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MENTAL HEALTH, MESSAGING AND SECURITY IN TIMES OF CRISIS

James Mortensen¹ and Andrew J. Gibson²

This paper considers the effects of wider mental health issues on possible crisis responses actioned by the Australian government, especially responses to extended disruptions to everyday life. Lockdown protests and prominent conspiratorial narratives leading to socially destructive behaviour during the COVID-19 pandemic – ranging from violent protests, to the refusal of some population elements to wear masks - give us insight into how the social risks of crises manifest, as well as an opportunity to better understand how governments may mitigate such risks. Using the COVID pandemic as a guide, the paper gives some practical policy recommendations for more effective engagement with mental health stressors inherent in an extended crisis, as well as suggestions for more nuanced crisis communication from government that may mitigate the heightened security risks inherent in such crises.

Keywords: Conspiracy theories, psychology, sociology, crisis, security policy, government messaging

Introduction

National crises (such as the current COVID19 pandemic) have a widespread negative impact on the mental health and wellbeing of the community, lowering resilience and raising the risk factors that correlate with a variety of behaviours that can disrupt or degrade the security of the community.¹ This publication considers how mental health stressors interact with the risks and outcomes of crises; in order to navigate this broad

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and complex issue, a narrative review covering relevant sociological, psychological, and crisis response literature was conducted. The outcomes of this review show that mental wellbeing issues, when experienced by individuals with poor self-agency and life-long issues with trust, are risk factors for what we label in this study as ‘socially destructive behaviours’ - acts that, in the context of a widespread crisis, disrupt or jeopardise crisis response efforts. Further, when these issues are widespread, this can lower community resilience to stresses and shocks.

Finally, this study also finds that the delivery of government messaging and crisis responses can act to either exacerbate or alleviate the threat of these socially destructive behaviours. In line with these findings, the paper also makes a number of recommendations, broadly falling into four categories;

1. The development of an embedded mental health capacity in agencies and departments that must message or interface with the population in a time of crisis.
2. The fostering of appropriate channels for both messaging and crisis detection – such as social media –in preparedness of a crisis (precrisis), along with predefined plans for message content and audience.
3. *During crisis*, the tailoring of messages toward uncertainty reduction, coordination, and clear communication, and the setting of ‘end conditions’ for each crisis response.
4. Finally, *Postcrisis* recommendations involve enhancing intergroup contact, social recovery, grieving and memorialising, and learning.

Consideration of these factors in messaging is crucial for two reasons. The first is that in times of extended instability, mental health and wellbeing issues are more prevalent, and already at-risk individuals are placed under additional stress. Secondly, as a society is more vulnerable to shocks and disruptions during crises,² there is a lower cost threshold – and thus more avenue to disrupt – available to extremist individuals. As such, this paper will conclude by arguing that relevant agencies and departments should develop a mental health capacity to assist in managing timely crisis messaging and response that does not exacerbate socially destructive behaviours. Additionally, Government messaging during extended crises should be subject to a co-ordinated assessment from health professionals, security agencies and law enforcement for its possible impact on at-risk individuals and communities.

Before we begin, we beg some indulgence in the labels used to describe the gamut of behaviours outlined in this paper. Specifically, when we the authors refer to our own analysis, we will use the admittedly vague term ‘socially destructive behaviour’ to describe acts that cause direct harm to the community, especially in the context of a crisis setting. When referring to behaviour researched and labelled by a quoted study, however, we will retain the original wording chosen by the researchers to preserve their original meaning – whether ‘extremist’, ‘anti-social’, ‘conspiratorial’, etc.

While this approach may be confusing, we believe it is important for three reasons. Firstly, it separates the policy discussion from definitional and ideological debates surrounding what qualifies as ‘extremism’ or ‘conspiracy’ (for example), especially in the context of mental health. While such labels may be useful or important in discussions of individual intentions and values, judgements regarding the political, social or ideological value of certain ideas or actions – beyond their potentially destructive outcomes or illegality – are unhelpful distractions in the context of practical policies of security and law enforcement. As such, while we must acknowledge the overlap between certain ‘extremist’ or ‘radical’ (for example) acts and ‘socially destructive behaviours’, we have here attempted to focus our intention as much as possible on the minimisation of harm for the community, rather than any commentary on the individuals or acts themselves. In this sense, our neologism is perhaps more about avoiding existing meanings, rather than creating a new one.

Secondly, and related to the first, a major consideration of this paper is the effect crisis and mental health has on lowering the threshold of socially destructive behaviours – where coughing on someone may not be seen as an existential threat in the everyday, in the context of a pandemic it may be threatening indeed. As such, terms such as ‘extreme’ or ‘radical’ lose impact and distinction. Given our focus on the maintenance of the community in times of crisis, we therefore position our consideration of such behaviour in terms of its deviation or alignment with the reasonable directives of crisis responders, rather than on broader judgements of ‘extremism’ or similar.

Lastly, as this paper will argue, mental ill-health does not create ‘extremists’, nor does it matter-of-factly lead to socially destructive behaviours (whether in a crisis or not). We thus wish to distance our overall goal of examining public mental health from the more specific – and loaded – consideration of ‘extremism’ and similar. It is inaccurate and unhelpful to equate mental health and radical or extreme behaviour within public policy especially, and it is also important that mental health is responsibly considered in attempting to prevent or minimise violent and destructive behaviour. Thus while we can see correlations between mental health stressors, crisis situations, and the presentation of ‘radical’, ‘conspiratorial’ and ‘extreme’ behaviours as they are studied specifically, it is important we consider the stressors and effects, rather than the labels or categories themselves, in order to guide more effective security policy.

Methodology

This publication comprises literature from a broad range of fields and synthesises these in a narrative review to generate recommendations for policy choices surrounding government crisis responses and crisis response messaging.³ While narrative reviews are not formally bounded in terms of database search terms and inclusion/exclusion criteria, broad areas of search interest can be defined. Specifically, the relevant literature reviewed in this work relates to effective government crisis messaging, crisis commu-

nication and responses in the tourism and hospitality industries, mental wellbeing in crisis, the genesis of socially destructive behaviours in crisis situations, and the effects of crises on individual and community wellbeing. The overarching aim of this publication is to synthesise these disparate knowledges into advice for well-informed crisis communication policy and options that seek to reduce the risk of socially destructive behaviour during a community crisis response.

Literature Review

There have been several important works published in recent years considering how the Australian government did, could, and should respond in various crises. While some of these works make certain broad policy recommendations, none do so with a consideration of the effect such crisis management may have on national security, or how those effects may be managed. On one end of the spectrum, work has been done to determine the overall qualities and outcomes of crisis messaging from heads of government; on the other, some studies have used crises in Australia to make specific, practical recommendations regarding how certain messages should be designed or delivered in certain contexts.

Recent work has focussed on the efficacy of different message vectors and attributes in times of crisis, both in terms of how specific crisis messages should be sent, and what content they should contain. Cooper *et al* considers messaging in bushfires from a perspective of *locality* and argues that messaging is more likely to translate into action and compliance when local messaging pathways are utilised.⁴ With regard to the content of the messaging itself, Mehta *et al* argue in their paper *Mind the gap: Contrasting operational and behavior-oriented flood warnings* that messaging designed to be behaviour-oriented – rather than purely operational – better communicates risk to the target audience.⁵

Other studies have instead concentrated on the values and nature of the communication, rather than on the form and format. Taking a discursive approach, Bernard *et al*'s article *Analysis of crisis communication by the Prime Minister of Australia during the COVID-19 pandemic* compared epidemiological outcomes to speech transcripts and communiques sourced from the Australian Prime Minister's website to determine the degree to which such communication adhered to the principles of Crisis and Emergency Risk Communication (CERC) recommended by the WHO and US Centers for Disease Control and Prevention.⁶ Looking more at the substantive nature of communication, Hooker and Leask argue that early communication should be combined with an empathetic values approach to ensure messaging is positively appraised by a community.⁷

While these works give important insight into the nature of crisis communication, they do not in and of themselves provide direction for broader policy application in the area of national security, where relevant departments and agencies (such as law enforcement

and emergency response) must communicate with the public in times of crisis on multiple levels and often with limited preparation. Further, while these works consider the mitigation of risks with regard to responding to the crisis, they do not consider the *creation* of new risks that may emerge through the act of communicating itself. As such, we will argue that given emerging experiences in Australia involving antisocial and threatening behaviour perpetrated by at-risk individuals reacting against crisis mitigation efforts, this generative aspect of risk management is particularly relevant to the national security community.

Section 1: Mental Health, Destructive Behaviour, and Trust in Government

Mental Health and Socially Destructive Behaviour

There is no firm causal link between mental illness⁸ and violence and social radicalisation;⁹ indeed, according to public health research, it is more likely that those suffering from clinically diagnosable mental illness are the victims of violence, rather than the perpetrators.¹⁰ However, there are several risk factors tied to mental health that have been found to be consistently associated with socially destructive behaviours. Among these are social isolation, a lack of political engagement, and general mental health concerns such as depression and anxiety.¹¹

Additionally, such mental health risk factors have also been found to correlate to conspiratorial beliefs.¹² While not in and of themselves socially destructive behaviours, conspiratorial beliefs create obvious problems for governments seeking to curb such behaviours and encourage trust and communication with the wider population. Indeed, in the context of the COVID-19 pandemic, such risk factors – and accompanying conspiratorialism and lack of trust – have been linked directly to vaccine hesitancy in recent studies from the UK and Ireland.¹³

Crucially, high anxiety situations – such as an enduring crisis – have been shown to lead directly to conspiratorial thinking,¹⁴ as well as the mental health risk factors that correlate to socially destructive behaviours. In the COVID pandemic, for example, there was a notable burden on the overall mental health of society; surveys suggest that the Australian,¹⁵ New Zealand,¹⁶ and United States¹⁷ populations seeing a decrease in mental wellbeing during the pandemic, and mental health services struggled to cope with the increased demand.¹⁸

This burden appears to correlate with restriction severity, with significantly higher rates of anxiety and depression experienced in Victoria at later stages of the pandemic, which had some of the most intense lockdowns in the world, as compared to Australian states with more minor restrictions.¹⁹ Additional research from Victoria showed a significant burden on the mental health of young people and carers as compared to the broader population.²⁰ While these effects are felt most acutely during a crisis, they can also have

residual effects after the event. For example, a large study from America showed that in 2022 there were small but clear declines from pre-pandemic levels in important metrics of social cohesion (such as openness, extraversion, agreeableness, and conscientiousness) equivalent to approximately ten years of normative development on a whole of population level. In addition, while the overall population showed no significant change in neuroticism between pre-pandemic levels and those measured in 2022, younger adults saw disrupted maturity as shown by an increase in neuroticism along with a decrease in agreeableness and conscientiousness.²¹

As well as making such risk factors more prevalent, this increased level of general stress within the population can exacerbate risk factors within already at-risk individuals, encouraging maladaptive coping strategies to be both developed²² and utilised in excess.²³ Even more troubling is that research suggests that individuals suffering from many of these risk factors can suffer ‘cascading’ negative effects in the face of perceived problems and shocks – essentially, continued stress holds the distinct possibility of compounding the risk factors for socially destructive behaviours.²⁴

Given the fragile nature of crisis, such continued stressors are practically inevitable; this puts governments in a tricky position if they wish to avoid exacerbating tensions within a crisis. This was especially prevalent in the coronavirus pandemic; while lockdowns and social distancing were especially effective tools in lowering infection rates, they also had a direct impact on the mental health of the community. Being wary of widespread risk factors rather than individual identification is even more important when considered against the impact of COVID on vulnerable cohorts – especially that of adolescents,²⁵ the socially isolated, and those with existing mental health issues.²⁶ Research has found that socially destructive behaviours and the acceptance of conspiracy theories are also strongly impacted by social class, likely due to both their propensity to impact lower social classes more negatively and the comparative increase in resources expended.²⁷ As such, trust in government arises from a mixture of the quality of messaging, the amount of resource required of the population to deal with the crisis, and how well the government determined protective measures match the severity of the crisis.

As we have said before, mental health is not the sole determinant of radicalism, extremism, conspiracy thinking or destructive behaviours; however psychological evidence suggests that the links that do exist between mental health and such socially destructive behaviour are exacerbated in crisis situations. As such, it is likely that national crises like a pandemic lower the threshold for extremist behaviour to cause security-adverse outcomes, as a consequence lowered mental wellbeing. In crisis conditions, individuals do not have to engage in lone-wolf terrorism or fight for a foreign paramilitary organisation to pose a demonstrable and immediate threat to the security of their community. Instead, comparatively ‘low-cost’ actions such as challenging or disavowing crisis directives (CDs) made by government to ensure public safety (such as public health direc-

tives in a pandemic, or evacuation orders during a natural disaster) can be impactful on the security of the community at a time of heightened national vulnerability. This low cost to threat ratio arises from the risk posed by stress exacerbated by the crisis itself and has the potential to compound and magnify the impact of the crisis. Thus, beyond the rise in vulnerability experienced by communities suffering from a mental health burden, communities also face the dual risk of a rise in socially destructive behaviours, and a lower cost for individuals to negatively impact the security of that community.

However neither governments, nor individuals themselves are able to *avoid* these stressors, and the risks they induce. Abnormal behaviour in abnormal circumstances can reasonably be considered normal. When people are panicked, they will seek to neutralise their current perceived threat.²⁸ This attempt at neutralisation of the threat appears to involve the rapid processing of information the stressed individual receives in order to generate coping strategies for the threat. It is possible that the sort of low-cost socially destructive behaviours that may arise during a crisis may be a form of maladaptive coping, involving deliberate self-triggering and community engagement to help sufferers achieve a calmer state or experience greater feelings of control.²⁹ This represents the possibility for the risks to community mental wellbeing and coping to compound during ongoing crisis and suggests management of the trauma caused by crisis and its management should be a prime consideration from the beginning of a crisis to ensure an effective response.

Messaging and Trust

While the issue of lowered mental health and wellbeing in a crisis is serious in and of itself, the risks posed by reduced mental health could be solidified and compounded by unclear or ineffective government crisis responses and communication. In a comparative study of behavioural and psychological responses to the pandemic across the globe, Kendrick and Isaac found that;

“...whilst anxiety, depression and economic stressors are common findings worldwide, specific behavioural responses are heavily influenced by government stances, misinformation, conspiratorialism and competing demands of resource scarcity.”³⁰

Thus, how the government communicates the risks and necessities of the pandemic (and crises in general) seems to be a crucial part of managing the negative impacts of a vulnerable, anxious population. It should come as no surprise that beyond simply reducing expressions of socially destructive behaviours actioned conspiratorial beliefs, effective government messaging has also been connected to the success of CDs. One

study found that a key component in this messaging was trust. In comparing government messaging across the globe, they found that higher levels of public trust and transparency have translated to higher levels of community support and compliance with health directives.³¹

However, governments cannot simply ‘message’ their way out of the risks the crisis environment poses, because ‘trust’ is not an absolute value, nor is it even the most reliable motivator for social action in the pandemic. Instead, trust must be understood as being trust *in* something, and its positive effect on extremist behaviour seen as a limiting factor, not a facilitator of socially beneficial behaviour. Trust must be placed in something, and not all trust is placed in the government. Public trust can also be placed in other institutions by large sections of society; in religion or religious organisations, in more specific local political communities, or in wider notions of ‘society’ itself. These ‘trusts’ can coalesce or compete, with especially powerful forms of public trust – such as religious trust – trumping government messaging among adherents.³² Even when considered against more civically minded notions of trust, these competing trusts can result in less CD compliance. A December 2020 study of data from 65 countries found that while political trust was positively correlated with adherence to health directives, when individuals had a high degree of trust in their fellow citizens but lower levels of political trust, they were *less* likely to follow health directives.³³

In fact, UK research has found that fear of COVID-19 infection was the only consistent variable in instigating behavioural change in favour of CDs. Notably, this fear variable transcended political and social perspectives, with political outlook having no appreciable effect on rates of behavioural change.³⁴ This increased government compliance in the face of increased fear of the threat can also be seen in multiple countries,³⁵ often with a corresponding rise in government trust across the majority of society. Similarly, a separate study found that while political outlook was a baseline indicator of whether an individual would disregard public health information at the *start* of the COVID pandemic, this partisan variable became less important as the crisis went on.³⁶

However while increased fear of the threat might drive government compliance amongst the majority, that same fear-based response can also drive away an important minority. In the same study that found that political affiliation became less of a factor in pandemic compliance, it was also found that as infection rates increased, the dominant determinant of non-compliance became a fear of science; essentially, the degree to which a UK citizen trusted or feared science became the most reliable variable in determining their willingness to follow health directives or engage antagonistically toward COVID health directives.³⁷ Thus while fear might drive compliance in the face of a threat or crisis, it does not necessarily drive it in a way that suits the management of that threat. Instead, governments must wrestle with competing fears, especially amongst those suffering from mental health stressors.

The Pandemic ‘Security Dilemma’

Thus, it would be reasonable to assume that government messaging is important in maintaining that trust, but that it may not be the determining factor in increasing public engagement with CDs amongst more stressed or sceptical members of the public. As detailed above, trust maintains authority, and fear creates motivation; allowing room for alternative viewpoints through inconsistent and sporadic messaging is to invite alternative authorities and motivations in a crisis scenario. Australia has already seen this ‘alternative’ fear and a lack of political trust manifest: through violent anti-lockdown protests, concerns over 5G technology, in COVID induced racial abuse,³⁸ and in vaccine hesitancy and disregard (or active contravention) of public health directives. Indeed, it is in the latter case especially that the role of government messaging as a maintenance of trust, and the role of fear in motivating action (or a lack of it) is extremely poignant.

Investigating the first fifty days of lockdown in Australia shows that although the signal was detected early, there was insufficient preparation of appropriate response and that the response delivered changed significantly and rapidly over the initial course of the crisis.³⁹ Importantly, this pandemic was unprecedented in scope and destructiveness, and this paper does not levy explicit criticism at the response of the state, territory, and federal governments during this period. Australia⁴⁰ delivered a world class response to the pandemic with the knowledges available. However, the key learning that can be obtained from this initial response in the context of what we know now, is that the rapid change of response to the crisis in the early stage likely exacerbated the fear and worry already present in the population. Further, this variability likely led to an increase in disruptive behaviour, increased conspiracy theory development, and decreased trust in government. These negative changes are thought to have arisen from an overall increase in the fatigue of the population with respect to complying with CDs.⁴¹

Fear and excessive stress from significant life changes coupled with uncertainty, alongside loss of social networks and subsequent loneliness are also the major factors in driving not only the negative consequences of COVID on mental health, but also on the instigation of socially destructive behaviour and the uptake of misinformation.⁴² In its simplest and most widespread form, where fear may convert political trust into compliance with CDs, fear may convert political scepticism into doubt or even violent rejection of CDs. A fear of the threat that corresponds with a rise in CDs may present just as powerful a motivator to a political sceptic, though the motivation will be against the political act (the CD) rather than for it. A political sceptic might also fear the threat of crisis, but without trust in the course of action proposed to mitigate that risk, fear may compel them to ignore that directive in favour of a more trusted alternative or reject the directive as unnecessary or even antagonistic. In this way, the government position can be characterised as a sort of ‘security dilemma’, in which the maintenance of security is perceived by sceptical citizens as a threat to their own security. This ‘security dilemma’

can be seen in the magnifying effect COVID-19 has had in the rates of extremist activity, with ASIO's most recent Threat Assessment highlighting a rise in such beliefs and narratives fuelled by the pandemic.⁴³

An example of conspiracy beliefs relevant to the Australian experience was seen at the Canberra protests in late 2021. Protestors, driven by a fear of government and government intervention attributed broad negative health symptoms to the deployment of a Long-Range Acoustic Device (LRAD) by ACT police. The list of symptoms attributed to the LRAD devices, but under the names of 'microwave emitters' or 'directed energy weapons' included nausea, dizziness, blisters, burns and headaches. These symptoms could much more reasonably be associated with a mixture of dehydration, heat stroke, and sunburn from campaigning in the hot and dry Australian weather, rather than the deployment of any kind of energy weapon.⁴⁴ This mistaken attribution, particularly as the LRAD was deployed as a hailing device rather than engaging the 'deterrent tone', likely arises from the heightened emotional state of the protestors combined with their fear of government and government action.⁴⁵

An OECD report suggests that 'open government principles' – transparency chief among them – are crucial to minimise the threat of misinformation.⁴⁶ Overwhelming amounts of information generated, delivered and consumed during a crisis event can make it more difficult for individuals to discern between real and false information. Strategic communication should be easy to consume initially but should also provide a launching point for people to learn further if desired, to ensure continued engagement with quality sources of information. This communication platform should not just be easy to access and trustworthy but provide people with the right kind of language to access further trustworthy sources and avenues to help in the community crisis response. Community engagement at the local level could be coordinated with emergency services or other trusted community groups, allowing people to rapidly join and communicate with a crisis response effort. This could aid in establishing a shared sense of purpose, leading to an improved whole of community response. Open government principles, including transparency, will help to ensure engagement with government by creating an open and trustworthy door for the curious and fearful.⁴⁷

Section 2: Well-Informed Crisis Communication

Governments should therefore develop a capacity for crisis communication that both safeguards the mental health of citizens as much as practicable, and minimizes community vulnerability to possible threats from at-risk individuals. In order to navigate the 'security dilemma', Government messaging should be designed with clarity, trust, and fear in mind, and be considered against up-to-date information on the state of mind of the actors it seeks to reassure. Further, it should be delivered in a timely fashion, with a clear relationship to the stage or phase of the crisis. With these issues in mind, we make the following set of recommendations.

1. The development of an embedded mental health capacity in agencies and departments that must message or interface with the population in a time of crisis

For key crisis agencies, departments, and law enforcement organisations, this should take the form of a dedicated mental health capacity embedded in these organisations. Given the immediacy often required of crisis response, an interdepartmental or whole-of-government response is unviable in the timeframes available. As noted above, to ensure the best possible level of continued trust in government, it is better for governments to act, and be seen to be acting decisively, than to try and continue business as normal.⁴⁸ As such, these institutions should have self-sufficiency in assaying and responding to broad mental health considerations in crisis messaging to ensure crisis response is effective without unnecessary inflammation of extremist or anti-social behaviour. This is all the more important when dealing with more vulnerable sections of the community. Consideration of the effects of government messages and responses on such individuals maximise the chance to avoid any cascading effects of fear and trust deficit that government actions may have on the community. As an example, greater consideration of government trust and community mental health may have changed the risk calculus for the Australian Federal Police in deploying LRADs during the ‘Canberra Convoy’ protests.

While the above would assist in agencies and departments in the early stages of crisis, it is also important to recognise that as crises extend and social pressures change, the needs of crisis messaging would change. The immediacy and urgency of information required in a new crisis situation is distinct from the communication needs within an extended crisis, as are the sort of pressures experienced by citizens. As such, in extended and widespread crises and times of community stress in which wider government departments are engaged in crisis management (such as the COVID pandemic), this agency-specific capacity should be both connected to and bolstered by a concerted approach, ensuring all government institutions are properly informed as to the quality of public mental health and basic indices of fear and trust within the population. In practical terms, this means considerations of mental health in government messaging should be subject to a co-ordinated assessment across all relevant agencies. This co-ordination can be led by a specialist mental health office (such as a mental health commission) using the in-house capacities of health, law enforcement and security agencies.⁴⁹ The security community can provide insight into at-risk groups or individuals, allowing mental health assessments to direct effort into minimizing the possible impacts of inconsistent or poorly considered messaging on these groups. In so doing, risks to the community can be minimised, security resources can be preserved, and community resilience can be maintained. This co-ordinated assessment can then filter back to all relevant agencies, ensuring the consistency required of extended, far-reaching crises.

Timing and vector

In addition to bolstering the mental health awareness of both agencies and the government as a whole, the above psychological and sociological literature suggests that timeliness and vector are also critical factors in maximising security outcomes in crisis messaging. A crisis can be broken into three distinct stages, with different messaging and governmental response requirements in each; *pre-crisis*, *during crisis*, and *postcrisis*.⁵⁰

2. The fostering of appropriate channels for both messaging and crisis detection – such as social media –in preparedness of a crisis (pre-crisis), along with predefined plans for message content and audience.

In the *pre-crisis* stage, there are two key behaviours to recommend; detecting the signal, and appropriate preparedness. In the case of detecting the signal, it is imperative that there are good channels of communication and control to ensure appropriate initial response and deployment of assets developed via appropriate preparation. Further to this, in terms of appropriate preparedness, channels for crisis communication should be defined and continually fostered even when there is no current crisis. Specifically, social media strategies should include generating friends and continuous engagement before they are needed, creating and maintaining crisis communication agreements with the companies responsible for these platforms, and fostering a culture of fact checking the statements of social media personalities with reliable sources.

Strategies for newspapers, television and radio should include the development of legislation surrounding the timing and manners in which the government can deliver messages through these platforms. This should include set timeslots or locations, and control over specific phrasing to ensure message delivery. It should also allow for the media provider to maintain oversight and editorial control, along with a vector for complaints over misuse of this messaging system. Finally, in terms of appropriate preparedness and clear communication, the government should develop an open repository of crisis plans and response categories to clearly specify the responses to different degrees of known crisis (e.g. lockdowns will occur during pandemics with a transmission rate of x and a quality adjusted life year mortality rate of y , and will be instigated at a level of z cases in a local region, or defence force personnel and assets will be deployed to flood affected areas at a rate of x per 1000 people affected). These plans and response categories should be continually monitored and changed with changing circumstances and knowledge (e.g. the required levels for lockdown should be increased if overall healthcare facilities are improved, allowing for a reduced degree of curve spreading required). Of particular importance is the dialogic communication through avenues such as social media, to ensure community agreement and also develop and maintain strategically important relationships.⁵¹

Interestingly, messages delivered by social media appear to be associated with a better organisational reputation than those coming from normal government communication channels such as television and radio, however the more stable channels of television, print media, and radio are associated with improved clarity of messaging and are given a greater degree of trust when engaged with.⁵² This is particularly relevant in a crisis communication context, as messages must be both rapidly delivered and trustworthy. Clear delivery is supported by more stable communications platforms such as TV, newspapers and radio. However, people are more likely to emotionally favour messages arriving from peers on social media. As such, a multi-method engagement is preferable with social media messaging being delivered as needed for rapid responses and emotional engagement, and more stable media such as television, radio, and newspapers being used to deliver consistent and clear fact checked messaging. This would allow for both rapid delivery of messages and enhanced trust in messaging.

3. *During crisis, the tailoring of messages toward uncertainty reduction, coordination, and clear communication, and the setting of ‘end conditions’ for each crisis response.*

During crisis, the recommendations primarily concern forward looking behaviour, uncertainty reduction, coordination, and clear communication. Specifically, forward looking behaviour and uncertainty reduction involve the setting of ‘end conditions’ for each crisis response if these have not already been clearly defined in the pre-crisis preparation, such that both the population and those responsible for managing the crisis can monitor success in a stepwise fashion. Further, the adherence to these clearly communicated plans and the engagement with a stepwise and ‘expected’ set of responses will reduce population level fatigue, and thus improve compliance with disaster response directives. In terms of coordination and communication, it must be remembered that modern crisis communication occurs in an interconnected world, where all participants are empowered to act and inform one another.⁵³ As such, communications should be designed such that they are both concise and contain only the most important information, along with an open door for further interaction. This interaction should be bi-directional allowing the community the ability to communicate with the government bodies to allow for community sentiment around the crisis response to be understood and considered. Further, coordination of the response should occur at community level as much as possible, to both allow for social support structures to naturally form and enhance the response and to avoid adding additional fear from force used in the deployment of policing assets, or messaging coming from external communities.

In terms of specific messaging requirements for crises, protective health behaviour theory shows that people will only act on warnings if they believe they are at genuine risk of harm.⁵⁴ That is, they need to believe that the threat is likely to cause them significant harm, and that it is common enough to care about as something they will likely

face in the future. Further, they need to perceive the recommended action as effective for threat mitigation and also that they are capable of acting on the advice provided. In addition to relevance and actionability, the advice also needs to map with the individual's social identity needs and their social context to ensure evidence is not rejected.⁵⁵ This is because social interests are prioritised over other forms of utility by individual actors in uptake of knowledge claims, this underlying desire to avoid deviant social behaviour leads to a phenomenon called knowledge resistance when the messaging does not match the social identity needs of an individual. In order to avoid knowledge resistance preventing the uptake of important messages, multiple messages should be constructed and delivered in targeted ways to ensure the advice is taken up by as many communities as possible. As such, advice given to a specific community, such as advice translated into foreign languages, should not conflict with a community's perception of what is acceptable. Further, the advice delivered to individual communities should conflict with as few other communities' perceptions as possible, that is, not only should it be palatable to one community, but it should also not be unpalatable to others. As often as possible, community leaders should be involved in dissemination of knowledge and advice to ensure palatability and relevance.

4. Finally, Postcrisis recommendations involve enhancing intergroup contact, social recovery, grieving and memorialising, and learning.

Postcrisis recommendations involve enhancing intergroup contact, social recovery, grieving and memorialising, and learning. Enhancing intergroup contact in the time after crisis is important to manage and slow the problematic development of radicalised and antisocial individuals and groups that tend to arise during crisis and persist into the post crisis period. There is significant literature available on this, so specific strategies will not be discussed here.⁵⁶ In terms of social and economic recovery, stimulation of activities that have a long-term impact on mood and community relationships should be prioritised, such as community sporting initiatives, markets, and cultural events.⁵⁷ In terms of grieving and memorialising, this can largely be conducted on a community level, however mention should be made in the names of funding schemes stimulating the above-mentioned mood enhancing activities and hard-hit economic spaces. Finally, in terms of learning, the effectiveness of crisis responses should be considered, additional responses and controls should be developed in order to prevent or mitigate the effects of a particular crisis type in the future, and large-scale studies should be commissioned to consider community attitudes to both the previous and planned future crisis responses.

We recommend that these principles be consistently applied at all levels of government when messaging the community during crises; such principles will both minimise the alienation of marginalised and at-risk individuals, but also maintain resilience within the wider population. By ensuring consistency, clearly signalling aims and intentions, and through transparency of motivations, the government can minimise losses in trust and better contextualise sources of fear.

Conclusion

Any crisis is likely to have an impact on public mental health, and the larger and more enduring the crisis the more important the community response will be to its effective management. Fear and trust are powerful factors in exacerbating mental health issues, and in determining what actions sufferers take – and whether those actions are helpful or harmful to the security of the community. Current considerations of mental health in the context of Australia's COVID-19 responses have often concerned comparisons between physical and mental health outcomes, or simply on mental health in isolation. However, considerations of public mental health should be fundamentally linked to basic government approaches to crisis response, especially as it regards messaging. By allowing mental health to be a sidelined issue or a simple symptom of the crisis, we risk exacerbating the practical risks of the crisis through the alienation of vulnerable members of the community. Instead, we should consider ways that vulnerability may impact crisis responses, as well as possible ways to ameliorate that vulnerability, so the government can maximise the value of its response and minimize the risks of socially destructive behaviour.

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