Thrive LDN
towards happier, healthier lives

SUPPORTING PARTNERS WITH THE PUBLIC MENTAL HEALTH RESPONSE TO COVID-19:
What does the latest evidence, research and intelligence tell us?
Working paper 5 (draft)

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1. Executive Summary

Context

- Thrive LDN is coordinating the public mental health response to COVID-19 on behalf of Public Health England Office for London and wider partners. As part of our coordination role, we are producing regular working papers on what we do and do not know about the impact of COVID-19 on Londoners' mental health and wellbeing.
- It is important to note that this work is iterative and will build over time, with an aggregated working paper published every two weeks. Comments and feedback are, therefore, welcome and encouraged. If you would like to get in touch about this work please contact Helen Daly (helen.daly4@nhs.net), Thrive LDN Research and Evaluation Lead, and Dan Barrett (d.barrett@nhs.net), Thrive LDN Director.

The known impact of COVID-19

- As the UK Government response to the COVID-19 pandemic enters into a second phase and Londoners prepare for the future, it is important to take stock of intelligence and insights to identify where there are opportunities to be taken and challenges to be met.
- Life happiness and happiness measures have remained substantially higher than when lockdown came in. Life satisfaction is still noticeably lower than for the past 12 months. Wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown. Ongoing reporting on loneliness levels continue to be stable since lockdown but are noticeably lower in recent weeks.
- Depression and anxiety levels have remained similar to over the past two months. Depression and anxiety are still highest in young adults, people living alone, people with lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but they have on average experienced greater improvements in the past fortnight in depressive symptoms, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.
- There is no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 21 weeks. They remain higher amongst younger adults, those with lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.
- There is no evidence to suggest a rise in suicides due to COVID-19 from the data sources available. Better intelligence is being developed both nationally by Public Health England and Office for National Statistics, and regionally through Thrive LDN's Suicide Prevention Hub to understand the full impacts of COVID-19 on suicides. However, there is a recognition that due to the extreme challenges posed by the COVID-19 pandemic, there is an increased risk of suicides across London. This risk is related to a number of factors, including self-isolation, health anxiety, economic impact, and increased stress. One such area, debt, is amongst one of the strongest predictors of suicide.

- Similarly, little information is available on the impact on grief and bereavement as a result of COVID-19 or other infectious disease outbreaks. Previous pandemics appear to cause multiple losses both directly related to death itself and also indirectly, through disruption of social norms, rituals and mourning practices. Individuals have fewer opportunities to connect with the deceased both before and after the death, potentially increasing the risk of complicated grief. It is critical that bereavement care and support is central to the public mental health response to the COVID-19 pandemic, recognising the diversity of cultures, faiths and belief systems across the capital.
- There is a strong socioeconomic gradient in mental health, with people of lower socioeconomic positions having a higher likelihood of developing and experiencing mental health problems. The economic effects of COVID-19 on London and Londoners are variable. Income statistics are not yet available to compare to before the pandemic, however, review of trends in income and poverty in recent years has shown the UK entered the pandemic from a starting position of stagnant income growth and low levels of financial resilience. There are signs of increasing economic inequality, with more people on lower personal income reporting reduced income in the household because of the coronavirus as lockdown has continued, working fewer hours, and less able to save for the future, while fewer people with higher incomes have been impacted financially. When stratifying employment loss and furlough by income level, the future economic consequences of COVID-19 is likely to be worst by those on lower incomes, creating an additional long-run burden on the mental health and wellbeing for Londoners in this group.
- The limited evidence available over the summer shows that mental health continues to be a key concern for you people and, in terms of settings, education and youth settings are of particular concern as well at the moment.
- The majority of psychological research on the pandemic to date has focused on mental health outcomes, however, it is also necessary to identify and understand more about the changes in health behaviours that may have and continue to occur at a population level to better understand the range of downstream consequences of the COVID-19 and lockdown. Evidence suggests that sleep, smoking, physical activity, alcohol consumption and gambling have all impacted by the pandemic.

Disproportionately at risk groups

- Many Londoners entered the pandemic from positions of disadvantage and evidence is increasing that the pandemic seems to have widened mental health inequalities; groups that had the poorest mental health pre-crisis had the largest deterioration in mental health during lockdown. And even as the measures to curb the spread of COVID-19 change, differences in people's mental health will persist and likely increase.
- Young people (18-24 years old) were more likely to report stress arising from the pandemic than the population as a whole. They were also more likely to report hopelessness, loneliness, not coping well and suicidal thoughts/ feelings.
- Older people are more likely to be clinically shielding and experience long periods of isolation, leading to widespread concern for this group as social isolation among older people is already a well-recognised and serious public health issue.

- More women than men reported feeling anxious, lonely, and hopeless due to the pandemic. Furthermore, calls to the National Domestic Abuse Helpline increased by 150% during the initial stages of lockdown.
- People from Black, Asian and Minority Ethnic (BAME) backgrounds have had higher levels of depression and anxiety across the pandemic, and lower levels of happiness and life satisfaction compared to their white counterparts. Individuals from BAME backgrounds have also been more worried about unemployment and financial stress.
- Overall, there is very little information available about the experiences of the Lesbian, gay, bisexual, transgender and queer (LGBTQ+) community. However, insights can be garnered from the overwhelming increase in callers to Switchboard, the LGBT+ Helpline. In May 2020, 1819 calls were logged, a 50% increase compared to May 2019.
- People who entered the pandemic with a prior experience of a mental health problems have been more likely to experience anxiety, panic, and hopelessness. Furthermore, those with a pre-existing mental health problem have been the most likely to experience stress and inability to cope.
- Some people with long-term, disabling physical health conditions have been more likely to experience poor mental health and/ or wellbeing during the pandemic.
- Gingerbread, the charity for single parent families, has seen a large spike in the number of single parents seeking support through their helpline and their online forum.

Anticipated demand for mental health support

- More Londoners will need mental health support as a consequence of the adverse economic and social circumstances created by the COVID-19 pandemic. Rapid changes in lives and livelihoods have exposed the pernicious effects of entrenched inequalities.
- Using a simple proportionate approach, we could see an increase of 80,000 working age people in London suffering from poor mental health and an increase in prevalence of Common Mental Disorders in these adults from 16.7% to 18%.
- Furthermore, using a similar approach, then the fraction of mental disorder due to debt could increase from 28% to 38%. Applying this to a prevalence of 18%, then additional debt could result in 20,000 more working age adults in London suffering from poor mental health.
- A further area of great concern are the specific impacts on the mental health of young people with potentially long-term consequences. The Covid-19 Psychological Research Consortium used the Hospital Anxiety and Depression Scale (HADS) to examine anxiety and depression in a sample of 2,002 13 to 24-year olds. For male and females, 20% of participants scored as having abnormal levels of depression. Official statistics published by NHS Digital on the Mental Health of Children and Young People in England in 2017 found that 3.8% of 11 to 19-year olds had a depressive disorder.
- Whilst there are particular stages of future COVID-19 management that need to be considered, it goes without saying that any change to COVID-19 management or outbreak control has the potential to impact Londoners' mental health and wellbeing positively or negatively. Therefore, it is important for all of us to consider any potential

impact as changes arise. To do this, we suggest considering three areas: Groups; Settings and Places.

Conclusions: implications for transition and recovery planning

- To support the mental health and wellbeing of Londoners, findings to date point to the need for action at all levels (borough, sub-regional and regional) and across all sectors to reduce social and economic inequalities, protect and enhance assets to support all Londoners to build on the strength and resilience they have, and take additional steps to ensure that those Londoners who need support for their mental health, which is anticipated to rise, can access it.
- The overarching principle for transition and recovery planning should be based on 'proportionate universalism' – addressing whole population needs while providing bespoke support for individual, communities and groups who need it most.

Suggested actions we take

- The following suggested actions have emerged from the ongoing research and triangulation of multiple sources of insights and evidence relating to the COVID-19 pandemic, to support transition and recovery planning at a local, sub-regional and regional level. As with all the findings presented in this paper, these recommendations will be refined and will build over time with input from health and social care partners, the community and voluntary sector and Londoners with lived experience of inequality and poor mental health.

Community engagement and communications

- Undertake and support community participatory research and engagement, particularly with the groups highlighted above, to understanding more about how COVID-19 has impacted the mental health and wellbeing of Londoners, how they have used their assets and systems to withstand, adapt to and recover from adversity, and what support they need going forward to strengthen their mental health, wellbeing and resilience.
- In particular, engage with and listen to communities with lived experiences of inequality, poverty and adversity, and invite them to join the conversation around decisions which affect their mental health and wellbeing.
- Engage with and learn from how community support services proactively responded to COVID-19 and identify where different approaches were used in comparison to mainstream services to ensure innovative approaches can be sustained and continued support is appropriate or sufficient for everyone.
- Communicate clear and consistent public mental health messages that: (1) amplify positive stories; (2) normalise feeling stressed and mitigate stigma; (3) acknowledge the real concerns people face; (4) Promote practical things people can do to build resilience; (5) Encourage help-seeking behaviour and (6) Signpost people to a diverse variety of support. Thrive LDN produces regular public mental health Communications Toolkits to support partners with this.

Data, intelligence and research

- Develop better data and intelligence sources to understand how the wider determinants of mental health and wellbeing have changed as a result of COVID-19 and may change.
- Bring together findings from across academia to develop a comprehensive understanding of the research currently taking place to inform public debate and help develop appropriate responses, particularly amongst the most disadvantaged and vulnerable.
- Undertake complex system modelling to understand and intervene upon the complexities and dynamics of poor mental health in an urban environment and how they can change over time.
- Support collaborations with other urban cities to share insights and best practice.
- Consider the mental health impact of future stages of outbreak control, particularly any localised outbreak control, and ensure enhanced public mental health communications and support is proactively provided for affected communities.
- Continue to support and develop the Thrive LDN Suicide Prevention Hub to improve the collection and sharing of information on suspected and, at a later stage, attempted suicides and self-harm in London.

Inequality

- In coproduction with target communities, develop and implement more culturally competent public mental health education and prevention campaigns, and public mental health programmes.
- Consider potential access barriers and negative consequences of digital by default for vulnerable or marginalised groups and implement mitigating measures, such as use of traditional media, simplifying referral pathways and enhanced outreach.
- Ensure that COVID-19 transition and recovery strategies promote mental health and wellbeing in all policies and actively reduce inequalities caused by the wider determinants of health to create long-term sustainable change.
- Ensure economic recovery efforts focus on creating sustainable and inclusive employment opportunities and support vulnerable people into employment.

Resilience

- Develop and implement universal and selective resilience promotion programmes, including settings-based approaches (school-based programmes; work-based programmes; care home-based programmes), parenting programmes, digital technology programmes and physical activity promotion.
- Provide free training to community leaders, faith leaders and volunteers in interventions such as mental health first aid, psychosocial guidance and psychological first aid, bereavement support, suicide prevention and trauma-informed values and principles, so that they are better equipped to support individuals who have been adversely affected by COVID-19 and look after their own mental health and wellbeing.
- Utilise neighbourhood and community assets to improve social cohesion and social support and develop more safe places for social connection and interaction via. community and peer support.

Enhanced support

- Improve bereavement referral pathways, being mindful of the different ways individuals might seek support for a bereavement, and develop targeted bereavement support signposting toolkits and campaigns for different vulnerable groups at varied levels of intensity. This should include support for those bereaved by suicide.

- Support education settings to improve how they approach pastoral care and supporting the wellbeing of students. Implement enhanced mental health support within education settings, such as Youth Mental Health First Aid training, trauma-informed bereavement support and suicide prevention training.
- Support education settings to improve how they approach pastoral care and supporting the wellbeing of students. Implement enhanced mental health support within education settings, such as Youth Mental Health First Aid training and trauma-informed bereavement support.
- Continued investment in apprenticeships, particularly for 18-24 year olds.
- Develop policies that improve access to affordable childcare, particularly for single parents.
- Undertake targeted outreach to people who are unemployed, struggling with debt and/ or at risk of eviction and ensure accessible mental health and psychological support is available.
- Work across sectors and with local communities to understand any localised increase in demand for mental health support and to develop and implement integrated placed-based models on a neighbourhood or Primary Care Network area.

2. Context

Thrive LDN is coordinating the public mental health response to COVID-19 on behalf of Public Health England Office for London and wider partners. As part of our coordination role, we are producing regular working papers on what we do and do not know about the impact of COVID-19 on Londoners' mental health and wellbeing, implications for transition and recovery planning, and suggested actions we take, locally, sub-regionally and regionally.

It is important to note that this work is iterative and will build over time, with an aggregated working paper available approximately every two weeks. Comments and feedback are, therefore, welcome and encouraged. We are aware that many partners are undertaking their own research and already acting on findings; please do share the evidence you have, lessons learnt and actions taken, so that we can build a more complete picture and spread best practice.

This document (working paper 5) presents the latest insights and findings on the known impact of COVID-19 on Londoners mental health and wellbeing as we enter and prepare for new phases of the pandemic. The next iteration will include more detailed findings from community participatory research and engagement projects underway. If you would like to get in touch about this work please contact Helen Daly (helen.daly4@nhs.net), Thrive LDN Research and Evaluation Lead, and Dan Barrett (d.barrett@nhs.net), Thrive LDN Director.

Scope, methodology and limitations

Scope

The scope of the work is common mental health problems and wider public mental health and wellbeing of Londoners. The work has a focus on advancing equality and reducing inequalities in the health and wellbeing of Londoners.

Methodology

The methodology (see *Figure 1: Research and Triangulation methodology*) is based on the pragmatic review of research and triangulation of multiple sources of relevant evidence relating to the COVID-19 pandemic, population mental health data and analysis of the UK society and economy. Sources of evidence is broad, yielding findings from empirical papers, prevalence and incidence data, quantitative and qualitative research, insights from the community and voluntary sector and stories from Londoners with lived experience.

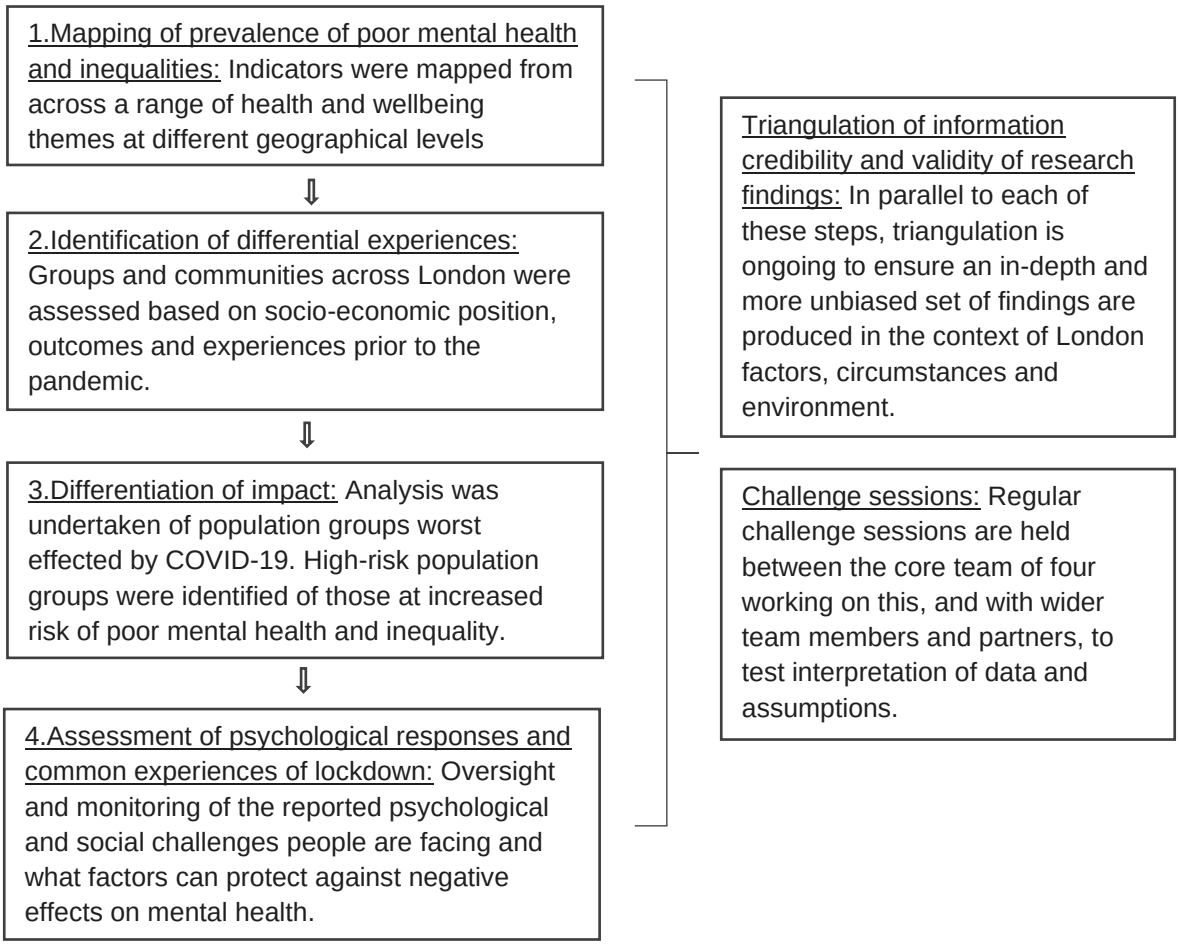
This rich and diverse range of information is methodologically varied, spanning different contexts and sample sizes, making comparisons and overall synthesis challenging. To ensure a level of rigour and reliable interpretation of the evidence the following steps are used to inform, identify and update on the impact of COVID-19 on Londoners mental health and wellbeing.

Limitations

Fundamentally, insights are limited by the availability of data and information. There will undoubtedly be data and information sources the team are unaware of and would appreciate being made aware of. And there are also some data and information sources that we know will be available in the coming weeks. However, overall, representativeness and inclusiveness has been identified as a limitation across all sources of data and information, with a lack of sufficient, granular intelligence available on the experiences and needs of

different disadvantaged and marginalised communities in London. Thrive LDN has mobilised accompanying community participatory research and engagement projects to help address this, but wider action is needed at all levels (borough, sub-regional and regional). This is covered further in the Conclusions and Suggested actions we take sections.

Figure 1. Research and triangulation methodology



3. Prevalence of poor mental health in London before COVID-19

Several indicators are measured at a national, regional and borough level, which give an indication of the prevalence of poor mental health in London. London continues to report some of the lowest life satisfaction in the UK in the year ending March 2019 (7.58 compared to the UK average of 7.71).[1] There is also significant variance across the capital, with several London boroughs (Lambeth, Hackney, Islington and Camden) persistently reporting lower average wellbeing ratings compared to the rest of the UK.[2] In 2018, 661 Londoners took their own lives; around 12 people every week.[3]

[1] Office for National Statistics (2019) Personal well-being in the UK: April 2018 to March 2019: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2018tomarch2019
[2] Ibid.
[3] Office for National Statistics (2019) Suicides in the UK: 2018 registrations: https://www.gov.uk/government/statistics/suicides-in-the-uk-2018-registrations

Furthermore, mental health is shaped by wide-ranging characteristics,[4] which are influenced by the local, national and international distribution of power and resources.[5] Poor mental health is both a cause and consequence of inequality and prevalence is often much higher in the communities facing most inequalities, including people living in poverty or those who have experienced discrimination or adversity.

However, whilst it is important to acknowledge and address the challenges individuals and communities face, we know that London is a city rich with resources and assets which promote health, happiness and resilience, protect against negative health outcomes, and help to reduce health inequalities. By protecting and enhancing these, London will be able to maintain and sustain mental health and wellbeing and support people to build on the strength and resilience they have.

4. The known impact of COVID-19

Overview

As the UK Government response to the COVID-19 pandemic enters into a second phase and Londoners prepare for the future, it is important to take stock of intelligence and insights to identify where there are opportunities to be taken and challenges to be met.

The Mental Health Foundation's *Coronavirus: Mental Health in the Pandemic study*[6] has found that, overall, levels of distress are receding across the UK and most people are feeling able to cope. As of the third week of June, 49% of the population had felt anxious or worried in the past two weeks due to the pandemic, down from 62% in mid-March. However, the study stresses that there are still millions of people across the UK who are struggling with the stress of the pandemic.

As highlighted in the previous section, many Londoners entered the pandemic from positions of disadvantage and evidence is increasing that the COVID-19 pandemic has affected the mental health of sections of the population differently, depending on their circumstances. Evidence suggests the pandemic has widened mental health inequalities; groups that had the poorest mental health pre-crisis had the largest deterioration in mental health during lockdown.[7]

Already, estimates are that half a million people across the UK are likely to experience mental health problems as a result of the economic impact of the pandemic.[8] And even as the measures to curb the spread of COVID-19 change, differences in people's mental health will persist and likely increase.[9] This risk is amplified when individual characteristics with negative outcomes intersect with each other, for example, factors such as race, class and gender and the circumstances and conditions associated with these. Many of the factors that

[4] Mental Health Foundation (2009). Mental health, resilience and inequalities: A commentary by Mental Health Foundation:

5 Public Health England (2019) Wider determinants of health: https://fingertips.phe.org.uk/profile/wider-determinants

[6] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic

[7] Institute for Fiscal Studies (2020) The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK

[8] Centre for Mental Health (2020) Covid-19 and the nation's mental health: May 2020. Forecasting needs and risks in the UK: https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health

[9] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic

promote mental health or lead to poor mental health are associated with overlapping identities which inform how we live our lives and often the opportunities available to us.

However, whilst we must focus on ensuring that Londoners who need help and support receive it, we must also be careful not to over-pathologise the natural process of how people are adapting and coping with change. After the severe acute respiratory syndrome outbreak in Canada and Hong Kong in 2002–04, most adverse psychological consequences of physical distancing and quarantine resolved without the need for specialised mental health care. [10,11,12] Medicalising normal and understandable responses to the pandemic could perpetuate the stigma of mental health. A fundamental part of the public mental health response needs to be normalising feeling stresses and supporting Londoners to build on the resilience they already have.

It is important to note that large parts of London's response to COVID-19 has been rooted in community action, resulting in innovation and transformation at a scale and speed never seen before. It is vital that we listen to and strengthen communities, especially those who have been marginalised and discriminated against, to protect public mental health and build on the strength and resilience they have, for this and future phases of the pandemic.

As we start to take stock of the unprecedented impact of the coronavirus (COVID-19) pandemic, insights and evidence are emerging of common experiences, behaviours, and effects of the pandemic across London.

Life satisfaction and happiness

The COVID-19 Social Study[13] suggests life happiness and happiness measures have remained substantially higher than when lockdown came in. Whilst life happiness was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults (although the gap to other age groups has narrowed substantially compared), people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas (although the gap in differences between urban and rural areas has narrowed as further lockdown easing has taken place). Life satisfaction is still noticeably lower than for the past 12 months, and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown.[14]

There is some indication that happiness has decreased slightly amongst younger adults in the past two weeks, but this remains to be confirmed with future data. Happiness levels remain lowest amongst younger adults, those living alone, those with lower household income, people with a diagnosed mental health condition, and people living in urban areas such as London.

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[10] Maunder RG. Was SARS a mental health catastrophe? Gen Hosp Psychiatry 2009; 31: 316–17 Mak IW, Chu CM, Pan PC, Yiu MG, Ho SC, Chan VL. Risk factors for chronic post-traumatic stress disorder (PTSD) in SARS
[11] Lee AM, Wong JG, McAlonan GM, et al. Stress and psychological distress among SARS survivors 1 year after the outbreak. Can J Psychiatry 2007; 52: 233–40.
[12] . 77 Lee AM, Wong JG, McAlonan GM, et al. Stress and psychological distress among SARS survivors 1 year after the outbreak. Can J Psychiatry 2007; 52: 233–40.
[13] University College London (2020) Covid-19 Social Study: https://www.covidsocialstudy.org/results
[14] Layard R, Clark A, De Neve J-E, Krekel C, Fancourt D, Hey N, et al. When to release the lockdown: A wellbeing framework for analysing costs and benefits. Centre for Economic Performance, London School of Economics; 2020 Apr. Report No.: 49

Loneliness

Ongoing reporting on loneliness levels continue to be stable since lockdown but are noticeably lower in recent weeks. In particular, for younger adults (ages 18-29), loneliness appears to have decreased in the past fortnight. Loneliness levels are still highest in younger adults, people living alone, people with lower household income, people living with children, people living in urban areas, and people with a diagnosed mental health condition[15].

Similar to other factors which contribute to exacerbated outcomes of the COVID-19, many Londoners entered the pandemic from positions of social isolation and loneliness. Findings from the Survey of Londoners[16], which received responses from 6,601 Londoners prior to the pandemic found 8% of Londoners often or always feel lonely and 27% felt socially isolated. Loneliness was more common among younger and single Londoners, those with low incomes and living in social housing. Social isolation was more common among Black Londoners and Londoners who do not speak English well. In addition, both loneliness and social isolation are more common among LGBT Londoners. There is a clear overlap of experiences of loneliness and social isolation and disproportionately at risk groups for poor mental health prior to and undoubtedly perpetuated by COVID-19 and social distancing measures.

COVID-19 pandemic has placed greater importance on digital connections yet connecting online is not an option for all Londoners. In 2018, 7% of Londoners were internet non-users and 6% of Londoners had zero of the five basic digital skills[17]. Digital isolation can have many causes: an absence of devices, connectivity limitations and inability to afford data, a lack of digital skills and confidence, and lack of close at hand support. Londoners who are more likely to be digital isolated include: older Londoners, asylum seekers, low income young Londoners, and low incomes families. Again, these groups worst affected by digital isolation are high risk for poor outcomes for due to experiences of intersectional discrimination or marginalisation.

Depression, anxiety and stress

The Institute of Fiscal Studies analysed the individual level effects of the pandemic on mental health using longitudinal data from the Understanding Society study and found almost a quarter of respondents reported experiencing at least one mental health problem much more than normal, up from just 10% in the most recent pre-crisis data.[18] An additional 14% of people aged 16+ report experiencing a mental health problem ‘much more than usual’. The impact of the pandemic on overall mental health scores was nearly double the deterioration seen between 2014-15 and 2017-18. The magnitude of the effect is equivalent to the difference in mental health between the richest 20% of people and the poorest 20% in the latest pre-pandemic data.

Depression and anxiety levels have remained similar to over the past two months. Depression and anxiety are still highest in young adults, people living alone, people with

[15] University College London (2020) Covid-19 Social Study: https://www.covidsocialstudy.org/results
[16] Greater London Authority (2019) The Survey of Londoners findings: https://data.london.gov.uk/dataset/survey-of-londoners-headline-findings
[17] Office for National Statistics (2020) Exploring the UK’s digital divide: https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04
[18] Institute for Fiscal Studies (2020) The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK

lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but they have on average experienced greater improvements in the past fortnight in depressive symptoms, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.[19]

When asked about factors have caused stress in the last week (defined as stress that was constantly on their mind or kept them awake at night), participants of the COVID-19 Social Study had experienced very little change in stress due to catching Covid-19, unemployment, finance, or getting food since early June. Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) remains the most prevalent stressor, but is still not affecting the majority of people, with fewer than 40% reporting it. People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. People with lower household income are becoming more worried about Covid-19 than people with higher household income, and they are more worried about finances, but less worried about unemployment. People living with children have worried more about all factors, but the differences on worries relating to Covid-19 and food access have diminished as lockdown has eased. Older adults have worried less about unemployment and food. Unemployment has worried people in England and in urban areas more.

Thoughts of death and self-harm

The COVID-19 Social Study have consistently measured thoughts of death or self-harm using a specific PHQ-9 item, with no clear change in thoughts of death since the easing of lockdown was announced[20]. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 21 weeks. They remain higher amongst younger adults, those with lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas. PHQ-9 is a standardised clinical tool to identify increased risk for suicide attempt or death. In this context it can only be used as an indication of risk as this data is likely to be an underestimation and collected at one point in a survey response. The excess risk of suicide emerges over several days and continues to grow for several months, indicating that suicidal ideation is an enduring vulnerability rather than a short-term crisis.

Suicide

In London, more than 12 people take their own life each week. Nationally, there has been an increase in suicides in 2018 (the most recent available data) from the previous year. Approximately 75% of those who take their own lives are men, and there has been an increase of suicides for those under 25, with a particular increase for young women.[21]

There is no evidence to suggest that there is currently a rise in suicides nationally due to COVID-19 from the data sources available. An increased data picture is being developed both nationally by Public Health England and Office for National Statistics, and regionally through Thrive LDN's Suicide Prevention Hub to understand the full impacts of COVID-19 on suicides.

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[19] University College London (2020) Covid-19 Social Study: https://www.covidsocialstudy.org/results
[20] University College London (2020) Covid-19 Social Study: https://www.covidsocialstudy.org/results
[21] Office for National Statistics (2019) Suicides in the UK: 2018 registrations https://www.gov.uk/government/statistics/suicides-in-the-uk-2018-registrations

Despite the lack of evidence to support an increase in suicides, there is a recognition that due to the extreme challenges posed by the COVID-19 pandemic, there is an increased risk of suicides across London. This risk is related to a number of factors, including self-isolation, health anxiety, economic impact, and increased stress. One such area, debt, is amongst one of the biggest predictors of suicide.[22] As discussed earlier in this section, there is a recognition that the economic impact of COVID-19 is significant and will continue to have substantial ramifications into the future following the pandemic. Whilst governmental initiatives have been put in place to support those at risks, some financial impacts will not be fully experienced until after these initiatives have finished.

Bereavement

A bereavement from COVID-19 is likely to be a very challenging kind of bereavement for most people. There were 8,549 deaths occurring in London between 1 March and 11 September 2020 that involved the COVID-19; this represented 26.1% of all deaths occurring over this period (32,790 deaths).[23] COVID-19 has and will continue to have a major impact on the individual and societal experience of death, dying, and bereavement. Social isolating measures, the lack of usual support structures and the changes implemented to services including end of life and palliative care has also influenced experiences of grief and mourning for death of all causes during this period.

In the period of March to June, Brent has had the highest overall age-standardised rate nationally, with 216.6 deaths per 100,000 people (487 people), followed by Newham, with 201.6 deaths per 100,000 people (307 people) and Haringey, with 185.1 deaths per 100,000 people (271 people).[24]

Little information is available on the impact on grief and bereavement as a result of COVID-19 or other infectious disease outbreaks. Previous pandemics appear to cause multiple losses both directly related to death itself and also in terms of disruption to social norms, rituals, and mourning practices. This affects the ability for an individual to connect with the deceased both before and after the death, potentially increasing the risk of complicated grief.[25]

Loss of life by COVID-19 is a challenging kind of bereavement, with family, friends and communities requiring care and support, especially in the first days and weeks following their bereavement. A review of complicated grief confirms the pandemic has increased prevalence of risk factors associated with complicated grief, for example, sudden/unexpected death and low social support.[26]

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[22] Meltzer, H., Bebbington, P., Brugha, T., Jenkins, R., McManus, S., & Dennis, M. S. (2011). Personal debt and suicidal ideation. *Psychological medicine*, *41*(4), 771-778.
[23] ONS (2020) Deaths registered weekly in England and Wales, provisional https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/latest
[24] ONS (2020) Deaths involving COVID-19 by local area and deprivation https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsinvolvingcovid19bylocalareaanddeprivation
[25] Mayland CR, Harding AJE, Preston N, Payne S. Supporting Adults Bereaved Through COVID-19: A Rapid Review of the Impact of Previous Pandemics on Grief and Bereavement. J Pain Symptom Manage. 2020;60(2):e33-e39. doi:10.1016/j.jpainsymman.2020.05.012
[26] Burke L.A., Neimeyer R.A. Prospective risk factors for complicated grief: a review of the empirical literature. In: Stroebe M., Schut H., van den Bout J., editors. Complicated grief: Scientific foundations for health care professionals. Routledge/Taylor & Francis Group; 2013. pp. 145–161

It is critical that bereavement care and support is central to the public mental health response to the COVID-19 pandemic, recognising the diversity of cultures, faiths and belief systems across the capital. Long-term bereavement support needs to be weaved into psychosocial support, individuals may not necessarily come through a bereavement service pathway but become known through contact with faith and community groups, through financial assistance, health and care services or through their GPs. A systematic review identified evidence to suggest that social support after sudden bereavement is associated with a reduced severity of depressive and PTSD symptoms[27]. Enhancing social support through working with communities and resilience building will support Londoners through bereavement.

Access to mental health support

Mind spoke to 8,200 people about the toll that coronavirus is taking on their mental health finding nearly a quarter of people who tried to access mental health support in the last two weeks have failed to get help.[28] The number of people calling the SANE telephone helpline rose very rapidly over the first four weeks of lockdown – with over a 200% rise in calls being made between March 25th and April 20th.[29]

Employment and finances

Income and employment are intricately linked to health and wellbeing. There is a strong socioeconomic gradient in mental health, with people of lower socioeconomic positions having a higher likelihood of developing and experiencing mental health problems. London's position as a global employment centre, with 6.1 million jobs being based in the capital in 2019 (equating to 20% of all the jobs in England), has a huge role to play in driving Londoners' experiences of mental health and inequality.

Londoners and work

The coronavirus job retention scheme (the furlough scheme) was introduced by government to support employers through the COVID-19 period, providing grants to employers of up to a maximum 80% of salary to a maximum value of £2,500 per employee. Furlough, self-employment income support and a number of loan schemes have been implemented to support the businesses, employees and the economy throughout the pandemic.

Since 1 July, changes have been implemented to allow employers to bring furloughed employees back to work part time. Employers have the flexibility to decide the hours and shift patterns of their employees – with the government continuing to pay 80% of salaries for the hours they do not work.

[27] Scott, H.R., Pitman, A., Kozhuharova, P. *et al.* A systematic review of studies describing the influence of informal social support on psychological wellbeing in people bereaved by sudden or violent causes of death. *BMC Psychiatry* **20,** 265 (2020). https://doi.org/10.1186/s12888-020-02639-4

[28] See: https://www.mind.org.uk/news-campaigns/news/mental-health-charity-mind-finds-that-nearly-a-quarter-of-people-have-not-been-able-to-access-mental-health-services-in-the-last-two-weeks/

[29] SANE (2020) Report on SANE calls since the lockdown: http://www.sane.org.uk/uploads/SANE_Report_on_Lockdown.pdf

In London, as of 31 July over 719,800 people were furloughed accounting for 15% of the current UK take-up of the scheme.[30] London has consistently had the highest proportion of employments furloughed on a full-time basis. Furlough and other government support schemes have protected those who would have become unemployed, incurring substantial welfare costs as universal credit claims increase and crucially leaving over 1.2 million Londoners (at its peak in May) with large income reductions, increasing poverty, stress and unhealthy behaviours.

Financial resilience

The economic effects of COVID-19 on London and Londoners are variable. Income statistics are not yet available to compare to before the pandemic, however, The Health Foundation[31] review of trends in income and poverty in recent years has shown the UK entered the pandemic from a starting position of stagnant income growth and low levels of financial resilience. There are signs of increasing economic inequality, with more people on lower personal income reporting reduced income in the household because of the coronavirus as lockdown has continued, working fewer hours, and less able to save for the future, while fewer people with higher incomes have been impacted financially.[32] When stratifying employment loss and furlough by income level, the future economic consequences of COVID-19 is likely to be worst by those on lower incomes, creating an additional long-run burden on the mental health and wellbeing for Londoners in this group.

Early findings from the Institute of Employment studies for April and may have indicated that employment losses appear to be materialising as higher economic inactivity, rather than unemployment[33]. Employees in lower income quintiles are also more likely to have been placed on furlough as part of the Job Retention Scheme: around 28%, compared to 17% in the top quintile[34]. The Resolution Foundation have cautioned that furloughed jobs may be more at risk of disappearing as the government schemes unwind.

Despite unprecedented government support, financial wellbeing has deteriorated drastically. The latest IHS Markit Households Finance Index shows the largest fall in overall perceptions of financial wellbeing since the survey began in 2009. UK households reported a severe drop in job security and a decrease in earnings from employment in April. This is consistent with UK consumer confidence dropping sharply to levels not seen since the 2008 financial crisis.[35]

Estimates looking across personal and economic well-being covering the period from 20 March to 26 July 2020 as part of the Opinions and Lifestyle Survey have shown a stall in

[30] Office for National Statistics (2020) Coronavirus Job Retention Scheme statistics: September 2020 https://www.gov.uk/government/publications/coronavirus-job-retention-scheme-statistics-september-2020/coronavirus-job-retention-scheme-statistics-september-2020

[31] Tinson, A (2020) Living in poverty was bad for your health before COVID-19 The Health Foundation https://www.health.org.uk/sites/default/files/2020-07/Living%20in%20poverty%20was%20bad%20for%20your%20health%20before%20COVID-19.pdf

[32] Office for National Statistics (ONS) (2020) Personal and economic well-being in Great Britain: June 2020: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/june2020

[33] IES (2020) What's going on with the unemployment data? https://www.employment-studies.co.uk/news/what%E2%80%99s-going-unemployment-data

[34] The Health Foundation (2020) Analysis of University of Essex: Understanding Data The UK Household Longitudinal Study

[35] HIS (2020) IHS Markit UK Household Finance Index https://www.markiteconomics.com/Public/Home/PressRelease/3b9f4150b48944eea88395f8c8350384

financial resilience.[36] By the end of July, around one in three people in Great Briton reported that they were unable to save for the year ahead and were unable to pay for an unexpected but necessary expense of £850. Younger adults, under the age of 60 years, were less likely to be able to pay for an unexpected expense throughout July. By 26 July, 41.6% of those aged 30 to 59 years and 36.5% of those aged under 30 years were unable to pay for an unexpected expense, while a much smaller percentage (16.1%) of those aged 60 years and over could not afford such an expense.

Those who have a personal income between £10,000 and £20,000 saw the largest rise in the number of people who were unable to pay an unexpected expense. At the end of July, 41.5% of people in this income group were unable to afford an unexpected expense, up from 31.3% at the beginning of July. By the end of July, they were as likely to not be able to afford such an expense as those in the lowest income group up to £10,000.

Parents were particularly affected with nearly half (47.5%) unable to pay for an unexpected expense at the end of July. In addition, 44% of parents reported being unable to save for the year ahead at the end of July, up from 33.1% at the beginning of July. In part, this can be explained by more working parents who reported a reduction to hours worked in mid-July compared with non-parents (15.7% compared to 7.8%, respectively). In addition, more parents reported that they were unable to work from home in July.

Renters were also less likely to be able to afford an unexpected expense, as 63.2% could not afford this at the end of July, compared with 10.6% of homeowners and 25.8% of those who have a mortgage. In part, this could be explained by differences in the ability to work from home; at the end of July, a significantly higher percentage of renters said they are unable to work from home (46.7%) when compared with homeowners (26.2%) and those with a mortgage (28.6%). This could also explain the increase in anxiety seen for renters over this period, as over half of them (50.8%) could not afford such an expense from the end of June.

Loans and borrowing money

More people are also having to borrow money, with over one in eight (13.3%) saying they have had to borrow money or use credit more than usual at the end of July, since the coronavirus (COVID-19) pandemic. Again, parents were particularly affected, with more than one in five (22.2%) saying they have had to borrow money or use credit more than before the coronavirus pandemic.[37]

The support and benefits implemented to support and protect employees, employers and the economy through the COVID-19 pandemic are time-limited one year. Early evidence of increasing economic inequality and deteriorations in people's financial situations have been noted through measures of financial stress such as, the doubling in food parcels distributed

[36] Office for National Statistics (ONS) (2020) Personal and economic well-being in Great Britain: September 2020: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/september2020#financial-resilience

[37] Office for National Statistics (ONS) (2020) Personal and economic well-being in Great Britain: September 2020: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/september2020#financial-resilience

by foodbanks and rising food insecurity, the sharp increases in non-payment of bills such as rent and mortgages and 3 million applications for Universal Credit.[38]

Education and youth settings

Schools

As schools return for the new term there is an explicit focus on supporting the mental health and wellbeing of children and young people. The limited evidence available over the summer shows that mental health continues to be a key concern for young people. [39,40] Although many services and activities have become digitalised, there are still young people that are digitally excluded, those whose home life was not conducive for the privacy needed to have open conversations online or via. telephone. 10% of young people also reported not having a quiet space to study. This is particularly key as there continues to be uncertainty about potentially short and localised school closures and the impact this will have on children and young people's education and mental health.

Schools have remained open as workplaces and education settings throughout the pandemic, accommodating vulnerable children and children of key workers. Children and young people are less likely to suffer directly from contracting the coronavirus and more likely to be impacted indirectly, through bereavement, lack of predictability and routine, an increase in adverse childhood experiences (ACE) such as domestic violence, parental mental health needs, and economic impact of loss of income to families. Children and young people may also be impacted by the loss of protective factors, including social activities, access to schoolteachers and other trusted adults, and reduced societal supervision in light of ACEs.

Over half of the global school population has experienced an interruption to closure to their schools. A Lancet Review found that the impact of school closures on pandemics can be useful control measure, if implement early enough, although the overall effectiveness of mass closure has low effectiveness [41]. School closures have a negative impact on the economy and in particular working parents and caregivers. While the evidence of the effectiveness of national school closures is mixed, the cost of extended school closures on children and parents remains high and needs to be balanced.[42,43,44]

Children and young people are further impacted by the interruption to their education. This is particularly damaging to those children from the least deprived households, who may already have low attainment. A survey by the Institute of Fiscal Studies found that during the lockdown, children from the wealthiest families spent 30% more time on home learning than

[38] Tinson, A (2020) Living in poverty was bad for your health before COVID-19 The Health Foundation https://www.health.org.uk/sites/default/files/2020-07/Living%20in%20poverty%20was%20bad%20for%20your%20health%20before%20COVID-19.pdf
[39] Young MINDS (2020). Coronavirus: Impact on young people with mental health needs https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf
[40] Generation COVID-19, building the case to protect young people's future health (2020) https://www.health.org.uk/publications/long-reads/generation-covid-19
[41] Lancet Child Adolesc Health 2020; 4: 397–404 https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930095-X

[42] Department of Health (2014) Impact of School Closures on an Influenza Pandemic https://researchonline.lshtm.ac.uk/id/eprint/4647891/1/School_Closures_Evidence_review.pdf

[43] Rashid, H. et al., Paediatric Respiratory Reviews 16(2):119-26.
[44] Nafisa, S. (2018). Journal of Infection and Public Health. 11(5):657-661.

those from the lowest income, parents in this category also reported feeling more able to support their children in home learning, and their children also had better set up at home, with more opportunity for individualised support and conversations with teachers than children form deprived households.[45] Parents from more affluent households are also more likely to report that they would send their child back to school, in comparison to parents from lower income households. Whilst schools have worked to reduce the potential attainment gap between disadvantaged groups using a variety of strategies including the provision of tech items, extended time out of schools may add to educational inequalities which will have long term impact on life prospects.

Education leavers

The pandemic is likely to have serious implications for future job and education prospects of school and university leavers. Recessions traditionally impact school leavers and those entering the workforce for the first time the most, in particular, the current crisis is likely to reduce the employment prospects of lower-skilled young adults leaving education by more than a third, even many years later when the direct economic effects of the crisis will have subsided. Furthermore, even for those who manage to find employment, pay is predicted to be impacted negatively, with those low skilled seeing a reduction of 9 to 19% in hourly pay, with graduates predicted to face 7% less hourly pay rate.[46] Additionally, those sectors that will struggle to remain open or return to full capacity due to social distancing are likely to be sectors that employ school leavers, such as non-food retail, hospitality, travel, the arts, and entertainment. This is an estimated 800 000 young people who will be joining the workforce for the first time.

Unemployment will not affect everyone equally. Young people from poorer households are more likely to lose work and those form certain geographical areas (north east England). Those from ethnic minority backgrounds are twice as likely to lose their job in comparison with their peers.[47]

Youth Settings

The youth sector was experiencing increased demands and reduced funding prior to the pandemic, with sustained funding cuts by local authorities[48]. This is likely to affect the sectors resilience in light of COVID-19. Despite this, they have quickly adapted to digital and remote means of delivery in response to COVID-19. Youth organisations are known to support vulnerable young people who may have barriers to accessing digital services and activities.

Youth organisations have continued to provide front line service to young people and communities, including volunteering effort during lockdown.

UK Youth conducted a survey of the impact of COVID-19 on the youth sector, with 252 organisations responding, that further represent 1848 organisations, that have in total engaged with 608,700 young people in the last year. Their findings reported key concerns by youth workers on increased mental health and wellbeing need; increased loneliness and

[45] Henehan, K. (2020). Class of 2020, Education Leavers in the current crisis. Resolution Foundation.
[46] Henehan, K. (2020). Class of 2020, Education Leavers in the current crisis. Resolution Foundation.
[47] Generation COVID-19, building the case to protect young people's future health (2020) https://www.health.org.uk/publications/long-reads/generation-covid-19
[48] London Youth (2017) Young Peoples Capital of the World: https://londonyouth.org/wp-content/uploads/2018/05/Young-peoples-capital-of-the-world-March-2017.pdf

isolation; lack of safe space – not being able to access their youth club/service; and unsafe and difficult home life; as well as concerns for physical safety in terms of increased risk of gang grooming and sexual exploitation or grooming [49]. In terms of the impact on youth organisations' structure as a result of COVID-19, 71% stated they were likely to reduce staff hours, 31% of youth organisations said staff redundancies were likely, with 17% stating that they are likely to close, small and micro organisations were hit the hardest. Furthermore, 64% of respondents stated that their income would be affected and were likely to lose funding.

Workplaces

COVID-19 will have a long-lasting impact on the economy, businesses and the ways in which Londoners work. Understandably, mitigating the physical health impacts of the pandemic has been the priority for employers and workplaces. Since March 2020, organisations have had made rapid changes to how they operate, including how and where jobs are carried out. Workers in turn, have to navigate 'new normal' ways of working, whilst responding and adapting to changing personal circumstances. Londoners have been working from home than other regions of the UK, with 57.2% of people in employment doing some work at home in April. Women were slightly more likely to work at home than men and those aged 16 to 24 years were less likely to do some work from home than those in older age groups.[50]

Again, many Londoners entered the pandemic from different positions of exposure to the virus, job security and adaptability of sectors. Health and social care staff, key workers and those in low paid and insecure employment have been identified from emerging evidence as at risk of a multitude of stressors due to their work, health and future opportunities due to COVID-19.

It is estimated that approximately half a million Londoners are health and social care staff.[51] Evidence from previous pandemics suggests that health and social care workers have an increased risk of adverse mental health outcomes, including post-traumatic stress disorder and depression. Findings of a survey of health care workers across the UK in April found that 50% of healthcare workers mental health had deteriorated since the start of the pandemic. The youngest workers (18–34 years) were hardest hit, with 71% reporting a worsening in their mental health.[52]

As a professional group, health and social care staff, particularly those lower paid have higher rates of pre-existing mental health conditions than the general population,[53]

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[49] UK Youth (2020) The impact of COVID-19 on young people and the youth sectorhttps://www.ukyouth.org/wp-content/uploads/2020/04/UK-Youth-Covid-19-Impact-Report-External-Final-08.04.20.pdf

[50] Office for National Statistics (2020) Coronavirus and homeworking in the UK https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/coronavirusandhomeworkingintheuk/april2020#homeworking-by-region

[51] The Health Foundation (2020) Emerging evidence of COVID-19's unequal mental health impacts on health and social care staff https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-of-covid-19s-unequal-mental-health-impacts-on-health-and?utm_campaign=11716119_COVID-19%20and%20health%20inequalities%20%206%20August%202020%20%20WARM&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,6Z47R,1T0ZBV,S30ZP,1

[52] IPPR (2020) https://www.ippr.org/news-and-media/press-releases/covid-19-one-in-five-healthcare-workers-could-quit-after-pandemic-unless-urgent-government-action-is-taken-ippr-warns

[53] NHS Glasgow & Clyde Working Well Challenge Fund https://www.nhsggc.org.uk/media/225878/PHRU%20Working%20Well%20Staff%20Health%20Research%20Nov%202012.pdf

disproportionately increasing their risk of worsening of mental health as a result of the pandemic. Looking at global research, Amnesty International[54] have produced evidence of front-line staff reporting increased levels of tiredness, insomnia, stress, anxiety and depression, indicating serious risks for the mental health and wellbeing of this group as well as posing significant risks for the delivery of health and social care in London.

Nationally, London has the largest absolute numbers of key workers, with 1.3 million people in key worker occupations and industries. Of these, 15% of key workers were at moderate risk from COVID-19 because of a health condition, 31% have children aged between 5 and 15 years and 16% have children aged 4 years or under.[55] The experiences of key workers have been distinctive to the general population throughout the pandemic, due to the nature of their roles and where they work, differentially impacting how they travel to work, childcare, caring responsibilities and carrying out everyday tasks during lockdown. In April 2020, 85.3% key workers said they were very or somewhat worried about the effect COVID-19 was having on their life and the most common issue was the effect on their work.

Analysis by the Learning and Work Institute[56] of the impact of the initial stages of the pandemic on low paid workers and low-income working households in London has shown that low paid workers in London are more likely to be women (83%), young people, (88%)

Migrants (45%), and those from black ethnic groups. 33% low paid workers are in sectors that were shut down by the pandemic, with women and Black or Asian Londoners disproportionately represented in these 'shutdown sectors'.

Low paid workers are more likely to have seen a reduction in their income and to be worried about their finances and access some form of support to help them through lockdown, with 13% falling back on Universal Credit, and 4% accessing food banks or other charitable support.

Two out of five (42%) low paid workers in London are worried about keeping their job, compared to one in three (32%) other workers in London. Low paid workers' priorities for change in the aftermath of lockdown include more support with job seeking, increases in Universal Credit for job-seekers and a rise in the minimum wage.

Health behaviours

Almost all areas of everyday life have changed since the start of the COVID-19 pandemic, bringing with it profound changes to social behaviour. The majority of psychological research on the pandemic to date has focused on mental health outcomes, however, it is also necessary to identify and understand more about the changes in health behaviours that may have and continue to occur at a population level to better understand the range of downstream consequences of the COVID-19 and lockdown. In response to this, PHE have developed a monitoring tool to look at the wider impacts of the pandemic on population health.

[54] Exposed, Silenced, Attached (2020) Amnesty International https://www.amnesty.org/download/Documents/POL4025722020ENGLISH.PDF
[55] ONS (2020) Coronavirus and key workers in the UK https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/coronavirusandkeyworkersintheuk/2020-05-15
[56] Learning and Work Institute (2020) The impact of the coronavirus outbreak on London's low paid workers https://learningandwork.org.uk/resources/research-and-reports/the-impact-of-the-coronavirus-outbreak-on-londons-low-paid-workers/

Sleep

A recent survey, conducted by King's College London (KCL) with 2250 UK respondents revealed that 38% reported sleeping less or less well than normal before the country was placed on lockdown.[57] Given the bi-directional relationship between sleep and psychological health, persistent sleep loss during this unprecedented time is likely to compromise mental health status. The survey showed that almost half (49%) of the respondents reported feeling more anxious and depressed, as a direct consequence of COVID-19.

Smoking

The PHE WICH tool[58] has shown the prevalence of current smokers has declined from 16.3% in 2018 to 12.9% in the 4-week period ending 5 July 2020. Smoking prevalence for people aged 16 to 24 more than halved from 24.5% to 7.9% over the same time period. When existing smokers were asked about the impact of lockdown in a survey conducted from 15 April to 27 July, 45.5% reported smoking about the same, 20.8% smoking less and 27.5% smoking more. In the same survey, 11.4% of smokers reported that they had tried to quit smoking during lockdown, 12.2% reported smoking indoors more than they used to, 9.3% reported starting to use an e-cigarette and 18.1% reported buying tobacco/cigarettes in larger quantities than before. When asked whether they were more or less likely to quit smoking than before lockdown, 26.6% said they were more likely to quit now, 14.3% said they were less likely to quit and 59.1% said it made no difference.

Physical activity

Survey data published by PHE has shown that the percentage of adults doing at least 30 minutes of physical activity on 5 or more days was 33.3% in the period 3 to 6 April compared with 34.1% from 22 to 25 May. There was a decrease in the percentage reporting doing at least 30 minutes of physical activity on 0 days from 21.9% to 17.8% during this period.

Up to the week of the 11 May, the percentage of adults reporting doing more physical activity than usual was 33.5%, with 37.8% reporting doing less than usual and 27.4% reporting that they did neither more nor less than in a typical week before COVID-19 restrictions on physical activity.

The percentage of children doing the recommended 60 minutes or more per day, as reported by their parents or guardians, increased from 14.1% in the period 3 to 6 April to 22.3% in the period 22 to 25 May. Combining data from all the survey waves showed that compared with a typical weekend day before the COVID-19 restrictions on physical activity, 36.0% of parents reported that their children were doing less physical activity, 31.8% reported they were doing more and 30.2% reported that they were doing no more nor less.

Diet & access to groceries

The PHE WICH tool[59] has presented a sharp rise in the volume of grocery purchases brought into the home just prior to the lockdown beginning on 23 March 2020 and, whilst

[57] KCL (2020) Life under lockdown: Coronvirus in the UK. Available at: https://www.kcl.ac.uk/news/life-under-lockdown-coronavirus-in-the-uk

[58] PHE (2020) Wider Impacts of COVID-19 on Health (WICH) monitoring tool https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/

[59] PHE (2020) Wider Impacts of COVID-19 on Health (WICH) monitoring tool https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/

purchasing has reduced from this peak, it is still above purchasing seen for the same period in 2019. Some or all of the increases in household purchasing from food retailers seen post lockdown will reflect a reduction in food and drink purchased and consumed from the eating out of the home sector (for example, quick service restaurants, pubs, cafés and coffee shops) and do not necessarily mean more food and drink has been purchased overall.

In the year to date, total purchasing of food and drink is 11.4% higher in volume in 2020 than it was in 2019. Similarly, the 4 week average total purchasing of food and drink in the weeks leading up to 19 July 2020 was 12.8% higher than the 4 week average of the same period in 2019.

The food categories which have shown the largest increase in volume in 2020 compared with 2019 are alcohol (an increase of 28.1% which is largely driven by an increase in beer and cider), savoury home cooking (an increase of 27%), sweet home cooking (an increase of 24.2%) and frozen meat (an increase of 21.2%).

When broken down by nutrients, there was an increase of 15.6% in average weekly volume of total fat purchased, 15.5% in saturated fat and 14.2% in calories compared with 2019.

Alcohol

Survey data published by PHE collected between 10 May and 27 July show that self-reported mean weekly alcohol units consumed in all adults remained at around 11 units before and during lockdown. There was some variation across age groups and sexes. Women reported a 1-unit increase in their average weekly consumption of alcohol, whereas men reported little change. The majority of people (51.3%) reported drinking neither more nor less during lockdown with 24.6% of people reporting drinking more and 24.1% drinking less. Those aged 18 to 34 were more likely to report consuming less alcohol each week than before lockdown compared to other age groups and those aged 35 to 54 were the most likely to report an increase.

A survey collecting data specifically related to high risk shows that the proportion of respondents classified as high risk drinkers increased from 10.8% in February 2020 to 19.4% in April. This has decreased to 17.6% in May and then increased again to 19% in June. This is compared with 12.6% in June 2019. Levels of high risk drinking were higher in men than women (25.9% and 12.7% in June 2020 respectively) and were higher in higher social class groups compared with lower social class groups (21% and 17.1% in June 2020, respectively).

Gambling

Survey data published by PHE collected from 10 May until 27 July 2020 indicate that the proportion of respondents spending money on ‘any gambling’ decreased from 38.8% before lockdown to 33.9% during lockdown. All types of gambling activities including lottery products, betting activities and gambling machines and games decreased during lockdown. This decrease was observed across all age groups and both sexes, with the exception of gambling machines and games which has increased during lockdown in the 18 to 24 age group.

Compliance, leaving home and life changes

Week 24-25 of the COVID-19 Social Study[60] has shown compliance has continued to remain stable over the past six weeks, although "complete" compliance remains at just 20%-25% in adults under the age of 30, 40% in adults aged 30-50 and 50% in adults over the age of 60. "Majority" compliance remains around 90% overall but is lowest (75%) amongst adults under 30. Levels of confidence in the central government to handle the COVID-19 epidemic handle the Covid-19 epidemic remain constant, with no improvement for the government in England since drops in May.

People on average are currently leaving their property 5 days a week, getting some further fresh air in gardens one further day a week, and not going outside at all for one day a week. Since March, people have gradually been going out more days each week and spending less time just in their homes. However, this has plateaued since mid-July, with people on average still spending two days a week not leaving their property. People with lower household income have spent the most time in their homes, as have people with a mental illness. Keyworkers have been out of their homes more, likely due to job demands.

28% of adults reported that their lives are currently completely different or have lots of differences compared to prior to COVID-19, despite lockdown measures having eased substantially. This is an improvement to during strict lockdown, when 50% of people said their lives were completely different or had lots of differences, 28% said there were quite a few differences, 18% said life was only a little different, and 4% said their lives were entirely the same as before the pandemic. Differences during strict lockdown were most stark amongst 18-29 year olds.

5. Disproportionally at risk groups

There is a lack of intelligence regarding the experiences of certain marginalised or disadvantaged groups across London, despite the knowledge that these groups have been and will continue to be worst affected by the pandemic, and the groups highlighted below are unlikely to be exhaustive. Further to this, it is not possible to easily unravel the impact and weight of intersectionality on the population's mental health. Londoners and their communities cannot be defined by a single attribute such as age group, ethnicity or location and so it is important to consider how risks and assets can be amplified when identities and characteristics do overlap across these groups.

Thrive LDN is currently undertaking a number of targeted community participatory research and engagement projects to capture insights, build trust and develop relationships with the longer-term goal to build capacity for co-production of meaningful interventions, campaigns and activities.

Children and young people

A considerable body of evidence is being developed on the experiences and outcomes of children and young people in relation to COVID-19. As with other age groups, mental distress is common in children and young people who experience periods of quarantine or social isolation.[61]

[60] University College London (2020) Covid-19 Social Study: https://www.covidsocialstudy.org/results
[61] Gayer-Anderson *et al* (2020) ESRC Centre for Society & Mental Health, King's College London: https://esrc.ukri.org/files/news-events-and-publications/evidence-briefings/impacts-of-social-isolation-among-disadvantaged-and-vulnerable-groups-during-public-health-crises/

The *Coronavirus: Mental Health in the Pandemic study*[62] found that young people (18-24 years old) were more likely to report stress arising from the pandemic than the population as a whole. Findings from the third week June show that 18-24 year olds were still more likely than any other age group to report hopelessness, loneliness, not coping well and suicidal thoughts/ feelings. Furthermore, the proportion of young people age 18-24 reporting suicidal thoughts or feelings, at 22%, was more than double that of the population as a whole, at 10%.

Furthermore, Young Minds survey[63] of 2,111 young people with a history of mental health needs showed concerns about losing connection with friends, non-immediate family and other trusted adults. This was especially so among those who did not feel confident or comfortable using phones or who had limited access to technology. Some young people missed physical proximity with their friends and felt that talking online was not the same.

Insights on changes to mental health needs of Black, Asian and Minority Ethnic young people using Kooth, a digital mental health support service, have shown greater increases in depression, anxiety, self-harm and suicidal thoughts than white peers during COVID-19 pandemic.[64]

"It's removed some of my usual coping mechanisms (e.g. socialising, spending time in nature) and therefore made my mental health a bit more wobbly. Nonetheless it's forced me to strengthen other coping mechanisms such as at-home exercises and meditation, and other self-care activities which before I'd focus on less." [65]

Young adults have been especially badly hit during the pandemic with issues such as reduced social contact, curtailed education and diminished job prospects. There is an urgent need to put in place special measures to support the mental health and wellbeing of young people age 18-24 with a particular view to addressing uncertainty around education provision and employment opportunities.

"Young people are facing many worries and challenges at this time. Some of us are on zero hours contracts and are losing jobs or their work has closed so they have zero income, and no-one is around to tell you what's happening and help you understand it at all. Many people rely on jobs as an escape from my home life, especially me, and I have been so eager to go to work. Me myself, I have zero knowledge if my work will ever open again, it could be back to square one in the job hunt, which will be soul destroying for me." Young person, UK Youth

Older people

Older people are a priority group as they bear a disproportionate impact from COVID-19. The majority of excess deaths (75%) have occurred in those aged 75 and over and the risk

[62] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic
[63] Young Minds (2020) Coronavirus: Impact on young people with mental health needs: https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf
[64] Kooth (2020) Week 14: How Covid-19 is Affecting the Mental Health of Young People in the BAME Community: https://xenzone.com/wp-content/uploads/2020/06/BAME_infographic_June-2020_WEB-v2.pdf
[65] Partnership for Young London and Good Thinking (2020) Checking in: Voices of young people during lockdown: https://3532bf5a-d879-4481-8c8f-127da8c44deb.usrfiles.com/ugd/3532bf_7c20f5f6ef1e4c25afd7be462efa4126.pdf

increases with age. Care homes have been a key feature of the pandemic accounting for 43% of all deaths from COVID-19 in England on 10 May.

Further to this older people are more likely to be clinically shielding and experience long periods of isolation, leading to widespread concern for this group as social isolation among older people is already a well-recognised and serious public health issue.[66] Little information is available on the short- and long-term health and social impacts of the pandemic and restrictions on older people as a distinct group, however information is available from studies of general population samples which disaggregate findings by age group.

"I really can't think what's going to happen next. I try not to think further than a day at a time, I'm trying to take every day as it comes because the foreseeable future doesn't look very nice." Joyce, Age UK

For example, the *Coronavirus: Mental Health in the Pandemic study*[67] found that the resilience of people in later life has been visible in the findings, with only 6% of people age 70 and over reporting not coping well as of the third week in June. Since mid-March, people age 55 and over, and particularly people age 70 and over, have been less likely to report stress as a result of the pandemic. In addition, there were reduced levels of anxiety amongst this age group.

Furthermore, Office for National Statistics survey findings from 03 April – 10 May found that among those who were worried about the effect that the coronavirus was having on their lives, older people were more likely to have had difficulties accessing essentials, and less likely to have had their finances impacted, than younger people.[68]

Women

The *Coronavirus: Mental Health in the Pandemic study*,[69] found that across the lifetime of the survey women have been more likely than men to report being worried about their finances. In addition, as of the third week in June, more women than men reported feeling anxious, lonely, and hopeless due to the pandemic in the prior two weeks, though the percentages for both men and women overall have fallen.

"We're all in this together! The mums who've found a corner in their cluttered homes and their cluttered minds to provide support women and children fleeing abuse and violence whilst also looking after their own children and families. The nurses, the carers, the cleaners, the teachers, the key workers – the women (and men!) who run this country – and the men who rule this country." Miriam, Women's Resource Centre

[66] Nicholson NR. A review of social isolation: an important but underassessed condition in older adults. The journal of primary prevention. 2012 Jun 1;33(2-3):137-52
[67] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic
[68] Office for National Statistics (2020) Coronavirus and the social impacts on Great Britain: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/datasets/coronavirusandthesocialimpactsongreatbritaindata
[69] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic

It is also the case that women are much more likely to be affected by domestic violence and abuse, the risk of incidence of which have increased during lockdown. Call to the National Domestic Abuse Helpline increased by 150% during the initial stages of lockdown.[70]

Ethnic minorities

The proportion of a London borough's population that is minority ethnic varies from 13% to 69% (variation from Richmond upon Thames to Brent). The boroughs worst affected by COVID-19 are home to some of London's most diverse and vibrant communities – Newham (68%), Brent (69%) and Hackney (49%).

COVID-19 mortality data exposes the structural inequalities which exist and have led to an unfair and inequitable impact of COVID-19. It is not possible to predict the impact of disproportionate loss of life on the mental health and wellbeing for specific communities, but we can anticipate amplified experiences of grief, loss, cumulative stress and injustice. The Black Lives Matters movement has also called out institutionalised racism and a distinct power imbalance across all aspects of society.

Week 15 of the COVID-19 Social Study[71] has focused on differences in psychological and social experiences across the COVID-19 pandemic by ethnicity. Over 4,500 individuals from Black, Asian and minority ethnic backgrounds have taken part in the study to date, contributing over 20,000 surveys. Analysis has shown that people from Black, Asian and Minority Ethnic backgrounds have had higher levels of depression and anxiety across the pandemic, and lower levels of happiness and life satisfaction compared to their white counterparts. Furthermore, whilst 17% of people from white backgrounds have reported being often lonely during lockdown, this figure has been 23% amongst those from Black, Asian and minority ethnic backgrounds. Individuals from Black, Asian and minority ethnic backgrounds have also been more worried about unemployment and financial stress, although worries about catching COVID-19 and access to food have been the same as people from white ethnic groups.

It is widely accepted that the disproportionate effects of COVID-19 on the most disadvantaged, especially Black and Asian people and those from minority ethnic backgrounds, have been due to the social and economic conditions in which they live.[72] The Marmot review 10 years on[73] shows those individuals living with fewer social supports are likely to experience greater levels of mental distress. Coping with day-to-day shortages, facing inconveniences and adversity all affect physical and mental health in negative ways.[74]

Lesbian, gay, bisexual, transgender and queer (LGBTQ+)

Overall, there is very little information available about the experiences of the LGBTQ+ community. For this group we found no relevant studies on the impact of the pandemic.

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[70] See: https://www.refuge.org.uk/25-increase-in-calls-to-national-domestic-abuse-helpline-since-lockdown-measures-began/

[71] University College London (2020) Covid-19 Social Study: https://b6bdcb03-332c-4ff9-8b9d-28f9c957493a.filesusr.com/ugd/3d9db5_17cc74c304664db8ac9ea56e1dd301ae.pdf

[72] Rose N, Manning N, Bentall R et al. The social underpinnings of mental distress in the time of COVID-19 – time for urgent action [version 1; peer review: awaiting peer review] Wellcome Open Research 2020, 5:166: https://doi.org/10.12688/wellcomeopenres.16123.1

[73] Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity

[74] Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, Fair Society, Healthy Lives: The Marmot Review. London; 2010.

However, insights can be garnered from the overwhelming increase in callers to Switchboard – the LGBT+ Helpline. In May 2020, 1819 calls were logged, a 50% increase compared to May 2019. A notable number of calls from gender non-conforming and transgender people who have felt impacted by the news and media attention. Overall contacts are now up 35% in 2020:

- 44% more conversations around themes of 'struggling'
- 31% more conversations around the theme of being 'worried'
- 57% more conversations around the theme of 'isolation'
- 42% increase in callers whose gender identity is different than assigned at birth

"It's been difficult spending so much time at home, when most of my sources of support are based outside the home. I haven't been able to see my friends, hear my preferred name, talk about my identity in a positive way. It's been a long time since I've been in a place I feel really accepted." Jamie, Exposure

People with pre-existing mental health problems

The Mental Health in the Pandemic study[75] found that people who entered the pandemic with a prior experience of mental health problems have been more likely to experience anxiety, panic, and hopelessness. Furthermore, the study shows that those with a pre-existing mental health problem have been the most likely to experience stress and inability to cope and that they have reported suicidal thoughts and feelings at a rate almost triple those in the general population.

The study noted that, during lockdown, many of the supports for people with mental health problems, such as one-to-one therapy, training courses, volunteering and supported employment opportunities, were curtailed or stopped. Particularly, peer support and community resources that relied on meeting in a physical space have had to adapt or pause their provision, resulting in the loss of or reduction in support for many people.

"I'm constantly feeling helpless and frustrated, and hate the idea of anyone around me being hurt or dying. The lockdown is the biggest problem because I rely on being able to see the people. I love as a coping mechanism for my anxiety and depression." Young person, MIND

People with long-term, disabling physical health conditions

Some people with long-term, disabling physical health conditions have been more likely to experience poor mental health and wellbeing during the pandemic. The Office for National Statistics has found that, as of 9th-18th June, a majority (60%) of people in the official category of 'shielding' had not experienced a worsening in their mental health since being given shielding guidance, 29% said that their mental health had become slightly worse, and 7% said it had become much worse.[76]

[75] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic
[76] ONS Coronavirus and shielding of clinically extremely vulnerable people in England: 9 June to 18 June 2020: https://www.ons.gov.uk/releases/coronavirusandshieldingofclinicallyextremelyvulnerablepeopleinengland9juneto18june2020

The *Coronavirus: Mental Health in the Pandemic study*[77] supports this view and that the pandemic has hit the mental health and wellbeing of people with long-term, disabling physical health conditions particularly hard. Findings from the most recent wave of research found that a higher proportion of people with long term disabling health conditions reported having difficulty coping (26%) compared to the overall population (14%). They were also more likely to have been worried that the pandemic may make their existing mental health condition worse (46%).

Single parents

Gingerbread, the charity for single parent families, has seen a large spike in the number of single parents seeking support through their helpline and their online forum.[78]

> *"Coronavirus has increased the cost of living suddenly and drastically. Our already limited budgets have become a lot tighter, and now we're told we will no longer be receiving any child support at the very time when we need it more than ever."* Jennifer's story, Gingerbread

The *Coronavirus: Mental Health in the Pandemic study*[79] found that a higher proportion of single parents have reported mental and emotional distress during the pandemic than the population as a whole. More than half of single parents had recently had financial concerns compared to approximately one in four adults generally. Nearly two-thirds of single parents (63%) reported having been anxious or worried in the prior two weeks compared to 49% of the overall adult population.

Mental health impact on people who have contracted COVID-19

Experiencing or witnessing the suffering related to COVID-19 may result in high prevalence of posttraumatic disorder (PTSD), a mental disorder leading to serious distress and disability among survivors, family members, people who provide first aids and care (medical and public health professionals, police officers, etc.), and even among the general public. When taking learning from other infectious disease epidemics, a particular type of psychological trauma is likely to exist in relation to COVID-19 for some of those who directly experience and suffer from the symptoms and traumatic treatment.

For example, dyspnea, respiratory failure, gatism, alteration of conscious states, threatening of death, tracheotomy, etc. are major trauma of patients with severe COVID-19. Epidemiological studies have demonstrated a rather high prevalence of mental health problems among survivors, after an epidemic of infectious disease, such as SARS, MERS, Ebola, flu, HIV/AIDS. While most of these mental health problems will fade out after the epidemic, symptoms of PTSD may last for a prolonged time and result in serious distress and disability. [80]

Further to this, the health trajectory for those recovering from COVID-19 is not uniform and has serious implications for both physical and mental health. "Long COVID" has been

[77] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic
[78] See: https://www.gingerbread.org.uk/what-we-do/news/gingerbread-calls-on-government-and-employers-to-support-single-parents-during-covid-19-school-closures/
[79] Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic
[80] Xiao, S., Luo, D. & Xiao, Y. Survivors of COVID-19 are at high risk of posttraumatic stress disorder. glob health res policy 5, 29 (2020). https://doi.org/10.1186/s41256-020-00155-2

defined as not recovering for several weeks or months following the start of symptoms that were suggestive of COVID, whether you were tested or not[81]. Long-term complaints of people recovering from acute COVID-19 include extreme fatigue, muscle weakness, low grade fever, inability to concentrate, memory lapses, changes in mood and sleep difficulties[82]. The evidence base is growing rapidly as data is collected and analysed as part of the COVID Symptom Study to identify symptom clusters and age groups most affected.

6. Anticipating demand for mental health support

Careful interpretation of the information provided in this paper is required to inform the public health response. As described above, the impact of the pandemic and social restrictions imposed by government has transformed our social worlds overnight, negatively affecting the social connections and relationships with consequences including low mood, depression, stress, difficulty sleeping, irritability and anger.

However, pathologising the natural process of how people are adapting and coping with change is a risk and could perpetuate stigma of mental health. It is essential that research and engagement with Londoners on these issues is accompanied by public mental health messages that normalise feeling stressed and mitigate mental health stigma. This is not to suggest people do not need help and support, but the impact will be most felt by those lower down the social ladder and those with existing mental health problems who may face barriers such as trust, stigma, confidence or access to support.

Having said that, more Londoners will need mental health support as a consequence of the adverse economic and social circumstances created by the COVID-19 pandemic. Rapid changes in lives and livelihoods have exposed the pernicious effects of entrenched inequalities.

These recent changes have also exposed our lack of understanding of the lives of diverse peoples. Since the start of the pandemic, there has been a welcome surge in research and reports on the impact of COVID-19 on mental health and wellbeing, and though there is still so much more to understand, we need to prepare.

Working age adults

One area of great concern is the impact of economic downturn on mental health. Reports have indicated that people with pre-existing conditions are at highest risk, and therefore groups that are known and some unknown to services will require more support. The estimated prevalence of anxiety and depression before COVID-19 was already 12.5% in London; [83] and an estimated 1/6 working age adults meet the criteria for common mental disorders[84] which is just over a million Londoners.

An Institute for Fiscal Studies study modelled the impact of financial stress on chronic health conditions, and showed that if the economic downturn after COVID-19 is similar to the

[81] BMJ 2020;370:m3489 https://www.bmj.com/content/370/bmj.m3489
[82] Yelin D, Wirtheim E, Vetter P, et al. Long-term consequences of COVID-19: research needs. Lancet Infect Dis 2020; published online September 1. https://doi.org/10.1016/S1473-3099(20)30701-5
[83] PHE (2019) Fingertips: https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/0/gid/1938132922/pat/6/par/E12000007/ati/102/are/E09000002/cid/4/page-options/ovw-do-0
[84] NHS Digital (2014) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

aftermath of the 2008 recession, we could expect around half a million more working age adults to suffer from poor mental health. [85] Using a simple proportionate approach, this could translate to an increase of around 80,000 working age people. This could increase prevalence of Common Mental Disorders in these adults from 16.7% to 18%.

Looking at just one area of financial hardship, a meta-analysis showed that being in debt increased risk of mental disorder by threefold.[86] The Financial Conduct Authority estimated that 17% of Londoners were already over-indebted pre-pandemic, where they were struggling to keep up with regular payments. Work commissioned by the Health Foundation[87] suggested that around 10% of people polled could rack up additional debt because of new economic problems. If we assume that an additional 10% of Londoners will become over-indebted, then the fraction of mental disorder due to debt will increase from 28% to 38% (Population attributable fraction; assuming causality). Applying this to a prevalence of 18%, then additional debt could result in 20,000 more working age adults in London suffering from poor mental health.

These numbers are relatively simple calculations based on a mixture of assumptions using the limited data we have. Nonetheless, these suggest that the increase in demand for mental health support, even only considering working age adults, would be in the region of 10's of thousands.

Children and young people

A further area of great concern are the specific impacts on the mental health of young people with potentially long-term consequences. Evidence has already suggested this group have experienced the impact of COVID-19, and lockdown, in many ways, from their education to staying at home with family, from the way they access health and support services to their emotional health and wellbeing.

At any one time, 1 in 10 children and young people aged between 5 and 15 years old have a diagnosable mental health disorder – that is three in every school class, and more than 100,000 across the London[88]. It is also well established that most adolescent and adult mental illness can be traced back to childhood[89].

The Covid-19 Psychological Research Consortium used the Hospital Anxiety and Depression Scale (HADS) to examine anxiety and depression in a sample of 2,002 13 to 24-year olds. For male and females, 20% of participants scored as having abnormal levels of depression[90]. Official statistics published by NHS Digital on the Mental Health of Children

[85] Institute for Fiscal Studies (2020) Macroeconomic conditions and health in Britain: aggregation, dynamics and local area heterogeneity: https://www.ifs.org.uk/publications/14807

[86] Richardson et al. (2013) The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis: https://eprints.soton.ac.uk/359763/1/__filestore.soton.ac.uk_users_thr1g10_mydesktop_debt%2520meta.pdf

[87] The Health Foundation (2020) Public perceptions of health and social care in light of COVID-19: Results from an Ipsos MORI survey commissioned by the Health Foundation: https://www.health.org.uk/publications/reports/public-perceptions-of-health-and-social-care-in-light-of-covid-19

[88] Healthy London Partnership (2019) Children and young people's mental health: https://www.healthylondon.org/our-work/children-young-people/children-and-young-peoples-mental-health/#:~:text=1%20in%2010%20children%20and,by%2068%25%20in%2010%20years.

[89] Children & Young People's Mental Health Coalition (2020) https://cypmhc.org.uk/

[90] Levita, L., Gibson Miller, J., Hartman, T. K., Murphy, J., Shevlin, M., McBride, O., … Bentall, R. (2020, June 30). Report1: Impact of Covid-19 on young people aged 13-24 in the UK- preliminary findings. https://doi.org/10.31234/osf.io/uq4rn

and Young People in England in 2017 found that 3.8% of 11 to 19-year olds had a depressive disorder[91].

Temporal considerations and scenario planning

Trends in factors such as rates of disease and death, as well as behaviours such as smoking, are often used by public health professionals to assist in healthcare needs assessments, service planning, and policy development. Examining data over time also makes it possible to predict future frequencies and rates of occurrence.

Studies of time trends may focus on any of the following:

- Patterns of change in an indicator over time: for example, whether usage of a service has increased or decreased over time, and if it has, how quickly or slowly the increase or decrease has occurred
- Comparing one time period to another time period: for example, evaluating the impact of a smoking cessation programme by comparing smoking rates before and after the event. This is known as an interrupted time series design.
- Comparing one geographical area or population to another: for example, comparing changes in rates of cardiovascular deaths between the UK and India.
- Making future projections: for example, to aid the planning of healthcare services by estimating likely resource requirements

There is also a need to consider the potential impact of future stages of COVID-19 management and outbreak control on Londoners' mental health and wellbeing. Consideration of trends over time is useful to assist in health needs assessments, service planning, and policy development. Using the UK Government's COVID-19 recovery strategy[92] it is possible to understand how the anticipated path that the UK will take out of lockdown and into recovery may impact on Londoners' mental health and wellbeing. There is understandably less detail about longer term changes, and an acknowledgement of the possibility that some of these changes will be delayed, stopped or reversed if the COVID-19 outbreak within the UK worsens. However, we can make further calculations based up the anticipated impact on the economy and by referencing previous work in disaster recovery modelling,[93] although the direct relation this has to the COVID-19 pandemic is unclear.

At any time

Whilst there are particular stages of COVID-19 management that need to be considered (see below), it goes without saying that any change to COVID-19 management or outbreak control has the potential to impact Londoners' mental health and wellbeing positively or negatively. Therefore, it is important for all of us to consider any potential impact as changes arise. To do this, we suggest considering three areas:

- **Groups:** Whether the change could impact the mental health and wellbeing of a particular population group.
- **Settings:** Whether the change impacts a particular setting.

[91] NHS Digital (2018) Mental Health of Children and Young People in England https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
[92] https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy
[93] For example: https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster

- **Place:** Whether the change impacts a particular locations or place.

Reopening of childcare and educational settings

The reopening of childcare and education settings is of particular concern and the potential impact on children and young people, parents and carers, and staff needs consideration. Furthermore, as highlighted previously, young adults have been especially badly hit during the pandemic, with issues such as reduced social contact, curtailed education and diminished job prospects, and it will be vital to consider the intersection between different issues and the potential impact of cumulative stressors.

Reopening of workplaces

The reopening of workplaces is also of particular concern. What people define as their 'workplace' at the moment is broad and a wide variety of impacts could be felt. Consideration needs to be given to employees within different sectors and experiencing different circumstances, along with the best way to support different employers to support the mental health and wellbeing of their employees.

Reopening of public transport and outdoor spaces

The reopening of public transport and outdoor spaces needs careful consideration. For the majority of Londoners, it is more likely to have a positive impact on their mental health and wellbeing and should be encouraged (in accordance with National guidelines). For some groups, it may have a negative impact due to anxiety or reinforcement of an existing disadvantage.

Widening of social circles

Similarly, the widening of social circles is likely to have a positive impact on the majority of Londoners but may have a negative impact on some groups due to anxiety or reinforcement of an existing disadvantage.

Outbreak control

The potential impact of certain features of outbreak control, such as Track and Trace and enforcement, needs consideration, particularly for groups who experience inequality.

7. Conclusions: implications for transition and recovery planning

To support the mental health and wellbeing of Londoners, findings to date point to the need for action at all levels (borough, sub-regional and regional) and across all sectors to reduce social and economic inequalities, protect and enhance assets to support all Londoners to build on the strength and resilience they have, and take additional steps to ensure that those Londoners who need support for their mental health, which is anticipated to rise, can access it.

The overarching principle for transition and recovery planning should be based on 'proportionate universalism' – addressing whole population needs while providing bespoke support for individual, communities and groups who need it – with action informed by three levels of engagement:

- **Universal:** for everyone; targeting the whole population, groups or settings where there is an opportunity to improve mental health such as schools or workplaces.

- **Selective:** for people in groups, demographics or communities with higher prevalence of poor mental health as a result of COVID-19; targeting individuals or subgroups of the population based on vulnerability and exposure.
- **Indicated:** for people with pre-existing mental health support needs and those identifying with early detectable signs of mental health problems.

Furthermore, there is still much we do not know about certain groups' experiences of COVID-19, how this has impacted and may impact their mental health and wellbeing, and what support would best address their needs and build on the resilience they have. Groups include:

- Looked after children and care leavers
- Children and teenagers missing out on schooling
- Parents facing additional pressures
- Migrants, refugees and asylum seekers
- Gypsy/ Roma/ Traveller communities
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities
- Disabled people
- Homeless people
- Victims of domestic abuse
- People who live in areas of deprivation or in houses of multiple occupation
- People working in certain employment sectors

Thrive LDN is undertaking various targeted community participatory research and engagement projects at the moment to help improve this, but wider action is needed and at all levels, to improve the representativeness and inclusiveness of the public mental health response to COVID-19.

8. Suggested actions we take

The following suggested actions have emerged from the ongoing research and triangulation of multiple sources of insights and evidence relating to the COVID-19 pandemic, to support transition and recovery planning at a local, sub-regional and regional level. As with all the findings presented in this paper, these recommendations will be refined and will build over time with input from health and social care partners, the community and voluntary sector and Londoners with lived experience of inequality and poor mental health.

However, action is needed now. As noted at the beginning of this paper, we are aware that many partners are already taking action to support the mental health and wellbeing of Londoners, particularly at a local level, and we would welcome you sharing this with us. It would greatly assist us in building a more complete picture of what communities are experiencing with the aim of spreading and sharing best practice whilst at the same time helping to identify gaps. We are also inviting partners to consider the below suggested actions and to share any actions and activities planned over the coming months. We are also welcoming wider information and ideas about any public health interventions or

community-led activities that have been successful in supporting the wellbeing and resilience of Londoners during challenging times.

Community engagement and communications

- Undertake and support community participatory research and engagement, particularly with the groups highlighted above, to understanding more about how COVID-19 has impacted the mental health and wellbeing of Londoners, how they have used their assets and systems to withstand, adapt to and recover from adversity, and what support they need going forward to strengthen their mental health, wellbeing and resilience.
- In particular, engage with and listen to communities with lived experiences of inequality, poverty and adversity, and invite them to join the conversation around decisions which affect their mental health and wellbeing.
- Engage with and learn from how community support services proactively responded to COVID-19 and identify where different approaches were used in comparison to mainstream services to ensure innovative approaches can be sustained and continued support is appropriate or sufficient for everyone.
- Communicate clear and consistent public mental health messages that: (1) amplify positive stories; (2) normalise feeling stressed and mitigate stigma; (3) acknowledge the real concerns people face; (4) Promote practical things people can do to support their own mental health and wellbeing and build resilience; (5) Encourage help-seeking behaviour and (6) Signpost people to a diverse variety of support. Thrive LDN produces regular public mental health Communications Toolkits to support partners with this.

Data, intelligence and research

- Develop better data and intelligence sources to understand how the wider determinants of mental health and wellbeing have changed as a result of COVID-19 and may change.
- Bring together findings from across academia to develop a comprehensive understanding of the research currently taking place to inform public debate and help develop appropriate responses, particularly amongst the most disadvantaged and vulnerable.
- Undertake complex system modelling to understand and intervene upon the complexities and dynamics of poor mental health in an urban environment and how they can change over time.
- Support collaborations with other urban cities to share insights and best practice.
- Consider the mental health impact of future stages of outbreak control, particularly any localised outbreak control, and ensure enhanced public mental health communications and support is proactively provided for affected communities.

Inequality

- In coproduction with target communities, develop and implement more culturally competent public mental health education and prevention campaigns, and public mental health programmes.
- Consider potential access barriers and negative consequences of digital by default for vulnerable or marginalised groups and implement mitigating measures, such as use of traditional media, simplifying referral pathways and enhanced outreach.

- Ensure that COVID-19 transition and recovery strategies promote mental health and wellbeing in all policies and actively reduce inequalities caused by the wider determinants of health to create long-term sustainable change.
- Ensure economic recovery efforts focus on creating sustainable and inclusive employment opportunities and support vulnerable people into employment.

Resilience

- Develop and implement universal and selective resilience promotion programmes, including settings-based approaches (school-based programmes; work-based programmes; care home-based programmes), parenting programmes, digital technology programmes and physical activity promotion.
- Provide free training to community leaders, faith leaders and volunteers in interventions such as mental health first aid, psychosocial guidance and psychological first aid, bereavement support, suicide prevention and trauma-informed values and principles, so that they are better equipped to support individuals who have been adversely affected by COVID-19 and look after their own mental health and wellbeing.
- Utilise neighbourhood and community assets to improve social cohesion and develop more safe places for social connection and interaction via. community and peer support.

Enhanced support

- Support education settings to improve how they approach pastoral care and supporting the wellbeing of students. Implement enhanced mental health support within education settings, such as Youth Mental Health First Aid training and trauma-informed bereavement support.
- Continued investment in apprenticeships, particularly for 18-24 year olds.
- Develop policies that improve access to affordable childcare, particularly for single parents.
- Undertake targeted outreach to people who are unemployed, struggling with debt and/ or at risk of eviction and ensure accessible mental health and psychological support is available.
- Work across sectors and with local communities to understand any localised increase in demand for mental health support and to develop and implement integrated placed-based models on a neighbourhood or Primary Care Network area.