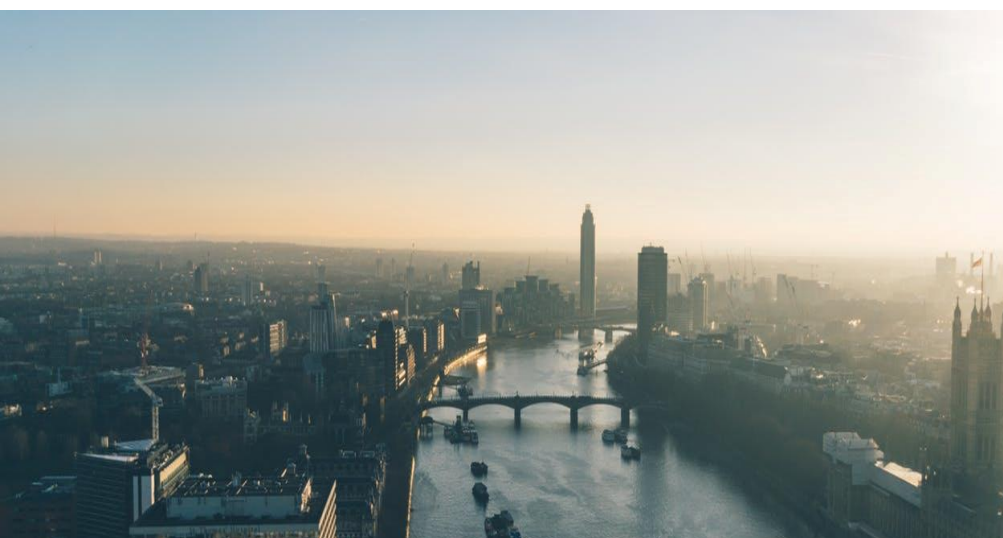
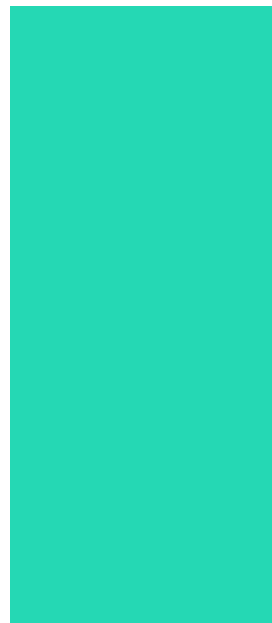




The impact of COVID-19 on Londoners' mental health and wellbeing:
Context, Scope & Overview



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Context

[Thrive LDN](#) is a citywide movement to ensure all Londoners have an equal opportunity to good mental health and wellbeing. We are supported by the Mayor of London and London Health Board partners.

Since March 2020, we have also been coordinating the public mental health response to the coronavirus pandemic on behalf of Public Health England London, the Strategic Coordination Group and wider partners, with the aim of ensuring London's diverse communities have the strength and resilience to cope with and overcome unprecedented events.

Through this, Thrive LDN has established a public mental health research and community insights function, to provide up-to-date evidence on mental health and wellbeing in the capital. This involves extensive community engagement and participatory action research with communities that are disproportionately at risk of poor outcomes in order to improve the representativeness and granularity of available information. To date, Thrive LDN has engaged with over 200 community groups and organisations and listened to over 10,000 Londoners with a view to understanding more about the experiences of 20 disproportionately at-risk communities. Whilst this work is ongoing, an initial summary of findings and suggested actions can be found [here](#).

As part of the research and community insights function, we produce regular briefing papers summarising the known impact of COVID-19 on Londoners' mental health and wellbeing, implications for response and recovery planning, and suggested actions we take – locally, sub-regionally and regionally – to address immediate and anticipated future needs.

This paper represents an excerpt from the [series of briefings](#) which Thrive LDN publishes, focusing specifically on the impact of COVID-19 on disproportionately at-risk groups.

For additional information on the mental health and wellbeing of the population in England during pandemic see Public Health England's [COVID-19: mental health and wellbeing surveillance report](#).

Comments and feedback are 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/ or Dan Barrett (d.barrett@nhs.net), Thrive LDN Director.

Scope, methodology and limitations

Scope

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

Methodology

The methodology is based on the pragmatic review of research and triangulation of multiple sources of relevant evidence relating to the COVID-19 pandemic, including population mental health data, analysis of the UK society and economy, and insights collected as part of Thrive LDN's ongoing community engagement activities.

This rich and diverse range of information is methodologically varied and spans across different contexts and sample sizes, which in turn makes drawing comparisons and overall synthesis challenging. To ensure a level of rigour and reliable interpretation of the evidence, regular challenge sessions are held within the core team working on this, as well as with wider team members and partners, in order to test interpretation of data and assumptions made.

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.

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.

The data and intelligence has been collated to inform the initial public mental health response to COVID-19. For many factors, it is still too soon to draw any definitive conclusions about possible shifts in mental health and wellbeing since the beginnings of the pandemic.

Overview

The COVID-19 pandemic has created economic, health and social uncertainty and insecurity across the world. The emergence of new COVID-19 variants in London, rises in COVID-19 cases and deaths, and repeated returns to national lockdown restriction measures are a reminder of the unpredictability of this crisis.

It is currently not possible to determine the full impact on mental health and need for mental health services, but it is clear the effects are multifaceted. The uncertain nature of the virus and the restrictions in place impede on our natural and usual resources for wellbeing, as well as on our coping mechanisms and opportunities for social interaction. Data, research and insights collected have shown the detrimental direct effect COVID-19 is having on depression, anxiety, happiness, life satisfaction and loneliness levels across London, as well as the indirect effect on the factors which influence mental health and wellbeing, such as employment and income.

As the pandemic continues, it is necessary to recognise that the nuances of how uncertainty surrounding COVID-19 and the restrictions in place affect Londoners' mental health and wellbeing in a way that is not necessarily straightforward or always obvious. As vaccinations continue to be administered and we transition to Step 4 of the Roadmap on 19 July, where the majority of COVID restrictions will end and guidance will emphasise personal responsibility, it must be recognised that not all people will adjust to this new normal on the same timescale. While cases remain high and rising, Londoners have been asked to continue to act carefully and remain cautious. For many, feelings of anxiety, stress or worry are entirely normal reactions to difficult circumstances. We must continue to focus on ensuring that Londoners who need help and support receive it, whilst being careful not to over-pathologise the natural process of how people adapt and cope with change.

Overwhelming evidence shows that existing inequalities have been exacerbated as a result of COVID-19, leaving those who entered the pandemic vulnerable as a result of their socio-economic background and health status facing the most severe impacts. As the pandemic continues to evolve, its effects become more nuanced and the needs of Londoners become more pronounced and complex. This results in the requirement for a multi-agency approach that ensures that all Londoners who need help and support receive it.

There is clear evidence that the impact of COVID-19 has replicated and exacerbated inequality. Following a substantial period of rising case rates in London, leading to an increase in hospital admissions and deaths, it is important to reflect on what we have learned from the first months of the pandemic and about the effects of COVID-19 on health inequalities and what can be done to mitigate them.

Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. They arise because of the conditions in which we are born, grow, live, work and age, which influence our opportunities for good health and how we think, feel and act. These conditions shape our mental health, physical health and wellbeing. They also influence our exposure and vulnerability to SARS-CoV-2 infection, our ability to manage the consequences of the disease, and how the control measures affect us.

Substantial inequalities exist across protected characteristics and socioeconomic position in relation to the impacts of the coronavirus pandemic in London. This is both in terms of risk of COVID-19 infection, complications and mortality, and in terms of the negative economic, social and psychological consequences of Government policies to mitigate the health impacts of the pandemic. These COVID-19 related inequalities have been caused by processes of marginalisation and oppression, which before the pandemic had led to well-documented social and health inequalities, inequalities that have been exacerbated during the coronavirus pandemic.

It is also important to acknowledge that years of structural racism and inequality has compounded mistrust, suspicion and fear between marginalised communities and power structures, creating a significant barrier for recovery. Unfair outcomes for population mental health as a result of the COVID-19 crises include: a greater deterioration in their mental health for BAME men, reports of disabled people feeling failed and ignored by the government and single parents having higher levels of stress, depression, and anxiety.

Findings from the community indicate that for many communities across London, the coronavirus pandemic has been seen as the latest crisis event in a crisis trend – a steadily worsening series of situations faced by disadvantaged communities across London. This is both a cause and consequence of poor mental health, felt both directly and indirectly.



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