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Scottish COVID-19 Mental Health Tracker Study: Wave 3 Report

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Scottish COVID-19 Mental Health Tracker Study: Wave 3 Report

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Executive summary

This report presents the longitudinal and cross-sectional findings for a range of mental health outcomes for Wave 3 of the Scottish COVID-19 (SCOVID) Mental Health Tracker Study, specifically looking at differences between particular subgroups in the sample. These findings are based on questionnaire data collected between 1st October and 4th November 2020 (a period which coincided with an increasing of restriction measures in the central belt in Scotland on 1st and 7th October 2020). The main mental health outcomes include: depressive symptoms, anxiety symptoms, suicidal thoughts, psychological distress (measured with the General Health Questionnaire and a single distress item), and mental wellbeing. Other correlates of mental wellbeing are also included, such as loneliness and life satisfaction, which are reported on more briefly.

Two kinds of findings are reported within this report; cross-sectional and longitudinal. The Wave 3 cross-sectional sample is comprised of 1625 respondents, which is 50% of the original Wave 1 sample, as well as a further 327 respondents who were recruited during Wave 3 to boost the sample due to loss at follow-up. The longitudinal sample is comprised of the 1298 respondents who have completed all three waves.

Wave 3 cross-sectional findings show:

- 32.0% of the sample reported psychological distress and a possible psychiatric disorder (based on responses to the GHQ-12),
- 21.4% reported moderate to severe depressive symptoms,
- 16.2% reported moderate to severe anxiety symptoms,
- 9.9% of respondents reported suicidal thoughts within the week prior to completing the Wave 3 survey.

Consistent with the cross-sectional findings from Wave 1 and Wave 2, this report suggests that particular subgroups within the sample are reporting higher rates of mental health problems during Wave 3. These groups include:

- young adults (18-29 years),
- women,
- individuals with a mental health condition,
- respondents with a physical health condition,
- individuals in a lower socio-economic group (SEG[1]).

[1] 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).

Longitudinal analysis suggests overall poorer mental health during Wave 3 compared to previous waves, although this was not consistent across all mental health outcomes. Specifically:

- Depressive and anxiety symptoms increased from Wave 1 to Wave 3, although there were no notable changes between Wave 2 and Wave 3.
- Suicidal thoughts decreased for the whole sample from Wave 2 to Wave 3, although these were still higher at Wave 3 than at Wave 1.
- Psychological distress (as measured by both the GHQ-12 and by a single item) increased from Wave 2 to Wave 3,
- Loneliness increased from Wave 2 to Wave 3,
- Life satisfaction decreased between Wave 2 to Wave 3.

It is important to note particularities of the Wave 3 sample, which has informed and impacted the analysis underpinning this report. Due to attrition (i.e., loss at follow-up) at Wave 3 (particularly of young adults), a booster sample was recruited to allow for more robust subgroup analysis at Wave 3. Respondents in the booster sample cannot be included in the longitudinal analysis (i.e., reflecting changes over time) as they have not completed previous waves. Therefore, two samples are reported within this report: the longitudinal sample comprising respondents who have completed all three waves of the SCOVID Study (n=1219; 46.8% of the Wave 1 sample), and the cross-sectional Wave 3 sample which includes the booster sample (n=1625).

Due to the loss at follow-up at Wave 3, a number of demographic groups are under-represented in the findings reporting changes across waves, specifically young adults (aged 18-29 years). Although the data are weighted to adjust for this loss to follow-up, when weighting data there is a risk of bias as the weights may inflate or suppress the data from subgroups in the sample. As young adults in particular are underrepresented, this may skew some of the findings for this group. Therefore, this age group will only be reported within the Wave 3 cross-sectional analysis. Only statistically significant differences are reported within this summary and the wider document.

Key Findings

Suicidal thoughts

Wave 3 findings:

- Overall, one tenth (9.9%) of respondents reported suicidal thoughts within the week prior to completing the Wave 3 questionnaire.

- Young adults (18-29 years) reported the highest rates of suicidal thoughts within that week (19.3%), higher than those aged 30-59 years (10.6%) and 60+ years (2.4%).
- There were no statistically significant differences between men and women in rates of suicidal thoughts reported.
- Those with pre-existing mental health conditions were more likely to report suicidal thoughts (26.8%) in the week prior to completing the questionnaire than those without pre-existing mental health conditions (7.8%).
- Individuals from the lower SEG were more likely to report suicidal thoughts in the week prior to responding to the Wave 3 questionnaire compared to those in the higher SEG (12.4% vs. 8.5%).

Changes across the waves:

- For the overall sample, there was an increase in the proportion of respondents reporting suicidal thoughts from Wave 1 (7.3%) to Wave 2 (14.9%), and then a decrease in the proportion who reported suicidal thoughts at Wave 3 (9.4%).
- There was a reduction in rates of suicidal thoughts from Wave 2 to Wave 3 for women aged 30-59 years (Wave 2 = 13.9%; Wave 3 = 11.7%) and for women aged 60+ years (Wave 2 = 2.3%; Wave 3 = 0.8%).
- There was a reduction in rates of suicidal thoughts from Wave 2 to Wave 3 for men aged 30-59 years (Wave 2 = 14.0%; Wave 3 = 9.2%) and a reduction for men aged 60+ years (Wave 2 = 5.1%; Wave 3 = 3.9%).
- The rate of those with a pre-existing mental health condition reporting suicidal thoughts decreased from 42.9% in Wave 2 to 38.3% in Wave 3, although these rates are still an overall increase from Wave 1 (20.5%).
- The proportion of respondents in the lower SEG reporting suicidal thoughts decreased from Wave 2 (21.8%) to Wave 3 (12.5%).

Depressive symptoms[2]

Wave 3 findings:

- A fifth (21.4%) of the sample met the cut-off for moderate to severe depressive symptoms, which indicates a need for treatment.
- Women (24.9%) were more likely to report depressive symptoms than men (17.8%).
- Young adults (18-29 years) were more likely to report depressive symptoms (37.7%) than those aged 30-59 years (20.6%) and 60+ years (10.7%).
- Individuals with a pre-existing mental health condition (62.5%) were more likely to report depressive symptoms compared to those without a pre-existing mental health condition (15.2%).

[2] 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.

- Respondents with a pre-existing physical health condition (27.6%) were more likely to report depressive symptoms compared to those without a pre-existing physical health condition (20.0%).
- Higher rates of depressive symptoms were reported by those from the lower SEG (25.8%) compared to those from higher SEG (18.9%).

Changes across the waves:

- Rates of moderate to severe depressive symptoms (indicating a need for treatment) did not change statistically from Wave 2 (22.0%) to Wave 3 (21.4%), although rates at both Wave 2 and Wave 3 were higher than at Wave 1 (18.6%).
- Rates of depressive symptoms for 30-59 year old men decreased from Wave 2 (18.5%) to Wave 3 (15.0%), and for the 60+ year old men (Wave 2 = 12.9%; Wave 3 = 9.2%).
- Respondents with a physical health condition reported a decrease in rates of depressive symptoms from Wave 2 (34.4%) to Wave 3 (29.3%).
- Those with a pre-existing mental health condition reported higher rates of depressive symptoms at Wave 2 (62.7%) and Wave 3 (66.6%) compared to Wave 1 (53.0%).
- A higher proportion of the lower SEG reported depressive symptoms at Wave 2 (26.8%) and Wave 3 (25.7%) compared to Wave 1 (20.2%).

Anxiety symptoms[3]

Wave 3 findings:

- Just over one sixth (16.2%) of respondents met the cut-off for moderate to severe anxiety symptoms, which indicates a possible need for treatment.
- Women (19.2%) reported higher rates of anxiety symptoms than men (12.9%).
- 18-29 year olds (28.0%) were more likely to report anxiety symptoms than 30-59 year olds (15.5%), and 60+ year olds (8.4%).
- Individuals with a pre-existing mental health condition (52.4%) reported higher rates of anxiety symptoms than those without a pre-existing mental health condition (10.6%).
- Those from the lower SEG (19.7%) were more likely to report anxiety symptoms than those from the higher SEG (14.0%).
- Respondents with a pre-existing physical health condition were more likely to report anxiety symptoms (20.6%) than those without a pre-existing physical health condition (15.1%).

[3] 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.

Changes across the waves:

- There were no statistically significant changes in rates of moderate to severe anxiety symptoms from Wave 2 (14.9%) to Wave 3 (14.7%), although both were higher than Wave 1 (13.0%).
- Those with a pre-existing mental health condition reported an increase in rates of anxiety symptoms from Wave 1 (45.7%) to Wave 2 (51.1%) to Wave 3 (54.5%).
- The lower SEG reported an increase in rates of anxiety symptoms from Wave 1 (14.5%) to Wave 3 (20.1%), although there were no significant changes from Wave 2 (21.3%) to Wave 3.

General Health Questionnaire (GHQ-12)[4]

Wave 3 findings:

- Just under a third (32.0%) of the sample met the cut-off for a high GHQ-12 score, which indicates psychological distress and a possible psychiatric disorder.
- A greater proportion of women met the cut-off for a high GHQ-12 score than men (36.6% vs. 27.0%).
- Almost half of 18-29 year olds (49.4%) reported high GHQ-12 scores compared to 31.9% of 30-59 year olds and 19.2% of 60+ year olds.
- Over two thirds of respondents who had a pre-existing mental health condition (67.4%) reported high GHQ-12 scores compared to a quarter (26.6%) of respondents who did not have a pre-existing mental health condition.
- Respondents from the lower SEG were more likely to report a high GHQ-12 score (36.0%) than those from the higher SEG (29.6%).
- Individuals with a pre-existing physical health condition (37.7%) were more likely to report a high GHQ-12 score than those without a pre-existing physical health condition (30.6%).

Changes across the waves:

- The proportion of respondents who met the cut-off for a high GHQ-12 score increased from Wave 2 (24.8%) to Wave 3 (27.8%).
- The rate of men aged 30-59 years reporting high GHQ-12 scores increased from Wave 2 (24.4%) to Wave 3 (27.0%), and the proportion of men aged 60+ reporting high GHQ-12 scores also increased from Wave 2 (15.4%) to Wave 3 (18.2%).
- The proportion of respondents with a pre-existing mental health condition reporting high GHQ-12 scores increased from Wave 2 (50.2%) to Wave 3 (65.6%).

[4] The General Health Questionnaire (GHQ-12) is a psychological measure that assesses mental distress and mental ill-health in the previous two weeks, GHQ-12 scores of four or more are deemed a high GHQ-12 score and indicates the presence of a possible psychiatric disorder (McLean et al., 2018).

Mental wellbeing[5]

Wave 3 findings:

- The average score for mental wellbeing in the current sample was 21.28, out of a maximum of 35.
- Men had higher mental wellbeing scores (21.77) than women (21.26).
- Respondents in the older age group (60+ years old) scored higher on mental wellbeing (23.34) than those aged 30-59 years (21.19) and compared to young adults (18-29 years) who scored the lowest (19.67).
- Respondents in the higher SEG scored higher (21.96) on the mental wellbeing scale than those in the lower SEG (20.70).
- Respondents who indicated having no pre-existing mental health conditions scored higher on the mental wellbeing scale (22.16) than those with a pre-existing mental health condition (17.14).
- Individuals with no physical health condition had a higher wellbeing score (21.63) than those with a physical health condition (20.96).

Changes across the waves:

- There were no statistically significant changes in average mental wellbeing for the whole sample over the waves (Wave 1: 21.96, Wave 2: 21.94 and Wave 3: 21.94).
- There was a decrease in mental wellbeing for older men (60+ years) from Wave 1 (23.88) to Wave 2 (23.28).
- Respondents from the lower SEG had an overall increase in mental wellbeing scores from Wave 1 (20.38) to Wave 3 (20.81), although there was no significant change for this subgroup from Wave 2 (20.79).
- Levels of mental wellbeing also increased for those with a pre-existing mental health condition from Wave 1 (15.91) to Wave 3 (16.91), although their level of mental wellbeing did not change significantly from Wave 2 (16.85).

[5] 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[6] and Social Support[7]

Wave 3 findings:

- The average mean score for loneliness for the whole sample at Wave 3 was 5.18 out of a maximum of 9, and the average score for levels of social support was 14.49 out of a maximum of 20.
- Women reported being lonelier (5.06) than men (4.70), although there were no significant differences in levels of social support between men (14.59) and women (14.38).
- Young adults (18-29 years) had higher levels of loneliness (5.50), compared to 30-59 year olds (4.92) and 60+ year olds (4.40).
- In contrast, young adults (18-29 years) reported the highest levels of social support (16.18), with 30-59 year olds reporting the lowest levels (13.97) followed by individuals aged 60+ years (14.86).
- Respondents in the lower SEG reported higher average loneliness scores (5.18) than those in the higher SEG (4.73). Individuals in the higher SEG reported more social support (15.01) than those in the lower SEG (13.37).
- People with a pre-existing physical health condition reported experiencing higher loneliness (5.22) than those with no pre-existing physical health condition (4.82), although there was no difference in their levels of social support.
- Individuals with a pre-existing mental health condition reported much higher loneliness during Wave 3 (6.09) compared to those with no pre-existing mental health conditions (4.71).
- Respondents with no pre-existing mental health conditions reported higher levels of social support (11.62) compared to those with a pre-existing mental health condition (7.12).

Changes across the waves:

- For the whole sample, feelings of loneliness increased from Wave 2 (4.59) to Wave 3 (4.73), although levels of loneliness remained lower than at Wave 1 (4.86).
- For the whole sample, social support average scores increased from Wave 2 (14.40) to Wave 3 (14.69).
- Women aged 60+ had the largest increase in levels of loneliness from Wave 2 (4.32) to Wave 3 (4.61), although women aged 30-59 years also increased (Wave 2 = 4.93; Wave 3 = 5.10).

[6] Loneliness was measured using the 3 item UCLA Loneliness Scale (Hughes et al., 2014), mean loneliness scores are reported with a range of 3 (no loneliness) and 9, (high loneliness).

[7] Social support was measured using four questions from the ENRICHD Social Support Instrument (ESSI; Mitchel et al., 2003), mean social support score are reported, range 4 (low social support) to 20 (high social support).

- Those who had a pre-existing mental health condition reported that their loneliness increased from Wave 2 (5.66) to Wave 3 (6.19).

Distress[8] and life satisfaction[9]

Wave 3 findings:

- For the overall sample the average level of distress was 2.71, out of a maximum of 10, which suggests mild levels of distress**.**
- Women reported higher levels of distress (3.15) than men (2.24).
- Young adults (18-29 year olds) reported the highest levels of distress (3.86), followed by 30-59 year olds (2.78), and the lowest levels of distress were reported by the 60+ group (1.76).
- Of all the subgroups analysed, the highest average level of distress was seen in those with a pre-existing mental health condition (4.80), which was higher than those with no pre-existing mental health condition (2.40).
- The average mean life satisfaction for the sample was 6.21 (out of 10).
- Men reported higher life satisfaction (6.32) than women (6.12).
- Young adults (18-29 year olds) and 30-59 year olds reported the same mean life satisfaction score (5.95), which was lower than the 60+ year old group (6.80).
- Respondents in the higher SEG reported higher mean life satisfaction scores (6.41) than those in the lower SEG (5.86).
- People without a pre-existing physical health condition reported experiencing higher life satisfaction (6.33) than those with a pre-existing physical health condition (5.69).
- Individuals with no pre-existing mental health condition reported higher life satisfaction during Wave 3 (6.51) compared to those with a pre-existing mental health condition (4.24).

Changes across the waves:

- For the whole sample, the average level of distress increased from Wave 2 (2.54) to Wave 3 (2.76)**.**
- For respondents with a pre-existing mental health condition, distress increased from Wave 2 (4.52) to Wave 3 (4.92).
- For the overall sample, levels of life satisfaction decreased from Wave 2 (6.14) to Wave 3 (5.98).
- Women aged 30-59 years reported a decrease in life satisfaction from Wave 2 (6.15) to Wave 3 (5.87), and women aged 60+ years also reported a decrease in life satisfaction from Wave 2 (7.04) to Wave 3 (6.86).
- For older men (60+ year old) there was also a decrease from Wave 2 (6.96) to Wave 3 (6.72).

[8] To measure levels of distress, respondents indicated on a 10-point scale how distressed they had felt in the past week, on a range of 0 (no distress) to 10 (extreme distress), mean scores are reported.
[9] Current life satisfaction was assessed with 'All things considered, how satisfied are you with your life as a whole nowadays?' with 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). Findings on the initial impact of the COVID-19 pandemic on suicide rates globally have been reassuring, as evidence thus far suggests that suicide rates have not increased during this period (Perkis et al., 2021). However, recent data highlight the need for vigilance, in particular as trends in particular groups may be hidden by these overall figures (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 (SCOVID) 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 Scotland[10]. Findings from the Wave 1 survey were reported in the Scottish COVID-19 (SCOVID) Mental Health Tracker Study: Wave 1 Report. The Wave 2 survey ran between 17th July and 17th August 2020, which coincided with the Scottish Government's introduction of Phase 3 of the easing out of lockdown. Phase 3 included an increase in the number of households that could meet indoors and outdoors, and the opening of indoor hospitality. Findings

[10] For further information on how Scotland transitioned out of lockdown see: https://www.gov.scot/collections/coronavirus-COVID-19-scotlands-route-map/#phase1-routemapthroughandoutofthecrisis

from the Wave 2 survey were reported in the Scottish COVID-19 (SCOVID) Mental Health Tracker Study: Wave 2 Report.

Wave 3 of the SCOVID Study ran from 1st October 2020 to 4th November 2020, which roughly coincided with the increasing of COVID-19 restrictions in Scotland[11]. Specifically, on 1st October people could no longer meet inside people's homes unless they were part of a bubble, and only two households could meet outdoors. Further, on 7th October it was announced that there were restrictions on hospitality, in particular across the central belt, with the closure of licensed premises.

The Scottish survey measures are aligned with the COVID-MH study to allow direct comparisons with other regions of the UK. Findings[12] have been published from 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).

The findings from the SCOVID 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 3 survey will aid with the tracking of these mental health outcomes as we navigate different levels of restrictions.

Key research aims for Wave 3 of the SCOVID study

1. To track changes in people's mental health and wellbeing in Scotland during the COVID-19 pandemic and changing of government restrictions. Specifically, changes in mental health and wellbeing from the easing of restrictions (Wave 2: 17th July and 17th August 2020) to the increasing of restrictions (Wave 3: 1st October 2020 and 4th November 2020).
2. To provide an overview of people's mental health and wellbeing during this point in the COVID-19 pandemic that included an increase of government restrictions using a cross-section of the Scottish population.
3. To provide an overview of contextual factors during the COVID-19 pandemic and increasing of government restrictions.

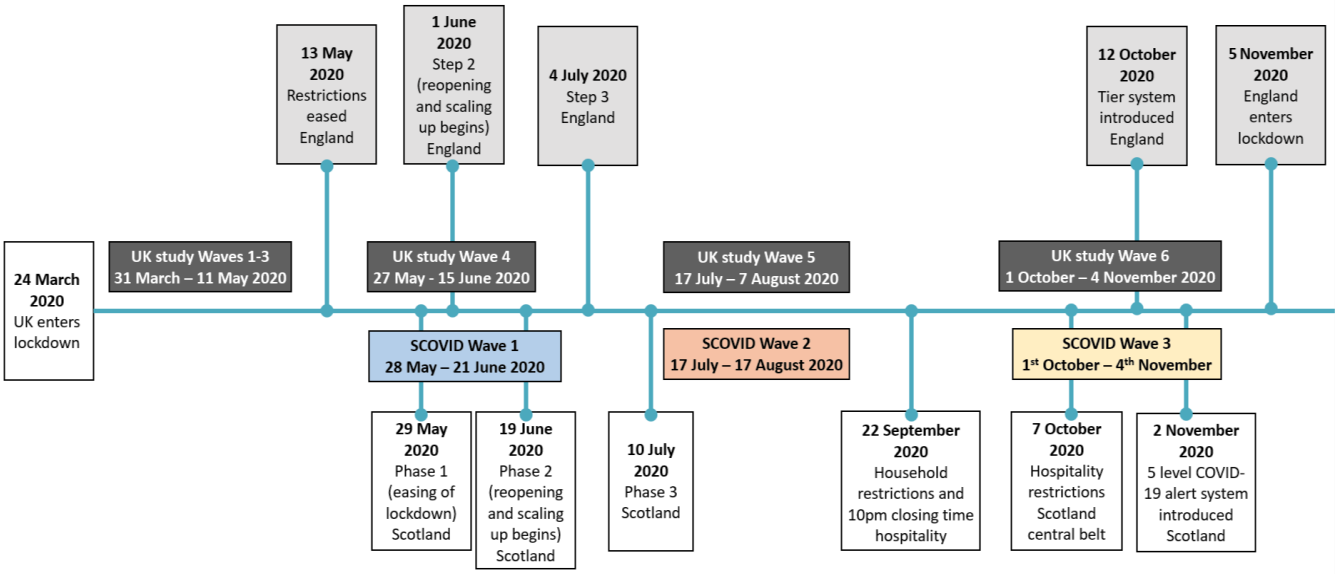
[11] For further information on COVID-19 restrictions in Scotland: https://www.gov.scot/collections/coronavirus-COVID-19-scotlands-route-map/#phase1-routemapthroughandoutofthecrisis

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

1.2 Methodology

Wave 3 recruitment for the SCOVID study occurred between 1st October 2020 and 4th November 2020. Figure 1.1 provides an overview of key events/policy decisions for Scotland in relation to the COVID-19 tracker studies.

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



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. All the respondents who had taken part in Wave 1 of the SCOVID Study were invited to take part in Wave 3.

Due to a lower response rate than anticipated (51.7% of the original Wave 1 survey completed the Wave 3 survey), particularly among young adults (18-29 years), a booster sample of new participants aged 35 years old and below was recruited using the online UK panel (see Figure 1.3 below for further breakdown of booster sample). As these respondents have no previous measures for comparison, it was not possible to include this booster sample in the longitudinal analysis (i.e., analysis of change across the waves), instead the booster allows for more robust cross-sectional subgroup analysis within this report. This means that there will be two samples reported within this report: the longitudinal sample looking at changes across the waves (n=1298), and the Wave 3 sample for a cross-section of society at Wave 3 (n=1625).

Longitudinal sample

The longitudinal sample includes those who have completed all 3 waves of the SCOVID study (46.8%; n=1219). Due to the attrition rate (i.e., loss to follow-up) of the longitudinal sample, a number of demographic groups are under-represented in the findings reporting changes across waves, specifically young adults (aged 18-29 years). Table 1.1 reports the overview of the attrition rates for each of the main subgroups reported on for this study, drawing on those reported within the Wave 2 report. As only 73 (12.5%) young adults (aged 18-29 years) remained in the sample, it was decided that it was not possible to include young adults in the analysis of changes over the waves, and this age group will only be reported within the Wave 3 cross section analysis. The ‘Change of working status’ subgroup was also removed from the longitudinal analysis, as this group was based upon responses at the Wave 1 survey (for comparison across waves). As respondents working status may have changed over time, only the cross-sectional findings for this group are reported here to ensure it is current.

Table 1.1 Rates of attrition from Wave 1 to Wave 3 for the subgroups within the longitudinal sample

Group	Wave 1 sample (n= 2604), n (%)	Wave 3 sample (n= 1219), n (%)	% of original sample who completed Wave 3
Age group			
18-29	586 (22.5%)	73 (6.0%)	12.5%
30-59	1206 (46.3%)	619 (50.8%)	51.3%
60+	812 (31.2%)	527 (43.2%)	64.9%
Sex [a]			
Women	1329 (51.2%)	585 (48.0%)	44.0%
Men	1265 (48.8%)	633 (51.9%)	50.0%
Ethnicity [b]			
White	2483 (95.4%)	1194 (97.9%)	48.1%
Ethnic minority[c]	121 (4.6%)	25 (2.1%)	20.7%
Socioeconomic grouping			
Higher half	1673 (64.2%)	835 (68.5%)	49.9%
Lower half	931 (35.8%)	384 (31.5%)	41.2%
Pre-existing mental health condition			
No	2281 (87.6%)	1084 (88.9%)	47.5%
Yes	323 (12.4%)	135 (11.1%)	41.8%
Rural vs. Urban			
Rural	562 (21.6%)	298 (24.4%)	53.0%
Urban	2042 (78.4%)	921 (75.6%)	45.1%
Unpaid carer: any			
No	2140 (82.2)	1009 (82.8%)	47.1%
Yes	448 (17.2)	200 (16.4%)	44.6%
Key worker			
No	2084 (80.0%)	999 (82.0%)	47.9%
Yes	520 (20.0%)	220 (18.0%)	42.3%
Dependents under 16 years			
No	1978 (76.0%)	982 (80.6%)	49.6%
Yes	626 (24.0%)	237 (19.4%)	37.9%
Pre-existing physical health condition			
No	2088 (80.2%)	939 (77.0%)	45.0%
Yes	516 (19.8%)	280 (23.0%)	54.3%

[a] At Wave 1 n=10 respondents did not indicate their sex; [b] Ethnicity was dropped from the Wave 2 and Wave 3 longitudinal analysis due to attrition and Wave 3 cross-sectional findings are report in Annex 1 [c] In the Wave 1 and Wave 2 reports, the term BAME was previously used, however this terminology has been changed in this report to reflect current Scottish Government guidelines.

As with the Wave 1 and Wave 2 data, the Wave 3 data was weighted to reflect the Scottish population (based upon age, sex and socio-economic group), and this helped to adjust for the loss of respondents at follow-up. Unweighted data is provided in the study Annex 2 (Tables C2 and D2). Although overall trends were similar with or without weighting applied, we do note that some findings should be interpreted with caution; when weighting data there is a risk of bias as the weights may inflate or suppress the data from subgroups in the sample and is dependent upon the representativeness of the data collected. The weight adjusts by inflating the findings of those that have remained in the sample, and as the young adult subgroup in particular are underrepresented this may skew some of the findings, therefore we have not reported findings for young adults (18-29 years). On balance, unweighted data is also biased as those who dropped out make the findings unrepresentative, therefore weighted and unweighted data are both subject to biases.

Within the Wave 3 survey, respondents were asked to complete questions on mental health and wellbeing including measures of anxiety, depression, psychological distress (as measured by the GHQ-12 and another single item), mental wellbeing, loneliness, defeat, entrapment, life satisfaction, 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. Inferential statistical tests[13] were used to investigate changes in mental health and wellbeing from Wave 1 to Wave 2 to Wave 3, with a focus on changes from Wave 2 to Wave 3 in this report.

Booster sample

Of the 1625 people that took part in the Wave 3 survey, 1298 (79.9%) were from the original Wave 1 survey, and 327 (20.1%) were the new top up sample. The new sample was 73.1% (n=239) young adults (18-29 years), as this was the group that had been lost most at follow-up, and the rest (n=87, 26.8%) were aged 30-34 years (see Figure 1.3).

[13] The statistical tests to assess change from Wave 1 to Wave 2 to Wave 3 used included Repeated Measures ANOVAs and General Estimating Equation (GEE) Models. For all tests a p-value equal to or smaller than 0.05 used as a cut-off for statistical significance.

Figure 1.2. Breakdown of the Wave 3 sample including original and booster

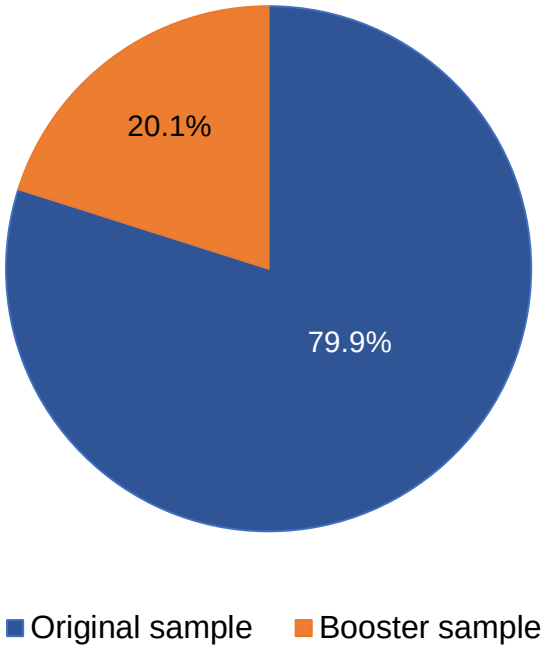
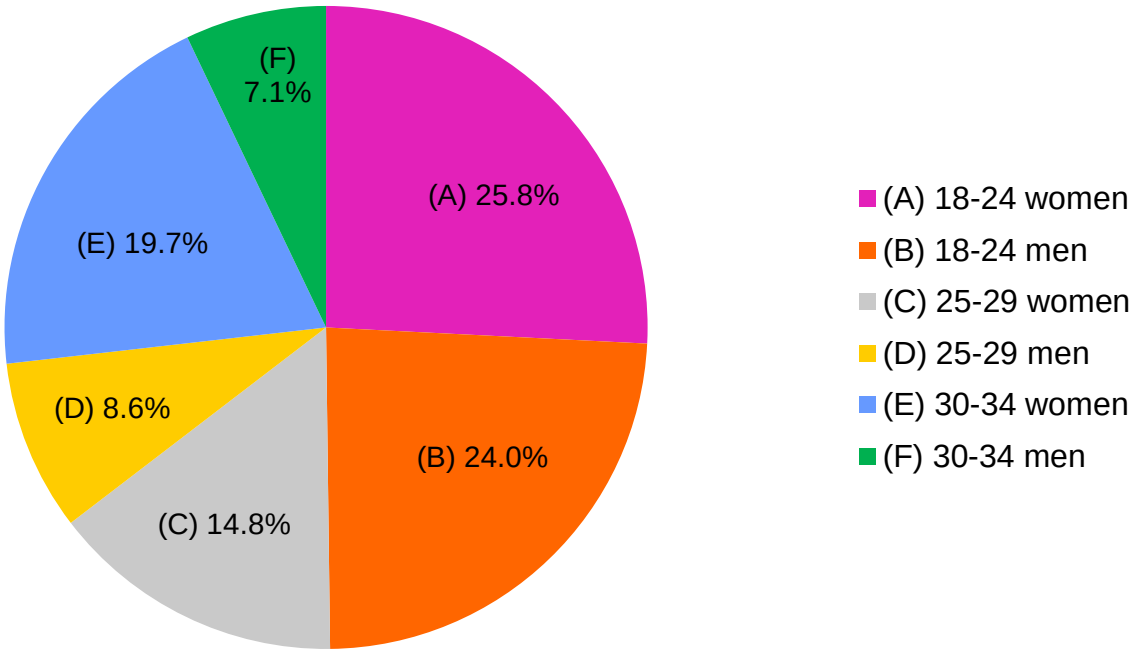


Figure 1.3. Breakdown of the demographics of the booster sample



The age and sex of the final Wave 3 sample is outlined in Table 1.2, and includes a comparison with the original Wave 1 sample. The Wave 3 sample was made up of 48.8% men and 51.2% women, which is the same as the original sample. The young adults made up 20.1% of the Wave 3 sample, and they had made up 22.4% of the original sample. Young men, who had the highest loss at follow-up, made up 8.0% of the Wave 3 sample, compared to 10.2% of the original sample. Therefore, this boost will allow for more robust age subgroup analysis within this report.

Table 1.2. Sex and age breakdown of Wave 3 sample compared to the Wave 1 sample

Age group	**Wave 3[a] sample: Men (n, %)**	**Wave 3[a] sample: Women (n, %)**	**Wave 3[a] sample: All adults (n, %)**	**Wave 1 sample: Men (n, %)**	**Wave 1 sample: Women (n, %)**	**Wave 1 sample: All adults (n, %)**
18-29 years	129 (8.0%)	197 (12.1%)	326 (20.1%)	264 (10.2%)	316 (12.2%)	580 (22.4%)
30-59 years	333 (20.5%)	417 (25.7%)	750 (46.2%)	553 (21.3%)	615 (25.1%)	1204 (46.4%)
60+ years	329 (20.2%)	217 (13.4%)	546 (33.7%)	448 (17.3%)	362 (14.0%)	810 (31.2%)
All adults	791 (48.8%)	831 (51.2%)	1622[a] (100%)	1265 (48.8%)	1329 (51.2%)	2594 (100%)

[a] In the Wave 3 survey, n=3 people did not indicate their sex assigned at birth

As with the longitudinal data, this report presents weighted cross-sectional Wave 3 data, reflective of the Scottish population (based upon age, sex and socio-economic group). Consequently, although 1625 people took part, the Wave 3 results are adjusted such that the sample reports on 2500 respondents. This will allow for the shortfall in particular groups to be adjusted so that the findings are more representative of the original quota sample. Although this approach is widely used there is always risk of bias as the weights may inflate or suppress the data from subgroups in the sample and is dependent upon the representativeness of the data collected. Within the report, inferential statistical tests[14] were used to investigate differences between key subgroups (see Table 1.3 for breakdown). When the report refers to comparison with subgroup counterpoints, it is the subgroups as listed within Table 1.3 (i.e., men compared to women, young adults compared to middle and older aged adults). As with Wave 2, Black and Minority Ethnic (BAME) were

[14] To test Wave 3 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.

underrepresented (3.1% of the sample), and some brief findings for ethnicity are reported in Annex 1. The subgroups were:

- age,
- sex,
- socio-economic grouping,
- a pre-existing mental health condition,
- a pre-existing physical health condition,
- additional responsibilities (dependents, carers),
- and occupational circumstances (key worker, change in working status).

Table 1.3. Wave 3 breakdown of sample by the different grouping variables used in the main analysis, with weights on and off

Grouping variable	Weighted* (n=2500) %	Unweighted (n=1625) %
Sex[a]		
Men	48.1	48.8
Women	51.9	51.2
Age		
18-29 years	22.7	20.1
30-59 years	46.7	46.2
60+ years	30.6	33.7
Socioeconomic group[b]		
Lower half	36.8	33.3
Higher half	63.2	66.7
Pre-existing mental health condition[c]		
No	86.9	87.6
Yes	13.1	12.4
Pre-existing physical health condition[d]		
No	81.2	80.6
Yes	18.8	19.4
Access to outside space		
No access	7.6	7.3
Access	72.4	92.7
Unpaid carer[e]		
No	82.0	81.6
Yes	18.0	18.4
Key worker		
No	76.6	77.5
Yes	23.4	22.5
Change of working status[f]		
No	56.7	57.0
Yes	43.3	43.0
Dependents under 5 years		
No	90.3	89.1
Yes	9.7	10.9

Note:*data are weighted to more accurately reflect the Scottish population [a] Sex assigned at birth, [b] SEG categories A, B, C1= higher SEG; categories C2, D, E= lower SEG, [c] No MH = no pre-existing long-standing (>12 months) mental health condition; Yes MH = pre-existing long-standing (>12 months) mental health condition, [d] No PH = no pre-existing long-standing (>12 months) physical health condition; Yes PH = pre-existing long-standing (>12 months) physical health condition, [e] Unpaid caring responsibilities, [f] working from home, furloughed, reduction in paid employment

Layout and terminology

As outlined, this report presents both longitudinal findings (i.e., changes across the waves) and Wave 3 cross-section findings (including the new booster sample). Therefore, it should be noted the samples reported change depending on the analysis conducted.

The report focusses on the statistically significant differences across waves (Wave 2 to Wave 3 in particular) and the differences between key subgroups at Wave 3, rather than discussing findings for each of these subgroups according to each study measure. Subgroups in the longitudinal analysis were based upon responses to the Wave 1 survey (for comparability across the waves), and for the cross-sectional findings were based upon responses to the Wave 3 survey. Therefore, group membership for Wave 3 may differ slightly from the Wave 1 and Wave 2 analysis, as people's circumstances may change over time.

In addition, this report uses particular terms to describe the rates of the 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. 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 core mental health outcomes of depressive symptoms, anxiety symptoms, suicidal thoughts, psychological distress (as measured by the GHQ-12 and another single item), and mental wellbeing for the subgroups outlined above. Additionally, a number of other indicators if mental health are reported more briefly, including loneliness, social support, defeat, entrapment, distress (as measured by a single item) and life satisfaction. Contextual measures, such as lifestyle factors and employment status, are also reported briefly. However, as they are not main outcomes only a selection of subgroup analyses are reported. Annex 3 to Annex 7 contain 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

The Wave 3 sample has been weighted to be representative of the Scottish population in terms of age, sex and SEG factors, as detailed in Table 2.1. For consistency, the weighting methodology is identical to that employed in the previous two waves, which is based on the quotas for the Wave 1 sample (Annex 2) and the UK-wide COVID-MH study. The Wave 3 sample has been weighted to match the adjusted Wave 1 (2500 participants), which was representative of the Scottish population.

Table 2.1 displays the unweighted and weighted sample characteristics for those who took part in all waves of the study, and are therefore included in the longitudinal analysis. A breakdown of the demographic subgroups for the Wave 3 cross-sectional analysis is included in Table 1.3. As reported in the previous section, several of the demographic groups were underrepresented in the respondent sample, and therefore in this report the weighted sample is used in all analysis.

Table 2.1 Weighted and unweighted demographics of sample completing all waves

Characteristic	Weighted* (n=2500) %	Unweighted (n=1703) %
Sex assigned at birth		
Men	50.1%	52.0%
Women	49.9%	48.0%
Age		
18-29 years	20.0%	6.0%
30-59 years	47.7%	50.8%
60+ years	32.3%	43.2%
Ethnicity		
White	97.9%	97.9%
Asian	1.2%	1.1%
Black	0.0%	0.0%
Mixed	0.6%	0.6%
Other/prefer not to say	0.2%	0.3%
Relationship status		
Married/living with partner	60.3%	64.5%
Single	27.4%	21.7%
Separated/ divorced/widowed	11.7%	13.2%
Other/prefer not to say	0.6%	0.5%
Sexuality		
Heterosexual	91.6%	92.5%
Gay or bisexual	7.6%	6.6%
Other/prefer not to say	0.8%	0.9%
Highest Qualification		
No Qualifications	15.7%	6.2%
Secondary school education	35.2%	33.3%
HNC/D or Degree/ other	49.1%	60.6%
Key worker role	21.2%	18.0%
Unpaid caring responsibilities	14.8%	16.5%
Socioeconomic group (SEG)[a]		
High	64.6%	68.5%
Low	35.4%	31.5%
Housing tenure		
Own (including mortgage)	64.0%	72.1%
Private rent	14.0%	10.7%
Council rent	17.5%	14.1%
Other	4.5%	3.1%
Property type		
House	71.6%	75.0%
Apartment or flat in block	25.3%	23.8%
Shared house/ Student Halls	1.9%	0.2%
Residential home	0.7%	0.6%
Other	0.6%	0.5%

Note:*data are weighted to more accurately reflect the Scottish population. [a] 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).

3. Mental Health Outcomes

This section presents the cross-sectional and longitudinal findings of Wave 3 of the Scottish COVID-19 (SCOVID) Mental Health Tracker Study which ran from 1st October to 4th November 2020.

The main mental health outcomes focused on are: depressive symptoms, anxiety symptoms, suicidal thoughts, psychological distress (as measured by the GHQ-12 and another single item), and mental wellbeing. The study also included other correlates of mental wellbeing - such as loneliness, defeat, entrapment, social support, resilience, current distress (as measured by a single item), life satisfaction; these findings are reported more briefly. Only statistically significant changes and subgroup differences are reported here.

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 3 questionnaire (i.e., one day or more) were included in the suicidal thoughts findings.

Wave 3 findings

Just under one tenth (9.9%) of respondents experienced suicidal thoughts within the week prior to completing the survey. The subgroups which reported higher rates of suicidal thoughts compared to their subgroup counterpoints were:

- Young adults (age 18-29 years)
- Young women
- Those with a pre-existing mental health condition

There were some differences in rates of suicidal thoughts by age and sex, illustrated in Table 3.1. In the overall sample, there were no statistically significant differences between men (10.3%) and women (9.6%) in rates of suicidal thoughts in week prior to responding to the Wave 3 questionnaire.

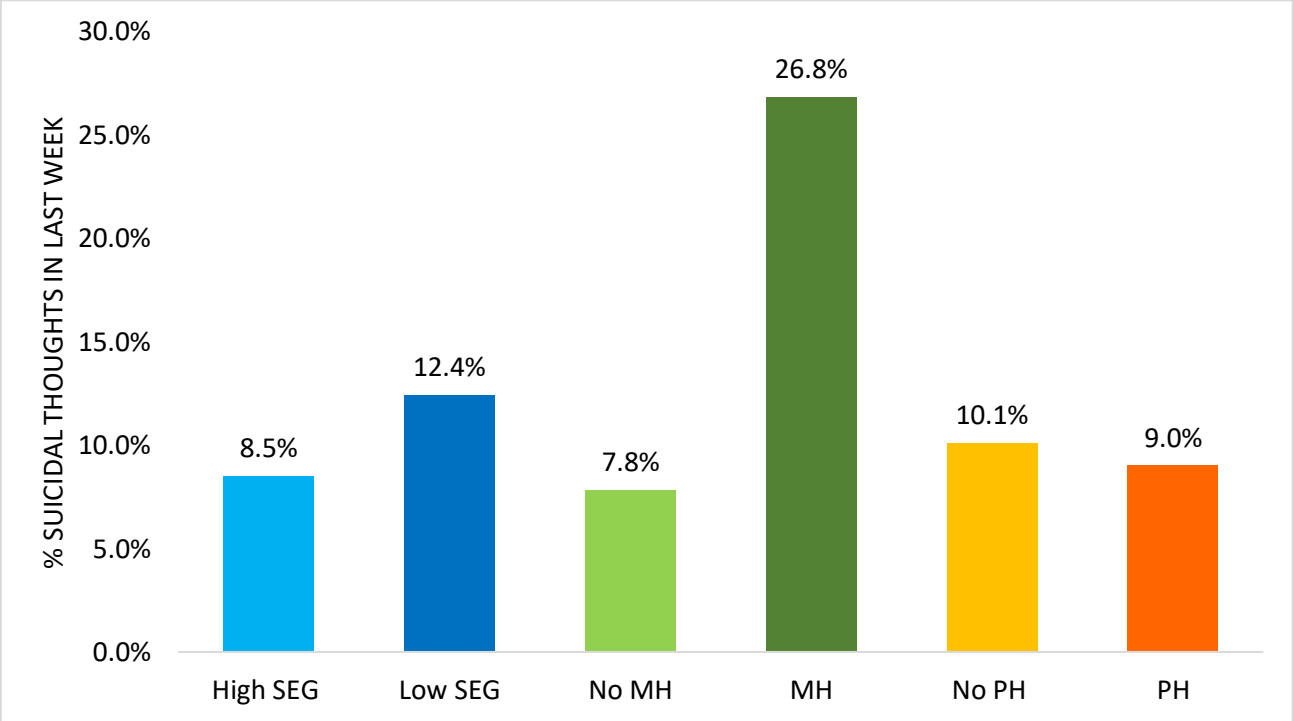
The oldest age group (60+ years) reported the lowest rates of suicidal thoughts (2.4%). In contrast, nearly one fifth (19.3%) of young adults (18-29 years) reported suicidal thoughts, compared to one tenth of those aged 30-59 years (10.6%). Across the age and sex subgroups, young women reported the highest rates of suicidal thoughts in the past week (20.5%), higher than that of young men (18.1%). Older women reported the lowest rates of suicidal thoughts (0.8%), lower than that of older men (4.3%).

Table 3.1. Rates of suicidal thoughts in the last week, by age and sex

Sex	Aged 18 - 29 years (n=519)	Aged 30 - 59 years (n=1114)	Aged 60+ years (n=742)	Total (n=2375)
All adults	19.3%	10.6%	2.4%	9.9%
Men	18.1%	10.3%	4.3%	10.3%
Women	20.5%	10.8%	0.8%	9.6%

Respondents' backgrounds also had a bearing on the rates of suicidal thoughts reported, and some of these are displayed in Figure 3.1. Individuals from the lower SEG reported higher rates of suicidal thoughts in the last week (12.4%) compared to those from the higher SEG (8.5%). There was also a stark difference in the reporting of suicidal thoughts in those with or without a pre-existing mental health condition; those with a pre-existing condition reported higher rates of suicidal thoughts (26.8%) than those without a pre-existing mental health condition (7.8%). There were no statistically significant differences in suicidal thoughts for those with or without a pre-existing physical health condition.

Figure 3.1. Rates of suicidal thoughts in the last week by socio-economic group (SEG), pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition (%)



Differences in financial and home life circumstances also appear to be associated with varying rates of suicidal thoughts. Respondents who had experienced a change in working status (e.g., working from home, lost job or furloughed) reported higher

rates of suicidal thoughts (11.6%) compared to those respondents who had not experienced a change (7.9%). Further, people who had dependents under five years old were more likely to report suicidal thoughts (14.9%) compared to those who had no dependents under five (9.1%). There were differences reported in rates of suicidal thoughts by caring responsibilities; carers (13.6%) were more likely to report suicidal thoughts than those with no caring responsibilities (9.0%). Finally, people with no access to outdoor space in their homes (15.5%) reported higher rates of suicidal thoughts than those with access (9.5%).

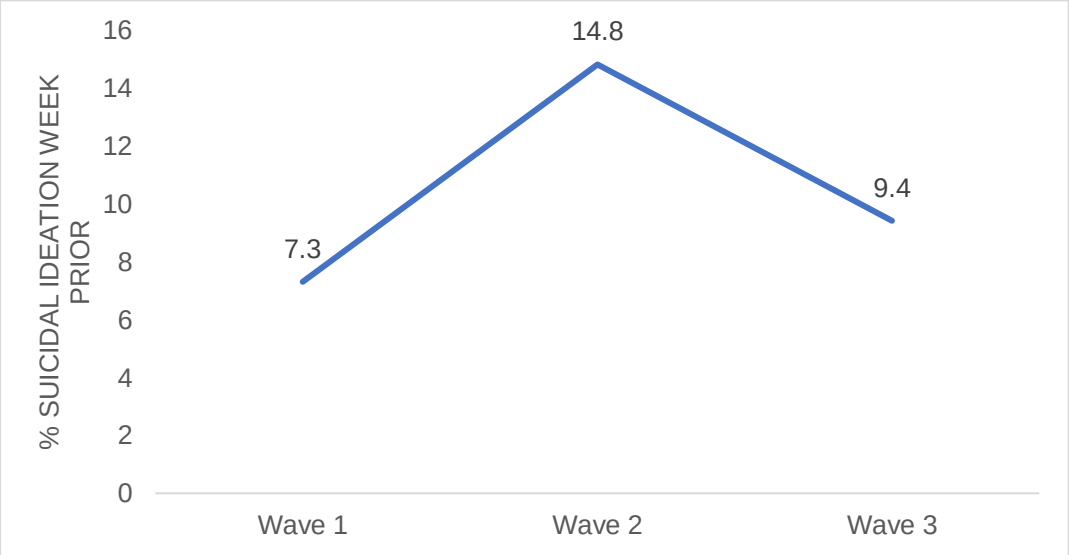
Changes across the waves

For the overall sample, there was a statistically significant increase in the proportion of respondents reporting suicidal thoughts from Wave 1 (7.3%) to Wave 2 (14.9%), and then a decrease in the proportion who reported suicidal thoughts at Wave 3 (9.4%). This change over time is illustrated in Figure 3.2.

The proportion of several subgroups reporting suicidal thoughts decreased from Wave 2 to Wave 3, including:

- 30-59 year old men and women,
- 60+ year old women,
- Individuals from the lower SEG,
- Respondents with and without a physical health condition.

Figure 3.2. Changes in suicidal thoughts across the waves (%)

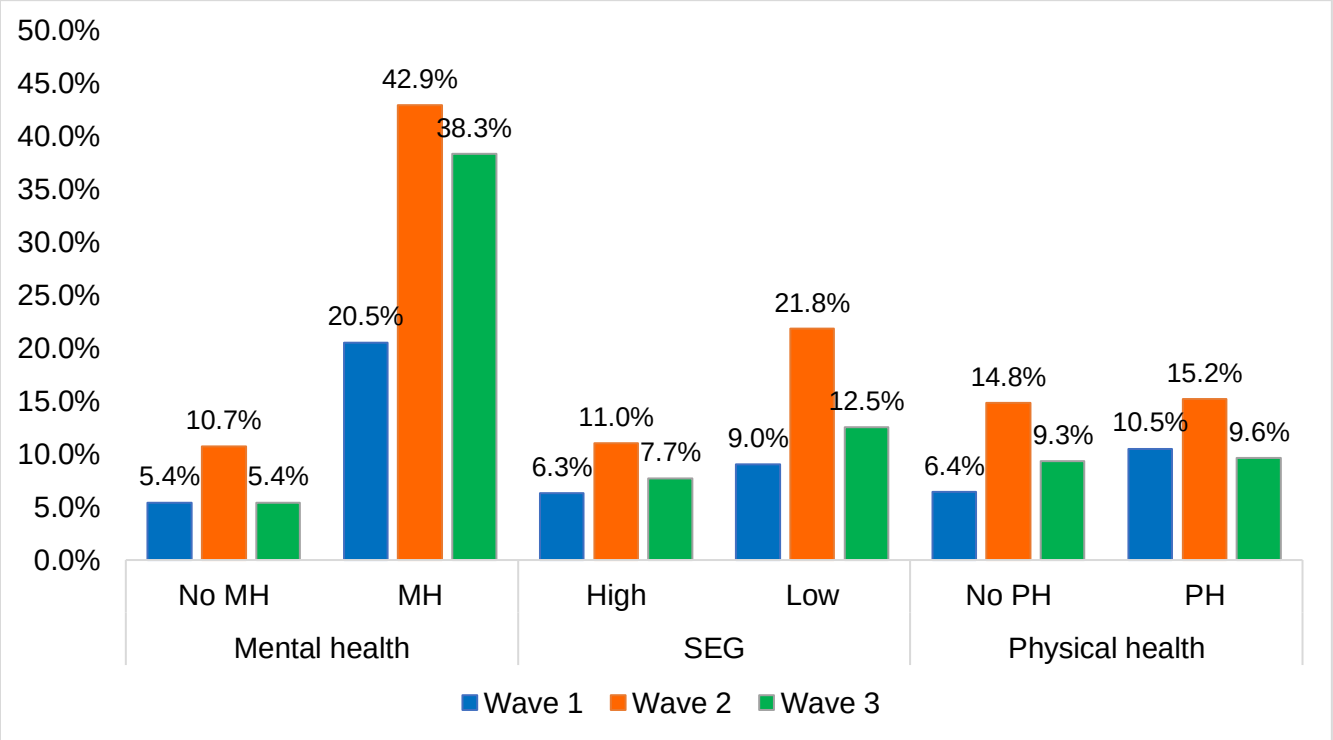


Looking at age and sex, there was a reduction in rates of suicidal thoughts from Wave 2 to Wave 3 for woman aged 30-59 years (Wave 2 = 13.9%; Wave 3 = 11.7%) and for women aged 60+ years (Wave 2 = 2.3%; Wave 3 = 0.8%). Similarly, there

was a reduction in suicidal thoughts for men aged 30-59 years (Wave 2 = 14.0%; Wave = 9.2%) and for men aged 60+ years (Wave 2 = 5.1%; Wave = 3.9%). Due to the loss at follow-up, it is not possible to report the changes for the 18-29 year old age group over the waves.

Looking more closely at the subgroups based on background and health, some differences in suicidal thoughts emerged (Figure 3.3). The rate of those with a pre-existing mental health condition reporting suicidal thoughts in the week prior decreased from 42.9% in Wave 2 to 38.3% in Wave 3, although this was still an overall increase from Wave 1 (20.5%). The proportion of respondents in the lower SEG reporting suicidal thoughts decreased from Wave 2 (21.8%) to Wave 3 (12.5%). Those with a pre-existing physical health condition reported lower rates of suicidal thoughts at Wave 3 (9.6%) compared to Wave 2 (15.2%), although those without a physical health condition also reported a decrease in rates of suicidal thoughts from Wave 2 (14.8%) to Wave 3 (9.3%).

Figure 3.3. Wave 1, Wave 2 and Wave 3 rates of suicidal thoughts in the week prior by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health (PH) condition (%).



Findings also suggest that other employment and household factors were associated with changes in rates of suicidal thoughts. Specifically, rates of suicidal thoughts decreased for respondents with no dependents under 16 years old from Wave 2

(15.6%) to Wave 3 (8.8%), while they stayed similar for those with dependents under 16 years (Wave 2 = 12.0%; Wave 3 = 11.5%).

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.[15]

Wave 3 findings

Just over one fifth (21.4%) of the overall sample met the cut-off for moderate to severe depressive symptoms.

The following groups reported higher rates of moderate to severe depressive symptoms than their subgroup counterparts:

- Young adults (age 18-29 years old)
- Women, in particular those aged 18 to 29 years old
- Those with a pre-existing mental health condition
- Those with a pre-existing physical health condition

There were clear differences in moderate to severe depressive symptoms according to age and sex, illustrated in Table 3.2. For example, women were more likely to report depressive symptoms (24.9%) than men (17.8%). In addition, just over a third (37.7%) of young adults (18-29 year olds) reported depressive symptoms, compared to a fifth (20.6%) of those in the middle age group (30-59 years) and a tenth (10.7%) of the oldest age group (60+ years). Furthermore, young women between 18-29 years old reported higher rates of depressive symptoms at 44.1%, compared to 31.3% of men in the same age group.

Table 3.2. Rates of moderate to severe depressive symptoms[16] by age and sex

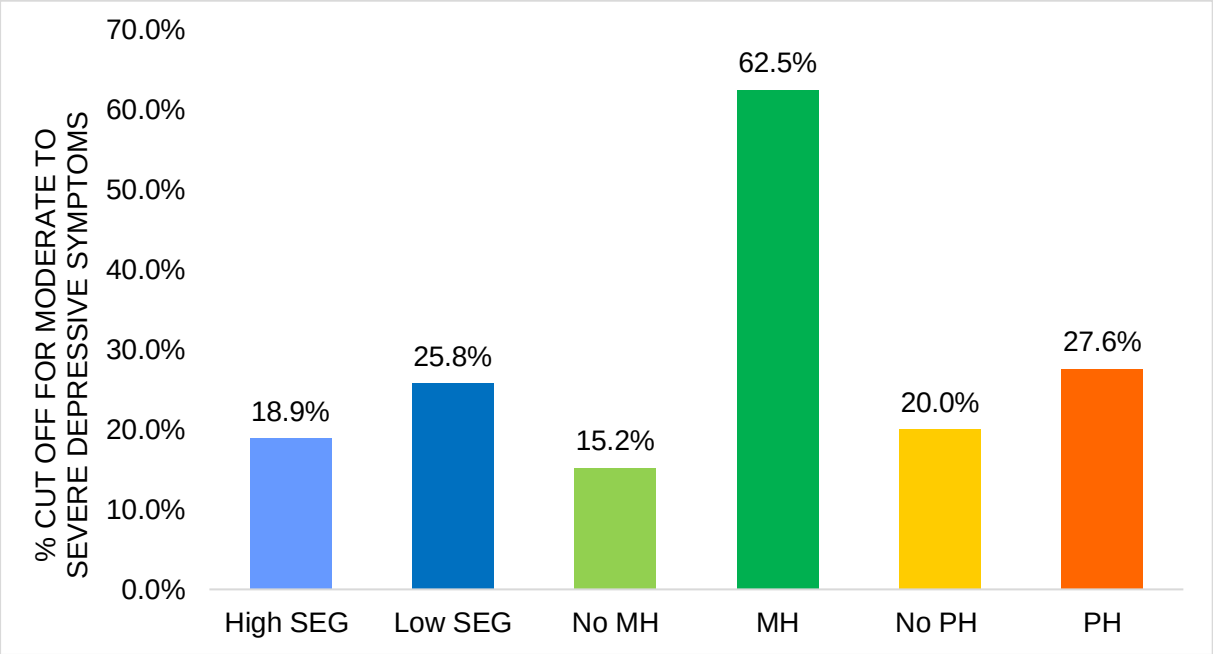
Sex	Aged 18- 29 years (n=565)	Aged 30- 59 years (n=1165)	Aged 60+ years (n=765)	Total (n=2495)
All adults	37.7%	20.6%	10.7%	21.4%
Men	31.3%	16.2%	9.6%	17.8%
Women	44.1%	24.6%	11.8%	24.9%

[15] For the purposes of this report, scores above the cut-off for moderate to severe depression (score ≥10) 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.
[16] Measured using the Patient health questionnaire (PHQ-9) using a cut-off score ≥10 to indicate moderate to severe depression

Beyond age and sex, respondents' backgrounds also had a bearing on the likelihood of reporting moderate to severe depressive symptoms, illustrated in Figure 3.4. Respondents in the lower SEG reported higher rates of depressive symptoms (25.8%) compared to those in the higher SEG (18.9%).

This wave of the study also offers insight into how an individual's health may be associated with depressive symptoms. Around two thirds of respondents with a pre-existing mental health condition reported depressive symptoms (62.5%), compared to just under one sixth of those without a pre-existing condition (15.2%). Respondents with a pre-existing physical health condition reported higher rates of depressive symptoms (27.6%) than those with no pre-existing physical health condition (20.0%).

Figure 3.4. Rates of moderate to severe depressive symptoms, by socio-economic group (SEG), pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition (%)



Differences in financial and home life circumstances also appear to be associated with varying rates of depressive symptoms, and indicate that those living with greater financial uncertainty or added responsibilities at home may be a greater risk for depressive symptoms. For example, respondents who reported a change to their working status (e.g., furloughed, lost job or reduction in pay) experienced higher rates of depressive symptoms (24.9%) than those that had experienced no change in their working status (18.7%). Those with dependents under five years old (28.6%) reported higher rates of depressive symptoms compared to those with no dependents under five (20.9%). Respondents that had any unpaid caring

responsibilities (30.1%) reported higher rates of depressive symptoms than those with no additional caring responsibilities (19.3%). Finally, people with no access to outdoor space in their homes (36.6%) reported higher rates of moderate to severe depressive symptoms than those with access (20.1%).

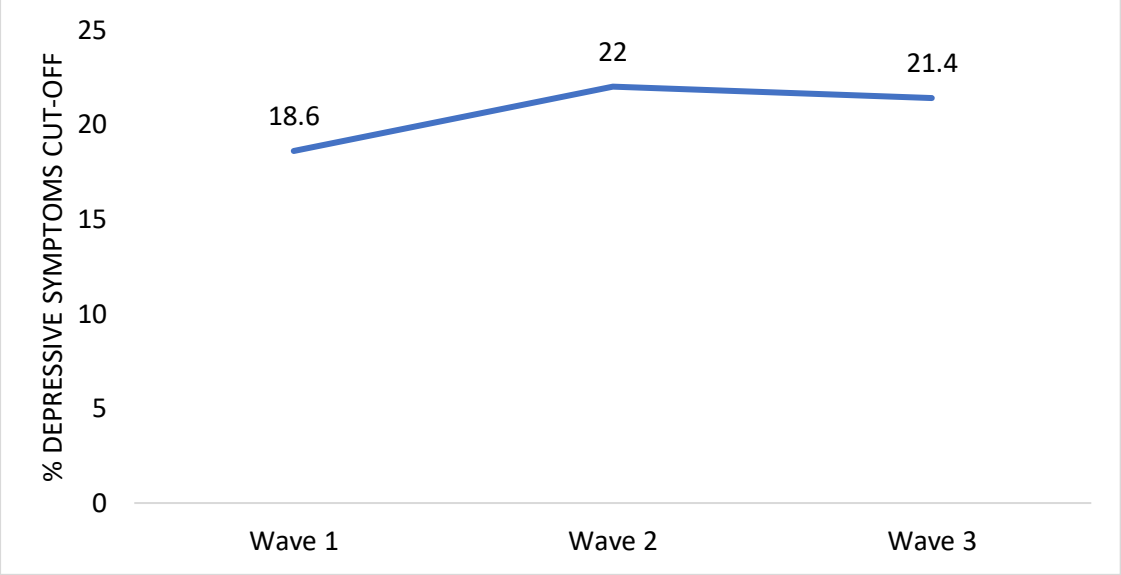
Changes across the waves

Looking at respondents who had completed every wave, the change in rates of moderate to severe depressive symptoms was not statistically significant from Wave 2 (22.0%) to Wave 3 (21.4%), although rates for Wave 2 and Wave 3 were higher than for Wave 1 (18.6%), see Figure 3.5.

A number of subgroups saw changes to rates of moderate to severe depressive symptoms from Wave 2 to Wave 3, including:

- Men aged 30-59 and 60+ years both reported a decrease in rates of depressive symptoms
- Respondents with a physical health condition reported a decrease in their rates of depressive symptoms

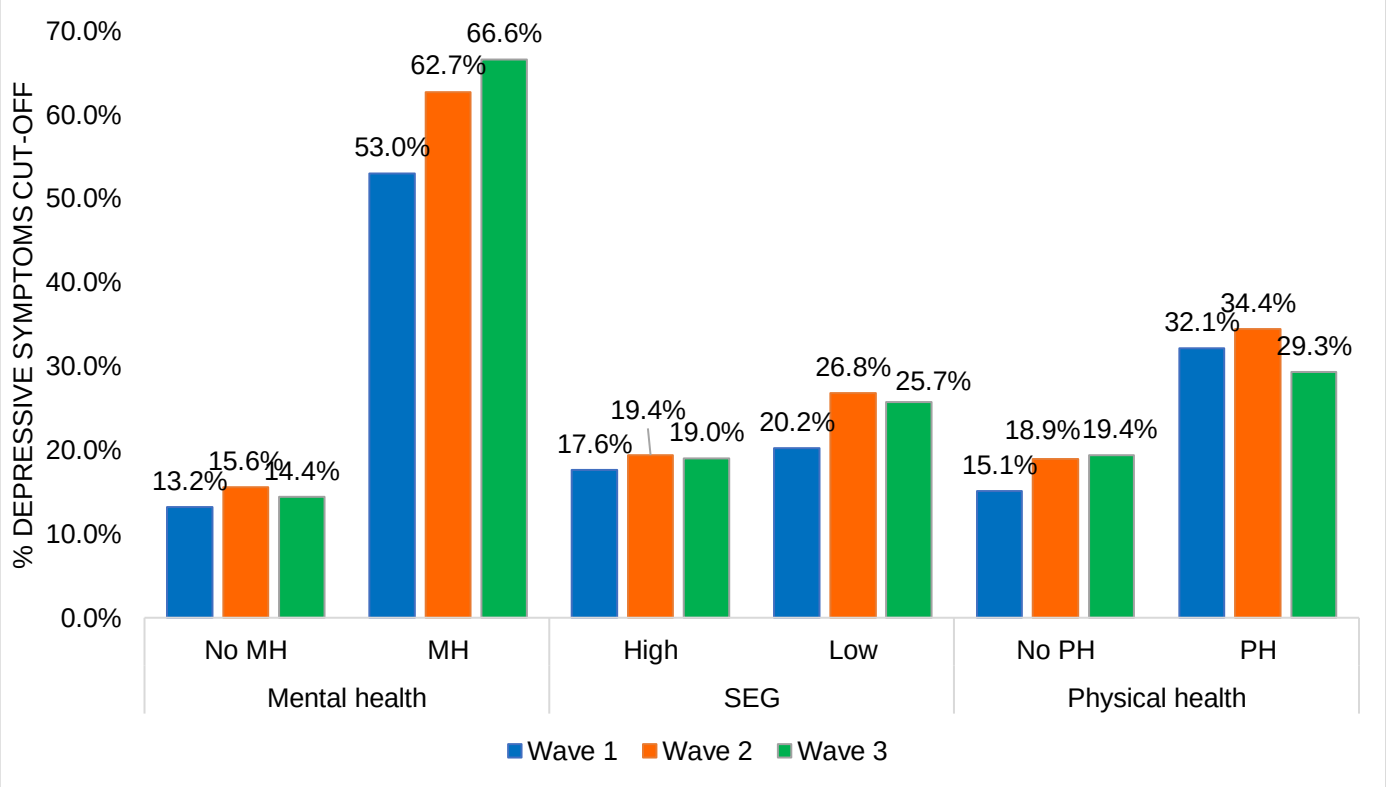
Figure 3.5. Changes in rates of moderate to severe depressive symptoms across the waves (%)



Some differences by age and sex from Wave 2 to Wave 3 were evident. There were no statistically significant changes in rates of depressive symptoms for women aged 30-59 years (Wave 2 = 25.1%; Wave 3 = 25.5%), while for women aged 60+ years rates increased (Wave 2 = 10.5%; Wave 3 = 12.1%). Rates of depressive symptoms for 30-59 year old men decreased from Wave 2 (18.5%) to Wave 3 (15.0%), and for the 60+ year old men (Wave 2 = 12.9%; Wave 3 = 9.2%). Due to the loss at follow-up, it is not possible to report the changes for the 18-29 year old age group over the waves.

Looking more closely at changes in moderate to severe depressive symptoms by health and background factors, some differences emerged (see Figure 3.6). Those with a pre-existing mental health condition reported higher rates of depressive symptoms at Wave 2 (62.7%) and Wave 3 (66.6%) compared to Wave 1 (53.0%). Similarly, a higher proportion of the low SEG group reported depressive symptoms at Wave 2 (26.8%) and Wave 3 (25.7%) compared to Wave 1 (20.2%). Additionally, respondents with a physical health condition reported a decrease in their rates of depressive symptoms from Wave 2 (34.4%) to Wave 3 (29.3%).

Figure 3.6. Moderate to severe depressive symptoms at Wave 1, Wave 2 and Wave 3 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health (PH) condition (%)



There were changes between Wave 2 and Wave 3 in rates of moderate to severe depressive symptoms by household factors. For example, for respondents with dependents under 16 years old, rates of depressive symptoms increased from Wave 2 (18.8%) to Wave 3 (24.8%), compared to those with no dependents, whose rates decreased from Wave 2 (22.8%) to Wave 3 (20.5%). Individuals with caring responsibilities reported a decrease in their depressive symptoms from Wave 2 (28.4%) to Wave 3 (24.9%), compared to those with no caring responsibilities whose rates of depressive symptom remained the same at Wave 2 and Wave 3 (21.0%).

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 (score ≤ 10) was reported, indicating anxiety symptoms that may require further treatment.

Wave 3 findings

The Wave 3 cross-sectional data, including the additional booster sample, indicated that just over one sixth (16.2%) of respondents reported moderate to severe anxiety symptoms.

A number of subgroups reported higher rates of moderate to severe anxiety symptoms compared to their subgroup counterpoints, specifically:

- Young adults (18-29 years old)
- Women
- Those with a pre-existing mental health condition
- Those from the lower SEG

Looking more closely at the findings there were differences in anxiety symptoms according to sex and age, displayed in Table 3.3. For example, when comparing sex only, women reported higher rates of anxiety symptoms (19.2%) than men (12.9%). There were also differences by age group, with 28.0% of young adults (18-29 year olds) reporting anxiety symptoms, compared to 15.5% of 30-59 year olds and 8.4% of 60+ year olds.

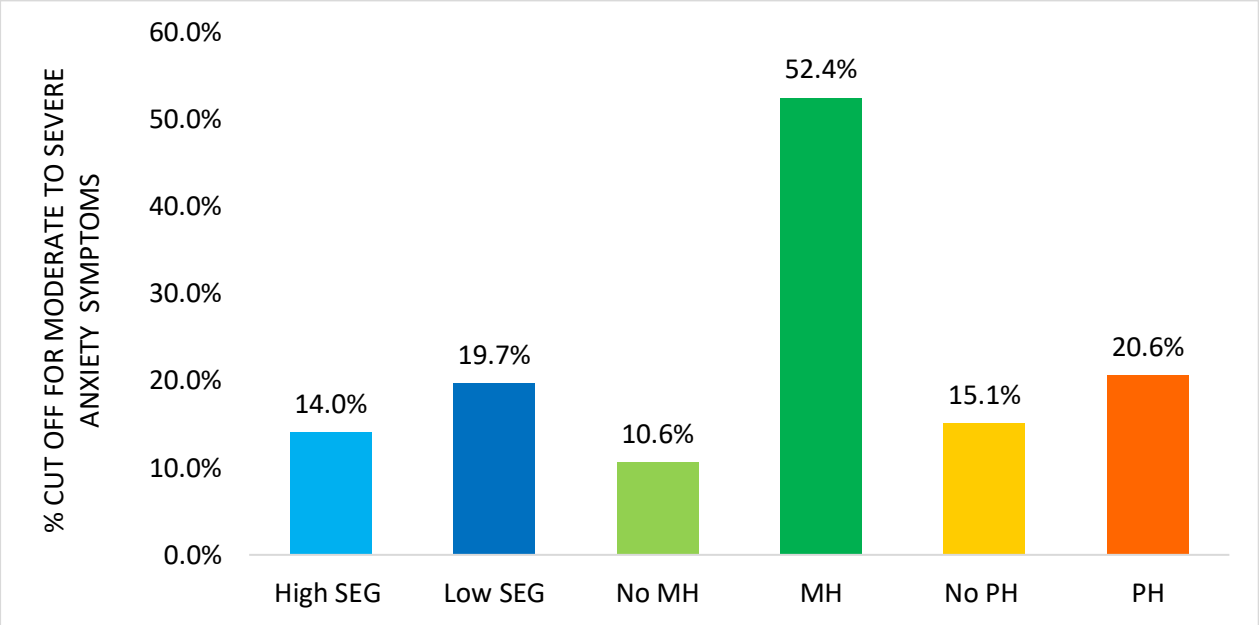
When looking at groups by both age and sex, further differences in the likelihood for experiencing moderate to severe anxiety arise. For example, young women (18-29 years) reported higher rates of anxiety symptoms (35.4%) than young men (20.8%). Older women (60+ years) reported the lowest rates of anxiety symptoms (7.0%) of the age and sex subgroups, followed by the rate of older men (9.8%).

Table 3.3. Rates of moderate to severe anxiety symptoms by age and sex

Sex	Aged 18-29 years (n=564)	Aged 30-59 years (n=1166)	Aged 60+ years (n=765)	Total (n=2495)
All adults	28.0%	15.5%	8.4%	16.2%
Men	20.8%	10.9%	9.8%	12.9%
Women	35.4%	19.7%	7.0%	19.2%

Beyond age and sex, respondents' health and financial circumstances also had a bearing on the likelihood of reported rates of moderate to severe anxiety, illustrated in Figure 3.7. A higher proportion of respondents in the lower SEG (19.7%) experienced anxiety symptoms than those in the higher SEG (14.0%). Additionally, over half of those with a mental health condition (52.4%) met the cut-off for moderate to severe anxiety, compared to only 10.6% of those with no mental health condition. Additionally, respondents with a physical health condition experienced higher rates of anxiety symptoms (20.6%) than those with no physical health condition (15.1%).

Figure 3.7. Rates of moderate to severe anxiety symptoms, by socio-economic group (SEG), pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition (%)



Differences in working life, home life, and carer circumstances appeared to be associated with rates of moderate to severe anxiety symptoms. For example, respondents whose working situation had changed during the pandemic (e.g., furloughed, lost job) reported higher anxiety rates (19.7%) than those with no change (13.4%). Shifting focus to home-life circumstances, respondents living in households with dependents under five years old reported higher rates of anxiety (23.4%) compared to those who had no dependents under five years (15.8%). Additionally, respondents who had caring responsibilities had a higher likelihood of experiencing anxiety symptoms (22.5%) than those who did not have any caring responsibilities (14.5%). Finally, people with no access to outdoor space in their homes (26.3%) reported higher rates of moderate to severe anxiety symptoms than those with access (15.2%).

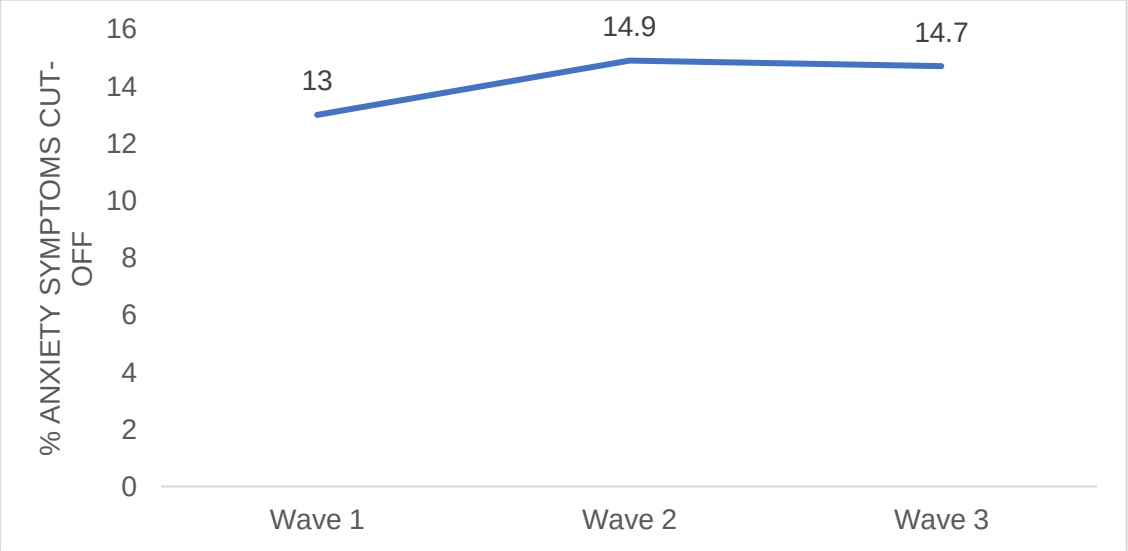
Changes across the waves

Looking at the sample as a whole, there were no statistically significant changes in rates of moderate to severe anxiety symptoms from Wave 2 (14.9%) to Wave 3 (14.7%), although both were higher than Wave 1 (13.0%), see Figure 3.8.

Between Waves 2 and 3 there was an increase in the proportion of the following subgroups reporting moderate to severe anxiety symptoms:

- Respondents with a pre-existing mental health condition

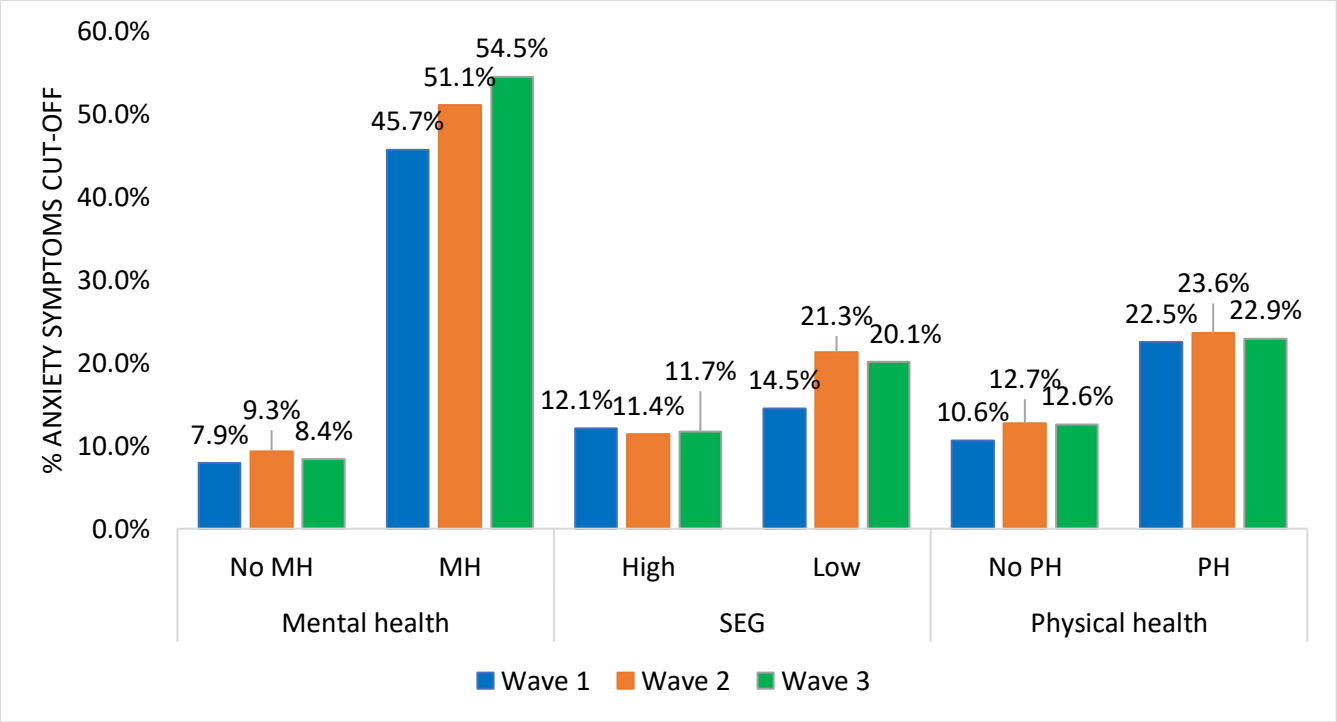
Figure 3.8. Changes in rates of moderate to severe anxiety symptoms across the waves (%)



Looking at age and sex, women aged 30-59 years reported similar rates of anxiety at Wave 2 (20.2%) and Wave 3 (20.1%), as did men aged 30-59 years at Wave 2 (10.8%) and Wave 3 (9.5%). For the 60+ age group, there was an increase in anxiety symptoms for women from Wave 2 (6.2%) to Wave 3 (7.2%), as well as for older men from Wave 2 (8.4%) to Wave 3 (9.5%). Due to the loss at follow-up, it is not possible to report the changes for the 18-29 year old age group over the waves.

Some changes in rates of moderate to severe anxiety were found looking at background factors and health of respondents, illustrated in Figure 3.9. For example, the lower SEG reported an increase in rates of anxiety from Wave 1 (14.5%) to Wave 3 (20.1%), although there were no statistically significant changes from Wave 2 (21.3%) to Wave 3 (20.1%). In contrast, rates of anxiety for the higher SEG remained similar across the waves (Wave 1: 12.1%; Wave 2: 11.4%; Wave 3: 11.7%). Those with a pre-existing mental health condition reported an increase in rates of anxiety from Wave 1 (45.7%) to Wave 2 (51.1%) to Wave 3 (54.5%).

Figure 3.9. Moderate to severe anxiety symptoms at Wave 1, Wave 2 and Wave 3 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health (PH) condition (%)



Additionally, those who were key workers reported their rates of anxiety decreased from Wave 1 (16.7%) to Wave 2 (14.9%) and Wave 3 (14.9%), bringing their rates in line with those who were not a key worker (e.g., Wave 3: 14.6%) as well as with the overall sample (Wave 3: 14.7%). There were no other statistically significant changes from Wave 1 or Wave 2 to Wave 3 for any further subgroups.

3.4. General Health Questionnaire

The General Health Questionnaire (GHQ-12) is a psychological measure that assesses psychological 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.

Wave 3 findings

In the Wave 3 cross-sectional data, including the additional booster sample, nearly one third (32.0%) of the sample recorded a high GHQ-12 score. The groups that had elevated rates of high GHQ-12 scores compared to their subgroup counterpoints included:

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

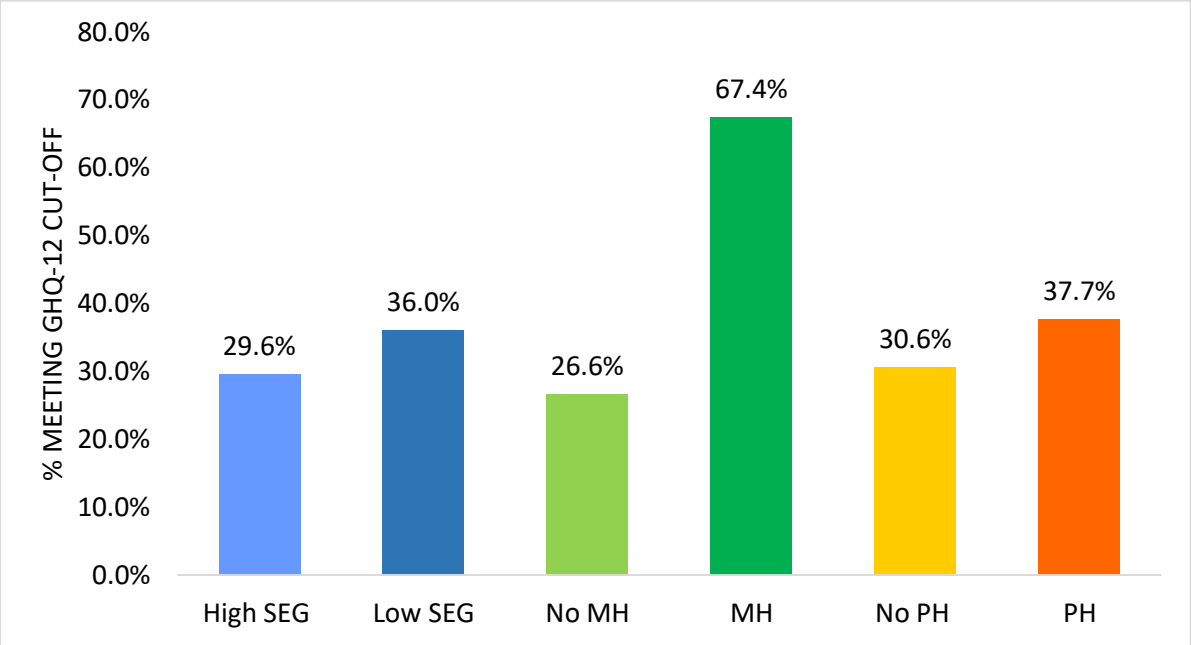
There were clear differences in rates of high GHQ-12 scores by sex and age, as presented in Table 3.5. Specifically, women were more likely to have a high GHQ-12 score (36.6%) than men (27.0%). Additionally, just under half (49.4%) of the younger age group (18-29 year olds) reported a high GHQ-12 score, compared to 31.9% of 30-59 year olds and 19.2% of 60+ year olds. Young women were also more likely to have a high GHQ-12 score (57.3%) compared to young men (41.5%). Across all the age and sex subgroups, older men reported the lowest rates of high GHQ-12 scores (18.0%), followed by older women (20.4%).

Table 3.4. Rates of high psychological distress (high GHQ-12 score) by age and sex

Sex	**Aged 18- 29 years (n=565)**	**Aged 30- 59 years (n=1166)**	**Aged 60+ years (n=765)**	**Total (n=2495)**
All adults	49.4%	31.9%	19.2%	32.0%
Men	41.5%	25.6%	18.0%	27.0%
Women	57.3%	37.6%	20.4%	36.6%

Beyond age and sex, respondents' backgrounds and health also had a bearing on the likelihood of reporting a high GHQ-12 score (Figure 3.10). Specifically, individuals in the lower SEG were more likely to report a high GHQ-12 score (36.0%) than those from the higher SEG (29.6%). Two thirds (67.4%) of those with a pre-existing mental health condition recorded a high GHQ-12 score, compared to just over a quarter (26.6%) of those with no pre-existing mental health condition. Additionally, those with a pre-existing physical health condition reported higher rates of high GHQ-12 (37.7%) than those with no pre-existing physical health condition (30.6%).

Figure 3.10. Rates of high psychological distress by socio-economic group (SEG), pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition (%)



Differences in home life and carer circumstances also appear to be associated with varying rates of high GHQ-12 scores. For example, respondents whose household had dependents under five years old were more likely to have high GHQ-12 scores (43.0%) than those without dependents under five years (31.1%). In addition, 43.6% of respondents with caring responsibilities recorded a high GHQ-12 score, which was higher than those with no caring responsibilities (29.3%).

Additionally, people whose working status had changed during the pandemic (i.e., lost job, furloughed) reported higher rates of high GHQ-12 (38.9%) than those with no change (26.2%). Further, people who had no access to outdoor space reported higher rates of high GHQ-12 (44.5%) than those with access to outdoor space at home (30.9%).

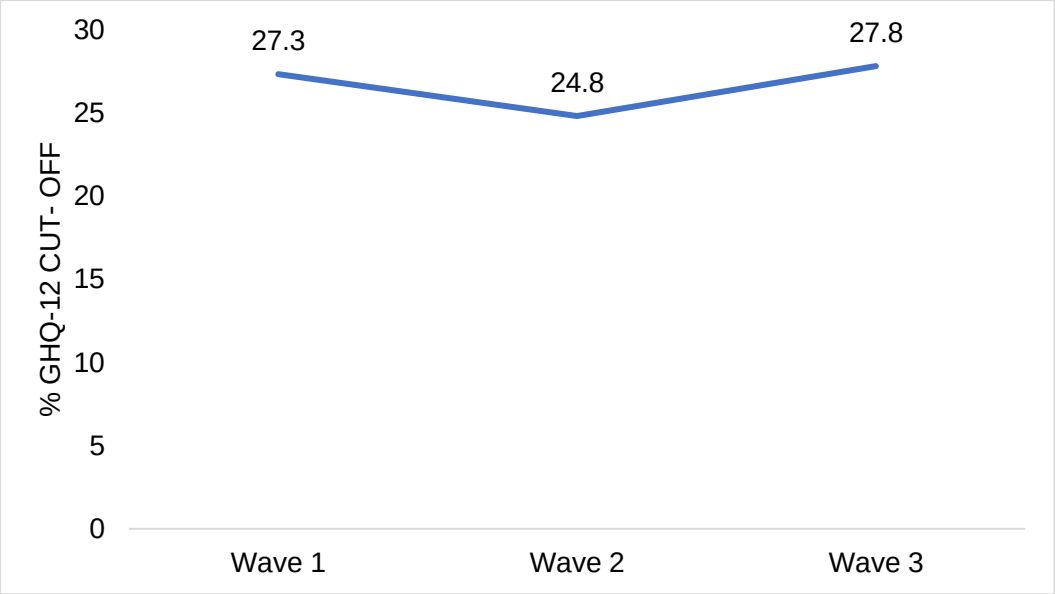
Changes across the waves

Analysis suggests that the proportion of respondents who met the GHQ-12 cut-off for a possible psychiatric disorder increased from Wave 2 (24.8%) to Wave 3 (27.8%), as illustrated in Figure 3.11.

An increase in rates of high GHQ-12 from Wave 2 to Wave 3 were found for a particular subgroups:

- Respondents with a pre-existing mental health condition
- Men aged 30-50 years and men aged 60+ years

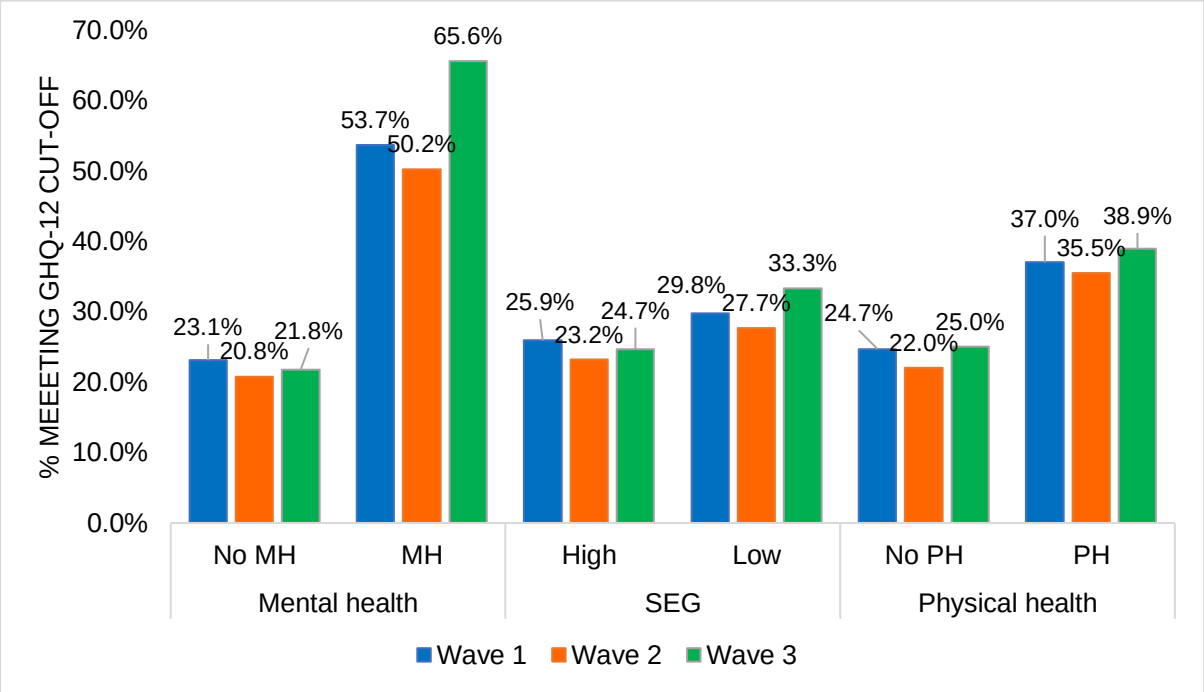
Figure 3.11. Changes in rates of GHQ-12 cut-off scores across the waves (%)



Looking more closely at changes in rates of GHQ-12 by age and sex, some differences emerge. Men aged 30-59 years reported an increase in rates of high GHQ-12 from Wave 2 (24.4%) to Wave 3 (27.0%), and men aged 60+ also had an increase in rates of high GHQ-12 from Wave 2 (15.4%) to Wave 3 (18.2%). In contrast, for women aged 30-59 years and 60+ years there were no statistically significant changes in rates of high GHQ-12 from Wave 2 to Wave 3 (30-59 years: 35.3% at Wave 2 and 35.9% at Wave 3) (60+ years: 19.0% at Wave 2 and 19.2% at Wave 3), although for both age groups, these rates were lower than at Wave 1 (30-59 years: 39.3%; 60+ years: 24.3%). Due to the loss at follow-up, it is not possible to report the changes for the 18-29 year old age group over the waves.

Additionally, there were some changes in rates of high GHQ-12 scores by health factors, as displayed in Figure 3.12. The proportion of respondents with a pre-existing mental health condition reporting high GHQ-12 scores increased from Wave 2 (50.2%) to Wave 3 (65.6%). In addition, the proportion of those with no caring responsibilities reporting high GHQ-12 scores increased from Wave 2 (22.4%) to Wave 3 (26.2%), whereas the proportion of those with caring responsibilities decreased from Wave 2 (39.6%) to Wave 3 (37.5%).

Figure 3.12. High GHQ-12 scores at Wave 1, Wave 2 and Wave 3 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health (PH) condition (%)



3.5. Mental wellbeing

Mental wellbeing is an important indicator of mental health and can indicate how protected an individual may be from mental health problems such as depression and anxiety. The SCOVID study measured a respondent's mental wellbeing using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)[17]. This scale measures the frequency of thoughts and feelings of mental wellbeing over the past two weeks; it 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. 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.

[17] Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. As suggested by the scale authors, the scores underwent a Rasch transformation.

Wave 3 findings

The Wave 3 cross-sectional data, including the additional booster sample, indicated that the average mean score for mental wellbeing was 21.50 out of 35.

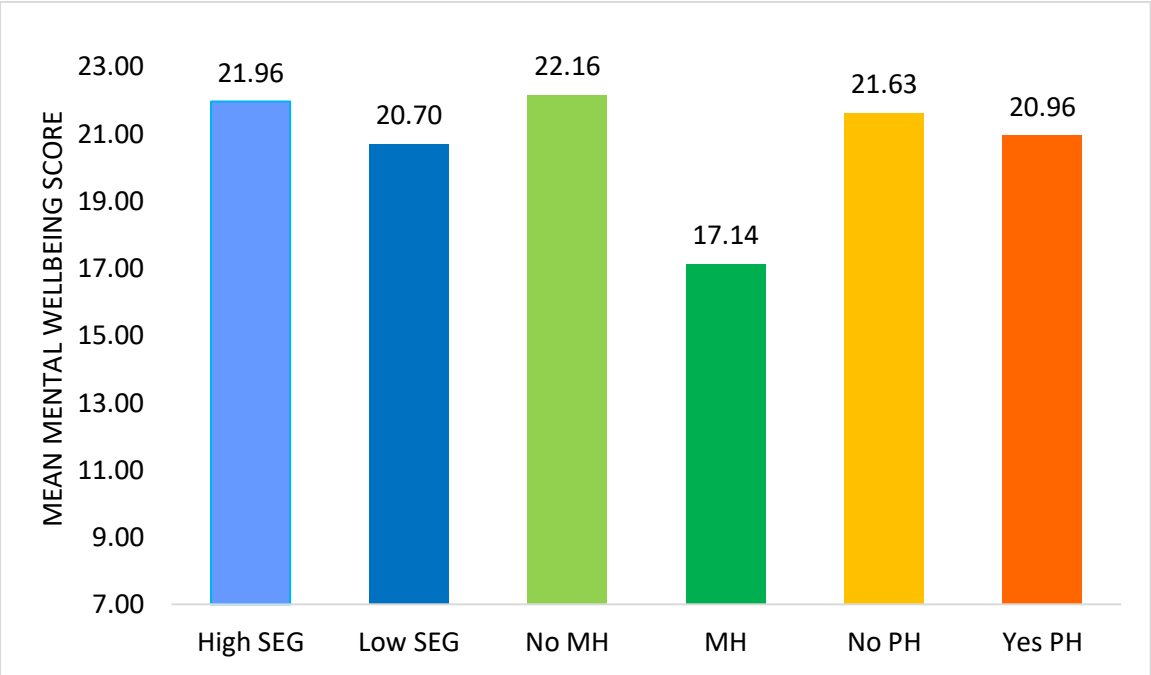
In looking more closely at the data, some differences on mental wellbeing by age and sex emerge (see Table 3.5). The data suggests that respondents in the older age group (60+ years old) reported a higher mental wellbeing mean (23.34) than those aged 30-59 years (21.19), and compared to the younger age group (18-29 years), who scored the lowest (19.67). Further, mean mental wellbeing scores among men were higher (21.77) than among women (21.26).

Table 3.5. Mean mental wellbeing scores by age and sex

Sex	Aged 18-29 years (n=565)	Aged 30-59 years (n=1166)	Aged 60+ years (n=765)	Total (n=2495)
All adults	19.67	21.19	23.34	21.50
Men	20.05	21.70	23.20	21.77
Women	19.29	20.72	23.46	21.26

Beyond age and sex, differences in respondents' backgrounds were associated with different mean SWEMWBS scores, as illustrated in Figure 3.13. For example, respondents with a pre-existing mental health condition (17.14) scored the lowest of all the subgroups, including lower than those who indicated having no pre-existing mental health condition (22.16). Additionally, those with no pre-existing physical health conditions recorded higher mental wellbeing scores (21.63) than those with a pre-existing physical health condition (20.96). Finally, respondents in the higher SEG scored higher (21.96) on the mental wellbeing scale than those in the lower SEG (20.70).

Figure 3.13. Mean mental wellbeing scores for SEG, pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition.



Differences in financial and home life circumstances also appear to be associated with mental wellbeing scores and indicate that those who have fewer responsibilities and more financial security have higher mental wellbeing. For example, people with no unpaid caring responsibilities had higher mean mental wellbeing scores (21.77) than those who are carers (20.32). Furthermore, those who did not experience any change in their working status reported higher mental wellbeing (21.86) than those who experienced a change in their working status, such as being furloughed or losing one's job (21.06). Finally, those with access to outdoor space at home reported higher mental wellbeing (21.65) than those with no access to outdoor space (19.71).

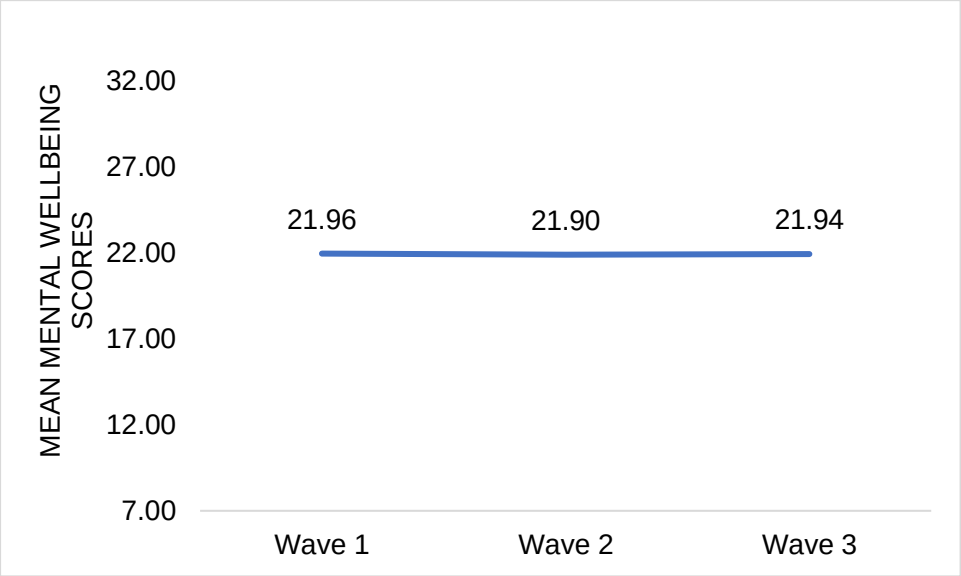
Changes across the waves

Analysis suggests that there were no statistically significant changes in average mental wellbeing for the overall sample over the waves (see Figure 3.14); at Wave 3 the average mental wellbeing score was 21.94, similar to Wave 1: 21.96 and Wave 2: 21.94.

A change in levels of mental wellbeing from Wave 2 to Wave 3 was found for a number of subgroups, specifically:

- For men and women aged 60+ levels of mental wellbeing decreased
- For respondents with caring responsibilities mental wellbeing decreased
- For key workers levels of mental wellbeing increased

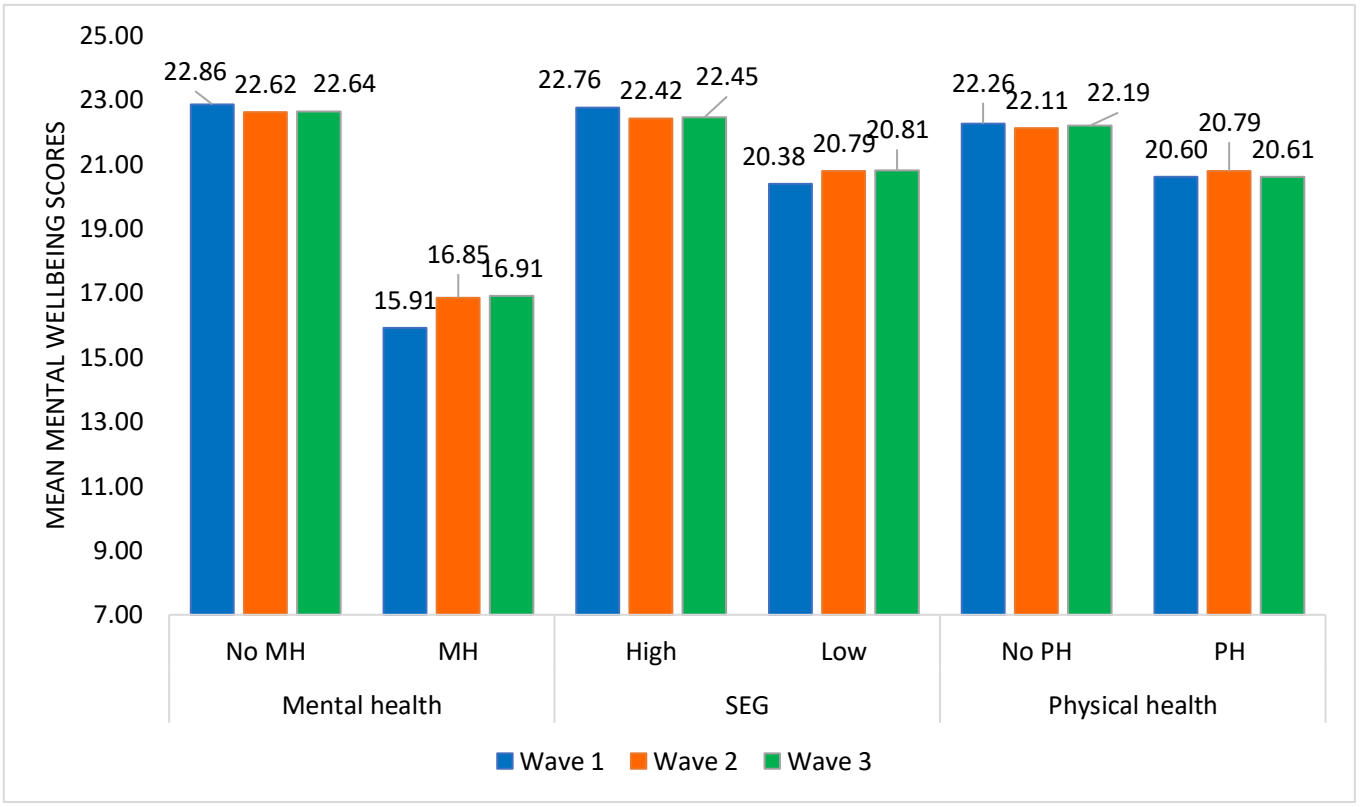
Figure 3.14. Mean mental wellbeing scores Wave 1, Wave 2, and Wave 3



There were some differences over the waves in mental wellbeing by age and sex. Men aged 30-59 years old reported no change in their levels of mental wellbeing from Wave 2 (21.76) to Wave 3 (21.74), whereas there was a decrease in mental wellbeing for older men (60+ years) from Wave 1 (23.88) to Wave 2 (23.28). Additionally, although there was also a decrease in levels of mental wellbeing for women aged 30-59 years from Wave 2 (20.93) to Wave 3 (20.60), and for women aged 60+ (Wave 2: 23.91; Wave 3: 23.52), these changes were not statistically significant. Due to the loss at follow-up, it is not possible to report the changes for the 18-29 year old age group over the waves.

There were some changes in levels of mental wellbeing over the waves by background and health factors (Figure 3.15). Respondents from the lower SEG had an increase in mental wellbeing from Wave 1 (20.38) to Wave 3 (20.81), although there was no statistically significant change for this subgroup from Wave 2 (20.79). In contrast, the high SEG group reported a decrease in their levels of mental wellbeing from Wave 1 (22.76) to Wave 3 (22.45), although this remained similar to Wave 2 levels (22.42). Levels of mental wellbeing also increased for those with a pre-existing mental health condition from Wave 1 (15.91) to Wave 3 (16.91), although their level of mental wellbeing did not change significantly from Wave 2 (16.85). Levels of mental wellbeing remained relatively similar (albeit with a decrease) for those with no pre-existing mental health condition across the waves (Wave 1: 22.86; Wave 2: 22.62; Wave 3: 22.64).

Figure 3.15. Mean mental wellbeing scores at Wave 1, Wave 2 and Wave 3 by pre-existing mental health (MH) condition, socio-economic group (SEG), and pre-existing physical health (PH) condition (%)



There were some further changes in mental wellbeing looking at caring and employment subgroups. For example, those with caring responsibilities reported a decrease in their mental wellbeing from Wave 2 (21.72) to Wave 3 (21.20), compared to those with no caring responsibilities (Wave 2: 21.85; Wave 3: 22.00). Additionally, respondents who reported being a key worker had an increase in their mental wellbeing from Wave 2 (21.17) to Wave 3 (22.33), and those who were not a key worker found their mental wellbeing decreased (Wave 2: 22.02; Wave 3: 21.74).

3.6. Other mental wellbeing outcomes

Wave 3 of the SCOVID study assessed a range of other indicators and correlates of mental health and wellbeing. These included feelings of defeat, entrapment, loneliness, life satisfaction, and current distress (as measured by a single item). This section provides a brief overview of these measures. Findings suggest that the subgroups most at risk of poor mental health and wellbeing (compared to their subgroup counterpoints) at Wave 3 are:

- Young adults (18-29 years)
- Women
- Those with a pre-existing mental health condition
- Those in the lower SEG

3.6.1 Loneliness

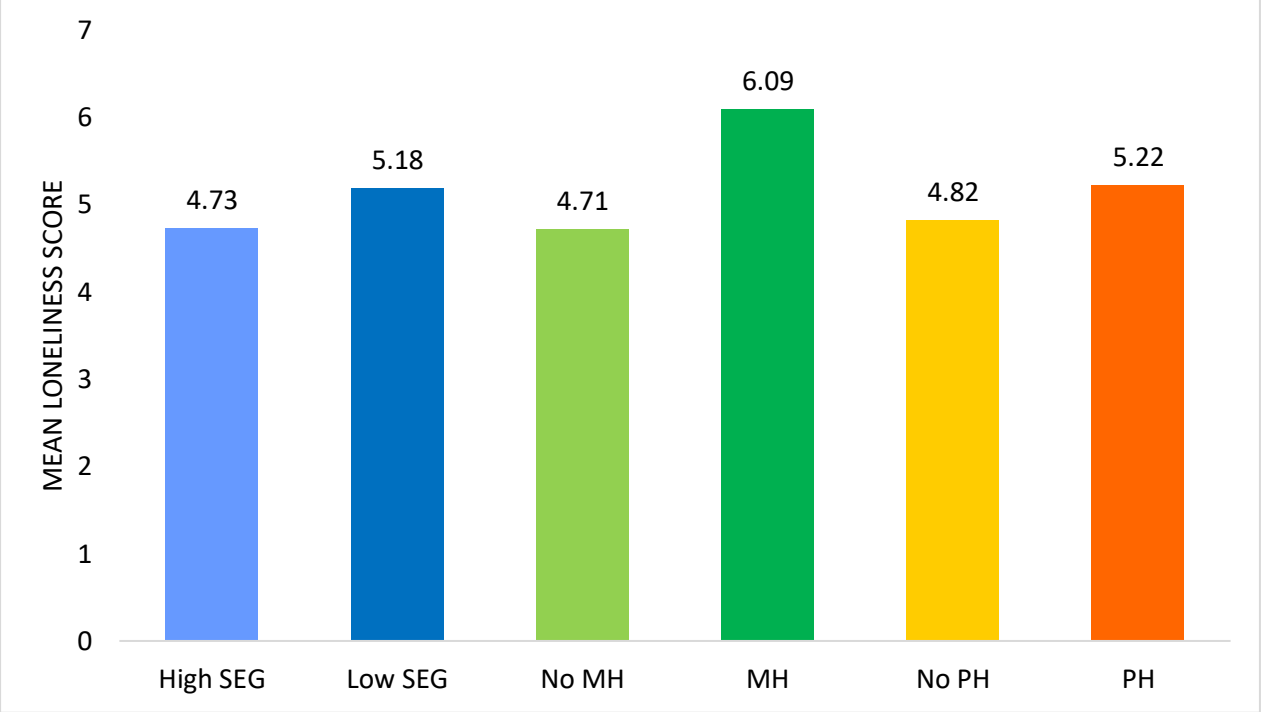
In Wave 3 of the SCOVID study, we measured loneliness using the UCLA Loneliness Scale (Hughes et al., 2014), which assesses three aspects of loneliness: lacking companionship, feeling left out, and feeling isolated from others. We asked people how often they felt each of these aspects of loneliness in the week prior to responding to the Wave 3 questionnaire. 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 levels of loneliness, mean scores are used to compare the different subgroups in terms of perceived levels of loneliness.

Wave 3 findings

The Wave 3 cross-sectional data, including the additional booster sample, found the mean score for loneliness for the whole sample was 5.18 out of a maximum of 9. There were a number of clear differences in terms of levels of loneliness by age and sex. For example, young adults (18-29 years) had the highest levels of loneliness (5.50), compared to 30-59 year olds (4.92) and 60+ year olds (4.40). Additionally, women reported higher levels of loneliness (5.06) than men (4.70).

Subgroup analyses indicated that respondents' background and health may also be associated with higher levels of loneliness (see Figure 3.16). Specifically, respondents in the lower SEG had higher loneliness scores (5.18) than those in the higher SEG (4.73). Individuals with a pre-existing mental health condition also reported higher levels loneliness during Wave 3 (6.09) compared to those with no pre-existing mental health conditions (4.71). Additionally, people with a pre-existing physical health condition reported experiencing higher levels of loneliness (5.22) than those with no pre-existing physical health condition (4.82).

Figure 3.16. Mean loneliness scores for SEG, pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition.



Changes across the waves

For the whole sample, feelings of loneliness increased from Wave 2 (4.59) to Wave 3 (4.73), although levels of loneliness remained lower at Wave 3 than at Wave 1 (4.86).

Some subgroups reported an increase in loneliness from Wave 2 to Wave 3, including:

- People with a pre-existing mental health condition
- Respondents living alone
- Women aged 60+

Looking at age and sex, women aged 60+ had the largest increase in levels of loneliness from Wave 2 (4.32) to Wave 3 (4.61). Men aged 60+ reported an increase as well, although not as large as their female counterparts (Wave 2: 4.12; Wave 3: 4.21). Levels of loneliness among women aged 30-59 years also increased from Wave 2 (4.93) to Wave 3 (5.10) whereas men aged 30-59 years reported no statistically significant change in loneliness from Wave 2 (4.73) to Wave 3 (4.76). Due to the loss at follow-up, it is not possible to report the changes for the 18-29 year old age group over the waves.

Those who had a pre-existing mental health condition reported that their loneliness increased from Wave 2 (5.66) to Wave 3 (6.19), compared to those with no pre-existing mental health condition, whose levels of loneliness remained stable (Wave

2: 4.42; Wave 3: 4.50). Additionally, people who lived alone reported that their loneliness had increased from Wave 2 (4.98) to Wave 3 (5.34).

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. Defeat is a feeling of powerlessness in life and entrapment is a feeling of being trapped by circumstances or your own thoughts. In the Wave 3 SCOVID study, we assessed defeat 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 a very high level of feelings 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.

Wave 3 findings

In the Wave 3 cross-sectional data, including the additional booster sample, the overall mean score was 3.76 for defeat and 3.42 for entrapment.

There were some differences in relation to age and sex on feelings of defeat and entrapment; young adults and women were at higher risk for feeling defeated and entrapped. More specifically, young adults' (18-29 years) mean scores on defeat (4.79) were higher than those aged 30-59 years (4.06) and those aged 60+ (2.55). Similarly, young adults (18-29 years) scored higher on entrapment (4.73) than those aged 30-59 years (3.63), and those aged 60+ years (2.06). Women reported higher mean scores on defeat (4.22) than men (3.26), as well as higher levels of feeling entrapped (3.82) than men (2.98).

Other background and health factors appear to be associated with differences in feelings of defeat and entrapment; those in the lower SEG and those who had a pre-existing mental health condition were at higher risk for feeling defeated and entrapped. More specifically, respondents in the lower SEG felt more defeated (4.20) than those in the higher SEG (3.50) and scored higher on entrapment (3.83) than those in the higher SEG (3.18). Moreover, respondents who indicated having a mental health condition scored higher on defeat (8.08) than those with no pre-existing mental health condition (3.11), as well as reporting a higher mean entrapment score (8.15) than of those with no pre-existing mental health diagnosis (2.70).

Changes across the waves

For the whole sample, average defeat scores increased from Wave 2 (3.55) to Wave 3 (3.71), and average entrapment scores also increased from Wave 2 (3.16) to Wave 3 (3.41). Several groups reported that their average defeat and entrapment scores had increased from Wave 2 to Wave 3:

- Women aged 30-59 years
- Those in the higher SEG
- Those with a pre-existing mental health condition
- Those with no physical health condition (just entrapment scores)

Looking more closely at subgroup changes in defeat and entrapment, for women aged 30-59 years defeat scores increased from Wave 2 (4.61) to Wave 3 (4.83), and their entrapment scores also increased from Wave 2 (3.96) to Wave 3 (4.46), with Wave 3 being similar to Wave 1 (defeat: 4.82; entrapment: 4.46). For men aged 60+, levels of defeat increased from Wave 2 (2.10) to Wave 3 (2.37).

People with a pre-existing mental health condition reported that their feelings of defeat had increased from Wave 2 (7.77) to Wave 3 (8.74), and their entrapment scores also increased from Wave 2 (7.32) to Wave 3 (8.18), which was higher than at Wave 1 (defeat: 8.04; entrapment: 7.84). This was in contrast to those with no pre-existing mental health condition, who reported no statistically significant changes to defeat and entrapment over the waves.

From Wave 2 to Wave 3, respondents from the higher SEG reported an increase in levels of defeat (Wave 2: 3.16; Wave 3: 3.46) and entrapment (Wave 2: 2.86; Wave 3: 3.43). This was in contrast to respondents from the lower SEG, whose levels of entrapment decreased (Wave 2: 3.70; Wave 3: 3.38).

Additionally, respondents with no pre-existing physical health condition reported that their levels of entrapment, but not defeat, increased from Wave 2 (4.57) to Wave 3 (4.79).

3.6.3 Resilience

How resilient a person is can be important for understanding their capacity to cope with difficulties and recover from hardship and stress. Being resilient can be protective for mental health problems, including depression, anxiety, and suicidal thoughts. In Wave 3 of the SCOVID study, 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; scores range from 4, indicating very low resilience, to 20, indicating very high resilience. As there are no cut-off scores to demarcate levels of high and low

resilience, mean scores were used to compare the different subgroups on resilience average. Respondents were asked to rate their perceptions of their resilience in the 7 days prior to responding to the Wave 3 questionnaire.

Wave 3 findings

In the Wave 3 cross-sectional data, including the additional booster sample, the mean resilience score was 11.12 (out of a possible 20) for the whole sample.

The subgroup analyses reveal some differences in mean resilience scores by age and sex. Both women and men felt their resilience had decreased during lockdown, although women reported lower mean resilience than men overall. Specifically, mean resilience scores were higher for men (11.50) compared to women (10.71). Levels of resilience varied by age group, with the older age group (60+ years) reporting the highest levels of resilience (12.05), followed by 30-59 year olds (10.57), and young adults reported the lowest levels of resilience (9.11).

Respondents' perceptions of their resilience and ability to cope with stress varied by background and health status. For example, levels of resilience were higher for those in a higher SEG (11.30), compared to the lower SEG (10.74). Individuals with a pre-existing mental health condition also reported lower resilience (7.12) compared to those with no mental health condition (11.62).

Changes across Waves

Across the whole sample, levels of resilience did not change from Wave 2 (10.74) to Wave 3 (10.74). Analysis suggests that levels of resilience decreased for women aged 60+ years from Wave 2 (12.49) to Wave 3 (12.25), as well as for men aged 60+ years from Wave 2 (12.24) to Wave 3 (11.94). For men age 30-59 years, resilience increased (Wave 2: 10.43; Wave 3: 10.79), whereas for women of this age group it remained similar (Wave 2: 10.08; Wave 3: 10.06). For those with a pre-existing mental health condition, levels of resilience increased across the waves (Wave 1: 5.73; Wave 2: 6.76; Wave 3: 7.28), whereas for those with no pre-existing mental health condition, levels of resilience remained similar (Wave 1: 11.36; Wave 2: 11.36; Wave 3: 11.29).

3.6.4 Social support

Questions in the Wave 3 SCOVID study assessed sources of emotional and physical support and feelings of connection to those around the respondents. Good support networks are important to protect against poor mental health, including against depression, anxiety, and suicidal thoughts. Social support was measured using four questions from the ENRICHD Social Support Instrument (ESSI; Mitchel et al., 2003), which assesses 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.

Wave 3 findings

In the Wave 3 cross-sectional data, including the additional booster sample, the mean score for levels of social support was 14.49 for the whole sample. There were some differences in perceptions of social support by age and sex. Interestingly, at Wave 3 young adults (18-29 years) reported the highest levels of social support (16.18), higher than 30-59 year olds (13.97) and individuals aged 60+ years (14.86). There were no statistically significant differences in social support between men (14.59) and women (14.38).

Respondents' background and health status were also associated with different levels of social support, with those most at risk of negative outcomes such as depression and anxiety reporting lower social support. Specifically, individuals in the higher SEG reported more social support (15.01) than those in the lower SEG (13.37). Additionally, individuals with no pre-existing mental health condition reported higher levels of social support (11.62) compared to those with a pre-existing mental health condition (7.12). This suggests that those with a pre-existing mental health condition, in particular, have fewer sources of social support, a key protective factor for poor mental health.

Changes across Waves

For the whole sample, social support average scores increased from Wave 2 (14.40) to Wave 3 (14.69). Analysis suggests that levels of social support decreased for women aged 60+ years from Wave 2 (15.25) to Wave 3 (14.87), as well as for men aged 60+ years from Wave 2 (15.38) to Wave 3 (14.86).

Respondents with a pre-existing physical health condition reported that their social support decreased from Wave 2 (13.96) to Wave 3 (13.74), and those without a physical health conditions reported an increase in social support from Wave 2 (14.51) to Wave 3 (14.93).

3.6.5 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 current distress, we asked respondents to indicate on a 10-point scale how distressed they had felt the week prior to answering the Wave 3 questionnaire, with 0 indicating feeling no distress, to 10 indicating feeling extreme distress. As there is no cut-off for high and low distress, the subgroups are compared on their average mean scores.

Wave 3 findings

For the Wave 3 cross-sectional data, including the additional booster sample, average level of distress for the overall sample was 2.71. Different levels of distress were found for age and sex. Specifically, women (3.15) reported higher levels of distress than men (2.24). Additionally, levels of distress varied across the different age groups, with young adults (18-29 year olds) reporting the highest levels of distress (3.86), followed by 30-59 year olds (2.78), and then the 60+ group (1.76), who reported the lowest.

Levels of distress varied according to respondents' mental health. Of all the subgroups, the highest levels of distress were seen in those with a pre-existing mental health condition (4.80). In contrast the mean level of distress in those with no previous mental health diagnosis was 2.40.

Changes across Waves

For the whole sample, the average level of distress increased from Wave 2 (2.54) to Wave 3 (2.76).

Looking closer at changes in distress, some subgroup changes emerge. For example, for women aged 30-59 years, levels of distress increased from Wave 2 (2.90) to Wave 3 (3.24), whereas men aged 30-59 years remained similar from Wave 2 (2.18) to Wave 3 (2.28). For older women (60+ years) levels of distress increased from Wave 2 (1.71) to Wave 3 (1.92). For respondents with a pre-existing mental health condition, distress increased from Wave 2 (4.52) to Wave 3 (4.92).

3.6.6 Life satisfaction

Respondents were also 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. As there is no cut-off for high and low life satisfaction, the subgroups are compared on their average mean scores.

Wave 3 findings

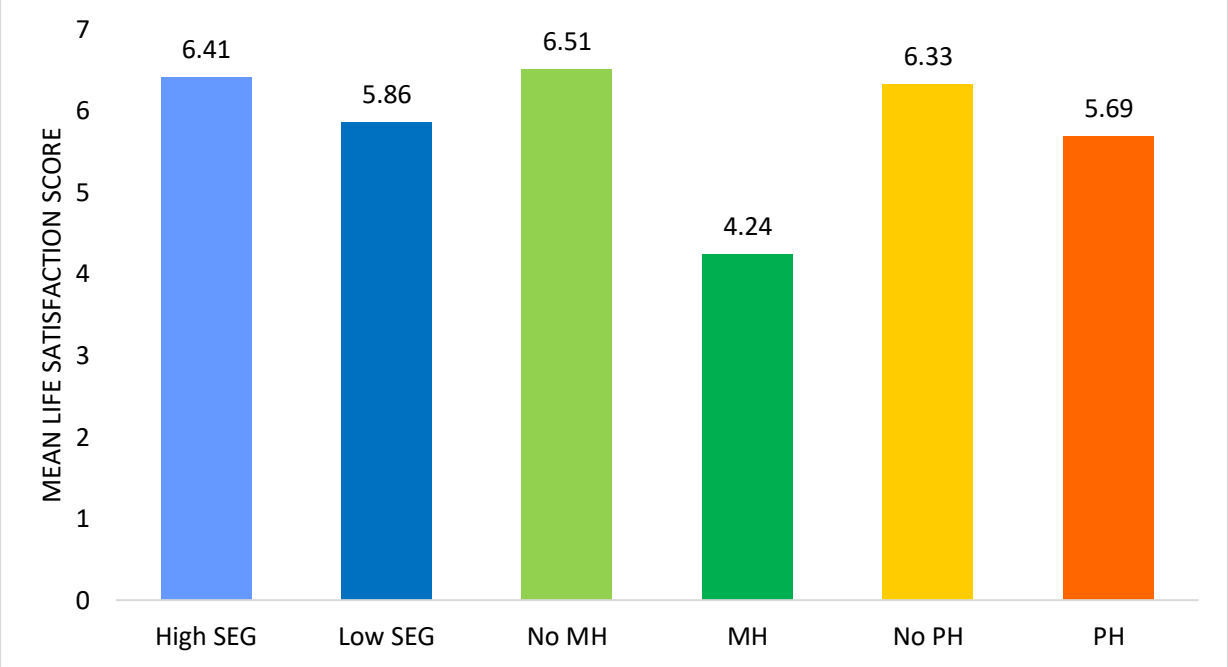
In the Wave 3 cross-sectional data, including the additional booster sample, the average mean life satisfaction for the sample was 6.21.

Looking at life satisfaction by age and sex, men reported higher life satisfaction (6.32) than women (6.12). Young adults (18-29 year old) and 30-59 year olds reported the same life satisfaction scores (5.95), which was lower than the 60+ year old group (6.80).

Subgroup analyses indicated that respondents' background and health may also be associated with higher levels of life satisfaction, as illustrated in Figure 3.17. Specifically, respondents in the higher SEG reported higher mean life satisfaction

scores (6.41) than those in the lower SEG (5.86). Additionally, people without a pre-existing physical health condition reported experiencing higher life satisfaction (6.33) than those with a pre-existing physical health condition (5.69). Individuals with no pre-existing mental health condition reported higher life satisfaction during Wave 3 (6.51) compared to those with a pre-existing mental health condition (4.24).

Figure 3.17**.** Mean life satisfaction scores for SEG, pre-existing mental health (MH) condition, and pre-existing physical health (PH) condition.



Changes across Waves

For the overall sample, levels of life satisfaction decreased from Wave 2 (6.14) to Wave 3 (5.98). Looking at changes in life satisfaction by subgroups, women aged 30-59 years reported a decrease in life satisfaction from Wave 2 (6.15) to Wave 3 (5.87), and women aged 60+ years also reported a decrease in life satisfaction from Wave 2 (7.04) to Wave 3 (6.86). For older men (60+ year old) there was also a decrease from Wave 2 (6.96) to Wave 3 (6.72).

4. Wave 3 COVID-19 Contextual Factors

This section provides a summary of respondents' experiences of, and views on COVID-19 between the 1st October to 4th November 2020 during a period of increased restriction measures in the central belt in Scotland. This section assesses people's experiences during this phase 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 3 SCOVID study questionnaire. Comparison to previous waves will not be made in this section, however contextual data for the previous waves can be found in section 4 of the Wave 1 report and Wave 2 report. More detail on contextual factors is reported in Annex 3 through to Annex 7.

4.1 COVID-19 related experiences

Of the Wave 3 sample, including the booster sample, 0.7% of respondents reported that they had been diagnosed with COVID-19, and 5.7% reported that they had not been diagnosed but suspected they had contracted COVID-19. Around three quarters of this group (73.7%) reported self-isolating as a result of their symptoms. 18.4% of respondents reported that they knew someone diagnosed with COVID-19 and 2.7% 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. Responses for each question were recorded on a 0 to 10 scale, with 0 indicating 'Not at all' and 10 indicating 'Very much', with no definition ascribed to the points in between. The average scores for the whole Wave 3 sample are reported in this section. See Annex 3, 4, and 5 for more detail.

- Respondents on average indicated the middle of the scale (5.5/10) to designate the impact COVID-19 had on how they felt emotionally (e.g. scared, upset, angry, depressed)
- Respondents on average indicated slightly above middle of the scale for the impact COVID-19 had on their lives more generally (6/10).
- Respondents also scored their current life satisfaction 6/10.
- When asked how concerned they felt about COVID-19, respondents averaged above the middle of the scale 6.6/10.
- When asked about how much control society had over COVID-19, they scored on average at the lower end of the scale (3.6/10).
- Compared to others of the same sex and age, roughly half of respondents (54.3%) felt they had an 'average' chance of contracting COVID-19, under a

fifth of the sample felt they had a lower than average (16.0%) chance, while a fifth of respondents felt they had a greater than average chance (20.4%).

- Respondents chose 8.7/10 to indicate how necessary they felt social distancing and lockdown measures to be in helping prevent the spread of COVID-19.
- Over eighty percent (range 80.9- 92.5%) 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 3 survey (see Table F in Annex 5) at all times or often. There were no significant differences between subgroups regarding adherence to the government guidelines.

Wave 3 specific items

- Around half of respondents with a pre-existing mental health condition (51.8%), those with dependents under 5 years old (51.0%) and those in the youngest age group (49.0%) reported feeling negatively affected by the fact that others seemed to be living more normally than they were.
- Respondents with a pre-existing physical health condition (62.8%) and women (59.4%) were most likely to report feeling concerned that their risk of catching COVID-19 had increased with the easing of restrictions.
- Around three quarters of respondents with a pre-existing mental (70.4%) or physical (69.6%) health condition, and women (68.3%), reported feeling concerned that the risk of a loved one getting COVID-19 had increased.
- The majority of respondents with pre-existing physical health conditions (89.6%) and the 60+ age group (87.6%) reported feeling concerned about the occurrence of a second wave of COVID-19.
- Just under three quarters of the sample (71.9%) at Wave 3 felt the Scottish Government guidance on Phase 3 COVID-19 restrictions was easy to understand.

Interacting with others

Wave 3 coincided with increased restriction measures in the central belt in Scotland. Specifically, from 1st October people could no longer meet inside people's homes unless they were part of a bubble, and only two households could meet outdoors. Respondents were asked about their activities in the previous two weeks. Around two thirds of respondents reported having neither visited others (68.1%) nor received visitors (68.2%). Of respondents who had, the majority indicated this had happened once (visiting others 18.5%, receiving visitors 18.3%). The middle age group (30-59 years) were least likely to have received visitors (26.6%), followed by the 60+ age group (30.6%) while the youngest age group (44.1%) were most likely to have received visitors at least once.

Similarly, respondents in the youngest age group were most likely to have visited another's home (49.4%), compared to over a quarter of 30-59 year olds (28.1%) and a quarter of the 60+ age group (24.7%).

At Wave 3, three quarters (76.6%) of respondents indicated feeling concern about other people's willingness to adhere to COVID-19 restrictions. The areas of concerns varied across key groups.

- Respondents in the 60+ age group (80.3%) and those with pre-existing mental (82.0%) or physical (84.9%) health conditions were most likely to feel concerned about others' ability to adhere to guidelines.
- Keyworkers (52.1%) and respondents with dependents aged 5-16 years old (40.4%) were the groups most likely to express concern around catching COVID-19 at work.

Support seeking

- Respondents at Wave 3 reported that they would feel reasonably willing to contact their GP about a non-COVID-19 related health concern (7/10). Respondents in the 60+ age group (7.9/10) and those with pre-existing physical health conditions (7.3/10) were most willing to contact the GP.
- Overall respondents were reasonably likely (6.3/10) to seek professional help for their mental health. Respondents in the 60+ age group (6.6/10) and those from high SEG (6.4/10) were most likely to seek help for their mental health.

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 3, which help to contextualise the mental health findings. Wave 3 findings suggest that respondents felt that their overall health was reasonably good. Respondents with a pre-existing mental or physical health condition 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 3 survey, around two thirds of respondents (62.4%) reported that their health was 'very good' (16.7%) or 'good' (45.7%). Over a quarter (28.9%) reported their health as 'fair', and fewer than one in ten felt their health was either 'poor' (7.4%) or 'very poor' (0.9%).

Looking at the data more closely, 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) (5.1%) were least likely to report feeling their health was poor or very poor compared to 30-59 year olds (7.9%) and the 60+ years group (11.3%).
- Women were less likely to report their general health as good or very good (60.1%) than men (64.9%).
- Respondents from the lower SEG (13.4%) were more likely to report poorer general health than those from higher SEG (5.3%).
- Over a third of respondents with pre-existing mental (34.9%) and over a quarter of those with physical health conditions (27.3%) reported poor or very poor general health compared to those without a pre-existing mental (4.2%) or physical health (3.7%) conditions.

4.2.2 Sleep

This section presents a brief overview of respondents' sleep quality in the week prior to the Wave 3 survey. Respondents were asked how they felt their sleep quality had been in the week prior to the Wave 3 survey. The data indicated that 40.5% of respondents rated their sleep as 'average'. Around a third (31.4%) of respondents rated their sleep as 'good' (24.5%) or 'very good' (6.9%), while over a quarter (28.2%) felt their sleep had been 'poor' (20.8%) or 'very poor' (7.4%).

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

- Respondents in the middle age group (30-59 year olds) were more likely to report experiencing poor or very poor (30.1%) sleep compared to respondents in the youngest age group (28.4%) or the 60+ age group (25.0%).
- Women were more likely to report poor or very poor (31.5%) sleep compared to men (24.8%).
- Respondents from the lower SEG were more likely to report poor or very poor (31.5%) sleep compared to the higher SEG (26.3%).
- Sleep quality differed significantly between respondents with or without a pre-existing mental health condition:
    - Almost half of respondents with a pre-existing mental health condition reported poor or very poor (46.7%) sleep quality in the past week, compared to a quarter (25.4%) of those with no mental health condition.
    - Just over a tenth of those with a pre-existing mental health condition reported good sleep quality (12.2%) compared to over a third (34.3%) of those with no mental health condition.

4.2.3 Lifestyle factors

Lifestyle factors can be important factors in an individual's mental and physical wellbeing. This section presents a brief breakdown of respondents' lifestyle factors at Wave 3.

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

34.3% reported not drinking alcohol in the past week. 39.4% reported no changes in their drinking in the past week. 16.9% reported drinking less than usual while 9.4% of respondents felt they had drunk more than usual.

Smoking

The majority of the sample (80.6%) reported not smoking during the previous week. Under 10% of the sample reported changes in smoking behaviour, with 2.3% of respondents reporting having smoked less than usual, while 4.0% felt they had smoked more than usual.

Drugs

The majority of the sample (88.6%) reported not using drugs, 1.5% of the sample reported increased drug use in the previous week prior compared to their usual usage, while 1.2% reported decreased use.

Gambling

The majority of the sample reported not engaging in online gambling (80.6%) in the week prior. Of respondents who did gamble online, 64.4% reported no change in their gambling in the preceding week, 19.3% reported gambling less than usual, and 16.3% 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. Overall, respondents reported engaging in exercise for an average of just under 3 days per week (Mean was 2.73 days).

- Men reported engaging in more vigorous physical activity compared to women.

- Respondents from the higher SEG reported engaging in significantly more vigorous physical activity compared to those from lower SEG.
- Respondents without a pre-existing mental or physical health condition reported more vigorous activity than those with a pre-existing mental or physical health condition.

4.3 Support network and emotional support

This section presents an overview of respondents' emotional and social support at Wave 3. Given the possibility that people would be isolated from their usual support networks due to the COVID-19 restrictions, Wave 3 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 and colleagues than the other age groups.
- Women felt more connected to family and colleagues than men.
- Those in the higher SEG felt more connected to friends and colleagues than those in the lower SEG.
- Respondents without a pre-existing mental or physical health condition felt more connected to family, friends, colleagues, and community than those with a pre-existing mental or physical health condition.

4.3.1 Support Network

Family and Friends

Two thirds of the sample (66.4%) felt connected to family, while almost half the sample felt connected to friends (47.8%) and almost a fifth (18.7%) felt connected to their community. Of respondents who worked, 40.5% felt connected to their colleagues.

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

- Young adults (18-29 year olds) were more likely to report feeling connected to their friends (56.9%), followed by older adults (46.2%), and then the middle age (30-59 years old) group (44.3%).
- Women were more likely to feel connected to family (68.7%) than men (63.7%).

- Respondents from the lower SEG were less likely to feel connected to friends (39.4%) compared to those from a higher SEG (52.7%).

Living with a health condition was also associated with different reports of connectedness:

- Respondents with a pre-existing mental (47.1%) or physical health (42.0%) condition were more likely to not feel connected to family compared to respondents without a pre-existing mental (30.6%) or physical (30.5%) health condition.
- Respondents with a pre-existing mental (69.2%) or physical (58.8%) health condition more likely to not feel connected to friends compared to those with a pre-existing mental (46.3%) or physical (47.1%) health condition.

Colleagues and Community

Under a fifth (18.7%) of the overall sample reported feeling connected to their community. Around a quarter (26.2%) of respondents responded that the item assessing connectivity to colleagues was not applicable to them (e.g., respondents who may not work or had been furloughed) and they have been excluded from analysis of this item. Differences arose across subgroups such as age, sex, background, and health status:

- Around half of the 30-59 year olds (47.7%) and 18-29 year olds (46.9%) reported feeling connected to their colleagues compared to a fifth (19.3%) of the 60+ age group.
- The middle age group (20.4%) were more likely to feel connected to their community compared to young adults (18.0%) and the 60+ age group (16.6%).
- Women were more likely (44.1%) than men (39.4%) to report feeling connected to colleagues, whereas men were more likely to report feeling connected to their community (20.9%) than women (16.7%).
- Respondents from the higher SEG were more likely to feel connected to colleagues (45.7%) than those from the lower SEG (32.8%). Respondents from higher SEG were also more likely to feel connected to their community (20.6%) than those from lower SEG (15.3%).
- Respondents with a pre-existing mental health condition were less likely to feel connected to colleagues (24.8%) compared to respondents without a pre-existing condition (43.8%). Respondents with a pre-existing mental health condition were also less likely to report feeling connected to their community (8.9%) compared to those with no pre-existing mental health condition (20.2%).
- Respondents with a pre-existing physical health condition were less likely to feel connected to colleagues (21.9%) than those without a pre-existing physical health condition (44.9%). 16.3% of respondents with a pre-existing

physical health condition felt connected to their community compared to a 19.3% without a pre-existing physical health.

4.3.2 Emotional support

This section presents a breakdown of sources of emotional support respondents used in the month prior to Wave 3. Sources of emotional support included family, counsellors, GP, and NHS services. The findings for the whole sample are displayed in Table 4.1 below, indicating the percentage of people who had contacted a particular source at least once in the month before the Wave 3 survey.

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 4.1. Percentage of respondents who used sources of emotional support at least once in the month before Wave 3 survey

Source of support	Respondents accessing in month prior to Wave 3 survey (%)
Friends or family	41.1
Professional counselling or therapy (via telephone, online or face-to-face)	6.5
GP or community health worker (e.g. health visitor, midwife, pharmacist)	8.8
NHS 24 111 telephone service	3.0
NHS Inform/Shielding support telephone line	5.3

Differences in use of support:

- Young adults (18-29 years) were the most likely to have made use of all sources of emotional support compared to the other age groups:
    - Young adults were more likely to have contacted friends and family for emotional support (65.6%) than the other age groups (30-5 years: 40.9%, 60+: 23.0%).
    - Young adults were also more likely to have used professional counselling or therapy services (12.2%) than the other age groups (30-59 years: 8.0%, 60+: 0.1%).
    - Young adults were more likely to report having contact with a GP or community health worker (13.9%) than the other age groups (30-59 years: 9.4%, 60+: 4.0%) and were more likely to report using NHS 24 (5.5%) than the other age groups (30-59 years: 3.3%, 60+: 0.4%).

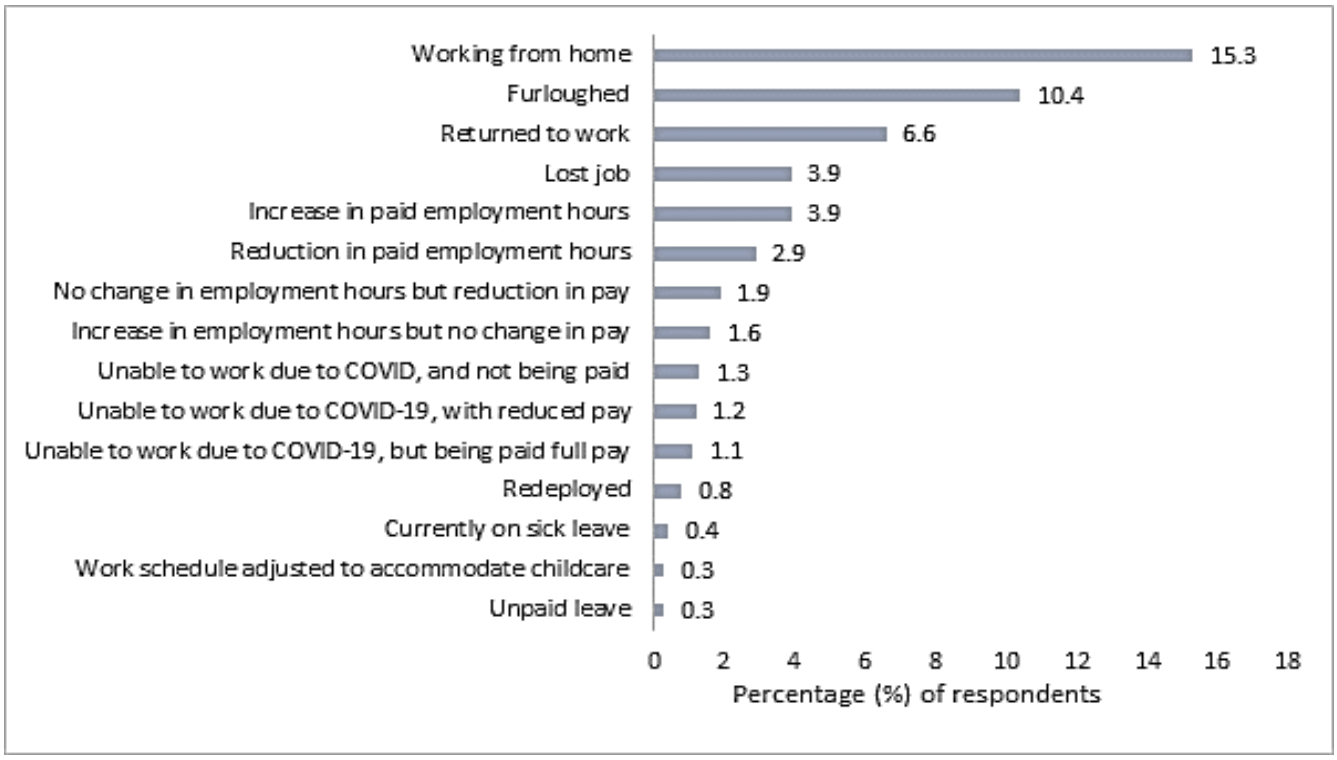
    - The youngest age group were also more likely to report using NHS Inform/Shielding support telephone line (10.1%) than the other age groups (30-59 years: 5.2%, 60+: 2.1%).
- Women were more likely to have contacted friends and family for emotional support (50.4%) than men (30.7%).
- Respondents with a pre-existing mental health condition were more likely (63.7%) to have contacted friends and family for emotional support than those with no pre-existing condition (37.6%), and were also more likely to have used professional counselling or therapy services (16.2%) compared to those with no pre-existing condition (5.1%). They also were more likely to report contact with GP or community health worker (18.3%) than those with no pre-existing mental health condition (7.4%).
- Respondents with a pre-existing physical health condition were less likely (36.5%) to have contacted friends and family for emotional support than those with no pre-existing condition (42.1%), and were also less likely (2.8%) to have used professional counselling or therapy services than those with no pre-existing physical health condition (7.4%). Those with a pre-existing physical health condition were also less likely (0.2%) to have used NHS 24 than those with no pre-existing physical health condition (3.6%).

4.4. Finances during easing of lockdown

Respondents were asked questions around work status and financial security during the Wave 3 study period. Overall, just over half of respondents (56.7%) reported that their job had changed in some way during the COVID-19 pandemic. As displayed in Figure 4.1, at Wave 3 the most commonly reported changes were:

- 15.3% of the sample were working from home,
- 10.4% were furloughed,
- 6.6% of respondents had returned to work.

Figure 4.1. Changes to job role experienced during COVID-19 pandemic (% of respondents)



To assess perceived financial coping during COVID-19 in Wave 3 of the SCOVID study, respondents were asked: “How well would you say you are managing financially these days?” Responses were: ‘living comfortably', ‘doing alright’, ‘just about getting by’, ‘finding it quite difficult’, ‘finding it very difficult’. For this report we have grouped responses to reflect respondents reporting financial coping (living comfortably, doing alright, and just about getting by) and those who were experiencing difficulties (finding it quite difficult, and finding it very difficult).

At the time of the Wave 3 survey the majority of respondents reported financial coping (89.5%).

Particular subgroups within the sample did report experiencing financial difficulties, these include respondents in the younger age groups, those in the lower SEG, carers, those living in rural areas, and respondents with pre-existing mental health conditions. Specifically:

- The younger age groups were more likely to report financial difficulties (18-29 14.5%, 30-59 13.2%) compared to those in the 60+ age group (3.4%).
- Respondents with caring responsibilities were more likely (17.6%) to report financial difficulties than those without caring responsibilities (9.2%).
- Respondents from the lower SEG were more likely (14.8%) to report financial difficulties than those from higher SEG (8.0%).

- Respondents who lived in rural areas were more likely (14.5%) to report financial difficulties than those living in urban areas (9.4%).
- Respondents with a pre-existing mental health condition were more likely to report financial difficulties (24.6%) compared to those with no pre-existing condition (8.3%).

4.5 Sources of stress

Respondents were asked to indicate what sources of stress they had experienced around the time of the Wave 3 survey. Of the overall sample, just under half of respondents (44.0%) felt cut off from friends and family and over a quarter of respondents (27.0%) were finding the restrictions on socialising difficult to cope with. A tenth of respondents (10.1%) reported experiencing more arguments with the people they lived with. See Annex 6 for more sources of stress for the whole sample.

- Women, and respondents with a pre-existing mental or health condition most frequently reported feeling cut off from friends and family.
- The youngest age group, women, and respondents with a pre-existing mental health condition were most likely to report struggling with the restrictions on socialising.
- The youngest age group, women and respondents with a pre-existing mental health condition were most likely to report an increase in arguments with the people they lived with.
    - For those who reported experiencing increased arguments, they were most frequently reported as occurring with a husband, wife or partner (72.1%), a parent (15.2%), or with children (11.9%).

4.6 Interpersonal harm

This section gives a brief overview of the findings about respondents' recent experiences of physical harm, bullying, or psychological harm in the two weeks before the Wave 3 survey.

Overall, 5.3% of respondents reported that they had been physically harmed by another person in the prior two weeks. Additionally, 8.7% 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 that the other age groups
- Men reported higher rates of physical harm than women.

- Those in the lower SEG reported higher rates of physical harm than those in higher SEG.
- Those with a pre-existing mental health condition reported higher physical and psychological harm than those without a pre-existing condition.
- Those with a pre-existing physical health condition reported lower physical harm and psychological harm than those without a pre-existing condition.

4.7. Trust in authorities

Trust is an important indicator of how confident people are in society more widely. In Wave 3 of the SCOVID study, trust in the authorities (police, NHS, UK, and Scottish governments) was assessed. Differences in levels of trust by groups can be found in Annex 7.

Police

Around two thirds of respondents (68.1%) said that they trusted the police to some extent and around a quarter (26.7%) of these respondents reported trusting the police completely.

NHS

The majority of respondents (88.2%) reported trusting the NHS to some extent and around half (47.2%) of these respondents endorsed trusting the NHS completely.

Trust in government

Respondents were asked to what extent they felt the UK and Scottish governments could be trusted. Just under a quarter of respondents (23.6%) said that they felt the UK government could be trusted to some extent, while two thirds (65.7%) said they did not trust it at all or did not trust it very much.

Over half of all respondents (59.1%) said that they felt the Scottish government could be trusted to some extent, while a third (30.2%) said they did not trust it at all or did not trust it very much.

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 3 of the Scottish COVID-19 Tracker Study, which is the third of five waves in a longitudinal study spanning one year. The aim of this wave of the study is to better understand experiences of the Scottish population during the COVID-19 pandemic and lockdown, and their mental health and wellbeing during October 2020.

As data collection began in May 2020, after COVID-19 pandemic restrictions had already been put into place, this wave report is unable to report on how mental health and wellbeing has changed from before the pandemic in comparison to the Wave 3 survey period (October 1st 2020 – 4th November 2020). However, comparison between Wave 1 and Wave 2 with Wave 3 data suggests an overall increase in mental ill-health during this time, although some findings were more mixed. Specifically, levels of distress and loneliness increased from Wave 2 to Wave 3 and levels of life satisfaction decreased between these waves. Both depressive and anxiety symptoms increased from Wave 1 to Wave 3, although there were no notable changes between Wave 2 and Wave 3. Mental wellbeing also did not change in this time. In contrast, suicidal thoughts decreased for the whole sample from Wave 2 to Wave 3, although these were still slightly higher than at Wave 1.

Consistent with the cross-sectional findings from both Wave 1 and Wave 2, the Wave 3 cross-sectional findings suggest there are particular groups within society that may be at an elevated risk for more negative mental health and wellbeing outcomes such as depressive symptoms, anxiety symptoms, suicidal thoughts, and lower mental wellbeing. The highest rates of negative mental health outcomes in Wave 3 were reported among:

- young adults
- women
- respondents with a pre-existing mental health condition
- a pre-existing physical health condition
- and those from a lower SEG

The findings suggest that overall mental health and wellbeing has deteriorated on several markers from Wave 1 and Wave 2 to Wave 3, which roughly coincides with an increasing of lockdown restrictions across Scotland. This implies that restrictions are having an impact upon people's mental health; this effect will be monitored closely in subsequent waves.

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Annex

Annex 1. Ethnicity findings

Table A. Wave 3 ethnicity grouping

What is your ethnic group?	N	%
White	1573	96.8
Asian	29	1.8
Black	6	0.4
Mixed	12	0.7
Other/ prefer not to say	5	0.3

In total, ethnic minorities made up 3.1% of the sample, and therefore were too small a group to report on within the main report. Looking at the main mental health outcomes at Wave 3, ethnic minority groups were significantly higher on suicidal thoughts only (see Table B). There were no other statistically significant differences.

Table B. Main mental health outcomes by ethnic group.

Mental Health	White	Ethnic Minority
Suicidal thoughts	9.4%	26.0%
Depressive symptoms (PHQ-9 >10)	21.2%	27.9%
Anxiety symptoms (GAD-7 >10)	15.9%	22.1%
High GHQ-12 (GHQ-12 >4)	31.9%	33.7%

Annex 2. Descriptive analysis of data with weights on and weights off

Table C1: Weights on percentages of cut-offs for mental health and wellbeing indicators for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Depressive symptoms	Anxiety symptoms	GHQ-12 cut off	Suicidal thoughts
Sex*Age				
Women 18-29	Wave 1: 49.0% Wave 2: 42.9% Wave 3: 45.9%	Wave 1: 31.6% Wave 2: 35.4% Wave 3: 31.7%	Wave 1: 54.5% Wave 2: 52.7% Wave 3: 48.8%	Wave 1: 13.8% Wave 2: 16.8% Wave 3: 16.4%
Women 30-59	Wave 1: 27.9% Wave 2: 25.1% Wave 3: 25.5%	Wave 1: 21.1% Wave 2: 20.0% Wave 3: 20.1%	Wave 1: 39.3% Wave 2: 35.3% Wave 3: 35.9%	Wave 1: 11.7% Wave 2: 13.9% Wave 3: 11.7%
Women 60+	Wave 1: 9.7% Wave 2: 10.5% Wave 3: 12.1%	Wave 1: 4.6% Wave 2: 6.2% Wave 3: 7.2%	Wave 1: 24.3% Wave 2: 19.0% Wave 3: 19.2%	Wave 1: 1.3% Wave 2: 2.3% Wave 3: 0.8%
Men 18-29	Wave 1: 4.2% Wave 2: 35.8% Wave 3: 37.5%	Wave 1: 1.5% Wave 2: 18.5% Wave 3: 17.0%	Wave 1: 5.1% Wave 2: 3.1% Wave 3: 21.6%	Wave 1: 3.2% Wave 2: 48.6% Wave 3: 21.9%
Men 30-59	Wave 1: 15.8% Wave 2: 18.5% Wave 3: 15.0%	Wave 1: 10.6% Wave 2: 10.8% Wave 3: 10.1%	Wave 1: 22.7% Wave 2: 24.4% Wave 3: 27.0%	Wave 1: 10.1% Wave 2: 14.0% Wave 3: 9.2%
Men 60+	Wave 1: 10.9% Wave 2: 12.9% Wave 3: 9.2%	Wave 1: 10.6% Wave 2: 8.4% Wave 3: 9.5%	Wave 1: 17.1% Wave 2: 15.4% Wave 3: 18.2%	Wave 1: 2.3% Wave 2: 5.1% Wave 3: 3.9%
Mental health condition				
No	Wave 1: 13.2% Wave 2: 15.6% Wave 3: 14.4%	Wave 1: 7.9% Wave 2: 9.3% Wave 3: 8.4%	Wave 1: 23.1% Wave 2: 20.8% Wave 3: 21.8%	Wave 1: 5.4% Wave 2: 10.7% Wave 3: 5.4%
Yes	Wave 1: 53.0% Wave 2: 62.7% Wave 3: 66.6%	Wave 1: 45.7% Wave 2: 51.1% Wave 3: 54.5%	Wave 1: 53.7% Wave 2: 50.2% Wave 3: 65.6%	Wave 1: 20.5% Wave 2: 42.9% Wave 3: 38.3%
SEG				
High	Wave 1: 17.6% Wave 2: 19.4% Wave 3: 19.0%	Wave 1: 12.1% Wave 2: 11.4% Wave 3: 11.7%	Wave 1: 25.9% Wave 2: 23.2% Wave 3: 24.7%	Wave 1: 6.3% Wave 2: 11.0% Wave 3: 7.7%
Low	Wave 1: 20.2% Wave 2: 26.8% Wave 3: 25.7%	Wave 1: 14.5% Wave 2: 21.3% Wave 3: 20.1%	Wave 1: 29.8% Wave 2: 27.7% Wave 3: 33.3%	Wave 1: 9.0% Wave 2: 21.8% Wave 3: 12.5%
Rural v urban				
Rural	Wave 1: 20.0% Wave 2: 21.0% Wave 3: 19.2%	Wave 1: 10.6% Wave 2: 15.3% Wave 3: 15.3%	Wave 1: 33.3% Wave 2: 30.0% Wave 3: 35.1%	Wave 1: 5.5% Wave 2: 10.5% Wave 3: 5.5%
Urban	Wave 1: 18.2% Wave 2: 22.3% Wave 3: 22.0%	Wave 1: 22.5% Wave 2: 14.8% Wave 3: 14.5%	Wave 1: 25.6% Wave 2: 23.4% Wave 3: 25.8%	Wave 1: 7.8% Wave 2: 16.0% Wave 3: 10.4%

Table C1 continued: Weights on percentages of cut-offs for mental health and wellbeing indicators for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Depressive symptoms	Anxiety symptoms	GHQ-12 cut off	Suicidal thoughts
Physical health condition				
Yes	Wave 1: 15.1% Wave 2: 18.9% Wave 3: 19.4%	Wave 1: 10.6% Wave 2: 12.7% Wave 3: 12.6%	Wave 1: 24.7% Wave 2: 22.0% Wave 3: 25.0%	Wave 1: 6.4% Wave 2: 14.8% Wave 3: 9.3%
No	Wave 1: 32.1% Wave 2: 34.4% Wave 3: 29.3%	Wave 1: 22.5% Wave 2: 23.6% Wave 3: 22.9%	Wave 1: 37.0% Wave 2: 35.5% Wave 3: 38.9%	Wave 1: 10.5% Wave 2: 15.2% Wave 3: 9.6%
Carer				
Not a carer	Wave 1: 16.8% Wave 2: 21.0% Wave 3: 21.0%	Wave 1: 11.6% Wave 2: 13.7% Wave 3: 13.7%	Wave 1: 24.1% Wave 2: 22.4% Wave 3: 26.2%	Wave 1: 6.9% Wave 2: 15.3% Wave 3: 9.3%
Carer	Wave 1: 29.2% Wave 2: 28.4% Wave 3: 24.9%	Wave 1: 21.1% Wave 2: 22.0% Wave 3: 19.1%	Wave 1: 45.8% Wave 2: 39.6% Wave 3: 37.5%	Wave 1: 9.7% Wave 2: 13.3% Wave 3: 10.2%
Key worker				
Not a key worker	Wave 1: 17.2% Wave 2: 20.0% Wave 3: 20.2%	Wave 1: 12.0% Wave 2: 14.9% Wave 3: 14.6%	Wave 1: 27.0% Wave 2: 24.9% Wave 3: 27.7%	Wave 1: 6.8% Wave 2: 13.2% Wave 3: 9.3%
Key worker	Wave 1: 32.5% Wave 2: 29.5% Wave 3: 25.9%	Wave 1: 16.7% Wave 2: 14.9% Wave 3: 14.9%	Wave 1: 28.8% Wave 2: 24.5% Wave 3: 27.9%	Wave 1: 9.3% Wave 2: 20.6% Wave 3: 9.9%
Live alone				
Don't live alone	Wave 1: 19.1% Wave 2: 20.9% Wave 3: 21.2%	Wave 1: 13.5% Wave 2: 14.1% Wave 3: 13.2%	Wave 1: 29.4% Wave 2: 27.1% Wave 3: 27.1%	Wave 1: 7.2% Wave 2: 15.0% Wave 3: 7.8%
Live alone	Wave 1: 17.2% Wave 2: 25.3% Wave 3: 21.9%	Wave 1: 11.5% Wave 2: 17.5% Wave 3: 19.1%	Wave 1: 21.2% Wave 2: 18.1% Wave 3: 29.9%	Wave 1: 7.7% Wave 2: 14.3% Wave 3: 13.8%
Dependents				
No dependents <16	Wave 1: 17.7% Wave 2: 22.8% Wave 3: 20.5%	Wave 1: 12.5% Wave 2: 14.6% Wave 3: 14.5%	Wave 1: 26.0% Wave 2: 24.3% Wave 3: 26.2%	Wave 1: 6.9% Wave 2: 15.6% Wave 3: 8.8%
Dependents <16	Wave 1: 21.8% Wave 2: 18.8% Wave 3: 24.8%	Wave 1: 14.6% Wave 2: 15.8% Wave 3: 15.4%	Wave 1: 32.0% Wave 2: 26.7% Wave 3: 33.5%	Wave 1: 8.7% Wave 2: 12.0% Wave 3: 11.5%
Change to working status				
No change	Wave 1: 17.2% Wave 2: 17.9% Wave 3: 17.3%	Wave 1: 12.1% Wave 2: 11.9% Wave 3: 12.9%	Wave 1: 23.2% Wave 2: 21.9% Wave 3: 24.0%	Wave 1: 6.5% Wave 2: 9.0% Wave 3: 5.6%
Change	Wave 1: 20.1% Wave 2: 26.9% Wave 3: 26.3%	Wave 1: 14.0% Wave 2: 18.4% Wave 3: 16.7%	Wave 1: 32.4% Wave 2: 28.2% Wave 3: 32.3%	Wave 1: 8.2% Wave 2: 21.9% Wave 3: 14.0%

Table C2: Weights off percentages of cut-offs for mental health and wellbeing indicators for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Depressive symptoms	Anxiety symptoms	GHQ-12 cut off	Suicidal thoughts
Sex*Age				
Women 18-29	Wave 1: 46.2% Wave 2: 44.2% Wave 3: 46.2%	Wave 1: 32.7% Wave 2: 32.7% Wave 3: 34.6%	Wave 1: 52.9% Wave 2: 46.2% Wave 3: 46.2%	Wave 1: 14.9% Wave 2: 17.0% Wave 3: 19.1%
Women 30-59	Wave 1: 26.5% Wave 2: 24.1% Wave 3: 24.4%	Wave 1: 19.4% Wave 2: 17.9% Wave 3: 18.5%	Wave 1: 38.7% Wave 2: 32.7% Wave 3: 35.5%	Wave 1: 8.6% Wave 2: 11.1% Wave 3: 11.0%
Women 60+	Wave 1: 11.0% Wave 2: 12.4% Wave 3: 14.4%	Wave 1: 4.8% Wave 2: 7.2% Wave 3: 7.2%	Wave 1: 26.0% Wave 2: 21.5% Wave 3: 23.4%	Wave 1: 1.9% Wave 2: 3.9% Wave 3: 1.5%
Men 18-29	Wave 1: 14.3% Wave 2: 23.8% Wave 3: 28.6%	Wave 1: 4.8% Wave 2: 14.3% Wave 3: 9.5%	Wave 1: 15.8% Wave 2: 9.5% Wave 3: 23.8%	Wave 1: 10.0% Wave 2: 23.8% Wave 3: 15.0%
Men 30-59	Wave 1: 14.9% Wave 2: 15.9% Wave 3: 15.6%	Wave 1: 10.2% Wave 2: 12.2% Wave 3: 10.5%	Wave 1: 22.3% Wave 2: 23.4% Wave 3: 25.1%	Wave 1: 8.4% Wave 2: 12.9% Wave 3: 9.7%
Men 60+	Wave 1: 7.9% Wave 2: 9.8% Wave 3: 6.6%	Wave 1: 6.6% Wave 2: 5.7% Wave 3: 6.0%	Wave 1: 16.1% Wave 2: 16.4% Wave 3: 17.4%	Wave 1: 1.6% Wave 2: 3.2% Wave 3: 2.9%
Mental health condition				
No	Wave 1: 11.6% Wave 2: 12.3% Wave 3: 11.9%	Wave 1: 7.2% Wave 2: 8.6% Wave 3: 7.9%	Wave 1: 22.6% Wave 2: 20.7% Wave 3: 22.3%	Wave 1: 4.2% Wave 2: 6.2% Wave 3: 5.7%
Yes	Wave 1: 58.5% Wave 2: 57.0% Wave 3: 57.0%	Wave 1: 47.4% Wave 2: 40.0% Wave 3: 43.7%	Wave 1: 61.3% Wave 2: 54.8% Wave 3: 59.3%	Wave 1: 19.4% Wave 2: 29.8% Wave 3: 22.6%
SEG				
High	Wave 1: 15.2% Wave 2: 15.1% Wave 3: 14.9%	Wave 1: 10.7% Wave 2: 10.9% Wave 3: 10.8%	Wave 1: 25.7% Wave 2: 23.4% Wave 3: 24.9%	Wave 1: 4.9% Wave 2: 7.5% Wave 3: 6.9%
Low	Wave 1: 20.3% Wave 2: 21.9% Wave 3: 21.4%	Wave 1: 13.8% Wave 2: 14.6% Wave 3: 14.3%	Wave 1: 29.1% Wave 2: 26.8% Wave 3: 29.7%	Wave 1: 7.8% Wave 2: 11.4% Wave 3: 8.3%
Rural v urban				
Rural	Wave 1: 14.1% Wave 2: 15.8% Wave 3: 14.1%	Wave 1: 10.4% Wave 2: 10.4% Wave 3: 10.4%	Wave 1: 26.5% Wave 2: 23.8% Wave 3: 28.9%	Wave 1: 4.1% Wave 2: 7.5% Wave 3: 5.2%
Urban	Wave 1: 17.7% Wave 2: 17.7% Wave 3: 17.8%	Wave 1: 12.1% Wave 2: 12.6% Wave 3: 12.4%	Wave 1: 26.9% Wave 2: 24.6% Wave 3: 25.6%	Wave 1: 6.3% Wave 2: 9.1% Wave 3: 8.0%

Table C2 continued: Weights off percentages of cut-offs for mental health and wellbeing indicators for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Depressive symptoms	Anxiety symptoms	GHQ-12 cut off	Suicidal thoughts
Physical health condition				
No	Wave 1: 13.5% Wave 2: 13.4% Wave 3: 14.4%	Wave 1: 9.9% Wave 2: 9.9% Wave 3: 10.1%	Wave 1: 24.9% Wave 2: 21.9% Wave 3: 23.5%	Wave 1: 5.1% Wave 2: 7.6% Wave 3: 7.0%
Yes	Wave 1: 27.9% Wave 2: 30.0% Wave 3: 25.4%	Wave 1: 17.5% Wave 2: 19.3% Wave 3: 17.9%	Wave 1: 33.0% Wave 2: 32.9% Wave 3: 36.1%	Wave 1: 8.0% Wave 2: 12.5% Wave 3: 8.5%
Carer				
Not a carer	Wave 1: 15.4% Wave 2: 15.4% Wave 3: 16.0%	Wave 1: 10.4% Wave 2: 10.6% Wave 3: 10.9%	Wave 1: 24.3% Wave 2: 22.7% Wave 3: 25.0%	Wave 1: 5.4% Wave 2: 7.9% Wave 3: 6.9%
Carer	Wave 1: 24.5% Wave 2: 27.0% Wave 3: 22.5%	Wave 1: 18.0% Wave 2: 19.5% Wave 3: 16.5%	Wave 1: 40.2% Wave 2: 34.0% Wave 3: 34.0%	Wave 1: 7.8% Wave 2: 13.0% Wave 3: 9.9%
Key worker				
Not a key worker	Wave 1: 15.4% Wave 2: 15.8% Wave 3: 15.6%	Wave 1: 10.5% Wave 2: 11.1% Wave 3: 10.8%	Wave 1: 26.2% Wave 2: 23.2% Wave 3: 24.8%	Wave 1: 5.1% Wave 2: 7.5% Wave 3: 6.6%
Key worker	Wave 1: 23.2% Wave 2: 23.6% Wave 3: 22.7%	Wave 1: 16.8% Wave 2: 16.4% Wave 3: 16.8%	Wave 1: 29.7% Wave 2: 30.0% Wave 3: 33.6%	Wave 1: 8.7% Wave 2: 13.9% Wave 3: 10.7%
Live alone				
Don't live alone	Wave 1: 16.3% Wave 2: 16.8% Wave 3: 16.6%	Wave 1: 12.1% Wave 2: 12.6% Wave 3: 12.1%	Wave 1: 27.9% Wave 2: 25.2% Wave 3: 26.5%	Wave 1: 5.3% Wave 2: 9.0% Wave 3: 7.0%
Live alone	Wave 1: 18.6% Wave 2: 18.6% Wave 3: 17.9%	Wave 1: 10.3% Wave 2: 10.3% Wave 3: 11.4%	Wave 1: 23.4% Wave 2: 22.1% Wave 3: 26.2%	Wave 1: 7.4% Wave 2: 7.8% Wave 3: 8.2%
Dependents				
No dependents <16	Wave 1: 15.7% Wave 2: 16.6% Wave 3: 15.3%	Wave 1: 10.7% Wave 2: 10.9% Wave 3: 10.8%	Wave 1: 25.0% Wave 2: 23.6% Wave 3: 24.4%	Wave 1: 5.2% Wave 2: 7.6% Wave 3: 6.2%
Dependents <16	Wave 1: 21.5% Wave 2: 19.8% Wave 3: 23.6%	Wave 1: 15.6% Wave 2: 16.9% Wave 3: 16.5%	Wave 1: 34.4% Wave 2: 27.8% Wave 3: 34.6%	Wave 1: 8.3% Wave 2: 13.0% Wave 3: 12.0%
Change to working status				
No change	Wave 1: 15.1% Wave 2: 15.7% Wave 3: 15.1%	Wave 1: 10.1% Wave 2: 10.0% Wave 3: 10.9%	Wave 1: 23.0% Wave 2: 21.6% Wave 3: 23.8%	Wave 1: 4.4% Wave 2: 6.8% Wave 3: 5.3%
Change	Wave 1: 19.3% Wave 2: 19.5% Wave 3: 19.5%	Wave 1: 13.9% Wave 2: 15.1% Wave 3: 13.3%	Wave 1: 32.3% Wave 2: 28.6% Wave 3: 30.2%	Wave 1: 7.9% Wave 2: 11.5% Wave 3: 10.2%

Table D1: Weights on means for primary mental health and wellbeing variables for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Wellbeing	Loneliness	Defeat	Entrapment
Sex*Age				
Women 18-29	Wave 1: 19.32 Wave 2: 19.61 Wave 3: 19.35	Wave 1: 5.80 Wave 2: 5.52 Wave 3: 5.31	Wave 1: 5.35 Wave 2: 5.53 Wave 3: 5.59	Wave 1: 5.49 Wave 2: 5.28 Wave 3: 5.55
Women 30-59	Wave 1: 20.73 Wave 2: 20.93 Wave 3: 20.60	Wave 1: 5.30 Wave 2: 4.93 Wave 3: 5.10	Wave 1: 4.82 Wave 2: 4.61 Wave 3: 4.83	Wave 1: 4.42 Wave 2: 3.96 Wave 3: 4.46
Women 60+	Wave 1: 23.72 Wave 2: 23.91 Wave 3: 23.52	Wave 1: 4.61 Wave 2: 4.32 Wave 3: 4.61	Wave 1: 2.58 Wave 2: 2.53 Wave 3: 2.61	Wave 1: 1.89 Wave 2: 1.90 Wave 3: 2.06
Men 18-29	Wave 1: 21.82 Wave 2: 19.80 Wave 3: 22.43	Wave 1: 4.16 Wave 2: 3.83 Wave 3: 4.34	Wave 1: 3.64 Wave 2: 3.64 Wave 3: 4.02	Wave 1: 1.88 Wave 2: 3.02 Wave 3: 4.05
Men 30-59	Wave 1: 21.72 Wave 2: 21.76 Wave 3: 21.74	Wave 1: 4.82 Wave 2: 4.73 Wave 3: 4.76	Wave 1: 3.34 Wave 2: 3.37 Wave 3: 3.35	Wave 1: 3.27 Wave 2: 3.19 Wave 3: 3.10
Men 60+	Wave 1: 23.67 Wave 2: 23.88 Wave 3: 23.28	Wave 1: 4.48 Wave 2: 4.12 Wave 3: 4.21	Wave 1: 2.32 Wave 2: 2.10 Wave 3: 2.37	Wave 1: 1.95 Wave 2: 2.09 Wave 3: 2.02
Mental health condition				
No	Wave 1: 22.86 Wave 2: 22.62 Wave 3: 22.64	Wave 1: 4.68 Wave 2: 4.42 Wave 3: 4.50	Wave 1: 2.93 Wave 2: 2.90 Wave 3: 2.92	Wave 1: 2.42 Wave 2: 2.51 Wave 3: 2.67
Yes	Wave 1: 15.91 Wave 2: 16.85 Wave 3: 16.91	Wave 1: 6.01 Wave 2: 5.66 Wave 3: 6.19	Wave 1: 8.04 Wave 2: 7.77 Wave 3: 8.74	Wave 1: 7.84 Wave 2: 7.32 Wave 3: 8.18
SEG				
High	Wave 1: 22.76 Wave 2: 22.42 Wave 3: 22.45	Wave 1: 4.70 Wave 2: 4.43 Wave 3: 4.56	Wave 1: 3.27 Wave 2: 3.16 Wave 3: 3.46	Wave 1: 2.94 Wave 2: 2.86 Wave 3: 3.43
Low	Wave 1: 20.38 Wave 2: 20.79 Wave 3: 20.81	Wave 1: 5.14 Wave 2: 4.87 Wave 3: 5.05	Wave 1: 4.27 Wave 2: 4.27 Wave 3: 4.15	Wave 1: 3.55 Wave 2: 3.70 Wave 3: 3.38
Physical health condition				
No	Wave 1: 22.26 Wave 2: 22.11 Wave 3: 22.19	Wave 1: 4.73 Wave 2: 4.45 Wave 3: 4.59	Wave 1: 3.33 Wave 2: 3.24 Wave 3: 3.42	Wave 1: 2.83 Wave 2: 2.77 Wave 3: 3.11
Yes	Wave 1: 20.60 Wave 2: 20.79 Wave 3: 20.61	Wave 1: 5.34 Wave 2: 5.14 Wave 3: 5.30	Wave 1: 4.77 Wave 2: 4.79 Wave 3: 4.82	Wave 1: 4.41 Wave 2: 4.67 Wave 3: 4.59
Carer				
Not a carer	Wave 1: 22.03 Wave 2: 21.85 Wave 3: 22.00	Wave 1: 4.85 Wave 2: 4.59 Wave 3: 4.76	Wave 1: 3.49 Wave 2: 3.46 Wave 3: 3.57	Wave 1: 3.01 Wave 2: 3.06 Wave 3: 3.33
Carer	Wave 1: 21.39 Wave 2: 21.72 Wave 3: 21.20	Wave 1: 4.90 Wave 2: 4.59 Wave 3: 4.66	Wave 1: 4.45 Wave 2: 4.16 Wave 3: 4.60	Wave 1: 4.00 Wave 2: 3.77 Wave 3: 3.98

Table D1 continued: Weights on means for primary mental health and wellbeing variables for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Wellbeing	Loneliness	Defeat	Entrapment
Dependents				
No dependents <16	Wave 1: 21.84 Wave 2: 21.81 Wave 3: 21.80	Wave 1: 4.89 Wave 2: 4.62 Wave 3: 4.76	Wave 1: 3.59 Wave 2: 3.62 Wave 3: 3.74	Wave 1: 3.11 Wave 2: 3.18 Wave 3: 3.44
Dependents <16	Wave 1: 22.20 Wave 2: 21.95 Wave 3: 22.11	Wave 1: 4.74 Wave 2: 4.47 Wave 3: 4.63	Wave 1: 3.76 Wave 2: 3.32 Wave 3: 3.59	Wave 1: 3.31 Wave 2: 3.07 Wave 3: 3.31
Key worker				
Not a key worker	Wave 1: 21.78 Wave 2: 22.02 Wave 3: 21.74	Wave 1: 4.87 Wave 2: 4.57 Wave 3: 4.74	Wave 1: 3.64 Wave 2: 3.69 Wave 3: 3.79	Wave 1: 3.15 Wave 2: 3.26 Wave 3: 3.43
Key worker	Wave 1: 22.44 Wave 2: 21.17 Wave 3: 22.33	Wave 1: 4.80 Wave 2: 4.64 Wave 3: 4.70	Wave 1: 3.55 Wave 2: 3.05 Wave 3: 3.38	Wave 1: 3.15 Wave 2: 2.78 Wave 3: 3.33
Rural v urban				
Rural	Wave 1: 21.85 Wave 2: 21.81 Wave 3: 21.46	Wave 1: 5.03 Wave 2: 4.82 Wave 3: 4.88	Wave 1: 3.72 Wave 2: 3.63 Wave 3: 3.91	Wave 1: 3.62 Wave 2: 3.07 Wave 3: 3.77
Urban	Wave 1: 21.94 Wave 2: 21.85 Wave 3: 21.98	Wave 1: 4.81 Wave 2: 4.52 Wave 3: 4.69	Wave 1: 3.60 Wave 2: 3.53 Wave 3: 3.65	Wave 1: 3.02 Wave 2: 3.18 Wave 3: 3.31
Live alone				
Don’t live alone	Wave 1: 22.18 Wave 2: 21.89 Wave 3: 22.06	Wave 1: 4.71 Wave 2: 4.46 Wave 3: 4.53	Wave 1: 3.63 Wave 2: 3.52 Wave 3: 3.43	Wave 1: 3.09 Wave 2: 3.05 Wave 3: 3.15
Live alone	Wave 1: 21.12 Wave 2: 21.68 Wave 3: 21.29	Wave 1: 5.30 Wave 2: 4.98 Wave 3: 5.34	Wave 1: 3.60 Wave 2: 3.67 Wave 3: 4.53	Wave 1: 3.33 Wave 2: 3.48 Wave 3: 4.21
Change to working				
No change	Wave 1: 22.46 Wave 2: 22.41 Wave 3: 22.31	Wave 1: 4.72 Wave 2: 4.50 Wave 3: 4.64	Wave 1: 3.35 Wave 2: 3.35 Wave 3: 3.54	Wave 1: 2.96 Wave 2: 2.90 Wave 3: 3.35
Change	Wave 1: 21.28 Wave 2: 21.16 Wave 3: 21.35	Wave 1: 5.02 Wave 2: 4.69 Wave 3: 4.84	Wave 1: 3.95 Wave 2: 3.79 Wave 3: 3.91	Wave 1: 3.37 Wave 2: 3.46 Wave 3: 3.48

Table D2: Weights off means for primary mental health and wellbeing varifables for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Wellbeing	Loneliness	Defeat	Entrapment
Sex*Age				
Women 18-29	Wave 1: 19.13 Wave 2: 19.69 Wave 3: 19.31	Wave 1: 5.96 Wave 2: 5.46 Wave 3: 5.44	Wave 1: 5.13 Wave 2: 5.37 Wave 3: 5.48	Wave 1: 5.46 Wave 2: 5.04 Wave 3: 5.37
Women 30-59	Wave 1: 21.12 Wave 2: 21.19 Wave 3: 20.90	Wave 1: 5.21 Wave 2: 4.86 Wave 3: 4.97	Wave 1: 4.64 Wave 2: 4.29 Wave 3: 4.72	Wave 1: 4.17 Wave 2: 3.80 Wave 3: 4.25
Women 60+	Wave 1: 23.67 Wave 2: 23.46 Wave 3: 23.05	Wave 1: 4.69 Wave 2: 4.33 Wave 3: 4.61	Wave 1: 2.68 Wave 2: 2.75 Wave 3: 2.91	Wave 1: 2.02 Wave 2: 2.08 Wave 3: 2.25
Men 18-29	Wave 1: 22.27 Wave 2: 20.94 Wave 3: 20.93	Wave 1: 4.57 Wave 2: 4.00 Wave 3: 4.62	Wave 1: 3.90 Wave 2: 3.71 Wave 3: 3.76	Wave 1: 3.38 Wave 2: 3.95 Wave 3: 4.19
Men 30-59	Wave 1: 21.96 Wave 2: 21.87 Wave 3: 21.92	Wave 1: 4.75 Wave 2: 4.59 Wave 3: 4.64	Wave 1: 3.17 Wave 2: 3.29 Wave 3: 3.25	Wave 1: 2.96 Wave 2: 3.07 Wave 3: 2.97
Men 60+	Wave 1: 23.81 Wave 2: 24.24 Wave 3: 23.71	Wave 1: 4.41 Wave 2: 4.11 Wave 3: 4.14	Wave 1: 2.13 Wave 2: 1.99 Wave 3: 2.22	Wave 1: 1.73 Wave 2: 1.83 Wave 3: 1.70
Mental health condition				
No	Wave 1: 23.06 Wave 2: 23.14 Wave 3: 22.79	Wave 1: 4.64 Wave 2: 4.35 Wave 3: 4.46	Wave 1: 2.70 Wave 2: 2.67 Wave 3: 2.84	Wave 1: 2.32 Wave 2: 2.31 Wave 3: 2.38
Yes	Wave 1: 17.05 Wave 2: 17.20 Wave 3: 17.27	Wave 1: 6.27 Wave 2: 5.89 Wave 3: 5.93	Wave 1: 8.12 Wave 2: 7.69 Wave 3: 8.07	Wave 1: 7.70 Wave 2: 7.37 Wave 3: 7.81
SEG				
High	Wave 1: 22.91 Wave 2: 22.94 Wave 3: 22.61	Wave 1: 4.69 Wave 2: 4.40 Wave 3: 4.50	Wave 1: 3.02 Wave 2: 2.95 Wave 3: 3.19	Wave 1: 2.67 Wave 2: 2.60 Wave 3: 2.82
Low	Wave 1: 21.28 Wave 2: 21.47 Wave 3: 21.26	Wave 1: 5.11 Wave 2: 4.77 Wave 3: 4.89	Wave 1: 3.90 Wave 2: 3.82 Wave 3: 3.92	Wave 1: 3.44 Wave 2: 3.46 Wave 3: 3.32
Physical health condition				
No	Wave 1: 22.68 Wave 2: 22.78 Wave 3: 22.46	Wave 1: 4.68 Wave 2: 4.38 Wave 3: 4.49	Wave 1: 3.03 Wave 2: 2.92 Wave 3: 3.12	Wave 1: 2.66 Wave 2: 2.52 Wave 3: 2.69
Yes	Wave 1: 21.45 Wave 2: 21.46 Wave 3: 21.24	Wave 1: 5.27 Wave 2: 4.99 Wave 3: 5.08	Wave 1: 4.19 Wave 2: 4.25 Wave 3: 4.43	Wave 1: 3.77 Wave 2: 4.06 Wave 3: 3.95
Carer				
Not a carer	Wave 1: 22.56 Wave 2: 22.56 Wave 3: 22.32	Wave 1: 4.83 Wave 2: 4.54 Wave 3: 4.65	Wave 1: 3.17 Wave 2: 3.08 Wave 3: 3.27	Wave 1: 2.77 Wave 2: 2.75 Wave 3: 2.86
Carer	Wave 1: 21.73 Wave 2: 22.04 Wave 3: 21.56	Wave 1: 4.75 Wave 2: 4.45 Wave 3: 4.54	Wave 1: 4.02 Wave 2: 3.98 Wave 3: 4.25	Wave 1: 3.65 Wave 2: 3.49 Wave 3: 3.62

Table D2 continued: Weights on means for primary mental health and wellbeing variables for each subgroup for Wave 1, Wave 2 and Wave 3

Characteristic	Wellbeing	Loneliness	Defeat	Entrapment
Dependents				
No dependents <16	Wave 1: 22.62 Wave 2: 22.67 Wave 3: 22.41	Wave 1: 4.82 Wave 2: 4.51 Wave 3: 4.60	Wave 1: 3.19 Wave 2: 3.13 Wave 3: 3.31	Wave 1: 2.78 Wave 2: 2.74 Wave 3: 2.85
Dependents <16	Wave 1: 21.48 Wave 2: 21.68 Wave 3: 21.25	Wave 1: 4.83 Wave 2: 4.58 Wave 3: 4.72	Wave 1: 3.78 Wave 2: 3.60 Wave 3: 3.85	Wave 1: 3.47 Wave 2: 3.40 Wave 3: 3.53
Key worker				
Not a key worker	Wave 1: 22.65 Wave 2: 22.72 Wave 3: 22.39	Wave 1: 4.79 Wave 2: 4.46 Wave 3: 4.61	Wave 1: 3.25 Wave 2: 3.12 Wave 3: 3.28	Wave 1: 2.79 Wave 2: 2.79 Wave 3: 2.88
Key worker	Wave 1: 21.23 Wave 2: 21.38 Wave 3: 21.25	Wave 1: 4.97 Wave 2: 4.78 Wave 3: 4.70	Wave 1: 3.53 Wave 2: 3.71 Wave 3: 4.03	Wave 1: 3.45 Wave 2: 3.22 Wave 3: 3.44
Rural v urban				
Rural	Wave 1: 22.73 Wave 2: 22.83 Wave 3: 22.32	Wave 1: 4.82 Wave 2: 4.57 Wave 3: 4.66	Wave 1: 3.19 Wave 2: 3.12 Wave 3: 3.43	Wave 1: 2.80 Wave 2: 2.63 Wave 3: 2.97
Urban	Wave 1: 22.29 Wave 2: 22.36 Wave 3: 22.14	Wave 1: 4.82 Wave 2: 4.50 Wave 3: 4.61	Wave 1: 3.34 Wave 2: 3.26 Wave 3: 3.41	Wave 1: 2.95 Wave 2: 2.95 Wave 3: 2.98
Live alone				
Don’t live alone	Wave 1: 22.59 Wave 2: 22.68 Wave 3: 22.34	Wave 1: 4.62 Wave 2: 4.32 Wave 3: 4.43	Wave 1: 3.16 Wave 2: 3.13 Wave 3: 3.28	Wave 1: 2.84 Wave 2: 2.79 Wave 3: 2.87
Live alone	Wave 1: 21.77 Wave 2: 21.84 Wave 3: 21.67	Wave 1: 5.48 Wave 2: 5.17 Wave 3: 5.26	Wave 1: 3.76 Wave 2: 3.53 Wave 3: 3.85	Wave 1: 3.14 Wave 2: 3.12 Wave 3: 3.34
Change to working				
No change	Wave 1: 22.64 Wave 2: 22.79 Wave 3: 22.44	Wave 1: 4.68 Wave 2: 4.42 Wave 3: 4.53	Wave 1: 3.09 Wave 2: 3.01 Wave 3: 3.26	Wave 1: 2.69 Wave 2: 2.60 Wave 3: 2.81
Change	Wave 1: 22.05 Wave 2: 22.03 Wave 3: 21.80	Wave 1: 5.02 Wave 2: 4.66 Wave 3: 4.75	Wave 1: 3.61 Wave 2: 3.53 Wave 3: 3.64	Wave 1: 3.23 Wave 2: 3.27 Wave 3: 3.23

Tables E1: Quota sampling, Wave 1 SCOVID Tracker study quotas and sample breakdown.

Sample in each age by sex quota

Age	Target	Achieved
18 to 24 male	200	176
18 to 24 female	200	221
25 to 34 male	200	186
25 to 34 female	200	226
35 to 54 male	374	373
35 to 54 female	395	399
55 to 69 male	264	305
55 to 69 female	280	290
70+ male	168	235
70+ female	219	193
Total	2,500	2604

Sample in each tenure quota

Tenure	Target	Achieved
Owned Outright or Mortgaged	1553	1651
Social Rent	585	525
Private Rent	362	428

Sample in each highest qualification quota

Highest Qualification	Target	Achieved
No Qualifications	388	144
Level 1 Standards or 2 Highers	877	900
Level 3 HNC/D or Level 4 Degree/prof or other	1235	1560

Breakdown of respondents by soft quotas (local NHS board and Urban/Rural location)

NHS board	Aged 18-29 years old (%)	Aged 30-59 years old (%)	Aged 60+ years old (%)	Total (%)
Ayrshire and Arran	9.2	6.4	8.3	7.6
Borders	2.4	1.9	3.1	2.4
Dumfries and Galloway	2.6	2.4	4.8	3.1
Fife	7.5	6.4	8.4	7.3
Forth Valley	3.9	6.1	4.7	5.2
Grampian	11.4	12.4	9.7	11.4
Greater Glasgow and Clyde	22.9	24.3	18.0	22.1
Highland	6.7	4.3	7.9	5.9
Lanarkshire	8.9	8.9	8.4	8.7
Lothian	16.2	18.1	16.1	17.1
Orkney	0.2	0.2	0.1	0.2
Shetland	0.7	0.1	0.8	0.4
Tayside	7.2	8.0	9.3	8.1
Western Isles	0.3	0.6	0.5	0.5
Rurality				
Urban[a]	83.5	81.0	71.2	78.6
Rural[b]	16.5	19.0	28.8	21.4

Note: [a] Includes city, large and small towns. [b] Includes Isolated dwellings, hamlets and villages

Table E2: Wave 3 sample weighting compared to NRS Scottish Population 2019 data covering people aged 18+[18]

Characteristic	Weighted* (n=2500) %	Unweighted (n=1703) %	NRS data
Sex[a]			
Men	50.1%	52.0%	48.2%
Women	49.9%	48.0%	51.8%
Age			
18-29 years	20.0%	6.0%	19.1%
30-59 years	47.7%	50.8%	49.5%
60+ years	32.3%	43.2%	31.3%

Note:*data are weighted to more accurately reflect the Scottish population

[18] Data available: Mid-Year Population Estimates | National Records of Scotland (nrscotland.gov.uk)

Table E3: Wave 3 sample weighting compared to NRS Scottish Population 2011 data covering people aged 16 to 64 living in households in Scotland[19]

Socioeconomic group (SEG)	Weighted* (n=2500) %	Unweighted (n=1703) %	ONS data
High	64.6%	68.5%	50%
Low	35.4%	31.5%	50%

Note: *data are weighted to more accurately reflect the Scottish population, 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).

[19] Data available: Census 2011: Release 3I | National Records of Scotland (nrscotland.gov.uk)

Annex 3. COVID-19 Contextual factors

Effects of COVID-19

Respondents were asked: All things considered, how satisfied are you with your life as a whole nowadays?

- The older age group (60+ years) reported higher life satisfaction than the younger age groups.
- Respondents in lower SEG reported lower life satisfaction than those in the higher SEG.
- Respondents with a pre-existing mental health condition reported lower life satisfaction than those without a pre-existing condition.
- Respondents with a pre-existing physical health condition reported lower life satisfaction than those with no physical health condition.

Respondents were asked: How much does COVID-19 affect your life? (On a scale from No effect at all to Severely affects my life).

- The older age group (60+ years) reported that COVID-19 affected their life less severely than younger age groups.
- The youngest age group (18-29 years) reported the highest impact of COVID-19.
- Women reported feeling that their life had been more severely affected by COVID-19 than men did.

Respondents were asked: 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) were less emotionally affected compared to the younger age groups.
- Women reported higher rates of emotionally affect than men did.
- Respondents in higher SEG reported being more emotionally affected by COVID-19 than respondents in the lower SEG.
- Respondents with a pre-existing mental health condition reported being more emotionally affected by COVID-19 than respondents with no mental health condition.

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 30-59 year olds. Young adults (18-29 year olds) were least concerned about COVID-19.

- 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.
- Respondents with a pre-existing physical health condition were more concerned about COVID-19 than those with no physical 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 a clear understanding of COVID-19 than men did.
- Respondents in the higher SEG reported higher levels of understanding COVID-19 than respondents from the lower SEG.
- Most respondents indicated they were seeking information on COVID-19, 'less than once a day' (53.2%) or '1-5 times a day' (41.3%).

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)

- The middle age group (30-59 years) reported feeling higher levels of control over COVID-19 than either of the other 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.

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 to 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

Annex 4. Perceptions of phase 3 easing of lockdown

At the time of Wave 3 survey, 38.4% of respondents felt that lockdown was being eased at just the right speed, while 39.4% of respondents felt the restrictions were being lifted too quickly.

Table E. Responses to concerns about the easing of the COVID-19 restrictions (Phase 3).

Concern about easing of COVID-19 restrictions	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Been worried that my risk of getting COVID-19 has increased	13.0	42.0	34.7	10.4
Been worried that the risk of a loved one getting COVID-19 has increased	18.9	46.4	27.5	7.2
Not felt safe to go out	8.0	24.3	45.6	22.1
Been affected negatively by the fact that others seem to be living more normally than I am	12.1	28.5	40.9	18.5
Felt concerned about other people's ability/willingness to follow COVID-19 restriction guidelines	32.4	44.2	16.4	7.0
Felt concerned about contracting/catching COVID-19 at my place of work	10.5	22.1	30.5	37.0
Felt concerned about a second wave of COVID-19	32.3	48.5	13.1	6.1

Annex 5. 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 3 survey.

Table F. 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.	60.2	23.1	16.7
If I went out, I always stayed 2 meters (6 feet) away from other people at all times.	81.7	12.7	5.6
I always washed my hands as soon as I got home.	80.9	12.5	6.6
I stuck to guidelines about not meeting more than 6 people from 2 households while outside.	86.7	7.9	5.5
I have worn a face covering when inside a store or shop.	92.5	3.6	3.9
I have worn a face covering when on public transport.	83.5	3.6	12.9

Annex 6. Sources of stress

Table G. Sources of stress reported at Wave 3

Source of stress	Percentage (%) of respondents
I feel cut off from my friends and family at the moment	44
I have less of a sense of purpose at the moment	28.3
I am finding the current restrictions on socialising difficult to cope with	27
I am worrying about money	25.1
There is not enough space in my home	12.5
I have been having more arguments with the people I live with	10.1

Annex 7. Trust in authorities

Police

- The majority of respondents in the 60+ age group (81.0%) trusted the police compared to two thirds (67.1%) of 30-59 year olds and around half of the youngest age group (53.0%).
- Around three quarters of women in the sample reported trusting the police (72.4%) compared to 63.8% of men.
- 70.4% of respondents from the high SEG reported trusting the police compared to 64.2% of those from the lower SEG.
- Around half of respondents with a pre-existing mental health condition felt the police were at least somewhat trustworthy (53.0%) compared to 70.4% of those without a pre-existing mental health condition.

UK government

- The 60+ age group were more likely to report trusting the UK government to some extent (31.9%) than respondents in either of the other age groups (30-59 year olds: 22.5%, 18-29 year olds: 14.6%).
- Men were more likely to report trusting the UK government to some extent (24.6%) compared to women (22.7%).
- Respondents from the higher SEG were more likely to report not trusting the UK government (67.0%) compared to respondents from lower SEG (63.5%).
- Over three quarters of respondents with a pre-existing mental health condition reported not trusting the UK government (77.4%) compared to 64.0% of those without a pre-existing mental health condition.

Scottish government

- The 60+ age group were more likely to report trusting the Scottish government to some extent (61.6%) than respondents in either of the other age groups (30-59 year olds: 60.1%, 18-29 year olds: 54.0%).
- Women were more likely to report trusting the Scottish government to some extent (62.2%) compared to men (56.1%).
- Respondents from the higher SEG were more likely to report not trusting the Scottish government (31.7%) compared to respondents from lower SEG (27.6%).

social research

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

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