
2. Washington E. Phases of Disaster. 2020.
3. López-Ibor Jr JJ. Disasters and mental health: new challenges for the psychiatric profession. *World J Biol Psychiatry*. 2006;7:171-182.
4. Laird KT, Krause B, Funes C, Lavretsky H. Psychobiological factors of resilience and depression in late life. *Translat Psychiatry*. 2019;9:1-18.
5. Smith E, Au R, Mossé M, et al. Rebooting late-life mental health innovation and entrepreneurship with convergence science. *Am J Geriat Psychiatry*. 2020; In press.
6. Ternes K, Iyengar V, Lavretsky H, et al. Brain health Innovation Diplomacy: a model binding diverse disciplines to manage the promise and perils of technological innovation. *Int Psychogeriat*. February 2020; Epub ahead of print.

Additional Reading

1. Staglin G. Flattening the Mental Health Curve. Forbes. 2020.
2. Van Hoof E. Lockdown is the world's biggest psychological experiment - and we will pay the price. World Economic Forum. 2020.
3. Collins F. Dealing with Stress, Anxiety, and Grief during COVID-19. NIH Director's Blog. 2020.

Related Articles

Psychiatric Ramications of the COVID-19 Pandemic

Mark Olfson, MD, MPH *8 May 2020*

Meeting the Mental Health Challenge of the COVID-19 Pandemic

Mark Olfson, MD, MPH *24 April 2020*

Resilience and Locus of Control in the Time of Pandemic

James Lake, MD *6 May 2020*