MENTAL HEALTH AND COVID-19: EVIDENCE AND ANALYSIS BRIEFING (3)

JULY 2020

KEY POINTS

- More comparative data is now emerging on the mental health impacts of COVID-19, with comparisons to population mental health before the pandemic, and prevalence at different points since lockdown started.
- Estimates vary but studies indicate a **notable deterioration in mental health**. There are some suggestions of an adaptation process over the lockdown period (for example reductions in anxiety levels) but also indications of **longer lasting challenges** for mental health and wellbeing.
- There is continuing evidence on the **differential mental health impacts**: particularly on woman (especially young women) and on young people. Key concerns for young people were the impacts on education and work; well-being; and household finances.
- There are indications of a potential widening in **mental health inequalities** as the impacts of COVID-19 interact with pre-existing risk and protective factors for mental health. This has implications for considering what it means to provide accessible and culturally appropriate support and services.
- There are indications of a combination of **social factors** (such as loneliness and social networks/friendships) playing a key role in the impacts on mental health and well-being, in addition to financial pressures.
- **Loneliness** is a recurring theme and is associated with high levels of anxiety, and feelings of being able to cope during the pandemic. Groups more likely to feel lonely include young people, parents with young children, young people, those living with long term physical and mental health conditions, people on lower incomes and those with limited access to digital technology and the internet.

SURVEY DATA ON MENTAL HEALTH AND WELLBEING

ONS: Coronavirus and the social impacts on Great Britain

Weekly online survey of a representative sample of approximately 2000 adults in Great Britain (response rates vary). It includes a small number of Scottish respondents (c.200). The latest weekly findings from (25-28 June) indicate that:

- **Almost 7 in 10 adults (69%) said they were very or somewhat worried** about the effect that the coronavirus (COVID-19) was having on their life now, which has increased when compared with last week (64%).
- Although a similar proportion of adults said their well-being had been affected by the coronavirus pandemic this week when compared with last week (45% compared with 47%), there has been a **decrease in the proportions of people reporting issues that may be associated with lockdown restrictions**.
- These include:
  - 45% reporting they felt bored, compared with 60% last week
  - 34% saying they were spending too much time alone, which has decreased from 40% last week
  - 21% reporting there was a strain on personal relationships compared with 27% last week
  - 13% finding working from home difficult, which has decreased from 22% last week

Additional points of interest from earlier waves:

- **Almost half of adults (43%) reported that they had experienced some positive lifestyle changes.** Adults aged 16 to 69 years were more likely to report they had experienced some positive lifestyle changes, with 47% of people reporting feeling this way compared with 24% of those aged 70 years and over. (From 18 June-21)
- Through the weeks of lockdown, of the four measures of personal well-being, **falling anxiety levels** have seen the largest change over the period, falling again this week to an average score of 3.8 out of 10. As a point of reference, the average anxiety rating of people in the UK in Quarter 4 (Oct to Dec) 2019 (pre-COVID-19) was 2.97, although it should be noted that these figures come from different surveys. (From 11 June -14 June)
- Through the weeks of lockdown, **happiness has also increased** over time with an average rating of 7.1 this week, compared with a low of 6.3 at the beginning of the lockdown period. As a point of reference, the average happiness rating of people in the UK in Quarter 4 (Oct to Dec) 2019 (pre-COVID-19) was 7.5, although it should be noted that these figures come from different surveys. (4 June -7 June)

In addition to the ongoing weekly surveys there is now more in-depth analysis in relation to anxiety, and on the impacts on younger adults, that uses multiple survey waves:

[Coronavirus and anxiety, Great Britain: 3 April 2020 to 10 May 2020]

- The **factors most strongly associated with high anxiety** during lockdown include loneliness, marital status, sex, disability, whether someone feels safe at home or not, and work being affected by the coronavirus (COVID-19) pandemic.
- **Feeling lonely was the factor most strongly associated with reporting high anxiety** – people who "often or always" felt lonely were almost five times more likely to report high anxiety than those who "never" feel lonely.
- The percentage who reported high levels of anxiety significantly increased for people who are married or in a civil partnership during lockdown to 39%, up from 19% in the last quarter of 2019.Prior to the pandemic, the percentage reporting high anxiety was lowest for people who are married or in a civil partnership compared with all other marital status groups.
- Those who are married or in a civil partnership are more likely to be balancing home-schooling alongside other commitments, with 1 in 4 people home-schooling during the pandemic, compared with approximately 1 in 10 people who are single, separated or divorced.
- **Those aged 75 years and over were almost twice as likely as those aged 16 to 24 years to report high anxiety during lockdown.** Analysis of data prior to lockdown suggests anxiety tends to be lowest among those aged from their mid to late 60s, remaining relatively stable in later years.
- For people reporting high anxiety during the pandemic, over 1 in 5 said that their work had been affected because they were finding working from home difficult.

[Coronavirus and the social impacts on young people in Great Britain: 3 April to 10 May 2020]

- Among **young people** (aged 16 to 29 years) who were worried about the effect the coronavirus (COVID-19) was having on their lives, their **main concerns** were the effects on schools or universities (24%), their well-being (22%), work (16%) and household finances (16%).
- For those young people (aged 16 to 29 years) who reported that the coronavirus was affecting their work, the most commonly reported impacts were a reduction in hours worked (21%), concerns about health and safety at work (18%) and having been asked to work from home (19%).

- Other than being unable to attend their educational establishments, most young people who reported an impact on schools or universities expressed concerns about the uncertainty over exams and qualifications (58%), the quality of education being affected (46%) and a move to home-schooling (18%).

- Despite the youngest age group (16 to 19-year-olds) across the population as a whole reporting lower anxiety on average than most other age groups, those aged 16 to 29 years who specifically said they were worried about the impact on their well-being were significantly more likely to report being stressed or anxious (72%) than those aged 60 years and over (54%). They were also significantly more likely than either those aged 30 to 59 years or those aged 60 years and over to report feeling bored (76%), lonely (51%) and that the lockdown was making their mental health worse (42%).

- **Young people were generally more optimistic** than the older age groups about how long they expected the effect of the pandemic to last, and over half of them (55%) reported they expect their lives to return to normal within six months.

- Between 3 April 2020 and 10 May 2020, there were some **differences in the strategies used by the different age groups to cope whilst staying at home**. Across all age groups, similar percentages reported that friends and family, cooking and exercise were helping them to cope. Those aged 16 to 29 years were more likely than those aged 60 years and over to report that other household members, learning, TV and film, working and the internet were helping them to cope, and less likely to report reading and gardening.

- Research prior to the lockdown has shown that young people report feeling lonely more often than those in older age groups. This pattern was also evident during the period of lockdown between 3 April and 10 May 2020 (Figure 8). Young people (aged 16 to 29 years) were much more likely to report feeling lonely some of the time or occasionally than those aged 60 years and over and much less likely to report never feeling lonely.

Understanding Society: COVID-19 Survey

From April 2020 participants from the main Understanding Society study (the UK Household Longitudinal Study) have been asked to complete a short web-survey. This survey covers the changing impact of the pandemic on the welfare of UK individuals, families and wider communities. Full details of the sample are available here. Analysis is now available using

Understanding Society data to estimate pre and post COVID comparisons of mental health and well-being:

The mental health effects of the first two months of lockdown and social distancing during the COVID-19 pandemic in the UK. IFS Working Paper W20/16: James Banks, Xiaowei Xu.

Analyses the individual level effects of the pandemic on mental health using longitudinal data from the Understanding Society study to look at the distribution of individual's mental health outcomes in the context of their pre-pandemic trajectories using the GHQ-12 measure. The data relate to April 2020 when the UK was in the full lockdown and COVID deaths were still rising rapidly.

- In keeping with the other emerging data on mental health, the Understanding Society COVID-19 data indicate a **sizeable deterioration in mental health**.
- This overall deterioration was driven by more reported problems, and a higher fraction of problems being reported as 'much more than usual' (referred to as 'severe' for the purposes of this paper), as opposed to just mild deteriorations in existing problems for all.
- The average GHQ-12 score (indicating poor mental health) rose by 10.8% between wave 9 (data gathered between May 2017 and May 2019) and the April COVID module, and the **'effect' of the crisis was a deterioration of 8.1%when taking into account pre-crisis trends**.
- **Young women** saw the largest deterioration in mental health as result of COVID-19: average GHQ scores among women aged 16-24 rose by 2.5 points or 18.2% relative to the counterfactual prediction, and the share reporting a severe problem doubled from 17.6% to 35.2%.
- Other being things equal, **key workers had less of a deterioration**, and those who were laid off, had young children, school-aged children, or who had COVID symptoms on the day of the interview had a greater deterioration.
- **Falls in household earnings** since February 2020 are associated with a larger deterioration in mental health as result of COVID-19.
- There was no evidence of statistically significant differential effects of other factors such as the respondent's pre-existing health vulnerabilities, employment or furlough status, marital status, ethnicity or region of residence.
- The results also show clearly that the COVID pandemic has **widened mental health inequalities**, with the groups that had the poorest mental health pre-crisis also

having had the largest deterioration. This conclusion is obtained regardless of whether one uses past data in its raw form or attempts to control for pre-crisis trends.

https://www.iser.essex.ac.uk/research/publications/working-papers/iser/2020-08 **Ben Etheridge, Lisa Spantig. Institute for Social and Economic Research, University of Essex**

Examines the differential gender impact that COVID-19 on well-being. It uses data from the COVID- 19 module administered in April, with waves 1-9 of Understanding Society as comparator data and a mental wellbeing measure derived from GHQ-12.

The analysis considers the role of family, financial and health situations amongst other factors. Data were collected at a time the lockdown was in full force and indicators of economic activity were sharply negative. At the same time, all the main policy tools relating to the economy, such as the UK Job Retention Scheme, were already well established.

- There is a **strong correlation between declines in well-being and social factors** (loneliness and social networks/friendships). The declines in well-being are particularly large for those who report often feeling lonely, and similarly, those who report an increase in loneliness since their last pre-COVID interview.
- Those with **high childcare duties** have shown noticeable deteriorations in well-being, with women more affected than men. Similarly we find large declines in well-being reported by those in a **tough financial situation.** On the other hand, declines in wellbeing are not substantially larger for those reporting job loss or furloughing.
- Those who previously reported fewer friends are less affected by the pandemic, presumably because they are not so impacted by the social distancing policies imposed.
- Alongside the findings on social effects, we also show that **those aged between 16 and 30, both men and women, have been much more negatively affected than older individuals**.
- Social factors are important in understanding the gender gap in wellbeing on aggregate. Women report more friends in previous years, and they currently report higher levels of loneliness. Given that these factors are strongly related to declines in well-being they are crucial in explaining differential impacts by gender.
- The results suggest that lockdown is impacting mental well-being less through its effect on the labour market or wider economy, and more through the **direct loss of social interaction.** Differences in family and caring responsibilities play some role

but analysis suggests much of the gender gap in well-being can be explained by gender differences in social factors and increased feelings of loneliness.

[CARING and COVID-19 Hunger and mental wellbeing: Centre for International Research on Care, Labour and Equalities (CIRCLE)]

Examines carers' mental wellbeing in April 2020 and compared it with the same carers' reported wellbeing in the 2017-19 wave of the survey:

- Carers' mental wellbeing was lower than that of non-carers in both surveys
- Mental wellbeing was much lower among female carers than male carers
- Mental wellbeing was lower for working age carers, especially those aged 17-45.
- Between 2017-19 and April 2020, during the COVID-19 pandemic:
    - Female carers experienced a decline in mental wellbeing
    - The mental wellbeing of older carers also declined
    - Mental wellbeing declined for carers in employment and those without a paid job.

Further reports analysing the data from Understanding Society can be found at:

https://www.understandingsociety.ac.uk/research/publications/subject/Covid%2019

[UCL COVID-19 Social Study]

The UCL COVID-19 Social Study is a large panel study of the psychological and social experiences of over 50,000 adults (aged 18+) in the UK during the COVID-19 pandemic. The study commenced on 21st March 2020 involving online weekly data collection from participants during the COVID-19 pandemic. The study is not random but has a large well-stratified sample that was recruited using a combination of convenience sampling and targeted recruitment. Due to the nature of the sample the study cannot report on prevalence but it does provide detailed time series data on trajectories of mental health during lockdown. As the study was internet based, participants without home access to internet were not represented. As this group is likely to include individuals who may be especially vulnerable, the estimates here may not be fully representative of experiences during the pandemic. Key points from three recently published reports are summarised below. Additional results and reports can be viewed at https://www.COVIDsocialstudy.org/results

Please note this section includes pre-print publications which have not been peer reviewed and that should not be used to guide clinical practice.

Key points across studies:

- Adults with **pre-existing diagnoses of mental health conditions** had higher levels of anxiety and depression but there was no evidence of widening inequalities in mental health experiences compared to people without existing mental illness.
- Results suggest that **poor sleep** may be a mechanism by which adversities are affecting mental health. These results were relatively consistent amongst those with and without a diagnosed mental illness. Having a **larger social network** offered some buffering effects on associations but there was limited further evidence of moderation by social or psychiatric factors.
- **Demographic factors** such as younger age, being female, low household income, and being a student or being inactive in employment were all risk factors for higher loneliness levels, as was a diagnosis of a mental health condition.
- Cumulative number of worries and experience of adversities were both related to higher levels of anxiety and depression.
- There was a clear gradient across the number of adverse events experienced each week by **socio economic position**.

Trajectories of depression and anxiety during enforced isolation due to COVID-19: longitudinal analyses of 59,318 adults in the UK with and without diagnosed mental illness **PRE-PRINT** Fancourt et al., Department of Behavioural Science and Health, University College London.

This study explored trajectories of anxiety and depression over the first two months of lockdown compared the experiences of individuals with and without diagnosed mental illness. These analyses, focused on participants recruited between 21st March and 10th May 2020 who provided data on demographic factors, a sample size of 53,328. Depression was measured using PHQ-9, and anxiety using GAD-7

- 24.4% of the sample had scores indicating **moderate-severe anxiety**, and 31.4% indicating **moderate-severe depressive symptoms**. Over the first two months of lockdown, there was only a slight decrease in anxiety levels amongst participants as a whole and a very small decrease in depression levels between weeks 3-6 that then increased again in weeks 7-8.
- Adults with pre-existing diagnoses of mental health conditions had higher levels of anxiety and depression but there was no evidence of widening inequalities in mental health experiences compared to people without existing mental illness.
- The fact that levels of mental health did not continue to worsen even further in this period suggests a **process of adaptation** that bears similarities to literature on other types of isolation such as incarceration, where some studies have shown that

depression levels can stabilise and even decrease on average month on month as new coping strategies emerge.

- Alternatively, it is also possible that measures to safeguard jobs and finances taken in the UK may have helped to settle specific anxieties. The lockdown itself may also have reduced worries about individuals or their friends or families catching the virus, especially after the first two weeks of lockdown once individuals could be more confident they were outside of the incubation period.
- However, the lack of change over time in mental health during lockdown suggests that the **shock of the pandemic has not been transient**.
- The study asked about current diagnoses so we do not know how trajectories were affected by previous histories of mental illness, and as participants have entered the study continuously throughout the seven-week follow-up period reported here, it is possible that diagnoses have arisen since lockdown began.
- Overall, these findings suggest that there was little improvement in symptoms of depression and only slight improvements in anxiety over the early weeks of lockdown for COVID-19.

Are adversities and worries during the COVID-19 pandemic related to sleep quality? Longitudinal analyses of 45,000 UK adults **PREPRINT** Wright et al.

The study explored whether either worries about adversities during the pandemic or the experience of adversities were associated with impaired sleep. It uses data from 45,109 adults in the COVID-19 Social Study assessed weekly from 1 April to 11 May in the UK during the pandemic. It studied six categories of adversity including both worries and experiences of: illness with COVID-19, financial difficulty, loss of paid work, difficulties acquiring medication, difficulties accessing food, and threats to personal safety.

- Both the total number of adversity experiences and total number of adversity worries were associated with lower quality sleep.
- When considering specific experiences and worries, all worries and experiences were significantly related to poorer quality sleep except experiences relating to employment and finances. Having a larger social network offered some buffering effects on associations but there was limited further evidence of moderation by social or psychiatric factors.
- Results suggest that **poor sleep** may be a mechanism by which adversities are affecting mental health. These results were relatively consistent amongst those with and without a diagnosed mental illness.

Loneliness during lockdown: trajectories and predictors during the COVID-19 pandemic in 35,712 adults in the UK **PRE PRINT**

This study explored trajectories of loneliness since lockdown commenced in the UK in a sample of 35,712 adults tracked across 6 weeks. It also sought to identify risk and resilience factors for loneliness experiences and whether any protective social factors moderated any relationship between mental illness and loneliness. Loneliness was measured using the three-item UCLA loneliness scale (UCLA-3) and the study identified four major classes of loneliness, ranging from low to high.

- Overall, the findings suggest that **perceived levels of loneliness** in the first few weeks of lockdown during COVID-19 were relatively stable in the UK, but for many people these levels were high with no signs of improvement.
- **Demographic factors** such as younger age, being female, low household income, and being a student or being inactive in employment were all risk factors for being in a higher loneliness class, as was a **diagnosis of a mental health condition**.
- Living with others, living in a rural area, having more close friends, and having greater perceived social support were all **protective against higher loneliness levels**, even during lockdown when usual face-to-face contact was disrupted.
- There was only limited evidence that loneliness was higher for people who usually had more face-to-face contact, and this did not predict being in the highest loneliness class. However, there was no evidence that protective social factors moderated the relationship between poor mental health and risk of loneliness.
- Strategies to address loneliness in people with mental illness may require greater nuance than merely providing extra social support and addressing loneliness may be an important target in reducing symptoms of anxiety and depression in individuals with mental illness

Are we all in this together? Longitudinal assessment of cumulative adversities by socioeconomic position in the first 3 weeks of lockdown in the UK Wright et al. *J Epidemiol Community Health*

This study explored the changing patterns of adversity relating to the COVID-19 pandemic by socioeconomic position (SEP) during the early weeks of lockdown in the UK with a focus on (1) financial stressors (loss of work, partner's loss of work, cut in household income or inability to pay bills), (2) challenges relating to basic needs (including food, medications and accommodation) and (3) experience of the virus itself (including contracting the virus, a close

person being hospitalised and a close person dying). It uses data from 25 March–14 April 2020, and a sample of 12 527 participants.

There was a clear gradient across the number of adverse events experienced each week by SEP. This was most clearly seen for adversities relating to finances (including loss of employment and cut in income) and basic needs (including access to food and medications) but less for experiences directly relating to the virus. Inequalities were maintained with no reductions in discrepancies between socioeconomic groups over time.

How are adversities during COVID-19 affecting mental health? Differential associations for worries and experiences and implications for policy Wright et al. **PREPRINT**

The analysis explores the time-varying longitudinal relationship between (i) worries about adversity, and (ii) experience of adversity, and both anxiety and depression and test the moderating role of socio-economic position. Six categories of adversity: illness with COVID-19, financial difficulty, loss of paid work, difficulties acquiring medication, difficulties accessing food, and threats to personal safety. Adversity experiences were measured weekly. The study uses data from 1st April 2020 (one week after lockdown commenced) to 28th April 2020, limiting the analysis to participants who were interviewed on two or more occasions during this period with a final analytical sample of 35,784.

- Cumulative number of worries and experience of adversities were both related to higher levels of anxiety and depression. Number of worries were associated more with anxiety than depression, but number of experiences were equally related to anxiety and depression. Individuals of lower socio-economic position were more negatively affected psychologically by adverse experiences.
- It remains **unclear what is triggering these adverse psychological effects**: worries over potential adversities due to the virus, or the toll of actually experiencing adverse events.
- Number of worries were associated more strongly with anxiety than depression, but number of experiences were equally related to anxiety and depression.
- When considering specific types of adversities, there was greater variability in the relationship between experiences and mental health than worries and mental health. Worries were more strongly related to mental health than experiences for employment and finances, but less for personal safety and catching COVID-19. Individuals of lower SEP were more negatively affected psychologically by adverse

experiences, but the relationship between worries, SEP and mental health was unclear.

- In relation to experience of adversities, the fact that cumulative experiences was associated with poorer mental health but only certain specific experiences showed the same association suggests that it is the **toll of cumulating events that is particularly challenging**, perhaps as individual capabilities to manage challenging situations becomes exhausted.
- However, many other types of adversity were not included in the study, including those relating to interpersonal relationships, displacement, and bereavement. Finally, our study only followed individuals up for a few weeks looking at the immediate associations with mental health. As such, it remains for future studies to assess how experience of adversities during the COVID-19 pandemic relates to long-term mental health consequences.

Mental health during the COVID-19 pandemic in two longitudinal UK population cohorts. Kwong et al. PREPRINT

Uses data from COVID-19 surveys (completed through April/May 2020), nested within two large longitudinal population cohorts with harmonised measures of mental health: two generations of the Avon Longitudinal Study of Parents and Children (ALPSAC): the index generation 42 ALSPAC-G1 (n= 2850, mean age 28) and the parent's generation ALSPAC-G0 (n= 3720, mean age 43 = 59) and Generation Scotland: Scottish Family Health Study (GS, (n= 4233, mean age = 59), both with validated pre-pandemic measures of mental health and baseline factors.

- In ALSPAC-G1 there was evidence that anxiety and lower wellbeing, but not depression, had increased in COVID-19 from pre-pandemic assessments. The percentage of individuals with probable anxiety disorder was almost double during COVID-19: 24% (95% CI 23%, 26%) compared to pre-pandemic levels (13%, 95% CI 12%, 14%), with clinically relevant effect sizes.
- In both ALSPAC and GS, depression and anxiety were greater in younger populations, women, those with pre-existing mental and physical health conditions, those living alone and in socio-economic adversity. The study not detect evidence for elevated risk in key workers or health care workers.

SELECTED NEW RESEARCH PUBLICATIONS

* There are a large volume of new publications on COVID-19 and mental health and a full appraisal and synthesis of these cannot be included within the scope of this paper. Instead, this section includes key findings from rapid evidence reviews which draw on a range of research publications.

COVID-19 pandemic and mental health consequences: Systematic review of the current evidence Nina Vindegaard and Michael Eriksen Benros, Brain, Behavior, and Immunity

Systematic review to provide an overview of the psychiatric complications to COVID-19 infection (direct effect) and how COVID-19 are currently affecting mental health among psychiatric patients and general public (indirect effect) alongside with factors altering the risk of psychiatric symptoms in both groups. There are limitations to the study as studies are limited and the majority of the early evidence is from Asia and may not be generalizable.

- Although the current evidence is scarce concerning direct effects of COVID-19 on mental health, there are **indications of increased levels of post-traumatic stress symptoms (PTSS) and depression following the COVID-19 infection.**
- Regarding the indirect effects of COVID-19 on general mental health there seems to be evidence of an increase in depressive and anxiety symptoms along with negative impact on general mental health, particularly among health care workers.
- Research evaluating the direct neuropsychiatric consequences and the indirect effects on mental health is highly needed to improve treatment, mental health care planning and for preventive measures during potential subsequent pandemics.

THIRD SECTOR EVIDENCE AND INTELLIGENCE

Early Intervention Foundation: COVID-19 and early intervention Evidence, challenges and risks relating to virtual and digital delivery

- Review of the evidence on programmes for children, young people and families that are delivered remotely, including those supporting mental health and well-being. Considers effectiveness and the opportunities, challenges and risks associated with remote delivery; rapid review and survey of programme developers and providers; organisational and sector intelligence and expertise.
- Looks at a range of models: Remote delivery of programmes delivered on a one-to-one basis; Remote delivery of group-based programmes; Digital delivery of guided

self-help content; Digital delivery of unguided self-help content: Digital delivery of interactive content; Brief text-based messaging interventions

- Virtual and digital (V&D) interventions have **the potential to be effective** and can produce large effects that are sustained in the longer-term.
- Effects tend to be more likely and larger in interventions which are **personalised and/ or interactive.**
- Effects tend to be more likely and larger when the V&D provision of resources and information is supplemented with additional support from practitioners, or where the practitioner communicates with participants in real time.
- Effects sizes depend on the control conditions and the level of therapeutic support. Effects tend to be more likely and larger when V&D interventions are compared to a lack of services or to brief traditional face-to-face interventions. However, there are examples of V&D interventions producing effects that are similar to those achieved by traditional face-to-face interventions.
- When adapting existing interventions it can't be assumed that effectiveness will be maintained once become digital.
- Two consistent themes that emerge from the evidence around effective characteristics of V&D services:
  - V&D services appear to be more successful when the provision of resources and information is supplemented with additional support from practitioners or where the practitioner communicates with participants in real time.
  - Interventions without contact between practitioner and participant tend to be most effective when they are designed to be engaging. This includes making use of video content, but particularly interactive content and tasks, such as quizzes, interactive roleplays and dramatised stories that the user can influence, games, and tailored or personalised content that is responsive to the preferences and characteristics of the user and provides bespoke feedback.
- However, it should also be noted that there are difficulties with participation and retention and the quality of evidence is mixed.
- **Strengths and advantage**s: Logistical advantages; flexibility over delivery; anonymity; personal preferences; lower cost, increased scalability and increased reach; familiarity; complementary to traditional face to face care as part of a stepped care approach; providing instant feedback and monitoring information;

- **Challenges and potential risks**: adaptation; personal preferences; appropriateness; tailoring; efficacy of delivery; access; security and privacy; staying safe online; recruitment; engagement; attrition; workforce wellbeing and support.

Centre for Mental Health: COVID-19: understanding inequalities in mental health during the pandemic

The COVID-19 crisis interacts with risks and protective factors for mental health in complex ways. This briefing outlines areas of concerns for individuals and communities with particular characteristics which put their mental health at risk during and after the COVID-19 pandemic.

- The need for **culturally appropriate support** is relevant for several communities which experience mental health inequalities. These include **LBGT people** (highlighted in a recent report by the LBGT Foundation) and young people.
- For example, young people, especially from **black communities**, frequently report that they do not trust NHS mental health services and do not believe that they will help them or be safe to engage with. Research has shown that these young people respond better to mental health support when it is offered in a culturally appropriate format, for example, in informal settings commonly run by third sector providers or grassroots organisations (Khan et al., 2017; Stubbs et al., 2017). These small, holistic, community and relationship-based programmes often rely on building trust face to face. For them, and for the marginalised young people who rely on them for support, lockdown presents a significant challenge to the continuity of support.
- Before the pandemic, it was estimated that 85% of **older adults** living with depression received no support, as a group they were underrepresented in mental health services, and were more likely to be treated with medication, even where talking therapies are shown to be particularly effective (Burns, 2015; Frost et al., 2019). Increased stressors on the daily lives of older people, especially those with vulnerabilities, may exacerbate these gaps in provision. Older adults are also a group for whom digital solutions may be less appropriate, for example where people have issues around hearing, manual dexterity or proficiency with technology.
- **Violence and abuse** are also known risk factors for serious and long-lasting mental health problems. A weekly social study by University College London found that reports of abuse have been higher in adults under the age of 60, households with lower incomes, overcrowded homes, and among people living with children. The

study highlights that this is most likely an underestimation of actual levels due to underreporting (Fancourt et al., 2020).

- There are long term considerations in relation to transformation of services. The **use of technology,** for example, has accelerated massively. As a prerequisite, digital services demand that the person receiving support has the right hardware, access to the internet, and a physically and psychologically safe space in which to receive help. Many people with mental health difficulties start from a position of exclusion by not having access to these basic things. Some may struggle with technological alternatives to the face to face support that has previously worked for them, or they may feel unable to find that safe space for confidential support without being overheard by a member of their household.
- This may be particularly relevant for people who have experienced trauma and abuse, or who are LGBT+ and not open with their families. Others may experience fears or beliefs around technology which make it an inappropriate medium for support. Long term, there are significant risks that people living in deprived communities and people living in poverty will experience a disproportionate impact from rising debt, long-term unemployment, and a lack of financial security, all of which are associated with poorer mental health.
- Researchers and campaigners on race and equality have long highlighted the **impact of structural racism on mental health**. Research indicates the detrimental impact of environmental adversity: the prolonged 'wear and tear' of 'everyday racism' and microaggressions correlates with increased distress and stress over the lifetime, on the immune system, relating to a range of poorer health outcomes including mental health
- However, that many of the communities experiencing disproportionate numbers of COVID-19 infections and higher mortality rates are also exposed to a range of factors including higher occupational risk and pre-existing physical health inequalities, as well as higher economic vulnerability.
- People with specific characteristics and from certain communities are likely to be at higher risk of **complicated grief**. Older adults, for example, are up to four times more likely to experience depression after the death of a partner (Independent Age, 2018), and the majority of deaths involving COVID-19 have been among people aged 65+ (ONS 2020a).
- The most deprived areas of England have recorded almost twice the mortality rate as the least deprived areas (ONS, 2020b), and there are significantly higher rates of COVID-19 and higher mortality among some minority ethnic communities, notably

among Black British, Black African, Bangladeshi and Pakistani communities (Platt and Warwick, 2020; Public Health England, 2020).

- These **cross cutting layers of identity and inequalities** in the determinants of mental health already exist (Centre for Mental Health, 2020). The COVID-19 crisis intensifies the level of risk, the precariousness of maintaining good mental health, and the difficulties accessing the right support at the right time.

Life after lockdown: Tackling Loneliness among those left behind. British Red Cross

This report draws on findings from the following collection of polling, insights and evaluations recently gathered by the British Red Cross:

- Before the Covid-19 crisis one in five people reported being often or always lonely. Now, **41 per cent of UK adults report feeling lonelier since lockdown**.
- More than a quarter of UK adults agree that they worry something will happen to them and no one will notice.
- Thirty-one per cent of UK adults often feel alone, as though they have no one to turn to.
- A third of UK adults haven't had a meaningful conversation in the last week.
- The loneliest people feel the **least able to cope and recover** from the Covid-19 crisis.
- A lack of meaningful contact, a reduction of informal and formal support, and increased anxiety have exacerbated loneliness during the crisis.
- **Some communities have been at greater risk of loneliness than others** – people from Black, Asian and minority ethnic (BAME) communities, parents with young children, young people, those living with long term physical and mental health conditions, people on lower incomes and those with limited access to digital technology and the internet.
- Covid-19 has also meant a loss in social support for refugees and people seeking asylum.

BAME women and Covid-19 – Research evidence. The Fawcett Society.

Drawn from data collected by Survation on behalf of the Fawcett Society via online panel, with fieldwork conducted 15 – 21 April 2020. Invitations to complete surveys were sent out to members of online panels. Differential response rates from different demographic groups

were taken into account. The survey comprised an overall nationally representative sample and filtered booster samples drawn from online panels used to ensure sample sizes for populations of interest were robust. These populations included parents with at least one child aged 11 or under, people with low income (below the median), and black and minority ethnic (BAME) respondents. With these booster samples included, the total sample comprised 3,280 respondents. This included 448 BAME women and 401 BAME men, and 1,308 white women. The authors of this report then weighted the data to the current Labour Force Survey on age, gender, region, and education for each population, and conducted analysis.

- Women in general and BAME women in particular expressed more concern about access to NHS treatment and medicine over the coming months.
- Around 2 in 5 people said they were finding social isolation difficult to cope with, although still high this was lowest among white men (37.4%).
- **Life satisfaction and happiness were lowest for BAME women**, and anxiety was highest for all women compared to men. Average life satisfaction before the coronavirus pandemic (July to September 2019) was 7.7, while average happiness was 7.5, and average anxiety was 2.9. Scores for BAME women in the current survey were 5.1, 5.3 and 5.4 respectively.
- **Work-related anxiety** for those working outside the home was highest among BAME people, with 65.1% BAME women and 73.8% of BAME men reporting anxiety as a result of having to go out to work during the coronavirus pandemic.
- Of those who were now working from home, A higher proportion of BAME people (41.0% of women and 39.8% of men) reported working more than they did before the pandemic, compared to white people (29.2% of women and 28.5% of men).
- Nearly half of BAME women (45.4%) said they were **struggling to cope with all the different demands** on their time at the moment, compared to 34.6% of white women and 29.6% of white men.

NEW STUDIES

https://www.nihr.ac.uk/news/nihr-launches-new-uk-wide-funding-call-for-longer-term-COVID-19-research/25013

https://www.ukcdr.org.uk/funding-landscape/COVID-19-research-project-tracker/

Social science and COVID-19 work funded by UKRI/ESRC, the UKRI-DHSC calls, and major relevant activity being undertaken by ESRC investments in response to COVID-19.

- **A longitudinal mixed-methods population study of the UK during the COVID-19 pandemic: psychological and social adjustment to global threat** (Bentall, University of Sheffield). Longitudinal survey on changes in mental health and psychosocial functioning from beginning to end of the pandemic, identifying vulnerable groups needing help. New funding.
- **Psychosocial effects of the COVID-19 pandemic: identifying mental health problems and supporting wellbeing in vulnerable children and families** (van Goozen, Cardiff University). Evaluating the social and emotional impacts of COVID-19 on primary school children and identifying how negative consequences can be mitigated. New funding.
- **Monitoring socioeconomic and mental health trajectories through the COVID-19 pandemic** (Smith, NatCen Social Research). Using the nationally representative data collected monthly by the UKHLS COVID panel to assess the pandemic's ongoing impact on individuals' mental health and financial situation, and how this differs among subgroups of the UK population. New funding.
- **Identifying and mitigating the impact of COVID-19 on inequalities experienced by people from BAME backgrounds working in health and social care** (Hatch, King's College London). Identifying ethnic inequalities in mental health and occupational outcomes amongst NHS staff in the context of COVID-19. New funding

Note

This briefing document is intended for information and awareness on current and emerging evidence on the mental health impacts of COVID-19. It is not an exhaustive overview or a critical appraisal or endorsement of the quality of research included.

For queries or suggestions please contact Alix Rosenberg, Health and Social Care Analysis Hub (Alexandra.Rosenberg@gov.scot)

ANNEX A: KEY POINTS FROM PREVIOUS BRIEFINGS

12 May:

- Surveys indicate that levels of anxiety have declined from the very high levels seen at the end of March, and are fairly stable. Financial impacts remain a concern and are linked to the impacts of COVID on mental health and well-being.
- Younger people tend to report more worry and anxiety.
- Rapid reviews indicate the negative psychological effects on the general population, and for the health and social care workforce. The evidence is stronger on impacts than on effective prevention and intervention. However, clear information, tackling stigma, screening and targeted support, and additional support for healthcare workers (including pro-active support for mental health and practical support) are all thought to be beneficial.
- There are a large number of studies in both Scotland and UK that will provide data on the short and medium term mental health impacts. There is ongoing work by SG and PHS to interpret this evidence, and map data to outcomes and identify gaps.

8 June:

- Survey data continues to show the impacts of COVID-19 on well-being and anxiety levels. Nearly half of adults in the UK feel that their well-being has been affected. Anxiety levels have declined and stabilised since the start of the lockdown period but remain high.
- Reviews of evidence from previous pandemics and emerging evidence on COVID-19 indicate a range of possible risk and protective factors for mental health and well-being.
    - Possible risk factors include: having the disease, in particular being admitted to hospital;
      loss of a family member; being of female gender; poor self-rated health; inadequate essential supplies, including food, clothes, accommodation; inadequate access to information and social contacts; and being a frontline healthcare worker, in particular female nursing staff.
      Possible protective factors include: access to accurate and timely health information and access to disease containment measures
- There will be both immediate and longer term impacts and the effects of these will not be evenly distributed. There are similarities between those groups most affected

by COVID-19 and those where mental health problems are more prevalent; including long term conditions; poverty and deprivation

- It is important to understanding differential impacts for different population groups and that these might shift over time. The evidence base is incomplete and needs to be interpreted with caution but suggests a need for whole population approaches alongside targeted support for at risk and vulnerable groups.