

This publication will be available in accessible HTML on the [gov.scot](https://www.gov.scot) website.



Scottish Government
Riaghaltas na h-Alba
[gov.scot](https://www.gov.scot)

Scottish COVID-19 Mental Health Tracker Study: Wave 2 Report



HEALTH AND SOCIAL CARE



Scottish COVID-19 Mental Health Tracker Study: Wave 2 Report

Dr Karen Wetherall, Post-doctoral researcher
Dr Seonaid Cleare, Post-doctoral researcher
Dr Katie Robb, Reader in Behavioural Science and Health
Professor Rory O'Connor (Principal Investigator), Professor of Health Psychology
University of Glasgow

February 2021

Contents

Executive Summary	4
1. Background	11
1.1 Study overview and aims	11
1.2 Methodology	13
2. Sample and Respondent Characteristics.....	18
3. Mental Health Outcomes	20
3.1 Depressive symptoms	23
3.2 Anxiety Symptoms	25
3.3 Suicidal thoughts.....	20
3.4 General Health Questionnaire	28
3.5 Mental Wellbeing	31
3.6 Other mental health outcomes.....	34
4. COVID-19 Contextual Factors	40
4.1 COVID-19 related experiences.....	40
4.2 General health and lifestyle factors during COVID-19.....	42
4.3 Support network and emotional support	45
4.4. Finances during easing of lockdown	48
4.5 Trust in others and authorities	50
4.6 Interpersonal harm.....	51
5. Conclusions	52
Bibliography.....	54
Annex	56
1. Descriptive analysis of data with weights on and weights off	56
2. COVID-19 Contextual factors.....	63
3. Perceptions of phase 3 easing of lockdown	65
4. Adherence to Guidelines.....	66
5. Trust in authorities.....	66

Tables and Figures

Figure 1.1. Timeline of the COVID-19 Mental Health Tracker Studies in UK and Scotland	13
Table 1.1 Rates of attrition from Wave 1 to Wave 2 for the subgroups within the sample.....	15
Table 2.1 Weighted and unweighted demographic characteristics of the Wave 2 sample.....	18
Table 3.1. Wave 1 and Wave 2 suicidal thoughts in the week prior by age and sex (%)	21
Figure 3.1. Wave 1 and Wave 2 suicidal thoughts in the week prior by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%).....	22
Table 3.2. Wave 1 and Wave 2 moderate to severe depressive symptoms by age and sex (%)	24
Figure 3.2. Moderate to severe depressive symptoms at Wave 1 and Wave 2 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%).....	25
Table 3.3. Wave 1 and Wave 2 moderate to severe anxiety symptoms by age and sex (%)	26
Figure 3.3. Moderate to severe anxiety symptoms at Wave 1 and Wave 2 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%).....	28
Table 3.4. Wave 1 and Wave 2 GHQ-12 cut-off scores by age and sex (%)	29
Figure 3.4. Wave 1 and Wave 2 high GHQ-12 score by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%)	30
Table 3.5 Mean mental wellbeing scores at Wave 1 and Wave 2 by age and sex ...	32
Figure 3.5. Mean mental wellbeing scores at Wave 1 and Wave 2 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%).....	33
Figure 4.1. Sleep quality in the past week for all respondents at Wave 2.	43
Table 4.2. Percentage of respondents who used sources of emotional support at least once in the month before Wave 2 survey	47
Figure 4.2. Changes to job role experienced during COVID-19 pandemic (% of respondents)	49

Executive Summary

This report presents findings of Wave 2 of the Scottish COVID-19 (SCOVID) Mental Health Tracker Study. These findings are based on questionnaire data collected from adults aged 18 years and older between 17th July and 17th August 2020, a period that coincided with the Phase 3 easing of lockdown measures in Scotland. Phase 3 included an increase in the number of households that could meet indoors and outdoors, and the opening of indoor hospitality. The report focuses on the changes in mental health and wellbeing outcomes from the Wave 1 survey, completed from 28th May to 21st June 2020, during the Phase 1 easing of lockdown. This report also investigates which groups are most impacted and explores other lifestyle factors which describe the circumstances and experiences of these respondents at the time of the questionnaire.

In brief, Wave 1 of the SCOVID Mental Health Tracker Study indicated that over a third of the sample reported high levels of psychological distress (GHQ-12: General Health Questionnaire), a quarter reported levels of depressive symptoms (moderate to severe) indicating a possible need for treatment, and nearly a fifth reported anxiety symptoms of a similar level. Approximately one tenth of the sample reported having suicidal thoughts in the past week, with one fifth of young adults reporting suicidal thoughts. Additionally, the Wave 1 report suggested that particular subgroups within the population were at elevated risk across these mental health and wellbeing indicators, specifically women, young adults, people with a pre-existing mental health condition, and individuals from a lower socio-economic grouping.

A total of 65.4% of respondents from Wave 1 (n=2604) took part in the Wave 2 survey (n=1703). This loss to follow-up was higher than anticipated, and meant that a number of demographic groups are under-represented at Wave 2. As such, it was not possible to repeat some of the subgroup analyses from the Wave 1 Report. It should be noted that the follow-up rate for young men was low, so findings for this group should be interpreted with caution. As with the Wave 1 analysis, weights were applied to adjust the sample to reflect quotas based upon the Scottish population, and all analysis included only those who completed both Wave 1 and Wave 2¹. Trends remained the same for analysis findings with and without weights applied (figures included in the annex). In addition, this report uses particular terms to describe the rates of particular mental health outcomes reported by subgroups within the overall sample, and the degree to which an outcome is being experienced. The term 'rates' refers to the proportion of respondents within a named subgroup who

¹ Because analysis included only those who completed both Wave 1 and Wave 2, the Wave 1 rates reported in this report will describe the rates seen in Wave 1 for those respondents that went on to complete the Wave 2 questionnaire. This will cause some of the Wave 1 rates reported in this report to differ to those reported in the Wave 1 Report published in Oct 2020, which reported on entire Wave 1 sample, irrespective of who went on to complete Wave 2.

have reported a particular outcome; it does not describe the degree of a particular outcome. For example, an increased rate of men reporting moderate to severe depressive symptoms means that a higher proportion of men have reported these symptoms; it does not mean that men as a subgroup are experiencing more severe depressive symptoms overall. The term 'level' refers to the degree to which a particular mental health or wellbeing measure is being experienced. For example, stating that older adults reported higher levels of mental wellbeing than younger age groups means that the average mental wellbeing score for older adults was higher than the average score for younger groups.

Wave 2 of the Scottish COVID-19 Mental Health Tracker Study found that nearly a quarter of respondents reported levels of depressive symptoms indicating a possible need for treatment (24.1%) and a sixth (16.9%) reported anxiety symptoms of a similar level. Rates of depressive and anxiety symptoms did not significantly change from Wave 1 to Wave 2. However, rates of suicidal ideation in the week prior to completing the survey increased from Wave 1 (9.6%) to Wave 2 (13.3%). Although the exact reason for this increase cannot be known, it could reflect a lagged effect, or that the items assessing mental health measures such as depression focus on the past, whereas the suicidal question is tapping uncertainty or concerns about the future (i.e., thinking about suicide is an option for the future, which remains uncertain despite easing of lockdown). Despite this, most other indicators of mental health and wellbeing improved for the overall sample. Specifically, rates of high GHQ-12 scores (indicating distress and possible psychiatric disorder) decreased from Wave 1 (32.6%) to Wave 2 (28.8%). Similarly, levels of loneliness and distress reduced from Wave 1 to Wave 2, and mental wellbeing increased over this time. Overall, these findings are consistent with the UK COVID-MH study findings reporting Waves 1-3 (covering a time period of 31st March to 11th May 2020; O'Connor et al., 2020), which found an increase in suicidal thoughts over waves, and an improvement in anxiety, defeat, entrapment, and mental wellbeing.

Findings also suggest that several subgroups within the sample reported a change to indicators of mental health and wellbeing from Wave 1 to Wave 2. For example, between from Wave 1 to Wave 2 more men reported moderate to severe depressive symptoms and suicidal ideation, whereas a lower proportion of women reported depressive symptoms and high GHQ-12 scores. For young adults (18-29 years) rates of moderate to severe anxiety increased from Wave 1 to Wave 2, and for young men in particular, rates of suicidal ideation increased. It should be noted that young men experienced a notable dip in response rate in Wave 2 and as such, this finding should be interpreted with caution. A higher proportion of respondents with a pre-existing mental health condition reported anxiety and suicidal thoughts from Wave 1 to Wave 2. However, a lower proportion of respondents from this group reported mental distress (GHQ-12), there was an increase in mental wellbeing over this timeframe.

Consistent with Wave 1, in Wave 2 a number of the same subgroups reported elevated rates of mental health and wellbeing indicators compared to their subgroup counterpoints. These included; young adults (18-29 years), individuals with a pre-existing mental health condition, individuals in the lower socio-economic group (SEG)², and respondents with a pre-existing physical health condition. Due to differences between the Wave 1 and Wave 2 samples, it is difficult to comment on broad mental health trends between the waves, beyond specific indicators.

Key Findings

Suicidal thoughts

- For the overall sample, there was a significant increase in rates of reported suicidal thoughts between Wave 1 (9.6%) and Wave 2 (13.3%).
- Notable increases in suicidal thoughts from Wave 1 to Wave 2 were also found for several subgroups:
 - Men: A higher proportion of men reported suicidal thoughts in Wave 2 (16.3%) than in Wave 1 (10.2%). This is an increase greater than among women, who reported 9.6% in Wave 1 to 10.5% in Wave 2. It should be noted that despite men's significant increase at Wave 2, higher rates of suicidal thoughts were reported among women than men.
 - Young men (18-29 years): A higher proportion of young men reported suicidal thoughts in Wave 2 (34.4%) than Wave 1 (21.5%), though this should be regarded with caution due to the pronounced drop in sample size between Waves 1 and 2.
 - Those with a pre-existing mental health condition: a higher proportion of respondents in this subgroup reported suicidal thoughts in Wave 2 (36.7%) than Wave 1 (25.2%).
- Similar to the Wave 1 report, at Wave 2 several subgroups reported higher rates of suicidal thoughts than their subgroup counterpart including; young adults (age 18-29 years), those with pre-existing mental health or physical health condition, and people from a lower SEG.

² SEG measure categories AB-C1-C2-DE. Higher SEG (i.e., top-half): AB = Higher & intermediate managerial, administrative, professional occupations, C1 = Supervisory, clerical & junior managerial, administrative, professional occupations. Lower SEG (i.e., bottom-half): C2 = Skilled manual occupations, DE = Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations. (ONS, 2001).

Depressive symptoms³

- For the overall sample, rates of reported moderate to severe depressive symptoms indicating a need for treatment did not change significantly from Wave 1 (23.6%) to Wave 2 (24.1%).
- Rates of depressive symptoms among men increased from Wave 1 (20.0%) to Wave 2 (23.7%), whereas rates of depressive symptoms among women decreased from Wave 1 (27.0%) to Wave 2 (24.5%).
- Consistent with Wave 1 findings, at Wave 2 a higher proportion of young adults (18-29 years) reported depressive symptoms compared to older age groups, as did those with a pre-existing mental health condition, from a lower SEG⁴, or a pre-existing physical health condition.

Anxiety Symptoms⁵

- For the overall sample, there were no statistically significant changes in the rate of respondents reporting moderate to severe anxiety symptoms indicating a need for treatment from Wave 1 (16.3%) to Wave 2 (16.9%).
- Increased rates of anxiety from Wave 1 to Wave 2 were found for several subgroups:
 - Young adults (18-29 years): A higher rate of young adults reported anxiety symptoms in Wave 2 (32.4%) than Wave 1 (26.0%).
 - Young men: A higher rate of young men reported anxiety symptoms in Wave 2 (34.1%) than Wave 1 (22.8%), although this should be interpreted with caution due to the small sample size at Wave 2.
- Decreased rates of anxiety from Wave 1 to Wave 2 were found for one subgroup:
 - A lower proportion of respondents with a pre-existing mental health condition reported anxiety symptoms in Wave 2 (41.7%) than Wave 1 (49.5%), however this subgroup still reported higher rates than those without a pre-existing condition in both waves.
- Some subgroup differences were found at Wave 2: respondents who had a physical health condition and those from the lower SEG reported higher rates of anxiety at Wave 2 compared to their subgroup counterparts.

³ Findings in this category were based on responses to questions on the mental health measure called the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001), which assesses frequency of depressive symptoms over the previous two weeks.

⁴ SEG measure categories AB-C1-C2-DE. Higher SEG (i.e., top-half): AB = Higher & intermediate managerial, administrative, professional occupations, C1 = Supervisory, clerical & junior managerial, administrative, professional occupations. Lower SEG (i.e., bottom-half): C2 = Skilled manual occupations, DE = Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations. (ONS, 2001).

⁵ Anxiety symptoms were assessed using the mental health measure called the Generalised Anxiety Disorder (GAD-7; Spitzer et al., 2006) scale, which asks about frequency of anxiety symptoms in the last 2 weeks.

Mental Distress and mental ill-health⁶

- For the overall sample, the rate of high GHQ-12 scores (an indication of mental distress and a possible psychiatric disorder) decreased from Wave 1 (32.6%) to Wave 2 (28.8%).
- The more marked decreases in rates of high GHQ-12 were seen in the following groups:
 - Women: There was a reduction in the proportion of women of all ages reporting a high GHQ-12 from Wave 1 (38.6%) to Wave 2 (31.9%), however despite this, they still reported higher rates of high GHQ-12 than men.
 - Those with a pre-existing mental health condition: a lower proportion of respondents from this subgroup reported high GHQ-12 scores at Wave 2 (51.3%) than Wave 1 (62.5%).
- Consistent with Wave 1, in Wave 2 specific subgroups had higher rates of high GHQ-12, including young adults (age 18-29 years), women, those with a pre-existing mental health condition, and respondents from the lower SEG.

Mental wellbeing⁷

- Looking at the overall sample, respondents' mental wellbeing significantly increased from Wave 1 (Mean score = 21.52) to Wave 2 (Mean score = 21.81).
- Increases in mental wellbeing mean scores were found in several subgroups:
 - Those with a pre-existing mental health condition reported an increase mental wellbeing from Wave 1 (Mean score = 16.20) to Wave 2 (Mean score = 17.29).
 - Respondents from the lower SEG reported an increase in mental wellbeing from Wave 1 (Mean score = 20.49) to Wave 2 (Mean score = 21.00).
 - Those who lived alone reported higher mental wellbeing at Wave 2 (Mean score = 22.05) compared to Wave 1 (Mean score = 21.29).
- As with the Wave 1 report, the Wave 2 findings highlight a number of the same subgroups that reported higher levels of mental wellbeing, including; older adults, people with no pre-existing mental health conditions, and those from the higher SEG.

⁶ The General Health Questionnaire (GHQ-12) assesses mental distress and mental ill-health; a high-GHQ-12 score suggests the presence of a possible psychiatric disorder.

⁷ Mental wellbeing was measured using the Short Warwick-Edinburgh Mental Well-being Scale: respondents are awarded a wellbeing score by adding together 7 questions (range: very low wellbeing =7, very high wellbeing =35). Scores were adjusted using Rasch transformation. Average scores (means) are used to investigate differences between subgroups.

Loneliness and social support⁸

- For the whole sample, feelings of loneliness decreased from Wave 1 (Mean score = 5.06) to Wave 2 (Mean score = 4.67).
- Decreases in mean loneliness score were found in several subgroups:
 - Respondents who had no pre-existing physical health condition reported that their loneliness decreased from Wave 1 (Mean score = 5.03) to Wave 2 (Mean score = 4.53), whereas for those with a physical health condition, loneliness did not change significantly from Wave 1 (Mean score = 5.33) to Wave 2 (Mean score = 5.17)
 - People whose working status had changed during the COVID-19 lockdown (i.e., lost job, furloughed) reported that their loneliness had reduced from Wave 1 (Mean score = 5.29) to Wave 2 (Mean score = 4.80)
 - Respondents living in urban areas reported that their loneliness decreased from Wave 1 (Mean score = 5.08) to Wave 2 (Mean score = 4.66)
- For the whole sample, levels of social support did not change significantly from Wave 1 (Mean score = 14.54) to Wave 2 (Mean score = 14.51).
- Changes in levels of social support from Wave 1 to Wave 2 were found for a number of the subgroups:
 - Women reported that their levels of social support decreased from Wave 1 (Mean score = 14.66) to Wave 2 (Mean score = 14.40), and men's increased from Wave 1 (Mean score = 14.33) to Wave 2 (Mean score = 14.49).
 - Young adults (18-29 years old) reported that their social support levels had increased from Wave 1 (Mean score = 14.25) to Wave 2 (Mean score = 14.52), while those aged 30-59 years found that their levels of social support had decreased from Wave 1 (Mean score = 14.17) to Wave 2 (Mean score = 13.85).
 - Respondents with a pre-existing mental health condition reported that their levels of social support decreased from Wave 1 (Mean score = 12.79) to Wave 2 (Mean score = 12.31).

⁸ Loneliness was measured using 3 items, with a score of 3 indicating no loneliness and a score of 9 equating to very high loneliness; Social support was measured using four questions, with a range of 4 (low social support) to 20 (high social support).

Distress and life satisfaction⁹

- For the whole sample, the average level of distress reduced from Wave 1 (Mean score = 2.61) to Wave 2 (Mean score = 2.41).
- A number of subgroups reported a decrease in levels of distress from Wave 1 to Wave 2:
 - Women reported that their levels of distress had decreased from Wave 1 (Mean score = 3.07) to Wave 2 (Mean score = 2.74), whereas men's did not change significantly from Wave 1 (Mean score = 2.29) to Wave 2 (Mean score = 2.17). It should be noted that despite women's reduction in level of distress at Wave 2, it remained higher than men's.
 - Young adults (18-29 years) reported that their distress had decreased from Wave 1 (Mean score = 3.76) to Wave 2 (Mean score = 3.38).
 - Those aged 30-59 years also reported reduced levels of distress had decreased from Wave 1 (Mean score = 3.00) to Wave 2 (Mean score = 2.67).
- Older adults (60+ years) did not report a significant change from Wave 1 (Mean score = 1.45) to Wave 2 (Mean score = 1.50), and retained the lowest level of distress at Wave 2 across the age groups
- The overall sample did not report changes in life satisfaction from Wave 1 (Mean score = 6.39) to Wave 2 (Mean score = 6.40).
- A number of subgroups reported a change in their life satisfaction from Wave 1 to Wave 2:
 - Older adults (60+ years) reported a decrease in life satisfaction from Wave 1 (Mean score = 7.19) to Wave 2 (Mean score = 7.04), though at Wave 2 60+ year olds still reported higher life satisfaction than both 18-29 year olds (Mean score = 6.04) and 30-59 year olds (Mean score = 6.07) at Wave 2.
 - Respondents with a mental health condition reported that their life satisfaction had increased from Wave 1 (Mean score = 4.13) to Wave 2 (Mean score = 4.37), although at Wave 2 this remained significantly lower than those with no mental health condition (Mean score = 6.64).

⁹ Respondents were asked to indicate on a 10-point scale how distressed they had felt in the past week, on a range of 0, indicating feeling no distress, to 10, indicating feeling extreme distress; Respondents were asked to rate their life satisfaction on a scale from 0, indicating extremely dissatisfied to 10, indicating extremely satisfied.

1. Background

1.1 Study overview and aims

In December 2019, a novel coronavirus was identified in Wuhan, China. Since then the associated disease COVID-19 has affected millions of people worldwide.

In addition to the physical health impact, there is growing evidence of the effects of the COVID-19 pandemic on mental health and wellbeing that will extend beyond those who have been directly affected by the virus (Holmes, O'Connor et al., 2020; O'Connor et al., 2020). As a result, it is important to continue to monitor population-based health and mental health outcomes to detect groups who may be most affected by the COVID-19 pandemic and associated restrictions. We know from the SARS outbreak in 2003 that anxiety increased, suicide rates also increased in some groups (e.g. Yip et al., 2010; Gunnell et al., 2020; Tsang et al., 2004) and that suicidal thoughts increased in the early phase of the pandemic in the UK (O'Connor et al., 2020). Although initial findings on the impact of the COVID-19 pandemic on suicide rates globally were reassuring, recent data highlight the need for vigilance (John et al., 2020). We need to act now, therefore, to understand and mitigate the mental health risk in Scotland as we continue to respond to the COVID-19 pandemic.

The Scottish COVID-19 (SCCOVID) Mental Health Tracker Study is part of a UK-wide study ('Tracking the impact of the COVID-19 pandemic on mental health and wellbeing (COVID-MH) study') which started on 31st March 2020 just after lockdown measures were imposed. Adults aged 18 years and older took part in this survey. In May 2020 the Scottish Government commissioned an additional Scottish sample to allow the tracking of the mental health and wellbeing of the Scottish population over a 12-month period. The Wave 1 survey ran from 28th May to 21st June 2020 which coincided with the Phase 1 easing of lockdown measures in Scotland¹⁰. Findings from the Wave 1 survey were reported in the Scottish COVID-19 Mental Health Tracker Study: Wave 1 Report¹¹. The Wave 2 survey asked as many of the same respondents as possible about their mental health between 17th July and 17th August 2020. This allows us to track changes in mental health and wellbeing. The Wave 2 survey coincided with the Scottish Government's introduction of Phase 3 of the easing out of lockdown, which included an increase in the number of households that could meet indoors and outdoors, and the opening of indoor hospitality.

The Scottish survey measures are aligned with the COVID-MH study to allow direct comparisons with other regions of the UK. Findings¹² were recently published from

¹⁰ For further information on how Scotland transitioned out of lockdown see: <https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/#phase1-routemaphroughandoutofthecrisis>

¹¹ To access this report see: <https://www.gov.scot/publications/scottish-covid-19-scovid-mental-health-tracker-study-wave-1-report/>

¹² The published paper (O'Connor et al., 2020) can be found [here](#)

the UK COVID-MH study covering 3 waves of data from the start of the first lockdown (Wave 1 = 31st March to 9th April 2020, Wave 2 = 10th April to 27th April 2020, and Wave 3 = 28th April to 11th May 2020). The results suggest that rates of suicidal thoughts increased over the waves, whereas rates of anxiety symptoms, and levels of defeat and entrapment decreased across waves, and rates of depressive symptoms did not change significantly. Additionally, positive mental well-being increased (O'Connor et al., 2020).

Wave 3 of the UK survey most closely corresponds to timing of Wave 1 of the SCOVID Mental Health Tracker study. By Wave 3 of the UK study, 9.8% of respondents reported suicidal thoughts in the past week, which closely resembles the 10.2% reported in Wave 1 of the Scottish survey. Similarly, rates of moderate to severe depressive symptoms were 23.7% in Wave 3 of the UK study, and 25.3% in the Scottish study. By Wave 3 rates of anxiety had decreased in the UK study to 16.8%, lower than the 19.1% reported in Wave 1 of the Scottish survey, although these rates had been higher in previous UK study waves (Wave 1 = 21.0%, Wave 2 = 18.6%). Overall, these findings suggest some consistency in rates of suicidal thoughts, an depressive and anxiety symptoms between Scotland and the UK.

The findings from the SCOVID Mental Health Tracker Study will help us to understand the impacts of the pandemic on the Scottish population's mental health and wellbeing, particularly the differential impacts on sub-groups of the population. The Wave 2 survey will aid with the tracking of these mental health outcomes as we navigate different levels of restrictions.

Key research aims for Wave 2 of the SCOVID Mental Health Tracker Study

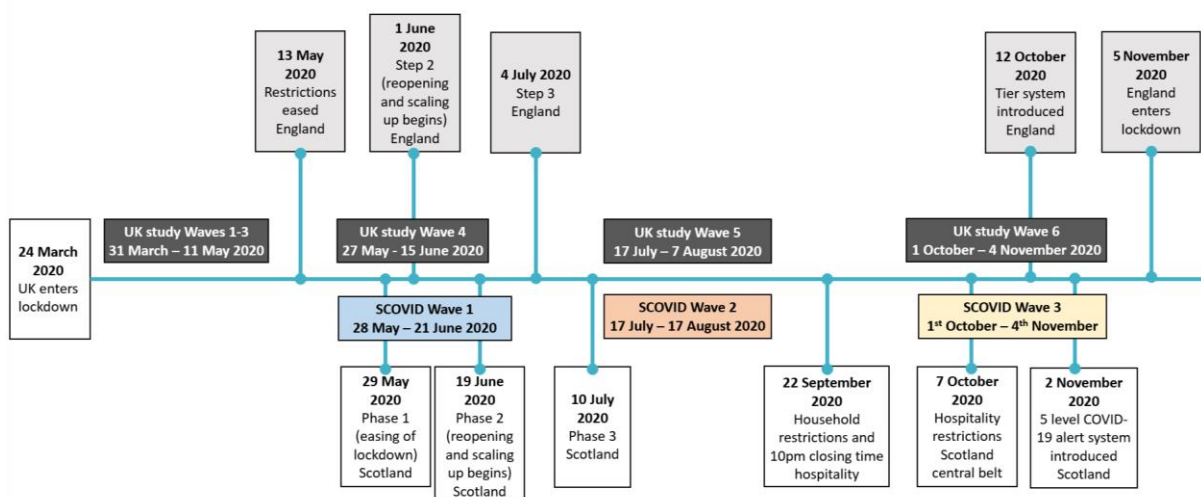
1. To track changes in people's mental health and wellbeing in Scotland during the COVID-19 pandemic and easing of government restrictions. Specifically, changes in mental health and wellbeing from Phase 1 of restrictions (Wave 1 survey; 28th May to 21st June 2020) to the Phase 3 of restrictions (17th July and 17th August 2020).
2. To provide an overview of contextual factors during the COVID-19 pandemic and easing of government restrictions.

1.2 Methodology

Wave 2 recruitment for the SCOVID Mental Health Tracker Study occurred between 17th July and 17th August 2020, which coincided with the Phase 3 easing of Scottish Government restrictions in Scotland. These easing of restrictions included a significant relaxing of lockdown restrictions. In brief, on 10th July 2020, five households (up to 15 people) were allowed to meet outdoors, and three households (up to 8 people) were allowed to meet indoors, and there were no longer any restrictions on travel. On 15th July, childcare providers, indoor hospitality, hairdressers, museums, galleries, holiday accommodation, non-essential retail in shopping centres, and places of worship were allowed to open.

Recruitment was conducted by Taylor McKenzie, a social research company. At Wave 1, members of an existing online UK panel (Panelbase.net) were invited by email to take part in an online survey on health and wellbeing. These respondents also agreed to be followed up over subsequent waves initially timed at around 6, 12, 24 weeks, and 12 months following Wave 1 but with the flexibility to be responsive to policy changes related to the COVID-19 pandemic response. Consistent with this, the Wave 2 survey was launched approximately 6 weeks after the Wave 1 survey to coincide with the Phase 3 easing of lockdown on 10th July 2020. Figure 1.1 provides an overview of key events/policy decisions in the UK in relation to the COVID-19 mental health tracker studies.

Figure 1.1. Timeline of the COVID-19 Mental Health Tracker Studies in UK and Scotland



At the Wave 1 survey recruitment, a quota sampling methodology was employed to recruit a close to national sample of adults (n= 2,604) from across Scotland. Quotas were based on age, gender, housing tenure, and highest educational qualification.

To gain insight into the mental health and wellbeing of those living in urban/rural areas and within different NHS Health Boards, further quotas based on location within Scotland were also recruited. The majority of the quotas were met (see Wave 1 report for further detail) however, individuals without educational qualifications were underrepresented in the sample.

The Wave 2 recruitment was launched on 17th July 2020 and all Wave 1 respondents were invited to take part by email. A total of 65.4% respondents from Wave 1 took part in this survey (n=1703). This attrition rate (i.e., loss to follow-up) was higher than anticipated, and meant that a number of demographic groups are under-represented in the Wave 2 findings. For example, many of the young men from Wave 1 did not take part in the Wave 2 survey. The differences in profiles of the sample in Wave 1 to Wave 2 are outlined in Table 1.1. As with the Wave 1 data, the Wave 2 data was weighted to reflect the Scottish population, and this accounted for the loss of respondents at follow-up between Wave 1 to Wave 2. Unweighted data is provided in the study annex (Tables A-D2). Although overall trends were the same with or without weighting applied, we do note that some subgroup findings should be interpreted with caution, in particular young men, due to their small sample sizes.

Within the Wave 2 survey, respondents were asked to complete questions on mental health and wellbeing including measures of anxiety, depression, distress, mental wellbeing, loneliness, defeat, entrapment, and self-harm as well as social support. A range of questions exploring contextual factors such as sources of emotional and social support and lifestyle factors were included along with perceptions, experiences of, and the impact of COVID-19 related restrictions.

Within the report, inferential statistical tests¹³ were used to investigate changes in mental health and wellbeing from Wave 1 to Wave 2, as well as differences between key subgroups. Due to loss to follow-up from Wave 1 to Wave 2 it was not possible to conduct some of subgroups analyses for the Wave 2 report. This is because their samples would be too small for robust and reliable analyses, and/or the Wave 2 subgroup no longer reflected the composition of the original subgroup at Wave 1.

Specifically, the Black, Asian and Minority Ethnic (BAME) group lost 60% of respondents to follow-up, leaving just 49 people in the Wave 2 sample, which was deemed too small for statistical analysis. Additionally, the '5+ hours unpaid carers group' and 'those with dependents under 5 years' were removed (those with '5+ hours caring responsibilities' reduced by 40%; 'those with under 5's' reduced by 50%) (see Table 1.1). Finally, sub-group analyses for the shielding (n=88) group was not conducted. The high-risk group¹⁴ was not included in analysis, instead we have conducted analyses for those with a pre-existing health condition (n=516), as this

¹³ The statistical tests to assess change from Wave 1 to Wave 2 used included Repeated Measures ANOVAs and General Linear Models. To test subgroup differences t-tests and chi-square tests were used. For all tests a p-value equal to or smaller than 0.05 used as a cut-off for statistical significance.

¹⁴ The high risk group included respondents who were aged over 70 years old and had underlying health conditions.

group will include many of those who are at high risk of COVID-19. Finally, although nearly 70% of young adults (18-29 years) were lost to follow-up, they were retained in the analysis as they represented over 10% of the sample (n=177). Despite this, some of the analysis with young adults (particularly young men) should be interpreted with caution.

Table 1.1 Rates of attrition from Wave 1 to Wave 2 for the subgroups within the sample

Group	Wave 1 sample (n= 2604), n (%)	Wave 2 sample (n= 1703), n (%)	% of original sample who completed Wave 2
Age group			
18-29	586 (22.5%)	177 (10.4%)	30.2%
30-59	1206 (46.3%)	872 (51.2%)	72.3%
60+	812 (31.2%)	654 (38.4%)	80.5%
Sex			
Women	1329 (51.2%)	861 (50.6%)	64.8%
Men	1265 (48.8%)	840 (49.4%)	66.4%
Ethnicity			
White	2483 (95.4%)	1654 (97.1%)	66.6%
BAME	121 (4.6%)	49 (2.9%)	40.5%
Socioeconomic grouping			
Higher half	1673 (64.2%)	1131 (66.4%)	67.6%
Lower half	931 (35.8%)	572 (33.6%)	61.4%
Pre-existing mental health condition			
No MH	2281 (87.6%)	1506 (88.4%)	66.0%
Yes MH	323 (12.4%)	197 (11.6%)	61.0%
Rural vs. Urban			
Rural	562 (21.6%)	389 (22.8%)	69.2%
Urban	2042 (78.4%)	1314 (77.2%)	62.5%
Unpaid carer: any			
No	2140 (82.7%)	1412 (82.9%)	66.0%
Yes	448 (17.3%)	280 (16.4%)	62.5%
Unpaid carer: 5+ hours week^a			

No	2308(89.2%)	1522 (89.4%)	65.9%
Yes	280 (10.8%)	170 (10.0%)	60.7%
Key worker			
No	2084 (80.0%)	1394 (81.9%)	66.9%
Yes	520 (20.0%)	309 (18.1%)	59.4%
Change of working status			
No	1324 (50.8%)	952 (55.9%)	71.9%
Yes	1280 (49.2%)	751 (44.1%)	58.7%
High risk ^a			
No	2003 (77.1%)	1264 (74.4%)	63.1%
Yes	594 (22.9%)	434 (25.4%)	73.1%
Shielding ^a			
No	2428 (93.8%)	1606 (94.8%)	66.1%
Yes	160 (6.2%)	88 (5.2%)	55.0%
Live alone			
No	2030 (78.0%)	1306 (76.7%)	64.3%
Yes	574 (22.0%)	397 (23.3%)	69.2%
Dependents under 5 years ^a			
No	2377 (91.3%)	1589 (93.3%)	66.9%
Yes	227 (8.7%)	114 (6.7%)	50.2%
Dependents under 16 years			
No	1978 (76.0%)	1354 (79.5%)	68.5%
Yes	626 (24.0%)	349 (20.5%)	55.8%
Pre-existing physical health condition ^b			
No	2088 (80.2%)	1329 (78.0%)	63.6%
Yes	516 (19.8%)	374 (22.0%)	72.5%

^a These groups were dropped from the Wave 2 analysis; ^b This group was added to the Wave 2 analysis

Layout of Report Findings

The subgroups included within the Wave 2 analyses were: age, sex, socio-economic grouping, a pre-existing mental health condition, a pre-existing physical health condition, those with dependents under 16 years, carers, living alone, living rural or

urban, key worker, and change in working status groups. The report focusses on the statistically significant changes for these subgroups from Wave 1 to Wave 2 on the various mental health outcomes, and the differences between key subgroups at Wave 2, rather than discussing findings for each of these subgroups according to each study measure.

In addition, this report uses particular terms to describes the rates of particular mental health outcomes reported by subgroups within the overall sample, and the degree to which an outcome is being experienced. The term 'rates' refers to the proportion of respondents within a named subgroup who have reported a particular outcome; it does not describe the degree of a particular outcome. For example, an increased rate of men reporting moderate to severe depressive symptoms means that a higher proportion of men have reported these symptoms; it does not mean that men as a subgroup are experiencing more severe depressive symptoms overall. The term 'level' refers to the degree to which a particular mental health or wellbeing measure is being experienced. For example, stating that older adults reported higher levels of mental wellbeing than younger age groups means that the average mental wellbeing score for older adults was higher than the average score for younger groups.

The main body of the report focuses on the changes from Wave 1 to Wave 2 on the core mental health outcomes of depressive symptoms, anxiety symptoms, suicidal thoughts, mental distress and mental ill-health, and mental wellbeing for the subgroups outlined above. Contextual measures, such as lifestyle factors and employment status, are reported briefly. However, as they are not main outcomes only a selection of subgroup analyses are reported. The annex contains more detailed information on contextual factors.

Ethical approval was obtained on 21st May 2020 from the University of Glasgow's Medical, Veterinary and Life Sciences ethics committee to add a Scottish only sample to the existing UK study being led by the University of Glasgow (UK COVID-MH Ethics approval: 200190146).

2. Sample and Respondent Characteristics

A total of 1703 respondents took part in Wave 2 of the SCOVID Mental Health Tracker Study, however as previously stated, the results are weighted to reflect the Scottish population and thus the findings reported here are weighted to reflect 2500 respondents. See Table 2.1 for unweighted and weighted sample characteristics. As reported in the previous section, several of the demographic groups were underrepresented in the non-weighted sample, and therefore in this report the weighted sample is used in all analysis.

The weighted sample was 51.7% women (sex assigned at birth) and 21.9% were aged 18–29 years, with 47.5% aged 30-59 years, and 29.8% aged 60+ years. The majority of the sample was White (95.8%), over half of the respondents (58.3%) were married or living with a partner, and the majority were heterosexual (90.2%). Around half of the sample had a HNC/D or degree level education (49.0%), and over half of the sample was in the higher (A, B, C1) socioeconomic groups (SEG)¹⁵ (62.9%).

Table 2.1 Weighted and unweighted demographic characteristics of the Wave 2 sample

Characteristic	Weighted* (n=2500) %	Unweighted (n=1703) %
Sex^a		
Men	48.3%	49.4%
Women	51.7%	50.6%
Age		
18-29 years	21.9%	10.4%
30-59 years	47.5%	51.2%
60+ years	30.6%	38.4%
Ethnicity		
White	95.8%	97.1%
Asian	2.2%	1.7%
Black	0.6%	0.2%
Mixed	0.8%	0.6%
Other/prefer not to say	0.5%	0.3%
Relationship status		

¹⁵ SEG measure categories AB-C1-C2-DE. Higher SEG (i.e., top-half): AB = Higher & intermediate managerial, administrative, professional occupations, C1 = Supervisory, clerical & junior managerial, administrative, professional occupations. Lower SEG (i.e., bottom-half): C2 = Skilled manual occupations, DE = Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations. (ONS, 2001).

Married/living with partner	58.3%	63.1%
Single	28.7%	23.1%
Separated/ divorced/widowed	11.5%	13.2%
Other/prefer not to say	1.5%	0.6%
Sexuality		
Heterosexual	90.2%	92.2%
Gay or bisexual	8.3%	6.6%
Other/prefer not to say	1.4%	1.2%
Highest Qualification		
No Qualifications	15.5%	5.6%
Secondary school education	35.1%	34.4%
HNC/D or Degree/ other	49.0%	59.4%
Key worker role	18.8%	18.1%
Carer role^b	14.9%	16.5%
Socioeconomic group (SEG)^c		
High	62.9%	66.4%
Low	37.1%	33.6%
Housing tenure		
Own (including mortgage)	62.2%	69.8%
Private rent	14.5%	12.7%
Council rent	17.0%	14.1%
Other	6.3%	3.4%
Property type		
House	69.9%	72.9%
Room in shared house	0.3%	0.2%
Apartment or flat in block	28.0%	25.7%
Student Halls	0.7%	0.1%
Residential home	0.7%	0.6%
Other	0.5%	0.4%

Note: *data are weighted to more accurately reflect the Scottish population ^a Sex assigned at birth, ^bUnpaid caring responsibilities, ^c SEG categories A, B, C1= higher SEG; categories C2, D, E= lower SEG

3. Mental Health Outcomes

This section reports on the main mental health and wellbeing outcomes for Wave 2 of the SCOVID Mental Health Tracker Study. The main aim of this section is to report changes in these outcomes from Wave 1 (28th May to 17th June 2020) to Wave 2 (17th July and 17th August 2020). Wave 1 findings suggested that several key groups reported poorer mental health outcomes, and subgroups¹⁶ who reported poorer outcomes in Wave 2 are also reported in this section. Only statistically significant changes and subgroup differences are reported here.

The main mental health outcomes focused on were: depressive symptoms, anxiety symptoms, suicidal thoughts, severity of potential mental health problems as measured by the general health questionnaire (GHQ), and mental wellbeing. The study also included other correlates of mental wellbeing, such as loneliness, defeat, entrapment, social support, resilience, distress, life satisfaction; with these findings reported more briefly.

In addition, respondents were asked ‘Currently, how is your mental health?’ (Very good, Good, Fair, Poor, Very poor) at Wave 1 and again at Wave 2. Fewer people reported poor or very poor mental health at Wave 2 (15.4%) than Wave 1 (17.9%), and more people reported very good, good or fair mental health at Wave 2 (84.5%) than Wave 1 (82.1%).

3.1 Suicidal thoughts

To measure suicidal thoughts, respondents were asked: ‘how often have you thought about taking your life in the last week?’, and were provided with options that ranged from “Never”, “One day”, “Several days”, “More than half the days”, “Nearly every day”, and “I would rather not answer”. For the purposes of this report, respondents who experienced any suicidal thoughts in the week prior to the Wave 2 questionnaire (i.e., one day or more) were included in the suicidal thoughts findings.

Changes between Waves 1 and 2

For the overall sample, there was a significant increase in the proportion of respondents reporting suicidal thoughts from 9.6% of respondents in Wave 1 to 13.3% of respondents in Wave 2.

From Wave 1 to Wave 2, the proportion of several subgroups reporting suicidal thoughts increased, including:

- A higher proportion of men reported suicidal thoughts at Wave 2 than Wave 1

¹⁶ As noted in the methods a number of groups were removed due to high attrition rates. Additionally those with physical health problems were included in the analysis.

- In particular, a higher proportion of young men (18-29 years) reported experiencing suicidal thoughts, though this finding should be treated with caution due to small sample size at Wave 2.
- A higher rate of respondents with a pre-existing mental health condition reported suicidal thoughts at Wave 2 than Wave 1

The proportion of men experiencing suicidal thoughts increased significantly from Wave 1 (10.2%) to Wave 2 (16.3%). This is particularly evident for the young men (18-29 years) subgroup, there was a significant increase in the proportion reporting having suicidal thoughts from 21.5% at Wave 1 to 34.4% at Wave 2 (Table 3.3). It should however be noted that the young men subgroup experienced a notable dip in response rate in Wave 2 and as such, this finding should be interpreted with caution due to the small sample size. There were no other significant changes in rates of suicidal ideation from Wave 1 to Wave 2 for age groups.

Looking more closely at the subgroups based on background and health, the rate of those with a pre-existing mental health condition reporting suicidal thoughts in the week prior increased from 25.2% in Wave 1 to 36.7% in Wave 2. There were no further significant increases or decreases in rates of suicidal thoughts from Wave 1 to Wave 2 for any of the subgroups.

Table 3.1. Wave 1 and Wave 2 suicidal thoughts in the week prior by age and sex (%)

	Wave 1			Wave 2		
	Men %	Women %	All adults %	Men %	Women %	All adults %
18- 29 years	21.5	16.1	18.8	34.4	17.2	26.3
30- 59 years	9.6	11.4	10.6	14.6	13.3	13.9
60+ years	3.0	1.0	2.0	5.3	2.1	3.6
Total %	10.2	9.1	9.6	16.3	10.5	13.3

Wave 2 Findings

The Wave 2 data found that 13.3% of respondents experienced suicidal thoughts within the week prior to completing the survey.

Similar to the Wave 1 report, several subgroups reported higher rates of respondents experiencing suicidal thoughts than their subgroup counterpart including:

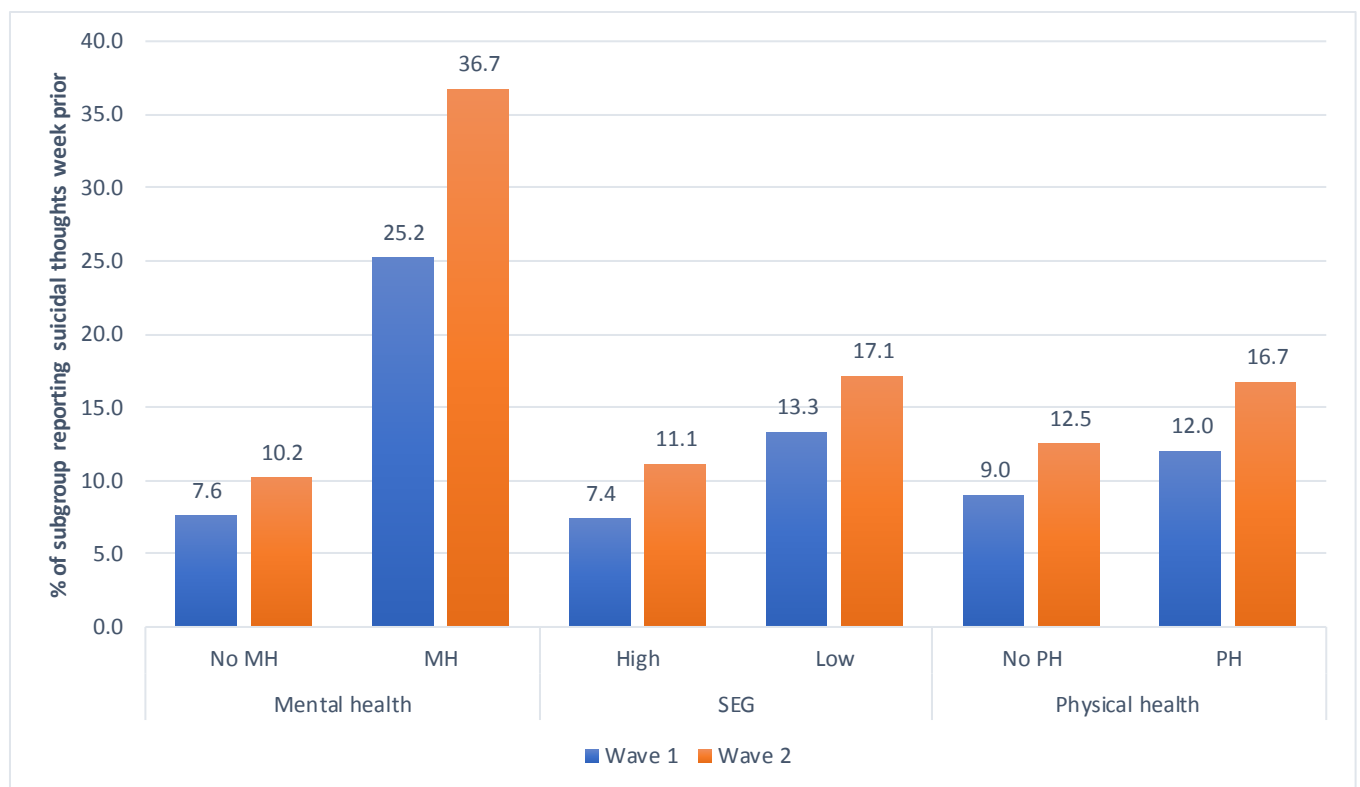
- young adults (aged 18-29 years),
- those with pre-existing mental health or physical health condition,
- and people from a lower SEG.

There were some differences in rates of suicidal ideation by age and sex, as illustrated in Table 3.3. A higher proportion of men reported suicidal thoughts in the previous week (16.3%) than women (10.5%), which contrasted to Wave 1, where no sex differences were found. A higher proportion of young adults (18-29 years)

reported suicidal thoughts (26.3%) than those aged 30-59 years (13.9%) and the older age group (60+ years) (13.3%).

Apart from age and sex, there was additional evidence of differences in rates of respondents reporting suicidal thoughts by health and background factors at Wave 2. Specifically, people with a pre-existing mental health condition were more likely to report suicidal thoughts (36.7%) than those without a pre-existing mental health (10.2%). Additionally, people who had a pre-existing physical health condition (16.7%) reported higher rates of suicidal ideation than those without a pre-existing physical health condition (12.5%). Further, respondents from a lower SEG reported higher rates of suicidal thoughts at Wave 2 (17.1%) than those from a higher SEG (11.1%). These subgroups did not report any significant changes in rate of suicidal ideation from Wave 1 to Wave 2.

Figure 3.1. Wave 1 and Wave 2 suicidal thoughts in the week prior by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%).



Findings suggest that employment factors were associated with people’s experience of suicidal thoughts in the week prior to the Wave 2 survey. Specifically, more respondents in a key worker role (17.1%) reported suicidal thoughts compared to non-key workers (12.5%). Further, respondents who experienced a change to their working status reported higher rates of suicidal thoughts (16.5%) compared to those with no change to their working status (10.6%). There were no further subgroup

differences in suicidal thoughts, or any changes in suicidal thoughts across the subgroups from Wave 1 to Wave 2.

3.2 Depressive symptoms

This study's findings on moderate to severe depressive symptoms are based on participants' responses to questions on the mental health measure called the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001), which assesses frequency of depressive symptoms over the previous two weeks.¹⁷

Significant changes between Waves 1 and 2

Looking at the SCOVID Mental Health Tracker Study sample as a whole, rates of moderate to severe depressive symptoms (indicating a need for treatment) did not change significantly from Wave 1 (23.6%) to Wave 2 (24.1%).

A number of subgroups saw changes to rates of moderate to severe depressive symptoms from Wave 1 to Wave 2, including:

- Men's rate of depressive symptoms increased from Wave 1 to Wave 2
- Women's rate of depressive symptoms decreased from Wave 1 to Wave 2

A closer inspection of the Wave 2 findings indicate that some differences by sex from Wave 1 to Wave 2 were evident, as illustrated in Table 3.1. In Wave 1, women reported higher rates of moderate to severe depressive symptoms (27.0%) than men (20.0%) (Table 3.1). In contrast to Wave 1, no significant difference between men (23.7%) and women (24.5%) was found at Wave 2 in terms of proportion of subgroup reporting moderate to severe depressive symptoms. The distribution of reported depressive symptoms between sexes in both waves seems to be accounted for by an increase in rates of moderate to severe depressive symptoms over time for men, from 20.0% at Wave 1 to 23.7% at Wave 2, and a decrease in the rates of moderate to severe depressive symptoms for women from Wave 1 (27.0%) to Wave 2 (24.5%).

No other significant changes between the waves were reported for any other subgroups.

¹⁷ For the purposes of this report, scores above the cut-off for moderate to severe depression are tracked so as to mirror the most commonly used indicator in mental health research, and which suggests that treatment (psychotherapy or medication) may be recommended.

Table 3.2. Wave 1 and Wave 2 moderate to severe depressive symptoms¹⁸ by age and sex (%)

	Wave 1			Wave 2		
	Men %	Women %	All adults %	Men %	Women %	All adults %
18- 29 years	34.1	47.0	40.5	47.5	37.4	42.5
30- 59 years	19.0	29.0	24.3	21.2	25.6	23.5
60+ years	10.8	10.1	10.5	12.2	11.4	11.8
Total %	20.0	27.0	23.6	23.7	24.5	24.1

Wave 2 Findings

Wave 2 findings suggest that just under a quarter (24.1%) of the overall sample met the cut-off for moderate to severe depressive symptoms. Wave 2 findings suggest that some subgroups had higher rates of moderate to severe depressive symptoms than their subgroup counterpart. These included:

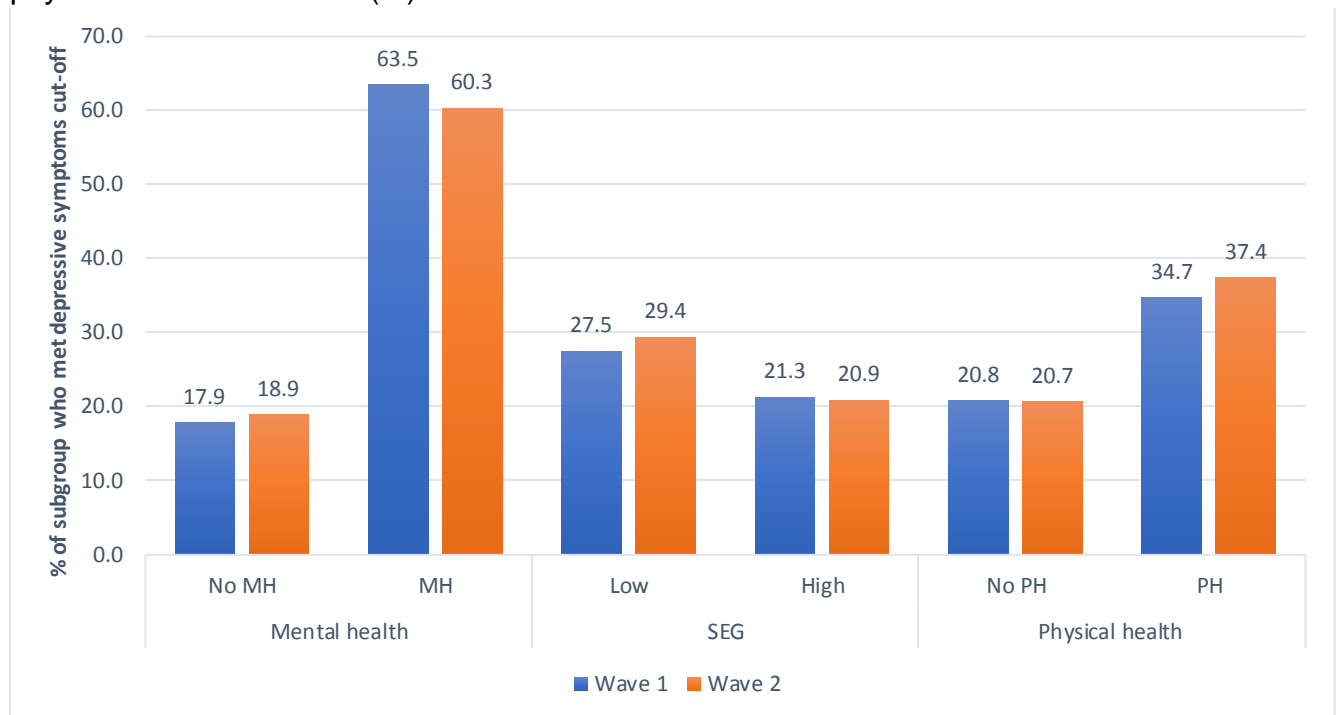
- young adults (18-29 years),
- people with a pre-existing mental health or physical health condition,
- and respondents from a lower SEG.

Consistent with Wave 1 findings, young adults (18-29 years) had higher rates of depressive symptoms (42.5%) compared to 30-59 year olds (23.5%) and 60+ year olds (11.8%).

Respondents' health and socio-economic background also had a bearing on the likelihood of reported rates of moderate to severe depression at Wave 2, as illustrated in Figure 3.1. Specifically, respondents with a pre-existing mental health condition were more likely to report higher rates of depressive symptoms (60.3%) than those with no pre-existing mental health condition (18.9%). Additionally, those who had a pre-existing physical health condition were more likely to report higher depressive symptoms (37.4%) than those who had no pre-existing health condition (20.7%). Further, people who were from a lower SEG reported higher rates of moderate to severe depressive symptoms (29.4%) than those from a higher SEG (20.9%). These findings are consistent with Wave 1.

¹⁸ Measured using the Patient health questionnaire (PHQ-9) using a cut-off score ≥ 10 to indicate moderate to severe depression

Figure 3.2. Moderate to severe depressive symptoms at Wave 1 and Wave 2 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%)



Consistent with findings from the Wave 1 report, there was evidence that respondents' circumstances may influence how likely they were to experience depressive symptoms at Wave 2. Specifically, respondents who had unpaid caring responsibilities were more likely to report moderate to severe depressive symptoms (26.9%) compared to those who did not have caring responsibilities (17.7%). Further, respondents who reported a change to their working status (i.e., furloughed, lost job) were more likely to report moderate to severe depressive symptoms (27.1%) compared to those with no change to their work status (21.3%). Unlike at Wave 1, no significant differences were found in Wave 2 for those with dependents at home, key workers, and those who lived alone compared to their subgroup counterparts.

3.3 Anxiety Symptoms

Anxiety symptoms were assessed using the mental health measure called the Generalised Anxiety Disorder (GAD-7; Spitzer et al., 2006) scale, which asks about frequency of anxiety symptoms in the last 2 weeks. For the purposes of this report, the clinical cut-off for moderate to severe anxiety was reported, indicating anxiety symptoms that may require further treatment.

Changes between Waves 1 and 2

Looking at the sample as a whole, there were no statistically significant changes in rates of moderate to severe anxiety symptoms from Wave 1 (16.3%) to Wave 2 (16.9%).

Between Waves 1 and 2 there was an increase in the proportion of the following subgroups reporting moderate to severe anxiety symptoms:

- The rate of young adults (18-29 years) reporting anxiety symptoms increased from Wave 1 to Wave 2
- A higher proportion of young men reported anxiety symptoms at Wave 2 than Wave 1, though this finding should be treated with caution due to loss to follow-up and the small sample size at Wave 2,
- A lower proportion of respondents with a pre-existing mental health condition reported anxiety symptoms at Wave 2 than Wave 1

There were changes between waves in rates of reported moderate to severe anxiety symptoms by age and gender, illustrated in Table 3.2. The rate of moderate to severe anxiety symptoms increased significantly among young adults (18-29 years) from 26% in Wave 1 to 32.4% in Wave 2, but did not for 30-59 year olds or 60+ year olds. In addition, a higher rate of young men reported moderate to severe anxiety symptoms, from 22.8% in Wave 1 to 34.1% in Wave 2. It should however be noted that the young men subgroup experienced a notable dip in response rate in Wave 2 and as such, this finding should be interpreted with caution due to the small sample size.

Whereas at Wave 1 women had higher rates of anxiety symptoms than men, at Wave 2 there were no statistically significant differences between men and women reporting moderate to severe anxiety symptoms (Table 3.2). Despite this, there were no significant changes in moderate to severe anxiety rates from Wave 1 to Wave 2 for men or women.

Table 3.3. Wave 1 and Wave 2 moderate to severe anxiety symptoms¹⁹ by age and sex (%)

	Wave 1			Wave 2		
	Men %	Women %	All adults %	Men %	Women %	All adults %
18- 29 years	22.8	29.3	26.0	34.1	30.7	32.4
30- 59 years	12.1	22.6	17.6	11.6	20.0	16.0
60+ years	10.1	5.1	7.5	8.4	6.1	7.2
Total %	13.9	18.6	16.3	15.8	18.0	16.9

¹⁹ Measured using the 7 item Generalised Anxiety Disorder Scale (GAD-7) using a cut-off score ≥ 10 to indicate moderate to severe anxiety

There were no further significant increases or decreases in rates of moderate to severe anxiety symptoms from Wave 1 to Wave 2 for any of the subgroups.

Wave 2 Findings

Wave 2 findings indicate that 16.9% of respondents met the cut-off for moderate to severe anxiety symptoms. Several groups reported higher rates of moderate to severe anxiety than their subgroup counterparts.

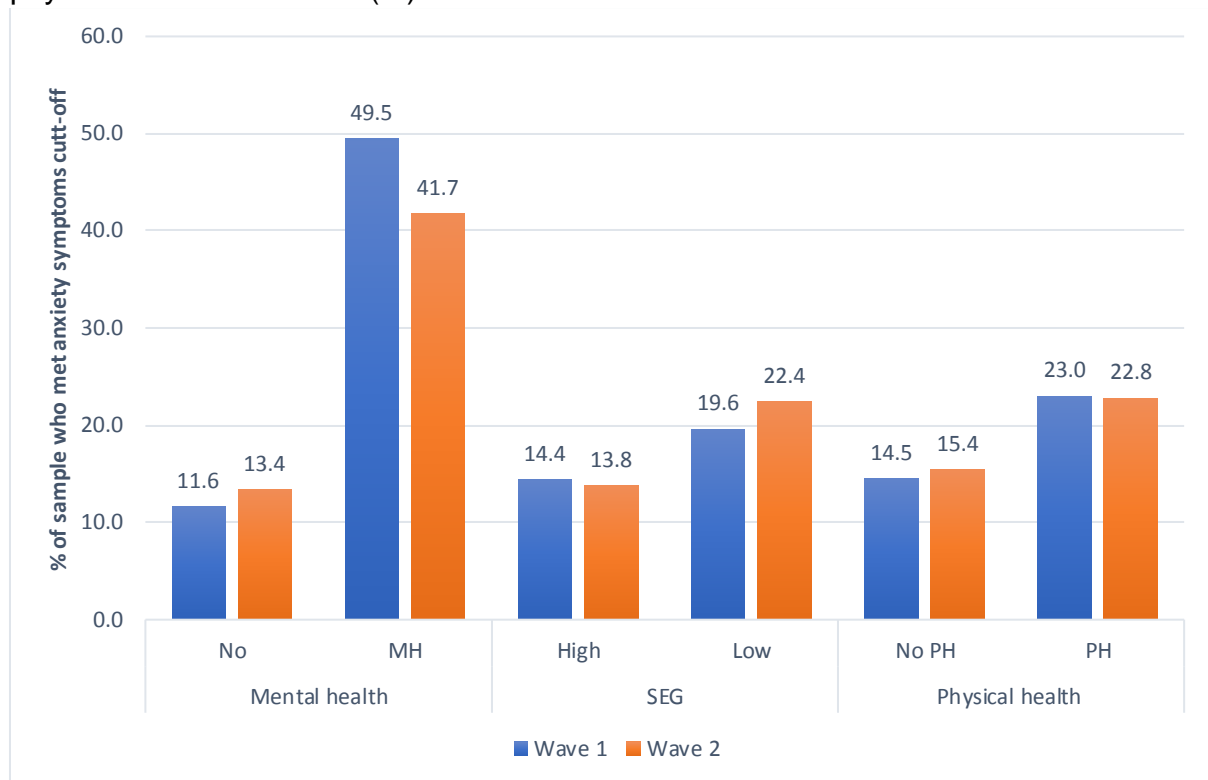
These included:

- young adults (18-29 years old),
- those with a pre-existing mental health condition,
- respondents from a lower SEG
- people with a pre-existing physical health condition.

Consistent with Wave 1, at Wave 2 young adults (18-29 years) reported the highest rates of moderate to severe anxiety symptoms (32.4%) compared to 30-59 year olds (16.0%) and 60+ year olds (7.2%).

Wave 2 data suggest a number of the same subgroups were at higher risk of moderate to severe anxiety symptoms, consistent with rates seen in Wave 1. For example, respondents' background and health factors appear to influence how likely they were to experience moderate to severe anxiety symptoms, as illustrated in Figure 3.2. For example, people with a pre-existing mental health condition reported higher rates of moderate to severe anxiety symptoms (41.7%) compared to those with no mental health condition (13.4%). Respondents with a physical health condition reported higher rates of moderate to severe anxiety symptoms (22.8%) than those with no pre-existing physical health condition (15.4%). Those from the lower SEG also reported higher rates of moderate to severe anxiety symptoms (22.4%) than respondents from the higher SEG (13.8%).

Figure 3.3. Moderate to severe anxiety symptoms at Wave 1 and Wave 2 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%)



Further analysis found that employment factors may influence people’s likelihood of experiencing moderate to severe anxiety symptoms at Wave 2. Specifically, people whose working status had changed due to the COVID-19 lockdown (e.g., lost job, furloughed) reported higher rates of moderate to severe anxiety (27.1%) than those with no change to their working status (20.9%). There were no further subgroup differences in moderate to severe anxiety symptoms at Wave 2.

3.4 General Health Questionnaire

The General Health Questionnaire (GHQ-12) is a psychological measure that assesses mental distress and mental ill-health in the previous two weeks, including sleep, self-esteem, stress, despair, depression, and confidence. In this report, as consistent with other mental health research studies (McLean et al., 2018), GHQ-12 scores of four or more are reported because this cut-off is deemed a high GHQ-12 score and indicates the presence of a possible psychiatric disorder.

Changes between Waves 1 and 2

Analysis suggests that the proportion of respondents who met the GHQ-12 cut-off for high mental distress and mental ill-health decreased from Wave 1 (32.6%) to Wave 2

(28.8%), suggesting that poorer mental health and possible psychiatric disorders reduced during the COVID-19 lockdown.

A decrease in rates of high GHQ-12 from Wave 1 to Wave 2 were found for a number of subgroups, specifically:

- A decrease in rates of high GHQ-12 was found for women of all ages, however despite this, they were still higher than for men,
- A decrease in rates of high GHQ-12 was found for respondents with a pre-existing mental health condition.

Differences in rates of high GHQ-12 by sex and age at Wave 2 are presented in Table 3.4. Rates of high GHQ-12 decreased significantly for women from Wave 1 (38.6%) to Wave 2 (31.9%), and this decrease for women was found across all age groups (see Table 3.4). Despite this decrease, women still had higher rates of high GHQ-12 (44.4%) than men (39.1%) at Wave 2. There were no significant changes in high GHQ-12 from Wave 1 to Wave 2 for men across the age groups.

Table 3.4. Wave 1 and Wave 2 GHQ-12 cut-off scores by age and sex (%)

	Wave 1			Wave 2		
	Men %	Women %	All adults %	Men %	Women %	All adults %
18- 29 years	38.5	52.1	45.3	39.1	44.4	41.8
30- 59 years	26.3	41.2	26.3	25.6	35.1	30.6
60+ years	17.1	25.3	21.3	14.7	18.4	16.6
Total %	26.2	38.6	32.6	25.3	31.9	28.8

Additionally, for those with a pre-existing mental health condition, rates of high GHQ-12 decreased significantly from Wave 1 (62.5%) to Wave 2 (51.3%; see Figure 3.4). No further significant changes from Wave 1 to Wave 2 in high GHQ-12 in the subgroups were found.

Wave 2 findings

In the Wave 2 Scottish COVID-19 Mental Health Tracker Study, over one quarter (28.8%) of the sample met the high GHQ-12 cut-off score. As with the Wave 1 report, the Wave 2 findings suggest that several of the same subgroups reported elevated rates of high GHQ-12 scores at Wave 2 compared to their subgroup counterparts. This included:

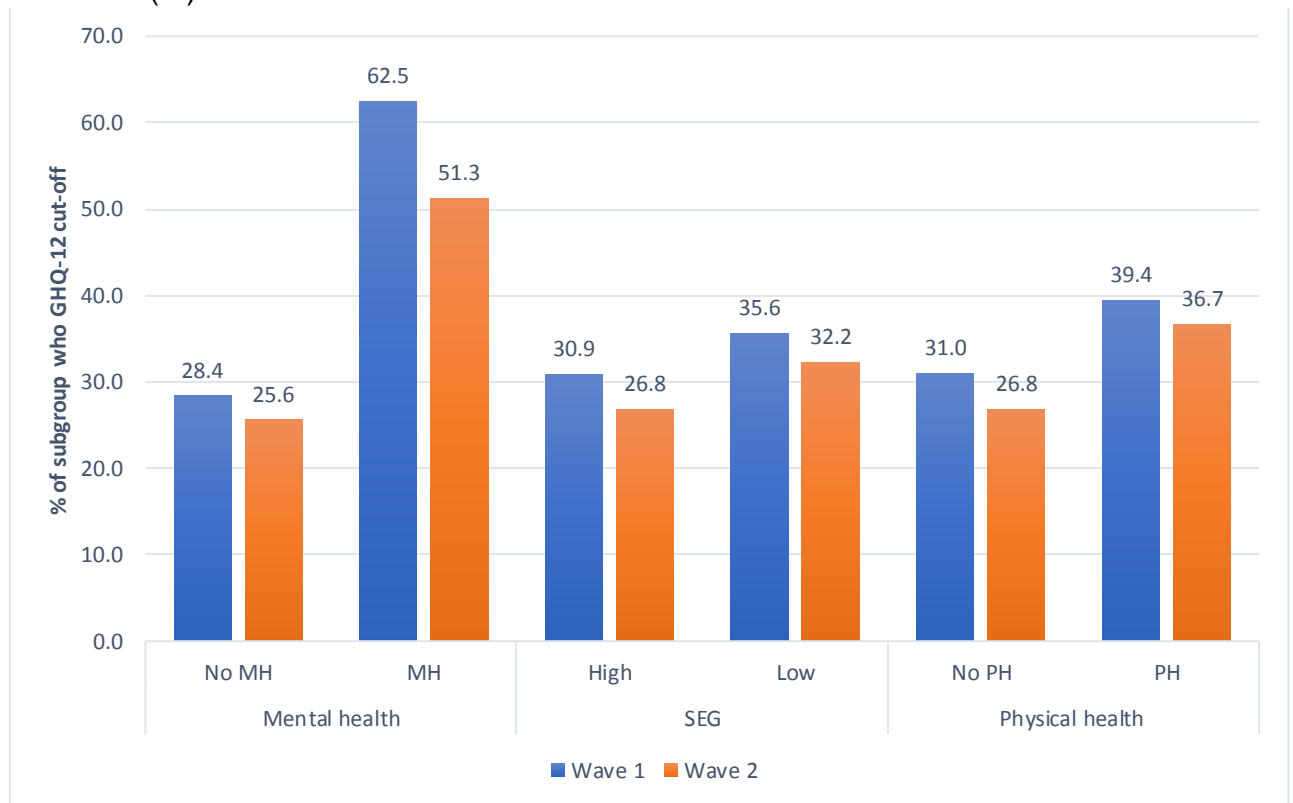
- young adults (age 18-29 years),
- women, those with a pre-existing mental health condition,
- and respondents from a lower socio-economic group.

Looking at age and sex, young adults were more likely to report high GHQ-12 scores (41.8%) compared to 30-59 year olds (30.6%) and 60+ year olds (16.6%).

Additionally, women reported higher rates of high GHQ-12 scores (44.4%) than men (39.1%) at Wave 2 (despite women reporting an overall decrease in high GHQ-12, Table 3.4).

There were differences in rates of high GHQ-12 scores by health and background factors, as illustrated in figure 3.4. Respondents with a pre-existing mental health condition reported higher rates of GHQ-12 scores (51.3%) than those with no pre-existing mental health condition (25.6%). Those with a pre-existing physical health condition also reported higher rates of high GHQ-12 scores (36.7%) compared to those with no physical health condition (26.8%). Additionally, people from the lower SEG reported higher rates of high GHQ-12 scores (32.3%) compared to those from the higher SEG (26.8%).

Figure 3.4. Wave 1 and Wave 2 high GHQ-12 score by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%)



Further subgroup differences were found in GHQ-12 scores at Wave 2, depending upon unpaid caring responsibilities and employment status. Specifically, respondents with unpaid caring responsibilities were more likely to report high GHQ-12 scores (38.6%) than those with no caring responsibilities (27.1%). People whose working status had changed were more likely to report high GHQ-12 scores at Wave 2 (33.4%) compared to those who working status had not changed (24.6%). Additionally, people who lived alone also were less likely to report high GHQ-12

scores (19.4%) than those who did not live alone (31.4%), suggesting that living alone was a protective factor for high GHQ-12 scores.

3.5 Mental Wellbeing

Mental wellbeing is an important indicator of mental health. The SCOVID Mental Health Tracker Study measured a respondent's mental wellbeing using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)²⁰. This scale measures the frequency of thoughts and feelings of mental wellbeing over the past two weeks; includes items such as feelings of optimism, feelings of being useful, and feeling that one is thinking clearly.

For the SWEMWBS, a score is created for each individual by adding together their responses to each question. As suggested by the scale authors, scores were adjusted using Rasch transformation. The scores range from 7 (indicating very low wellbeing) to 35 (indicating very high wellbeing), therefore a higher score suggests better mental wellbeing. The scale was not designed to identify individuals with exceptionally high or low levels of mental wellbeing so cut off points have not been developed. Therefore, throughout this section average mean scores are reported for each of the subgroups to compare levels of mental wellbeing between groups.

Changes between Waves 1 and 2

Overall, respondents' mental wellbeing as measured by the SWEMWBS significantly increased from Wave 1 (Mean score=21.52) to Wave 2 (Mean score=21.81).

Additionally, a number of subgroups also reported a change in their mental wellbeing from Wave 1 to Wave 2. Specifically, mental wellbeing increased from Wave 1 to Wave 2 for the following groups:

- The lower SEG,
- Those with a pre-existing mental health condition,
- Respondents who lived alone reported an increase in their mental wellbeing.

There were no significant changes on levels of mental wellbeing from Wave 1 to Wave 2 for sex or age groups (Table 3.5). There were some subgroup changes in mental wellbeing by health and background factors. Those with a pre-existing mental health condition reported an increase in their mental wellbeing from Wave 1 (16.20) to Wave 2 (17.29), although they still reported significantly lower mental wellbeing than those with no mental health condition at Wave 2 (Figure 3.5). Similarly, those in lower SEG reported an increase in mental wellbeing from Wave 1 (20.49) to Wave 2 (21.00), although the lower SEG still reported lower mental wellbeing than the higher SEG subgroup. Those who lived alone reported higher mental wellbeing at Wave 2

²⁰ Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

(22.05) compared to Wave 1 (21.29), whereas those who didn't live alone reported no change in mental wellbeing.

Table 3.5 Mean mental wellbeing scores at Wave 1 and Wave 2 by age and sex

	Wave 1			Wave 2		
	Men	Women	All adults	Men	Women	All adults
18- 29 years	19.59	18.87	19.24	19.99	19.54	19.77
30- 59 years	21.46	20.43	20.93	21.59	20.65	21.11
60+ years	23.57	23.77	23.66	23.88	23.96	23.91
Total %	21.85	21.18	21.52	22.11	21.49	21.81

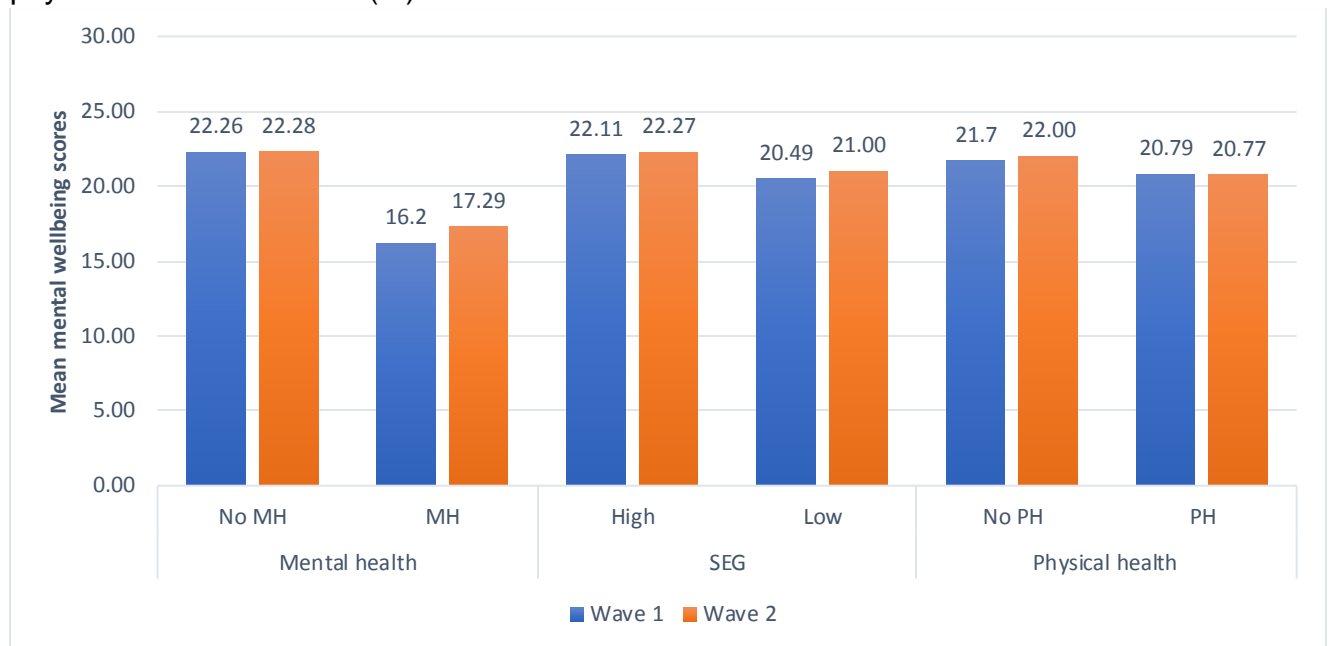
Wave 2 findings

As with the Wave 1 report, the Wave 2 report highlighted a number of the same subgroups that reported higher levels of mental wellbeing during the COVID-19 lockdown than their subgroup counterparts. These groups included:

- older adults,
- people with no pre-existing mental health conditions
- those from the higher SEG

In looking more closely at the data, some differences on mental wellbeing at Wave 2 by age and sex emerge (see Table 3.5). At Wave 1 there were no significant sex differences in mental wellbeing found between men and women, whereas at Wave 2, women reported lower mental wellbeing scores (21.49) than men (22.11). Similar to Wave 1, the oldest age group (60+ year olds) reported the highest mental wellbeing scores (23.91), compared to 30-59 year olds (21.11) and 18-29 year olds (19.77), who reported the lowest.

Figure 3.5. Mean mental wellbeing scores at Wave 1 and Wave 2 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health condition (%)



Looking beyond age and gender, there were some subgroup differences found by health and background factors at Wave 2, as illustrated in Figure 3.5. Respondents who did not have a pre-existing mental health condition reported higher mental wellbeing scores (22.28) than those with a pre-existing mental health condition (17.29). Respondents from a higher SEG continued to report higher mental wellbeing scores (22.27) than those from the lower SEG (21.00), People with no pre-existing physical health condition reported higher mental wellbeing (22.00) compared to respondents with a physical health condition (20.77).

Employment status may also have an impact upon mental wellbeing at Wave 2. Those whose working status had changed during the COVID-19 lockdown reported lower mental wellbeing scores (21.27) compared to those whose work status had not changed (22.01).

3.6 Other mental health outcomes

Wave 2 of the SCOVID Mental Health Tracker Study assessed a range of other indicators and correlates of mental health and wellbeing. These included feelings of loneliness, defeat, entrapment, resilience, social support, life satisfaction, and distress. This section provides a brief overview of these measures. The Wave 2 findings suggest that similar subgroups from the Wave 1 report may be more at risk for poor mental health and wellbeing indicators, including:

- Women
- Young adults (18-29 years)
- People from the lower SEG
- Respondents with a pre-existing mental or physical health condition

3.6.1 Loneliness

Loneliness has been associated with poorer physical and mental health, and was a particular concern during the COVID-19 lockdown as people became physically isolated from friends and family. This study measures loneliness using the UCLA Loneliness Scale (Hughes et al., 2014), which assesses 3 aspects of loneliness; namely lacking companionship, feeling left out, and feeling isolated from others.

A total loneliness score was created by adding the responses to each question together, creating a score between 3 (indicating no loneliness) and 9 (indicating high levels of loneliness). As there is no cut-off score demarcating high and low loneliness, mean scores were reported when comparing the different subgroups in terms of perceived levels of loneliness prior to the COVID-19 pandemic and reported levels of loneliness in the week preceding respondents' participation in the study.

Changes between Waves 1 and 2

For the whole sample, feelings of loneliness decreased from Wave 1 (Mean score = 5.06) to Wave 2 (Mean score = 4.67).

Some subgroups also reported a decrease in loneliness from Wave 1 to Wave 2, including:

- People with no pre-existing physical health condition,
- Respondents living in urban areas,
- People whose working status had changed.

Those who did not have a pre-existing physical health condition reported that their loneliness decreased from Wave 1 (5.03) to Wave 2 (4.53). Additionally, people whose working status had changed during the COVID-19 pandemic reported that their loneliness had reduced from Wave 1 (5.29) to Wave 2 (4.80), although this was

still significantly higher at Wave 2 than those whose working status had not changed (4.61). Finally, respondents living in urban areas reported that their loneliness decreased from Wave 1 (5.08) to Wave 2 (4.66), and those in rural areas reported no change in loneliness. There were no significant changes from Wave 1 to Wave 2 on loneliness by sex or age.

Wave 2 findings

As at Wave 1, several subgroups were found to report higher levels of loneliness at Wave 2, and these included:

- young adults (18-29 years),
- women,
- people with a pre-existing mental health condition,
- people from a lower SEG.

There were differences in loneliness scores by age and gender at Wave 2. Women reported higher loneliness (4.83) than men (4.56). Young adults (18-29 years) reported the higher loneliness (5.10) than 30-59 year olds (4.84) and 60+ year olds (4.19).

There were some differences in loneliness at Wave 2 by health and socio-economic background factors. People with a pre-existing mental health condition reported higher loneliness at Wave 2 (6.00) than those with no pre-existing mental health condition (4.51). People from a lower SEG also reported higher loneliness (4.93) than those from the higher SEG (4.56). People with a pre-existing physical health condition reported feeling more lonely (5.17) than those who did not have a physical health condition (4.58).

Further subgroup differences on loneliness at Wave 2 were found for living and employment status groups. Those who lived alone reported higher loneliness (5.14) than those who did not live alone (4.57). Those whose working status changed reported higher loneliness at Wave 2 (4.80) than those whose working status had not changed (4.61),

3.6.2 Defeat and Entrapment

Feelings of defeat and entrapment are important indicators of mental health, and have been associated with depression, anxiety, and suicidal thoughts (Taylor et al., 2011). Defeat is a feeling of powerlessness in life and entrapment is a feeling of being trapped by circumstances or your own thoughts. Defeat was assessed using the short form of the Defeat Scale (Gilbert & Allan, 1998; Griffiths et al., 2015) and entrapment using the short form of the Entrapment Scale (Gilbert & Allan, 1998; De Beurs et al., 2020). All respondents are given a score for each measure by adding together each question response, with 0 indicating no feelings of defeat or entrapment and 16 indicating feeling a very high level of defeat and entrapment.

There are no cut-off scores for defeat and entrapment measures to demarcate high or low levels of defeat and entrapment, therefore an average mean score is used to compare differences between the subgroups.

Changes between Waves 1 and 2

For the whole sample, average defeat and entrapment scores significantly decreased from Wave 1 (3.82) to Wave 2 (3.64), and from Wave 1 (3.49) to Wave 2 (3.33), respectively. Several groups reported that their average defeat and entrapment scores had decreased or increased from Wave 1 to Wave 2:

- Defeat and entrapment scores reduced for those with a pre-existing mental health condition
- Entrapment scores decreased for those aged 30-59 years
- Entrapment scores decreased for women
- Entrapment scores increased for those with a physical health condition, and decreased for those with no physical health condition

Looking more closely at subgroup changes in defeat and entrapment, women's entrapment scores significantly decreased from Wave 1 (3.88) to Wave 2 (3.48). For those aged 30-59 years, entrapment scores decreased from Wave 1 (4.06) to Wave 2 (3.77).

People with a pre-existing mental health condition reported that their feelings of defeat had decreased from Wave 1 (8.57) to Wave 2 (7.99), and their entrapment scores also decreased from Wave 1 (8.43) to Wave 2 (7.67). Despite this change, they still reported higher defeat and entrapment scores at Wave 2 than those with no pre-existing mental health condition.

Additionally, respondents with a pre-existing physical health condition reported that their levels of entrapment, but not defeat, significantly increased from Wave 1 (4.57) to Wave 2 (4.79), while entrapment scores decreased for those with no physical health condition from Wave 1 (3.32) to Wave 2 (3.07).

Wave 2 findings

There were some differences in relation to age and sex on feelings of defeat and entrapment at Wave 2. Women reported higher levels of defeat (3.99) than men (3.43), but not significantly higher levels of entrapment. At Wave 2, young adults reported higher defeat (4.91) and entrapment (4.64) than 30-59 year olds (defeat = 4.11, entrapment = 3.77) and 60+ year olds (defeat = 2.27, entrapment = 1.98).

Further differences were found on defeat and entrapment scores based upon respondents' health status. Despite reporting a reduction in levels of defeat and entrapment from Wave 1 to Wave 2, those with mental health conditions still reported much higher defeat and entrapment compared to those with no mental health condition at Wave 2 (defeat = 3.11, entrapment = 2.81). Respondents from

the lower SEG reported higher defeat (4.14) and entrapment (3.93) at Wave 2 compared to those from the higher SEG (defeat = 3.48), entrapment = 3.11).

3.6.4 Resilience

Resilience can be protective for mental health problems, including depression, anxiety, and suicidal thoughts. Resilience was assessed using 4 questions from the Brief Resilience Scale (BRS; Smith et al., 2008). Respondents received a total score by summing the responses to each question, and this ranges from 4, indicating very low resilience to 20, indicating very high resilience. As there are no cut-off scores to demarcate high and low resilience, mean scores were used to compare the different subgroups on resilience average.

Changes between Waves 1 and 2

Across the whole sample, levels of resilience increased significantly from Wave 1 (10.52) to Wave 2 (10.72). Looking at subgroup changes, people with a mental health condition reported that their resilience increased from Wave 1 (5.81) to Wave 2 (6.77), although this was still lower than those with no mental health condition (11.17).

Wave 2 findings

Looking closer at the Wave 2 findings, some subgroup differences were found for levels of resilience between age and sex groups. For example, men reported higher resilience (10.83) compared to women (10.43). Older adults (60+ years) had higher resilience at Wave 2 (12.37) than 30-59 year olds (10.05) and 18-29 year olds (9.43).

Beyond age and sex, other health factors influenced peoples experience of resilience at Wave 2. For example, people with a pre-existing mental health condition reported lower levels of resilience (6.77) than those with no mental health condition (11.17). Additionally, respondents with a physical health condition reported lower levels of resilience (9.93) than those with no physical health condition (10.80).

3.6.6 Social support

Questions about sources of emotional and physical support and feelings of connection to those around you were also included in the Wave 2 questionnaire. Social support was measured using four questions from the ENRICH Social Support Instrument (ESSI; Mitchel et al., 2003) that assess how often an individual feels they currently have emotional and physical support. Responses are summed into a total score, with a potential range from 4, indicating low social support to 20, indicating very high social support. Therefore, higher scores represent higher levels of social support.

Changes between Waves 1 and 2

For the whole sample, social support average scores did not change significantly from Wave 1 (14.54) to Wave 2 (14.51). However, there were some subgroup changes in levels of social support from Wave 1 to Wave 2.

Although men and women did not report significant differences in social support scores at Wave 2, analysis suggests that women's levels of social support decreased from Wave 1 (14.66) to Wave 2 (14.40), and men's increased from Wave 1 (14.33) to Wave 2 (14.49).

Additionally, young adults (18-29 years old) reported that their social support had increased from Wave 1 (14.25) to Wave 2 (14.52), while those aged 30-59 years found that their social support had decreased from Wave 1 (14.17) to Wave 2 (13.85), and therefore reported the lowest social support at Wave 2 for all age groups. The older adults (60+ years) did not report any significant changes in social support from Wave 1 (15.18) to Wave 2 (15.30). Respondents with a pre-existing mental health condition reported that their social support decreased from Wave 1 (12.79) to Wave 2 (12.31), and remained higher at Wave 2 than those who had no mental health conditions (14.74).

3.6.7 Distress

Distress is a feeling of acute anxiety and pain, and it is a correlate of current and future mental wellbeing. To measure levels of distress, we asked respondents to indicate on a 10-point scale how distressed they had felt in the past week, on a range of 0, indicating feeling no distress, to 10, indicating feeling extreme distress. As there is no cut-off for high and low distress, average mean scores were used to compare levels of distress between subgroups.

Changes between Waves 1 and 2

For the whole sample, the average level of distress reduced from Wave 1 (2.61) to Wave 2 (2.41).

Looking closer at changes in distress by age and sex, a number of subgroup changes emerge. For example, women's levels of distress decreased from Wave 1 (3.07) to Wave 2 (2.74), whereas men's remained similar from Wave 1 (2.29) to Wave 2 (2.17). Young adults' (18-29 years) distress reduced from Wave 1 (3.76) to Wave 2 (3.38), as did 30-59 year olds (Wave 1 = 3.00, Wave 2 = 2.67). However, the older adults (60+ years) did not report a significant change from Wave 1 (1.45) to Wave 2 (1.50), and remained the lowest level of distress at Wave 2 across the age groups.

3.6.8. Life satisfaction

At Wave 1 and Wave 2 of the Scottish COVID-19 Mental Health Tracker Study, respondents were asked about their current life satisfaction with the question 'All things considered, how satisfied are you with your life as a whole nowadays?'. They were asked to rate their life satisfaction on a scale from 0 (indicating extremely dissatisfied) to 10 (indicating extremely satisfied).

Changes between Waves 1 and 2

The overall sample did not report changes in life satisfaction from Wave 1 (6.39) to Wave 2 (6.40).

Looking at changes in life satisfaction by subgroups, older adults (60+ years) reported a decrease in life satisfaction from Wave 1 (7.19) to Wave 2 (7.04), though 60+ year olds still reported higher life satisfaction than both 18-29 year olds (6.04) and 30-59 year olds (6.07).

Respondents with a pre-existing mental health condition reported that their life satisfaction had increased from Wave 1 (4.13) to Wave 2 (4.37), although this remained significantly lower than those with no mental health condition (6.64).

4. COVID-19 Contextual Factors

This section provides a summary of respondents' experiences of, and views on the easing of the COVID-19 restrictions during phase 3 of the COVID-19 Routemap from the 17th July to 17th August 2020 (see annex Sections 2-4 for further details). Some of the items in this section were included at Wave 1 and Wave 2. This section also includes items specific to the phase 3 of the COVID-19 route map which assessed people's experiences during the easing of lockdown restrictions in order to provide an understanding of the context in which respondents were living while they responded to the mental health and wellbeing focussed questions in the Wave 2 SCOVID Mental Health Tracker Study questionnaire. Tracking these contextual factors is useful in understanding whether particular factors are correlated with certain mental health outcomes as findings from subsequent waves of this tracker study are gathered.

4.1 COVID-19 related experiences

Of the Wave 2 sample, 0.8% of respondents reported that they had been diagnosed with COVID-19, and 6.8% reported that they had not been diagnosed but suspected they had contracted COVID-19. Over three quarters of this group (78.5%) reported self-isolating as a result of their symptoms. 12.5% of respondents reported that they knew someone diagnosed with COVID-19 and 2.9% of respondents reported having lost friends or family members to COVID-19.

4.1.1 Summary of views on COVID-19

Respondents were asked a series of questions about their views and experiences of COVID-19 and the related restrictions.

- Respondents reported feeling that COVID-19 affected their lives less severely and that they were less emotionally impacted by the virus compared to the Wave 1 survey. However, there was no change in level of life satisfaction reported by respondents between Waves 1 and 2.
- Respondents felt less concerned about COVID-19 and felt there were higher levels of control over COVID-19, compared to the Wave 1 survey.
- Consistent with Wave 1, roughly half of respondents (55.5%) felt they had an 'average' chance of contracting COVID-19, a fifth of the sample felt they had a lower than average (20.0%) chance, and almost a fifth of respondents felt they had a greater than average chance (19.8%) compared to others of the same sex and age.
- Respondents viewed social distancing and lockdown measures to be just as necessary to help prevent the spread of COVID-19 at Wave 2 as at Wave 1.
- The majority of respondents reported that they had been following the guidelines regarding social distancing and COVID-19 prevention measures in

the two weeks prior to their completion of the Wave 2 survey (see table G in annex) at all times or often. There were no significant differences between subgroups regarding adherence to the government guidelines. This is consistent with Wave 1.

Wave 2 specific items

- Respondents with pre-existing mental (52.6%) or physical (42.1%) health conditions reported feeling negatively affected by the fact that others seemed to be living more normally than they were.
- Respondents with pre-existing physical health conditions and the 60+ age group showed the highest levels of concern about the occurrence of a second wave of COVID-19.
- Three quarters of the sample (84.6%) at Wave 2 felt the Scottish Government guidance on Phase 3 COVID-19 restrictions were easy to understand.

Interacting with others

At Wave 2, respondents indicated higher levels of concern (6.9/10) around interacting with people they didn't know, and these individuals' ability to adhere to COVID-19 restrictions than interacting with people they did know (4.8/10). The areas of concerns varied across key groups.

- Women were more concerned than men about being in close proximity to others, interacting with strangers and strangers' ability to adhere to guidelines.
- Women were more concerned about catching COVID-19 at work than men.
- Respondents in the 60+ age group were more likely to be concerned about being in close proximity to others, interacting with both people they know and strangers, and stranger's ability to adhere to guidelines than the younger age groups.
- Respondents in the youngest age group (18-29 year olds) were more likely to express concern over their own willingness/ ability to follow the restrictions than the older age groups.
- Those from the lower SEG were more concerned than those from the higher SEG about interacting with people, and their own willingness/ability to follow the restrictions when interacting with people they know
- Respondents with pre-existing mental health conditions were more concerned than those without about being in close proximity to others, interacting with both people they know and strangers and stranger's ability to adhere to guidelines.

Support seeking

- Compared to Wave 1, respondents at Wave 2 reported feeling more willing to contact their GP about a non-COVID-19 related health concern (Wave 1 average = 6.9, Wave 2 average = 7.2).
- There was no change in respondent's willingness to seek professional help for their mental health between Waves 1 and 2. Most respondents reported being willing to seek help (on a scale of 0-10 with 10 indicating high willingness, the average was 7.5).

4.2 General health and lifestyle factors during COVID-19

This section presents a brief breakdown of physical health, sleep, activity levels, and other lifestyle factors at Wave 2. Comparison to Wave 1 will not be made in this section, however Wave 1 data can be found in section 4.2 of the [Wave 1 report](#). Wave 2 findings suggest that respondents felt that their overall health was reasonably good. Respondents with pre-existing mental or physical health conditions reported worse perceptions of their health compared to those without pre-existing mental or physical health conditions.

4.2.1 Perceptions of overall health

At the time of the Wave 2 survey, most respondents (64.4%) reported that their health was 'very good' (16.5%) or 'good' (47.9%). Around a quarter (25.3%) reported their health as 'fair', and around one in ten felt their health was either 'poor' (8.0%) or 'very poor' (1.9%).

Looking more closely at the data, there were some differences in reports on perceived health according to groups categorised by background factors:

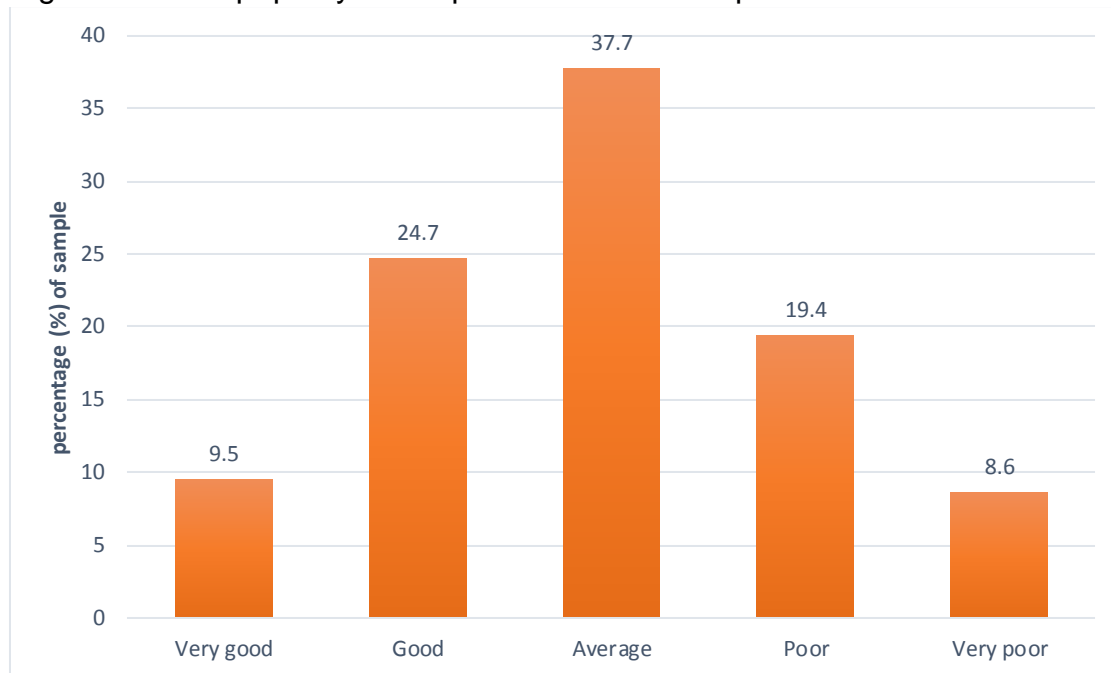
- Respondents in the youngest age group (18-29 years) (2.6%) were least likely to report feeling their health was poor or very poor compared to 30-59 year olds (11.0%) and the 60+ years group (13.4%).
- Women and respondents from lower SEG were more likely to report poorer general health than men and higher SEG.
- Around 40% of respondents with pre-existing mental (43.4%) or physical health conditions (38.7%) reported poor or very poor general health compared to those without a pre-existing mental (5.1%) or physical health (2.6%) conditions.

4.2.2 Sleep

This section presents a brief overview of respondents' sleep in the week prior to Wave 2. Respondents were asked how they felt their sleep quality had been in the

week prior to the Wave 2 survey, and this information is illustrated in Figure 4.1. The data indicates that the highest proportion of respondents (37.7%) rated their sleep as 'average', a quarter of respondents rated their sleep as good (24.7%) while a fifth felt their sleep had been poor (19.4%), and close to a tenth rated their sleep as either very good (9.5%) or very poor (8.6%).

Figure 4.1. Sleep quality in the past week for all respondents at Wave 2.



A more detailed analysis of the sleep data shows that there were some subgroup differences by background:

- Interestingly, young adults (18-19 year olds) were most likely to report having good (27.7%) or very good (11.1%) sleep quality compared to those aged 30-59 years (good 21.8%, very good 8.1%) and those in the 60+ years age group (good 27.2%, very good 10.6%).
- The middle age group (30-59 year olds) were more likely to report poor (19.4%) or very poor (11.0%) sleep compared to around a quarter of respondents in the 60+ years age group (poor 18.0%, very poor 6.4%) and third of the youngest age group (poor 21.4%, very poor 6.4%).
- Women were more likely to report poor (21.3%) or very poor (10.6%) sleep compared to men (poor 17.5%, very poor 6.5%). Respondents from the higher SEG were more likely to report experiencing poor sleep (20.9%) than those from the lower SEG (17.0%). Whereas the lower SEG were more likely to report very poor (12.5%) sleep compared to the higher SEG (6.3%).

Sleep quality differed starkly among respondents with or without pre-existing mental health conditions:

- Over half of respondents with pre-existing conditions reported poor (21.2%) over very poor (29.8%) sleep quality in the past week, compared to under a quarter (poor 19.1%, very poor 5.6%) of those with no mental health condition.
- Less than 15% of those with a pre-existing mental health condition reported good sleep quality (very good 4.2%, good 10.3%) compared to over a third (very good 10.3%, good 26.8%) of those with no condition.

4.2.3 Lifestyle factors

Lifestyle factors can be an important factor in an individual's mental and physical wellbeing. This section presents a brief breakdown of respondents' lifestyle factors at Wave 2. At Wave 2, survey respondents were asked to indicate whether, in comparison to their usual behaviours, they felt that they had done various activities 'Less than usual', 'About the same' or 'More than usual' in the week prior to the questionnaire. The lifestyle factors and behaviours included alcohol use, smoking, drug use (other than prescription or over the counter medicines), online gambling, and physical activity. The following section provides a brief overview of these lifestyle factors, noting significant differences by subgroups.

Alcohol

Just over a third of respondents (36.2%) reported not drinking alcohol in the past week. Around 40% (38.7%) reported no changes in their drinking in the past week, 15.1% reported drinking less than usual while 10.1% of respondents felt they had drunk more than usual.

Smoking

The majority of the sample (79.5%) reported not smoking during the previous week. Under 10% of the sample reported changes in smoking behaviour with 1.4% of respondents reporting having smoked less than usual, while 4.9% felt they had smoked less than usual.

Drugs

The majority of the sample (88.5%) reported not using drugs, 2.0% of the sample reported increased drug use in the previous week prior compared to their usual usage, while 0.8% reported decreased use.

Gambling

The majority of the sample reported not engaging in online gambling (80.4%) in the week prior. Of respondents who did gamble online, the majority (63.8%) reported no change in their gambling in the preceding week and around a fifth (22.9%) reported gambling less than usual and 13.1% reported gambling more than usual.

Physical Activity

This section reports on how many days in the last week respondents had engaged in moderate or vigorous physical activity for 15 minutes or more. Over 40% (42.6%) of respondents rated being able to exercise more easily as a positive of the easing of lockdown. Overall, respondents reported engaging in exercise for an average of just under 3 days per week (mean= 2.85). The younger age groups (18-29 and 30-59 year olds) and those from higher SEG's reported engaging in significantly more vigorous physical activity compared to the 60+ group and those from lower SEGs.. Additionally, those without pre-existing mental or physical health conditions reported more vigorous activity than those with pre-existing mental or physical health conditions.

4.3 Support network and emotional support

This section presents an overview of respondents' emotional and social support at Wave 2. Given the possibility that people would be isolated from their usual support networks due to the COVID-19 restrictions, Wave 2 asked respondents how connected they felt to friends, family, colleagues, and their community during the COVID-19 lockdown. For the purposes of this report, those who reported being quite a bit, moderately or extremely connected were grouped in the category of 'Connected', and those who reported feeling not or a little bit connected were grouped as being 'Not connected'.

Those that felt the most connected included:

- Young adults (18-29 years) felt more connected to friends while 30-59 year olds felt more connected to colleagues than the other age groups.
- Women felt more connected to family than men whereas men felt more connected to colleagues.
- Those in the higher SEG felt more connected to family, friends, and colleagues than those in the lower SEG
- Respondents without pre-existing mental or physical health conditions felt more connected to family, friends, colleagues, and community than those with pre-existing mental or physical health conditions

4.3.1 Support Network

Family and Friends

The majority of the sample (71.1%) felt connected to family, while half the sample felt connected to friends (50.0%) only around a quarter (26.6%) felt connected to colleagues and a fifth (19.7%) felt connected to their community.

Differences in feelings of social connectedness to friends or family were found for different groups based on age and sex and background:

- Young adults (18-29 year olds) were more likely to report feeling connected to their friends (60.0%), followed by older people (50.5%), and then the middle age (30-59 years old) group (45.1%).
- Women were more likely to feel connected to family (73.1%) than men (68.9%). Respondents from the lower SEG were less likely to feel connected to family (31.9%) and friends (55.2%) compared to those from a higher SEG (family 27.2%, friends 46.9%).

Living with an illness also correlated with different reports of connectedness:

- Respondents with pre-existing mental (41.7%) or physical health (37.5%) conditions were much less likely to feel connected to family compared to respondents without a pre-existing mental (27.1%) or physical (26.8%) health condition.
- Two thirds of respondents with pre-existing mental (69.6%) or physical (62.9%) health conditions felt connected to friends compared to just under half of those a pre-existing mental (47.2%) or physical (46.8%) health condition.

Colleagues and Community

Around a quarter (26.6%) of the whole sample felt connected to their colleagues, although this included people who may not work or had been furloughed. A fifth (19.7%) of the overall sample reported feeling connected to their community.

Difference arose across subgroups such as age, sex, background and health status:

- 38.6% of the youngest age group reported feeling connected to their colleagues compared to a third (29.7%) of 30-59 year olds and 13.2% of the 60+ age group. Around a third (32.5%) of men reported feeling connected to colleagues compared to a fifth of women (21.1%).
- Respondents from the higher SEG were more likely to feel connected to colleagues (30.2%) than those from the lower SEG (20.5%).
- Those with a pre-existing mental health condition were less likely to feel connected to colleagues than those without a pre-existing condition (9.6% vs 29.0%). They were also much less likely to report feeling connected to their

community (87.5%) compared to those with no pre-existing mental health condition (79.2%).

- Respondents with a pre-existing physical health condition were less likely to feel connected to colleagues than those without a pre-existing physical health condition (9.0% vs 30.9%). They were also less likely to feel connected to their community (87.4%) compared to without a pre-existing physical health (78.5%).

4.3.2 Emotional support

This section presents a breakdown of sources of emotional support respondents used in the month prior to Wave 2. Sources of emotional support included family, counsellors, GP, and NHS services. The findings for the whole sample are displayed in Table 4.2 below, with the percentage of people who had made contact with a particular source prior to COVID-19, and during or before the Wave 2 period of this study.

Friends and family were the most used source of support and NHS 24 was least used. Young adults (18-29 years old) were most likely to make use of the supports available. Women were more likely to have sought support from friends and family, while men were more likely to access resources online or by telephone.

Table 4.2. Percentage of respondents who used sources of emotional support at least once in the month before Wave 2 survey

Source of support	Respondents accessing in month prior to Wave 2 survey (%)
Friends or family	39.9
Professional counselling or therapy (via telephone, online or face-to-face)	6.8
GP or community health worker (e.g. health visitor, midwife, pharmacist)	9.7
NHS 24 111 telephone service	5.1
NHS Inform/Shielding support telephone line	6.6

Differences in use of support:

- The youngest age group were more likely to report having contacted friends and family for emotional support (63.0%) than the 30-59 year olds (39.7%) and the 60+ group (23.4%). They were also more likely to have used professional counselling or therapy services (15.5%) than the other age groups (30-59 6.4%, 60+ 1.0%). The youngest age group were more likely to report having contact with a GP or community health worker (15.9%) than the

30-59 year olds (8.5%) and the 60+ group (7.2%). The youngest age group were more likely to report using NHS 24 (9.7%) than the 30-59 year olds (4.2%) and the 60+ group (3.1%). The youngest age group were also more likely to report using NHS Inform/Shielding support telephone line (16.1%) than the 30-59 year olds (5.1%) and the 60+ group (2.2%).

- Women were more likely to have contacted friends and family for emotional support (47.2%) than men (32.0%). Men were more likely to have contacted NHS 24 (6.5%) or to have used NHS Inform/Shielding support telephone line (8.6%) than women (NHS 24 3.7%, NHS Inform 4.7%).
- Respondents with a pre-existing mental health condition were more likely (53.5%) to have contacted friends and family for emotional support than those with no pre-existing condition (37.9%). Those with a pre-existing mental health condition were also more likely to have used professional counselling or therapy services (10.3%) compared to those with no pre-existing condition (6.2%). Respondents with a pre-existing mental health condition were more likely to report contact with GP or community health worker (18.2%) than those with no pre-existing mental health condition (8.5%). Respondents with a pre-existing mental health condition were more likely to have contacted NHS Inform/Shielding support telephone line (9.9%) compared to those without (6.2%).
- Respondents with a pre-existing physical health condition were less likely (34.7%) to have contacted friends and family for emotional support than those with no pre-existing condition (41.1%). Those with a pre-existing physical health condition were also less likely (4.6%) to have used professional counselling or therapy services than those with no pre-existing physical health condition (7.2%). Those with a pre-existing physical health condition were also less likely (3.0%) to have used NHS 24 than those with no pre-existing physical health condition (5.6%).
- Respondents from the lower SEG more frequently reported using professional counselling or therapy services (8.4%) than higher SEG (5.7%). Those from lower SEG were more likely (11.9%) to report having contact with a GP or community health worker than higher SEG (8.4%). Respondents from the lower SEG were more likely to report using NHS Inform/Shielding support telephone line (9.3%) than higher SEG (5.0%).

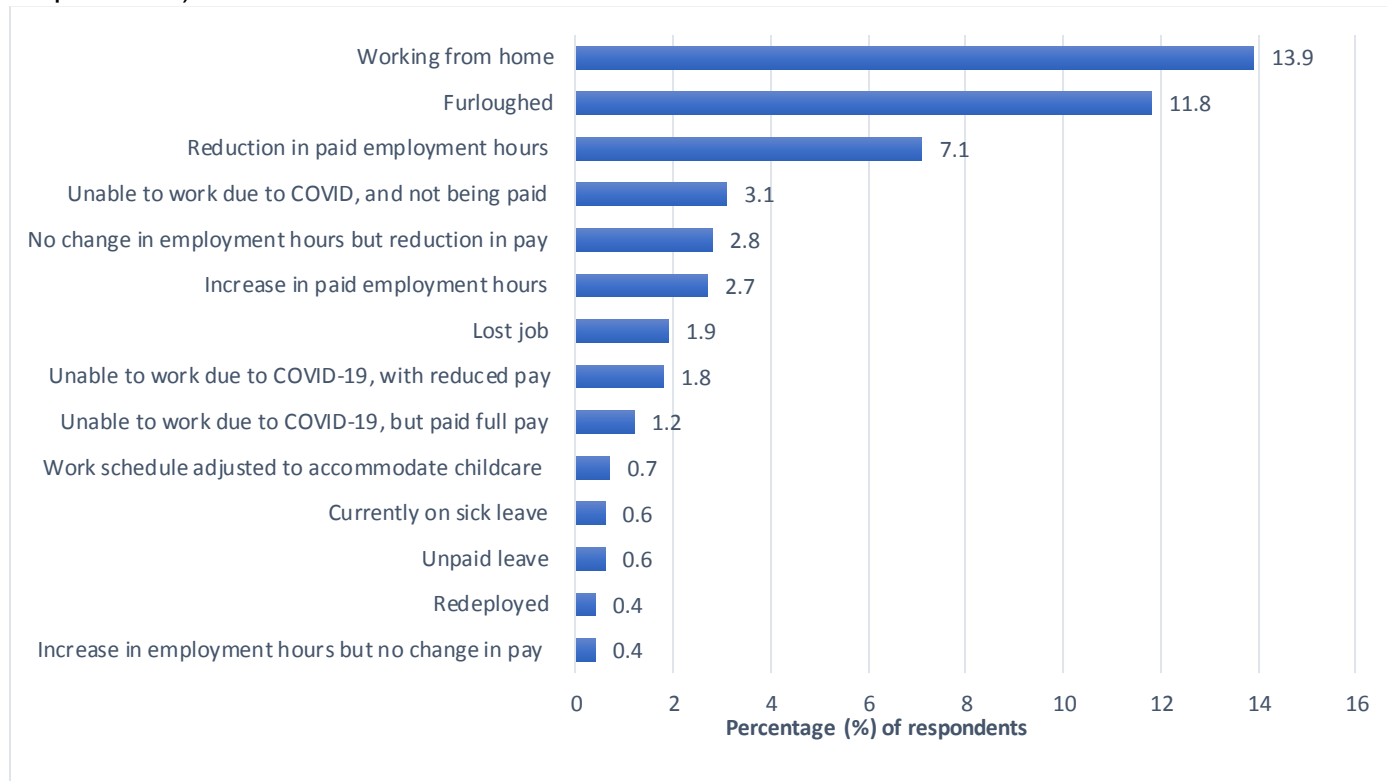
4.4. Finances during easing of lockdown

Respondents were asked questions around work status and financial security during the Wave 2 study period. Overall, just under half of respondents (46.1%) reported that their job had changed in some way during the COVID-19 pandemic. As displayed in Figure 4.2, at Wave 2 the most commonly reported changes were:

- 13.9% of the sample were working from home,

- 11.8% were furloughed,
- 7.1% of respondents a reduction in paid employment hours.

Figure 4.2. Changes to job role experienced during COVID-19 pandemic (% of respondents)



To assess perceived financial coping during COVID-19 in Wave 2 of the SCOVID Mental Health Tracker Study, respondents were asked: “How well would you say you are managing financially these days?” Responses ranged from ‘living comfortably’ to ‘doing alright’, to ‘just about getting by’, to ‘finding it quite difficult’ to ‘finding it very difficult’. At the time of the Wave 2 survey:

- Just under a quarter (23.4%) of respondents felt they were living comfortably
- 43.2% of respondents reported doing alright,
- Under a quarter (23.7%) said they were just about getting by,
- 6.1% were finding it quite difficult and 3.6% finding it very difficult financially.

Particular groups within the sample reported finding things more difficult financially, in particular 30-59 year olds, women, and respondents with pre-existing mental health conditions.

- Across all age groups over 40% of respondents felt they were doing alright financially (18-29 41.2%, 30-59 41.5%, 60+ 47.1%).

- Only 17.6% of the 30-59 year olds felt they were living comfortably compared to 23.0% of 18-29 year olds and 32.9% of the 60+ group.
- Financial difficulties were more likely to be reported by 30-59 year olds (quite difficult 8.5%, very difficult 4.6%) feeling compared to the youngest (quite difficult 4.7%, very difficult 4.4%) and oldest age (quite difficult 3.4%, very difficult 1.3%) groups.
- Women were less likely to feel they were coping well financially (living comfortably 19.9%, quite difficult 7.7%) compared to men (living comfortably 27.3%, quite difficult 4.5%).
- The most stark contrast was in those with and without a pre-existing mental health condition. Those with a condition were 3 times more likely (24.3% vs 7.6%) to report feeling financial difficulties (quite difficult 16.0%, very difficult 8.3%) compared to those with no pre-existing condition (quite difficult 4.7%, very difficult 2.9%).

4.5 Trust in others and authorities

Trust is an important indicator of how confident people are in society more widely. In Wave 2 of the SCOVID Mental Health Tracker Study, Trust towards others (people and strangers) and the authorities (police, NHS, UK, and Scottish governments) was assessed.

4.5.1 Trust in others

Two statements were used to assess trust in others: 'In general one can trust people' and 'When dealing with strangers it is better to be careful before you trust them'. Response options were 'strongly disagree', 'disagree', 'agree' and 'strongly agree'. Two thirds of the sample (68.5%) agreed or strongly agreed that on the whole, people could be trusted.

Differences in subgroups arose by age and health status:

- Respondents in the 60+ year age group were more likely to reported feeling that people were generally trustworthy (78.1%) compared to two thirds (65.0%) of 30-59 year olds and 62.6% of 18-29 year olds.
- Respondents with no pre-existing mental health conditions were more likely to report feeling that people were generally trustworthy (71.2%) compared to respondents with pre-existing mental health conditions (49.4%).
- Those with no pre-existing physical health conditions were more likely to report feeling that people were generally trustworthy (69.3%) compared to respondents with pre-existing physical health conditions (65.2%)

The majority of respondents (88.9%) agreed or strongly agreed that it was better to be careful when dealing with strangers. Differences arose by age and health status:

- The younger age groups were more likely to disagree with the sentiment that it is better to be careful of strangers before you trust them. Over a tenth of the 30-59 year olds (13.5%) and the 18-29 year olds (11.4%) disagreed compared to 7.0% of the 60+ years age groups. Respondents with no pre-existing physical health conditions were more likely to disagree about the need to be careful with dealing with strangers (11.8%) compared to respondents with pre-existing physical health conditions (8.0%).

4.6 Interpersonal harm

This section gives a brief overview of the findings about respondents' recent experiences of physical harm and bullying or psychological harm in the 2 weeks before the Wave 2 questionnaire.

Overall, 3.3% of respondents reported that they had been physically harmed by another person in the prior 2 weeks. Additionally, 3.7% of respondents reported experiences of being bullied, controlled, intimidated or psychologically hurt by somebody else.

Particular groups within the sample reported higher rates of interpersonal harm than their subgroup counterpoint:

- Young adults (18-29 years) reported more physical and psychological harm
- Women reported higher rates psychological harm than men
- Those in the lower SEG reported higher rates of physical harm
- Those with a pre-existing mental health condition reported higher physical and psychological harm
- Those with a pre-existing physical health condition reported higher psychological harm

5. Conclusions

Tracking the mental health and wellbeing of the Scottish population during the COVID-19 pandemic is important to understand the wider implications of the pandemic and lockdown, beyond those who have been directly impacted by the virus. This report outlines the findings from Wave 2 of the Scottish COVID-19 Tracker Study, which is the second wave in a longitudinal study spanning one year from May 2020, and a total of 5 waves. The aim of the study is to better understand mental health and wellbeing of the Scottish population during the COVID-19 pandemic and lockdown, and during the easing of COVID-19 restrictions. As data collection began in May 2020, after Covid-19 pandemic restrictions had already been put into place, this study is unable to report on how mental health and wellbeing has changed from before the pandemic in comparison to the Wave 2 survey period (17th July and 17th August 2020). However, comparison between Wave 1 and Wave 2 suggests an increase in overall mental wellbeing between these two waves.

Looking the at the overall sample, although rates of depression and anxiety did not significantly change from Wave 1 to Wave 2, several other indicators of mental health and wellbeing improved. Specifically, mental wellbeing increased, and rates of high GHQ-12 (indicating distress and possible psychiatric disorder), loneliness and distress all decreased. This suggests that overall, individuals perceived their mental wellbeing to have improved from Wave 1 to Wave 2, in line with the easing of lockdown restrictions.

This trend to improvement in mental health measures is consistent with findings from the UK COVID-MH study, which reported a decrease in rates of anxiety, defeat and levels of entrapment, and an increase in mental wellbeing, across waves 1-3 (covering a time frame of 31st March to 11th May 2020; O'Connor et al., 2020). Despite this evidence of an improvement in mental wellbeing between waves, it should be noted that although there is no directly comparable pre-COVID-19 data, findings from the 2019 Scottish Health Survey (SHeS; McLean et al., 2019) suggests that mental distress as measured by the GHQ-12 was still lower before the pandemic; high GHQ-12 cut-off was met by 17% of the SHeS (2019) sample, compared to 28.8% of the SCOVID Wave 2 sample. The Wave 2 SCOVID rate is more in line with the 29.2% of participants in the UK-based Understanding Society COVID-19 Study who reported high GHQ-12, conducted in late April 2020 (Li and Wang, 2020). It should be noted that these rates are not directly comparable, due to variation in recruitment between studies (e.g., Understanding Society is a household panel study whereas the SCOVID study recruited its sample through an online panel company).

An important marker of mental health and wellbeing that did not follow these trends is rates of reported suicidal thoughts, which increased from Wave 1 to Wave 2, specifically for young men and individuals with a mental health condition. This finding is also consistent with findings from the UK COVID-19 mental health study

(O'Connor et al., 2020). It has been suggested that this could reflect a lagged effect, or it may be that the items assessing mental health measures such as depression focus on the past (i.e., Over the last two weeks, how often have you been bothered by any of the following problems?) whereas the suicidal question is tapping uncertainty or concerns about the future (i.e., thinking about suicide is an option for the future, which remains uncertain despite easing of lockdown). The trajectories of an increase in suicidal thoughts highlight the need to be vigilant, although an increase in suicide rates is not an inevitable consequence (Gunnell et al, 2020).

Consistent with the Wave 1 report, several subgroups reported higher rates of indicators of poor mental health at Wave 2, and these included young adults, women, people with a pre-existing mental health condition and those from a lower SEG. Findings from the Wave 2 report also suggest that several subgroups within the sample saw a change to indicators of mental health and wellbeing from Wave 1 to Wave 2. For example, the proportion of men reporting moderate to severe depressive symptoms and suicidal ideation increased from Wave 1 to Wave 2, whereas women's rates of moderate to severe depressive symptoms and high GHQ-12 (indicating distress and possible psychiatric disorder) scores decreased from Wave 1 to Wave 2. For young adults (18-29 years) rates of moderate to severe anxiety increased from Wave 1 to Wave 2, and for young men rates of suicidal ideation increased from Wave 1 to Wave 2. (It should be noted that the follow-up rate for young men was low, so findings for this group should be interpreted with caution). A higher proportion of respondents with a pre-existing mental health condition reported anxiety and suicidal thoughts in Wave 1 compared to Wave 2. However, there were also decreased rates of high GHQ-12 (indicating distress and possible psychiatric disorder) and increased levels of mental wellbeing among this group.

Thus far, the findings suggest that overall the mental health and wellbeing has improved on several markers from Wave 1 to Wave 2, which roughly coincides with a significant easing of lockdown restrictions. The worrying trend on suicidal thoughts needs to be monitored, and will be reported on in subsequent waves. Wave 3 data was collected from 2nd October to 4th November 2020, which coincided with an increase in restrictions, particularly for hospitality, across many regions in Scotland, and this might help us understand the impact that increased restrictions could have upon mental health.

Bibliography

- Craig, R., Mindell, J., & Hirani, V. (2013). Health survey for England. Health and Social Care Information Centre.
- De Beurs, D., Cleare, S., Wetherall, K., Eschle-Byrne, S., Ferguson, E., B O'Connor, D., & C O'Connor, R. (2020). Entrapment and suicide risk: The development of the 4-item Entrapment Scale Short-Form (E-SF). *Psychiatry research*, 284, 112765. doi:<https://doi.org/10.1016/j.psychres.2020.112765>
- Gilbert, P., & Allan, S. (1998). The role of defeat and entrapment (arrested flight) in depression: an exploration of an evolutionary view. *Psychological Medicine*, 28(3), 585-598. doi:10.1017/s0033291798006710
- Goldberg, D. P., Gater, R., Sartorius, N., Ustun, T. B., Piccinelli, M., Gureje, O., & Rutter, C. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, 27(1), 191-197.
- Griffiths, A. W., Wood, A. M., Maltby, J., Taylor, P. J., Panagioti, M., & Tai, S. (2015). The Development of the Short Defeat and Entrapment Scale (SDES). *Psychological Assessment*, 27(4), 1182-1194. doi:10.1037/gas0000110
- Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., . . . Yip, P. S. F. (2020). Suicide risk and prevention during the COVID-19 pandemic. *The Lancet Psychiatry*, 7(6), 468-471. doi:10.1016/S2215-0366(20)30171-1
- Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies. *Research on aging*, 26(6), 655-672. doi:10.1177/0164027504268574
- John, A., Pirkis, J., Gunnell, D., Appleby, L., Morrissey, J., (2020). Trends in suicide during the covid-19 pandemic: Prevention must be prioritised while we wait for a clearer picture. *BMJ* ;371:m4352 | doi: 10.1136/bmj.m4352
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606-613. doi:10.1046/j.1525-1497.2001.016009606.
- Li, L. Z., & Wang, S. (2020). Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. *Psychiatry research*, 291, 113267. doi:<https://doi.org/10.1016/j.psychres.2020.113267>
- McLean, J., Dean, L., Cheong, C. K., Dougall, I., Hinchcliffe, S., Mirani, K., . . . Wilson, V. (2018). *The Scottish Health Survey: 2018 edition: Volume 1, Main report.*
- McLean, J., Biggs, H., Christie S., Wilson V., Elliot C., Shields J., Vosnaki K., Rose J., Knudson L. (2019). *The Scottish Health Survey: 2019 edition: Volume 1, Main Report*

Mitchell, P. H., Powell, L., Blumenthal, J., Norton, J., Ironson, G., Pitula, C. R., . . . Berkman, L. F. (2003). A short social support measure for patients recovering from myocardial infarction: the ENRICH Social Support Inventory. *J Cardiopulm Rehabil*, 23(6), 398-403.

O'Connor, R.C., Wetherall, K., Cleare, S., McClelland, H., Melson, A.J., Niedzwiedz, C.L., O'Carroll, R.E., O'Connor, D.B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K.A. (2020). Mental health and wellbeing during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *British Journal of Psychiatry*. DOI: <https://doi.org/10.1192/bjp.2020.212>

Office of National Statistics (2018), <https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassification>

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194-200. doi:10.1080/10705500802222972

Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092

Tsang, H. W. H., Scudds, R. J., & Chan, E. Y. L. (2004). Psychosocial impact of SARS. *Emerging infectious diseases*, 10(7), 1326-1327. doi:10.3201/eid1007.040090

Yip, P. S., Cheung, Y. T., Chau, P. H., & Law, Y. W. (2010). The impact of epidemic outbreak: the case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong. *Crisis*, 31(2), 86-92. doi:10.1027/0227-5910/a000015

Annex

1. Descriptive analysis of data with weights on and weights off

Table A: Percentages and means with weights on and off for main study variables for all study participants

%	Weights off		Weights on	
	Wave 1	Wave 2	Wave 1	Wave 2
Depressive symptoms	19.79	19.32	25.51	24.06
Anxiety symptoms	13.74	13.74	19.26	16.90
Suicidal ideation	6.58	9.65	10.32	13.35
GHQ-12 cut-off	28.07	26.37	35.84	28.78
<i>Wellbeing</i>	21.98	22.14	21.27	21.66
Loneliness	4.94	4.60	5.18	4.70
Defeat	3.55	3.41	4.03	3.72
Entrapment	3.20	3.08	3.74	3.41
Resilience	10.77	10.99	10.30	10.62
Social support	14.60	14.53	14.24	14.44
Distress	2.39	2.22	2.81	2.46
Life satisfaction	6.47	6.46	6.31	6.36

*Wave 1 data includes only those who completed Wave 1 and Wave 2

Table B1: Weights on percentages of cut-offs for mental health and wellbeing indicators for each subgroup for Wave 1 and Wave 2

		N	Depressive symptoms		Anxiety symptoms		Suicidal ideation		GHQ-12 cut-off	
			Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Gender										
	Men	1198	20.0	24.4	13.8	15.7	10.2	16.3	38.7	25.4
	Women	1269	27.0	23.7	18.6	18.0	9.1	10.5	26.2	32.0
Age										
	18-29	541	40.3	42.3	25.9	32.3	18.7	26.2	45.5	41.6
	30-59	1178	24.3	23.5	17.5	16.0	10.6	13.9	34.2	30.6
	60+	749	10.5	11.8	7.4	7.2	1.9	3.7	21.3	16.7
Mental health										
	No MH	2059	17.9	18.9	11.6	13.4	7.6	10.2	28.4	25.6
	MH	307	63.5	60.3	49.5	41.7	25.2	36.7	62.5	51.3
SEG										
	Low	924	27.5	29.4	19.6	22.4	13.3	17.1	35.6	32.2
	High	1442	21.3	20.9	14.4	13.8	7.4	11.1	30.9	26.8
Dependents										
	No dependents <16	1791	24.0	24.6	16.8	17.0	9.3	12.8	32.5	28.7
	Dependents <16	575	21.9	22.1	14.6	16.7	10.8	15.5	33.1	29.0
Key worker										
	Not a key worker	1943	23.3	23.4	15.5	16.2	9.1	12.5	31.8	28.5
	Key worker	459	24.5	27.0	19.6	19.6	11.9	17.1	36.7	30.0
Rural										
	Rural	481	20.2	20.7	16.2	15.1	7.8	11.0	34.4	28.7
	Urban	1921	24.4	24.9	16.3	17.3	10.0	14.0	32.2	28.8
Physical health										
	No PH	1992	20.8	20.7	14.5	15.4	9.0	12.5	31.0	26.8
	PH	480	34.7	37.4	23.0	22.8	12.0	16.7	39.4	36.7
Carer										
	Not a carer	2038	22.1	23.2	15.1	16.4	9.0	13.0	30.5	27.1
	Carer	349	32.7	29.5	23.2	20.3	13.2	16.0	45.7	38.6
Live alone										
	Not alone	1860	23.8	23.8	16.8	17.7	9.6	13.3	34.9	31.4
	Alone	543	22.8	24.8	14.6	14.1	9.6	13.6	25.1	19.8
Change to working status										
	No change	1270	20.9	21.3	14.3	14.6	7.9	10.6	28.6	24.6
	Change	1132	26.5	27.1	18.5	19.4	11.5	16.5	37.1	33.4

Table B2: Weights on percentages of cut-offs for mental health and wellbeing indicators for each subgroup for Wave 1 and Wave 2

		N	Depressive symps		Anxiety symps		Suicidal ideation		GHQ-12 cut	
			Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Gender										
	Men	840	14.05	15.36	9.40	10.36	7.52	9.59	38.03	31.01
	Women	861	25.44	23.23	18.00	17.07	6.11	9.72	21.61	21.67
Age										
	18-29	177	40.11	36.72	27.12	27.68	16.46	20.73	45.83	38.42
	30-59	872	23.51	22.13	16.86	16.40	8.98	12.32	33.66	29.93
	60+	654	9.33	10.86	5.96	6.42	1.55	3.29	20.61	18.35
Ethnicity										
	White	1654	19.04	18.86	13.54	13.18	6.44	9.22	29.84	25.94
	BAME	49	44.90	34.69	20.41	32.65	20.45	25.00	31.11	40.82
Mental health										
	No MH	1506	14.28	14.01	9.36	10.29	4.99	7.18	25.53	22.84
	MH	197	61.93	59.90	47.21	40.10	21.55	30.11	63.74	53.30
SEG										
	Low	572	25.00	12.66	17.48	24.83	9.51	12.66	33.46	29.55
	High	1131	17.15	8.14	11.85	16.53	5.50	8.14	28.06	24.76
Carer 5+										
	Not a carer 5+	1522	18.59	18.20	12.61	12.75	5.91	9.01	28.20	25.10
	Carer 5+	170	31.18	30.00	24.12	22.94	14.81	16.05	45.34	38.24
Dependents										
	No dependents <16	1354	18.91	19.05	13.15	13.00	6.18	8.58	28.42	25.92
	Dependents <16	349	23.21	20.34	16.05	16.62	9.28	13.81	35.74	28.08
Key worker										
	Not a key worker	1394	18.72	18.44	12.84	12.84	6.10	8.60	29.14	25.18
	Key worker	309	24.60	23.30	17.80	17.80	10.03	14.29	33.22	31.72

Table C1 Weights on means for primary mental health and wellbeing variables for each subgroup for Wave 1 and Wave 2

		N	Wellbeing		Loneliness		Defeat		Entrapment	
			Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Gender										
	Men	1198	21.68	21.90	4.92	4.56	3.53	3.43	3.24	3.34
	Women	1269	21.14	21.45	5.24	4.83	4.26	3.99	3.88	3.48
Age										
	18-29	541	19.21	19.74	5.77	5.10	5.00	4.91	4.79	4.64
	30-59	1178	20.93	21.10	5.11	4.84	4.35	4.11	4.06	3.77
	60+	749	23.65	23.89	4.56	4.19	2.42	2.27	1.94	1.98
Mental health										
	No MH	2059	21.13	22.28	4.90	4.51	3.24	3.11	2.88	2.81
	MH	307	16.2	17.29	6.4	6.00	8.57	7.99	8.43	7.67
SEG										
	Low	924	20.45	20.90	5.32	4.93	4.41	4.14	4.12	3.93
	High	1442	21.95	22.11	4.95	4.56	3.60	3.48	3.24	3.11
Physical health										
	No PH	1992	21.6	21.94	5.03	4.58	3.66	3.43	3.32	3.07
	PH	480	20.54	20.52	5.33	5.17	4.89	4.90	4.57	4.79
Dependents										
	No dependents <16	1791	21.51	21.75	5.11	4.72	3.89	3.76	3.6	3.46
	Dependents <16	575	20.97	21.35	5.01	4.61	3.96	3.59	3.49	3.25
Key worker										
	Not a key worker	1943	21.48	21.74	5.11	4.69	3.94	3.74	3.56	3.44
	Key worker	459	21.02	21.29	4.99	4.73	3.74	3.63	3.64	3.30
Rural										
	Rural	481	21.51	21.57	5.08	4.85	4.00	3.91	3.68	3.31
	Urban	1921	21.36	21.68	5.09	4.66	3.88	3.68	3.54	3.44
Carer										
	Not a carer	2038	21.45	21.67	5.09	4.71	3.79	3.63	3.45	3.34
	Carer	349	21.12	21.54	5.08	4.66	4.62	4.30	4.27	3.89
Live alone										
	Not alone	1860	21.42	21.55	4.96	4.57	3.94	3.76	3.52	3.38
	Alone	543	21.29	22.05	5.54	5.14	3.77	3.59	3.75	3.54
Change to working status										
	No change	1270	21.78	22.01	4.9	4.61	3.6	3.46	3.28	3.08
	Change	1132	20.96	21.27	5.29	4.80	4.24	4.02	3.89	3.78

Table C2: Weights off means for primary mental health wellbeing variables for each subgroup for Wave 1 and Wave 2

		N	Wellbeing		Loneliness		Defeat		Entrapment	
			Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Gender										
	Men	840	22.54	22.73	4.68	4.40	2.91	2.86	2.62	2.70
	Women	861	21.44	21.57	5.20	4.79	4.17	3.95	3.76	3.45
Age										
	18-29	177	19.16	19.83	5.84	5.19	4.99	4.86	4.99	4.54
	30-59	872	21.26	21.29	5.05	4.77	4.16	3.98	3.83	3.64
	60+	654	23.69	23.90	4.56	4.21	2.34	2.27	1.87	1.93
Mental health										
	No MH	1506	22.63	22.77	4.76	4.42	2.94	2.85	2.56	2.50
	MH	197	16.94	17.35	6.31	5.94	8.20	7.74	8.03	7.46
SEG										
	Low	572	21.00	21.20	5.24	4.85	4.17	3.91	3.84	3.63
	High	1131	22.47	22.61	4.79	4.47	3.23	3.16	2.87	2.79
Physical health										
	No PH	1329	22.20	22.43	4.84	4.47	3.29	3.10	2.94	2.73
	PH	374	21.19	21.10	5.29	5.05	4.45	4.51	4.09	4.30
Dependents										
	No dependents <16	1354	22.20	22.32	4.95	4.61	3.44	3.35	3.10	2.99
	Dependents <16	349	21.11	21.42	4.93	4.57	3.95	3.67	3.55	3.39
Key worker										
	Not a key worker	1394	22.15	22.28	4.95	4.57	3.52	3.34	3.12	3.04
	Key worker	309	21.21	21.48	4.92	4.72	3.65	3.74	3.54	3.23
Rural										
	Rural	389	22.23	22.45	4.95	4.66	3.47	3.37	3.00	2.82
	Urban	1314	21.90	22.05	4.94	4.58	3.57	3.43	3.26	3.15
Carer										
	Not a carer	1412	22.10	22.21	4.95	4.62	3.43	3.28	3.06	2.96
	Carer	280	21.46	21.76	4.90	4.51	4.16	4.11	3.90	3.67
Live alone										
	Not alone	1306	22.08	22.24	4.77	4.42	3.48	3.36	3.13	3.03
	Alone	397	21.63	21.80	5.52	5.17	3.76	3.57	3.41	3.22
Change to working status										
	No change	952	22.34	22.53	4.80	4.50	3.29	3.16	2.94	2.79
	Change	751	21.52	21.64	5.12	4.72	3.88	3.73	3.52	3.43

Table D1: Weights on means for additional mental wellbeing variables for each subgroup for Wave 1 and Wave 2

		N	Resilience		Social support		Life satisfaction		Distress	
			Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Gender										
	Men	1198	10.59	10.83	14.33	14.49	6.28	6.34	2.29	2.17
	Women	1269	10.21	10.43	14.66	14.40	6.4	6.37	3.07	2.74
Age										
	18-29	541	9.01	9.43	14.25	14.52	5.9	6.04	3.76	3.38
	30-59	1178	9.88	10.05	14.17	13.85	6	6.07	3	2.67
	60+	749	12.18	12.37	15.18	15.30	7.19	7.04	1.45	1.5
Mental health										
	No MH	2059	11.05	11.17	14.74	14.74	6.66	6.64	2.4	2.19
	MH	307	5.81	6.77	12.79	12.31	4.13	4.37	4.77	4.38
SEG										
	Low	924	10.14	10.42	13.82	13.65	5.98	6.03	2.88	2.71
	High	1442	10.55	10.74	14.90	14.91	6.55	6.55	2.58	2.32
Physical health										
	No PH	1992	10.58	10.80	14.59	14.58	6.5	6.57	2.63	2.38
	PH	480	9.66	9.93	14.15	13.89	5.69	5.50	2.95	2.82
Dependents										
	No dependents <16	1791	10.51	10.75	14.41	14.37	6.34	6.32	2.57	2.42
	Dependents <16	575	10.01	10.17	14.82	14.68	6.41	6.48	3.12	2.63
Key worker										
	Not a key worker	1943	10.42	10.71	14.61	14.49	6.35	6.32	2.64	2.43
	Key worker	459	10.29	10.26	14.03	14.25	6.32	6.52	2.9	2.63
Rural										
	Rural	481	10.29	10.70	14.40	14.46	6.25	6.22	2.73	2.56
	Urban	1921	10.42	10.61	14.52	14.43	6.36	6.39	2.68	2.44
Carer										
	Not a carer	2038	10.45	10.69	14.47	14.50	6.39	6.42	2.59	2.44
	Carer	349	10.11	10.23	14.73	14.15	6.09	6.01	3.28	2.66
Live alone										
	Not alone	1860	10.27	10.45	15.51	15.37	6.43	6.42	2.79	2.50
	Alone	543	10.83	11.24	10.99	11.24	6.03	6.16	2.35	2.35
Change to working status										
	No change	1270	10.82	10.99	14.65	14.69	6.51	6.51	2.39	2.2
	Change	1132	9.92	10.21	14.34	14.16	6.15	6.19	3.03	2.76

Table D2: Weights off means for additional mental health and wellbeing variables for each subgroup for Wave 1 and Wave 2

		N	Resilience		Social support		Life satisfaction		Distress	
			Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Gender										
	Men	840	11.20	11.36	14.66	14.71	6.56	6.56	1.84	1.77
	Women	861	10.34	10.63	14.53	14.36	6.38	6.35	2.93	2.67
Age										
	18-29	177	8.78	9.33	14.47	14.43	5.92	6.10	3.86	3.35
	30-59	872	10.14	10.31	14.22	14.02	6.10	6.12	2.84	2.57
	60+	654	12.13	12.35	15.14	15.24	7.11	7.00	1.40	1.45
Mental health										
	No MH	1506	11.37	11.52	14.91	14.84	6.78	6.73	2.10	1.96
	MH	197	6.21	6.97	12.18	12.19	4.12	4.34	4.60	4.22
SEG										
	Low	572	10.37	10.63	13.75	13.73	6.02	6.06	2.68	2.48
	High	1131	10.96	11.17	15.03	14.94	6.70	6.65	2.25	2.09
Physical health										
	No PH	1329	10.99	11.20	14.78	14.70	6.67	6.67	2.31	2.12
	PH	374	9.97	10.24	13.94	13.93	5.78	5.69	2.69	2.57
Dependents										
	No dependents <16	1354	10.93	11.17	14.49	14.47	6.50	6.45	2.21	2.13
	Dependents <16	349	10.12	10.31	15.03	14.76	6.38	6.46	3.09	2.58
Key worker										
	Not a key worker	1394	10.85	11.12	14.64	14.61	6.50	6.46	2.31	2.16
	Key worker	309	10.38	10.42	14.41	14.17	6.36	6.45	2.75	2.50
Rural										
	Rural	389	10.97	11.28	14.39	14.52	6.64	6.49	2.26	2.08
	Urban	1314	10.70	10.91	14.66	14.54	6.42	6.45	2.43	2.26
Carer										
	Not a carer	1412	10.86	11.07	14.59	14.54	6.52	6.51	2.31	2.18
	Carer	280	10.37	10.64	14.69	14.52	6.26	6.18	2.80	2.48
Live alone										
	Not alone	1306	10.71	10.91	15.83	15.68	6.62	6.57	2.44	2.23
	Alone	397	10.95	11.25	10.55	10.76	5.99	6.09	2.24	2.19
Change to working status										
	No change	952	11.13	11.32	14.77	14.78	6.64	6.59	2.08	1.96
	Change	751	10.30	10.57	14.38	14.22	6.26	6.28	2.79	2.55

2. COVID-19 Contextual factors

Effects of COVID-19

Respondents were asked:

- How much does Covid-19 affect your life? (On a scale from No affect at all to Severely affects my life);
- How much does COVID-19 affect you emotionally? e.g. does it make you angry, scared, upset or depressed? (On a scale from Not at all affected emotionally to Extremely affected emotionally)
- The older age group (60+ years) reported that COVID-19 affected their life less severely and they were less emotionally affected compared to the younger age groups.
- Women reported feeling that their life had been more severely affected by COVID-19 than men did, as well as reporting higher rates of emotional affect than men did.
- Respondents in lower SEG reported being more emotionally affected by COVID-19 than respondents in the higher SEG. There were no differences in perceived impact on their lives.

Concerns about COVID-19

- Respondents were asked: How concerned are you about COVID-19? (on a scale from Not concerned at all to Extremely concerned)
- Older adults (60+ years) were most concerned about COVID-19 followed by the age group of 30-59 year olds. Young adults (18-29 year olds) were least concerned about COVID-19.
- At Wave 2 respondents from lower SEGs were more concerned about COVID-19 than those from higher SEGs
- Women were more concerned about COVID-19 than men.
- Respondents with a pre-existing mental health condition were more concerned about COVID-19 than those with no mental health condition.

Understanding of COVID-19

- Respondents were asked: How well do you feel you understand COVID-19? (On a scale from Don't understand at all to Understand very clearly)
- Rates of reported understanding of COVID-19 increased with age, as older adults indicated higher scores than middle-aged adults, who, in turn, scored higher than younger adults.
- Women reported higher rates of feeling they had clear understanding of COVID-19 than men did.

- Most respondents indicated they were seeking information on COVID-19, 'less than once a day' (46.6%) or '1-5 times a day' (45.7%).

Control over COVID-19

- Respondents were asked: How much control do you feel we have over COVID-19? (On a scale from Absolutely no control to Extreme amount of control)
- At Wave 2 respondents from lower SEGs reported feeling that they had greater control over COVID-19 than those from higher SEGs
- More older adults (60+ years) reported feeling that they had lower control over COVID-19 than did younger age groups.
- More respondents with a pre-existing mental health condition reported feeling that they had lower control over COVID-19 than did those with no pre-existing mental health condition.
- Respondents were also asked what they felt their chances of getting COVID-19 were compared to others of the same sex and age. Roughly half of respondents (54.5%) felt they had an 'average' chance of contracting COVID-19, just over a fifth felt they had a lower than average (21.0%) chance, and almost a fifth of respondents felt they had a greater than average chance (19.6%).

Willingness to contact GP for a non-COVID-19 related health concern

- Respondents were asked: How willing would you be to contact your GP about a non-COVID-19 related health concern e.g. a new or changing symptom, if you felt you needed it right now? (On a scale from Not willing at all to Extremely willing)
- The following groups were less likely to contact their GP about a non-COVID-19 related symptom than the sample average:
 - Young adults (aged 18-29 years);
 - Respondents from the lower SEG;
 - Respondents with a pre-existing mental health condition
 - Respondents without a pre-existing physical condition
- Men and women were equally likely to contact their GP about a non-COVID-19 related symptom.

Table E: Views on activities

Item	Positive (%)	Negative (%)	Neutral (%)
I can meet friends/family at pub/café/restaurant	31.5	25.7	32.9
I can return to work	19.8	12.2	18.8
I can visit friends/family at their home	59.3	8.1	27.3
I can see my partner	38.7	1.9	8.3
My children can receive childcare	13.2	2.2	9.1
I am getting more support from mental health services	9.6	7.5	17.4
I can get essentials such as groceries more easily	63.4	3.7	29.3
I am eating more healthy	39.2	10.2	43.9
I can exercise more easily	42.6	8.9	38.1
I can do activities like shopping, going to cinema more easily	52.2	11.5	30.6
Arguments/tension within home have reduced	18.8	5.7	28.0
I am getting more support from peer support groups, social care or other services	10.2	7.8	21.2
I feel in more control of my life and what I can/can't do	40.6	12.2	42.4

3. Perceptions of phase 3 easing of lockdown

The majority of respondents (59.2%) felt the speed that lockdown was being eased was just right, around a third of respondents (29.4%) felt the restrictions were being lifted too quickly.

Table F shows the responses to concerns about the easing of the COVID-19 restrictions (Phase 3).

Table F: Respondents concerns about the easing of the COVID-19 restrictions

	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Been worried that my risk of getting COVID has increased	9.5	28.9	48.8	12.9
Been worried that the risk of a loved one getting COVID has increased	12.6	34.6	42.6	10.2
Not felt safe to go out	8.5	26.0	49.1	16.5
Been affected negatively by the fact that others seem to be living more normally than I am	11.7	25.1	44.6	18.6

4. Adherence to Guidelines

Respondents were asked how often they had been following guidelines regarding social distancing and COVID-19 prevention measures in the two weeks prior to their completion of the Wave 2 survey. These findings are illustrated in Table 4.1.

Table G. How often respondents followed Government guidelines

In the past two weeks:	Always or often (%)	Sometimes (%)	Rarely or never (%)
I only went outside for food, health reasons or essential work	57.0	28.4	14.6
If I went out, I always stayed 2 metres (6 feet) away from other people at all times	82.8	10.7	6.5
I always washed my hands as soon as I got home.	82.4	10.7	6.9
I avoided meeting others (who were not members of my household), even friends and family.	61.5	23.1	15.4
I have worn a face covering when inside a store or shop	86.5	6.3	7.2
I have worn a face covering when on public transport	71.6	5.8	22.6

5. Trust in authorities

Respondents were asked to indicate the extent to which they felt members of the police, NHS, UK Government, and Scottish Government could be trusted.

Police

Over two thirds of respondents (68.3%) said that they trusted the police to some extent and around a third of these respondents reported trusting the police completely.

- Around three quarters of the women in the sample reported trusting the police (72.0%) than men (64.4%).
- Around half of the youngest respondents felt the police were at least somewhat trustworthy (51.3%) compared to 67.6% of 30-59 year olds and over three quarters of respondents in the 60+ year old group (81.3%)

- Around half of respondents with a pre-existing mental health condition felt the police were at least somewhat trustworthy (54.7%) compared to 70.2% of those without a pre-existing mental health condition.

NHS

The majority of respondents (88.5%) reported trusting the NHS to some extent and around half (49.5%) of these respondents endorsed trusting the NHS completely.

- Respondents from the higher SEG groupings were more likely to trust the NHS (89.8%) than those from lower SEGs (86.2%).
- Over ninety percent (96.2%) of the 60+ year group reported trusting the NHS to some extent compared to 87.2% of 30-59 year olds, and 80.9% of 18-29 year olds.
- Men were more likely to trust the NHS (89.8%) than women (87.5%). Additionally, men were more likely to report trusting the NHS completely (53.7%) than women (45.6%).
- Respondents with a pre-existing mental health condition were more likely to report not trusting the NHS (10.6%) compared to those without a pre-existing mental health condition (5.8%).
- The majority of those with a with pre-existing physical health condition felt the NHS were trustworthy (93.2%) compared to 87.4% of those without a pre-existing physical health condition.

Trust in government

Respondents were asked to what extent they felt the UK and Scottish governments could be trusted.

Just under a third of respondents (29.2%) said that they felt the UK government could be trusted to some extent while 61.1% said they did not trust it at all or did not trust it very much.

- The 60+ age group were more likely to report trusting the UK government to some extent (37.9%) than respondents in either of the other age groups (30-59 year olds: 26.0%; 18-29 year olds: 24.4%).
- Men were more likely to report not trusting the UK government at all (37.3%) compared to women (30.2%).
- Over three quarters of respondents with a pre-existing mental health condition were more likely to report not trusting the UK government (79.5%) compared to those 58.5% of those without a pre-existing mental health condition.
- Respondents with a pre-existing physical health condition were more likely to report not trusting the UK government (68.2%) than those without a pre-existing physical health condition (59.4%).



© Crown copyright 2021

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or e-mail: psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

This document is also available from our website at www.gov.scot.
ISBN: 978-1-80004-649-8

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for
the Scottish Government
by APS Group Scotland
PPDAS828046 (02/21)
Published by
the Scottish Government,
February 2021



Social Research series
ISSN 2045-6964
ISBN 978-1-80004-649-8

Web Publication
www.gov.scot/socialresearch

PPDAS828046 (02/21)