

British Psychological Society – Written Evidence (LBC0106)

Life Beyond Covid: The long-term implications of the pandemic for our economy and our society - Call for Evidence

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 60,000.

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The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Are there any positives you would take from this pandemic?
<p>Collective shared social identity in action</p> <p>We are conscious that this pandemic has not been experienced equally, and in no way mean to minimise the challenges which were and continue to be faced. However, a key positive has been the collective solidarity that has emerged across the UK. For example, we have developed novel ways of staying connected with our families and communities even as we were required to physically distance. This concerted effort to stay connected and cope was one which had to be made actively: for example by having more conversations with friends and family members through technological means and helping less technologically minded individuals access digital channels that were previously unfamiliar to them; stepping up to help through community organised responses or providing support to individuals from vulnerable populations who needed to shield;</p>

and becoming closer to neighbours. Indeed, many young people, families and communities have reported positive experiences of personal resource and community support in parallel to facing significant challenges and distressing losses.

Despite the uncertainty that has pervaded this crisis, these individual actions and decisions have all helped shape our society's response to Covid-19 and may in turn have promoted a sense of belonging and community resilience. This notion is supported by recent psychological research on emergencies which has shown that when people think in terms of 'we' rather than 'I', a sense of shared social identity is developed (Drury et al., 2019). While some may act "selfishly", as was seen throughout lockdown, the evidence shows that the majority of people behave in a way that is structured by social norms and are likely to not only help family and friends but strangers as well (Johnson, 1988; Drury et al., 2009a; Drury et al., 2009b). In effect, when a threat is framed in group rather than individual terms, collective self-regulation underpins a public response that is more robust and more effective (Reicher et al., 2004; Carter et al., 2013). The fact that large scale riots did not occur once lockdown was imposed, despite the concerns of many and the public narratives that accompanied them, supports this notion even further (Reicher & Stott, 2020).

Changing the way we work

The BPS's published policy and practice guidance on NHS staff wellbeing (for both clinical and non-clinical staff) has showed that, although the pandemic caused huge negative experiences across the system and the workloads of health professionals, the majority of NHS staff would likely be able to cope successfully during the peak of the crisis using their own preferred style, individual resources and social support (British Psychological Society, 2020a).

Crises can serve to identify issues with existing systems or leadership, which can be quickly addressed due to the time-sensitive nature of a crisis. This could potentially lead to improvements in the number of compassionate leaders within the NHS, a goal which is championed in the forthcoming NHS Leadership Compact. As the Secretary of State for Health and Social Care has recently acknowledged, "we now have hard evidence of how people choose to operate, under crisis conditions." If this evidence is identified, evaluated and then codified into best practices frameworks which are underpinned by rigorous analysis, then the lessons drawn from this crisis will help ensure that the NHS is better prepared for subsequent Covid-19 waves and any future pandemics.

In workplaces more generally, we have seen adaptations and reasonable adjustments being made in the ways of working of many organisations that have the potential to be lasting positive changes. Many organisations moved swiftly to ensure their staff had equipment and capacity to work from home where possible such as creating support systems for a radically new way of working within days, upgrading IT systems, and providing more channels for staff to access wellbeing and psychological support. These are all measures that were recommended in the following Society briefings:

- [The psychological needs of healthcare staff as a result of the Coronavirus pandemic](#)
- [Guidance for psychological professionals during the Covid-19 pandemic](#)
- [Working from Home](#)
- [Taking trauma related work home - advice for reducing the likelihood of secondary trauma](#)

Many organisations are appearing to be more 'comfortable' with remote working, as productivity did not decline as expected (Deloitte, 2020). There have been multiple news stories of productivity increasing, and many companies have announced they will not rush back to the office (if at all). Many workers have also reported taking the opportunity to take on new challenges, as well as redress their work-life balance. Homeworking can improve wellbeing, work-life balance and productivity, providing people have control and choice over their working arrangements and receive guidance to help them balance their multiple role demands (Kossek & Lautsch, 2008; McDowall & Kinman, 2017).

Children and Resilience

Emerging psychological evidence suggests that while many children have experienced high levels of worry; suffered loss and bereavement; and missed out on learning and education opportunities throughout this crisis, many other children and young people have reported that they enjoyed being at home (The Children's Society, 2020). Lockdown has given many children the opportunity to spend more time with their families and engaging in learning through different ways. On the other hand, those attending schools such as children of key workers, might have benefitted from smaller class sizes and enhanced pastoral attention (British Psychological Society, 2020b). Psychologists working with children have noted:

- The lives of some vulnerable children have been less stressful due to closer and more prolonged contact with family members and their wider support system (i.e. tutors)
- There has been less reported bullying within a school context due to premises being closed
- As concluded by the Children Society, levels of children's happiness have not significantly changed at the population level (2020)

The Society has published a range of policy briefings to support children, parents, and education professionals related to children's confinement and isolation, re-engagement, and the return to school which may also be of interest to the committee. They are:

- [Back to school: using psychological perspectives to support re-engagement and recovery](#)
- [Meeting the psychological needs of children in shielding families](#)
- [Supporting care-experienced children and young people](#)
- [Resilience and coping: supporting transitions back to school](#)

Cross Collaboration and Future Research

The immediate response from members of the BPS to actively contribute to help individuals, communities and wider society during the pandemic, has seen an unprecedented amount of cross-discipline collaboration at rapid pace. This collective working across psychology sub-disciplines has resulted in a large amount of [resources and guidance](#) produced for professionals and the public which is a key positive outcome for the profession. Psychological science has been informing government policy at an unprecedented scale, through mechanisms like the Scientific Pandemic Influenza Group on Behaviours, which reports to Sage.

Looking ahead, we know the psychology community and this continued cross-collaboration has an integral role in helping societies recover and learn from this period in time. For example, the BPS recently published a paper which was the combined effort of a core expert group with input from an additional 539 psychological scientists, that outlined the following research priorities for psychological science for the Covid-19 pandemic and beyond (O'Connor et al., 2020):

- Groups, cohesion and conflict
- Work environment and working arrangements

- Children and families
- Educational practices
- Mental health
- Physical health and the brain
- Behaviour change and adherence

Alongside these priorities, the paper also states a clear overarching research priority to understanding the inequalities in the effects of the pandemic and recovery. One outcome with the potential to lead to societal good is the increased focus on inequalities that we know continue to exist within society. This renewed global interest in addressing inequalities will hopefully drive more research and practical efforts that are focussed on tackling this issue.

What are the things that you are most worried about?

The second wave- are we prepared?

As noted above, the virus has impacted people differently, with evidence showing that those who are older, are living with pre-existing health conditions, men and Black and minority groups being especially at risk (PHE, 2020). There is no singular experience and, as we implement wide-ranging policy measures, we must remember that people at the margins are likely to become even more vulnerable, potentially forgotten and overlooked.

We are also concerned, with Covid-19 rates rising and localised lockdowns taking place across the UK, that we are still determining the primary impacts of Covid-19, including the impact of the measures we've had to put in place. Beyond reviewing immediate measures, we also need to think about the broader psychological needs that could occur in the future- such as modelling what might happen in three to six months' time in order to anticipate what this wave might look like.

We are aware that a number of trends in referrals, access and uptake of mental health services during lockdown have the potential to create an increase in demand further down the line. We know that some

psychological services were closed or re-purposed for staff during the peak of the pandemic and that service users on waiting lists were deferred. Remote therapies are not suitable for all mental health conditions, so it is likely that those with more complex needs are more likely to have been unable to access therapies. We also know that the usual referral routes to Mental Health services through GP surgeries and schools were not operating as normal meaning a backlog of cases may have built up.

Many psychologists have been and are continuing to provide the scientific evidence used by government as it manages its Covid-19 response. Given that our behaviours are key to reducing the rate of Covid-19 transmission, being clear about the required behaviours is essential to ensure public adherence to restrictions as the need for localised lockdowns continues and the potential of a second wave becomes clearer (British Psychological Society, 2020e). Beyond using psychological science to inform these guidelines and policy decisions, their success is dependent on being accompanied by clear and consistent public messaging about these protective behaviours (Michie, 2020). The Cabinet Office, DHSC and other departments involved in the Covid-19 response need to meaningfully and consistently include experts in behaviour change communication when designing public messaging strategies. It must give defined and transparent reasons for its strategies as well as set clear expectations regarding its proposed guidelines.

A psychologically informed approach to healthcare systems

Under normal circumstances, psychologists in clinical services work directly with patients and other healthcare professionals to provide a coordinated and patient-centred approach to care. Delivering good psychological care across services while following the NICE Quality Standards has required some necessary adaptations and modifications to the usual processes. Many services have been impacted negatively during Covid-19, with many services having to operate at reduced levels due to temporary staff redeployments. These services were already stretched as a result of a decade of austerity and reduced public spending, but they have now been asked to do even more with less, which will have long-term ramifications for the nation's health. There is an urgent need to return these services to full staffing levels and increase the available support and funding that will be required for these services to continue providing care throughout the "chronic" phase of the pandemic.

This need to preserve the wellbeing of the health care workforce extends beyond the psychological profession and psychologists need to play a key role in developing and implementing the systemic changes

that are required. Even prior to the crisis, 40.3% of NHS staff reported that they suffered from work related stress (NHS Staff Survey, 2019). Given the evidence regarding the psychological response to SARS in Canada, that medical services that had more exposure, higher patient loads, or more critical cases showed higher levels of distress, more burnout, and more post-traumatic stress, it is likely that the levels of stress in NHS staff have increased significantly. We need to not just think about the staff looking after patients but also the staff who could become patients themselves.

Staff can feel as though they must be superhuman and not needing rest in order to provide care and fulfil their increasing workloads (British Psychological Society, 2020d). This can then potentially lead to self-sacrifice or pressures to work in unsafe conditions. As the R rate has decreased, there is a risk of having a 'business as usual' narrative overwhelming workers – who are expected to continue with the same productivity levels as before Covid-19 which is an unfair expectation and will lead to staff not being sufficiently prepared for a second wave. Furthermore, staff who have been very closely involved with many deaths may require additional psychological support, so that they do not become overburdened with loss and grief or suffer burnout and traumatisation.

For some of our members, the nature of the work itself has changed and they have been re-deployed to working with people who are acutely ill and at the end of life. Some services have reported facing staffing shortages due to sickness levels and staff burn-out. Some have been very good at supporting staff with new pressures, offering comprehensive employee assistance programmes (EAP), extra supervision and practical support, such as free parking and decent staff rest rooms. Other organisations have been less supportive, pressuring staff to work in offices when they can do their jobs at home, thereby increasing the risk of cross infection. Lastly, people working on-site might be working with varying levels of personal and protective equipment (PPE) when offering in-person care.

While frontline staff has shown great resilience over the past few months, individuals will have a range of psychological responses to this crisis. To address these, we need a range of interventions and support that will meet their needs at various levels including:

- Prevention
- Responses that vary according to the organisation, individual and situation
- Management & Communication

These responses should all consider: 1) disparity in the devolved nations, 2) the disparity between NHS and Social Care and, 3) the need to plan for a recovery phase that is difficult to predict. Access to psychological support for staff must be provided and ideally by having embedded and fully integrated wellbeing services within NHS trusts. Integration of psychologists is crucial because these services then become a known quantity and staff can build relationships between themselves.

Frontline healthcare staff are and will continue to be affected but these pressures will also impact many other key workers. For example, social care workers do not have the same support services as staff in the NHS. Social care staff also face additional challenges due to working in smaller teams, and not having access to as much funding and resources. A potential solution worth considering would be to link up social care with local NHS trusts through combined providers. On a similar note, the virtual common rooms approach being piloted by NHS England is welcome and could be expanded to include social care (beyond the current scope of the Mind and Royal Foundation hotline and text service). Yet, while there are many cases of best practice throughout the NHS, we need to ensure minimum standards and requirements are mandated and supported across the board.

The changing world of work?

As our upcoming "Working Differently" briefings will outline, there has been a shift from social and in-person work contact to new digital formats. This can be both helpful and problematic. Many people are working with increasing pressures, such as an increased number of meetings or demands to change ways of working (The Psychologist, 2020). The loneliness, uncertainty and fear around the pandemic does not seem to have abated and is likely to increase should a second wave occur. A broad range of psychological and wellbeing factors are associated with working in isolation as the reliance on technology becomes a further burden, leading to techno-strain (Salanova et al., 2013).

People have also reacted completely differently to the same situation, so we need to act to support everyone, not just the visible majority:

- Some employees have benefitted from working from home, while others have struggled with the lack of routine or miss chatting with colleagues face to face.
- Some employees have had suitable places to work or employers who provided assistance to support

the transition to working from home, while others have struggled due to lack of space, too many room/housemates, constant interruptions, family obligations, poor internet facilities etc. Many may also have been affected by a lack of skills, specifically digital skills, which may make remote working more difficult. Lastly, some aspects of work may not be possible remotely.

- Some employees never had a lockdown – shop workers, delivery drivers, the emergency services and other key workers have worked continuously without a break. They may feel psychologically burnt out from the increased demand, especially in the context of a second wave.
- Heightened fears over the unknown in light of a potential second-wave and an economic recession– will people lose their jobs, when will they see colleagues again, what will the office look like when they return (how will it look, how will social interactions work, how will functioning as part of a team work, how will coping with the loss of a colleague be supported)?

As a result of the changing nature of work, we have seen a blurring of boundaries between domestic and business lives. Virtual meetings offer a window into workers' homes and in the case of flat shares, into workers' bedrooms. Domestic relationships are impacted as people juggle work and family obligations (e.g. child / elder care, teaching children, running a household). There is risk of negative changes in work/life balance, given that the "always on" culture is more pervasive when working from home. This could impact negatively on workers' mental health, especially when coupled with financial uncertainty, heavy workloads that risk of lay-offs, lack of adequate induction processes. Lastly, there is also uncertainty around how those shielding will be able to return to the workplace, with the added impact this will have on their mental health and sense of identity at work (for example not wanting to burden their colleagues, whilst also being motivated to minimise the risk of contracting Covid-19).

An overburdened social safety net

While we may not know what a post-Covid society will look like, one thing is already very clear: those who were already vulnerable prior to Covid-19 have been disproportionately impacted by this crisis. There has been an increased pressure on the benefits system due to the increased number of claimants being processed by DWP, which is likely to increase again as the furlough scheme is brought to an end. The Government has also indicated that the claimants' initial interview, in which they sign their claimant commitment, has been nearly halved to 30 minutes. In practical terms, this means that there is even less time to discuss the often complex and challenging personal circumstances faced by claimants and craft a

meaningful support offer, which the BPS has called for (British Psychological Society, 2017).

The potential psychological impact of the reintroduction of conditionality and sanctions may have on both new and existing claimants in the benefits system is also a matter of great concern. The BPS, in conjunction with a range of leading mental health charities, has repeatedly called for an end to sanctions for benefit claimants with mental health conditions (British Psychological Society, 2019b), in light of the evidence that they are unsafe for people with mental health conditions and reduce all claimants' capabilities in terms of financial security and coping abilities (Dwyer et al., 2018). The negative psychological repercussions of sanctions are only likely to be exacerbated in the current economic and social conditions.

Rising inequality and the next generation

Poverty is an intractable and systemic problem that affects children, families and communities across the UK. New research published by the End Child Poverty Campaign illustrates that child poverty in the UK has increased by 2.8% in the last four years. However, Covid-19 has put hard pressed families under acute financial pressure (Loughborough University, 2020). There have also been troubling reports regarding the increased risks of within-home violence, including intimate partner violence, child abuse, and risk of online exploitation and abuse which is very concerning and will have long-term psychological and wellbeing ramifications (United Nations, 2020).

Throughout the pandemic, children who have been shielding, or who are in shielding families, will have been more restricted in all aspects of their lives than children in non-shielding families. Whilst little research has yet been conducted in this group, we know from research into the impact of social isolation and loneliness of children in other pandemics that children can be at increased risk of psychological difficulty from the impacts of quarantine. Studies show that children can still be affected by the impact up to nine years later, with rates of depression linked to feelings of exclusion (Loades et al., 2020).

Although restrictions will ease, we know that some parents' worries and anxiety about risk may mean that parents need to go through a process of deliberating about the best course of action for their child. As children are not often the decision makers in terms of their behaviour during the pandemic, this may further reduce their sense of control if their parent chooses to maintain restrictions (British Psychological Society, 2020c). There is a risk that the narrative around school transition and the experiences of children becomes

dominated by the language of risk, trauma, damage, or illness which could have a life-long impact (British Psychological Society, 2020d). This is especially crucial within the context of poverty given the substantial body of psychological research which shows that children growing up in poverty may have poorer outcomes later in life (Aber et al., 2020). The additional burden placed on families in poverty during this crisis is likely to turn up the dial on the factors that can influence these poorer life outcomes.

What do you most hope changes for the better?

Significant and rapid social adjustments have needed to be made for us to respond to the virus. As the work of our [BPS Covid-19 Co-ordinating Group](#) has demonstrated, our members have, at all levels- clinical, community, organisational and governmental- provided the support, psychological frameworks and scientific evidence needed to navigate and help inform our policy response throughout this crisis.

Behavioural Science and Disease Prevention

This crisis has shown that psychology is crucial to reducing the spread of Covid-19 as it enables us to understand behaviour and anticipate people's responses to changes in government policy and public health guidelines (British Psychological Society, 2020e). We are hopeful that:

- Future public messaging will be developed with an understanding of influences on behaviour
- That policy announcements are accompanied by implementation programmes that consider the capability, opportunity and motivation of different population segments as they are asked to adhere to guidelines- with special care being given to vulnerable and marginalised communities
- That where psychological evidence has been used to inform policy decisions, this evidence is made clear and openly shared to ensure suitable evaluation and scrutiny

Poverty to Flourishing in Times of Covid-19

For individuals and families in poverty, including lone parents and families with those living with a disability, many of the problems they are facing have been exacerbated, and many more may be pulled into poverty as a result of the pandemic. However, despite these challenges, we hope that they will be addressed by:

- securing the provision of free universal internet access, in order to open the gateway to digital communication which was closed to many in this crisis
- pledging to reduce poverty and social inequality as we emerge from the crisis
- putting an end to sanctions for benefit claimants with mental health conditions
- ensuring that localised lockdowns are not imposed in a way which exasperate existing inequalities

Effects of Confinement and Patient Rehabilitation

As we enter the chronic phase of this pandemic, we must take into account the psychological needs of the wider population which entered lockdown as well as the psychological needs of people who have been hospitalised with severe coronavirus (Covid-19). Now more than ever, we need to make sure that psychological services and support are available, and their access is clearly signposted. We hope that precautions will be taken to ensure that:

- we move from early intervention to transformative prevention, so that the burden on the NHS is not worsened by other health conditions
- individuals reporting clinically significant difficulties with mood, anxiety, post-traumatic stress or other psychological difficulties, are referred to local psychological therapy services or specialist psychological services where needed for complex cases
- all patients with significant psychological, cognitive, functional or physical difficulties following hospitalisation for severe Covid-19, are provided access to a structured, multidisciplinary rehabilitation package
- children, parents, and education professionals are supported as they return to school

Staff Wellbeing

While we are now past the first spike of the crisis, it is important that we do not return to business as usual without considering the long-term psychological needs of our workforce. This can be done by:

- delivering formal psychological care through an evidence-based stepped approach which considers physical needs, access to information and peer support, and psychological first, with pathways to psychological interventions for those who require it.
- including in-house practitioner psychologists and other mental health professionals in organisational development planning
- responding to post-traumatic stress responses, if demonstrated by healthcare staff, in line with evidence-based psychological guidance

Working Differently

The current situation is not normal, and it is ok not to be ok. We have four hopes for the future relating to wider occupational policy. We want organisations to:

- acknowledge that many employees can function effectively at home, embracing flexibility, autonomy and job crafting, and learn how best to support individual worker's needs, helping them to work wherever and however is best for productivity and health
- acknowledge and act upon the mental ill health that workers have and will continue to experience due to uncertainty, constant change and an unstable work/life balance
- provide constant and open communication with employees about changes and support them fully so that both employees and employers learn to adapt and thrive
- learn from this experience to bring about more productive and efficient, healthier and ultimately more successful ways of working, this will be different for every organisation, but may include the need to developing new skills for different working practices, including remote/home working, digital resilience and new ways of managing/supervising.

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