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STATEMENT

The importance of community action and community resilience in the response to Covid-19: What role for psychology?

THE IMPACT OF COVID-19 ON COMMUNITIES

The Covid-19 pandemic is a global community event which has affected everyone in some way. There have been many negative impacts, including illness and loss of life, psychosocial isolation, loss of schooling, employment and financial hardship. All of these events have significant psychological effects on individuals and communities. These impacts are not, however, evenly shared within society. They have particularly affected, for example, Black and minority ethnic groups¹⁻⁶ and people on low incomes. Indeed Covid-19 has unveiled the racialised and classed nature of British labour, when 61 per cent of NHS staff deaths are Black and Brown people^{2,3} and men working in elementary occupations such as factories, security and as hospital porters having the highest mortality rates⁷. We have to confront the reality that racism intersects with other structural factors in our society to place Black and Brown people at greater risk. Other disproportionately affected groups include older people who have experienced ageism and responses that have not upheld their rights or kept them safe^{1,6, 8, 9}, women and children at risk of abuse¹⁰, the working class^{1,7}, people living with disabilities¹¹, young people^{12,13}, the economically precarious and unemployed¹⁴, asylum seekers¹⁵ and people affected by poverty¹⁶.

In other words, the pandemic has had the greatest negative impact on those groups who face structural disadvantage and discrimination and who have suffered unequally from a range of recent and some not so recent state policies.

THE RELEVANCE OF PSYCHOLOGY

The pandemic has rendered visible that psychological functioning cannot be separated from the social conditions in which it takes place. Paradoxically, the pandemic has also had positive psychological impacts on some people, who have found fulfilment and purpose in participating, offering help and support to others and gaining a renewed sense of community spirit (e.g. as reported by some mutual aid group members or receivers¹⁷).

STATEMENT

Psychologists have a number of ways of conceiving of these impacts and the mechanisms through which they operate. For example, social psychologists will understand them in terms of group and relational processes; cognitive and behavioural psychologists will understand them more in terms of individuals' thoughts and actions and community psychologists will understand them in terms of the ways in which responses are embedded within context and structural power.

We need to make use of the range of perspectives within our profession. If we only conceive of the impact of the pandemic at the level of the individuals' thoughts, feelings and behaviours then we will be likely to think of solutions at the individual level too. But the scale of the psychological impact of the pandemic and its uneven social distribution requires us to think beyond the individual to the interconnections between the family, the community, public services, the workplace, the state and its policies – and beyond to the international sphere. We need to draw on psychological theories and practices that draw on whole systems and the power structures embedded within them.

COMMUNITY RESILIENCE AND ACTION

There are a number of different approaches to resilience, some focusing on qualities of the individual, some on the links between groups and agencies on the ground and some on the nature of the risks and adversities being faced. There is also psychological research and practice relating to community resilience in the context of emergencies.

For the purposes of this working group, the following is our general working definition (written by Professor Angie Hart and colleagues) as we want to emphasise the social justice orientation:

Overcoming adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity.¹⁸

Community resilience might refer to any one or combination of geographical communities, such as neighbourhoods, streets, towns and villages; communities of identity, such as faith groups¹⁹ and LGBTQIA+ communities²⁰; communities brought together through life circumstance, such as young people, people with dementia and their carers; or communities of interest, such as artists and sports teams. Whilst the pandemic has brought to the fore ways in which community action has contributed to resilience, we must not lose sight of the fact that many communities have long faced and struggled to overcome adversity. In particular, we recognise the ways in which structural oppression threatens this resilience and government policies exacerbate, rather than relieve, adversity. Highlighting the nature of these forms of resistance are well within the remit of a psychological approach to the response to the pandemic.

POTENTIAL IMPLICATIONS FOR APPLIED PSYCHOLOGY

So, what does all this mean? We need to let go of simple models of understanding human experience and work together across psychological perspectives. As a profession, psychology is in danger of failing to fully understand the ways in which the wider context, and people's sense of community, affects human experience and group behaviour. We need to change how we work in formal services and be brave enough to work with and through others, dropping 'done to' models and swapping for 'done with'. This might mean we need to find meaningful ways to work with people facing adversity on overcoming that adversity, through co-production, alliances and partnerships. So this is not just about switching location from the clinic, classroom or workplace to community spaces, it is about changing the ways we work. It is fundamental that as psychologists we work to recognise our own membership and responsibility in our communities. This may involve

relinquishing expert ideologies and ‘us’ and ‘them’ narratives. Reconnecting with ourselves and others with humility and open-heartedness, may help to rebuild trust with communities we may have intentionally or unintentionally harmed.

We need to find new, creative ways of listening, being with, alongside, and part of, communities to learn about their strengths and to work with and through others to strengthen these. Simultaneously, we need to support these same communities (and those who work with them) to better understand the circumstances they are in and how to make use of the possibilities for change. We absolutely know there are good examples of this already happening or having happened in the past within psychology²¹. However, we would also like to acknowledge the psychology profession’s tendency thus far to somewhat delegitimise community methods of healing or responding (for example, clinical psychology has been criticised for being ‘white psychology for white folk’²²), and the harm this might have done.

We seek to value and amplify the abundance of strength, resources and knowledge already present in communities we work with or are part of. When we do this, we can contribute helpfully to truly shifting applied psychological practice to support community resilience. It’s a time now when we need to recognise that as psychologists with the power and privilege of our profession comes a responsibility to join with those experiencing adversity to advocate for change at a political, societal and community level.

THE PURPOSE OF COMMUNITY ACTION AND COMMUNITY RESILIENCE WORKSTREAM (CAR)

The CAR group has been set up to develop the relationship between psychology and community resilience and action during the pandemic.

What we learn from the pandemic will stand us in good stead to move towards really relevant applied psychological practices, especially in the wider context of growing inequalities and the climate change emergency. It will also help us to reflect on both our position as a profession in the context of social structures and on our relationships with different communities. Therefore, we are taking a long-term view on this work.

To date, the group is doing this by:

- 1 Using approaches that involve community groups – working to ensure representation of affected groups within our outputs, making sure we listen properly to recognise what has been helpful at this time and what remain areas of concern.
- 2 Collecting stories to demonstrate the power and strength that people within communities have to come together to help others, challenging the stigma of self or group interest in how people respond.
- 3 Showcasing examples of how psychologists can work in ways that address community level determinants and ideas for how we move towards doing more of this well. Using the BPS platform as an opportunity to advocate and create social change where we can.
- 4 Collating a range of resources for psychologists and others to use to build community resilience and to work in partnership with community groups and organisations.

We hope that psychologists (and people with other roles) will find these ideas helpful for their own practice as well as hoping to use our professional power to encourage others outside of psychology to recognise the importance of the role of communities in responding to Covid-19 in the longer term.

Do you want to get in touch to help us develop this work or offer your insights? We acknowledge that people from certain backgrounds are under-represented in psychology. So we are particularly keen to hear from people of colour; disabled people; people who identify as being LGBTQIA+; people who have had experiences of mental ill-health and people who identify as working class or have done so in the past. We are also keen to hear from people who might work in partnership with marginalised communities.

Then contact us on sally.zlotowitz@gmail.com and carlharrispc@gmail.com – we'd love to hear from you.

This guidance was produced by the British Psychological Society's Covid-19 Community Action and Resilience Working Group

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